



YOUTH WHO CHRONICALLY AWOL FROM
FOSTER CARE
Why They Run, Where They Go, and What
Can Be Done

Mami Finkelstein
Mark Wamsley
Dan Currie
Doreen Miranda

Vera Institute of Justice
August 2004

nyc
ACS
NYC Administration for
Children's Services

Executive Summary

Adolescents who leave foster care without permission may encounter dangerous situations and place burdens on many government agencies. Child welfare case managers and foster home staff, along with the police, are charged with the task of finding and returning youths who run from care—commonly called going AWOL. Some AWOL youth end up in youth shelters. If they are gone long enough, they may lose their placements, forcing child welfare managers to find emergency placements for them.

At the request of New York City's Administration for Children's Services (ACS), the Vera Institute of Justice conducted a study of youth who repeatedly run from group care. Prior Vera research showed that most AWOLs from foster care in New York City are concentrated among a small group of adolescents who run more than once, and that most AWOLs are from congregate care settings. This study sought to determine what causes youth in foster care to go AWOL repeatedly and the level of risk these youth experienced. The study also aimed to provide information that child welfare staff and managers might use to develop new strategies to reduce AWOL activity.

Using data from ACS's Child Care Resource System (CCRS), Vera researchers selected a group of adolescents in foster care who had "chronic" AWOL histories. We interviewed 30 youth (24 girls and 6 boys) as well as 17 facility staff who have responded to AWOL situations. We conducted a search of the limited research on this subject and solicited input from several child welfare managers familiar with the problem.

No single paradigm describes the experiences of youth who chronically AWOL from foster care, but some trends were apparent. Very few youth in our study spent time on the streets while AWOL. The majority stayed with friends, rather than family, often hiding their AWOL status. And most—nearly two-thirds—returned to care voluntarily after an AWOL. About a third encountered little or no risk during their period away from care. Another third experienced moderate risk and described activities such as consensual sex and casual drug use. Finally, a third were involved in one or more AWOL events in which they experienced high-risk situations, including heavy drug use, drug selling, or being the victim or perpetrator of physical violence. Most of the youth we interviewed said they left care because of perceived or actual problems with their placements. In addition to the usual adjustments to placement that affect all youth who enter foster care, the youth we interviewed reported that boredom heavily influenced their decision to leave unannounced. Many told us they had nothing to do during evenings, weekends, and summers.

Romantic and sexual relationships also appeared to play a role, with many girls reporting that they often left to see boyfriends. Several girls were already mothers. None of the youths we interviewed reported that they engaged in paid sex work while AWOL, but a sufficient number said they knew other youths who did that the issue is a concern.

Facility staff practiced different strategies to prevent and respond to AWOLs. After an AWOL, many staff recommended counseling sessions to collect information on why the youths ran and where they went. Some facilities extended curfews and allowed more home passes, while others took a more punitive approach by confining youth returned from an AWOL to their rooms and taking away privileges. Some youths reported that punitive measures increased their desire to run away because they saw no legitimate means to visit their friends and family.

There are limits to the responses facilities can employ: congregate care facilities are not designed or operated as secure detention centers. This research and other studies suggest that voluntary agencies and ACS might reduce AWOLs by providing more activities and reducing "downtime." Facility managers might consider authorizing more planned leave for some youths. In addition, managers can work with staff to make sure they have the resources and motivation that will allow them to make the extra effort needed to build stronger relationships with youth who have a history of going AWOL. Part of this effort could include more communication with young people about the status of their cases, and paying extra attention to how youth at risk for going AWOL are adjusting to their placements.

Acknowledgements

Many people contributed to this research. At the New York City Administration for Children's Services, we would like to thank William Bell, Lisa Parrish, Jennifer Jones Austin, Pat Brennan, Harry Bryan, Frances Carrero, Benjamin Charvat, Morris Heney and Barbara Rubinstein, the staff of Project Confirm; and many others whose knowledge and guidance helped shape this report. At Vera, we are grateful for the thoughts and guidance of Chris Stone, Timothy Ross, Molly Armstrong, and Eileen Sullivan. In addition, Janet Mandelstam, Jill Pope, and Van Luu's editorial help greatly improved the clarity and quality of the writing.

Finally, we thank the young people in foster care and the congregate care staff who shared their experiences.

Additional copies of this report can be obtained from the communications department of the Vera Institute of Justice, 233 Broadway, 12th Floor, New York, NY 10279, (212) 334 1300. An electronic version of this report is available on Vera's web site, www.vera.org.

Requests for additional information about the research described in this report should be directed to Timothy Ross at the above address or tross@vera.org.

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Introduction

When I had got sent upstate, first I was trying to figure out how to get out of there ...it was scary. I didn 't want to be there ...It seems like a nightmare now... And that Saturday morning I got up. Two of the girls was going A WOL so they were telling me that I could leave with them ...We ran out...we were running through people's backyards. I came through and there goes the van from my place. They was telling me to get in the van. I was so scared. I kept on running... I had to sit in the cemetery for two hours cause I was scared to get up. They came in the cemetery looking. That is when I had to go. I fell into a lake. I came out... I was scratched up, bruised up... I found like the train... And I ended up getting on the train, on the Metro North. I had to hide in the bathroom cause I didn't have no way [no money] to get on the train. [Heidi, age 15]

Child welfare agencies and private foster care providers face a series of dilemmas when dealing with youth who leave care without permission. Agencies are liable for youth who go absent without leave (AWOL) from foster care, but their mission and the law prohibit them from operating secure facilities. Child welfare agencies often aim to preserve families, but youth who go AWOL may be in danger if they run away to an abusive home. At the same time, some youth who AWOL may be leaving a foster situation where they feel unsafe.¹ Reporting an AWOL to the police may aid efforts to find AWOL youth but can undermine trust between staff and youth.

When youth go AWOL from foster care, it creates problems for both the agencies and the youth. For foster care providers and child welfare agencies, AWOLs trigger a wave of reporting requirements to caseworkers, police, parents, and others.² Diligent efforts must be made to find the missing youth. Youths returning to foster care after an AWOL may not be able to return to the foster home they left, either because foster parents will not take them back or because a group home filled their beds if they were gone for more than three days. For the youth, losing their bed may mean staying the night at an emergency placement facility, registering in a new school, and developing relationships with new caregivers and housemates. Finally, youth may be in danger while out of care; if harm comes to a youth, child welfare agencies may be sued on charges of negligent supervision.³

AWOLs are costly to other government agencies and service providers as well. Police departments spend time filling out missing persons reports, looking for foster youth who AWOL, and returning them to care. School systems lose money when AWOL youth do not go to school, because school aid in New York State is tied to attendance. Other service providers, whether privately funded agencies or government-run runaway shelters, also spend time and money on youth who AWOL from foster care.

¹ Nina Biehal and Jim Wade, "Going Missing from Residential and Foster Care," *British Journal of Social Work* 30 (2000), 211-225.

² For a brief description of ACS's formal AWOL policy, see Appendix A.

³ *Doe v. New York City Department of Social Services*, 649 F. 2nd 134, 141 (2nd Cir, 1981); *In the Matter of Darren K, A Person in Need of Supervision*, 684 N. Y.S 2d 126 (1998); *Bartels v. County of Westchester*, 76 A.D.2d 517 (New York, 1980).

Research on AWOL

Despite the serious consequences of AWOLs, there is little AWOL-focused research available to inform child welfare managers. Furthermore, much of the existing research has been conducted in Britain, and the available data on AWOL foster children and non-foster youth running away from home are widely acknowledged to be of low quality. To assist their efforts to develop appropriate AWOL policies, the New York City Administration for Children's Services (ACS) asked Vera researchers to study the experiences of youth who have gone AWOL multiple times. ACS defines an AWOL child as one "who is in the care and custody, or custody and guardianship of the Commissioner of the Administration for Children's Services and is placed in a licensed foster care facility, direct or contracted, and who disappears, runs away or is otherwise absent voluntarily or involuntarily without the consent of the person(s)/facility in whose care the child has been placed."⁴ This report examines the reasons why some youth are chronically AWOL, the risks they encounter while away from their placements, and the institutional responses commonly used when AWOLs occur.

Though previous Vera research has not focused specifically on AWOL, other studies that ACS has requested from Vera suggest that going AWOL is both a marker and a cause of other problems. A study that examined the impact of entering foster care on school attendance found that though many youths who go into foster care show a marked improvement in school attendance, youths with a history of going AWOL enter care with worse attendance records than their fellow foster youths and attend school less after placement.⁵ Among foster youth who are arrested, judges are more likely to detain foster youth with an AWOL history than those who have never gone AWOL.⁶ Youth placed in foster care due to status offenses, referred to as Persons in Need of Supervision (PINS) in New York State, go AWOL more often than foster children placed for other reasons.⁷

Another Vera research effort found that throughout the 1990s, ACS received an average of 4,000 AWOL reports per year.⁸ Consistent with the rise in adolescents in care, the number of reported AWOLs increased by 37 percent during that decade. Youth who go AWOL tend to be 15 or older and nearly three-quarters of all the AWOLs were reported from group homes. Reported AWOLs are concentrated among a small number of youths: although only three percent of those who entered care in 1994 went AWOL more than twice, they accounted for 54 percent of the entire cohort's AWOL events.

⁴ Administration for Children's Services, *Children Absent Without Leave from Foster Care, Procedure No. 90* (May 1992).

⁵ Dylan Conger and Alison Rebeck, *How Children's Foster Care Experiences Affect Their Education* (New York: Vera Institute of Justice, 2001).

⁶ See Dylan Conger and Timothy Ross, *Reducing the Foster Care Bias in Detention Decisions* (New York: Vera Institute of Justice, 2001) and Timothy Ross and Dylan Conger, "Bridging the Gap Between Child Welfare and Juvenile Justice," *Child Welfare* 81, no. 3 (2002).

⁷ See Timothy Ross, Ajay Khashu, and Mark Wamsley, *The Experiences of Early Adolescents in Foster Care: An Analysis of the 1994 Cohort* (New York: Vera Institute of Justice, 2002).

⁸ Timothy Ross, *A System in Transition: An Analysis of New York City's Foster Care System at the Year 2000* (New York: Vera Institute of Justice, 2001).

In combination, this research suggests that going AWOL can have many negative repercussions. These studies, however, did not provide any information on why youths go AWOL, what happens to them when they do, and how the foster care system responds.

Adolescence alone is often cited as a primary reason for AWOL behavior. Indeed, "running away" is a term almost unique to adolescents: younger children are referred to as "missing" or "lost." But nonfoster youth who run away cannot have AWOL records—going AWOL is unique to those youth in foster care. Certainly, adolescence is a turbulent time. Researchers describe adolescence as characterized by resistance to authority, exploration of self-identity, and anxiety about social position.⁹ A Centers for Disease Control study estimates that nationwide about 16 percent of adolescents had run away from their homes for at least one night in the previous year.¹⁰ While making the transition to adulthood is difficult under most circumstances, it can be especially challenging for foster youth who have experienced abuse, neglect, or other problems with their biological families.¹¹ A cohort study conducted by Vera found that of those youth who first enter foster care as adolescents, 40 percent had at least one reported AWOL during their stay in foster care.

But developmental changes alone are not a satisfying explanation for AWOL activity. Most youth never run away, and most youth in foster care never go AWOL. Researchers have found that foster youth who go AWOL have experienced emotional or psychological problems that began before they entered foster care.¹² Placement into foster care itself is a traumatic experience that can trigger a range of behaviors.¹³ Regarding youth in foster care who leave without permission, one researcher asserts that "the failure of many state programs to extend screening, counseling, and other rehabilitative services [essentially, 'treatment'] to runaways and potential runaways results in a higher rate of running behavior among foster youth than among other youths."¹⁴

While there must be psychological roots to AWOL behavior, many foster youth have mental health issues but do not go AWOL. What's missing from the research is the voice of foster youth. We found only one research study that focused on explanations provided by the youth themselves. In a two-year study of runaways in California, researchers asked youth if anything

⁹ Laurence Steinberg and Amanda Sheffield Morris, "Adolescent Development," *Annual Review of Psychology* 52 (2001), 83-110.

