

HELPFUL AND UNHELPFUL EXPERIENCE AS A CHILD OF MISSIONARIES

9. If you lived away from your parents for schooling, for which years and in what environment did you live?

<i>Type of living situation</i>	<i>Years (from-to)</i>
<input type="checkbox"/> Dorm	_____ to _____
<input type="checkbox"/> Hostel	_____ to _____
<input type="checkbox"/> In host country with other missionary family	_____ to _____
<input type="checkbox"/> In host country with non-missionary family	_____ to _____
<input type="checkbox"/> In home country with relatives	_____ to _____
<input type="checkbox"/> In home country with non-relatives	_____ to _____

10. If you lived away from home, which type of environment did you find most beneficial?

11. If you lived away from home, were at home and home schooled, or lived at home and went to a public or international school in the region, what did you find beneficial about your schooling? Check which ones apply.

- | | |
|---|--|
| <input type="checkbox"/> Sense of belonging | <input type="checkbox"/> Good quality of education |
| <input type="checkbox"/> Strong mentors | <input type="checkbox"/> Flexible schedule |
| <input type="checkbox"/> Independence | <input type="checkbox"/> Variety of relationships |
| <input type="checkbox"/> Sense of safety/security | <input type="checkbox"/> Closer identification with host culture |
| <input type="checkbox"/> Variety of experiences | <input type="checkbox"/> Closer identification with home culture |
| <input type="checkbox"/> Good facilities | <input type="checkbox"/> Clear expectations |
| <input type="checkbox"/> Affirmation | <input type="checkbox"/> Other (explain) _____ |
| <input type="checkbox"/> Close/with family | |

12. If you lived away from home, what did you find the most challenging?

13. If you lived away from home, were home schooled or attended a public/international school, what about your schooling was challenging? Check which ones apply.

- | | |
|---|--|
| <input type="checkbox"/> Poor facilities | <input type="checkbox"/> Politically related trauma |
| <input type="checkbox"/> Poor mentoring | <input type="checkbox"/> Lack of affirmation |
| <input type="checkbox"/> Separation from family | <input type="checkbox"/> Abuse - Types (sexual, physical, emotional, spiritual, other) |
| <input type="checkbox"/> Limited facilities for special needs | <input type="checkbox"/> By peers _____ |
| <input type="checkbox"/> Sense of neglect | <input type="checkbox"/> By staff mission workers _____ |
| <input type="checkbox"/> Sense of abandonment | <input type="checkbox"/> By people from host culture _____ |
| <input type="checkbox"/> Never fit in | <input type="checkbox"/> By family _____ |
| <input type="checkbox"/> Rigid rules | <input type="checkbox"/> By host family _____ |
| <input type="checkbox"/> Other (explain) _____ | |

(a) What areas of concern would you like to see addressed by SIM?

(b) Have any of these areas of concern affected you personally? Yes ___ No ___

(c) If you feel comfortable, could you explain this further here? _____

Use additional paper as needed to answer the following questions.

14. What other factors specifically from your background impacted your life as a child of missionaries in either a positive or negative way (eg language, culture, friends, world view, on-going loss, relationships, trauma (eg car jackings, home invasion, mugging, natural disasters etc))

15. From your own experience, what suggestions would you make to SIM to help children of missionaries maximize the benefits of their backgrounds?

16. What suggestions do you have for SIM that might help children of missionaries deal more effectively with the challenges they face because of their experience?

17. Do you have any suggestions for how SIM could more effectively support children of missionaries currently on the field? _____

18. Have you ever attended a school or mission reunion? Yes ___ No ___
What influenced your decision to attend/not attend? _____

19. Are you part of an MK network? Yes ___ No ___
How has this benefitted you?

20. Feel free to add additional comments below.

21. Do you know of anyone else that we can contact? Please provide their name and contact details only if permission has been given.

To confirm, this information will be kept confidential and read only by the SIM USA Child Safety Advocate, who will take further action if requested below. Please feel free to ask questions as to the storing and handling of questionnaires the received.

NAME (Optional)

FURTHER ACTION

If this questionnaire has raised any issues you would like to discuss further, please provide your contact details below:

Name: _____

Email: _____

Mobile: _____

Upon completion, please return by email to US.ChildSafetyAdvocate@sim.org or by mail to
Att: Child Safety Advocate at 14830 Choate Circle, Charlotte, NC 28273

