

148839

Families of Missing Children

148839

**U.S. Department of Justice
National Institute of Justice**

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this ~~copyrighted~~ material has been granted by

~~Public Domain/OJJDP
U.S. Department of Justice~~

to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the ~~copyright~~ owner.

Final Report

prepared by



Center for the Study of Trauma
University of California
San Francisco

for



Office of Juvenile Justice and
Delinquency Prevention
U.S. Department of Justice

Table of Contents

Acknowledgments

Dedication

Chapter

- I. Project Executive Summary
- II. Overview of the Missing Child Problem
- III. Literature Review
- IV. Project Objectives
- V. Project Design
- VI. Project Results: Report Format
- VII. Project Descriptive Results: Non-Family Abduction with Child Recovered Alive
- VIII. Project Descriptive Results: Non-Family Abduction with Child Recovered Deceased
- IX. Project Descriptive Results: Family Abduction
- X. Project Descriptive Results: Runaway
- XI. Project Descriptive Results: Sudden Infant Death Syndrome
- XII. Project Analytic Results: Family Distress, Coping, Life Events, and Child Behavior
- XIII. Project Results Review
- XIV. Conclusions and Recommendations
- XV. References

ACKNOWLEDGEMENTS

We would like to acknowledge the contributions that the following individuals and organizations have made to this project from the initial conception through completion. Their time, energy, knowledge, and concern for families of missing children made this project possible and we would like to extend our thanks and appreciation.

National Center for Missing and Exploited Children Arlington, Virginia

Ernie Allen
John Rabun
Judith Schretter
Bob Bush
Charles Pickett
Ben Ermini
Marsha Gilmer
David Lloyd
Daniel Broughton, M.D., Board Member
and all staff of NCMEC

I-SEARCH Unit Illinois State Police

Ron Ellis
Timothy DeRosa
Daniel Mascaro
Alex Ferguson

Adam Walsh Southern California Child Resource Center Westminster, California

Susan Davidson

Lost Child Network Leawood, Kansas

Craig Hill
Cindy Majors

Public Administration Service Washington, D.C.

Bill Hammond
Steve Sidel

Project Advisory Board Members

Hamilton McCubbin, Ph.D.
Charles Figley, Ph.D.
Calvin Frederick, Ph.D.
Roland Summit, M.D.
Jim Davies

Project Consultants

James Alexander, Ph.D.
Dudley Blake, Ph.D.
Jeri Smock, Ph.D.
John Reid, Ph.D.
Joann Behrman-Lippert, Ph.D.
Claude Chemtob, Ph.D.
Clifford Attkisson, Ph.D.
Steve Hinshaw, Ph.D.
Thomas Greenfield, Ph.D.
Kenneth Lanning
Roy Hazelwood
Richard Held
John Walsh
Joan Davies
Mark Davies
Robert Heck

Grants Management

**Langley Porter Insitute
Department of Psychiatry
University of California, San Francisco**

Laurel Koepernik
Kevin Kaier
Eleanor Marquez
Janet Supar

**Center for the Study of Trauma
Department of Psychiatry
University of California, San Francisco**

Daniel Lobovits, Ph.D.
Michel Lyn Inaba, Ph.D.
Lauren Mezy
Valerio Tomitch
Paige Schurig

Beverly Scherf
Jim Hill
Peter Leonard

The project staff interviewers were Carla Bender, Belinda Cunningham, Shirley Goins, Betty Massie, Ph.D., and Ann Maxwell. Collectively, these individuals spent 18 months in the lives and homes of the 280 families in the project. Their personal experience is reflected in every page of this report.

The project data entry and analysis team members were Paul Marciano, Karen Schurig, Kathy Wilcox, and Sharon Thompson. These individuals received, reviewed, entered, and analyzed an extensive amount of family data. Their dedication to the importance of this project was essential to bringing project results to the printed page. Manuscript production was accomplished by graphic artist Vanessa Kuhn.

Special thanks are extended to Cathy Sanders, Brunetta Centner, and Eric Peterson, Social Science Specialists of the Office of Juvenile Justice and Delinquency Prevention. These specialists guided the project with skill, knowledge, and patience over three years, from beginning to end. Senior OJJDP staff have been exceptionally supportive including Robert W. Sweet, Jr., Administrator; Kathryn Turman, Missing Child Program Coordinator; Irving Slott, Ph.D., former director of the Research and Development Division, and Pam Swain, former director of the Research and Development Division, and Verne L. Speirs, former Administrator.

Chris Hatcher, Ph.D.
Cole Barton, Ph.D.
Loren Brooks, Ph.D.

Chapter I. Project Executive Summary

Principal Conclusions

- **The majority of families of missing children experience substantial psychological consequences and emotional distress.** This level of emotional distress for families of missing children has been identified and reliably measured by standardized psychological methods. This level of emotional distress for families of missing children equals, or exceeds, the emotional distress for other groups of individuals exposed to trauma, such as combat-related military veteran patients, and victims of rape/assault/other violent crime.
- **Selected types of families of missing children experience severe psychological consequences and emotional distress.** Specifically, families who have lost a child to non family abduction are severely impacted by this distress, affecting parents and remaining children over a period of many months. Again, this level of emotional distress equals, or exceeds, the emotional distress for other groups of individuals exposed to trauma, such as combat-related military veteran patients, and victims of rape/assault/other violent crime.
- **Among families of missing children who have lost a child to non family abduction, the potential for child homicide as a consequence of the abduction is extremely high, with approximately one-third of the children being recovered deceased.** Families where the missing child is subsequently recovered deceased exhibit the highest level of emotional distress of any type of families of missing children. However, the overwhelming majority of these families do not receive any social service, or mental health support, and only limited extended family support.
- **Among families of missing children who have lost a child to non family abduction, the initial level of emotional distress for families in infant abduction cases is extremely high, equally that of families where the child is recovered deceased.** While infant abduction is the least frequent of non family abductions and the high level of distress declines over time after infant recovery, the impact of infant loss upon the family and the father-mother relationship is very pronounced.
- **The majority of brothers and sisters of missing children appear to be isolated and forgotten as the adults in the family focus their energy and thoughts upon the missing child.** While this appears to be especially characteristic in families who have lost a child to non family abduction, it is also found in families affected by family abduction or child loss by runaway status.
- **The majority of recovered, previously missing, children experience substantial psychological consequences and emotional distress which varies over time.** This distress is very high initially for almost all children recovered from non family abductions, and continues at a high level over a period of many months after recovery. This distress is high initially for the majority of children recovered from family abductions and runaway status, and declines over a period of months after recovery.

- **The project's analysis of the experience of missing children and their families provides a new perspective beyond the NISMART missing child incidence study, and identifies five meaningful groups: (a) non family abductions where the child is recovered alive, (b) non family abductions where the child is recovered deceased, (c) non family abductions where the child is an infant, (d) family abductions, and (5) runaways. Most importantly, combining information on the non family abduction groups obscures significant differences and can lead to incorrect interpretations. This can restrict understanding of non family abduction, and impair the effective delivery of intervention/support services as well.**
- **Family history prior to child disappearance significantly influences the family's distress and ability to cope with that distress. Prior trauma and family stress significantly impairs the ability of the family to cope meaningfully with child disappearance. Understanding prior family history is likely to markedly enhance the effectiveness of law enforcement, social service, and mental health's ability to develop an effective working partnership with the family of a missing child.**
- **Most parents of missing children retained or increased their beliefs in family oriented value systems in spite of the stress of child disappearance and an increased awareness of the unpredictability of life events. Most parents actively attempt to aid in child recovery and to maintain the family unit, whether assisted or unassisted by outside resources.**
- **Almost all families of missing children are most reliant upon law enforcement personnel for information, support, and intervention following child disappearance. While families of missing children may vary in their patterns of law enforcement service use and service satisfaction, they overwhelmingly turn to, and are dependent upon, law enforcement personnel in this situation.**
- **Three-fifths of the families affected by non-family child abduction rated law enforcement recovery efforts as highly competent, which is a substantial endorsement of law enforcement recovery efforts. Yet, ratings of high law enforcement competence vary considerably by type of child disappearance, ranging from three-quarters of the families with infant abductions to less than one-third in family abductions to less than one-fifth in runaway cases.**
- **Almost four-fifths of the families of missing children did not receive mental health or counseling services. This absence of mental health services was true both at the time of child disappearance and for months afterward. This finding provides a picture of a population that is not just underserved at a time of commonly and scientifically accepted high distress, but is almost invisible at present to county mental health agencies and private mental health providers.**
- **Almost four-fifths of the families of missing children do not receive local/regional missing child center support services. This finding also held at the point of child recovery and reunification with the family where a similarly large number received no services. Not so surprising, but worthy of careful thought, was the finding that almost all runaway families do not receive any local/regional missing child center services. Overall, this finding indicates that: (1) the current service delivery system for local/regional missing child centers does not reach a major**

number of the families at need, and (2) the current service delivery system for local/regional missing child centers reaches families with runaway children least effectively.

- **The overwhelming majority of families of missing children want: (1) a more positive relationship with law enforcement personnel assigned to their case, (2) mental health and social service personnel who understand the unique characteristics of their situation, and (3) information/support services over the length of the child's disappearance from local/regional missing child centers.**

Project Background

Few issues in recent years have generated as much legislative, media, and public interest group activity as the problem of missing children. This change in public interest and government need to be responsive to the public interest requires the development of a base of scientific knowledge to increase understanding and guide public policy decisions.

To respond to this requirement, the Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice has initiated a series of research investigations. The first such study, The National Incidence Study of Missing, Abducted, and Runaway/Throwaway Children (NISMAART), defined the extent of the problem. This study, Families of Missing Children: Psychological Consequences and Promising Interventions, was commissioned to examine the traumatic impact and coping patterns of the missing child event upon families, with the intent of identifying distressed families with needs for support and assistance.

Project Design

This project was conducted over a three year period at multiple sites throughout the United States. A sample of 280 families were followed prospectively with in-home interviews, in a time series measurement design from approximately one month after child disappearance to eight months after child disappearance. Three primary groups were studied: (1) child loss by non family abduction (41 cases), (2) child loss by family abduction (104 cases), and (3) child loss by runaway status (104 cases). For comparison purposes, a separate group of families who lost a child as a result of sudden infant death syndrome (31 cases) were studied in a similar longitudinal manner.

The project assessment package included a detailed structured interview and selected quantitative, nationally normed, psychological measurement instruments. Areas of investigation included: (1) the chronological experience of missing children and their families from pre-disappearance events to disappearance events to recovery/non recovery events, (2) the type and level of emotional distress experienced by families of missing children, (3) the type of coping behavior used by families of missing children, and (4) family utilization of intervention/support services.

Project Advisory Board

The Project Advisory Board assisted in the design and conduct of the project from beginning to conclusion. Board members included Hamilton McCubbin, Ph.D. (University of Wisconsin),

Ronald Summit, M.D. (UCLA), Charles Figley, Ph.D. (Florida State University), and Calvin Frederick, Ph.D. (UCLA). Jim Davies (Burlingame, California), parent of a non family abducted child, represented families of missing children.

Project Results

- **The majority of families of missing children experience substantial psychological consequences and emotional distress as a result of child disappearance.** This level of emotional distress has been identified and reliably measured by standardized psychological methods. Compared to the general population, this level of distress places families of missing children in the top 20%. Further, this level of emotional distress for families of missing children equals, or exceeds, the emotional distress for groups of individuals exposed to other violent trauma, such as combat-related military veterans under treatment for post traumatic stress disorder symptoms, and victims of rape/assault/other violent crime.

This finding provides the first clear knowledge of the level and extent of emotional distress sustained by families of missing children. In addition, the comparison of their experience with that of distressed combat military veterans and victims of violent crime helps us to better understand the severity of the impact of child disappearance upon families.

Generally, emotional distress for families of missing children does decline somewhat over time. This decline is naturally affected by factors such as child recovery, and family coping. Yet, at eight months after the date of the child's disappearance, almost one-third of these families continue to experience high levels of emotional distress. In many cases, this high distress continues even after child recovery. This finding indicates that high emotional distress for families of missing children is not just a transitory reaction, but persists over periods of time and even after child recovery.

- **Selected types of families of missing children experience severe psychological consequences and emotional distress.** Specifically, families who have lost a child to non family abduction are very severely impacted by this distress, affecting parents and remaining children over a period of many months. This finding indicates that these families are attempting to cope with the abduction and continued maintenance of the remaining family at very high stress levels.
- **Among families of missing children who have lost a child to non family abduction, the potential for child homicide as a consequence of the abduction is extremely high.** In this project, one-fourth of the non family abducted children were recovered deceased, with more than one third of such children recovered deceased in the Reunification of Missing Children Project. Families where the abducted child is recovered deceased exhibit the highest level of emotional distress of any type of families of missing children. Further, this level of distress does not appear to decline over a period of many months after the recovery of the deceased child.

This finding confirms what many individuals might believe to be true, with or without scientific confirmation. However, even with common perception and scientific support for severe distress in this type of case, the overwhelming majority of these families do not receive any social service,

or mental health support, and only limited extended family support. Families whose abducted child was recovered deceased have, historically, been at the forefront of public visibility and policy change in the missing child area. Yet, at present, these families remain isolated and unreached in their distress and grief.

- **Among families of missing children who have lost a child to non family abduction, the initial level of emotional distress for families where an infant is the abduction victim is very high, equalling that of families where the child is recovered deceased.** While infant abduction is the least frequent type of case in non family abductions and the high level of distress declines over time after infant recovery, the event appears to have a very pronounced impact upon the mother of infant separation by criminal act from a hospital, nursery, or other point of believed safety and security. While this very high level of emotional distress does decline over time, there is substantial stress and separation between new mother and new father at a universally acknowledged critical point for mother-infant bonding.

While most infant abductions occur from hospital settings and/or recovered infants are immediately taken to hospital settings for medical clearance, half of these families do not receive mental health assistance. Further, contact and support from local/regional missing child centers drops to zero at eight months after the infant has been recovered.

- **The majority of brothers and sisters of missing children appear to be isolated and forgotten in their high levels of emotional distress as the adults in the family focus their energy and thoughts upon the recovery of the missing child.** While this appears to be especially characteristic of families who have lost a child to non family abduction, it is also found in families affected by family abduction or child loss by runaway status. As a group, the brothers and sisters of missing children showed equal, or higher, levels of emotional distress than their parents. This was especially true in non family abduction cases where the child was recovered deceased. 100% of the remaining children in these families were found to be initially very emotionally distressed and 100% of these children were still very emotionally distressed eight months later.

The missing child event seems to arouse concerns and fears in brothers and sisters across the types of missing children. Yet, many parents report that a period of days or even months elapses after child disappearance before they have the energy and personal resources to fully attend to the needs of the remaining children. The remaining children themselves are very aware of the family focus upon child recovery, feel unable to do anything meaningful to assist in the search effort, and sometimes even wish to be a missing child themselves in order to gain equal attention.

The missing child movement has historically focused upon parent loss and concern. While the remaining children in the family are less visible, they are no less distressed and warrant our equal attention to their needs.

- **The majority of recovered, previously missing, children experience substantial psychological consequences and emotional distress over time.** At the point of recovery and reunification with the family, this distress is very high initially for almost all children recovered from non family abductions, and remains high over a period of months after recovery. For the majority of children

recovered from family abduction and runaway status, high levels of distress are present upon recovery and declines over time.

This finding indicates that the point of recovery of the missing child and subsequent reunification with the family is a very stressful event for both recovered child and family. At present, as reported in the Reunification of Missing Children Project, the average length of time for reunification meetings between recovered child and family is only 15 minutes. Recovered child and family then leave to go home without guidance about what to expect or where they can obtain psychological assistance or social support.

- **The project's analysis of the experience of missing children and their families provides a new perspective on types of missing children that extends beyond the NISMART missing child incidence study.** Five meaningful groups were identified: (a) non family abductions where the child was recovered alive, (b) non family abductions where the child was recovered deceased, (c) non family abductions where the child is an infant, (d) family abductions, and (e) runaways.

The NISMART study created a logical system of definitions for policy focal and less policy focal missing child cases. The intent of this logical definition process was to attempt to define a body of cases that might be of most concern to government policy makers, and then apply these logical definitions to an incidence sample of missing child cases. This provided one way to attempt to look at "more serious" versus "less serious" missing child cases.

The Families of Missing Children Project took an alternate approach, namely to acquire a national sample of families of missing children and then look within this sample to see if different groups existed. These groups emerged as the project attempted to determine if there were meaningful subgroups within the prior categories of non family abduction, family abduction, and runaways. Meaningful subgroups did appear within the non family abduction category. Combining the information on all three non family abduction subgroups had the effect of obscuring significant differences which could easily lead to false interpretations and policy decisions. This would then likely result in restricted understanding of non family abduction, and impair the effective delivery of intervention/support services as well.

Most importantly, this finding indicates that broad categories or labels for families of missing children need to be approached with caution. Labels that may prove use in an incidence study may not be the labels which best assist in understanding the behavior of the affected families.

- **Family history prior to child disappearance significantly influences the family's distress and ability to cope with that distress.** Prior trauma, family stress, and child physical/sexual abuse are risk factors which significantly impair the ability of the family to respond to child disappearance. Understanding prior family history can be an important enhancement to any law enforcement interview, as well as to mental health/social service planning. Further, this area of knowledge can represent an important common foundation for building an effective working partnership between the family of a missing child and intervention/support personnel.

- **Almost all families of missing children are most reliant upon law enforcement personnel for information, support, and intervention following child disappearance.** Time after time, whether in rural communities or metropolitan urban areas, families looked primarily to the law enforcement officer when their child disappeared. While families may vary in their patterns of law enforcement service use and service satisfaction, it is clear that the overwhelming burden of missing child response falls upon the law enforcement officer. This burden is not only for the investigation and hoped for child recovery, but for emotional support, criminal law information, civil law information, victim/witness compensation information, and family court/dependency court information.

While law enforcement officers involved in long term non family abduction and long term family abduction cases routinely identify these as “career cases” or the cases one always remembers, they are required to perform these multiple roles without the widespread availability of training, support materials, or team type support from other city/county agencies. In fulfilling these difficult, multiple roles, these law enforcement officers need access to the most current knowledge about dealing with families of missing children and to significantly enhanced support from other city/county mental health and social support agencies.

- **Three-fifths of the families affected by non-family child abduction rated law enforcement recovery efforts as highly competent, which is a substantial endorsement of law enforcement recovery efforts.** However, ratings of high law enforcement competence varied considerably by type of child disappearance, ranging from three-quarters of the families with infant abductions to less than one-third in family abductions to less than one fifth in runaway cases. Almost all infant abductions are solved and infant recovery is usually a matter of days. The investigative procedures are more clear cut, and the potential for the abductor to have been observed around the time of the abduction is very high. In other types of missing child cases, investigative procedures are less well developed and leads on child disappearance are less accessible. Interestingly, neither child recovery nor speed of child recovery per se influenced family ratings of law enforcement competence.

While valid and practical reasons may exist for the difficulty in child recovery in many missing child cases, the majority of parents in family abduction and runaway cases carry forward a negative impression of law enforcement recovery efforts. Left unaddressed and undealt with, this negative impression, whether justified or unjustified, by a growing number of U.S. families is likely to become an issue of public policy concern.

- **Almost four-fifths of the families of missing children do not receive mental health or counseling services.** This absence of mental health services was found both at the time of child disappearance and for months afterward. The only factor leading to a significant increase in the delivery of mental health services was if the non family abducted child was recovered deceased. However, even these services to this group of families with a deceased child were only temporary, for a few weeks or months following child recovery.

From this study and the results of the Reunification of Missing Children Project, this lack of services appears to be due to: (1) an absence of clinical knowledge among mental health providers

about how to understand and assist families of missing children; and (2) an absence of belief that families of missing children as a group warrant county mental health services.

This finding provides a picture of families of missing children that are not just underserved at a time of commonly and scientifically accepted high distress, but are functionally invisible at present to county mental health agencies and private mental health providers.

- **Almost four-fifths of the families of missing children do not receive local/regional missing child center support services.** This finding also held at the point of child recovery and reunification with the family where a similarly large number of families received no services. As with mental health services, a factor leading to a significant increase in local/regional missing child center services was if the non family abducted child was discovered deceased. Still, the majority of these families, too, received no services.

Surprisingly, more families dealing with family abduction received initial services than those dealing with non family abduction. Not so surprisingly, but of equal importance, was the finding that almost all runaway families did not receive any local/regional missing child center services.

Overall, this finding indicates that: (1) the current service delivery system for local/regional missing child centers does not reach a major number of the families at need, and (2) the current service delivery system for local/regional missing child centers reaches families with runaway children least effectively.

- **The overwhelming majority of families of missing children want: (1) a more positive relationship with law enforcement personnel assigned to their case, (2) mental health and social service personnel who understand the unique characteristics of their situation, and (3) information/support services over the length of the child's disappearance from local/regional missing child centers.**

Policy Recommendations

The results of the Families of Missing Children Project lend support to the following public policy recommendations:

- Information about the extent of psychological consequences and emotional distress for families of missing children needs to reach a wide range of audiences, from the general public to public service employee.
- Information about the unique experience of families who must deal with different types of child loss needs to reach a wide range of audiences, with an emphasis upon law enforcement and mental health/social service personnel.
- Within the non family abduction category, families whose child is recovered deceased and families whose infant child is abducted experience very high levels of stress. Their experience warrants special attention and the development of specialized mental health/social support programs.

- Brothers and sisters of missing children appear to be largely forgotten, isolated, and unsure of their roles within their families. They need both enhanced parental attention and intervention services. Parent education programs around sibling needs within a family and the exploration of screened, supervised child peer group contact are examples of initiatives that might prove useful.
- Families of missing children (and subsequently recovered children) need to have access to mental health providers who are knowledgeable about their problems and the type of interventions that assist in their coping with child disappearance. To achieve this, three tasks would appear to be important: (1) promotion of general educational articles about the needs of families of missing children needs for the mental health professional literature, (2) construction of specific educational packages and multi-media workshops for regular conduct at the annual meetings of each of the major associations of mental health professionals, and (3) development of selected model demonstration programs to provide regional leadership in mental health assessment/treatment of families of missing children.
- Families of missing children (and subsequently recovered children) need to have access to local/regional missing child center support services. Current OJJDP initiatives that support the role of a single national center for missing children (the National Center for Missing and Exploited Children), with enhanced on scene, first person services by local/regional missing child centers may point the way toward a better service system for these families. Consideration should be given to the support and evaluation of missing child center demonstration programs that will attempt to provide services to a designated percentage of all families of missing children in their area of coverage. Consideration should be given to discussion and definition of the role of local/regional missing child centers in services to runaway and exploited children relative to abducted children.
- Presently, and for the immediate future, families of missing children will be largely dependent upon law enforcement officers for intervention and information. The effectiveness of law enforcement officers in child recovery will continue, to a degree, to be dependent upon their working relationship with the family of the missing child. While the integrated community agency team concept is developed through OJJDP programs such as M-CAP (Missing Children's Community Action Program), the highest priority for education, training, and support materials should be given to local law enforcement officers. The efforts of the National Center for Missing and Exploited Children to provide basic and advanced missing child investigation training warrant expanded support, as well as consideration of the delivery of this training at regional sites.
- The Families of Missing Children Project has shown that the unique experience of families of missing children can be measured. The development of a psychological assessment measure, composed of multiple choice items and computer/manually scored, could be achieved in the near term. Such a valid and reliable measure would likely provide benefit coverage to the widest possible number of families of missing children, and every intervention/support person providing family service.
- The Families of Missing Children Project was made possible by the generous contribution of time and effort of many families of missing children. Much has been learned from their

experience already. Yet, these families have much more to teach us in the coming years, as has been true of long term prospective studies in many other areas of trauma, stress, and coping. A programmatic effort should be made to maintain contact with as many of these families as possible, with continued assessment of their experience and progress at regular intervals.

Summary

In every aspect of the conduct of the Families of Missing Children Project, the families themselves have been willing to open their homes, their lives, and their hearts in the hope that their experience of child disappearance would reach others. The results of this Project bring us one step closer to understanding that experience and point to meaningful public policy directions to respond to their concerns and distress.

Chapter II. Overview of the Missing Child Problem

In the last decade, a significant societal change has taken place in this country's concern over the vulnerability of our children. (Howell, 1985). Three out of four American adults think the problems facing today's children are more severe than when they were growing up and even more are willing to pay higher taxes for better schools, drug treatment programs, and other services for children, according to a recent Louis Harris Poll commissioned by the Westinghouse Broadcasting Company (Associated Press, 1986). Within the context of this general increase in concern over the children, the problem of the missing and exploited child has been the focus of considerable effort by both government and citizen's groups. Currently, it remains an area of significant concern as 86% of American adults are reported as willing to increase their taxes for programs to trace missing children.

As the problem of missing children became a significant issue during the early and mid-1980s, efforts were made to estimate incidence rates of missing children. Early nationwide estimates of stranger/non-family abduction ranged from a low of 67 (FBI, 1984) to a high of 50,000 (National Center for Missing and Exploited Children, 1984). Initial estimates of incidence of family abduction ranged from 25,000 (N.C.M.E.C., 1984) to 459,000-750,000 (Gelles, 1984). Substantial attention was devoted to obtaining incidence rates for runaways beginning in the mid-1970s and continuing until the present, in comparison to similar efforts for children missing due to stranger/non-family and family abduction. Consequently, these studies have consistently placed the incidence rates between 733,000 to almost one million (National Statistical Survey on Runaway Youth, 1976; Brennan, Huizinga, & Elliot, 1978). On one side, legislatures, law enforcement agencies, and public interest groups agree that the problem of missing children was not a focus of sustained attention prior to 1975, and that most law enforcement data systems were not designed to track the extent of this problem. High estimates were a definite contributing factor toward increased legislative interest and public attention to missing children. Further, several studies by recognized, regional law enforcement and governmental groups supported the mid range estimates, if not the high estimates. Statistics compiled by the Illinois LEADS system indicates that in 1985, 1,319 incidents of children age 17 or younger were missing under circumstances indicating foul play, or involuntary disappearance (e.g., kidnapping or abduction). 98 of these cases were family abductions, with the majority of the remainder presumably runaways. Kansas state police figures for fiscal year 1986 showed 25 stranger abductions, 49 parental abductions, and 4,5 and 7 runaways. Missouri state police figures for fiscal year 1986 are very similar. In 1984, police departments in Jacksonville, Florida and Houston, Texas together reported 211 cases of kidnapping and 58 attempted kidnappings by non-family members (NCMEC Advisory Bulletin, 1985). In addition to their missing status, a study conducted by the Kentucky Exploited and Missing Children Unit in Louisville showed that 85% of children who have been criminally or sexually exploited were, in fact, missing at the time of the act of exploitation (N.C.M.E.C., 1984). The widely varying incidence reports of this crime have contributed to shaping extremes in perception and emotion in the general population.