¹⁰ Centers for Disease Control and Prevention, National Center for Health Statistics, Pub. No. 95-1520, "Vital and Health Statistics, Health Risk Behaviors Among Our Nation's Youth: United States, 1992" (June 1995), 5.

¹¹ T.E. Moffitt, "Adolescence-limited and Life Course Persistent Antisocial Behavior: A Developmental Taxonomy," *Psychological Review* 100 (1993): 674-701.

¹² Paul Fine, "Clinical Aspects of Foster Care," in *Foster Care: Current Issue, Policies, and Practices*, eds. Martha J. Cox and Roger D. Cox (New York: Ablex Publishing, 1985); Linnea Klee and Neal Halfon, "Mental Health Care for Foster Children in California," *Child Abuse and Neglect Journal* 11 (1987), 63-74.

¹³ Neil Hochstadt, Paula Jaudes, Deborah Zimo, and Jayne Schacter, "The Medical and Psychosocial Needs of Children Entering Foster Care," *Child Abuse and Neglect* 11 (1987), 53-62; S.N. Salah-Din and S.R. Bollman, "Identity Development and Self-Esteem of Young Adolescents in Foster Care," *Child and Adolescent Social Work Journal* 11 (1994), 123-132.

¹⁴ Kevin M. Ryan, "Stemming the Tide of Foster Care Runaways: A Due Process Perspective," *Catholic University Law Review* 42 (1993), 271-311.

could have changed their minds about running away. The 11 percent of the sample who were foster youths all stated that they would not have run away if longstanding problems related to their placement had been resolved or if an alternative placement had been offered.¹⁵

This gap has real consequences for policy. Knowing more about why foster youth say they AWOL would provide suggestions for service reforms. The proximate causes of AWOL, moreover, may be easier and less expensive to address than deep psychological ones. The lack of knowledge about what happens when foster youth are AWOL leaves managers with only guesses as to the risks youth face. Finally, there is little information to guide the develop of best practices on the part of foster care providers.

¹⁵ **Dorothy Miller, et al.,** *Runaways-Illegal Aliens in Their Own Land: Implications for Service* (New York: Praeger Publishers, 1980).

Methodology

In 2001, ACS asked Vera researchers to look more closely at the "chronic AWOL" population by interviewing youth and facility staff. We focused our research on three issues:

1. What factors do foster youths identify as contributing to their decision to leave care without permission?
2. What do they experience while they are away from care without permission?
3. How do different facilities work to prevent and respond to these situations?

For this qualitative study, Vera researchers interviewed youths who had demonstrated AWOL histories and adult staff at congregate foster care facilities. The interviews consisted of open-ended questions aimed at eliciting narratives about individuals' experiences, perceptions, and actions.

Sample and Recruiting

We interviewed 30 youths with AWOL histories who were under ACS' care at the time of the research. All lived at congregate care facilities of varying types throughout New York City and surrounding counties—including group homes, residential treatment centers (RTC), mother/child facilities, agency operated boarding homes, and diagnostic reception centers (DRC).¹⁶ To build the sample we analyzed data from ACS' Child Care Review System (CCRS) database and selected our sample based on a number of predetermined criteria. The youths' records needed to demonstrate that they had gone AWOL at least twice during one agency spell in ACS custody, with the most recent event having occurred within the past one and one-half years. This limited the sample to a smaller set while increasing the likelihood that the subjects would remember finer details of at least one AWOL.

Given that most AWOLs originate in congregate care facilities, we further restricted the sample to those who last went AWOL from a group living situation and set an age limit of 20. Lastly, issues regarding consent and a lack of adequate contact information prevented us from interviewing youths who were no longer in ACS's care at the time of the study, including those who were discharged due to an AWOL and never returned to care.

The youths we interviewed are different in some respects from most youths in the foster care system and even from the majority of youths who AWOL. Nearly two-thirds of our sample entered care as a result of a PINS (person in need of supervision) petition or a voluntary placement, rather than for abuse or neglect, compared to just over half for other youth who AWOL (See Table 2). PINS petitions and voluntary placements often stem from an inability to control a child and from concern about dangerous behaviors. In addition, 17 of the 30 teens we interviewed reported running away prior to entering care. Studies in Britain have suggested that

¹⁶ For a description of congregate care facility types, see Appendix B.

running away before placement is strongly associated with AWOL behavior while in care.¹⁷ The youths we spoke with had also experienced more placement transfers than the majority of youths in foster care.¹⁸

Like most youths who chronically AWOL, our sample consisted mostly of girls (83 percent). In addition, most of our sample entered foster care when they were over the age of 13. One-third first went AWOL within six months of being placed in foster care, another third between six and 12 months, and the final third a year or more after placement. This final third were primarily youth who were first placed in foster care before they turned 13. The youths in our sample had between two and 19 AWOL reports. The length of the longest AWOL for each youth ranged from two days to six months.¹⁹ Table 1 further describes the characteristics of the sample.

Table 1. Characteristics of Participants' AWOLs

(N=30)		
	Number	%
<i>Number of AWOLs</i>		
Fewer than 5	14	48%
Between 5 and 10	7	24%
More than 10	8	28%
<i>Longest AWOL Episode</i>		
1 week or less	13	45%
1 week-1 month	4	14%
1 month-3 months	6	21%
Longer than 3 Months	6	21%

For the adult sample, researchers interviewed 17 staff members from 11 facilities—seven different contract congregate care facilities and four ACS-run group facilities. In most instances, these individuals included the director of the facility and one front-line staff member who had substantial daily contact with the youths. The researchers sought viewpoints from professionals in different roles as a means of eliciting a variety of views about AWOL policies and activity at their facilities. The adults were chosen as part of a purposive sample, a type of sample that relies on the identification of individuals and groups who are likely to possess specialized knowledge.²⁰

¹⁷ Jim Wade, Nina Biehal, Jasmine Clayden, and Mike Stein, *Going Missing: Young People Absent from Care* (West Sussex: John Wiley & Sons, 1998); G. Rees, *Hidden Truths—Young People's Experiences of Running Away* (London: The Children's Society, 1993); and M. Stein, G. Rees, and N. Frost, *Running-the Risk: Young People on the Streets of Britain Today* (London: The Children's Society, 1994).

¹⁸ Timothy Ross, Mark Wamsley, and Ajay Khashu, *The Experiences of Early Adolescents in Foster Care in New York City: Analysis of the 1994 Cohort* (New York: Vera Institute of Justice, 2001).

¹⁹ The AWOL history of one child—whose name was selected with the help of an ACS employee—is not reported in the CCRS due to her being placed after the database was last updated.

²⁰ H.R. Bernard, *Research Methods in Anthropology: Qualitative and Quantitative Approaches* (Thousand Oaks, CA: Sage Publications, 1994).

In particular, the researchers tried to include staff from facilities of varying sizes and levels of restrictiveness, and with varying reputations regarding the extent of their AWOL problems. When planning interviews with facility directors, the researchers also asked for the names of front line staff knowledgeable about AWOL issues because of the nature of their positions or their long tenure at the agency. We then selected one of these individuals from each facility for an interview.

Data Collection

We collected data through tape-recorded, unstructured interviews. The questions we asked were different for each group (youths, facility directors, and facility front line staff). Participants were allowed to speak freely and at length. The researchers reevaluated the interview instruments several times to account for new findings and made minor changes as needed.²¹ We conducted one interview with each participant and assigned pseudonyms to protect their identities and the confidentiality of the information they provided.²²

Analysis

Unlike traditional hypothesis-testing, this kind of qualitative research seeks to describe a situation "...using those criteria that [the] informants [participants] employ as they observe, interpret, and describe their own experiences during the course of life."²³ In this sense, the researcher paraphrases and puts the data in context during analysis, rather than evaluating its validity or generalizing the findings to a larger population.²⁴ As the interviews were completed, the tapes were transcribed verbatim and were inputted into a computer program that performs qualitative analysis, the NUD*IST program. We combined the responses of individuals in each participant group and analyzed subject categories (such as family and friends or romantic relationships) in terms of how frequently they were mentioned. We generated reports from the program that combined texts from these different transcripts. From these, we elaborated themes representative of the foster youths and adults and compared the responses of different groups.

We then triangulated the data. Triangulation is a technique used by qualitative researchers to test the reliability of data. It involves gathering information on the same topic from a variety of sources (in this case, youth, facility directors, and frontline staff) for corroboration. Researchers looked at the responses of the youth and agency staff to see how the data given by each group matched up. The narratives of a sufficient number of youths were similar enough for us to

²¹ K.J. Harris, N.W. Jerome, and S.B. Fawcett, "Rapid Assessment Procedures: A Review and Critique," *Human Organization* 56 (1997), 375-378.

²² The overall research design and interview instruments were approved by the Vera Institute's Institutional Review Board and can be found in Appendix C.

²³ James P. Spradley and David W. McCurdy, *The Cultural Experience: Ethnography in Complex Societies* (Prospect Heights, IL: Waveland Press, 1972).

²⁴ Michael H. Agar, *The Professional Stranger: An Informal Introduction to Ethnography* (New York: Academic Press, 1980).

determine that what they were saying was valid. Additionally, many of the staff corroborated the youths' stories, agreeing, for example, that some youth were experiencing boredom and frustration in their placements.

Limitations

While our methodology allows us to answer the questions ACS posed, it has some limitations. Our findings may be representative of a population of youths who have a history of *chronic* AWOLs, but they should not be ascribed to youths who have only one AWOL or to the foster care population in general. Since each youth was interviewed only once, interviewers did not have the opportunity to develop a long-term rapport with them. In this sense, they may have self-censored the information they divulged based on their own level of trust and their individual personalities.

As Table 2—a cross-sectional sample drawn from the CCRS on January 1, 2002—illustrates, our sample differs from the majority of youth who AWOL in a few key ways, including gender and age at placement. The older populations, including girls placed in mother/child facilities, generally were more likely to return our calls and attend scheduled interviews. Although our sample was not completely representative of most of chronic AWOL populations, this group offered us the advantage of speaking to youth who had outgrown the urge to AWOL. This allowed researchers to find patterns in the changes in their attitudes, life circumstances, and placement that stopped them from going AWOL.

Table 2. Comparison of Study Sample to Chronic and Single AWOLers

	sample (n=25)	chronic AWOLers²⁵ (n=692)	single AWOLers (n=848)
gender	female: 24 (80%) male: 6 (20%)	female: 328 (54%) male: 286 (46%)	female: 445 (52%) male: 403 (43%)
placement age (mean/median)	15.3/15.0	13.2/14	14.1/15
factype	Institution: 11 (44%) Group residence: 2 (8%) Group home: 11 (44%) AOBH: 1 (4%)	Institution: 312(50%) Group Residence: 49 (8%) Group Home: 214 (35%) AOBH: 39 (6%)	Institution: 356 (42%) Group Residence: 104(12%) Group Home: 265 (35%) AOBH: 91 (11%)
reason	Abuse/Neglect: 5 (20%) PINS: 6 (24%) Voluntary: 10 (40%) Unknown: 4 (16%)	Abuse/Neglect: 5 (36%) PINS: 93 (16%) Voluntary: 213 (36%) Unknown: 72(12%)	Abuse/Neglect: 259 (32%) PINS: 128(16%) Voluntary: 301 (37%) Unknown: 15(14%)
# of AWOLs (mean/median)	6.4/4.0	4.7/3.0	1

²⁵ The chronic AWOLers category represents children in ACS care who, according to the CCRS, had at least two AWOLs from congregate care during their most recent spells in foster care as of January 1, 2002.