Recognizing that estimates of incidence determine the scope of a societal issue and guide public policy issues, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) of the U.S. Department of Justice commissioned a national study of missing child incidence rates. This study was titled the National Incidence Study of Missing, Abducted, Runaway, and Thrownaway (NISMART) Children (Finkelhor, Hotelling, & Sedlak, 1990). NISMART clarified several of the inherently complicating issues related to the identification of missing child incidence rates.

Age of the Child Victim. Children in the Chowchilla kidnapping ranged in age from 5-14 years (Terr, 1979). In another study by Hewitt, Beaudry and Moran (1986), four children ranging in age from 5 to 12 years old were abducted. Pre-adolescent and adolescent girls are more likely to be abducted than males or younger children and therefore constitute the age group most at risk.

Characteristics of Abductors. While there has been no quantitative study of the characteristics of child abductors who are not related to their victims, the following description of the abductors in the Hewitt, Beaudry and Moran study fits closely descriptions of abductors obtained from other anecdotal accounts.

The abductors were both Caucasian males. One committed his first kidnapping at age 35, while the other accomplished one kidnapping at age 42, followed by a second kidnapping at age 49. Both had a history of arrests for sex charges, and both reported being sexually abused as children. Their life histories presented a picture of loneliness, isolation and powerlessness. Abduction provided them with an experience of control and power. The abductors had developed a conscious plan for control of the victim which centered upon: (1) convincing the child that he was not wanted by family and friends, and (2) bonding through participation in sexual activity.

Family Stresses Other Than the Non-Family Abduction (Factor a)

Data on child and family baseline functioning prior to the non-family abduction are very limited. Based on her observations of 23 children in the Chowchilla kidnapping, Terr reported the following information:

- (1) Socio-economic status of the victim families ranged from extreme poverty to middle-class.
- (2) In 5 of the families, no major preexisting problems were evident; (i.e., separation/divorce, mental illness, alcohol abuse, violence, death, frequent moves, and/or chronic illness).
- (3) In 8 of the families, at least one of these problems was present.
- (4) In 10 of the families, 2 or more major problems existed prior to the abduction.

It is not known whether these characteristics differ from those of families not experiencing a non-family abduction. Of the child victims themselves, parents reported that prior to the abduction:

- (1) One of the group of 23 had recognized serious preexisting emotional problems and three children had previously undiagnosed psychiatric difficulties.
- (2) Two children had serious preexisting physical disabilities.
- (3) Six children had evidenced more transient developmental difficulties.
- (4) The minority of children (11) were reported as not having any prior emotional and/or physical problems.

Combination of the Non-Family Abduction Event & Pile-up of Other Family Stressors (Factor Aa)

There is no information to date on the relationship of stranger abduction to the pile up of family stressors.

Pre Non-Family Abduction Crisis-meeting Resources (Factor B)

As stranger abduction is often a random event for the victim, it would be expected that the families who experience such an event are typical of families in general, in terms of pre-abduction crisis-meeting resources. This has not been explored in existing studies of stranger abductions. Terr (1983) described ten of the families in the Chowchilla kidnapping as having a strong bond with their community. These families had extended family ties in the immediate area.

Post Non-Family Abduction Crisis-meeting Resources (Factor b)

Terr (1983) observed that parents of children taken in the Chowchilla kidnapping were recipients of much post-abduction community and media attention, which included a trip to Disneyland. None of the families had sought trauma-related counseling or mental health services to help them cope with the after-effects of the trauma. Terr described a community bonding that took place around the shared traumatic event of the kidnapping. Groups and friendship were formed among families who shared this experience. Long-term follow up revealed that the bonding was temporary, as the kidnapped children did not keep up their relationships with each other, and mothers of kidnapped children who had developed friendships did not maintain those friendships.

Factor Bb — Combination of Pre and Post Non-Family Abduction Coping Resources. There is no information to date on the combination of pre- and post-event family coping resources.

Pre Non-Family Abduction Perception of the Crisis (Factor C)

There are no studies which contain information regarding pre-abduction perceptual definition of stranger abduction.

Post Non-Family Abduction Perception of the Crisis (Factor c)

Kidnapped youngsters remembered quite vividly how they themselves and their peers had responded at the moment of abduction. At the instant of the bus takeover, children in the Chowchilla kidnapping remembered crying, but they reported no paralysis of action, numbness, flailing about, amnesia, or severe depression and withdrawal (Terr, 1983). In terms of immediate cognitive-perceptual reactions, eight of the children were aware they were being kidnapped, with most of the others having a vague, less comprehensive idea of what was happening to them.

Cognitive Perceptual Errors. One common initial response was the misperception of the kidnapers' appearance, including the mistaken belief by some children that there were additional abductors. Inaccurate descriptions of the abductors included a "bald man, a lady, a black man, a man with a peg leg, a chubby man, and "a man in the front seat of a green van." Children's descriptions of their abductor, therefore, may be unreliable. We do not know what part of the child's misreport comes from his misperception ("seeing") versus the child's desire to please a questioning adult.

Two children reported both visual and auditory hallucinations during the abduction event. For example, one boy who was primarily responsible for digging the children out, hallucinated several

times while digging and was convinced that this would result in his mind being permanently damaged.

Stages of Adaptation to an Abduction. The most complete description of a child's reaction to abduction was developed by Hatcher (1981) who studied the behavior of both child and adult hostages. Hatcher developed a five-stage conceptual framework for understanding the abduction experience. The following stages describe the child's changing responses over time to abduction or control by a stranger.

Child Hostage Stage 1. During the first moments of the abduction, the child's reactions are, expectedly, more primitive than adult behavior under similar circumstances. For most American children, their first association is with an experience seen on television or in a movie: "It was just like on TV or something."

Behaviorally, the child hostage seems to select from one of three response patterns; freeze, panic with crying and screaming, or making jokes. In contrast to the adult patterns, attempts to immediately flee or fight are rare. The freeze response is accompanied by internal fear, anxiety, and thoughts of being hurt. Crying and screaming is a high frequency reaction if a child is physically seized, or if one child in the group begins crying. Some children will first attempt to make jokes. These children appear to be assuming a known role, the comedian. The comedian is one of the few roles the young child has learned that will gain acceptance from most adults and peers.

In each of these response choices, the child's conception of what is about to happen is variable. He may see the captor(s) as "bad," robbers," or "bad people Mommy told me to stay away from." He fears that something very bad is going to happen, but he is not very sure what that is going to be.

Child Hostage Stage 2. The second child stage is characterized by acceptance/respect for captors. The child, in wishing to be a hero, has brief thoughts or ideas of taking action. As one might anticipate, he does not formulate these thoughts into a more organized heroic action plan in the way that the adult does. As with the adults, action is rarely taken, but the fantasy shows up once again as an important defense mechanism.

Child Hostage Stage 3. The third stage is characterized by increased interaction between victim and captor and is characterized by the development of simple survival strategies. Both physically and mentally, the adult captor is able to exert such extensive control over a child that it is not surprising that the child's response is characteristically submissive and cooperative. While some children engage in searching behavior for means of escape, a most striking observation of the abducted child is the failure to utilize opportunities for escape. Even after the incident is over, the child often has difficulty explaining why he did not use opportunities to escape or why he picked the opportunity that he did. Whether the perceived absolute degree of control is induced by the adult captor or is attributed to the adult captor by the child hostage is not clear.

For child victims who are abducted as part of a group, obtaining food, water, and privacy during body eliminations become priority times involving limited group interaction. Subgroups have been found to form around two principal characteristics: age and aggressiveness. Younger children and less aggressive children form one cluster, with older and more aggressive children in another cluster.

Child Hostage Stage 4. As disintegration or termination of captor's control begins, the child does not tend to show fear of loss of stability. Fear of death or injury during surrender is not commonly reported by children. As a child, trust of, or admiration for, the police officers remains relatively high.

Child Hostage Stage 5. In the last stage, the rescue is accomplished. Supportive physical exchanges are common between the child hostage and police officers. The child usually has a lot to say and is quite willing to talk to police at length about the incident. In fact, much greater willingness demonstrated to talk openly and at length with unknown police officers than with parents may be related to a child's fear that he has not lived up to parental expectations. Further, since the reuniting process involves a great deal of parental emotion, some children may assume responsibility for this parental emotion, feeling that the whole event was somehow their fault.

Hewitt, Beaudry, and Moran (1986) reported the reactions of four children who were abducted and two convicted abductors. The kidnapped children ranged in age from 5 to 12 years old. They were all from intact families and traditionally looked to adults for support, protection, and guidance. Two of the children were residing in small cities. The third child came from a large city, and the fourth was living in a rural town. The lengths of the kidnappings were 16 days, 6 weeks, 22 months, and 7 years.

In this series of cases, control was established by psychological, rather than physical means. All abductees were isolated initially from contact with others, and were relocated frequently, hampering the development of relations outside the now primary relationship with the abductor. Each child was given a new name to reinforce his or her new attachment to the abductor. The abductors would employ stories of parental rejection or lack of loving. The child would be told that the parents did not want or love him, and that loving parents don't spank or yell. The child waits for the loving parents to come and get him, which of course, does not occur. The child also remembers his parents having both spanked and yelled on occasion, and contrast this with the overtly positive, solicitous behavior of the abductor. In support of this, all of the children were given small gifts and/or taken on trips to places by the abductor. The child was constantly given the message: "I like you more than anyone else. If you leave me, I will hurt myself, return to get you, hurt your father and mother, or take you back."

The authors state that the child initially protested and resisted the statements of the abductors, while waiting for the parents to come. This, of course, does not happen. The child comes to realize that he probably could not survive on his own, and that serious consequences could occur if he rejects the abductor. In the midst of this despair stage, the abductor strengthens his hold over the child by introduction of sexual abuse, stating: "This is our special relationship. Keep this a secret or we'll both go to jail." The child's initial reaction was to wonder if he protested the sex act strongly enough if he was somehow guilty for just having gone through with the sex act.

Combined Non-Family Abduction Perceptual Definition of the Crisis (Factor Cc)

Five months after the event, Terr established contact with the group of kidnapped children and their families. Over the next 8 months, the children, along with one or both parents were interviewed. At the time of interviews, which occurred between 5 and 13 months following the abduction the following findings were obtained.

Three major fears developed amongst the group as a whole:

- (a) Fear of separation: Five children remembered worrying that they would never see their parents again, while 2 others were preoccupied with separation from their siblings.
- (b) Fear of death: During their initial capture and transfer, many children (particularly those 8 and older) reported experiencing great anxiety about what would happen next. These fantasies included being shot, smothered, asphyxiated, or burned to death. Eight children remember being aware that they might die at any moment.
- (c) Fear of further trauma: Several children actively misperceived the abductors' return at some point during their captivity, despite the fact that this never occurred.

In addition to the perceptions reported above, the kidnapped children placed importance on two phenomena. These were labeled by Terr as "retrospective significance" and "omen" formation. "Retrospective significance" refers to the last contact the children had with parents, siblings, or an earlier event becoming intricately associated with both the thoughts and feelings of the child about the abduction episode. For example, several children had fights with their parents the morning of the kidnap.

The formation of "omens" refers to events prior to the kidnapping which could have served as portending signs, in a way that would have enabled the child to avoid, or prevent, the trauma. As children sought to understand their abduction, they frequently made psychic connections, or what Terr has referred to as "omens", linking events which occurred prior to the abduction to the abduction event. This occurred for Bob, age 14, whose mother usually drove him home after school each day. On the morning of the abduction, Bob had taken a long time getting ready and his mother told him to take the bus home from school. He initially experienced the abduction as a punishment but came to believe that he was placed on the bus so that he could help the other children. Pre-crisis event styles of coping may be activated by families in their attempts to deal with the crisis of a non-family abduction. Family members involved in the Chowchilla kidnapping had a tendency to react with overprotectiveness often mixed with hostility toward "outsiders." Many of these families demonstrated hostility directed at the media, town officials, and administrators. In the Chowchilla incident, law enforcement officials were typically seen as allies and a source of unity among parents who were invested in seeing the abductors found and convicted.

Another method families have of coping with stress or adversity is to relocate away from the perceived source of the family's trouble to a new location. Terr observed that a total of 5 victims had moved away from Chowchilla by 13 months following the incident. Some of these moves occurred for reasons unrelated to kidnapping. However, in some cases abduction related factors were relevant as well, including fear of another kidnapping. It is not known whether these were more transient families for whom this was pattern of coping.

Immediate and Short-term Experience of Stress Due to Non-Family Abduction (Factor X)

In her book on the Chowchilla kidnapping, *Too Scared to Cry*, Terr describes the growing realization on the part of parents that something might have happened to their child, when the expected child

did not arrive home on time. In terms of the family's immediate response to the trauma of their child's abduction, Terr describes an initial sequence of: (1) confusion giving way to (2) severe apprehension, followed by (3) a tendency to feel guilty for not having prevented the abduction.

Intermediate and Long-term Experience of Stress Due to Non-Family Abduction (Factor x)

Following the escape and recovery of the children in the Chowchilla kidnapping, the children and their parents were immediately bombarded with media interest and attention. The families became overnight celebrities, and for many the kidnapping brought them a once in a lifetime opportunity to receive the positive regard of their community and a concerned public. Since the children were not physically damaged by the event, family members were free to express their joy and relief. Parents were reassured that the children were not likely to be emotionally affected by the experience (Terr, 1981), so that it seemed that the nightmare was quickly over.

After a period of four months, some parents began to express concern about their children's emotional reactions, and Dr. Terr, a psychiatrist who specializes in the treatment of trauma, was contacted for consultation. Her observations of the children during the year following the event and 4 years after the kidnapping contain the most complete information on the long-term experience of stress by non-family abducted children.

Psychological Consequences. A variety of psychological consequences were observed in the children studied following their abduction:

Dreams and Fantasies. Dreams were another important data source in understanding the psychological reactions of the Chowchilla victims.

- (1) All of the children studied had dreams relating to the kidnapping following the event.
- (2) One third had both terror dreams and other dreams as well, one fourth had only terror dreams, including dreams about personal death.
- (3) Approximately one half had exact repeat playback dreams or modified playback dreams.
- (4) One fourth of the children reported fantasies of revenge against the kidnappers.

Traumatophobia. Twenty of the 23 children still feared being kidnapped again, 5 to 18 months post-trauma, and 21 experienced fears such as being left alone, sounds, confined spaces, open spaces. These fears following trauma have been called "traumatophobia" or the fear of further trauma (Rado, 1942). Children remained sensitive to changes in their environment which reminded them of the abduction. Many felt they had to be permanently "on guard" to protect themselves against future insults, intrusions or traumatic occurrences. For some children, the fears became so intense that, on occasion, they screamed, fled, or called for help.

Post-Trauma Performance Decline. Some children showed declines in cognitive functioning and school achievement. Terr reported that there was a worsening in school performance in one-third of the children in the Chowchilla kidnapping, and 2 children showed improved performance. The

Chapter III. Literature Review

Non-Family Abduction Literature Review

Historical/Literary Context of Non-Family Abduction

On a warm summer's day in Germantown, Pennsylvania, five-year-old Charlie Ross is playing with his six-year-old brother in the fenced front yard of his family's house. The date is July 3, and Charlie is looking forward with great anticipation to the fireworks displays of July 4. Two men drive by, and engage the boys in conversation. Promising to take the boys to the store to buy fireworks, the two men manage to get the boys to ride away with them. The two men and the two boys drive around in the northern section of Germantown for approximately two hours. At this point, without explanation, the six-year-old brother is released, and the two men disappear with Charlie Ross. The year is 1874 and America's first documented child kidnapping has just occurred (Alix, 1978; Nash, 1986).

The first media report of the case appeared on the front page of the *New York Times* on July 5, 1874, stating that Christian K. Ross, the boy's father, had offered a reward of \$300 for the recovery, or information leading to the recovery of his son. Omitted from this first news report was the fact that Mr. Ross had received a letter the day after his son's disappearance demanding \$20,000 ransom or his son would be killed.

The *Times* continued to carry reports of the case day after day. On July 9, the editorial page contained a commentary on the case which questioned whether such an event could have actually happened here in the United States, as it seemed to more closely resemble an historical novel of Greek thieves.

On July 14, a *Times* editorial reflected the mood of the country: "The Philadelphia kidnapping still remains an unresolved dreadful fact—one suggestive of exceedingly unpleasant reflections, which, from their very unpleasantness, should receive thoughtful consideration. A boy is taken away in open day by two men, who are keeping him from his family for the purpose of extorting money. The child is probably in no danger of life or limb, for his kidnappers have offered to restore him for twenty thousand dollars, and he must be in their eyes too valuable a piece of property to be put in any needless peril. There seems to be no new clue to the detection of the kidnappers. The father is said to be prepared to pay the ransom demand—and anybody who calls this an act of weakness had better try to imagine what he would do himself if his own child were in the hands of these unknown scoundrels.

"Must it, then, be accepted as true that any of us is liable to have our children stolen from the public streets, and in open day? It is extremely unlikely that the child of this Philadelphia business shows that any of us is liable to such a loss; for what may be done in one instance, and in one place, may be done in another place. It seems that the crime can be committed with a considerable chance of impunity, and there are creatures ready and able to commit it upon sufficient inducement—that is prospect of gain. And the prospect of gain is, it must be confessed, very fair. In case of a stolen child, whose restoration is offered for a sum of money, how few parents, if the sum were within their reach would hesitate to pay it? How few men would have the firmness—say rather than the stoicism—to resist the pleadings of their own hearts, enforced by the cry of a frantic mother bereaved of her child? The history of brigandage from the remotest ages tells us how few...Kidnapping is sometimes

resorted to in Europe. [sic] but of course it is one of the rarest means adopted; and as money is the only object of the kidnapers...none but the wealthy are exposed to such attempts at extortions; and they are they who can most easily protect their children against all chance of such exposure...Of perils by night we are careful enough with our combination locks, burglar-alarms, and private watchmen; but that there are perils by day which also demand our serious attention this Philadelphia business is striking evidence." (*New York Times*, July 14, 1874, p. 4)

On July 21, eighteen days after the kidnapping, the New York City Police Department received a tip that William Mosher and Joseph Douglas were the abductors. Mosher and Douglas had long criminal records for robbery and burglary in New York and New Jersey. At the time of the kidnapping, both men had escaped from jail.

Charlie's father agreed to pay the expenses of the investigation outside New York City, and New York City police detectives were then assigned to search for Mosher and Douglas, wherever the leads might take them. The next day, the mayor and city fathers of Philadelphia pledged a \$20,000 reward. As days passed with little new news on the case, the *Times* continued to cover the issue with general articles on child kidnapping, citing historical material, and reported sightings of Charlie in New York, Massachusetts, Pennsylvania, Missouri, and Louisiana.

Finding Charlie Ross became a national issue. In August, the *Times* carried stories of an attempted lynching of a group of gypsies in Pennsylvania, who were believed to be holding Charlie. Parents with a child resembling Charlie were accosted from Nebraska to Vermont. Then in mid-August, with frustration mounting over the lack of any solid leads, suspicion turned toward the Ross family itself. The *Times* began to report rumors that Mr. Ross was somehow involved in the crime. Many letters of support were received at the Ross house. Crank letters and behaviors also occurred, as exemplified in the case of the ventriloquist who caused quite a disturbance at a Philadelphia warehouse when he tricked others into believing that the voice of Charlie Ross was calling for help from inside a storage trunk.

It is now December, and almost six months have passed since the kidnapping. Mosher and Douglas are still at large. On the night of December 14, Mosher and Douglas enter a summer home on Long Island, New York to commit a burglary. However their entry triggers an alarm in the main house. As they are attempting to leave the summer home, Mosher and Douglas are discovered and shot by police. Both men die, but Douglas confesses to the kidnapping of Charlie Ross before dying.

The next day, a full seven columns of the *New York Times* front page were devoted to the case, with the headlines: "Crime and Its Explanation," "The Charlie Ross Mystery Cleared Up," "His Kidnappers Shot Dead While Committing Another Felony," and "A Dying Desperado's Confession" (*New York Times*, December 15, 1874, p. 1)

Yet, months passed without any further information as to what had happened to Charlie Ross or his current location. So many children were reported to be Charlie Ross that a *Times* editorial stated "it seems a poor state that fails to furnish a strong child who answers in every respect the description of Charlie Ross."

Close to the first anniversary of the Ross kidnapping, continued public concern was mirrored in a *Times* editorial of June 18, 1875, which stated: "It is time...that the people generally should evince a warmer interest in the necessity for putting a stop to the repetition of crimes of this particular kind. Child-stealing is an offense which should be productive of something more than a little temporary public indignation. If it cannot be stopped in any other way, a severe example should be made of those who indulge in it. If this cannot be done under existing laws, new laws should be enacted for the purpose. Young children cannot be expected to protect themselves against the machinations of bad men and women; but they have a right to all the protection which the law can give, and society, too, may justly claim some proper defense against a crime than which there are few, if any, that are more atrocious. The public cannot afford to treat it with indifference, for it is one of those things about which the exercise of too much patience itself becomes a crime." (*New York Times*, June 18, 1875)

However, events in the summer and fall of 1875 were to show that it was not Mosher and Douglas who had planned the crime. It was, in fact, William Westervelt, a former New York City policeman and a brother of Mosher. He was convicted, sentenced to seven years imprisonment, and fined \$1.00. Westervelt denied his involvement, and never revealed anything about what had happened to Charlie Ross.

Mr. Ross continued to be determined to find his son, traveling across the country to see hundreds of boys in hopes of finding Charlie. He eventually gave in to the offers of circus promoter P. T. Barnum for a new \$10,000 reward campaign. In February, 1878, he told the *Times*: "This makes 573 boys I have been called to see, or have been written about, and my hundreds of failures to identify each waif as my own has taught me to entertain no sanguine hope. I suppose I shall continue going to see boys till I die, but I don't expect to find Charlie in any of them." (*New York Times*, February 6, 1878, p. 1). Beginning in 1882, a new development took place as the *Times* began to report stories of teenage boys coming forward, claiming to be the long-lost Charlie Ross. Mr. Ross searched for his lost son until his death. Charlie Ross was never found. Although it occurred more than 116 years ago, the Charlie Ross story, the public reaction and the resulting media attention as shown in the *New York Times* coverage could easily reflect today's headlines on a child kidnapping.

Historical Overview of Non-Family Abduction of Children for Ransom

Child kidnapping for ransom re-appeared in the 1890's with a series of high visibility cases (Alix, *ibid.*). Cases were recorded in Longridge, New York; Albany, New York; and New York City. In reaction to the kidnapping for ransom case of fifteen-year-old Eddie Cudahy on December 18, 1900 in Omaha, Nebraska, a series of anti-kidnapping laws were passed at the state level. In the succeeding years, cases continued to be noted, including seven-year-old Freddie Muth of Philadelphia, Pennsylvania in 1906; four-year-old Horace Marvin of Kittshammock, Delaware in 1907; eight-year-old Willie Whitla of Sharon, Pennsylvania in 1909; the Black Hand Criminal Gang kidnappings in New York City from 1909 to 1914; fourteen-year-old Lloyd Keet of Springfield, Missouri in 1917; thirteen-month-old Blakely Coughlin of Norristown, Pennsylvania in 1920; five-year-old Guiseppe Verotta of New York City in 1921; fourteen-year-old Robert Franks of Chicago, Illinois in 1924; two-year-old Virginia Jo Frazier of Chattanooga, Tennessee in 1927; twelve-year-old Marion Parker of Los Angeles, California in 1927; and ten-year-old Gill Jamieson of Honolulu, Hawaii in 1929.

On March 21, 1932, as new anti-kidnapping legislation remained stalled in the U.S. Congress, twenty-month Charles A. Lindbergh, Jr. of Hopewell, New Jersey was kidnapped. On May 11, 1932, the child was recovered deceased, resulting in tough new federal anti kidnapping legislation bills being passed and signed into law by President Herbert Hoover on June 2, 1932 and June 22, 1932. These bills are characteristically referred to as the "Little Lindberg Laws."

Nonetheless, kidnapping of children for ransom continued, including nine-year-old George Weyerhauser of Tacoma, Washington in 1936; six-year-old Robert Greenlease of Kansas City, Missouri in 1953; and thirty-two-day-old Peter Weinberger of Long Island, New York in 1956. Spurred by the Weinberger case, Congress passed the Keating Bill in 1956 which authorized the FBI to enter the investigation at kidnapping cases without being restricted by the prior seven-day waiting period from the date of abduction.

Despite this additional set of federal legislation, child kidnapping for ransom once again continued, including eight-year-old Lee Crary of Everett, Washington in 1957; nineteen-year-old Kenneth King of Beverly Hills, California in 1967; six-year-old Keith Arnold of Detroit, Michigan in 1973; sixteen-year-old J. Paul Getty of Rome, Italy in 1973; and a school bus of twenty-six children from Chowchilla, California in 1976.

Alix's (ibid.) review of ransom kidnapping citations in the New York Times Index showed incidence peaks in 1933 and 1974, with children as the majority of victims prior to 1920. More detailed characteristics of child cases were not available.