Why Youths Run from Foster Care

[I]t was like my whole freedom was taken away. I was in the middle of nowhere, I was all the way in Hastings, I didn 't know nothing about Upstate, and I didn 't like it. [Jeanette, age 19]

For the chronically AWOLing youths in our study, running from care was an attempt to seek relief from some aspect of the foster care system. We separated their motivations for running into problems at placements that "pushed" them to run, and family and friend-centered factors that "pulled" them towards going AWOL. Other major studies on youths going missing from foster care have also cited these two kinds of factors.²⁶ While some of our data likely reinforce what foster care professionals might anticipate as motivations for youths going AWOL, other areas youths cited were unexpected and not well documented in the literature.

Problems at Placements

Twenty-five of the 30 youths we interviewed identified problems at their placements as a cause for at least some of their AWOL activity. These problems were rooted variously in the youths'own behavior, their perceptions of systemic or organizational problems at the facilities, or serious problems with peers or staff members. For thirteen of them, placement problems overlapped with their desire to see family and friends as primary reasons for AWOLing. We grouped placement-centered reasons for AWOLing into two main categories, frustration with the system and social stress, as youths repeatedly used the words frustration and stress in interviews to explain why they AWOL.

Certain aspects of the foster care system provoked immediate frustration among youths, while others built up over a period of time. For example, one of the surprising findings was the feeling of constant boredom that youths told us they felt, contributing to an overall belief that they were languishing in their placements. They told us that boredom usually became most acute on nights and weekends and during the summertime, especially in facilities that restricted access to the outside or required them to be under constant adult supervision. Policies regarding supervision are set by individual contract agencies and the type of placement. For example, some New York City group homes allow youths to sign themselves out of the facility for social activities, such as going to the movies. In contrast, some RTCs in the New York City suburbs do not allow residents to leave their cottages for unscheduled activities unless accompanied by an adult supervisor. Boredom can lead to alienation among adolescents.²⁷ This dynamic may have

²⁶ Wade, Biehl, Clayden, and Stein, 1998; Theresa A. Miller, Colleen Eggertson-Tacon and Brian Quigg, "Patterns of Runaway Behavior Within a Larger Systems Context: The Road to Empowerment," *Adolescence* 26, no. 98 (Summer 1990), 271-289; J.W. Ackland, "Institutional Reactions to Absconding," *British Journal of Social Work* 11, (1981), 171-187; M. Payne, "Understanding 'Going Missing': Issues for Social Work and Social Services." *British Journal of Social Work* 25, (1995): 333-348.

²⁷ Alexander Tolor, "Boredom as Related to Alienation, Assertiveness, Internal-External Expectancy, and Sleep Patterns," *Journal of Clinical Psychology* 45, no. 2 (1989), 260-266.

been at work among our sample, as youths told us they were bored and that they largely did not feel connected to the peers or adults at their facilities. (We discuss their feelings of dislocation and disconnection later in this chapter). The residents' boredom put an onus on facility staff to provide activities and entertainment, and many residents were critical of their performance.

Michael, age 17, explained his usual weekend experience at his RTC:

Basically.. .you are in the house.. .Fridays and Saturdays we rarely go on activity. All day we on campus, bored in the house, so we go outside, get high, whatever, hang out with the girls, do this or that. And really, when we don't feel like hearing them out, like "why was you unaccountable?"... we go AWOL for the whole weekend so we don't have to deal with it.

Desiree, age 17, also in an RTC, had similar feelings:

[S]ometimes I feel I am in a lock-up facility 'cause we are really not allowed to go anywhere during the week. Only on the weekends we could go home to our family if we are allowed to or if you are on a certain amount of weeks of positive you could go on day passes and stuff. Otherwise, you can't go anywhere. Most of the time staff don't want to go outside 'cause either they are just tired or they feel there is no reason to go outside, so you can't go anywhere. We sit in here all day and do nothing. Most of the time I'm sleeping if I have to be in here.

Some staff members, too, acknowledged boredom as a major factor that pushed youths to AWOL.

We can provide them with weekend passes so they can stay the weekend with their family members... or a family friend... so they don't AWOL. We understand that the program is boring for them, that they want to go and hang out. [Inez, Child Welfare Specialist, Group Home]

For other youths, additional situations, such as a perceived lack of movement in their cases, contributed to their frustration and sense of languishing in care. Some claimed that they were not receiving proper treatment or evaluations and that they could not pursue career opportunities. Others were suspicious that facility staff were acting in an overall deceptive manner about their cases. Camilla, age 18, depicted her turmoil by saying, "I was fed up! I wasn't getting no psychiatrist evaluation like they said I was. I wasn't being processed for leaving. I was fighting a lot." Tara, age 17, was similarly critical of her facility's staff, stating:

I did everything for myself. If I didn't have the support system outside of the group home I wouldn't have, I would not have known what steps to take as far as getting into school, as far as getting a job, as far as finding therapy for myself.

One child recounted that staff even encouraged him to AWOL to pursue a promising trade apprenticeship because the apprenticeship's hours could not be reconciled with facility policies.

Studies have shown that attitudes towards rules and authority become more unfavorable as adolescents age, specifically during high school years.²⁸ As children transition into adolescence, their reasoning skills increase and they have a greater tendency to question authority.²⁹

Furthermore, when adolescents do obey the rules set by an authority figure, it has less to do with their responding to or respecting the authority than the degree of internal acceptance of the rules by the youth.³⁰ Therefore, if adolescent agrees with the rules being set, they are more likely to follow them, regardless of who set them. Not unexpectedly, the youths' immediate frustrations in placement usually are related to the increased demands and restrictions they face upon entering care. Demands included chores and other situations that required youths to be accountable, while restrictions were either permanent rules, such as curfews, or punishments, such as limits on watching television or going outside. The number of permanent restrictions varied according to facility type, with the most at highly structured placements like RTCs, where more supervision is necessary for the population they serve.

Several youths mentioned their difficulty in adjusting to a more structured environment. Jessica, age 16, a resident in a group home, stated, "Like the staff telling you to do this, telling you to do that, do your chores, or you didn't do your chores, you missed a spot here, you missed that spot." Resistance to restrictions took on greater prominence when youths grew older or when restrictions were applied to young people already testing the system. Emma, a 20-year-old, explained why she didn't ask staff for permission to leave. "Yeah, because you have to ask for everything in this house. Twenty years old, I don't think you should have to ask for juice or food, but you have to. So it is like you are a little-ass kid." Adrian, age 18, agreed, "[I]f you do a chore you get five minutes outside, what's five minutes going to do for me? I'm basically 18, you know what I mean? ... With me, I want to be able to step out the door, go find a job, or become something in my life."

Several youths explained that restrictive punishments, especially when levied for what they saw as minor violations of facility rules, such as smoking, exacerbated their desire to leave. Isabel, age 17, was one such youth:

Yeah, they are strict, and you have people in here that are like 18 or 19, and they are giving us restriction. And that means we can't go outside, like it was a nice day like it is today, we can't go outside, and that makes a person want to AWOL. That's why I break restriction and I used to AWOL, because they didn't let my family come here when I was on restriction.

Kenneth Levy, "The Relationship Between Adolescent Attitudes Towards Authority, Self-Concept, and Delinquency," *Adolescence* 36 (2001), 333-347.

²⁹ *Ibid*, 333.

³⁰ J.G. Smetana, "Adolescents' and Parents' Conceptions of Parental Authority," *Journal of Child Development* 59 (1988), 821-835.

Social stress was another major placement problem that was prevalent throughout our interviews. Few of the youths we spoke with felt connected with their peers or with the staff at their facilities. Youths cited reasons for this distance that ranged from age and personality differences to distrust to outright animosity and violence on the part of both peers and staff. A few youths also mentioned that sexual incidents played a role in creating stress and prompting them to run from care. For example, Camilla told us that the sexual activity occurring at her facility was creating a negative environment for her:

Yes, you pick up all the negativity. . . there was a lot of sexual activity up there. A lot of people had babies with other residents up there and sharing lots of diseases like chlamydia and gonorrhea and herpes; cause they wasn't teaching them about sex.

Jessica recounted how she thought of AWOLing for the first time after being raped by another resident in a group home four days before her thirteenth birthday. She did not initially report the incident and said that many staff did not believe her when she did. Only after several requests was she transferred to another facility. Jessica added that she last AWOLed after being returned to the same facility years later, when a boyfriend she described as "really crazy" and abusive forced her to pack her things and leave with him. Being raped while in care appears to have been the beginning of a continuous decline for Jessica, who later became seriously involved with drugs and entangled in abusive relationships. Her story also represented a worst-case scenario, as no other child reported being raped while in care or reported that such incidents were common. Sexual issues also became a major pull factor drawing young people out of care, as discussed later in this section.

Overall, the youths portrayed environments where stealing, bullying and fights were common (although some fights were admittedly instigated by the study participants). Heidi told us, "I used to leave because people was taking my stuff, I just didn't like the group home." Andrea, age 19, added:

I'm having a lot of problems with the girls in this house. You know, one of the girls calls me Spic and stuff like that. And it is very uncomfortable when they are threatening your child, and when they are stealing your stuff, they spitting in your food.

Youths did tell us that in a few cases staff also took part in bullying, physical abuse, or sexual misconduct with the residents. Sally, age 17, says:

The staff in there, they are supposed to be there to help us, but what they really do is cut us down, they curse us down, they even fight us. And like the male staff be having intercourse with the other females... . [Apart from a few staff members] .. everybody else, they don't care about the kids, they just go up there, do whatever to get their money. But I never really liked it up there, that's why I always used to run away. .. I got bullied a lot of times, by boys, by girls, even staff I got bullied by. So I got tired of it and I left.

Camilla explained that the staff at her facility left her to fend for herself after she was involved in fights with other girls. "The staff wasn't providing me with any help, any security, like these girls really want to kill me. I just be dead, 'cause the jealousy and animosity was getting real, it was getting stronger and there was nothing they were doing about it." Michael summed up his opinion of facility staff this way:

'Cause that is what my mother used to do to me. She used to always put me down and that used to make me feel bad. And half the staff say they know what it's like, but they come here with their problems. Come here, curse at kids, get mad, take out their family problems or whatever. This really ain't a good place for them to work, and that is part of the reason that a lot of kids go AWOL.

In the worst incident involving staff, Isabel described the events surrounding her first AWOL:

There was a rumor going around that I was having sex with someone and I was like 10 years old... I wasn't doing nothing and the staff took a hockey stick, like a plastic hockey stick, and she was beating me with it. I mean, actually beating me. I got mad and packed my stuff. That's the first time I left.

Some staff members acknowledged that youths faced threats to their safety within group living situations. Kirsten, the director at a diagnostic reception center, mentioned a primary push factor being a feeling of danger within the placement:

When a kid is unsafe he is going to run and it shouldn't be that way. But you know, sometimes, as you hear about homeless people, they feel safer on the streets in front of the church than they do in the shelters. And so if a kid doesn't feel safe in school, at home, where he is living... sometimes there are young people that have no sense of support other than [on the streets], and that is not always a positive place to be.

Taken together, the group of chronically AWOLing youths we interviewed described themselves as being bored and under constant pressure and stress living in congregate care, and they felt that going AWOL was a logical response to their situations. Certainly, for some youths, part of this pressure was rooted in their own behavior, be it fighting with peers or breaking facility rules. But the overall outcome was the same. As Emma stated, "I know what I do when I feel stressed. If I feel stressed and overwhelmed, I am definitely going to AWOL. I have no reason to stay here and listen to it anymore."

The Pull of Family and Friends

Seventeen youths told us that their desire to see family or friends influenced their decisions to AWOL. For 13, this draw was mixed with negative feelings towards their placements. For the other four, it was the primary reason for all of their AWOLs. The situations that led them to AWOL to family and friends did not fit a single pattern. Our research found that youths more

often AWOLed to see friends than to see family. Research suggests that as adolescents get older they spend more time with friends and decreasing amounts of time with family.³¹ Furthermore, adolescents who come from less cohesive and more dysfunctional families are more influenced by peers than family.³²

Many AWOLs were tied tangentially to sexual issues, such as going to see boyfriends and girlfriends. We also learned that complications regarding home passes are often related to AWOLs. Overall, teens AWOLed because of missing family, friends and boyfriends; breaking curfews; AWOLing with other teens; and AWOLing because of family crises and events.

Youths commonly expressed a general sense of not fitting in at their placements combined with strong feelings of missing their families, friends and old neighborhoods, which were often a significant distance from their facilities. In describing her first AWOL, Lola, age 17, simply stated, "I ran away.. .because that was the first time being away from my family, and I didn't get along with the other kids that was there. So I just left and I went back to my grandma." Sally, in a facility in Yonkers, continued to AWOL for this reason throughout her time in care, saying, "I miss my friends that I had in Brooklyn, so I usually go AWOL just to see them... When I had my time.. .I'd go back to the group home." Andrea summed up the situation simply and powerfully by saying, "I miss my siblings, and I wanted to be home with them. You know, you are not home until you're home."

Among this group, policies about granting home passes were a recurrent issue. While some youths overstayed home visits while on passes, they often said that they did not consider these AWOLs. They were more accurately extensions of their visits, from which they planned to come back before they lost their beds. Others felt that facility staff unreasonably denied them passes in an attempt to keep them from their parents or because their destination wasn't with a family member. Not getting a home pass was particularly hard during holidays and weekends when other youths had permission to leave. Isabel voiced these frustrations by saying, "They give you a day pass from 10 [A.M.] to 10 [P.M.]. What is that?! You can't go out. And on a holiday you can't go out on an overnight... You want to be there to open presents with your family and have Christmas dinner.. .and chilling and talking about things."

Several youths stated that they began AWOLing after being denied passes but that they did not continue AWOLing after being allowed home on a consistent basis. Sometimes youths who were continuously denied home passes because of AWOLs became trapped in a cycle of having to run to see their families or friends. Andrea believed that it might have been her AWOLs that led to her receiving weekend passes. "Yeah, matter of fact I didn't have weekend passes. I started AWOLing and that is when they started giving me weekend passes. You know what I am saying? I had to AWOL to get weekend passes."

³¹ Laurence Steinberg and Amanda Sheffield Morris, "Adolescent Development," *Annual Review of Psychology* 52 (2001), 83-110; R. Larson and M.H. Richards, "Daily Companionship in Late Childhood and Early Adolescence: Changing Developmental Contexts," *Child Development* 62 (1991), 284-300.

³² C. Gauze, W.M. Bukowski, J. Aquan-Assee, L.K. Sippola, "Interactions Between Family Environment and Friendship and Associations with Self Perceived Well-Being During Adolescence," *Child Development* 67 (1996), 2201-2216.

A handful of youths explained how a family crisis or the influence of another resident led them to AWOL from care. In the first scenario, the child usually could not get a home pass. In the second, a child new to a facility was brought along on an AWOL with another child in order to meet their friends or family. One family crisis we heard about several times was girls becoming pregnant and seeking out the comfort of their mothers or boyfriends at some point during the pregnancy. Andrea explained:

I wanted to be home with my mother on weekends...and I don't think I was allowed it.. Once I got pregnant, that's when I started AWOLing.. I was pregnant and I needed my mother and I would stay for months and months and months.

Olga, age 17, described her last AWOL, which was a combination of family crisis and a friend-influenced AWOL:

The last time I ran away...I went with this girl named Faith 'cause her father was in the hospital and they wasn't letting her go to a home visit or even see her father, and her father needed an operation. So I went with her to the hospital.

Sometimes the connections made during these latter types of AWOL events led to more episodes of running away. But most often, AWOLs in these situations did not become a consistent reason for a child to run from care.

Breaking curfew constituted another reason for AWOLing, especially among older teens. Many believed that if they were late for curfew it would be considered an AWOL anyway. Many youths did not think that breaking curfew should be considered AWOLing. Kim, age 20, proposed this view:

To me, going AWOL is, in my opinion, leaving the facility for days at a time. You are not coming back. You are not calling. That is AWOL. If I came in a little bit after two, now we're considered AWOL. If I came in at 2:01 [in the morning] every day, they're going to say, "Oh, she's AWOL every day you know."

Usually, youths who broke curfew were at parties, with friends, or even at home and sometimes did not realize that their curfews had passed. In one case, a girl told us that she had overslept at her boyfriend's apartment and quickly realized that she was now AWOL. In this sense, she did not mean to intentionally AWOL. A similar incident happened to Christina, age 18:

Last time ..wasn't an intentional AWOL. I went to my sister's house for a weekend. She lives in Virginia and she drove me up there and she didn't have money to bring me back down. So I wound up staying an extra three days and they (said I was) AWOL.

Issues surrounding sex also played a role in pulling youths to go AWOL. Studies have documented that a history of being in foster care is associated with high-risk sexual behavior and increased rates of pregnancy and sexually transmitted diseases.³³ Furthermore, one study conducted in Baltimore found that the average age at which the foster youth in their sample first had sexual intercourse was 12.7, with 69 percent having been sexually active before the age of 15. Seventeen percent of the girls in their sample had been pregnant, and more than a quarter did not use a condom during their last sexual encounter.³⁴ No youths in our sample spoke explicitly about AWOLing to pursue sexual activity, either with romantic partners or for prostitution, but sexual activity was implicated in a number of ways.

In several cases, girls broke their curfew or ran to see their partners, who ranged from boyfriends to fiances to the fathers of their children. Six of the girls in our sample were currently in mother-child placements, and two had more than one child.

Some girls adamantly stated that they would not AWOL for a boyfriend, but for others, the draw was clearly about creating or maintaining a new family. Michael was one of the few boys who AWOLed to see a potential partner. He told us, "The reason why I went 'cause I wanted to see this girl who I had met on the weekend before with my cousin. I went to work with her one of the days when I went AWOL just to try to spend some time with her." Caroline, age 18, went AWOL to her boyfriend, the father of her child, and experienced something similar to the independence of having her own family, saying, "I was with my boyfriend... When I was there... my son, my daughter had everything she needed, milk, everything, clothes, all that." One notable exception to this type of situation was when some girls in mother/child facilities stopped AWOLing because of threats to the custody of their children from ACS.

Finally, several of the girls mentioned that some residents practiced prostitution in close proximity to one of the facilities in this study and that this accounted for some girls going AWOL. For example:

Yeah at [the placement], they be doing whore strolls, they be on whore strolls. ... it happens a lot. They call [the placement] the whore house... and the placement, they be going AWOL, but the guys be taking the girls out of there and they become their whores and stuff. [Caroline]

I did experience that in [the placement]. A lot of girls, they were hookers. [Emma, age 20]

Other girls mentioned that they personally knew girls in foster care who became involved in prostitution while AWOL. Desiree said:

³³ Sara C. Carpenter, Robert B. Clyman, Arthur J. Davidson, and John F. Steiner, "The Association of Foster Care or Kinship Care with Adolescent Sexual Behavior and First Pregnancy," *Pediatrics* 108, no. 3 (2001), 753; Maria G. Becker and Richard P. Barth, "Power Through Choices: The Development of Sexuality Education Curriculum for Youths in Out-of-Home Care," *Child Welfare* 79, no. 3 (2000), 269-283.

³⁴ Jo Ensign and John Santelli, "Shelter-Based Homeless Youth: Health and Access to Care," *Archives of Pediatrics and Adolescent Medicine* 151, no. 8 (1997), 817-823.

I met a girl that used to be here when she was 14 years old and now is 21... she had got arrested for prostitution 'cause she said once she went AWOL she didn't know what to do, she ended up with a pimp and now she can't get away from him.

However, the girls we spoke with adamantly denied their own involvement in prostitution. These contrasting statements may suggest that some of the girls were not comfortable disclosing their own activities, or they might have been perpetuating rumors about the prevalence of prostitution among girls from some facilities. Additionally, certain facility staff also thought that some girls AWOL to become prostitutes:

I don't know why [some girls prostitute], but I can only assume it is for the money, the attention. The way other young ladies may put it out to them... when they meet girls who are getting sneakers, the jewelry, having money and things like that, it seems like a good deal to them and then it is also like a freedom... they team up with the girls, they hang out, they go outside .. I don't believe they know the seriousness of it. [Jane, Child Welfare Specialist, Group Home]

The Experiences of Chronic AWOLers

I had hopped out of the van and my staff didn't even bother to chase me, he knew that I was leaving 'cause I had my bag and all he said back at the house was, "are you going to go A WOL?" And I said, "yup." And then he said, "you shouldn't go A WOL." ... He knew that I was going cause he saw me getting into the van with my bags, and I just hopped out of the van and he said this isn't a good move for you. I kept walking and he just had to act like he was trying to stop me. But really he didn't care, he was like, "do whatever you want, I don't care." [Michael]

Leaving the facility is not an issue for youths who AWOL as a result of an overstayed home visit. In those cases, it is simply a matter of the youths not returning when their home passes expire. However, as Heidi's story at the beginning of this report shows, some youths may face dangerous situations when purposely running away. Youths in this study reported a range of experiences in leaving their facilities, from simply walking away to having to come up with more creative means of escape. For example, Jeanette told us, "There's no gates or anything like that. Nobody could hold you down, so I just left." Others also described the ease with which they left.

I know how to get out of there. All you do is just walk down the stairs and like if somebody come in you could walk out. ..they just buzz the door and you leave.
[Rolanda, age 15]

.. .how would you leave? [Interviewer]
Pack my stuff, tell everybody, "see you later," and walk out the door. [Camilla]
And the staff didn't try to stop you? Did they know you were going? [Interviewer]
I used to let it be known. [Camilla]
About how many times did you do this? [Interviewer]
So many, I can't even count. [Camilla]

Other youths, however, had had a more difficult time in leaving the facility. Jessica, who was in an upstate facility, said that she had to "walk to the train station and get on the train and hide out in the bathroom and just get to New York City." Others had similar tales:

. . we had to go over the barbed wire. Now this was hard, but it was a tree. . . so we had to pull ourselves up and it is like an escape. And we had to jump down from the tree. I think we climbed the gate, but we couldn't touch it at the top because it had barbed wire. So we had to pull ourselves up on the tree and then we had to drop ourselves all the way back down. [Emma]

When Friday comes, everybody gets into the vans to go home and I snuck into the back of the van. . . so I am sitting in the back of the van with my bag. . . Then they [the other

kids with legitimate home passes] got out, they let me out. . . . They just let me out of the van and I went into the train. [Randi, age 17]

AWOL Destinations

Studies show that youths running away from group home care are less likely to have slept on the streets than those running from a family home.³⁵ This may suggest that youths running from group home care have a wider set of family and friends with whom they can stay. We asked the youths in our sample where they were most likely to go while AWOL. Most indicated that they consistently had a specific destination in mind prior to leaving. Very few suggested they had nowhere to go, and only three youths told us they had spent at least one night on the streets during their AWOL.

According to their narratives, we have identified three main destinations—family, friends, and boyfriends/girlfriends. However, these should not be considered mutually exclusive. Most youths have stayed with all three at one time or another, sometimes within a single AWOL. Although we initially thought that most youths AWOL to be with family, it was friends whom these youths visited most. Often, AWOL youths feared that their family would know they were AWOL and make them return to the facility. Joey, age 17, told us the reason he didn't go to his mother's was that "I know my mom is going to take me back, so I didn't go straight to my house. I went to a friend's house." Lola's grandmother found out that she lied about being on a weekend pass and made her go back to the facility. Lola told us, "She made me come back because she said she could get in trouble because they would call it harboring kids. . . she wouldn't let me stay and I had to come back up here." Thereafter, she also started AWOLing to friends' houses.

Some youths lied to family members in order to avoid being sent back to care. For example, Vanessa, age 17, told her grandmother that she had permission from the facility to be at her house, that she had called the facility and they said it was OK. In reality, she was AWOL. Additionally, when staying with family members, youths often bypassed their parents or grandparents and went to stay with extended family members such as aunts, uncles, or cousins. In these cases, relatives knew the child was AWOL but let them stay regardless.