Historical overview of non-family abduction of children for other motives (sexual, sado-masochistic ownership). Non-family abduction of children for motives other than ransom has also been recorded throughout history. Child abductors with sexual, masochistic motives have been predominant (Wilson, 1990; Wilson and Seaman, 1988), including Roman Emperor Tibertius; Ibrahim Ibn Ahmed, Prince of Africa and Sicily in the 9th Century; Baron Gilles de Rais of France in the 15th Century; Elizabeth Bathory of Hungary in the 17th Century; Samuel Dick of Ireland in 1817; Frederick Baker of England in 1867; Mary Ann Cotton of England in 1873; Jesse Pomeroy of Boston, Massachusetts in 1874; Thomas Piper of Boston, Massachusetts in 1875; Louis Menesclou of Paris, France in 1880; Herman Mudgett in Chicago, Illinois in 1894; Jim Conley in Atlanta, Georgia in 1914; Fritz Harmann in Germany in 1924; Peter Kurten in Germany in 1930; and Albert Fish in New York in 1934. In more contemporary times, the presence of non-family child abductors with sexual motives has continued, including Klaus Grabowski in Germany in 1975; Ronald Cooper in South Africa in 1978; John Wayne Gacy in Chicago, Illinois in 1978; Pedro Lopez in Ecuador in 1980; Wayne Williams in Atlanta, Georgia in 1980; Ted and Mildred Guam in Riverside, California in 1984; Andro and Marge Garcia in Twenty-Nine Palms, California in 1985; and Tsutomu Miyazaki in Tokyo, Japan in 1989.

While the study of non-family abduction of children has remained anecdotal and incident based, patterns are evident: 1) non-family abduction of children has been consistently documented throughout history, 2) non-family abductors of children have been predominantly male, 3) a significant minority of non-family abductors of children have had associates with whom they had established prior personal relationships, and 4) non-family abductors of children have been present across many cultures and countries.

The rates of incidence reported in the NISMART study indicate that the problem is a significant one. Psychological and criminological knowledge of the missing child event and its impact upon family members is extremely limited. The few existing studies have generally reported that there are profound negative psychological sequelae that result from the missing experience (Terr, 1979, 1983; Agopian, 1984; Hatcher, 1981). More recently, U.S. Department of Justice supported national research studies conducted by the Center for the Study of Trauma at the University of California, San Francisco have found that over 60% of all families of missing children experience clinically significant levels of distress, and that over 80% of recoveries of all missing children are concluded in less than 15 minutes time with no psychological or social service support (Hatcher, Barton, and Brooks, 1990).

Significance. Few social issues in recent years have generated as much legislative activity, media activity, and public interest group activity as the problem of missing children and their families. The U.S. Congress and almost every state legislature has passed legislation to increase the responsiveness of law enforcement. The publicity of the search for missing children has become a common part of television news broadcasts, and missing children photographs appear on milk cartons, grocery bags, and airport/department store flyers. A substantial number of non-profit, public interest groups have been created to assist in searches, and promote preventative education programs which are becoming an accepted part of the curriculum of many school districts. Much of this change in public attitude and public policy has preceded the development of a scientific base of knowledge. Effective problem definition, understanding, and intervention can only be assured with the development of such a knowledge base.

From the perspective of affected child and his family, increased awareness about the psychological consequences of the missing child experience would be of direct assistance to families of missing children, and to the law enforcement agencies and community mental health and social service professionals that assist them. The proper response to any criminal justice or psychological issue is dependent upon 1) a knowledge of the normative response, 2) the ranges of behavior around that normative response, and 3) the different responses associated with different subgroups. This type of knowledge would considerably enhance the ability of law enforcement agencies and professionals to help the family during both the post abduction and the post return periods. Further, it can improve the quality of response for the returned child on a variety of levels, ranging from family readjustment to judicial proceedings.

From the perspective of the general society, psychological data can assist in bringing about a more intellectually informed and emotionally realistic response to the missing child problem, both for the lay and the professional populations. This can promote improved parent education, improved prevention programs for children, and a more informed legislative response. Further, social workers, teachers, school counselors, and others can acquire an enhanced knowledge of risk and vulnerability factors in such cases, assisting in an improved response to affected children, their siblings, and their classmates.

From a law enforcement and judicial perspective, psychological data regarding the social and emotional consequences of abduction/exploitation on the child victim can increase the knowledge level of judges, attorneys, expert witnesses and juries. Combined with clearer understanding of the personal characteristics, motivations, and methods of the abductor, and the quality of relationship

with the victim, such information can be directly utilized in successful and appropriate adjudication of such cases. As illustrated by *U.S. v. Chesney* (1981), it can be difficult to obtain a kidnapping conviction when the victim has had the potential physical opportunity to escape. While psychological data has already demonstrated its utility in judicial understanding of a series of several abduction cases (see *U.S. v. Melton*, 1986; *U.S. v. Garcia & Garcia*, 1986; *CA. v. Hooker*, 1985; *CA. v. Coddington*, 1987; *FL v. Paige and Cokely*, 1989), juries, judges, and attorneys need an empirically based study of what goes on between abductor and victim during the kidnapping.

Finally, psychological knowledge about crimes against missing children and the psychological consequences to these children and their families can influence public policy makers, both criminal justice and mental health, to make informed decisions regarding the identified at-risk populations and to establish more effective financial and manpower priorities to deal with this most significant problem.

Non-Family Abduction Research

Findings from the existing social sciences literature on non-family abduction are summarized in the following sections based upon the Double ABCX Model. As previously indicated, the Double ABCX Model provides a means of systematically identifying the variables which shape the course of family adaptation to non family abduction.

The section on Factor A summarizes what is known about the non-family abduction crisis event including the circumstances of the abduction, the age of the child, sex of the child, and the characteristics of the abductor. Descriptions of the circumstances of a non-family abduction include a summary of the time and place of the event.

The section on Factor a summarizes what is known about family stresses other than the abduction, including socio-economic level, and pre-existing problems such as divorce or alcohol abuse. The section on Factor Aa summarizes what is known about the combination of family crisis and other family stress on events.

The section on Factor B summarizes what is known about the family's pre-abduction family crisis meeting resources including the social support available to the family.

The section on Factor b summarizes what is known about post-abduction family crisis-meeting resources, including help-seeking behavior and outside family support.

The section on Factor Bb summarizes what is known about the family's pre- and post-abduction crisis-meeting resources.

The section on Factor C summarizes what is known about the pre-abduction perceptual definition of the non-family abduction crisis event.

The section on Factor c summarizes what is known about the post-abduction perceptual definition of the non-family abduction crisis event.

The section on Factor Cc summarizes what is known about the combined perceptual definition of the non-family abduction crisis event including the perceptual definition of the non-family abduction crisis which the family brings to the event and the perceptual definition of the non-family abduction crisis which the family acquires following the event.

The section on Factor X summarizes what is known about the family's experience of stress (immediate and short-term), both directly related and unrelated to the non-family abduction, including the family experience of stress and parent/child reactions to the abduction, and the psychological consequences of non family abduction as experienced by child victims.

The section on Factor x summarizes what is known about the intermediate and long-term experience of stress due to non-family abduction, including social and economic stresses and psychological adjustment.

The section on Factor Xx summarizes what is known about the combined immediate, short-term, intermediate, and long-term experience of stress resulting from non-family abduction, including factors known to increase vulnerability to psychological distress, including: prior existing psychological disturbance, extent of immediate and extended family/community support, and factors known to reduce and minimize risk and adverse psychological consequences, including: a stable and emotionally supportive family environment, absence of pre-existing psychological disturbance in child victim of family members, extended family and community support, and psychological intervention.

To date, stranger abduction has not been a widely studied social problem; therefore, what is known about stranger abductions is based on a few anecdotal descriptions. While information from these reports is valuable, the reported observations cannot be considered characteristic of all stranger abductions, or of non-family abductions in general. At this time, very little is known from a scientific perspective about the event of non-family abduction.

Two investigators have provided information that contributes to an understanding of the experience of abduction for the child victim. The most comprehensive inquiry into the circumstances and effects of stranger abduction was conducted by Terr (1979), who studied the victims of a 1977 school-bus kidnapping in Chowchilla, a small town in the central valley of California. Hatcher (1981) has studied the behavior of both child and adult hostages and has developed a conceptualization of the stages a victim passes through in attempting to cope with abduction or retention against one's will. The findings of these two investigators will be summarized in this examination of what is known about the family experience of a non-family abduction.

The Non-Family Abduction Crisis Event (Factor A)

Circumstances of the Abduction. In the incident studied by Terr, 26 children who were riding the school bus home from a day in summer school were commandeered by three masked abductors. All 26 students and the bus driver were abducted and transferred at gunpoint to two vans. They were then driven around in total darkness for 11 hours, and transferred individually from the vans to a buried truck trailer. The buried trailer was poorly lit, contained minimal food supplies, and contained only two wheel wells as bathroom facilities.

After the captives were transferred to the buried trailer, the trailer was completely entombed by shoveling dirt over the ceiling entrance. The children and their driver were buried for 16 hours. Toward the end of this period, a few boys and the driver managed to dig their way out, establishing the opening through which the entire group finally escaped. After escaping, the bus driver telephoned the police, who then took the captives to facilities in a nearby prison overnight for debriefing and questioning. The children were finally reunited with their families the next morning, having survived a total of 43 hours of abduction, confinement, separation from their families and uncertainty about survival.

Sex of the Child Victims. The group studied by Terr consisted of 17 girls and 6 boys. While the sex of the victim may not be a factor in the abduction of children for ransom, in cases where the victim is taken for the purpose of sexual gratification, the sexual preferences of the abductor determine the sex of the sought-after victims (Finkelhor, Hotaling, and Sedlak, 1990).

Definitional Problems. The determination of accurate rates of incidence for missing children has been severely hampered by definitional and data collection problems. Definitional problems are related to different levels of specificity determined by the purpose of the definition. Definitions in social science research, or collection of information about incidence rates, differ from legal definitions because the purposes served by each differ. Legal definitions are highly specific descriptions of actions, which are limited to a specific jurisdiction. Because legal definitions of child abduction vary from one location to the next, collecting information about incidence necessitates the use of general definitions for events which can be used to gather incidence information.

The National Incidence Study of Missing, Abducted, and Thrownaway (NISMART) Children (Finkelhor, Hotaling, & Sedlak, 1990) addressed this problem by using a two level definition to describe the incidence of stranger or non-family abduction, parental or family abduction, runaways, throwaways, and lost, injured, or otherwise missing children. The definitional levels used in the NISMART study were Broad Scope and Policy Focal, Policy Focal being a more restrictive subset of the Broad Scope level. Broad Scope was used to refer to the incidence of a missing child event as defined or perceived by the family. It included both serious and minor episodes. Policy Focal generally referred to the event from the perspective of law enforcement or social services. It included incidents of a serious nature in which there was a need for immediate intervention. Policy Focal cases were thus a subset of Broad Scope cases.

Within the category of non-family abduction, the NISMART study also used two additional levels of case distinction which included legal definition abductions and stereotypical kidnappings. The Legal Definition Abductions referred to the crime of abduction as it is defined by state laws. This variably included short-term abduction and/or coercive movement as part of some rapes and assaults. Stereotypical Kidnappings referred to the more popular conception of long-term, long-distance, or fatal episodes.

Within the category of family abduction, Broad Scope cases referred to situations in which family members took a child in violation of a custody decree/agreement, or failed to return a child following a period of visitation. Whether a custodial or non-custodial parent took a child, an event could be considered an abduction. A Policy Focal family abduction included cases which were serious in nature and included one or more of the following features: (1) an attempt was made to conceal the taking or location of a child, (2) a child was taken to another state, or (3) evidence indicated that the abductor intended to keep the child or permanently change custody.

The NISMART study used both records surveys and random digit dial telephone surveys in order to reach a large number of individuals and increase sample size. Telephone surveys have been used in incidence studies as they produce a high response rate compared with less direct access methods, such as mailed questionnaires. Such advantages of telephone surveys are characteristically weighted against possible bias related to lack of access to respondents who do not have telephones, who are relocating, or who have an unlisted number (Groves & Khan, 1979).

The estimated rates of incidence for missing children during 1988 and based on the definitions derived during the NISMART study are presented below (Finkelhor, Hotaling, & Sedlak, 1990, p. vii).

Estimated Number of Missing Children in 1988

Family Abductions

Broad Scope 354,100

Policy Focal 163,200

Non-Family Abductions

Legal Definition Abductions 3,200-4,600

Stereotypical Kidnappings 200-300

Runaways

Broad Scope 450,700

Policy Focal 133,500

Throwaways

Broad Scope 127,100

Policy Focal 59,200

Lost, Injured, or Otherwise Missing

Broad Scope 438,200

Policy Focal 139,100

The major conclusions of the NISMART study were that:

- (1) What has previously been considered a single missing child issue is more accurately a set of five distinct missing child problems which should be addressed individually.
- (2) In at least four of the missing child categories, caregivers were aware of the child's location but were unable to recover the child.
- (3) In the realm of public policy, it is necessary to clarify the domain of the problem, individuals to be included in that domain, and to use a common language in reference to problem domain and included individuals.
- (4) Family abduction appeared to be a larger problem than previously recognized.
- (5) The runaway problem was no larger than it was in 1975, at the time of the last national survey.
- (6) More than one fifth of those children previously identified as runaways should be recategorized as throwaways.
- (7) There was a large group of children who were lost, injured, or missing due to miscommunication with caregivers who had previously been unidentified by research and public policy.

decrements in academic performance were felt to be secondary to misconduct in the classroom, school avoidance, or the inability to concentrate.

Time Skew. Distortions in time sense or sequencing of events were observed by Terr in one third of the children. A perceived ability to predict traumatic experience, omen formation, as well as the belief in a foreshortened future (i.e., refusal to make future plans, expecting the worst) were also noted.

Voluntary Reexperiencing of the Trauma. One-fourth of the Chowchilla children reported daytime visions of the episode. These visions took the form of intentional recall of the kidnapping events. Terr emphasized that none of the children experienced involuntary flashbacks such as those reported by adults following trauma.

Continuing Sense of Vulnerability. One new finding in Terr's follow-up study was the presence of profound embarrassment and shame in many of the children. It was described as a feeling of being naked, humiliated, or totally exposed when anyone knew how vulnerable they had been during the kidnapping. They preferred for no one to find out that they had been victims. Their temporary losses of personal autonomy still affected them 4 to 5 years after the trauma (Terr, 1983). It appeared that the children were not "toughened" at all by their experiences, and what most often occurred was a narrowing of their concern with outside events.

Combined Immediate, Short-term, Intermediate and Long-term Experience of Stress in Non-Family Abduction (Factor Xx)

Terr has expressed a concern that even with intervention some of the effects of an abduction may be permanent alterations in the psychological make-up of the child victim. While some of these persistent effects may be related to the circumstances of the abduction, Terr found a strong association between preexisting physical and/or emotional difficulties and the development of post-traumatic symptoms in the Chowchilla kidnapping children. Symptomatology was found to be associated with: (1) the child's prior vulnerabilities, (2) family pathology, and (3) community bonding. Some of the factors associated with persistent symptoms are the following:

Sex Differences in the Manifestation of Symptoms. Terr (1985) found that it was much more common for boys to experience severe symptoms (5 out of a total of 6 boys) than for girls (5 out of a total of 17 girls). Sex differences appeared to be related the extent of community ties, with boys' families demonstrating weaker bonding to the community than girls' families. Such family bonding may serve a protective function in guarding against the development of severe emotional problems.

Collapse of Early Developmental Achievements and Confidence Loss. Some of the intense and persistent fears developed by the Chowchilla children appeared to be tied to the destruction of early developmental achievements or basic trust. According to Terr's observations, collapse of early developmental achievements following trauma surfaced as the inability to trust, and in impaired autonomous functioning. The inability to trust seemed to be associated with the shame a child feels due to "the temporary loss of personal choice."

This loss of choice and autonomy has been associated with the inability to see oneself in the future, the attempt to predict the future, and a belief in personal responsibility. Four to five years after the event, the abducted children often had a pervasive pessimism manifested by a sense that their future would be limited. Some expected a shortened lifespan and future disaster, while others were unable to foresee the possibility of future marriage, children, or career.

Compulsive Repetition. Terr reported repetition of dreams, post-traumatic play, and reenactment of the trauma in children she saw, which often persisted many years after the trauma. Although the aim of repetitive behavior, which frequently appears in children through play, is to relieve anxiety, Terr did not believe that it significantly lessened the anxiety of the Chowchilla children. One child, who was 7 years old at the time of the abduction, frequently played games in which her dolls or her younger sister traveled but returned safely. When Leslie was 10 years old she ran away from home and accepted a ride from a stranger. Instead of experiencing this as an abduction, Leslie explained that the most important thing to her was that she was running away or, in other words, that she was directing her own actions, as opposed to being directed or abducted by another person.

Eleven of the kidnapped children reported that they frequently "played" the kidnapping experience, but in a manner which involved monotonous repetition. This quality of monotonous repetition stood in stark contrast to the activity of untraumatized, "normal" children, whose play is oriented toward relief of anxiety. Typically, anxiety relief comes about by replaying situations in a manner in which they can symbolically gain mastery over prior events which they were unable to successfully control. In other words, for normal children, play provides an important opportunity for growth and development as well as a means of lessening anxiety. This quality was not evident in the play of the Chowchilla kidnapping victims.

Contagion. An additional facet of post-traumatic symptoms in children that Terr (1985) observed was that the symptoms seemed to be contagious for other family members or peers. As the traumatized child acted out the trauma repetitively, other individuals associated with the child were traumatized through this exposure. One example of contagion of another family member occurred when one girl, who was 12 years old at the time of the abduction, frequently jumped out of closets frightening her sister. A stranger abduction is likely, therefore to have a ripple effect that impacts other family members as individuals and the functioning of the family system. The stranger abduction event may also produce a generational effect, as the event becomes part of the family history.

Major family problems were found for families during the 4-5 year period following the abduction of their child(ren). Terr (1983) found that 15 families experienced significant problems including family death, alcoholism, divorce or separation (5 families), family violence, and long distance moves. Terr (1983) concluded that brief treatment 5-13 months after the kidnapping did not prevent post-traumatic symptoms in these children 4 years later.

Summary of the Effects of Non-Family Abduction

1. The abduction experience results in adverse psychological consequences particular to children, and can be observed both in their immediate responses as well as up to 4 to 5 years post trauma. Such responses include: hallucinations, specific fears that can reach panic proportions, misperceptions, belief in omens, recurrent dreams of terror and personal death, compensatory fantasies, time skew, time distortion, repetitive monotonous play that fails to relieve anxiety, school decline, survivor guilt, and psychophysiological disturbances. Fantasy of taking action has been found to be an important defense mechanism both during and after the event. Dreams of vulnerability and mastery are very common among child victims.
2. Symptoms range in frequency and severity, with the more severely disturbed children: (a) having preexisting physical or emotional disturbances, (b) coming from families with preexisting psychopathy, and (c) having fewer extended family members in the community
3. No specific age differences emerge relative to the presence, type, or degree of post-traumatic stress symptoms in child abduction victims. Sex differences appear to be a function of the degree of community bonding rather than representing inherent increased vulnerability among boys.
4. Long-term traumatic effects in children may not be observed by parents for six months to one year post trauma.
5. The interpersonal relationship between victim and abductor has been shown to be a key variable in establishing psychological control during the abduction. The process by which this relationship develops may be critical in terms of understanding the child's psychological response post abduction.
6. Families of abducted children do not perceive themselves as "sick" and therefore do not actively seek the help of mental health professionals.
7. Families themselves experience post-traumatic stress symptoms similar to the child victim, although frequently of lesser intensity.
8. The child victim's post-traumatic symptoms may be uniquely different from those of adults. These differences include: (a) event amnesia not observed, (b) psychic numbing not observed, (c) voluntary recollections of the event rather than intrusive flashbacks, (d) the presence of post-traumatic themes in child play, (e) time skew and distortion, and (f) a pessimistic view of the future.

Family Abduction Literature Review

Family abduction (also referred to as parental abduction, child stealing, parental kidnapping, or child-snatching) is a social phenomenon that has only recently drawn the attention of social scientists and mental health practitioners. Attention has come primarily from two areas: (1) the therapeutic work of mental health practitioners who have encountered family abduction as an etiological factor in the histories of their patients, and (2) the interest of those working with the families of missing children in documenting the experiences of these families.

Although definitions of family abduction vary in the social science literature, there is a general consensus that a family abduction has occurred when a parent or guardian who has a legal custody or right of access to a child, is deprived of that access by the actions of the other parent (Agopian, 1981; Finkelhor, Hotaling, & Sedlak, 1990). Family abduction is often an extension of parental conflict associated with the termination of a marital or quasi-marital relationship; it has also been associated with custody determinations necessitated by parental divorce or separation (Agopian, 1981). For this reason, there has been some tendency to treat the abduction of a child by a parent as a family or domestic matter, rather than as a significant social problem warranting the attention of mental health professionals and social scientists, as well as the general public.

Increased awareness of family abduction as a problem of significance has come from three sources: (1) concern about rising divorce rates and increased interest on the part of fathers in custody rights, which has put increasing numbers of children "at risk" for experiencing a family abduction (Agopian & Anderson, 1981; Finkelhor, Hotaling, & Sedlak, 1990; Greif & Hegar, In Press—b), (2) estimates of the incidence of family abduction that show family abduction to be a problem of much greater magnitude than previously believed (Finkelhor, Hotaling, & Sedlak, 1990), and (3) an accumulation of anecdotal evidence that family abduction can produce negative psychological problems in children and remaining parents (Agopian, 1984; Forehand, Long, Zogg, & Parrish, 1989; Schetky, & Haller, 1983; Senior, Gladstone, & Nurcombe, 1982; Terr, 1983).

Literary References to Parental/Family Abduction. While parental abduction has only recently gained the attention of the legal, social science, and mental health communities, as well as that of the general public, it has appeared in literary references as a phenomenon of human relations since antiquity. The theme of a child being detained from a loving parent and the parent's joy upon reunification with the child has appeared in many children's tales including *Pinocchio* (Collodi, 1931, translated from the Italian), *Hansel and Gretel*, and the tale of *The Lost Son* (Lang, 1920). Parental abduction or family abduction, however, has been a less frequently portrayed literary theme.

While Euripides' Greek tragedy *Medea* is most readily remembered for its chilling depiction of maternal infanticide, it is also an exposition on the intensity of parental response following a marital separation. A brief recounting of the story reveals many themes common to contemporary families experiencing a divorce or marital separation.

As the play opens, Medea has been left by her husband, Jason, with the two sons from the marriage. Jason has left the family in order to marry the young daughter of Creon, the king. Jason's conduct is condemned by the remaining members of the household staff, but it is also understood. He is described by the family nurse as an enemy to those he should have loved.

Medea is a wife who feels she has given up everything of meaning in her own life in order to allow her husband to become a man of heroic proportions. She has sacrificed the life of her brother in order to save her husband, and given up her country, social position, and family of origin in order to follow her husband in Corinth. Her sacrifice results in bitterness and resentment about being cast aside by her husband.

Jason's new father-in-law orders Medea and her children into exile as a way of protecting his daughter. Medea meets with Jason and confronts him with the consequences of his actions binding the children's interests to the issue of their "divorce." Jason responds by assuring Medea that he was motivated by a desire to secure the economic well-being of their children. Medea rejects this explanation and accuses him of wanting "a fresh young virgin" (translation by Roche, 1974, p. 52) for a wife.

Medea then develops the plot by which she feels she can retaliate against her husband. She agrees to allow the children to live with their father, who has proposed that he can offer them a better life because of his new marriage. Medea uses the children to seek revenge on Jason and her rivals, his new bride and her family, by having the children deliver a gift of an incinerating cloak which destroys Jason's new wife. Medea's desperation is contained in the statement, "I kill my sons—my own—/ No one shall snatch them from me" (Roche, 1974, p. 57).

Medea continues on her course of revenge, rejecting the pleadings of all, and takes the children from their father's house to her house and kills them, stating, "It is the supreme way to hurt my husband" (Roche, 1974, p. 58).

Even in death, the children of this tragic union continue to be used as weapons to inflict further pain. Jason returns to Medea's household to seek his sons and is told they are dead. He pleads to be able to touch the bodies of his dead sons and is rebuffed by Medea. He begs to be able to take the bodies and bury them; Medea's response is, "Never!" (Roche, 1974, p. 76). Jason responds with the lament that he would rather the children would never have been born rather than to have witnessed their destruction. The intense emotions experienced by parents around issues of divorce and child custody have rarely, if ever, been more compellingly depicted than in the tragedy of *Medea*. The universality of human emotion links this ancient Greek tragedy with modern day parents, wrestling with an age-old dilemma.

The tragedy of *Medea* is unusual in its early emphasis on the continuation of maternal interests following a marital breakup. Historically, the rights of mothers to the company or custody of their children is a modern legal and social concept. The father's right to retain the children of a marriage has been an unquestioned historical precedent throughout most of history (Derdeyn, 1978). This may account for the scarcity of parental abduction as a literary theme. Prior to this century, mothers had no independent right to custody and no forum for the pursuit of maternal interests was in existence.

Terr (1983) relates two instances of family abductions from the Greek myths. The two stories tell of the Gods sending their sons to be raised away from their mothers. Aristaeus, the son of Apollo, was taken by Apollo or Hermes from his mother, Cyrene, and given to Gaia (Earth) to raise. Apollo also instructed Hermes to take his son, Ion, to a priestess at Delphi to be hidden.

In another tale from classical mythology, Edith Hamilton (1942) tells the story of Rhea, sister-queen of Cronus, lord of the universe, who protects her son by secreting him away from his father. The child, Zeus, is hidden at Crete while a stone wrapped in swaddling clothes is given to the father, in place of the child.

In the Eighteenth Century, Mozart told *The Tale of the Magic Flute*, which contains two characters who were both veterans of abductions: one, abducted by a stranger, and the other, abducted by a parent. The princess, Pamina, is carried off by a demon, and her mother, the Queen, poignantly describes the anguish of the parent of a missing child by singing, "I die a thousand deaths each moment without my daughter by my side, and all my joy is torment" (Mozart, 1791/1983 p. 72). Another character, Papageno, described as a child of nature, was raised by an old man identified as his putative father. He has no memory of his mother and knows only that she was a servant. Papageno states that he never knew his mother and did not know whether she was still alive or what became of her. It is interesting to note that Papageno, who was abducted by his father in infancy and never knew his mother, is written as a very fearful character, while Pamina, who was more mature when abducted, uses many coping strategies illustrated by her ability to outwit her abductor and take advantage of the opportunity she created to escape.