I tell her [her aunt]. I am very honest with stuff. And she like, "they let you out?" No, they ain't let me out. I am always grown and do my own things so she [aunt] always respected that. . . . let me come in when I want. [Camilla]

So I ran away and I started living with my cousin for the whole entire summer... she was mad [about the AWOL], but she let me in. [Sally]

When staying with friends, youths did not have to worry about their AWOL status as much as they did with families. Either their friends knew they were AWOL and didn't care, or they hid

³⁵ G. Rees, *Hidden Truths-Young People's Experiences of Running Away* (London: The Children's Society, 1993); Wade, Biehl, Clayden, and Stein, 1998.

their foster care status from friends or friends' parents. Bernice, age 15, told us that her friend's father just thought she was "hanging out and staying over" and didn't know she was AWOL from foster care. Rolanda said about her friend's parents, "I don't even think that they knew we was in a placement." Sharon also went to a friend's house. She told us that the friend's mother did not know she was in foster care and was not supposed to be there or else "I'm pretty sure I wouldn't have been there." Olga said that sometimes she "would go around my block in the Bronx. ... So I would go sleep at their [friends'] house. Their mother is nice, but their mother is not thinking anything. And I be like, 'no I am living with my father, he let me come out here.' ... You understand I would lie to them."

Almost one-third of our sample said that they stayed with boyfriends, who would often take care of them financially. Camilla told us that she slept at her boyfriend's house every night while AWOL and that he gave her money and took her to the movies. Olga's boyfriend took her to the movies, took her out to eat, and drove her around to see her friends. In some cases, the boyfriends would actually come and get them at the facility. For example,

I called him [her boyfriend] and said to pick me up. I was on the phone and people kept trying to rush me off the phone ... and I got frustrated. ... So he realized that and he was like, "you know what, I am just going to come get you and just get you out of that house." [Sharon, age 17]

Why did you want to go AWOL? [Interviewer]

Because he [her boyfriend] convinced me. [Vanessa]

He convinced you to go? What did he say to convince you? [Interviewer]

He said, "I want you to stay with me for the night." That's what I like. [Vanessa]

For girls such as Jessica, staying with boyfriends was a precarious situation. She told us that when she was 15,

I had a boyfriend and he was like really crazy. He used to abuse me and stuff like that. He made me leave the group home. Like he went to my group home and he packed up my shit and I had to live with him. I just stayed there. I was like the little wife. I don't know. Stayed there, cooked and slept, whatever. ... I was getting drunk and high every day.

What Happens When Youths Go AWOL: Evaluating The Level of Risk

Determining the risks youths face while AWOL is not an easy task. An obvious assumption may be that those who had gone AWOL more frequently and for longer periods of time would have placed themselves in increasingly risky situations. However, prior studies have shown that there is almost no relationship between a child's history of going AWOL and the level of risk encountered in a specific AWOL incident.³⁶ There is no one pattern that can be used to predict troublesome incidents. However, common sense dictates that within a single incident the

³⁶ Wade, Biehl, Clayden, and Stein, 1998.

destination and length of the AWOL may affect exposure to risk. For example, a child who AWOLs for two days to her grandmother's house would probably be less likely to encounter risk than one who AWOLs for three months and is bouncing from friend to friend or spending significant time on the streets.

Furthermore, in the runaway literature, it has been suggested that youths who come from abusive backgrounds—as do many youths in foster care—are at even greater risk than others of becoming associated with deviant peers.³⁷ This theory posits that abusive family backgrounds may provide a sort of training ground for antisocial behavior, which increases the chances of forming networks with associates who exert a negative influence. These associations lead runaways into high-risk behaviors that ultimately increase their risk of being victimized.

While we did not specifically ask the youths in our sample to discuss their AWOL experiences in terms of risk, we looked at the narratives of their AWOL experiences and divided these into low, medium, and high-risk categories. Youths who told us that they just stayed around the house, watched TV, and hung out with friends or family were placed in the low risk category. We put youths who spoke about casual drinking and marijuana use or consensual sex in the medium risk category. We considered an AWOL experience as high risk when a more specific, serious incident occurred, such as drug dealing, serious drug use, arrest, assault, and gang involvement.

We must note, however, that this categorizing was based on the youths' narratives and it is likely that some of the youths we placed in the low-risk category may have encountered riskier incidents that they chose not to mention. At the other extreme, youths in the medium- and high-risk categories may have exaggerated their stories to appear tougher or more streetwise. Based on the information provided by the youths, we estimated that slightly more than one-third of our sample fell into each of the high- and medium-risk categories, while less than one-third fell into the low-risk category.

In accordance with other studies of this nature, we found little relationship between a child's riskiest incident and the number of AWOLs in the child's history. While a higher percentage of youths in the medium- and high-risk groups had longer AWOLs on average than those in the low-risk group, we cannot be sure that the specific incident that pushed them into those categories occurred during their longest AWOL. Furthermore, while youths who have a higher number of AWOLs are probably more likely to encounter risk over the course of their entire AWOL histories, there were no apparent patterns between the characteristics of a single AWOL event and a youth's AWOL history. This may suggest that all the youths in our study could be equally likely to encounter risk during any given AWOL episode.³⁸

³⁷ L.B. Whitbeck, D.R. Hoyt, & K. A. Ackley, "Abusive Family Backgrounds and Later Victimization Among Runaway and Homeless Adolescents," *Journal of Research on Adolescence* 7, no. 4 (1997), 375-392.

³⁸ Wade, Biehal, Clayden, and Stein, 1998.

AWOL Stories

The youths in our study who were in the low-risk category basically reported uneventful AWOL experiences. They went AWOL to visit close family or friends and spent the time "hanging out." When asked what they did during their AWOLs, these youths generally reported few risk-taking behaviors. For example, Bernice told us that she "didn't really do anything. Just sat there and watched TV." Jeanette would "go outside. Not really do much. I wasn't really doing much." Olga said that she "went to Brooklyn. I went to Brooklyn, see my friends. Hanging out.... Then we came inside her house and we watching a movie. Just chilling."

One issue to keep in mind, however, is that more than half of the youths whose AWOL experiences we considered low risk were placed in foster care due to abuse or neglect, and there may be some risk involved with their returning to and spending time in a known abusive or neglectful household. For example, Aaron was initially placed in foster care because his mother abused him when she was intoxicated. When he subsequently turned up at her house while AWOL, he told us about her reaction. "In a way she was happy [to see him], in a way she wasn't. And when she was sober she wanted me home, but when she was drunk it was a different story."

Youths whom we placed in the medium-risk category told stories of casual drinking and drug use and some fighting, as well as unwanted sexual advances. Yolanda told us that when she was AWOL she would do "stuff that I wouldn't do on my home pass... that's what I would do. Well, we were like smoking and drinking." Others youths described experiences they had with drugs and alcohol while they were AWOL:

Well I would AWOL and go to my friends. We drank, things like that, party out.
.. getting drunk, getting high. [Tara]

Well when I first AWOLed I wanted to go smoke marijuana and hang out and drink... we drinking beer and we thinking we grown... we just chilling, laying back and there was these guys there. I wasn't getting with nobody, and these girls started getting intimate with each other so then one of the girls looked at me and say, "I want to fight you." I got up... she came outside. I just punched her, boop. [Isabel]

We went to a Valentine's party... I used to smoke weed and I would smoke it often and we went to this party and there were a lot of guys there. After the party we left and went to this guy's house... I didn't really feel comfortable but I was going because I can't just leave... the guys, they were like, they were a little older and they were like asking, "do you want a drink, do you want a smoke." And we were like, "no." Everybody was high and everybody was drinking already at the party... So they were like trying to team up, like pair off, right... So I felt kind of uncomfortable, not that anything had happened to me... but if they wanted to, they probably could have taken advantage of us because we were all drunk, and we were smoking. We were intoxicated period. You know what I am saying? [Kim, age 20]

While nothing happened to Kim that night, and Isabel's fight seemed relatively minor, other youths experience far more serious incidents while AWOL. As mentioned above, 11 of the youths in our sample told us of at least one dangerous situation they encountered during an AWOL.

A few of the young people in our sample told us of serious drinking and drug use. Some research suggests that many youths in foster care AWOL specifically in order to get drunk or high, and a few of the youths in our sample fit this pattern.³⁹ Michael told us that he often goes to his uncle's house while AWOL and that this uncle introduced him to marijuana:

I went AWOL to go hang out with my uncle and his friends... he was really like my biggest fatherly figure in my life.. he is the reason why I started smoking weed. ... I was 12, he said he would rather me try it with him than try it with someone else. Tried it with him and then every time I would hang out with him I would start smoking weed.

What's a typical day like [while AWOL]? Hang out. Don't come home til like five in the morning... smoke weed and drink... used to be all day. Every time I AWOL, I would smoke [marijuana] all the time. [Caroline]

I was in a friend's house, just like doing everything, getting high. I wouldn't call it fun anymore... because it was just all like associated with drugs, just to get high. ... try to get some money from this kid... or go see whoever is getting their paycheck, you know, and get high. [Karen, age 17]

In addition to using drugs a few teens got involved in selling drugs while AWOL. For example, Karen told us that she sold drugs to make money while she was AWOL. Jessica told us that while she was living with her drug-dealing boyfriend during one of her AWOL incidents, he taught her how to process crack-cocaine that he would later sell:

I made my money. I sold my dope, my crack. ... I made it and cracked it up, you know. [Jessica]

Was it your boyfriend who got you into that? [Interviewer]

He told me one day, did I know how to chop up crack. I was like, "no." So he teached me and just made me start chopping up crack and putting it in the vials. He made me grind the dope and shit and make it. [Jessica]

While Emma did not want to get involved with drug dealing, she had AWOLed with a friend who was intent on dragging her into that lifestyle:

I was in my teens. Not 16, under 16. We went to 42nd Street. [Her friend] wanted to be a drug dealer. I didn't want to be a drug dealer. I don't know why I followed her, you know. ... So we went to 42nd Street. She wanted to sell drugs. ... Stayed in a hotel with this guy. This guy, he kept pushing up on me. I didn't like it. I wanted to go home... I

³⁹ Ibid, 1998.

didn't have any more money to go home... She thought she was going to be some kind of big time Italian drug dealer but her ass wasn't. She was selling crack. And I told her if the cops catch you, you are going to be in a shit hole. She doesn't care. I mean she had plans, she had big plans. ... I mean... drugs everywhere, he was doing drugs, crackhead hookers, crackhead men looking like women. I had no reason looking at that, I was exposed to a life that wasn't me at an early age. And it was very, very scary cause I didn't know what to do with myself.

In addition to involvement with drugs, some youths were involved in violent encounters while AWOL, leading to injury or arrest.

I beat up this lady... I just threw her across the room and beat the shit out of her. While I am beating her up the cops came and I am still beating her up... well they took her to the hospital and me to the precinct. They asked me my social security number and the silly fool like me gave them my social security number. They said, "you got a warrant."... They found out that I was a missing persons report... and they called [her facility] and they said they was going to come get me that night. They never made it up there. [The police] was calling them all night and they never came. They kept on saying, "yeah, we're on our way." They never came... I am in a cell with this grown lady who is in there and has been charged with attempted murder. [Camilla]

This guy, I had a fight with... cause he was drunk, I was drunk. It was over some stupid shit and he hit me with a stick. [Caroline]

Like last year, no the year before last, when I went AWOL, and I was staying with my friend, there was a guy that lived on her block that liked me and I didn't like him because he was an older man and I guess, he figured I was around his age, but I tried to tell him I wasn't old enough for him he wouldn't leave me alone and I would get harassed by him every night, one night he followed me into her building, I got scared. ... Then two days after my birthday I ended up getting into a fight with him. He was 26 and I was only 16... he just hit me and he started fighting ... I don't know he just turns around and smacked me again... and my friend told me to just leave so I just left... [Desiree]

Michael inadvertently got involved in gang violence while AWOL:

I AWOLed and went to my cousin's house ... and he is in a gang, he is Crip, and when I was hanging out with him I had went to the store and then there was a gang of Bloods, there were five of them. I guess that they seen me a few times and thought I was Crip too because I rack a lot of blue clothes cause I like blue and gray and white, black and so I got jumped, I got jumped back and I had a busted nose... I was lucky cause they would have tried to kill me but went back into the house and told my cousin what happened and he has a gun so he went crazy he went outside, I went with him cause I was trying to stop him. At first I was saying if you are going to go outside looking for them let's go get some people with us cause... so he went crazy... And I went upstairs and he came back with blood on his hands, and... he said he just stabbed somebody just because he didn't

know who it was who had jumped me because they wasn't there but he said he assumed that it was one of them and luckily he didn't get caught or anything but the kid didn't die. When I left a few days later I got approached by one of them [gang member]... I really talked my way out of it.