Early Family/Parental Abduction Case of Historical Interest. One of the earliest documented parental abductions in the U.S. is referenced in a letter dated February 27, 1885 to the sheriff of Santa Barbara, California, from W. A. Pinkerton, of the famous Pinkerton National Detective Agency in Chicago, Illinois. The letter tells of the agency's involvement in aiding a mother to secure the return of her daughter, a child named Mary Reeves. The information relayed to the sheriff from Mr. Pinkerton relates that the child was abducted by her father, from her mother, at New Haven, Connecticut about eight months prior to the date of the letter. The father, described as "a man about 5 feet 8 inches high, heavy built, rather sallow complexion, dark eyes and dark hair, and one shoulder higher than the other," is characterized as a "very pleasant talker." At the time of the correspondence, the whereabouts of the girl are unknown, although the father is described as being incarcerated in Chicago. Mr. Pinkerton is writing from Chicago and states that the mother has had an "intimation" that the girl is with a banker or his relatives in Santa Barbara, most likely taken there by friends of the father. A photograph of the child was sent to the sheriff, but the outcome of the case has not been completely verified.

Alix (1978) in a review of the New York Times Index from 1874 to 1974, found references to cases of "child stealing" and "domestic relations kidnapping" extending back to the 1840's. Alix reported locating 1,703 cases of both adult and child kidnapping, covering all possible motives. Of this group, 17% were noted as "child stealing," and 8% were noted as "domestic relations kidnapping." Further statistical breakdowns were not reported, family abduction cases have been noted throughout history.

While child loss in general is a common literary theme, child loss due to parental abduction is a less frequent occurrence in myths, books, plays, and news accounts. Nonetheless, available descriptions do provide a reminder that parental abduction has existed through history in both fiction and actual events.

Family Abduction Research

Findings from the existing social sciences literature on family abduction are summarized in the following sections based upon the Double ABCX Model. As previously indicated, the Double ABCX Model provides a means of systematically identifying the variables which shape the course of family adaptation to family abduction.

The section on Factor A summarizes what is known about the family abduction crisis event including the age of the child, sex of the child, number of children abducted per incident, ethnicity of the child, age of the abductor, sex of the abductor, ethnicity of the abductor, the marital status of the parents, the type of abduction (by severity), and the motivation of the abducting parent. Descriptions of the circumstances of the family abduction will also be included for site and time of the abduction, the use of an accomplice and the length of the abduction.

The section on Factor a summarizes what is known about family stresses other than the abduction, including health changes, job changes, and relationship changes. The section on Factor Aa summarizes what is known about the combination of family crisis and other family stress on events.

The section on Factor B summarizes what is known about pre-abduction family crisis meeting resources, including the psychological, social, interpersonal and material resources available to the family.

The section on Factor b summarizes what is known about post-abduction family crisis-meeting resources, including post-abduction earned income, help-seeking behavior, outside family support, drug and alcohol use as coping mechanisms, and parental perceptions of agency response to family abduction.

The section on Factor Bb summarizes what is known about the family's pre-abduction perceptual definition of the family abduction crisis, including (1) the underlying beliefs of family members about the event and (2) the family's underlying belief about their ability to deal with stress (prior and current).

The section on Factor C summarizes what is known about the post-abduction perceptual definition of the family abduction crisis event, including parental perceptions of agency response to the abduction.

The section on Factor c summarizes what is known about the post-abduction perceptual definition of the family abduction crisis event.

The section on Factor Cc summarizes what is known about the combined perceptual definition of the family abduction crisis event, including the perceptual definition of the family abduction crisis which the family brings to the event and the perceptual definition of the family abduction crisis which the family acquires following the event.

The section on Factor X summarizes what is known about the family's experience of stress (immediate and short-term) both directly related, and unrelated to the family abduction, including

the family experience of stress and parent/child reactions to the abduction, parental motives for abduction and the psychological consequences of family abduction as experienced by child victims.

The section on Factor x summarizes what is known about the intermediate and long term experience of stress due to family abduction, including psychological, social and economic stresses and psychological adjustment.

The section on Factor Xx summarizes what is known about the combined immediate, short-term, intermediate, and long term experience of stress resulting from family abduction, including factors known to increase vulnerability to psychological distress, including: prior existing psychological disturbance, degree of family organization, extent of immediate and extended family/community support, use of force or coercion, presence of sexual exploitation, length of trauma, direct exposure to trauma source and the particular nature of the abductor/victim relationship, and factors known to reduce and minimize risk and adverse psychological consequences, including: a stable and emotionally supportive family environment, absence of pre-existing psychological disturbance in child victim or family members, extended family and community support, and psychological intervention.

The Family Abduction Crisis Event (Factor A)

Age of Family-Abducted Child. There has been a consistent finding that the majority of abducted children are under the age of eight. Agopian (1981) reported 56% of the child victims to be under the age of 8 and 87% to be under the age of 11. Agopian further reported that children between the ages of 3 and 5 were the most likely to be abducted and infants and adolescents were the least likely to be taken. Of the 18 child victims evaluated by Terr (1983) between 1976 and 1982, only one was over the age of eight. Janvier, McCormick, and Donaldson (1990) found 77% of abducted children were under 8 and 96% were under eleven. Grief and Hegar (unpublished) found that only 6% of the abducted children from their study were over the age of 12. In the study based on the largest sample size to date, Finkelhor, Hotaling, and Sedlak (1990) reported that 52% of the family abductions involved children under the age of 8 and in almost a quarter of the abductions (23%) the child victim was under the age of four. There have been no studies which have systematically examined the relationship between the age of the child and other factors such as recovery success.

Sex of the Family Abducted Child. There is no clear preference for male or female child victims emerging from studies with limited, small samples of family abduction cases (Janvier, McCormick, and Donaldson, 1990; Forehand, Long, & Zogg, 1989; Forehand, Long, Zogg, & Parrish, 1989; Greif & Hegar, unpublished). Based on their use of a nationwide, representative sample, Finkelhor, Hotaling, and Sedlak (1990) reported that there were a larger percentage of male children reported as victims of abduction (58%), compared to females (42%), but that the difference was not statistically significant. It is not presently known whether the sex of the child plays a role in the successful recovery of the child by the remaining parent, in the coping responses of the child, or in manifestations of post-recovery symptoms. As with the age of the child, no information is currently available on the relationship between the sex of the child and other factors such as recovery success.

Ethnicity of the Parentally Abducted Child. Information on the ethnicity of abducted children has been reported only by Agopian (1984) and Finkelhor, Hotaling, and Sedlak (1990). Agopian, using

data from Los Angeles, reported that 74% of the child victims were Caucasian, 11% were Black, 11% Mexican-American, and 5% Asian. Finkelhor, Hotaling, and Sedlak (1990) reported that 80% of the abducted children in their nationwide study were Caucasian, 17% were Black, and 3% were Hispanic. There were no reports of abducted children in their sample which fell outside of these three groups. The significantly lower than expected rates for Hispanics and the absence of Asians in the sample, indicate that Hispanics, Asians, and possibly other non-specified ethnic groups may be under-represented as victims of family abduction.

At the present, it is not known if the ethnicity of the child is a factor in the ability to locate and recover an abducted child, as it is not known whether police, school officials, health care providers, and others who are likely to encounter an abducted child respond similarly to reported missing children from different ethnic backgrounds.

Number of Children Abducted Per Incident. Most abductions (approximately two-thirds) reportedly involved a single child (Agopian, 1984; Forehand, Long, & Zogg, 1989; Greif & Hegar, unpublished).

Age of the Family Abductor. Both abducting (Agopian, 1981; Finkelhor, Hotaling, & Sedlak, 1990) and custodial parents (Agopian, 1981) tend to be under 40 years of age. The mean age Agopian found was 34 years of age for abducting parents and 33 years for custodial parents. Approximately two-thirds of the parents involved in a family abduction were under the age of 36, with the largest group being between 27 and 31 years of age. The Finkelhor, Hotaling, & Sedlak (1990) study found the largest number of abducting parents to be between the ages of 31 and 40 (46%) with another 30% under the age of 30.

Sex of the Family Abductor. Early studies have not clearly established male or female parents as the primary abductors. In one early study, Terr's (1983) sample of 16 families contained 75% male abducting parents. In two other cases, the children had been abducted on occasion by both parents.

Agopian (1981) reported that fathers were abductors twice as often as mothers. Other studies have reported varying proportions of abductions by mothers and fathers, but data have been based on questionnaires voluntarily returned, which could bias the results (Forehand, Long, Zogg, and Parrish, 1989; Greif and Hegar, unpublished; Janvier, McCormick, & Donaldson, 1990).

In another study, a non-profit agency, the Florida Project, received anonymous telephone calls from parents who were either contemplating abduction or "in flight." Project data reported nearly equal numbers of males and females "in flight" with abducted children, but twice as many calls from males who were contemplating abduction (Forehand, Long, Zogg, and Parrish, 1989).

The best current estimate of the frequencies of abduction for males and females is likely to be from the NISMART study (Finkelhor, Hotaling, & Sedlak 1990). The data indicate a higher number of male abductors (73%) than female abductors, with former husbands/boyfriends comprising the largest group (42%) followed by current husbands/boyfriends (21%). All categories of female abductors accounted for only 26% of the abductions.

Even though fathers abduct more often than mothers, mothers may be considered over-represented, as typically, only 10% of fathers have custody of their children following divorce (Hetherington & Martin, 1986; Santilli & Roberts, 1990).

Ethnicity of the Family Abductor. The majority of abducting parents are Caucasian. In Los Angeles County, Agopian (1981) found that a majority of abducting parents were Caucasian (68%) which was representative of the percentage of Caucasians as custodial parents in Los Angeles County (69%). Blacks and Hispanics represented a proportion of the total number of abductions which slightly exceeded their numbers in the population of custodial parents, while Asians were slightly under-represented. Asians represented 6% of the custodial parents in Los Angeles, but accounted for only 1% of the family abductions. Parents from interracial relationships seemed to abduct at a higher rate (11%) than would be expected, based on known rates of intermarriage in the U.S., which are between 1% and 2% (U.S. Department of Commerce, 1990). This finding, combined with the reports of relatively high numbers of foreign-born fathers who abduct (Janvier, McCormick, & Donaldson, 1990), suggests that children from cross-cultural or interracial marriages may be at increased risk for abduction.

Previous Criminal History of the Family Abductor. Agopian (1981) speculates that the characteristics of the typical abductor (Caucasian, young, employed, with a crime-free history) may serve to insulate the abductor from contact with law enforcement authorities. As abductors appear to be conventional and may avoid calling attention to themselves, it may be only through a minor offense, such as a vehicle violation, that the abductor would be likely to attract attention of the law enforcement system.

Marital Status in Family Abductions. As mental health professionals have played a direct role in the evaluation of custody disputes, early case histories most often depict family abductions that occur in the course of a separation or the settlement of a divorce (Senior, Gladstone, & Nurcombe, 1982; Shetky & Haller, 1983). In most quantitative studies of family abduction, it has been found that the majority of parents are divorced or separated at the time of the abduction and there has been a custody determination made by a court (Agopian, 1981, Forehand, Long, Zogg, and Parrish, 1989; Janvier, McCormick, & Donaldson, 1990).

In Agopian's (1981) study of family abduction cases in Los Angeles County, 85% of the cases involved divorced parents, but it was not determined what percentage of these involved a written custody order. In 60% of the situations occurring in the NISMART study (Finkelhor, Hotaling, & Sedlak, 1990), there reportedly was a written custody order. Thirty-nine percent of the NISMART respondents indicated a mutual understanding between the parents, but no written custody order.

Marital status is an important factor in the ability of the parent to recover an abducted child, as an enforceable custody order will allow the parent to take legal action against the abducting parent for violation of the custody order.

Circumstances of the Family Abduction. As it is often unclear when an unauthorized extension of visitation or the minor violation of a custody agreement becomes a family abduction, there has been interest in classifying abductions as intent and duration. There have been two formulations of type of abduction based on anecdotal observations. Terr (1983) gave an anecdotal accounting of

violations of custody agreements in which there was an intent to return the child, calling them "vacations," compared with situations in which children were successfully snatched and hidden. Terr (1983) reported psychological consequences to the child regardless of the legal issues raised by the intent of the abducting parent or the duration of the child's absence. In contrast, Agopian (1984) listed the length of time the child was under the control of the abducting parent as a factor related to the severity of harm to the child.

As previously referenced, the NISMART study defined one type of parental abduction, the less serious, Broad Scope abduction, as those situations in which a family member: (1) took a child in violation of an existing custody agreement or decree, or (2) failed to return a child at the end of a court-sanctioned or agreed-upon visit (with the child being away at least overnight), in violation of a custody agreement or decree. In this study, this type represented the greater number of cases.

A more serious type of family abduction was defined by NISMART as a Policy Focal case. Conditions such as: (1) transporting the child out of state; (2) attempting to prevent contact between the other parent and the child; or concealing the abduction or whereabouts of the child; or (3) intending to keep the child indefinitely, or to permanently alter the custodial arrangement, were considered to increase the seriousness of the event. The 163,200 Policy Focal family abductions estimated for 1988 represent 46% of the total annual incidence (Broad Scope & Policy Focal) in the study. This two-type definition was designed to differentiate cases which may seem relatively minor, but may be upsetting to the participants, and cases in which the child is more likely to be at risk, requiring possible intervention by the police or other social service agencies.

Site and Time of the Family Abduction. Published information on the site and time of abduction is limited. In an early case history, Senior, Gladstone, and Nurcombe (1982) describe the snatching of a two-year old from the home of the child's father (the custodial parent) and stepmother, while the child's stepmother was in an adjacent room. The natural mother, who was visiting the child, ran from the house to a waiting vehicle. Not all children are taken from the custodial parent, as Palmer and Noble (1984) describe abductions in which the child is taken from an institutional setting or the home of a relative who is the child's legal guardian.

Similarly, Terr (1983) describes four sites from which children were taken. One child was abducted from her school yard, by her mother, after the father was granted custody of the child. Another 4-year-old girl and her 7-year-old brother were taken from their backyard when the father was denied visitation by the mother. The father did not return the children and moved with them to another state to start a new life. A third account was given of a child being taken from a friend's house where she had gone to play.

Agopian (1981) reported that the home was found to be the most frequent site (67%) for an abduction, a public setting such as an outdoor area was the second most common site, and the child's school was the third most common setting. 17% of the children studied were taken from day care and 8% during a denial of visitation.

Agopian and Anderson (1981) found that a majority (55%) of the abductions studied occurred within 18 months of the divorce action or custody agreement, 7% occurred 18 months to 2 years after the divorce, and 37% occurred more than 2 years following the order.

Weekend days (Fridays, Saturdays, and Sundays) were found to account for the majority (55%) of family abductions while the fewest numbers of abductions took place on Tuesdays and Thursdays. The large number of abductions taking place on weekends may reflect both opportunity and the desire to maintain the parents' role as full-time parent (Agopian & Anderson 1981). One-third of abductions studied took place during the weekend visitations and only 10% during summer visitations.

Physical force was rarely a factor, and was usually limited to restraint. Threats of force were reported in an additional 8% of the abductions studied by Agopian and Anderson (1981). Using information from a national sample, Finkelhor, Hotaling, & Sedlak (1990), reported force used in 14% of family abductions, and the use of coercive threats or demands in 17% of the situations. No physical harm to the child was reported by 89% of the interviewed parents and physical abuse was reported to have occurred in less than 5% of the cases. Not more than 1% of the abducted children were reported as sexually abused by the abducting parent. Family abduction appears to be a crime of convenience, not a crime of violence.

The NISMART study (Finkelhor, Hotaling, & Sedlak, 1990), indicated that children were taken by unauthorized removal from the custodial parent's home in one half of the cases, or in the other half of the cases, by failing to return the child(ren) after an authorized visitation. There is no information which reveals possible methods of enticement used by a parent to abduct a child and there are only case histories of explanations which may have been given to a child to enlist the child's cooperation (Palmer & Noble, 1984).

As previously stated, the NISMART study divided abductions into Broad Scope or Policy Focal categories based on the abducting parent's intent not to return the child and the custodial parent being denied access to the child. In 1 out of 10 cases fitting the Broad Scope definition, the child was removed from the state (Finkelhor, Hotaling, & Sedlak, 1990). There was an attempt to conceal the child's whereabouts in one-third of the Broad Scope cases, and in one-half of the cases, the custodial parent did know where the child was, but was not able to retrieve the child. This finding indicates that a lack of knowledge of the child's whereabouts may not be the primary factor in failure to recover the abducted child. More extensive study is needed to determine what additional factors may constitute obstacles to recovery, especially in cases where the location of the child is known. In some instances, parents may detain a child with the intent of returning the child to the custodial parent once the purposes of the abduction have been served. While such cases may fit the definition of family abduction, these short-term abductions may be difficult to separate from cases of non-compliance with visitation orders.

Short-term retention of the child may not be unimportant, however, as it may serve as a means of "testing the waters" before an abduction, whose goal is the permanent retention of the child by the noncustodial parent. Custodial parents may then become "desensitized" to violations of visitation agreements and less vigilant about the possibility that their child has been taken. This conclusion is supported by the finding of Janvier, McCormick, & Donaldson (1990) that prior threats of abduction had been made in 46-48% of abductions in their study.

The Use of an Accomplice in Family Abductions. Extended family members have been described as playing an active role in facilitating an abduction (including acting in the role of an accomplice) or offering support to the abducting parent. Janvier, McCormick, & Donaldson (1990), found that

aid by an accomplice was present in 76% of the international situations and 84% of domestic family abduction situations studied. This implies that abduction in both domestic and international situations may be more a premeditated than an impulsive act.

The NISMART study reported that 25% of the abductions were perpetrated by persons other than the former or current husband/boyfriend of the respondent or the former or current wife/girlfriend of the respondent. Other relationships designated for abductors included the husband/boyfriend of the ex-wife, the wife/girlfriend of the ex-husband, in-laws and unrelated persons. It is not known how often these individuals were acting of their own accord and how often they may have been acting in the role of an accomplice carrying out the wishes of the child's parent.

Motivation of the Abducting Parent. Family abduction is an event planned in advance of the actual child snatching and abducting parents are motivated by a variety of preabduction factors (Agopian, 1984; Palmer & Noble, 1984).

Agopian (1981) found parental child abduction to be a phenomenon related to divorce and custody determination, which occurred after a period of compliance with a court ordered custody agreement. The abduction was an attempt by the noncustodial parent to regain full-time possession of the child, or an attempt to influence or intimidate the custodial parent.

Palmer & Noble (1984) divide abductor motivation into two types: self-focused and child-focused. In self-focused abductions, the abducting parent is motivated by a strong desire to meet a parental need, even if this conflicts with the best interest of the child. A parent may desire to hurt or manipulate the custodial parent by removing the child, or may be reacting to the perceived loss of the child in a custody dispute. The abducting parent then sees him/herself as being vindicated by the abduction of the child from the custodial parent. Conflicts of values and/or child-rearing practices may create a desire to remove the child from the influences of the other parent, even if the quality of the relationship with the child is positive. Alternatively, a parent may simply enjoy the child's presence and want to be a full-time parent. Parents have also used abduction as a way of gaining the attention of the custodial parent in situations where a reconciliation is desired.

Parents in child-focused abductions express some concern about the well-being of the child in the care of the custodial parent. Concerns may stem from objections to the other parent's values or life style, which are felt to be damaging to the child, or from concerns about the health and safety of the child. This is especially true in cases where physical and/or sexual abuse to the child is suspected. The motivation for parental child abduction was most often seen as growing out of a lengthy conflict related to the separation and divorce of the parents.

Agopian (1982) listed four primary motives for child abduction by a parent: (1) belief that the child is subject to neglect, (2) a desire to blame and punish the other parent for the failure of the marriage, (3) a desire to continue in a full-time parenting role, and (4) an effort to initiate a reconciliation or effect a withdrawal of the divorce action. In adversarial divorce proceedings, custody can be viewed as a "prize" awarded to one parent, with the other parent defined as the "loser" in the battle for custody. Anger from the loss of a custody battle may be a primary motivating factor for fathers who may feel cheated and resent losing control over their children. Non-custodial fathers may use child

stealing as an "adjustment" to the divorce decree, especially when they think the mother was favored in the custody determination (Agopian, 1981).

Motivation for abduction was considered to be different for male and female parents. Females were more susceptible to negative opinion from others for losing custody of their children, as only under the most severe conditions would custody be given to the father. Custody to the father would then be an insult to the mother. For males, abduction was seen as caused by anger from the loss of a custody battle. Fathers feel cheated and unfairly cut off from their children. The custody award is viewed as an unfair decision, which results from a tradition of awarding custody to women even in situations where the father may be an equal or better provider. Male abductors may act to recover what they feel is rightly theirs, which they feel has been unfairly taken from them.

There is virtually no information on the overall quality of family life or stresses prior to the abduction of their child, other than the pre-existing mental health problems in the abducting parent (Schetky & Haller, 1983) or problems of substance abuse or domestic violence (Janvier, McCormick, & Donaldson, 1990).

Greif and Hegar (unpublished) had parents rate their mood prior to the abduction. 40% rated themselves as "happy" at that time, 40% as "mixed," and 19% as "sad." Parent ratings of their own self-esteem, prior to the abduction, were presented as no higher or lower than what would be found in the general population.

Family Stressors Other than the Family Abduction (Factor a)

Factor a is defined as the preexisting stresses facing the family other than the abduction. These include stressors prior to the family abduction and ongoing family stressors which occur after the abduction. Current studies indicated that families who experience a family abduction have had a number of stressors other than the abduction.

Limited references are available as to relocation, domestic violence, and out-of-wedlock pregnancy in family abduction (Schetky & Haller, 1983; Terr, 1983). Such reports include Schetky & Haller's (1983) account of a mother abducting a child when she feared that her husband's plans to relocate to another state would be followed by a divorce action, and Terr's (1983) account of a mother losing custody of her child after the father initiated a court action, complaining that the mother had given birth to an illegitimate baby.

Studies by Greif and Hegar (unpublished), and Janvier, McCormick, & Donaldson (1990) indicate that domestic violence, mental abuse, and/or substance abuse occurred in more than one-half of the respondent families prior to separation or divorce, and child abuse was reportedly a factor in one-quarter to two-thirds of the families.

Relationship changes were further documented by the NISMART study. In 53% of the family abductions, the left-behind parent was a single parent, not living with a partner at the time the child was taken. In 24% of the reported situations, the left-behind parent was residing with a new partner.

Summary

Family Stressors Prior to Abduction:

- (1) Indicate that more than half of parental abduction cases involve a single parent, not living with any partner.
- (2) Indicate limited support for domestic violence, mental abuse, and substance abuse prior to abduction.
- (3) Remain largely unmeasured.

Combination of Family Abduction Crisis and Other Family Stressor Events (Factor Aa)

Factor Aa is a combination of the family abduction event and the additional stressors experienced prior to and during the abduction. As it is known that the majority of families in which there is a family abduction have also experienced a divorce or marital separation, it is likely that these families have experienced the stressful psychological, social, and financial changes associated with a divorce (Bloom, Asher, & White, 1978; Goode, 1956; McDermott, 1970; Weitzman, 1985).

Summary

The Combination for the Parental Abduction Crisis and Other Family Stressors:

- (1) Remains largely unmeasured, other than separation/divorce.

Pre Family Abduction Crisis Meeting Resources (Factor B)

Factor B is defined as the existing family system resources prior to the abduction. These are the sum of the psychological, social, interpersonal, and material resources utilized to cope with the stressor event.

The socio-economic status of family abduction families prior to the abduction has not been thoroughly studied. It has previously been determined that female-headed households generally experience a decline in income and standard of living following divorce (Weitzman, 1985). In one study the reported income around the time of abduction was less than \$27,500 for two-thirds of families (Greif and Hegar, unpublished). Women are more likely to be the searching parent and are more likely to work in low-income occupations.

There is no published information regarding the use of support networks or organizations by parents, other than missing children's organizations, and government or law enforcement agencies. There is some indication that attempts to elicit help from friends and relatives may not always be beneficial, as 33% of the custodial parents reported being told by friends and family that they were overreacting when they revealed threats of abduction (Janvier, McCormick, & Donaldson, 1990).

Summary

Pre Family Abduction Crisis Meeting Resources Study Indicates That:

- (1) Women are more likely to be the searching parent.
- (2) Annual Income is less than \$28,000 in two-thirds of cases.
- (3) Pre-abduction threats to abduct were frequently not believed by family and friends.
- (4) Remain largely unmeasured.

Post Family Abduction Crisis Meeting Resources (Factor b)

Factor b is defined as the changes in family crisis meeting resources which occur after the family abduction.

Post-Abduction Earned Income. Family income may be a critical factor for some families in recovering their child. The dollar cost may hamper the efforts of families, as the mean cost of searching for a child was found to be over \$8,000 in domestic cases and more than \$27,000 in cases of international abduction (Janvier, McCormick, & Donaldson, 1990). It is presently not known how most parents finance the cost of searching for their children or what the long-term effects of conducting an expensive search are for other family members.

Agopian (1981) reported an employment rate of close to 70% for both abducting and remaining parents. More than one-third of parents in the NISMART study reported being in managerial or professional occupations with incomes over \$30,000 per year. 60% of respondents in the Greif and Hegar (unpublished) study had more than 12 years of education and 38% were in professional or managerial positions.

Help-Seeking Behavior. Information regarding the remaining parent's use of legal or law enforcement resources is limited as no study has looked at the family's use of social service, legal and law enforcement resources. The anecdotal family abduction literature contains descriptions of actions taken by attorneys on behalf of left-behind parents, such as filing criminal charges, civil charges and suits for financial damages (Noble & Palmer, 1984; Palmer & Noble, 1984). Terr (1983) mentions a case in which a child was abducted on the advice of the parent's attorney.

Forehand, Long, & Zogg (1989) reported that a warrant had been issued in 71% of the cases studied. One-half of the left-behind parents in the NISMART study reportedly contacted an attorney, while slightly fewer (44%) reported contacting the police (Finkelhor, Hotelling, & Sedlak, 1990).

Although the use of a bond or restraining order can be a method of preventing abduction, and it was employed in less than one-quarter of the cases studied, their use was mentioned in only one study (Janvier, McCormick, & Donaldson, 1990). There were no other references to coping strategies parents used to prevent abduction other than discussing the threat of abduction with relatives.

Problem-Focused Coping Strategies. Little has been written about the ways in which families cope with the abduction of a child. Data from the NISMART study (Finkelhor, Hotaling, & Sedlak, 1990), reported two types of actions taken by parents, contacting an attorney (50% of the respondents) and seeking help from the police department (40% of the respondents).

Agopian (1981) examined the relationship of a specific parental action following the abduction (reporting the incident to law enforcement personnel) and recovery of the missing child. Most parents whose children had been returned had notified authorities within one week of the child's disappearance. Only 2% of children had been returned in families where notification was made more than one month after the abduction.

There are not published data regarding the use of social support networks or organizations by parents, other than missing children's organizations, and government or law enforcement agencies.

Outside Family Support. Schetky & Haller (1983) discussed a case in which outside family support played a key role following a child's reunification with her father. The abducting parent, the child's mother, was reported to have a history of psychiatric problems which impaired her ability to adequately care for the child. Under the care of the grandmother and father, the child was reported to make a good adjustment and psychological treatment was not considered necessary.

Extended families have been mentioned more often in the role of accomplice to the abduction than support to the remaining parent (Noble & Palmer, 1984; Terr, 1983). The only mention of family support in a quantitative study was a reference to family members discounting the seriousness of reported threats of abduction when disclosed by the custodial parent (Janvier, McCormick, & Donaldson, 1990).

Drug and Alcohol Use as Coping Mechanisms. Report rates of alcohol and drug abuse would suggest that many of the families in which an abduction occurs may have used alcohol or drugs as a method of coping with stress prior to the abduction (Janvier, McCormick, & Donaldson, 1990). It is not presently known if there are changes in patterns of drinking and/or drug use subsequent to an abduction.

Parental Perceptions of Agency Response to Family Abduction. This topic is relevant both as a post-abduction crisis meeting resource (Factor b), and as a post-abduction perceptual definition of the crisis event (Factor c), and is therefore discussed in both sections. Janvier, McCormick, & Donaldson (1990) assessed the perception the remaining parent had of government and agency response to family abduction. Response of law enforcement and court personnel to reported threats of abduction were rated as not helpful by two-thirds of reporting parents. Over one-half of the left-behind parents described the following agencies as "not helpful": FBI (79%), District Attorney (73%), local police (67%), and courts (58%). Both family members and attorneys were rated as "not helpful" by approximately one-half of the responding parents.

There was a general perception on the part of parents that the professional community, government service agencies, and the public were lacking in awareness and skills to respond appropriately and effectively to families whose child(ren) had been abducted. There was also wide-spread belief on the part of parents that the lack of responsiveness on the part of law enforcement agencies stemmed from

a general perception that the child who is abducted by a parent is in less jeopardy than a stranger-abducted child. Reporting parents had the perception that family abduction was often considered to be a "domestic matter" in which the involvement of law enforcement is discretionary (Janvier, McCormick, & Donaldson, 1990).

When asked to rank the five most pressing problems encountered in trying to obtain the return of the missing child(ren) in international abductions, parents listed: (1) failure to receive help from the U.S. Department of State; (2) lack of cooperation from foreign governments; (3) low priority given to family abduction by law enforcement; (4) absence of clues to the child's whereabouts; and (5) inconsistencies in state laws. Parents in domestic situations cited: (1) absence of clues to the child's whereabouts; (2) lack of funds to conduct a private search; (3) low priority given to family abduction by law enforcement; (4) lack of police search efforts; and (5) inconsistencies in state laws. In the instances where parents have reported turning to law enforcement and/or specialized resources for assistance with international abductions, they have reported high rates of dissatisfaction.

Summary

Post Family Abduction Crisis Meeting Resources Study Indicates That:

- (1) Post-abduction income data is unclear.
- (2) Approximately one-half of left-behind parents contacted the police and an attorney.
- (3) Police were generally notified within one week of the child's disappearance.
- (4) Extended family mentioned more often as accomplice to abduction than support to left-behind parent.
- (5) Relatives sometimes discount threats of abduction.
- (6) Majority of left-behind parents report negative evaluations of existing law enforcement and government services.

Combined Family Abduction Crisis Meeting Resources (Factor Bb)

Factor Bb represents the combination and mutual impact of pre- and post-abduction existing family crisis meeting resources. No information is currently available about the combined impact of these components.

Pre Family Abduction Perception of the Crisis (Factor C)

Factor C is defined as the family's perception of the abduction crisis. The family's perception of the crisis is colored by two major factors: (1) the underlying beliefs of family members about the abduction; and (2) the family's underlying belief about their ability to deal with stresses (prior and current) (McCubbin & Patterson, 1981). There is no information at the present time regarding family

members' pre-crisis perception of family abduction other than the reported finding by Janvier, McCormick, & Donaldson (1990) that in 48% of the domestic situations and 46% of the international situations, threats of abduction had been made prior to the completed abduction. Some parents, therefore, may have an awareness that an abduction may be possible.

Early reports (Schetky & Haller, 1983; Palmer & Noble, 1984) indicated that the abduction of a child for most parents is an unplanned-for event, leaving the custodial parent with no information about the location of the child, the child's emotional state, the type of care the child is receiving, or the potential risks to the child.

Likelihood of Return in Family Abduction. Higher rates of recovery have been found in international abductions than in domestic abductions (Janvier, McCormick, & Donaldson, 1990). The children had been recovered in only 8% of the domestic cases and in 19% of the international cases. The authors account for this discrepancy by proposing that parents in an international abduction may be more likely to return to the family's country and community of origin. Consequently, the location of the child might be more readily determined. In domestic abductions, the remaining parent is less knowledgeable as to the whereabouts of the abducting parent and child(ren).

The NISMART study found that children had been returned or recovered in 99% of the Broad Scope (less serious) episodes of parental abduction at the time the family was contacted.

Summary

Pre Family Abduction Perception of the Crisis

- (1) Custodial parents reported normal levels of self-esteem prior to the abduction event.
- (2) Custodial parents reported themselves as happy (40%), mixed (40%), or sad (19%) prior to the abduction event.
- (3) Remain largely unmeasured.

Post Family Abduction Perception of the Crisis (Factor c)

Factor c is defined as the perception family members have of the family abduction event. The optimism of the left-behind parent who has experienced an abduction is likely to depend upon the likely behavior of the abducting parent. A left-behind parent may be more or less concerned about the safety of the child depending upon whether the abducting parent has a history of violence, emotional immaturity, or criminal behavior.

When left-behind parents were asked to select characteristics from a list of 125 traits describing both the abducting parent and themselves, positive and negative traits were identified for both parents (Janvier, McCormick, & Donaldson, 1990). Abducting parents were viewed by left-behind parents as impulsive, revengeful, manipulative, controlling, and unpredictable. 80% of the domestic abducting parents were seen as coming from dysfunctional families with 60-70% for international

abductors. Over 50% of the abducting parents were described by left-behind parents as having "undiagnosed emotional problems."

Child abuse by the abducting parent was reported to have occurred in as many as 66% of the domestic cases, but in no more than 23% of the international cases. These reports give a different picture of domestic and international abducting parents. Domestic abductors seem to have more signs of violent behavior, poor impulse control, and emotional disturbance.

Parental Perceptions of Agency Response to Family Abduction. Responses of law enforcement and court personnel to reported threats of abduction were rated as "not helpful" by two-thirds of parents. After the disappearance of the child(ren), over 50% of the remaining parents described the following agencies as "not helpful" in domestic situations: FBI (79%), District Attorney (73%), local police (67%), and courts (58%). Family members were rated as "not helpful" 50% of the time, attorneys 48% of the time and missing children's groups 36% of the time, by parents who were victims of a domestic abduction. In international abductions, only missing children's groups were rated as "not helpful" by less than half of the responding parents.

There was a general perception on the part of parents that the professional community, government and service agencies, and the public were lacking in awareness and skills to respond appropriately and effectively to families whose child(ren) had been abducted. There was also wide-spread belief on the part of parents that the lack of help on the part of law enforcement agencies came from a perception that the child who is abducted by a parent is in less jeopardy than a stranger-abducted child. Reporting parents had the perception that family abduction is still often considered to be a "domestic matter" in which the involvement of law enforcement is optional (Janvier, McCormick, & Donaldson, 1990).

Length of Abduction: Agopian (1984) identified two types of family abduction: short-term abductions where the abducting parent's interest was to detain or hold the child temporarily, and long-term abductions, where the child's life style and treatment are directed by the abducting parent's efforts to retain custody and evade detection by law enforcement personnel. In short-term abductions, the child's name and appearance are not altered and the child is usually transported to a specific location. Long-term abductions are characterized by attempts to disguise the child's identity, frequent changes of location, and deprivation of peer and social interaction. Long-term abductions frequently involve interstate flight and a less stable and safe environment.

At the present time there is no good estimate of the length of time most abducted children are away from their custodial parent. The length of time reported in a few clinical studies ranged from several days to 3 years (Schetky & Haller, 1983; Terr, 1983). Most "in-flight" abducting parents reported to a telephone "hotline" service that they had been gone between 3 and 7 months (Forehand, Long, & Zogg, 1989). A survey of parents registered with a national child find organization (Forehand, Long, Zogg, and Parrish, 1989) found the mean length of abduction to be 30 months. The majority of episodes in the NISMART study lasted between 2 days and 1 week and 10% lasted more than a month.

Accurate data regarding the length of abduction are difficult to obtain due to a lack of agreement as to what constitutes a family abduction, with less serious abductions accounting for the majority of cases.

Methods of Recovery. In Janvier, McCormick, & Donaldson's 1990 study, the methods of recovering children were listed as follows: 8 children were located by police or legal authorities; 5 children were located by a missing children's agency; 3 children were located by the searching parent; and 1 child was returned by the abducting parent. The greatest number of children were located by police or legal authorities and the smallest number were returned by the abducting parent. Agopian (1981) further indicated that recovery of the child was related to the speed in reporting the child's disappearance to law enforcement. These findings suggest that the parent who does not use law enforcement and waits for the abducting parent to return the child may be at a distinct disadvantage for child recovery.

Summary

Post Family Abduction Perception of the Crisis:

- (1) Left-behind parents view more than three-quarters of the abducting parents as coming from dysfunctional families.
- (2) Left-behind parents report more child abuse by abducting parent in domestic vs. international cases.
- (3) The majority of left-behind parents perceive law enforcement and governmental services to be inadequate.
- (4) Many left-behind parents believe that law enforcement does not see parental abductions as a felony crime.

Combined Family Abduction Perceptual Definition of the Crisis (Factor Cc)

Factor Cc is defined as the combination of: (1) Pre-abduction perception of family abduction which the family brings to the event, and (2) the perception of the family abduction which the family acquires following the event. There is currently no information about the impact of pre- and post-perceptions of the family abduction crisis event.

Immediate and Short Term Experience of Stress Due to Family Abduction (Factor X)

Factor X is defined as the immediate and short-term experience of stress by family members, both directly related and unrelated to the family abduction. The experience of stress is related to: (1) the hardship of the original crisis; (2) family life changes that occur at the same time as the original crisis; and (3) stress of the family's efforts to cope with the crisis.

The Family Experience of Stress and Parent/Child Reactions to Family Abduction. Most of what is known about the immediate and short-term response of families to the abduction of a child has been learned by asking left-behind parents about how they coped with the experience of having their child abducted.

For some parents, fear of abduction was something they lived with prior to the abduction. The abducting parent had made previous threats of abduction to the custodial parent. When custodial parents reported these threats to friends or relatives, their claims were frequently met with disbelief or were discounted as overreactions.

When asked how they coped with the abduction, most parents reported using a problem-focused style of coping rather than an emotion-focused style (Forehand, Long, Zogg, and Parrish, 1989). This suggests that most parents would turn to resources that would provide direct assistance with locating or recovering their child, such as law enforcement, investigatory agencies or publicity generating resources. Contact with mental health resources may not be seen as helpful or important during the period immediately following the abduction.

A 1990 research study focused on the experiences of parents while their children were abducted (Greif and Hegar, 1990). Parents in the study were asked to complete a questionnaire designed to assess their sense of well being, by describing their mood and self-esteem prior to and since the abduction, their use of mental health services, and any health problems they experienced.

Half of the parents in the study reported needing mental health services to cope with the loss of their child. One-quarter of the parents were treated for depression and one-quarter were treated for anxiety and other problems. Three-quarters of the parents reported feelings of loss, rage and impaired sleep; half reported feelings of loneliness, fear, loss of appetite, or severe depression.

Psychological Consequences of Family Abduction for Child Victims. Information regarding the psychological consequences of family abduction for child victims comes from clinical case studies reported by a few mental health professionals and from limited research findings. Schetky & Haller (1983) summarized the effect of parental abduction by stating that parental kidnapping undermines the child's trust in the abducting parent and the child may blame the left-behind parent for not rescuing him. The child is left feeling vulnerable and without protection. Psychological consequences to the child, therefore, may begin immediately and continue throughout the reunification and post-reunification periods.

The degree of emotionality or social trauma exhibited by the child, after reunification, has been related to five factors: (1) the age of the child at the time of abduction; (2) the type of treatment received by the child during the abduction; (3) the length of time the child was under the control of the abducting parent; (4) the child's experience and life style while kept by the abducting parent; and (5) the type of support and therapy received by the child after recovery (Agopian, 1984).

Agopian (1984) related the severity of the child's reaction to the length of time the child was kept away from the custodial parent. Children held for short periods did not lose hope of being reunited with the other parent, and did not develop an intense loyalty of identification with the abducting parent. Children taken for short periods of time were often lavishly entertained and when well cared for, tended to view their experience as an adventure. They felt concern, however, for the left-behind parent and were confused and fearful if told the left-behind parent approved of the trip.

Clinical case studies have described a variety of reactions shown by children following an abduction. Following reunification with her mother, one child studied experienced frequent nightmares with

visions of monsters. She was fearful of another abduction and did not like being left alone. She was suspicious and fearful of strangers, but with regular psychotherapy and supportive maternal care, she was described as able to return to being a relaxed and happy child (Agopian, 1984).

In another case, a 3-year-old child had been abducted by her mother for a 2-week period. The mother abducted the child after she became fearful that the father's plans to move to another state would precipitate a divorce and custody dispute. After reunification, the child was evaluated, but not treated. The father obtained legal custody. The child's clinging behavior and fearfulness reportedly subsided after taking up residence with the father and paternal grandmother.

Parents asked to rate their children following reunification reported significantly more conduct problems, learning problems, psychosomatic symptoms and anxiety compared with the children's pre-abduction behavior. The only behavior on which parents did not rate the children as significantly different after the abduction was impulsive, hyperactive behavior. For the most part the reported negative effects of the abduction were not found to be related to the length of the abduction, the age of the child, the time since return, or the psychological adjustment of the parent with whom the child was reunited. One exception was a positive relationship between length of abduction and post-abduction learning problems. Children's symptoms decreased over time but did not return to the pre-abduction levels reported by the parent (Forehand, Long, Zogg, and Parrish, 1989). For most families, the overall effects of the abduction on the parent or child were neither extreme nor permanent, suggesting that parents and children have ways of adapting to extreme stress.

While most parent reports indicate only moderate and transient symptoms in children following abduction, one-third of custodial parents reported observing signs of serious or mild mental harm to the abducted child (Finkelhor, Hotaling, & Sedlak, 1990). To date there are no published findings based on long-term follow-up in populations of parentally abducted children or their family members.

There is also little information about the recovery process, which sometimes involves "resnatching" the child and possibly exposing the child to further trauma in the process. While the age of the child at the time of abduction, the duration of the abduction, and living conditions during the child's absence from the custodial parent have been suggested as factors contributing to psychological outcome, information on their role in determining psychological outcome is not presently known.

Summary

Immediate and Short-Term Experience of Family Abduction Stress Study Indicates:

- (1) Children may perceive the left-behind parent as having failed to protect them.
- (2) Children may react to the left-behind parent with anger/rejection.
- (3) One-half of left-behind parents report needing mental health services.
- (4) Experience of stress may be related to abduction motives, including need to possess child, and need to protect child.

(5) Mild to moderate psychological trauma symptoms have been reported for left-behind parents.

(6) Significant psychological trauma symptoms have been reported for the recovered child.

Intermediate and Long-Term Experience of Stress Due to Family Abduction (Factor x)

Factor x reflects the intermediate and long-term experience of stress caused by family abduction. The following summaries of case studies illustrate some of the intermediate to long-term experiences of stress found in family abducted children.

A case study of a 2-year-old boy abducted from his father and stepmother by his natural mother reported the child's subsequent course of treatment through individual psychotherapy and gave a description of the post-traumatic symptoms exhibited by the child. The boy had been abducted for a 5-week period, during which time he was taken to another state, which did not recognize the custody laws of the child's original state of residence. The child was reunited with his father and stepmother after his natural mother reportedly had problems managing the child's behavior and contacted the father agreeing to return the child. Treatment began approximately 2 months after the reunification (Senior, Gladstone, and Nurcombe, 1982). The child's symptoms included: disordered sleep, food refusal, violent behavior toward his stepmother and brother, uncontrolled crying, fearfulness, and separation difficulties.

The initial intervention involved medication for sleep disturbance along with reassurance of the parents. The family returned to treatment 10 months later, as the child's symptoms had increased and a more intensive course of treatment was begun. The child's symptoms abated over the course of treatment with the exception of reaction observed by the stepmother on the first anniversary of the abduction.

Terr (1983) reported on the effects of threatened, aborted, and "successful" abductions by parents on children seen in her psychiatric practice over a 7-year period.

Eight of the children had been successfully abducted and kept for 2 weeks to 3 years by the abducting parent. There was a threat of an abduction, an abortive attempt, or the child was taken on an incommunicado "vacation" without the permission of the custodial parent in 10 cases reported. While the children were helped to cope with the trauma of their abduction, some had permanent psychological effects, even in cases where abductions were attempted but unsuccessful.

Immediate responses, as well as 4-5 years post-trauma were observed. Responses were classified into five areas of functional changes: (1) the after effects of extreme fright or psychic trauma; (2) the effects of mental indoctrination; (3) rage or grief about parental abandonment; (4) rejection of the offending parent, and (5) exaggerated wish fulfillment or identification with a parent (Terr, 1983).

In another case study, a child was brought to a mental health clinic for evaluation after her adoptive mother's separation from her second husband, who had been psychologically abusive to both mother

and daughter during the course of the marriage. Treatment was recommended to help the child deal with the divorce. During the course of her treatment, her adoptive father reentered the picture and arranged to take her for a weekend visit. He kept her for 7 weeks during which time he petitioned the court for custody. During the time the child was with the adoptive father, he refused to let the child contact her mother and hired a security guard to protect the house.

The father's attempts to gain custody were unsuccessful and the court ordered the child returned to her mother. A prolonged battle ensued in which the therapist assumed the role of advocate for the child's interests. The custody issue was resolved with the mother retaining custody and the adoptive father having regularly scheduled visitation. There was no punitive action taken against the father in response to the abduction. Following reunification with her mother, the child was treated for fears and emotional problems seen as resulting from the abduction.

The impact of family abduction on child victims was examined by conducting interviews with 5 children ranging in age from 6 to 11 years (Agopian (1984). One child had remained in the state of residence, three were taken out of the state, and one was taken out of the country. The children were missing for periods ranging from 6 months to 2-1/2 years. The author found a transitory response to the abduction, characterized primarily by worry, fear, or crying in children who were held by their captors for a short period and were well treated.

Children detained for periods over 6 months displayed signs of severe psychological trauma and profound social disorders. As most had been quite young when abducted, they often had no recollection of the custodial parent. They had developed an affection for the abductor and accepted their fugitive life style as normal. The children were secretive, lied, and were untrusting of others. They tended to remain isolated from peers, preferring the company of adults. They assumed adult roles early and had a "pseudomature" quality. After recovery, the children may remain loyal to the abducting parent and may become confused, distraught, and resentful when taken from the abductor's care.

Agopian proposed that the degree of emotional or social trauma to the child was affected by five factors: (1) the age of the child at the time of abduction; (2) the type of treatment the child received from the abducting parent; (3) the length of time the child was gone; (4) the events and life style to which the child was exposed during the abduction; and (5) the type of therapy and support received by the child upon recovery.

Children in long-term abductions have been found to show resentment toward both parents (Agopian 1984; Terr, 1983). They may feel betrayed by the abducting parent and feel anger toward the left-behind parent for not coming to their rescue more rapidly.

In contrast to some children's perception of a brief abduction as a "vacation" children in long-term abductions experienced a life of deception and flight. Long-term abductions were more likely to be characterized by (1) many changes of residence directed at avoiding detection; (2) deprivation of social contacts; (3) attempts to change or disguise the child's identity; and (4) a generally less stable and safe life style than that experienced by children who were gone a relatively short period of time.

While the clinical literature would suggest that psychological intervention is warranted in cases of family abduction, it is not yet clear what services would be welcomed and utilized by families.

Summary

Intermediate and Long-Term Experience of Family Abduction Stress Study Indicates That:

- (1) Significant psychological trauma symptoms have been reported for the recovered child.
- (2) Mild to moderate psychological trauma symptoms have been reported for left-behind parents.

Combined Immediate, Short-Term, Intermediate, and Long-Term Experience of Stress Due to Family Abduction (Factor Xx)

Although there are currently no available data on the combination of immediate, short-term, intermediate, and long-term experiences of stress resulting from family abduction, the preponderance of the professional literature on childhood trauma indicates that children experience significant psychological and behavioral reactions both immediately following, and long-after the traumatic event. Such reactions include psychophysiological disturbance (i.e., eating/sleeping difficulties), symptoms of avoidance and withdrawal (i.e., excessive fears, depression, and life-threatening behavior), and alternately symptoms of aggressive, acting out (Eth and Pynoos, 1985).

Evidence of emotional distress may not be immediately apparent, as there is indication of an "incubation period" of symptoms among traumatized children. When symptoms are present, they have been shown to be persistent and long lasting (Terr, 1990).

There is no clear consensus on age and sex differences in children with regard to the duration, frequency, or intensity of psychological symptoms post-trauma.

Factors known to increase vulnerability to psychological distress following trauma include: prior existing psychological disturbance, degree of family organization, extent of immediate and extended family community support, use of force or coercion, presence of sexual exploitation, length of trauma, direct exposure to trauma source, and particular nature of abductor/victim relationship.

Factors known to reduce or minimize risk and adverse psychological consequences include: stable and emotionally supportive family environment, absence of preexisting psychological disturbance in child victim or family members, extended family and community support, and psychological intervention.

Summary

Combination of Immediate and Long-Term Family Abduction Stress Study Indicates:

- (1) No reliable data available on combination stress effects on children and families coping with parental abduction and its aftermath.
- (2) Data on combination stress effects on children and families coping with other severe traumas indicate that:
 - (a) Significant psychological and behavioral reactions exist both immediately following and long after the trauma.
 - (b) Some reactions may not be immediately apparent, but appear over time.
 - (c) Previous life experiences can increase or reduce the risk of adverse reactions.

Conclusions

As parents' responses in the Janvier, McCormick, & Donaldson (1990) study suggest, the problem of family abduction is not independent of other major social problems impacting family life in the U.S., namely divorce, domestic violence, and drug and alcohol abuse. Obstacles to the recovery of a family abducted child may take many forms for a left-behind parent. The divorce process, and more specifically, determination of custody may have left a residue of impressions, experiences, and expectations related to the effectiveness of the legal system in resolving family disputes. The way that parents and other family members perceive the abduction, and the response of the left-behind parent are likely to be influenced by issues arising during the divorce and post-divorce adjustment periods.

As demonstrated by the information present in the social science literature on family abduction, the risk to children and parents is not minimal, as children are likely to remain away from custodial parents for extended periods of time and are likely to experience a wide range of psychological symptoms upon return, and in some cases for extended periods of time after recovery. There is even some speculation that the residual effects of severe fright may be permanent and may detrimentally become part of the child's overall personality structure (Terr, 1990). The long-term effects on family systems are not presently known.

References in the social sciences literature show the abduction of a dependent child is likely to be a sudden and unanticipated event for which the parent needs to rapidly develop an effective coping strategy. When the abductor has previously been abusive, or is known to abuse drugs or alcohol, or have a criminal record, the remaining parent may be greatly concerned about the child's well being and/or safety. This concern may be augmented for parents and is of substantial concern for society in general because of (1) vulnerability of young children, who are most likely to be the targets of abduction; (2) the concomitant stressors faced by families experiencing a family abduction (such as extreme psychological stress, financial problems, and a lack of responsive support agencies and services); and (3) the enormous scope of the problem, documented by recent estimates of the incidence of family abductions to be over 150,000

cases annually in which the intent of the abduction was to permanently detain the child and/or prevent the child from having contact with the remaining parent.

Although set in the context of a growing concern for missing children, the problem of family abduction needs to be examined as a significant social and legal problem in its own right. Family abduction might be viewed as a non-hazardous form of abduction as compared to some stranger abduction cases. However, family abduction represents one of the most extreme expressions of marital hostility and family conflict, in which the needs of the dependent child are ignored. Parental abduction of children in the marital and post-marital battles can result in severe and long-lasting consequences for all.

Runaway Research

The Runaway Problem. Youths who are away from home without parental permission constitute the largest group of missing children in the United States. Estimates of the number of youths who leave their homes each year range from a low of 450,000 to a high of 700,000 - 1 million (Finkelhor, Hotaling & Sedlak, 1990; Shane, 1989).

The discrepancy in the estimates of the numbers of runaway youths has been accounted for by two factors: (1) over the last few decades, there has been a reduction in the teenage population so that absolute numbers may not reflect seriousness of the problem, and (2), the smaller estimate is based on a sample which does not include youths who were sent away by parents or guardians. This group of expelled youths has been referred to as "throwaways" and historically they have been included as part of the runaway population. Current estimates indicate that there are approximately 125,000 "throwaway" youths who are expelled from their homes each year (Finkelhor, Hotaling & Sedlak, 1990). Other categories of youths living without adult supervision or care are those who are abandoned by parents or caretakers and those who have left home by mutual consent (Shane, 1989).