Lastly, two girls in our study told us they became pregnant while AWOL. As the result of her being AWOL, Emma did not get the prenatal care she needed. She told us, "I tried to go see a doctor. I couldn't see a doctor because every time I went to a doctor's appointment or something they would have to call [the facility] to get my Medicaid number. [The facility] never wanted to give it to them because they wanted me to come back from AWOL. So eventually I got too far along in my pregnancy."

One encouraging piece of information that we learned from our interviews is that most youths in our sample return to care voluntarily after an AWOL. Almost two-thirds of our sample went back to the facility of their own volition; slightly fewer than one-third had to be brought back by either the police or another involved party.

The majority of those who voluntarily returned to care said the primary reason was that they were tired of being AWOL. For example, Karen told us, "I don't know, I just got like real sick and tired of doing the same thing every day... and I was like, screw it. So I came back." Lola told us that she simply comes back when she is ready. When she "finishes hanging out. That is what I leave for." Sharon told us she returned because, "I had to come back, you know. I didn't want to mess myself up."

How Do Different Facilities Respond to AWOLs?

The heaviest burden for dealing with adolescents who AWOL falls on the primary foster care providers. They are compelled to track and sometimes search for the youths, to counsel those who are at risk of running, and perhaps hardest of all, to create strategies and procedures that prevent youths from AWOLing in the future. To add stress to this responsibility, staff in congregate care facilities may have to deal with multiple youths who have AWOLed during the same time period, sometimes on a daily basis. This section discusses how facility staff perceive the AWOL issue in general. It further examines the way staff view the problem of dealing with youths who chronically AWOL.

How Agencies Respond to AWOLs

The staff we spoke with generally articulated policies consistent with the official ACS policy on AWOLs (See Appendix A). When staff were asked how they defined AWOLs, only one interviewee at a Manhattan group home overshot the ACS definition, suggesting that an AWOL occurred at 72 hours rather than 24. Most of the agency staff told us they informed the child's caseworker of an AWOL if the child was not present at the morning census. Others said they considered a child AWOL if they were simply late for their curfew. There may be some difference between what policy dictates these staff consider an AWOL and how often they actually report AWOLs to ACS. Many acknowledged a struggle between being flexible with a group of adolescents who often break curfews, and reporting AWOLs as soon as a youth is discovered missing. Veronica, a site supervisor at a Bronx group home, commented, "It is always a question for us when you talk about AWOLs versus.. Just breaking curfew."

In a study of youths absconding from secure facilities, Milham et al. noted, "Absconding .. leads to anxiety among the staff as it threatens the containing functions of the home, chills the institutional climate, and puts the absentee at risk."⁴⁰ In reacting to the problem and in trying to prevent it, staff people we spoke to expressed some doubt that they could prevent AWOLs and frustration with unsuccessful attempts to stop the problem. However, most staff remained committed to trying different strategies to prevent AWOLs and to respond constructively to AWOL events that had already occurred.

Preventing AWOLs. Staff told us they attempted to prevent AWOLs by creating an environment that was hospitable and supportive. In several cases, facilities offered activities and recreational trips to try to keep residents occupied and interested in staying at the group home:

⁴⁰ S. Milham, R. Bullock, and K. Hosie, *Locking Up Children* (London: Saxon House, 1978).

We have activities. We have groups. We have sleepovers and slumber parties where they can.. Just have fun. [We try to keep] a program diverse enough to keep them interested in the facility as much as we can. [Virginia]

The best policy is to have a program that the kids want to be in. So we do a lot of programming for kids to expand and develop their interests. [George, Director, RTC]

Staff also commonly referred to behavior modification as a strategy for preventing AWOLs. This involved a system of rewards—both formal and informal—whereby residents earn privileges based on their behavior. Individuals who did not AWOL earned greater privileges and independence:

We've got a level system, an achievement system. [George]
And does each level give them certain privileges? [Interviewer]
Yeah.. More money in their allowance, you know, certain perks—they can go on certain trips. A little bit more freedom... [George]

Several of the staff commented on the effectiveness of extending curfews and making weekend home passes as available as possible in order to prevent AWOLs from occurring:

We can provide them with weekend passes so they can stay the weekend with their family members...or a family friend... so they don't AWOL. We understand that the program is boring for them, that they want to go and hang out. [Inez, Child Welfare Specialist, Group Home]

Some staff also mentioned their practice of holding group counseling sessions at times when running away was common, such as around holidays, and some young people were unable to see their families. The sessions discussed the dangers of AWOLing and the frustrations that might cause the behavior:

We talk about AWOLing.. during "community meetings." [W]e say OK, holidays are coming up, girls are going to see other girls go home. [Veronica]

When a Youth Returns from AWOL. When preventive strategies failed and a child AWOLed, staff discussed responding to individual AWOLs in very similar ways. Every staff person we spoke to mentioned the practice of counseling youths a day or two after their return to the facility. The sessions served the dual purposes of collecting information on where the youth had been and any risky or unhealthy behaviors experienced, and counseling the youth on the dangers of running away.

Basically we counsel them.. let them understand the dangers of being out in the street like they are. Our perception of the streets and their perception of it differ. [Roger]

In most cases, staff restrict youths privileges as a consequence of AWOLing—sanctions given as part of the behavior modification system mentioned above:

If you are in a single room and you continue to AWOL, we take away that privilege from you and you go to double occupancy. [Cleo]

Privileges that are normally given [are restricted]. Maybe he will not have the use of the phone. He might be kept from going on an.. .outside activity. [Roger]

Our sample also mentioned close supervision as another common reaction to AWOLing. Staff from residential treatment centers often referred to confining a child to a cottage or a room with close scrutiny from a staff member.

[Restriction] means that you can't leave the cottage other than to go to school, go to meals, and.. .go to work. Then you get off restriction when you negotiate your way off with your supervisor and make a commitment about future responsibilities about AWOL. So we believe the best way to do it is to make the resident most responsible. [George]

When asked about the effectiveness of any one policy, staff often expressed their frustration with working in an open setting and with the difficulty of countering the desire of many of the youths to leave. This was particularly true of the staff who worked closely with the youths.

We try to counsel them, but [with] a lot of them we are not successful. So they still AWOL out there anyway. [Inez]

We cannot physically lock them in or out. So it is not much that we can really do. We can talk, talk, talk, talk, and sometimes it will work and sometimes it won't. [Jane]

Such pessimism about the use of sanctions is in line with research on congregate care staff in Britain, which found that staff often gave out punishments because that was all they could do to prevent an AWOL, even though staff realized the punishments were generally ineffective.⁴¹

Some staff we interview claimed success with strategies that combined counseling, activities, and the systems of rewards and consequences in a way that could be refined based on an individual's needs:

I really in my heart after being here for so long thought that you know if they felt better about themselves and had things to do, that would decrease the AWOL and the curfew violations and that is exactly what has happened. And that involves actually more structure and consequences on one hand and on the other hand a lot of support and encouragement... [Kirsten]

⁴¹ Wade, Biehal, Clayden, and Stein, 1998.

Dealing with Chronic AWOLers. Our sample often identified themselves as youths who ran repeatedly. Even when staff had identified that such youths were at risk, most expressed little confidence in predicting when they would AWOL. This was especially true of the front line staff who worked one-on-one with the youths in their residences. However, the people we interviewed reported some common signs that a youth was planning to AWOL—including carrying a packed bag or dressing particularly well. They commonly cited vigilance and close scrutiny of youths who regularly ran away.

It is just us documenting their every movement and covering ourselves. We know what the child is wearing, if the child carried a bag, any detail, because we never know when the child is going to AWOL. I mean, the child might know at that moment, but we don't. [Jonathan]

Although they were aware of such signs, many said there was little they could do to stop an AWOL once a youth was determined to leave:

... There is really not much that we can do. We can't, like, close or lock the door or hold them back. [Inez]

Well, I will always say our hands are tied when it comes down to the AWOL. [T]his is the door, they can come and go. [Jonathan]

Some spoke, however, of their determination not to let the youths leave:

I am not going to allow you to run out the door when I know you are getting ready to leave. So I am going to watch you. [Meadow]

Although staff acknowledged the difficulty of dealing with youths who chronically AWOL, no one mentioned discharging youths with chronic AWOL issues back to ACS as a common practice. Instead, staff spoke of attempts to find a more appropriate placement:

It might be that we are not the right setting, so it might be a matter of we need to contemplate, depending on the status of placement, whether we can try to work even more adamantly to get him sent back home or to a setting that is more conducive to him. [Veronica]

The most severe [response to repeat AWOLs] is a meeting which is on a division level... This is perhaps not the most appropriate setting. They might need something more structured and therapeutic. [Anne]

Discussion

The information that this study gleaned from both youths and facility staff points to several areas where improvements may lessen a youth's desire to AWOL. Many of the suggestions we provide, both for preventing and responding to AWOLs, are already practiced in some facilities that provide care to foster youths. Their emergence from our data indicates that further exploration and application may yield promising results.

We set out to discover why youths repeatedly AWOL from group foster care, what they experience while AWOL, how staff at their facilities respond, and what group home staff and foster agencies can do to address the problem. This discussion highlights the answers we found, and focuses on what can be done.

Some youths will run from foster care regardless of a facility's policies or actions. At the same time, many of the motivations for going AWOL that youths described are known and changeable aspects of the foster care experience. For example, the overwhelming number of comments we received expressing a feeling of boredom among residents at congregate care facilities raises a real but manageable concern. Other research studies concur that steering youths away from boredom and other situations that may prompt AWOLs is a matter of providing proper diversions.⁴² Residential placements are dissimilar to home environments, or even to foster home environments, in that youths are sometimes not allowed outside of their residences without supervision. Boredom was not usually a problem during the school week, when the youths we interviewed had many regularly scheduled activities. During weekends and during the summer however, youths said that not enough planned activities existed and that whether they could go outside or had to stay inside, usually sleeping or watching television, depended on the whim of their direct supervisors.

While our study did not evaluate congregate care programming, the information we were given by many of the youths and some of the staff suggests that foster care providers should schedule enough engaging and enjoyable activities, especially during weekends and summertime. Researchers in London found that some facilities had success in preventing AWOLs by first identifying the youth's leisure activities and interests as part of the assessment process when they entered care, then building activities related to those interests into the individual's child-care plans.⁴³ Carrying out these plans required a degree of organization, low staff turnover, and quality time spent with residents. Furthermore, efforts to socially integrate youths with peers outside of foster care may be beneficial, especially to those youths who reside in more isolated campus-like facilities outside of New York City. Studies have indicated that

⁴² Wade, Biehal, Clayden, and Stein, 1998.