Researchers have estimated that approximately 10% of youths between the ages of 12 and 17 run away from home at least once (Burgess, 1986). The phenomenon of a child who leaves home without parental permission, or who is rejected or pushed out of the home is a common event in American society. A wide range of professionals, in fields such as law enforcement, mental health, education, and health care will, therefore, have occasion to come into contact with families of runaway and throwaway youths.

Government Response to the Runaway Problem. In the mid-1970s, runaway youth became more visible in the United States, as large numbers of young people congregated in urban areas. Law enforcement was the only community agency to have direct responsibility for runaways. The Runaway Youth Act of 1974 developed out of a concern for the impact of what was a perceived increase in numbers of runaway youths on the existing law enforcement system. It was also a concern that runaway youths were endangered by their experiences on the street, as most were without resources or social service assistance. As the runaway problem was determined to be an interstate phenomenon, the Federal Government was deemed the appropriate agency for reporting the problem and developing an effective system of care.

Grants to localities and nonprofit agencies were made available for the purposes of providing facilities for temporary shelter and counseling services for runaway youths. Shelters were to be located in areas easily accessible to runaway youths and to have a capacity of no more than 20 residents. Counseling and aftercare services were to be provided along with the development of a plan for reunifying the youths with their families, or setting up alternative living arrangements.

Subsequent to the Runaway Youth Act, there has been an effort to gather data on the incidence of youths fleeing from their families or institutional care settings. As there has been increased recognition that not all runaways are out of their place of residence by choice, the Runaway Youth Act was named the Runaway and Homeless Youth Act in 1980. In 1984, it was further amended and has been renamed the Missing, Runaway and Homeless Youth Act.

While recognition of the plight of runaway and homeless youth in the U.S. has resulted in a body of research on this topic. Research reports have largely provided descriptive data and anecdotal reports. There is little applicable theory in the field to guide those who are interested in finding more effective ways of helping these families. A summary of some of the research findings on runaway youths can assist us in the understanding of the needs of these families.

Categories of Runaway Youth. Several researchers have recognized that runaways are not a homogeneous group and at least 3 categories of youths who are out of the home and living without supervision have been proposed. Runaways are youth who left home because of perceived alienation, family conflict, and poor social relations. Throwaways are youth who have been encouraged or asked to leave home. Societal rejects or homeless youths are youths who are provided no immediate or long-term services by institutions or agencies and who appear to have been rejected by family, teachers and peers. The latter group represents the greatest challenge to those who wish to ameliorate the problem of runaways, as they remain outside of any context for intervention or aid.

Models of the Origin of Runaway Behavior. Views of runaway behavior have changed over the past several decades. Runaways have sequentially been viewed as disobedient, psychologically disturbed, delinquent youths or victims of family dysfunction. From the 1930s up until the 1960s, the understanding of runaway behavior was heavily influenced by psychoanalytic thinking, in that delinquent behavior was considered to be an expression of personality disturbance.

The role of social and familial factors as causes of runaway behavior was brought to the attention of professionals and the public, beginning in the late 1960s, when large numbers of youths began congregating in major urban centers (Janus, McCormack, Burgess & Hartman, 1987). More recent examinations of the phenomenon of runaway youths have focused on the family dynamics and circumstances which produce runaway youths.

Runaway youths, therefore, have alternately been described as disturbed sociopaths who threaten societal norms through delinquent behavior, well adjusted members of a new generation who are rebelling against the outmoded societal norms and values of their parents, and unfortunate victims of family or parental pathology. While the question of which etiological factors produce runaways has not been answered definitively, several studies have contributed to an understanding of the social and psychological variables operating in the lives of children and youths who run from their homes.

Psychological Perspectives. Psychological studies of runaway youths are based on the assumption that the causes of running away are located in the person doing the running. The personality structure and psychological dynamics of the runaway are seen as the primary causative agents for the runaway behavior. This is in contrast to a social-environmental explanation where the youth is seen as responding to compelling social conditions. The romantic idea of the runaway as a youth who is seeking adventure and freedom from parental control is a popular theme in American culture. Symbols of wanderlust and resilience, such as Huckleberry Finn, are close to the heart of most Americans. An accumulation of evidence, however, supports the harsher reality that runaway behavior is often an indication of a troubled youth and a symptom of family conflict. In most cases an unsanctioned departure from the family does not simply represent an attempt, by an otherwise well-adjusted youth, to find fun and adventure away from the realm of parental control. Flight from the family may be a coping strategy with its own built-in hazards.

Anecdotal reports of the characteristics of runaway youths have described them as having experienced a series of personal failures with their families, schools and the juvenile justice system. Because of developmental failures or environmental pressures, these are children who have been unable to successfully master the challenges of adolescence.

In contrast to non-runaways, runaways may have fewer effective coping strategies for mastering situations which threaten or tax their available resources (Roberts, 1981). They are seen as lacking in interpersonal skills and self-control, as they have been described as defiant, antagonistic, surly, impulsive, disruptive, hostilely aggressive and deficient in regulatory mechanisms (Leventhal, 1964; Reimer, 1940). In their social relationships, they have been described as easily influenced by others, having few friends and often feeling victimized and lonely. These descriptions of runaway youths, however, have largely been based on clinical impressions and have rarely been validated by objective measures.

Psychological Measures. Psychological assessments of runaway youths have identified some differences between runaways and non-runaways. One study found male runaways to be highly individualistic and to have little regard for the feelings of others. Female runaways were found to be self-sufficient, assertive, apprehensive, anxious and tender-minded.

Runaways have also shown test results that indicate a tendency toward delinquent behavior and psychological profiles characterized by an insensitivity toward the needs of others, resentment of authority, poor judgement, suspiciousness of adults and peers, and a lack of understanding of the consequences of their behavior (Bassis, 1973, cited in Brennan, Huizinga & Elliott, 1978).

Tests of personality have shown runaways to have a tendency toward antisocial behavior, a low sense of personal freedom, poor social skills, and a tendency to substitute fantasies and daydreams for reality (Bassis, 1973, cited in Brennan, Huizinga & Elliott, 1978). A lower than normal overall level of personal adjustment has also been attributed to runaways and is reflected in problems at school and well as in the family (Brennan, Huizinga, & Elliott, 1978).

There seems to be an accumulation of evidence that runaways are likely to be found among "disturbed" youths and to show poorer adjustment both in the family and at school (Brennan, Huizinga & Elliott, 1978; Edelbrock, 1980). While inability to cope with the normal developmental tasks of adolescence may be a factor in some runaway behavior, other causative factors have been proposed, including the view that running away from one's family is a healthy expression of the youth's need for greater autonomy and a reaction against a monotonous and sterile family life. As a maladaptive strategy for dealing with the stresses of adolescence and a problematic family life, runaway behavior can be viewed as an attempt to compensate for a loss of control in the lives of these young people (Elenewski, 1974, cited in Brennan, Huizinga & Elliott, 1978).

Running Away as "Healthy" Behavior. Running away has been viewed as healthy or adaptive behavior in three contexts: (1) as a quest for fun and adventure, (2) as part of a normal maturation process by which an adolescent seeks greater independence from his or her family, and (3) as an adaptive response which removes a youth from a harmful or unwholesome environment.

Search for Fun and Adventure. In the early 1970s, it was a popular belief that most runaways were suburban kids who ran away to major urban areas to escape the sterility and boredom of suburbia. Cities like New York and San Francisco became urban Meccas for youths who gravitated toward a life free of the middle class values of their suburban parents. While much media attention was given to the social phenomenon of "Hippies" and "flower children" during the decade of the 1970s, running away has been and remains a premature and abrupt severing of family ties.

Although the phenomenon of running away has always been a part of American culture, it cannot be assumed that the factors influencing adolescents to abruptly leave their family circumstances are constant across generations. Historical and social trends have influenced not only the experiences of youths who leave home, but also the meaning that is given to the experience.

Surveys of runaway youths conducted in 1984, indicate that while thrill-seeking or a desire for adventure are listed by some youths as reasons for leaving home, they are not the most frequently given reasons for leaving home. Unhappiness with one's life, parental conflict, and parental abuse were the most frequent reasons given for leaving home (Fisher, 1989; Janus, McCormack, Burgess & Hartman, 1987). Involvement with drugs and alcohol was also mentioned as a reason for running away. Although a substantial proportion of runaways report using drugs or alcohol (Fisher, 1989; Roberts, 1981), the relationship between family substance abuse and runaway behavior has not been thoroughly studied.

Early Independence and Autonomy from Parental Control. The belief that running away from home is part of the normal adolescent cycle of separation has been cited as one of the major misconceptions about runaway youths. Unfortunately, the roots of running away are more likely to be found in a family crisis which results in the youth either being expelled from the family by his/her parents, or escaping from an unsafe family environment (Janus, McCormack, Burgess & Hartman, 1987).

Escape from Victimization. Many youths may leave home as a means of self-protection. More than two-fifths of Canadian runaways studied cited physical abuse as an important reason for leaving home (Janus, McCormack, Burgess & Hartman, 1987). Another study reported that almost four-fifths of adolescent runaways who ran to shelters reported that they had been victims of parental physical assault prior to their running away (Farber, Kinast, McCoard & Flakner, 1984).

Sociopathic and Criminological Perspective. Studies from the 1950s through the 1970s tended to focus on the delinquent activities of runaways. Runaways were described as future criminals (Hildebrand, 1963; Robins and O'Neal, 1959) and as exhibiting high levels of delinquent behavior, especially truancy and auto theft (Foster, 1962).

A study of suburban adolescent runaways showed that runaways were more likely to have participated in delinquent behavior such as drug abuse, truancy, assaultive behavior, theft and sexual promiscuity, than non-runaways (Stierlin, 1973). While researchers have concluded that runaways are more likely to engage in delinquent behavior than non-runaways, there is no reliable estimate of the extent of these behaviors in the runaway population. Existing studies have not been based on samples that could be considered representative of the overall population of runaway youths (Brennan, Huizinga & Elliott, 1978).

While there seems to be an association between runaway behavior and delinquency, the extent to which involvement in illegal activities occurs as a means of surviving on the streets is not clear. More recently, the role that family problems play in the lives of runaway youths has received greater attention and the flight of a young person from the home has come to be recognized as a symptom of problems within the family unit.

Since the 1970s, there has been a move to decriminalize runaway behavior and to move runaways out of the criminal justice system. When runaway behavior was largely equated with delinquency, the legal prosecution of runaways as offenders was seen as a solution to the problem. Voices were raised against the treatment of runaways as criminals, as it was felt that such treatment did not address the underlying problems in family relationships, and further, potentially damaged the runaway youth by labeling him or her.

It was also felt that youths who were incarcerated ran the risk of being drawn into the criminal subculture of the more seriously delinquent youths. Law enforcement agencies were also seen as lacking the time and the necessary skills to resolve the family or environmental problems that led to youths being out of the home and away from parental supervision (Brennan, Huizinga & Elliott, 1978).

Running Away as a Response to Stress. In trying to determine the precipitating factors for a runaway event, researchers measured the number of stressful events which occurred in lives of runaways and non-runaways. Findings indicated that rather than one isolated event precipitating a runaway episode, several stressful events cumulatively seemed to precede the runaway event. While the lives of non-runaways were not free of stress, for the non-runaways, these events did not have a disintegrative effect. Non-runaways for the most part were able to cope with stressful events such as serious illness, death of a grandparent, remarriage of parents or lost romance. Runaways, however, more frequently encountered stress situations not faced by most non-runaways, such as physical abuse, expulsion from the home, the death of a parent, a parental lover in the home, incarceration and drug dealing. Many runaways have been found to come from conflict ridden homes in which physical and verbal abuse occur and in which family members are regularly required to cope with major stressful events.

Runaway Family Crisis Event (Factor A)

Early Warning Signs of the Runaway Event. In a majority of cases, parents reported that they did not expect the child to run away.

Precipitating Factors of the Runaway Event. Many runaways left home following an argument or violent fight with their parents.

Another large proportion of runaways departed in order to escape an ongoing difficult situation, usually in the home.

Long-term family problems were the most common reason cited for running away, with personal problems being the second most frequently mentioned (Adams, Gullatta & Clancy, 1985; Brennan, Huizinga & Elliott, 1978).

Problems with school, friends, or the police were not usually given as reasons for running away (Brennan, Huizinga & Elliott, 1978).

Physical and emotional abuse are often reported by runaway youths, while sexual abuse is mentioned less frequently.

Drug and alcohol abuse, physical and mental health problems, violence and financial problems are also contributing family problems (Shane, 1989).

Mean Age at Time of Runaway Episode. Reported ages at the time of the first runaway episode ranged from 4 to 19 years. The majority are between 14 and 16 years of age and are predominately Caucasian (DHEW, 1980, cited in Garbarino, Wilson & Garbarino, 1986).

Runaway Incidence By Sex. It is estimated that females are over-represented in the runaway population (Finkelhor, Hotaling & Sedlak, 1990). Females may represent as many as two-thirds of the runaway population, although a 60:40 ratio is the most common estimate (DHEW, 1980, cited in Garbarino, Wilson & Garbarino, 1986). It is difficult to accurately estimate the proportions of males and females in the runaway population, as estimates vary depending on the source of the data. Data taken from police records identify more boys, while juvenile court records have shown a greater ratio of girls to boys. Females may be more likely to run to escape sexual abuse at home and may be more likely to come to the attention of authorities and social service agencies (Finkelhor, Hotaling & Sedlak, 1990; Hartman, Burgess & McCormack, 1987).

Time of the Runaway Episode. For female runaways, the most frequent time of leave-taking was a Friday or Saturday night, often when the girl was in the company of her boyfriend. Male runaways were more likely than females to leave on weekdays and during daylight hours (Shellow, Schamp, Liebow & Unger, 1967).

Site from Which Runaway Episode Occurred. The primary launching base for runaways was the family home. Episodes for youths already out of the home also took place from foster homes, group homes, institutions and shelters (Brennan, Huizinga & Elliott, 1978; Finkelhor, Hotaling & Sedlak, 1990). Fewer runaway episodes have been reported to occur in the Western states, but contradictory findings have been reported (Finkelhor, Hotaling & Sedlak, 1990; Nye & Edelbrock, 1980, cited in Garbarino, Wilson & Garbarino, 1986).

Extent of Runaway Planning. In two-thirds of the cases, runaways reported the event was unplanned (Brennan, Huizinga & Elliott, 1978). The average amount of time runaways in one study reported thinking about running away was 6 months; for throwaways, it was less than 1 week (Adams, Gullotta & Clancy, 1985). It seems that in some cases the event was considered for an extended period of time, while for other youths it was a spontaneous act.

Runaway Provisions. Most runaways took nothing but the clothes that they were wearing and perhaps a little extra money or personal grooming items (Brennan, Huizinga & Elliott, 1978; Shellow, Schamp, Liebow & Unger, 1967).

Runaway Destination. While some runaways have planned where they are going, many runaways leave home without a clear notion of their destination. Those who reported having a goal most often sought to go to a friend's or relative's house (Brennan, Huizinga & Elliott, 1978; Finkelhor, Hotaling & Sedlak, 1990).

Runaway Seasonal Variation. No clear pattern of seasonal variation has emerged. Slight increases have been reported for winter, spring and summer seasons (Brennan, Huizinga & Elliott, 1978; Finkelhor, Hotaling & Sedlak, 1990; Shellow, Schamp, Liebow & Unger, 1967).

Number of Runaway Episodes. The number of episodes reported by runaways in one study ranged from 1 to 110 episodes. The average number was 8.9 episodes. Almost one-half had left home more than 3 times (Janus, McCormack, Burgess & Hartman, 1987). Approximately three-fourths of the runaways in a Colorado study left home only once; however, younger runaways from lower socio-economic classes were over-represented in the multiple runaways group (Brennan, Huizinga & Elliott, 1978).

First-time runaways were more likely to return on their own and to be gone less than 2 days. Only slightly more than one fourth were gone for more than 2 days (Shellow, Schamp, Liebow & Unger, 1967).

Runaway Overnight Events. Eight or nine out of every ten runaways stayed away overnight. Among younger runaways (10 to 13 year olds), only about five out of ten were gone overnight (Brennan, Huizinga & Elliott, 1978).

Runaway Time Away. The majority of runaway episodes are brief. One-half to two-thirds of the runaways returned home within three days, with the majority returning home within 48 hours (Janus, McCormack, Burgess & Hartman, 1987). Time away increased with age (Brennan, Huizinga & Elliott, 1978).

Runaway Distance Traveled. Half of the runaways travel less than 10 miles and less than one-fifth are found to have traveled more than 50 miles from their place of origin. Distance traveled increases with age (Brennan, Huizinga & Elliott, 1978). Less than 10% run to another state (Finkelhor, Hotaling & Sedlak, 1990).

Runaway Intended Destination. Over one-third of the runaways reported that they did not have a specific destination. Of those who did, most reported that they were headed out of state. The vast majority of runaways went to the homes of friends and relatives (Brennan, Huizinga & Elliott, 1978; Finkelhor, Hotaling & Sedlak, 1990; Shellow, Schamp, Liebow & Unger, 1967).

Runaway Mode of Travel. Walking was the most commonly reported mode of travel, with hitchhiking and riding in a friend's car occurring less frequently. In general, younger runaways tended to walk or use public transportation, while older runaways tended to hitchhike or receive rides from friends (Brennan, Huizinga & Elliott, 1978).

Runaway Companionship. While a 1978 study indicated about half of the runaways ran alone, a more recent survey showed that more than 80% of runaways were accompanied (Finkelhor, Hotaling

& Sedlak, 1990). This may reflect a greater number of female runaways, as girls are more likely than boys to run away with a companion (Shellow, Schamp, Liebow & Unger, 1967). Those who did not go alone most often left with one friend of the same sex (Brennan, Huizinga & Elliott, 1978).

Runaway Sleeping Accommodations. The large majority of runaways slept at the homes of friends or relatives. Boys used more dangerous accommodations, such as public parks, more often than girls. Few runaways ran to runaway houses or shelters (Brennan, Huizinga & Elliott, 1978).

Parental Knowledge of Runaway Destination. More than one-third of the parents of runaways knew their child's destination. Parents of younger runaways knew the destination more often (Brennan, Huizinga & Elliott, 1978).

Initial Parental Reaction to Runaway Event. Most parents reacted by simply waiting or by calling the police. Half of the parents of suburban runaways called the police within 4 hours of the child's disappearance and two thirds within 6 hours. Parents of repeat runaways were less likely to report promptly. The sex of the youth was not related to the amount of time it took for parents to report the incident. In one-half of the cases, the mother decided to call for assistance; in one-fourth of the cases the decision was made by the father and in the other one-fourth, it was made jointly (Shellow, Schamp, Liebow & Unger, 1967).

Parental Attempts to Locate Runaway. Parents of younger runaways and minority parents were more likely to call relatives and friends or to go out looking for the child (Brennan, Huizinga & Elliott, 1978). One survey indicated that almost two-fifths of parents or guardians knew the whereabouts of their runaway youth (Finkelhor, Hotaling & Sedlak, 1990).

Issuance of a Warrant and Parental Involvement in Runaway Event. Although two-fifths of parents reported the incident to police, they were often reluctant to sign warrants for arrest. They were more often willing to sign when the runaway was a girl (Brennan, Huizinga & Elliott, 1978).

Family Stressors Other than the Runaway Event (Factor a)

Family Instability. Marital conflict and family disruption (i.e., divorce, death, relocation) have been shown to be greater in families of runaways (Brennan, Huizinga & Elliott, 1978).

Female-headed, single parent, and reconstituted families, especially those with many step-siblings, are over-represented among families of runaway youths (Shane, 1989).

Parental conflict and parental substance abuse were cited less frequently as reasons for running than direct conflict between the youth and his/her parents (Adams, Gullotta & Clancy, 1985; Shane, 1989).

Parent-Adolescent Conflict. Parental-child relationships in runaway families were characterized by high levels of disharmony. Youths describe conflicts with parents over rules, autonomy, and drug and alcohol use (Burgess, 1986).

Runaway families have been characterized by less nurturance and less parental acceptance, satisfaction and positive interest in their child. Older youth described becoming more aware of parental rejection and parental disinterest as they moved from childhood through adolescence (Brennan, Huizinga & Elliott, 1978).

Runaways were found to spend less time with their parents than non-runaways and to have less of a sense of belonging.

While a majority of runaways reported feeling misunderstood by their parents, older girl runaways most often reported feeling misunderstood.

Female runaways reported strong feelings of parental rejection. They also report high levels of physical punishment and low levels of nurturance (Brennan, Huizinga & Elliott, 1978). Higher socio-economic class runaways were indulged more by parents but spent less time with parents. Minority runaways reported spending little time with parents and were rarely indulged.

Parents of runaways were frequently described as providing too strict supervision. Mothers were frequently described as saying unpleasant things about their children.

Fathers of runaways were described as using physical and verbal abuse, and as being dissatisfied with their child, while they rarely engaged in positive activities with the child.

Scapegoating in the Family. Runaways more often reported feelings of being singled out and scapegoated in their families than did non-runaways. Siblings of runaways also reported that the runaways were more likely to receive differential treatment (Brennan, Huizinga & Elliott, 1978).

School-Related Problems. A study of Canadian runaways showed almost all to have problems at school. Discipline was the most frequently cited difficulty, followed by failure to do homework assignments, inattention and irregular attendance, displays of temper, using abusive language, aggressive behavior, and fights (Fisher, 1989).

The Combination of Runaway Cases and Other Family Stressor Events (Factor Aa)

From the descriptions of runaway families, it can be seen that the fleeing of a child from his or her family is not likely to be an isolated event. The act of running away may be a response to multiple stressful events and changes occurring in the family life of the runaway youth to the point where coping strategies become overtaxed.

Pre-Runaway Crisis-Meeting Resources (Factor B)

Individual Runaway Resources. Some psychological traits have been found to be more characteristic of runaways, including: (1) low self-esteem, (2) estrangement from society and a weak sense of belonging to institutions such as school or the family, (3) feelings of powerlessness and a sense of a loss of control over their lives, and (4) a "failure" identity and loss of aspirations for success

(Brennan, Huizinga & Elliott, 1978). As runaways have been described as the product of families in which there has been a failure of successful socialization and often a history of abusive behavior toward other family members, youths fleeing their family environment take few individual resources with them to the street. Without adequate personal, social or economic resources, runaway youths can become easy targets for further abuse and exploitation. Although youths may learn strategies which allow them to survive on the streets, these survival behaviors may be maladaptive in other social settings. If the youth has been incarcerated, he or she is likely to be labeled as well as exposed to a criminal subculture. Life on the street may offer few positive models to assist the runaway in developing the skills and greater personal resources for coping with life in a successful manner (Brennan, Huizinga & Elliott, 1978).

Family Resources in Runaway Events. The family resources of runaways are likely to differ greatly as the runaway population is very diverse. While runaways have been found to come from all socio-economic groups, there is a perception that higher and lower socio-economic classes are over-represented. Recent data, however, indicate that there are no differences in incidence by family income (Finkelhor, Hotaling & Sedlak, 1990).

Research has indicated that the social support systems within runaway families may be dysfunctional. When asked to name the three most likely persons they would seek help from if they were in trouble, only one-half of runaways named parents, while four-fifths of non-runaways said they would turn to their parents for help.

Use of Outside Resources. Runaways are more likely to seek help from peers or siblings and tend to avoid involvement with parents, teachers, and other adults. Approximately one-fifth of runaway youth report making use of social agencies prior to the runaway episode or after the youth returned home (Brennan, Huizinga & Elliot, 1978).

Post-Runaway Family Crisis-Meeting Resources (Factor b)

Individual Resources. As runaways have been described as the product of families in which there has been a failure of successful socialization and oftentimes a history of abusive behavior toward other family members, youths fleeing their family environment take few individual resources with them to the street. Without adequate personal, social, or economic resources, runaway youths can become easy targets for further abuse and exploitation. Although youths may learn strategies which allow them to survive on the streets, these survival behaviors may offer few positive models to assist the runaway in developing the skills and greater personal resources for coping with life in a successful manner (Brennan, Huizinga & Elliot, 1978).

Family Resources. Little is known about how families cope with runaway episodes. In many instances, parents may know their child's whereabouts and must develop a strategy for either encouraging the youth to come home or discouraging the youth from coming home. As families of runaways are characterized by dysfunction, they may be less able to develop a strategy for coping with the runaway incident or negotiating the youth's return to the family (Janus, McCormack, Burgess & Hartman, 1987).

Runaway Use of Outside Resources. Runaways are more likely to seek help from peers or siblings and tend to avoid involvement with parents, teachers and other adults. Approximately one-fifth of runaway youth report making use of social agencies prior to the runaway episode, during the runaway episode, or after the youth returned home (Brennan, Huizinga & Elliott, 1978).

Combination of Pre-Event & Post-Event Family Crisis-Meeting Resources (Factor Bb)

Independent Runaway Living Arrangements. Runaway youths requiring services after a runaway incident can be divided into two major groups: (1) those who can be reunified with their families, and (2) those who will not, or should not return to their families because of safety issues or because they no longer have a home situation to which they can return (Shane, 1989). There is presently no accurate information available on the success of independent living arrangements for runaway youths, as many of these youths are in informal arrangements and do not come to the attention of authorities.

Pre-Runaway Perceptual Definition of the Crisis (Factor C)

Runaway Youth Perceptions. A majority of runaways indicate that family problems and conflictual relationships in the family are primary factors in runaway behavior. Family problems cited as contributing factors include a broad spectrum including divorce, blended families, inadequate communication, ineffective parental supervision, and conflicts over autonomy, dating and peer relationships (Garbarino, Wilson & Garbarino, 1986).

Research indicates that family problems may be experienced differently by male and female youths. Girls are more likely to indicate that excessive parental control is the source of conflict while boys are more likely to see inadequate control as an issue (Wolk & Brandon, 1977). These issues seem to be most salient in families of single parents with teenage boys and blended families with teenage girls (Garbarino, Wilson & Garbarino, 1986).

“Serious” runaways, those instances in which the youth runs far and stays away a long time, are more likely to be fleeing a violent home life or parental substance abuse, especially alcoholism (Garbarino, Wilson & Garbarino, 1986).

Precipitating Causes. Aside from families in which a youth engages in a single, short-term episode of running away, more serious incidents are often related to some form of parental mistreatment. There is accumulating evidence for the role of parental mistreatment spanning the range of physical abuse, psychological abuse, sexual abuse and neglect as a causative factor in runaway behavior (Garbarino, Wilson & Garbarino, 1986).

Runaway episodes were not often precipitated by conflicts over sexual behavior, drug or alcohol use or criminal behavior and were more likely to be associated with arguments about house rules, curfew, school or friends (Finkelhor, Hotaling & Sedlak, 1990). The precipitating event, however, might have been part of a long-standing parent-child conflict.

Personal maladjustment, maltreatment and family conflict have been described as interacting to become a self-reinforcing, vicious cycle of destructive behavior. Negative family interactions can result in deficits of social competence in youth that precipitate more conflict. Youths raised in an environment that continues to generate conflict without mechanisms for constructively resolving conflict may then run to avoid conflict. The tragedy is that these same youths are likely to be most vulnerable to the psychosocial threats and challenges encountered on the street.

Family Perceptions in Runaway Events. Comparisons of runaways and non-runaways provide evidence that the parents of runaways are less effective as socialization agents for their children. Parental tendencies toward low self-esteem and high social alienation make them poor models for their children. Parents of runaways may rely on ineffective disciplining procedures. They are more likely to resort to severe forms of physical abuse, while ignoring practices which build positive behavior (Brennan, Huizinga & Elliott, 1978). Considering the problems many parents of runaways encounter with their children, it is disconcerting that there has been little work done on the specific childrearing problems encountered by parents of runaways prior to the crisis event.

As runaway youths have reported that they experience feelings of being scapegoated in the family (Brennan, Huizinga & Elliott, 1978), parents may transfer blame for family conflict and parenting failures on to the youth. The problematic behavior of the runaway youth may be a symptom of those same parenting difficulties.

Post-Runaway Perceptual Definition of the Crisis (Factor c)

Runaway Voluntary or Forced Return. About half of the runaways returned home of their own volition, with a higher percentage of older than younger runaways returning voluntarily (Brennan, Huizinga & Elliott, 1978).

Parents were most successful in locating runaways; friends and relatives were next most successful (Brennan, Huizinga & Elliott, 1978).

Runaway Reasons for Returning Home. For runaways who returned voluntarily, three major reasons were given for returning home: (1) the child was reconciled to the situation at home, (2) the child missed friends, and (3) life on the road was too hard (Brennan, Huizinga & Elliott, 1978).

Runaway Services Used By Youth. In 1978, only one in twenty runaways reported using runaway shelters. Users of shelters were primarily Caucasian (Brennan, Huizinga & Elliott, 1978).

Runaway Perception of Services. As most of the studies of runaway behavior were conducted during the 1970s, when recognition of the need for services for runaway youths was just developing, little is known about the utilization of services or the perception of services encountered.

Runaway Alternatives to Returning Home. In a study of homeless and runaway youth, only a minority were able to return home after receiving services from specialized agencies in their community. One-third were returned home to their families. Another third required some form of institutional support, either foster care, a group home, or an institution. One-eighth ran away and others had a substitute parent figure or other arrangement.

Immediate and Short-Term Experience of Stress Due to Runaway Event (Factor X)

Runaway Survival Methods While Out of the Home. For adolescents who leave their families in order to escape a problematic home life, the life they encounter out of the home is not likely to be less problematic. Basic needs for food and shelter are usually met in even the most dysfunctional families. The youth who leaves home is often without resources for meeting even the most basic needs.

The most difficulty meeting needs for food and shelter has been reported by male runaways. Female runaways more often encounter financial difficulties and sexual harassment.

Other types of problems encountered by both male and female runaways were being approached by police, drug or alcohol use, illness, keeping clean, clothing and loneliness (Howell, Emmons & Frank, 1973).

The two most common means of meeting basic needs were reliance on a network of friends and participation in illegal activities. Some youths reported receiving help from relatives and social service agencies. A smaller number held jobs or engaged in panhandling (Kufeldt & Nimmo, 1987).

For the runaway youth, survival becomes more difficult to achieve through legal means as the time out of the home increases. Few runaways obtain employment, so that many turn to crime in order to support themselves. Runaways have reported engaging in illegal activities such as petty theft (30%), grand theft (15%), and selling marijuana (20%) or hard drugs (11%). These illegal acts were more common among multiple runaways. Drug dealing was more prevalent among older, lower socio-economic class, and male runaways (Brennan, Huizinga & Elliott, 1978).

A survey of "street" adolescents indicated their levels of consumption for drugs and alcohol was higher than that of the general adolescent population. No sex differences with respect to drunkenness, frequency of use or substance related problems were found in "street" adolescents (McKirnan & Johnson, 1986). For male runaways, delinquent behavior occurs independently from victimization. This is not the case for females, however, as sexual victimization has been found to be related to delinquent behavior such as petty theft, substance abuse and prostitution, and sexual victimization (Janus, Burgess & McCormack, 1987).

Two major factors were found to be positively related to involvement by runaways in illegal activities. These factors are length of time on the run and distance from home (Kufeldt & Nimmo, 1987). Illegal activities serve not only as a means of meeting immediate financial needs of the runaway, but also are related to increased power and prestige in the runaway subculture.

Youths who are out of the home for more than one year have a greater chance of being arrested or of participating in physical violence (Burgess, 1986). Entrepreneurial minors who had been out of the home for an extended period were found to function as Fagins or Madams who introduced the newer runaways to lucrative, illegal activities. The success of these more assertive youngsters in providing a sense of security and protection to new runaways, led the new runaways to aspire to become the Fagins and Madames for the next generation of runaways.

Runaway Victimization. A study of urban runaways who entered a shelter found high rates of reported sexual abuse. The longer youth were away, the greater the likelihood of victimization (Janus, McCormack, Burgess & Hartman, 1987). Female runaways are especially vulnerable to being victimized (Janus, McCormack, Burgess & Hartman, 1987).

Over time, runaways are likely to develop an increased sense of failure and personal confusion and an increased reliance on street life (Burgess, 1986).

Intermediate and Long-Term Experiences of Stress Due to Runaway Event (Factor x)

Runaway Interaction with Police. The majority of runaways had no contact with the police. Police were seen as a negative factor by runaways, rather than as a protective factor. Runaways who were picked up were frequently returned home without arrest. Higher arrest rates have been reported for non-Anglo, female, older, and lower socio-economic class runaways (Brennan, Huizinga & Elliott, 1978).

Runaway Interaction with the Judicial System. For one group of runaways studied, about one in five went to court. Rates of court appearance were higher for minority and lower socio-economic class runaways (Brennan, Huizinga & Elliott, 1978).

Slightly over one-half of a sample of Canadian runaways reported having been arrested. Of those arrested, approximately two-fifths spent time in jail or in a juvenile detention facility. The longer runaways had been out of the home, the more likely they were to have come into contact with the police and the courts. Female runaways who experienced arrest were more likely to have been sexually abused (McCormack, Janus & Burgess, 1986).

Runaway Sexual Abuse and Exploitation. Both male and female runaways who experienced sexual abuse were more likely to report anxiety and suicidal feelings than non-abused runaways. Psychological symptoms in sexually abused male runaways included depression, flashbacks, nervous tension, jitteriness and headaches (McCormack, Janus & Burgess, 1986).

Female victims of sexual abuse reported difficulties with social relationships (including employers and same-sex friends) and confusion about sex. Female victims were more likely to report being afraid to be alone or go outside, a feeling of going crazy, getting high on drugs, or feeling worried or tense, compared with female runaways who had not been sexually abused (McCormack, Janus & Burgess, 1986).

Self-Evaluation of the Runaway Experience. About one in four runaways reported feeling very positive about their experience. Positive descriptions included experiencing autonomy, adventure, drugs, friends, and escape from home or school pressures. One in five non-urban runaways reported bad experiences, which included physical discomfort, fear, loneliness, boredom, and victimization (Brennan, Huizinga & Elliott, 1978).

A study of runaways from two-parent families in which there had been no history of substance abuse, violence or parental conflict, conducted in the 1970s, asked runaways to evaluate their experience after they returned home. The youths had contacted and received counseling from a multi-service agency which served the needs of adolescents and "street people." In looking back on their runaway experience, adolescents from these non-problem families, reported that the experience was largely positive. Almost all of the runaways from this group reported conflict with parents prior to running away, the majority rated their lives as much better since returning home. The role that counseling may have played in the positive evaluations of the experience is not known.

Even though most of the runaways from stable family situations viewed their experience as positive, few would recommend running away to a troubled friend or sibling (Howell, Emmons & Frank, 1973).

Immediate, Intermediate and Long-Term Experience of Stress Due to Runaway Event (Factor Xx)

Long-Term Vulnerability of Runaways. Studies of runaways indicate that they remain vulnerable to physical, sexual and verbal abuse that occurred in their families, shelters, and institutions and informal social settings to which they ran (Hartman, Burgess & McCormack, 1987). While there is little information on the long-term effects of a runaway experience, the additional traumas encountered by many of the runaway youths on the street, may increase their vulnerability and limit their chances for a successful adaptation to adulthood.

Runaway Response to Sexual Exploitation. Sexually victimized youths may be especially vulnerable to long-term negative effects from a runaway experience. Male runaways who had been victims of sexual abuse were found to exhibit a wide range of negative reactions. They are more likely to experience ongoing conflict as they report feeling responsible for what happened to them, while at the same time feeling that events were out of their control. Their overall pattern has been described as indicative of unresolved and untreated stress response. Sexually abused males may constitute a group at increased risk for long-term experience of stress.

While male victims of sexual exploitation are more likely than non-abused runaways to experience symptoms of psychological trauma following abuse, sexual exploitation of females was linked to a pattern of violent and anti-social behavior, not generally found in female runaways. Sexually abused female runaways frequently reported engaging in delinquent or criminal activities, having participated in acts of violence and having been arrested and/or incarcerated.

Female adolescents from abusive or dysfunctional families may be particularly vulnerable as they are also likely to encounter difficulties trying to survive in an unprotected environment. For female runaways away from home more than one year, over 90% reported sexual abuse. Long-term female runaways, therefore, constitute another high risk group which may present a special challenge in planning for reunification or alternative care.

Data was not found in the literature search with regard to Factor Bb and Factor Cc.

Overview of Psychological Consequences to Families and Children Exposed to Other Types of Trauma

Events of the last 30 years, such as the Vietnam war, increased numbers of airline crashes, improved understanding of the damaging impact of rape, and natural disasters, have shown both researchers and the public that adults can be deeply effected by violent and traumatic experiences. As more has become known about the experience of adults, interest and concern about the impact of violence on children has increased, but it has only been in the last decade that child trauma has received serious attention. Public interest in the impact of trauma on children have been strengthened by incidents like the abduction in Chowchilla of a school bus of children and the Stockton, California school yard shootings, and by a growing social awareness about the extent of child physical and sexual abuse.

As direct knowledge of psychological consequences to families of missing children is quite limited, it is important to overview prior and contemporary research on psychological consequences to families and children exposed to other types of trauma. From this overview, lessons may be learned about: 1) developmental factors, 2) real factors, 3) symptom presentation, and 4) response to intervention that may assist in preparing the design for the present study of families of missing children.

The contemporary increase in attention to child trauma is striking considering Freud's emphasis on child development as it affects personality and his early recognition that trauma was an overwhelming experience which disrupted an individual's ability to cope and assimilate information. He observed that trauma resulted in feelings of "utter helplessness" (1926) and the need to engage in repetitive behavior.

In a review of post-traumatic stress disorder in children and adolescents, Lyons (1987) documented the development of theoretical conceptions of trauma. She describes that early psychodynamic explanations considered trauma the result of "energy overload" in which the "stimulus barrier" of an individual was penetrated. More recently psychodynamic theorists have postulated that trauma is based on "information overload" which results because traumatic events occur outside the range of normal human experience and people cannot cognitively assimilate incoming information. The inability to process information leads to further anxiety and disruption of cognitive judgement. Horowitz (1976) proposed that reaction to trauma has a phasic nature beginning with (1) denial of the incomprehensible situation, and leading to (2) "intrusive reexperiencing of the vividly encapsulated traumatic imagery." Both early and late psychodynamic formulations regard an individual's developmental stage as being central to the impact and accompanying symptomatology following trauma.

The behavioral model of PTSD is based on two-factor learning theory. The model makes use of both classical (Pavlovian) and instrumental/operant conditioning. Within the framework of classical conditioning, the traumatic event is viewed as inherently or instinctively distressing for individuals and acts like an unconditioned stimulus. The traumatic event is paired or associated with initially neutral stimuli, which act as conditioned stimuli, and come to elicit anxiety as did the traumatic event. For example, if someone were mugged in a park, they might come to fear and avoid parks due to an association with the mugging. Behavioral theory maintains that individuals respond to trauma based on instrumental/operant conditioning in which they learn to control their behavior in order to produce a desired consequence. In the case of PTSD, the desired consequence is relief from anxiety and individuals will avoid stimuli associated with the trauma (both unconditioned and conditioned).

Outside of psychoanalytic theory development, the majority of the work related to trauma in childhood has consisted of descriptions of symptoms following specific traumatic incidents, such as floods, fires, sexual molestation, or warfare. Some of the earliest accounts of childhood trauma were made by Anna Freud and Dorothy Burlingham (1943) during their work at the Hampstead War Nursery in England during World War II. This nursery offered relief to children in London who were homeless following numerous air raids. Their Annual Report of January, 1942, summarizes their work with 103 children, many of whom had lost their parents, permanently or temporarily, due to death, physical illness, or mental disorder. The homes of other children had been destroyed during bombings and many of them had lived in air raid shelters for extended periods of time. The case of Bertie, a four-and-a-half year old boy, exemplifies some of the reactions to trauma which Anna Freud observed and reported.

Freud described Bertie as a slim boy with clear skin and delicate features. He was friendly and always greeted people with a smile. Prior to coming to the nursery, Bertie had lived with his mother and father, who were known to be attentive and affectionate toward him. On one occasion, following a bombing, Bertie's father did not return from work for lunch. Becoming increasingly anxious, his mother began to search for his father, and eventually discovered at the morgue that her husband had been killed. Shortly after this, Bertie developed tonsillitis and was sent to a hospital where he contracted scarlet fever. His mother, confronted by another loss, and fearing that Bertie would also die, became psychotic and was taken to a hospital. After staying in the hospital for five months, Bertie was taken to the Hampstead Nursery. When asked about his father, Bertie said he was "a workman who tidies away the bricks from the houses which Hitler threw down." He also said that he wanted to be a "big boy" so that he could visit his mother in the hospital. Although he had been with his mother when she discovered the death of his father and he had been taken to the grave site, he had the fantasy that his father would return from work when the war ended. He enjoyed playing war games, which included bombing and killing, as did several other children at the nursery. Bertie also displayed behavior which was at first confusing to nursery staff. He would jump-up and run to the corners of the room, searching for something, and then contort his face. He also insisted on wearing heavy clothing even when it was warm. Later, Freud concluded that he appeared to be acting as his mother had while searching for his father. His insistence about wearing warm clothing appeared to be a repetition of his mother's desire to keep him healthy and cure his tonsillitis. This case displays the anxiety, fantasies, and repetitive play which Freud observed in many of the children at the nursery.

Based on their general observations of children at the Hampstead War Nursery, Anna Freud and Burlingham (1943) further concluded that, if bombing incidents occurred when children were in the care of their own mothers, or familial mother substitutes, they did not appear to be particularly traumatic. The authors comment, "Their (the children's) experience remains an accident in line with other accidents of childhood—it is a widely different manner when children during an experience of this kind are separated from and even lose their parents."

The work of Freud and Burlingham was an insightful and detailed account of the reactions of children who endured lengthy war time trauma. While this initial description is a milestone work, broadly understanding the effect of trauma is complicated by the range of traumatic events which children may experience. Events may be single and isolated (witnessing of a homicide or suicide, experiencing a natural disaster, or a plane crash), or involve extended exposure (war or sexual abuse). Trauma may be personally experienced or witnessed, and it may involve physical injury or solely psychologi-

cal damage. It may include family members or strangers. Further, children may experience combinations of trauma types; for example, a child may experience long-term deprivation and then witness the homicide of a parent. The age and the individual resilience of the child must also be considered.

Contemporary Research on Family/Child Psychological Consequences to Trauma

Contemporary research on childhood trauma is still in the descriptive phase. There has been no systematic exploration of the differential effects of various types of trauma, or of the innate constitutional and psychological resilience that particular children may possess. The absence of a theoretical framework with which to study family and child trauma, has made it difficult to obtain an integrated understanding of trauma impact. Even without such a framework, clinicians have begun to consider modes of treatment which may be helpful to children following trauma. Researchers have found that children's reactions to a variety of stressors are developmentally related, children's methods of coping may have unique characteristics, and a few milestones in long-term therapy with traumatized children can be identified.

Dependence Upon Adult Retrospective Accounts. Terr (1985) has pointed out that most reports of childhood trauma prior to 1970 were retrospective accounts made by adults about their early life. While these reports only discussed the impact of traumatic events on long-term personality development, they indicated that psychotherapy could help in the recall of traumatic experiences, established recurring nightmares as a major symptom of trauma, and demonstrated that traumatic experiences could be withheld from conscious experience over a period of time, and then be remembered.

Post-Traumatic Stress Disorder. In 1980, post-traumatic stress disorder (PTSD) was introduced as a psychiatric and psychological label for a cluster of symptom reactions to trauma in the third edition of the Diagnostic Statistical Manual in 1980 (DSM-III) (APA, 1980). However, in this edition, there was no description of PTSD in children. References to PTSD in children appeared in the revised DSM-III-R (APA, 1987). PTSD refers to a set of symptoms which follow an extremely disturbing event which is outside the range of usual human experience and which would be seriously distressing for most people. The traumatic event usually involves a life-threatening disaster of which the individual may be a victim or witness. The response involves intense fears and helplessness, and is followed by the critical symptoms of re-experiencing, psychic numbing, and increased arousal, as described by DSM-III-R. Events which are more commonly experienced by children as traumatic are divorce, illness, hospitalization, and surgery (Turkel and Eth, (1990). Pynoos, et al. have noted that there appears to be a relationship between degree of exposure to a traumatic experience and the risk of developing PTSD, in that higher direct exposure increases PTSD risk. (Pynoos, Frederick, Nader, Arroyo, Steinberg, Eth, Nunez, & Fairbanks, 1987).

Eth and Pynoos (1985) have summarized how children respond to trauma differently, depending upon age categories of (1) infants, (2) pre-schoolers, (3) school-aged children, and (4) adolescents.

Infants. Infants do not appear to develop a pattern of symptoms until between the ages of 30 and 36 months, at which time memory encoding and retrieval capacities are developed (Terr, 1988).

Pre-schoolers. This group of children appears to be particularly vulnerable to trauma because they have the least well developed coping strategies. They are also the most highly influenced by the reactions of adults. Following trauma, they are withdrawn, sometimes mute, anxiously attached, and display regressive behaviors (Elizur & Kaffman, 1982). They tend to reenact the traumatic experience through play, focusing on the point which was critical to them.

School-Age Children. School-age children may be inconsistent in their behavior following trauma. They may intermittently become irritable, provocative, or infantile (Arroyo & Eth, 1985). They are particularly prone to the development of psychosomatic symptoms, such as stomach aches, and headaches (Krystal, 1978).

Adolescents. In adolescents, disenchantment and rebelliousness may be accompanied by premature entrance into adulthood. Adolescents are likely to be sensitive to the stigmatization of trauma, and frequently develop poor impulse control and judgment, suicidal behavior, sexual promiscuity, and drug abuse. In a study of Vietnam veterans, adolescent soldiers were more likely to develop PTSD than older soldiers. This effect was heightened when veterans lost group support at the time of injury (van der Kolk, 1985).

Child Post Trauma Coping. With regard to children's method of coping, Figley (1989) has listed a series of methods employed by the child for coping with either traumatic or non-traumatic stress. These are listed as: 1) crying, 2) withdrawal, 3) fantasy, 4) sleep, 5) feigning illness, 6) regression, 7) acting out, 8) altruism, 9) identification with the aggressor, 10) anticipation, 11) denial, and 12) sublimation.

Crying is described as a method frequently selected by children of bringing attention to their anxiety and eliciting comfort from adults. Withdrawal is described as a simple process of cognitively focusing on other things. This may result in a child who is not physically withdrawn from family activities but who appears psychologically preoccupied. Sublimation is another form of withdrawal allowing the child to become substantially engrossed in an activity such as video games or self-structured play activity. Fantasy allows a child to cope by pretending they are somewhere else, are with someone else, or are someone else. Sleep is often employed by children as a coping mechanism, as the child stays in bed, takes long naps or goes to bed early. In the absence of trauma related nightmares this coping mechanism has particular value. In feigning illness, the child may become psychosomatically ill or may consciously pretend to be sick, frequently producing extra parental attention, or release from parental performance expectations. With regression the child may revert to a behavior pattern more characteristic of an earlier age category, generally characterized by increased demands, dependency, and childish behavior. Acting out involves the impulsive violation of family or community rules of behavior, thereby shifting attention to the violation and away from the trauma. In altruism, the child may become quite helpful and useful to other family members enabling them to focus on thoughts separate from the trauma while receiving positive reinforcement from adults for their helpful behavior. In identification with the aggressor, a limited number of children identify with the power and control demonstrated by the aggressor, despite the trauma to self and family that the aggressor may be causing. In anticipation, the experience of a traumatic event may cause the child to seek, to plan and prepare for other possible traumas. This serves to provide a sense of structure and control, whether this security is realistically warranted or not. Humor can be employed by a child as a means of distraction, when the options of crisis or trauma resolution appear limited or non-

existent. Finally denial is referenced as one of the most frequent methods of coping with trauma by both children and adults. The successful use of denial is based upon a) moderation and b) timing. Moderate use of denial provides a needed temporary release from on-going stress and tension. Further, denial may be employed at times that do not significantly effect public behavior or performance.

Family and Child Psychological Consequences by Type of Trauma Event

Reports about the psychological consequences to family and child have been noted in the following types of trauma event: 1) divorce; 2) illness; 3) hospitalization; 4) surgery; 5) natural disasters; 6) war; 7) witnessing persecution, torture, death; 8) overstimulation/frightening experiences; 9) sexual abuse; 10) physical abuse; 11) pornography, prostitution, sex rings; and 12) sexual exploitation for missing child populations.

Divorce. Wallerstein and Kelly's (1976) recent study of 131 children from divorced families describes the effects of divorce for children of different ages. Children two to three years of age typically become anxious, display regressive behavior, and throw tantrums. Children three to four years old express a fear of losing their parents, while those children between five and six years old are both anxious and aggressive. Between the ages of seven and ten years old, sadness, fear, and feelings of deprivation were present. Those children in the ages of nine and ten years old appeared to be angry and isolated. Wallerstein and Kelly (1974) reported that the adolescents who managed the divorce most successfully were able to separate themselves from the conflicts of their parents and use denial to their benefit.

Illness. Bedell, Giodani, Amour, Tavormina, and Boll (1977) reported that chronic illness alone was not enough to produce psychological illness, but that it did make children more vulnerable to other forms of stress. When physical illness caused rejection by family members, severe emotional distress resulted (Weinberg, 1970). Kellerman, Zeltzer, Ellenberg, Dash, and Rigler (1980) compared the attitudes of ill and healthy children about life and found them to both be positive. They concluded that for some chronically ill children denial may function adaptively by allowing them to avoid the most difficult features of their illness.

Hospitalization. Generally, a child's age and family support received will determine his/her ability to cope successfully with hospitalization. Pre-school children appear to be more disturbed by hospitalization than younger and older children. Infants older than seven months express distress upon initial separation from parents but eventually accept the care of others and are docile while in the hospital (Schaffer & Callender, 1959). While older children are aware of the implications of illness, increased awareness facilitates adaptation.

Surgery. Information about the reaction of children to surgery is conflictual. Jessner, Blom, and Waldfoegel (1952) found that tonsillectomies were traumatic for all children, but Jackson, reported that most children were only minorly affected by this procedure. Adjustment to cardiac and renal transplants differed depending upon previous levels of adjustment (Tisza, Dorsett, & Morse, 1976), and adapting to the implantation of a cardiac pacemaker was mediated by denial and identification with medical staff (Gladstone & Gamble, 1969).

Natural Disasters. Research on children's reactions to naturally occurring disasters is more limited than research on adult reactions. Prior to 1953, for example, not a single investigation of childhood responses to this type of traumatic experience appears in the literature. Since that time, however, several select studies have been undertaken (Young, 1953; Bloch, Silber & Perry, 1956; Perry & Perry, 1959; Perry, Silber, & Bloch, 1956; Drabek & Boggs, 1975; Krim, 1976; Milne, 1977; Blaufarb & Levine, 1977; Burke, Borus, Burns Millstein & Beasley, 1982), some of which deal exclusively with children's reactions, others dealing more primarily with family and community reactions which directly or indirectly influence the individual child.

In one of the first investigations of children's reaction to natural disaster, Bloch et al. (1956) studied 185 children (ages 2-15 years; mean age = 10 years) who survived a major tornado that swept through the small town of Vicksburg, Mississippi, killing several children. The researchers administered a questionnaire to the children and conducted an unstructured interview with their parents shortly after the event. Two psychiatrists evaluated the reactions of the children and family members who had varying levels of involvement with the disaster. Immediate psychological impact was the focus of study. 13% of the children suffered:

- (1) Severe symptoms, including increased dependency and clinging to parents, regressive behavior such as bedwetting
- (2) Night terrors involving the reliving of the trauma
- (3) Phobic avoidance of the outdoors
- (4) General irritability and sensitivity
- (5) Abandonment of previously learned skills
- (6) Re-enactment of the trauma in their play

Seventeen percent of these children demonstrated mild forms of disturbance, while the majority (61%) showed no signs of immediate emotional disturbance. There was insufficient data on the remaining 9% to establish judgment on the presence or lack of symptoms.