⁴³ R. Parker, H. Ward, S. Jackson, J. Aldgate, and P. Wedge, *Looking After Children: Assessing Outcomes in Child Care* (London: HMSO, 1991); H. Ward, *Looking After Children: Research into Practice* (London: HMSO, 1995).

allowing youths to make friends and participate in excursions off campus may help them to develop individual, positive social relationships outside of foster care.⁴⁴

Our finding that sexual issues were a contributing factor in some AWOLs presents a similar area for possible intervention. The reports of sexual activity among our sample corroborates other studies in the literature. For example, a study of foster youths in Baltimore found rates of sexual activity much higher than that of other young people, with 69 percent of the teenagers saying that they had sex before the age of 15.⁴⁵ Another study conducted with a nationally representative sample of young women in foster care found that foster care was associated with younger age at first pregnancy and having more sexual partners than non-foster peers.⁴⁶ Considering the risks associated with sexual activity, including sexually transmitted diseases, pregnancy, prostitution, and related AWOL risks, foster agencies could benefit from reviewing how their facilities address sexual education issues. For example, one study has shown promising results from the implementation of a new pregnancy/HIV/STD prevention curriculum that was customized for youth in foster care.⁴⁷

We did not set out to study the topic of prostitution, and none of the youths in this study admitted to engaging in prostitution. However, several participants raised the issue, which is cause for concern. And, although no one told us that prostitution was practiced within the facilities, many reported that it often occurred near group care settings. Facility managers should make sure that staff are paying attention to the activities going on in the surrounding area that may pose a risk to the youths. Managers should also insure that staff know the proper procedures for reporting this activity to the police and ACS.

Broadly speaking, the relationships between foster youths and their peers and the facility staff lie at the core of many of the youths' motivations to go AWOL. Commonly, the adolescents we spoke with said they felt no connection to others at their facilities, or that their relationships were quite bad, including incidents of repeated theft of personal possessions, bullying, and fights. When bad situations festered, youths ran from their placements.

In this respect, close monitoring and involvement in peer situations by front line facility staff could reduce a youth's perceived need to AWOL. Remediation measures could range from conflict resolution techniques to moving a particular youth to another house or floor at a facility. Poor relations with staff members represent a more complex problem. In the worst situations, allegations of physical or verbal abuse by staff members should be taken seriously. In these cases, youths should be aware of the procedure for reporting these types of incidents.

When a youth returns to foster care following an AWOL, the early reaction of the staff may affect a decision to AWOL in the future. Studies have shown that when young people return from an AWOL, they may appreciate a caring, sensitive response, including displays of emotion

⁴⁴ Wade, Biehl, Clayden, and Stein, 1998.

⁴⁵ Ensign and Santelli, 1997.

⁴⁶ Carpenter, Clyman, Davidson, and Steiner, 2001.

⁴⁷ Becker and Barth, 2000.

and concern, rather than anger or irritation.⁴⁸ Some youths in our study told us they felt the urge to AWOL when they believed the staff performed only the minimum work required to keep their jobs. However, when emotional ties existed, youths told us that they sometimes felt guilty about going AWOL and leaving people who they thought were nice to them. Furthermore, without a strong relationship as a foundation, other forms of control are likely to fail. Research reports note that child care staff have found it beneficial to trace where individual youths had been during their AWOLS and to assess the risks associated with the AWOL behavior.⁴⁹ If done sensitively, gathering this information upon the youths' return helps build the feeling that adults in their lives are concerned about them and care about their well-being.

In a related area, youths in this study expressed a sense of frustration and disempowerment regarding the progress of their own cases. Youths often claimed that they were not receiving promised services, received little information about their cases, felt misled about changes to their placements, and did not have enough contact with family members. This suggests that more openness regarding case information and attentive case management can help remedy some aspects of the AWOL problem.

Sometimes, the youths' own misbehavior brought restrictions that curtailed their freedom to leave their placements, creating the sense that foster care was a punitive institution in which they were being held. Furthermore, the use of sanctions or punitive measures in dealing with AWOLs may be counterproductive and reinforce negative behaviors. For example, one girl in our study told us that she AWOLed because she had been denied home passes as a punishment for past AWOLs. For her, it was a vicious cycle of AWOLing, being denied a home pass as a result, and having to AWOL again to see her family.

Of all preventive options, the idea of increased flexibility may be the most complex, but also the most effective strategy in diminishing the desire to AWOL. Older adolescents, especially foster youth who had reached the age of 18, felt that fixed policies unnecessarily conflicted with aspects of their daily lives. Some had children of their own or were engaged to be married and found curfews inappropriate and demeaning—especially when some staff members were of a similar age. Others, seeking evening job training or educational opportunities, encountered conflicts with the rigid application of AWOL rules. Many of these young people wanted separate policies for older adolescents and younger ones. For them, the rigidity of the AWOL rules undermined the legitimacy of rules generally. A more flexible set of rules tied to each individual's ability to handle more responsibility might increase compliance.

Although more flexibility could be beneficial for older youths who chronically AWOL, younger youths present a more complicated problem. While younger youths felt disappointed and frustrated at the policies surrounding passes for home visits, it is impossible to tell from our interviews if this feeling came about because of policies or the nuances of their individual cases. They pointed to many features of the home pass system they hoped would change, such as being

⁴⁸ C. Newman, *Young Runaways*, (London: The Children's Society, 1989); C. Abrahams and R. Mungall, *Runaways: Exploding the Myths* (London: NCH, 1992).

⁴⁹ Wade, Biehal, Clayden, and Stein, 1998.

able to list family friends and relatives as their destination. These kinds of changes would require caseworkers to carefully assess the potential risks involved, since our research shows that younger youths can and do encounter high-risk situations. However, when the destination is known to the caseworker and is considered low-risk, granting home passes that are of sufficient length given a particular event or allowing home visits for crises or emergencies may help prevent AWOLs for younger youths who consistently overstay home visits. For youths who cannot go home for certain weekends or holidays, it may be useful to grant family contact, such as phone calls and onsite visits during holidays, special events, or family crises, and provide special activities with other residents.

The youths we spoke with had few concrete ideas when we asked them what would have stopped their AWOLing. Often they said that they had desired a bit of freedom from life in the congregate care setting, and many expressed a desire to be with their families or in their old neighborhoods. The older youths we interviewed said that they simply reached an age at which they were tired of running. Their decisions to stop AWOLing came after many, often dangerous, absences and a recognition of the cumulative effects of the behavior. The punishments, restrictions, and consequences they received because of their behavior, the disruption in their placements and education, and the simple fact that they were worrying the families and staff that cared about them may have led some of these youths to stop AWOLing over time. A few of the girls began to recognize the adult responsibility of caring for their own children and were frightened that AWOLing might jeopardize their custody. Others, like Olga, simply began to see their own future potential and the opportunities being offered to them:

[AWOLing] is not getting me anywhere. And after a while I just started getting bored, in and out and in and out, and I'm not getting really anything from it. There is really nothing out there for me, I feel like there is something in here for me—like the school, my bed and everything, all my belongings, is all here ... It was this one morning I decided I am going to wake up and I am going to school, I'm going to do what I have to do, and I am going to try to get me a job. So I got me a job and I am going to school.. .and everything is working out fine.

Youths who chronically AWOL present a troubling problem for all those involved with their well-being. As with any individual who is making the transition from childhood to adolescence to adulthood, foster youths are seeking more freedom and independence. Some believe one way to achieve this is to run away. Therefore, child welfare systems need to find ways to appropriately address the issues that cause youths to AWOL.

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Appendix A: ACS Policies on AWOL

ACS defines an AWOL child as one "who is in the care and custody, or custody and guardianship of the Commissioner of the Administration for Children's Services and is placed in a licensed foster care facility, direct or contracted, and who disappears, runs away or is otherwise absent voluntarily or involuntarily without the consent of the person(s)/facility in whose care the child has been placed."⁵⁰

ACS policy mandates a precise set of procedures to follow when a child goes AWOL.⁵¹ When staff discover that a youth is missing, the assigned case planner/caseworker or agency staffer must be informed. Within 24 hours, the case planner must make a report to the New York City Police Department, the biological parents/caretaker if they are known, ACS's Division of Legal Services, the case manager, and the case planner (if the child is AWOL from a non-planning agency).

After reporting the AWOL, the case planner must start a search for the child. This may include contacting the members of the child's foster family, biological family, school staff, friends, other adults in the child's life, runaway shelters, and local police officers who work with youth. If the case planner cannot find the child, the case manager is responsible for ensuring that continuous efforts are made to locate the child during each 30-day period after the AWOL is reported.

If the child cannot be found after 60 days, ACS may decide to discharge the child depending on his or her age. Youth who are 18 years or older are discharged. For those between the ages of 16 and 18, ACS decides to discharge or keep the case open on a case-by-case basis. ACS does not discharge children under the age of 16 for an AWOL.

Foster care providers receive payment for an AWOL youth for three days and are expected to hold the placement during that time. Youth who AWOL from congregate care may lose their beds after 72 hours.

⁵⁰ Administration for Children's Services, *Children Absent Without Leave from Foster Care*, Procedure No. 90, May 1992.

⁵¹ See ACS procedure 90.

Appendix B: Congregate Care Facility Types

ACS categorizes most of its congregate care facilities by the number of beds they contain. The drawback to this system is that it ignores substantial differences in the services provided to children in similarly sized facilities. To partially compensate for this lack of detail, four specialized types of placements (that could be of any size) are listed in the tables above and described in the section labeled "service types" below.

Size Types

Residential Treatment Centers (RTCs) are campus-like facilities that house 25 or more children, and provide a variety of counseling and educational services. Most RTCs are located in the suburbs north of New York City.

Group Residences are facilities with 13-24 beds. Relatively few of these facilities exist, and many of them are mother-child placements.

Group Homes are facilities with 7-12 beds. They are the most common form of congregate care, and the majority are located in New York City.

Supervised Independent Living Programs (SILPs) are two or three bed placements usually reserved for older, higher functioning children transitioning to independent living.

Agency Operated Boarding Homes (AOBH): are placements with 1-6 beds.

Others: ACS infrequently places children in a variety of specialized (and expensive) congregate care facilities. These include residential treatment facilities (RTFs) for severely disabled or psychologically disturbed youth, and non-charitable institutional boarding homes (NCIBs) usually located out-of-state.

Service Distinctions

Diagnostic Reception Centers (DRCs) are staff secure facilities intended as first placements for troubled children entering foster care. They vary in size, and children are not supposed to stay longer than 90 days.

Hard-to-place facilities are placements specially designed to handle more troubled children, and the agencies operating these placements receive a higher per diem reimbursement rate.

Mother-Child. Mother-child placements are especially equipped to handle foster children with babies and children of their own. Many of these placements are in group residences.

Maternity placements are specially designed to address the needs of pregnant foster children. In general, maternity placements do not allow girls to return following the birth of their baby.

Appendix C: Sample Members and their AWOLs

Table C-I. Demographic Information

Pseudonym	Gender	Race/ Ethnicity*	Age	Age at first placement	Reason for first placement	Facility type	Permanency planning goals	Total # of placements
Miriam	F	Black	15	9	Abuse/Neglect	RTC	Parent	9
Camilla	F	Black	18	14	Voluntary	Group Home	Ind. Living	3
Caroline	F	Hispanic	18	5	Abuse/Neglect	Mother/Child	Ind. Living	19
Michael	M	Black	17	15	PINS	RTC	Parent	4
Karen	F	White	17	15	PINS	Group Home	Parent	8
Pablo**	M	Hispanic	19	Unknown	Unknown	AOBH	Unknown	Unknown
Christina	F	Black	18	12	Voluntary	Mother/Child	Other Adult	11
Desiree	F	Black	17	12	Abuse/Neglect	RTC	Parent	10
Sally	F	Hispanic	17	Unknown	Unknown	Mother/Child	Unknown	Unknown
Jessica**	F	Hispanic	16	4	Abuse/Neglect	Group Home	Parent	10
Emma**	F	Black	20	Unknown	Abuse/Neglect	Group Home	Unknown	Unknown
Rolanda	F	Black	15	13	Abuse/Neglect	RTC	Parent	2
Joey	M	Black	17	15	PINS	RTC	Ind. Living	6
Tara	F	Black	17	12	Abuse/Neglect	Group Home	Ind. Living	10
Ruthie	F	Black	17	14	PINS	Group Home	Parent	7
Heidi	F	White	15	13	PINS	Group Home	Ind. Living	6
Isabel	F	Black	17	2	Abuse/Neglect	Mother/Child	Ind. Living	7
Sharon	F	Black	17	14	PINS	Group Home	Parent	5
Kim	F	Hispanic	20	14	Voluntary	Group Home	Parent	8
Randi	F	Black	17	13	Voluntary	RTC	Parent	2
Aaron	M	Black	15	8	Abuse/Neglect	Group Home	Parent	Unknown
Vanessa	F	Black	17	newborn	Abuse/Neglect	Mother/Child	Ind. Living	6
Lashawn	M	Black	12	10	Abuse/Neglect	RTC	Parent	5
Andrea	F	Black	19	13	Abuse/Neglect	Mother/Child	Other Adult	9
Bernice**	F	Black	15	Unknown	Unknown	Group Home	Unknown	Unknown
Jeanette	F	Black	19	3	Abuse/Neglect	SILP	Other Adult	6
Olga	F	Hispanic	17	13	PINS	RTC	Parent	3
Lola	F	Black	17	1	Abuse/Neglect	RTC	Ind. Living	11
Yolanda	F	Black	15	12	PINS	Group Home	Parent	4
Adrian	M	Black	18	13	PINS	AOBH	Parent	4

* Race/ethnicity categories are those that are recorded in the CCRS.

** We were unable to locate data for these four children in the CCRS.

Notes: AOBH = agency (ACS) operated group boarding home; RTC = residential treatment center; SILP = supervised independent living program. Reason for placement refers to the reason the child originally entered foster care.

Table C-2. Information About Participants' AWOLs

Source	Pre-Placement Runaway?	Total # of AWOLs		Time From Placement to 1st AWOL		Age at 1st AWOL	Longest AWOL		Ever Involuntary Return?
	Self report	CCRS	Self report	CCRS (months)	Self report (months)	CCRS (Years)	CCRS	Self report	Self report
Miriam*	No	5	5 or 6	60	Unknown	14	3 months	2 Months	Yes
Camilla	Yes	4	Many	2	7 Months	14	4 days	3 Months	No
Caroline	Unknown	3	20+	120	1-2 Months	15	3 weeks	4 Months	No
Michael	Unknown	2	Many	1	Unknown	15	1 week	1 Week	No
Karen	Yes	8	10-15	2	1 Week	15	5 days	6 weeks	No
Pablo	Unknown	2	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Christina	No	13	Unknown	6	8 Months	12	3 weeks	3 Months	Unknown
Desiree	No	12	20	2	Unknown	12	4 months	Unknown	No
Sally	No	10	10+	Unknown	1 Month	Unknown	Unknown	4 Months	Yes
Jessica	Unknown	6	20+	108	6 Years	13	4 months	5 Months	Unknown
Emma	No	10	20+	Unknown	3 years	Unknown	Unknown	1 Week	No
Rolanda	Yes	3	Unknown	8	1 Year	14	2 days	Unknown	No
Joey	Yes	5	4 or 5	9	3 Weeks	16	Unknown	2-3 Weeks	Yes
Tara	Yes	3	Many	24	Soon after	14	2 days	2 Weeks	No
Ruthie	Yes	19	100+	6	1 Year	14	2 months	Unknown	No
Heidi	Yes	4	5	1	Unknown	13	2 months	8 months	No
Isabel	No	12	Many	96	3 years	10	6 months	1 year	Yes
Sharon	Yes	2	Unknown	2	2 months	14	2 days	3 Days	No
Kim	Yes	2	20+	36	2 months	17	2 months	1 Week	No
Randi	Yes	2	Many	18	1 year	14	4 months	2 Weeks	Yes
Aaron	Yes	18	Unknown	48	Soon after	12	4 months	2 Weeks	Yes
Vanessa	Yes	3	7 or 8	192	2 Months	16	3 days	1 Week	No
Lashawn	Yes	2	20	6	6 Months	10	1 week	Hours	Yes
Andrea	Yes	9	Many	<1	Unknown	13	3 months	Months	Yes
Bernice	No	Unknown	Unknown	Unknown	1 Day	Unknown	Unknown	4 Days	No
Jeanette	No	13	4	144	6 Weeks	15	2 months	2 Months	Yes
Olga	Yes	5	Many	2	2 weeks	13	1 week	1 Week	No
Lola	Unknown	2	4	168	1 Month	15	9 days	3 Days	No
Yolanda	Yes	3	Many	<1	2 months	12	3 days	Unknown	Yes
Adrian	Yes	9	6 or 7	<1	3 Years	13	3 weeks	Unknown	Unknown

*Pseudonyms are used in this column and throughout this report.

Appendix D: How We Selected Our Sample

The youths we interviewed were selected by creating a series of screens. To meet our definition of "chronic AWOLers," we selected youth who had gone AWOL from a congregate care facility at least twice in one placement spell during their foster care histories. To increase the odds of accurate recollections of their AWOL event, they also had to have experienced their most recent AWOL within the past one and one-half years. To be feasible, we limited our study to children in foster care. Originally, we had generated a sample of youth who had been discharged due to AWOL and hoped to be able to include this group in our study. However, after several attempts to reach a few at their last known contact number, the logistics of trying to locate most of these youths proved insurmountable.

We obtained a point-in-time sample from January 1, 2002, using the CCRS database. This produced a list of 90 youth, from which we randomly generated 30 prospective participants. The youth came from a range of contract agency and direct care facilities. Due to our small sample size and confidentiality issues, we are not able to conduct analyses by facility type or specific facility. While we interviewed youth from many types of facilities, the range is not proportionately representative of all congregate care facilities.

Once we had our list of 30 youth, we met with both the Office of Direct Congregate Care and the Office of Contract Agency Case Management at ACS to obtain the contact information for the youth. We then attempted to call each youth to set up an interview. In several cases, we were unable to conduct an interview. Some youth had gone AWOL, some had been recently transferred or discharged, and some did not show up for a scheduled interview. After contacting as many of the original list of 30 as possible, we generated another random sample and went down that list until we reached our target sample size of 30. In one case, the Office of Direct Congregate Care referred us to a youth who fit the study criteria. Although her case was too recent to have been included in the CCRS database that we used, we interviewed her to reach our target sample size within the allotted time frame and to include more youth who were in direct care.

For the adult participants, we employed a purposive sample. We wanted to include agencies that had reported a range of AWOLs and would represent the different types of congregate care facilities in size, level of restrictiveness, location, and reputation regarding AWOL. We met with a colleague at Vera who had significant experience with congregate care facilities. Based on her recommendations, we selected a sample of 11 facilities. The original proposal said we would conduct interviews at six facilities, but we added more in order to include the diverse types. At each facility we interviewed the facility director and then asked the director to recommend a front-line staff person. We were able to interview the directors in all 11 facilities. However, in the time we had available we were not able to interview front-line staff from all of the facilities.

Appendix E: Interview Process and Instruments

Once we extracted a list of eligible youth from the CCRS, we obtained consent to interview them from the ACS officials responsible for overseeing both contract and direct foster care. ACS officials telephoned certain foster care agency directors to urge their support and to clarify any confusion regarding consent issues. They also provided Vera with two official letters endorsing the research that were faxed to all relevant agency directors before researchers contacted staff at their facilities.

To increase the pool of eligible youth, we obtained the most recent update of the CCRS database that included both new youths entering foster care and those already in the system who had more recently had an AWOL. When we found additional eligible youth, their names were checked either by staff at ACS's Office of Direct Child and Family Services if they were in ACS's direct care, or by Vera researchers on the CCRS system at ACS' Children's Center if they were in the care of voluntary agencies, to verify current placements.

The interviews with youth ranged from 20 to 45 minutes and were recorded on audio tape. When possible, we conducted interviews in-person at the foster care placements, though we conducted some telephone interviews with youths who proved unreliable in keeping appointments. At the end of the interview, each youth received a \$20 gift certificate to a local clothing store. Interviews with agency staff members took place at their respective facilities and lasted roughly 45 minutes. The adults were not compensated.

Interview Questions

We first asked the youth questions about their family background, their placement and experiences in foster care, and their general history of going AWOL, including why they ran from care and their destinations. Later questions asked specifically about details from their last AWOL, their relationship with staff at their current facility, the consequences of going AWOL, what might have stopped them from going AWOL, and stories about other children who AWOL.

We asked facility directors and staff about the procedures they follow when a youth goes missing, how the AWOL is addressed when upon return to the facility, when and if youths are discharged because of an AWOL, the issues surrounding overstayed home visits, if staff can detect youths who are about to run, and the most effective policies and actions for preventing AWOLS.

The interview instruments appear on the following pages.

Research Questions for AWOL Children

1. Tell me about yourself. (Probe for interests, where they grew up, relationship to bio family.)
2. Tell me about when you first went into foster care. (Probe for age, reasons, feelings and attitudes, type of first placement).
3. How many different foster homes or facilities were you in? What types of facilities were they? Why did you move?
4. Tell me about school. (Probe for grades, absences, transfers, relationships with staff, other kids, etc.)
5. How long were you in care before you ran away for the first time?
6. How many times have you run away? (Probe for running away prior to foster care and while in foster care, reasons, experiences, results.)
7. Tell me about your last placement. (Probe for how long at this placement, relationship with caregivers and others.)
8. Why did you decide to run away from this placement? (Probe for what they thought running away would accomplish.)
9. Tell me about your decision to run away. (Probe for planned or spontaneous.)
10. Who did you tell that you were leaving before you left? (Probe for why that person.)
11. Who did you run away with?
12. Where did you go after you ran away? (Probe for first place they ran to, the place they spent the most time, and the last place, ask why for each of these.)
13. What was your relationship to the people you stayed with while AWOL? (Probe for their reaction upon arrival, their opinion of your running away from care.)
14. How long were you gone?
15. Tell me about other kids you know who have run from foster care. (Probe for how they know them, what happened to them.)

16. What did you do for survival while on the run, i.e. food, shelter, money, etc.?
17. What was a typical day like for you while you were AWOL?
18. Tell me about school while you were AWOL. (Probe for if they missed it.)
19. Tell me some positive experiences you had while AWOL.
20. Tell me some negative experiences you had while AWOL.
21. How did you end up back in care? (Probe for voluntary or involuntary return.)
22. What happened to you when you returned?
23. Tell me the consequences of running away from foster care.
24. What would have stopped you from running away?
25. Have you thought about leaving again since you've been back?
26. What advice would you give to another kid who is thinking of running away from foster care?

Research Questions for Agency Staff

1. When/how do staff usually discover that a child has gone AWOL?
2. What happens immediately after someone on staff discovers that someone is AWOL? Who do you contact?
3. What procedures do you take to report an AWOL event? How long do you wait before reporting the event? Who do you report it to?
4. How do you keep track of AWOLs at the agency as a whole?
5. Could you give me an example of a situation when you would not report a missing child as an AWOL?
6. If a child is missing for at least several days, what does the agency do during that time? What policies do you have regarding that type of situation? Do you look for the child? How? How long? What happens to the child's slot or bed?

7. How are AWOL children usually found, or how do they come back? Do they come back to you directly? Do they go to ACS?
8. How do you decide what's going to happen to an AWOL child once they are located?
9. If the child returns to your care, what happens to them? Is their AWOL addressed? Do you try to figure out where and why they went?
10. Give me an example of a situation where a kid was discharged because he/she was AWOL.
11. In what situations do you discharge kids who are AWOL? How long do they have to be gone?
12. How does the discharge process work? Who initiates it? How long does it take?
13. What are your policies regarding parental visitation?
14. How does your agency handle overstayed visits? Are they reported as AWOLS?
15. What policies or mechanisms do you have in place to try to prevent AWOLS? Which of these have worked/failed?
16. How do staff respond when they believe that a child might try to run from the facility soon?
17. How do you determine if a child is at risk for AWOL? What characteristics do you look for?
18. In general what can staff do with a child who they know is an AWOL risk and has AWOLed before?
19. What happens to a child if they go AWOL multiple times?
20. What similarities do you see among kids who go AWOL?
21. Why do you think kids go AWOL?
22. Where do you think kids go?
23. Do you know about a kid's AWOL history before they enter care here?