Clinically, the authors made several interesting observations about levels of child disturbance as follows:

- (1) Many of the abducted children had an immediate tendency to deal with the trauma by using strong defense mechanisms, i.e., denial and suppression. These feelings ultimately gave way, with the more psychologically intact children, to feelings of acceptance and learning to live with loss.
- (2) Awareness of the tornado at the time of its occurrence, physical presence in the impact zone, and actual personal injury were all factors that were positively associated with increased emotional disturbance in children. On the other hand, there appeared to be no significant relationship between emotional disturbance and vicarious involvement when

injury or death occurred to friends. There was a significant relationship when injury or death occurred to family members.

(3) As a group, 6-12 year olds showed more signs of disturbance than their younger counterparts.

In a companion study which focused primarily on family response to the same tornado disaster (Perry, Silber & Bloch, 1956), it was reported that consistency in parental behavior toward children, was the most important factor in child positive adjustment following the disaster. Preexisting emotional problems in the parent were also related to child's problems after the traumatic event. Unfortunately, no long-term follow up of these children or their families was conducted in either of these studies, and therefore, it is uncertain as to what problems persisted or why.

Perry and Perry (1959) investigated children's emotional responses to another series of tornadoes which hit two schools in rural Mississippi two years after the studies previously referenced. In this disaster, children again were the primary victims, as the tornado struck while classes were in session. In all, 29 persons were killed and 109 injured. Interviews with 62 children (Range = infancy - 17 years; mean age = 7.1 years) and their families, were conducted between one and two weeks following the event. In addition to documenting child problems as a result of the tornado, this study also looked at parent-child total family behavior, and outside influences (e.g., the manner in which the disaster experience is handled by the community, by peer groups, by the school). Results indicated that the children involved in this tornado experienced similar, but overall fewer and less severe symptoms when compared to the 185 children in the prior Vicksburg study. For example, bedwetting occurred in only one case. While the children reported fear of wind and bad weather, these symptoms did not prevent them from returning to school. Dependency and regressive clinging to parents, a commonly reported symptom in the earlier study, was not present among these children. Initially the differences in findings appear contradictory. However, the authors indicate three important factors which they believe led to fewer child problems.

- (1) In the school tornado, many more children and families were affected, and consequently more support was gained from others in this close-knit rural community who suffered a similar experience. In the Vicksburg tornado, affected children and families were more isolated.
- (2) The families in the school disaster were more flexible in their post-incident organization and helping behavior. For example, if a parent was absent due to death or injury, a larger pool of extended family members was present to meet the increased emotional demands of the child. In the Vicksburg disaster, family systems were smaller and helped less.
- (3) Children in the school disaster had opportunity to gain self-esteem in their families by resuming important household or farm duties. In the Vicksburg community, children were not assigned such chores or tasks.

The authors' conclusion was that child disaster problems are not only determined by the parents' own disaster reaction, but also by extended family willingness to help, and direct re-involvement of the child in family recovery tasks.

Milne (1977) reported on the effects of a major cyclone (Cyclone Tracy) on 649 children who ranged in age from pre-schoolers to older adolescents. There were three subgroups: 1) stayers, or children of families who remained in their homes both during and after the disaster; 2) returned evacuees, or children whose families initially left their homes for safety reasons but later returned, and; 3) non-returned evacuees, or children whose families permanently relocated after the disaster. Between 7 and 10 months after the cyclone, parents were asked to report on their child's behavior. Results revealed the following:

- (1) No significant sex differences between boys and girls in terms of emotional problems.
- (2) The most common symptom reported was a persistent fear of wind and rain (26.2%), fear of the dark (12%) and fear of jet aircraft noise (11.4%). These symptoms were reminders of the frightening noise and darkness associated with the cyclone.
- (3) The youngest children (under 5 years of age) were most severely affected. 15.2% of the children in this age group demonstrated clinging toward their mothers, and 9.7% demonstrated repeated bedwetting. Frequency for all problems (fear, regression, aggression) showed a steady decline as the age of the children increased.
- (4) With regard to the different subgroups (Stayers, Returnees, Non-returnees) it appears that problems were most pronounced for the non-returned evacuees, especially for those children with poor pre-disaster school or social performance. Forty-seven percent (47%) of these children demonstrated either some or many academic and/or social problems.
- (5) Overall, the researcher notes that the lack of consistency in child problems and the failure of many children to develop any symptoms at all combined with a recovery rate of 45% 7-10 months following the disaster indicates that the impact of this type of trauma is not as severe as expected.

In terms of children's response to disasters other than tornados, Blaufarb and Levine (1972) reported on families seen at a child guidance clinic following an earthquake. While still sleeping, they were awakened with their homes severely shaken. Many were thrown out of bed, and unable to stand during the initial 30 seconds of violent shock. This made it impossible for children to reach their parents. When they were able to reach each other, families reported clinging together either in a doorway or in bed.

In a multiple-week period following the earthquake, eight hundred families telephoned the clinic for assistance. Of this group, 300 came in for appointments. The families were seen in small groups over a 5 week period, with most families (85%) attending only one session. A central reaction in the 3-12 year old group was fear of going to sleep in their own rooms, accompanied by persistent demands that they sleep with their parents. For those that could sleep in their own rooms, insomnia was very common. A younger group of children (3-6 years old) expressed fear of being alone in their house, even though their mothers were in the next room. These children were afraid of playing with children, preferring to be with their mothers to whom they clung. Additionally, there were infrequent problems in toilet training and eating. Overall, the children's reactions were viewed as an attempt to hold on to parents' attention for security and safety.

Newman (1976) investigated a flood disaster on eleven children, who survived the Buffalo Creek Dam break. All of the children were under 12 years of age at the time of the event. The researcher conducted individual interviews, and asked children to tell stories and draw two years after the traumatic event. Consequently, this study, unlike many others, focused on the long term psychological impact on the child victim. Results revealed the following three differences in emotional and behavioral response depending on the age of the child:

- (1) The pre-schoolers in this small sample demonstrated confusion, rather than overwhelming anxiety or fright. They also showed an increase in, and sometimes excessive need for security, often clinging to their parents. Hyperactivity was reported in some of these children, as was excessive fear, bedwetting, and night terrors. The researchers also noted the difficulty pre-schoolers had in differentiating their dreams from reality.
- (2) Five to 11 year old children experienced depression, hopelessness, and chronic anxiety.
- (3) The oldest children demonstrated their distress by delinquent behavior, or withdrawing. Major factors thought to be associated with trauma response were: 1) the developmental level of the child at the time of the trauma; 2) the child's perception of the reaction of his/her family; 3) direct versus non-direct exposure to the disaster.

Once again, these results showed younger children to be more vulnerable, and parental reaction and level of direct disaster exposure as most important.

Burke et al. (1982) surveyed 81 preschool children following a 1978 blizzard in Revere, Massachusetts. The study looked at child problem behavior after the disaster, and parents' denial of children's problems. A questionnaire was completed by parents and teacher regarding the children's behavior 6 months prior to and 5 months following the disaster. Results indicated four conclusions:

- (1) The aggressive conduct score among these children (i.e., "bullying," "mean," "fighting constantly," and "picks on other children") increased significantly after the blizzard.
- (2) School Problem Behavior scores (i.e., "does not like to go to school," and "will not obey school rules") decreased significantly. For the 43 younger children, Anti-Social scores (i.e., "stealing from parents" and "stealing at school") increased significantly.
- (3) In a separate analysis "special needs" children behavior showed a significant worsening overall. Anxiety scores (i.e., "afraid of people;" "shy;" "afraid of being alone") decreased for girls and increased for boys.
- (4) Parents denied that their children's behavior had worsened since the disaster.

Overall, the main finding was that problem behaviors among children do show a significant increase following a natural disaster, and that parents have a tendency to deny such problems.

Several researchers investigating child responses to natural disasters have focused on reactions of the immediate and extended family. Young (1954) studied the role of the extended family following the

1953 flooding of two English towns. In describing the reluctance of victims to evacuate and take refuge in official aid centers, the author found that, not surprisingly, evacuees were much more likely to seek out safety in the homes of relatives. Of a total of 10,000 evacuees, 6,000 had found refuge independently with relatives. These results were consistent with those of Drabek and Boggs (1975) who interviewed 178 of 3,700 families evacuated from their homes during a massive flood in Denver, Colorado. Results indicated families most often evacuated as units, and showed a strong tendency to take refuge in homes of relatives, rather than in official centers. In a related study, Drabek, Key, Erikson, and Crowe (1975) found that not only do disaster families count on each other for physical protection and safety, but also their extended family relationship patterns are strengthened over the long term. Victim families, when compared to non-victim families, reported more frequent contact with immediate kin, more often sought help from these sources, and visited more frequently with extended family members. These results underscore the central role the extended family plays for both child and adult victims of natural disaster.

War. In addition to Freud and Burlingham (1943), several other investigators have studied post trauma effects on World War II children. Carey-Trefzer (1949) examined case records of 212 children who were in contact with a London Child Guidance Clinic both during, and up to four years after the war. The following symptoms were observed in children:

- (1) In 71% of the cases increased aggression, increased inhibition, and general nervousness occurred.
- (2) In 55% of the cases, fears and general anxiety were present.
- (3) In 31% of the cases school difficulties were present.
- (4) 61% of the boys demonstrated one or more problems compared to 39% of the girls.
- (4) Children of neurotic mothers were at much higher risk for post-war problems.
- (5) Direct exposure to bombing was the most significant factor on child post-war problems.
- (6) Evacuation and displacement from home were responsible for more serious long-term effects.

Finally, Carey-Trefzer concluded that in the majority of cases pre-war problems were the cause of current problems, not war trauma.

Burt's (1943) study of British children in wartime found similar results. For those children that did have problems, the 2-5 year-old category was at greatest risk. Like Freud and Burlingham, and Carey-Trefzer, Burt concluded that the traumatic experience itself was far less serious for children than being in the presence of a panicked parent. Papernack (1942) agreed with Burt when he concluded that children evaluate the extent of danger largely by observing the reactions of trusted adults (i.e., parents, teachers).

Brander (1943) reported on the psychological effects among Finnish children during and after the Russo-Finnish War of 1939-1940. While failing to cite the actual number of children observed, the

author described six immediate and long-term responses that were most directly related to evacuation experiences and air raid alarms, both with and without subsequent bombing.

- (1) During forced evacuation, frequently reported problems in children included confusion, depression, anorexia, bedwetting, and night terrors.
- (2) These symptoms were reportedly more frequent and more severe when evacuation was hurried and unplanned.
- (3) In the air raid situation, specifically during the pre-bombing drill period, no specific child problems were observed. In fact, for many children, the wailing of sirens proved to be quite exciting, with no fear attached. Once the bombing commenced, however, children responded with hysterical screaming upset behavior.
- (4) As the bombings continued, the trauma became so intense for the children that they stopped reacting, and withdrew.
- (5) Long-term problems (more than a year later) included tics, bedwetting, and depression.
- (6) There was a tendency, particularly among the boys, to engage in war simulation play as a means of coping.

Finally, Brander noted, "Only much later does one become conscious of the experience in its total reality. The reaction time, therefore, can be considerably prolonged. A rather unimportant fact, such as the appearance of a friendly airplane, became the cause of new violent reaction. That such disturbing experiences leave an aftereffect for quite some time seemed to be proved by the frequency of rather severe cases of pavor nocturnes (night terrors) after air raids."

Coromina (1943) studied children during the Spanish Civil War. Her report was based on 50 children under 2 1/2 years old, 100 pre-schoolers, 50 children ages 5-12, and 8 girls ages 13-16. Coromina's six conclusions were:

- (1) Children separated from their parents and evacuated under good conditions, placed in child residences protected from bombing, hunger, and unrest showed no signs of psychological disturbance.
- (2) Children evacuated with their families and living in refugee camps distant from bombing showed frequent, mild, psychic disturbances, including anxiety, depression and delinquency.
- (3) Children not evacuated and living with family in bombed areas showed an increase in similar problems.
- (4) Children who were less than 2 1/2 years of age, not separated from their mothers, including those in bombed zones, showed no problems.

(5) The preschool age children had the most frequent problems. The symptoms noted were a decrease in aptitude for play, a general sadness, isolation and frequent bedwetting.

(6) War game simulation and play was observed, particularly in older boys.

Mercier and Despert (1943) examined 350 French youngsters during World War II, ranging in age from eighteen months to eleven years. The authors concluded that:

(1) Overall, the children demonstrated remarkable adaptability.

(2) Preexisting child problems were made worse by war stress (Mercier, 1943).

(3) Family attitude and response had considerable influence on the immediate reactions of the child.

In a careful, empirical study of psychological consequences of war trauma, Ziv and Israeli (1973) investigated the effects of wartime shelling on anxiety in children living in kibbutzim. One hundred and three children, from seven previously shelled kibbutzim, were compared to 90 children whose kibbutz settlements were never under fire. The results indicated no differences between these two groups on a test of anxiety taken shortly after the bombing had ceased. Several explanations for these results are possible including:

(1) Anxiety test used was not effective.

(2) Children do adapt to what becomes a routine, everyday occurrence in their life experience.

(3) The level of care offered by concerned experienced adults.

(4) Close kibbutzim community spirit reduces child anxiety.

In another study on children's reactions to war, Ziv, Kruglanski and Shulman (1974) compared 521 children, ages 5-11, from frequently bombed settlements (stress group) to 297 same aged children from settlements that were not bombed (non-stress group). The groups were matched with respect to age, socio-economic status, cultural background, as well as the length of their parents residence in the respective settlements. The findings were that:

(1) The stress group of children exhibited more aggression as well as a greater degree of appreciation for courageous behavior by others.

(2) No differences were found between the two groups on their attitudes toward war.

The major conclusion drawn from all studies of the traumatic effects of war was that children do engage in active coping, even under such extremely stressful situations.

Arroyo and Eth (1985) studied thirty children traumatized by Central American warfare. Evaluations were conducted between 3 weeks and 34 months after their arrival in the U.S. The following results were found:

- (1) A large group of problems were found including suicidal behavior, somatic complaints, antisocial behavior, sleep difficulty, separation anxiety, defiance, and multiple school-related problems.
- (2) Age differences in problems were observed.
- (3) Diagnoses of post traumatic stress disorder (33%) and adjustment disorder (29%) were most common.
- (4) Difficulty in sequencing of traumatic events and long-term memory problems were reported frequently.
- (5) Six of the thirty children had problems severe enough to require in-patient hospitalization.

The authors concluded that beyond the easily observable problems of war stress, these children over time demonstrated other difficulties, including restriction in social activity, remaining house-bound, and anti-social behavior.

Witnessing Persecution, Torture, and Death. Allodi (1980) reported on interview and projective drawing data of 203 children of parents who were detained and disappeared in Santiago, Chile from 1973-1977. The children were subsequently in contact with a Santiago mental health agency. All were under 12 years of age with the majority under 6 years of age. The author found:

- (1) Frequent problems of withdrawal (78%), depression (70%) and intense fears triggered by sirens, nighttime engines, etc. (78%), loss of appetite, weight and sleep disturbance, regression in behavior, school performance problems, excessive dependency and clinging.
- (2) Factors associated with problem severity included younger age, longer exposure to trauma, social isolation, and inadequate or untrue explanations for parental absence.
- (3) Long-term problems in psychological development were noted, but not precisely described.

Allodi (1980) also evaluated another group of 23 Argentinian and 5 Mexican children whose parents underwent political persecution and imprisonment. Half of this group were temporarily separated from their parents, then reunited. Results indicated that:

- (1) Common problems were insomnia, eating disorders, regressed behavior, aggressiveness, and somatic complaints.
- (2) Excessive dependence on parents, particularly when the child was directly exposed to violence, was very common.

- (3) The most persistent problems over time were dependency and aggressiveness.
- (4) Irritability and aggression were only reported for older children or as a later problem for the younger age group.
- (5) All these symptoms were related to the loss of parent attention or protective home environment due to parental preoccupation, distress, or absence.

Coh, Kirstein, Holzer, Lone, Koch & Severin (1980) studied a group of 75 children whose parents were subjected to physical and/or mental torture. The ages ranged from one to 21 years. The children were examined two to six years after their parents were released from prison and reunited with the family. Results from physical exam and interview with the child and his/her family indicated that:

- (1) 36% were anxious and especially sensitive to noise. Frequent crying was also reported.
- (2) 35% of the children had difficulty falling asleep and nightmares.
- (3) 23% developed bedwetting and 16% became introverted, depressed, and had difficulty establishing relationships with children their own age.
- (4) 17% exhibited aggressiveness, eating disorders, and memory impairment.
- (5) A variety of somatic problems were observed in a small percentage of children.

The authors concluded that, after a certain lapse of time, children exposed to this type of trauma frequently develop serious and long-lasting problems.

Kinzie, Sack, Angell, Manson, and Rath (1986) studied the effects of trauma experienced by children during the regime of Pol Pot in Cambodia during 1975-1979. At the time of the interviews, the children were living in the United States and their average age was 17. Most of them had lived in concentration type situations between the ages of 8 and 12. During this time, they had been separated from family, witnessed murders of both family members and others, endured forced labor, and starvation. Of the group, 50% developed posttraumatic stress disorder and displayed depressive symptoms.

Pynoos & Eth (1985) investigated the responses of 50 children who had witnessed personal acts of violence within weeks of the actual trauma (murder/rape/suicide of a parent). The children were also followed up through the subsequent criminal proceedings (time unspecified). The predominant problems reported by virtually the entire sample of children, included:

- (1) Repeated thoughts of the central violent action when physical harm was directed at the parent.
- (2) Frightening fantasies or dreams of revenge.
- (3) In the rape situation, disruption of the child's sense of security and vulnerability. Girls became terrified by identification with the mother as victim. Boys, too, felt more vulnerable, but several of them noticeably identified with the rapist rather than with their helpless mother.

Children of both sexes often feel extreme guilt. Subsequent discussion of the sexual component of the act often became taboo within the family, confusing the child.

- (4) In the suicide situation, disillusionment, distress, continued reenactment of the violent act in play, repeated thoughts, denial, and vulnerability. Long-term follow-up on this group was not available.

Overstimulating and/or Frightening Experiences. In addition to the trauma resulting from witnessing violence, other scenes have proven to be overwhelming for children. The witnessing of intercourse between adults has stimulated sadistic and/or castration fantasies (Kliman, 1968), night terrors, and fearfulness (Fraiberg, 1952) in children. It has also been noted that witnessing child birth can be traumatic for some children (Anderson, 1979).

Sexual Abuse. Child sexual abuse is most frequently perpetrated by immediate family members (incest) or by acquaintances and neighbors. Girls are more frequently reported as victims of abuse. While sexual abuse is reported to occur most frequently between the ages 11 and 14 (DeFrancis, 1971), of those cases occurring under the age of 12, 50% involve children less than six years old (Dhan & Sexton, 1983).

Sexual abuse has two variants, one in which the child stimulates the adult, and the second, termed "sexual misuse" by Brant & Tisza (1977), in which the child is stimulated in an age inappropriate fashion. Sexual abuse results in both physical and emotional sequelae. Infants have traumatized genitalia, and problems eating and sleeping. Toddlers and preschool children may incur genital irritation and injury, as well as anxiety, insomnia, somatic complaints, and difficulty with attention. Brant and Tisza (1977) have also indicated that children may develop compulsive behavior, precocious "sexual play" and phobias.

As is true with most research on the psychological problems from childhood trauma, the majority of studies on the effects of childhood sexual victimization have been descriptive and anecdotal. These studies often utilize subjective judgments of mental health professionals formed during evaluations and treatment of sexually abused children, and retrospectively with adults, predictably resulting in contradictory findings. Some investigators concluded that sexual abuse has little or no adverse psychological impact on the child (Bender & Blau, 1937; Binder & Grugett, 1952; Weiner, 1962; Henderson, 1983). Yorukoghu & Kempf (1966) for example, described two children involved in long term incestuous relationships, who failed to demonstrate any serious or significant psychological problems. The authors hypothesized that the lack of problems was probably the result of adequate psychological development prior to the incest experience. It was suggested that these children were able to see the parent offender as seriously disturbed, and were able to effectively defend themselves psychologically against frequent and prolonged sexual intrusion. Consistent with this position, Rasmussen (1934) reported on 54 children who had sexual experiences with adults. 80% were evaluated as having normal adult adjustment.

As difficult as it may be to believe, other studies have concluded that the effects of sexual victimization can be positive. Rossenfeld, Nadelson, Krieger & Backman (1977) for example suggest that sexually abusive relationships may provide the child with at least some caring and concern in an otherwise depriving environment.

On the whole, however, most of the more recent, well designed research conducted on larger samples has demonstrated that there are identifiable short-term and long-term problems from sexual victimization of the child (Browne & Finkelhor, 1986).

DeFrancis (1971), for example, in a study of 263 victims of sexual abuse, judged 66% of them as being emotionally damaged. Frederick (1985) reported on a sample of 150 children under the age of 18, who presented to various agencies following a traumatic event. Evidence showed post traumatic stress disorder at a high frequency in three groups of children who experienced various types of traumatic events. Of the 50 children who had experienced sexual assault, all 50 were diagnosed as having PTSD, more than any other group. The author also found that of a total of 300 cases of child molestation, he had never seen a case where symptoms of Post Traumatic Stress Disorder were not present if the child was over six years of age.

Several studies have found a link between sexual abuse and various forms of psychiatric illness. For example, Carmen, Rieker, & Mills (1984) investigated the histories of 188 psychiatric in-patients and found that 43% of the sample had histories of physical and/or sexual abuse. Rosenfeld (1979) found a history of incest in 6 of 18 female psychiatric patients.

In one of the only large scale studies conducted on a non-clinical population, Finkelhor (1979) surveyed 796 college students to elicit their reactions and responses to childhood sexual experiences. A central question was posed to students as to whether they felt their experiences as children (mean age for boys = 11.2 years; mean age for girls = 10.2 years) were positive, mostly positive, neutral, mostly negative, or negative. The results of this survey yielded very useful data regarding psychological impact of sexual victimization, including:

- (1) The greater the age difference between the child and the individual with whom the child is engaged in sexual activity, the greater the trauma. This was especially true for girls.
- (2) The older the child, the more traumatic the experience.
- (3) The trauma associated with sexual involvement is greatly increased when there is force and/or coercion involved in the act.
- (4) The closeness of the relationship between child and partner increases the trauma experienced by the child. Father/daughter incest was most traumatic. Incest with fathers and stepfathers was more traumatic than sexual contact with uncles or grandfathers. Additionally, it was found that sexual involvement with grandfathers or uncles was equally as negative as with strangers.
- (5) Children's sexual experiences with male partners were consistently experienced as more negative than with female partners.
- (6) The extent of sexual activity does not appear to be related to greater levels of trauma in children. Simple fondling was the most negative of any actual physical contact.

- (7) The duration or repetition of sexual experience was unrelated to the extent of trauma.
- (8) The revealing or keeping secret their sexual activity does not increase the extent of trauma for children.

Lusk and Waterman (1986) reported that 20% to 50% of child victims evidence clinically significant problems. The Tuft's study (1984) found that 17% of sexually abused 4-6 year old and 40% of abused 7-13 year-olds demonstrated serious problems when measured six months after victimization. In another study, Adams-Tucker (1982) investigated 28 sexually abused children referred for treatment and found that, as a group, their problems were in the moderate to severe range.

On the one hand, many of these studies lack a definition of defining problems. Other studies have relied on retrospective reports by adults sexually abused as children, which are known to be biased and influenced by such things as memory distortion. Additionally, in this group of studies there is a notable lack of follow-up data. Despite these caveats, it seems that evidence supports the conclusion that sexual abuse is associated with problems in significant numbers of children; even in non-clinical samples there are traumatic effects, most often when there is force involved, and when there is a large discrepancy between the age of the child and his or her involved sexual partner.

Considerable research attention has been given to the relationship between childhood sexual abuse and the development of specific problems. Browne and Finkelhor (1986) found consistent evidence of the following:

- (1) Fear, anxiety, depression, anger and hostility.
- (2) Inappropriate sexual behavior in a significant portion of the female victim population.
- (3) Long-term effects included depression, self-destructive behavior, anxiety, feelings of isolation and stigma, poor self-esteem, a tendency toward re-victimization and substance abuse.

In their work on coping with sexual trauma, Roth and Newman (1991) emphasize that the effects which follow sexual trauma include: helplessness, rage, fear, loss, shame, guilt, and diffuse emotional distress. They also note that victims maintain differing levels of emotional awareness following trauma. They describe six levels of awareness:

- (1) No conscious awareness of emotion, but evidence that it is present. At this level, a victim may have the awareness that an emotion should be present, but does not experience the emotion.
- (2) Tentative movement toward awareness of emotion. At this level, a victim's behaviors may be driven by emotions which are not verbally expressed. For example, a person might avoid reminders of the traumatic event, such as television programs focusing on similar subject matter, or individuals resembling those involved with the event.
- (3) Awareness of emotion not directly associated with the trauma. For example, a victim of abduction might acknowledge fear of being alone, but not connect it to the abduction.

- (4) Awareness of emotion directly associated with the trauma. At this level, a victim might admit that he/she had feelings about the traumatic incident.
- (5) Attempt to deal with negative feelings. For example, a victim might decide to talk to a family member or counselor in order to deal with feelings about the incident.
- (6) Resolution. At this level, a rape victim might realize the rapist no longer has power over her or that her new knowledge of self-defense methods make her less helpless.

Other studies investigating both short- and long-term effects of child sexual abuse report a rather large number of psychological reactions that generally fall into two broad victim response categories: 1) inward directed, self-blaming, avoidant, and 2) outward directed, aggressive, attacking response. While many children show a mixture of both types of responses, and one child can shift in his/her typical response pattern over time, it is still useful to examine these categories in more detail.

The first category is: Type I (Inward directed, self-blaming, avoidant responses). Guilt and shame are commonly reported problems in sexually abused children (DeFrancis, 1970; Herman, 1982; Tsai & Wagner, 1978). Clinical reports frequently include evidence of child victims blaming themselves for the abuse (Summit & Kryso, 1978), and in situations of intrafamilial abuse, that they caused the dissolution of their family (Lusk & Waterman, 1986). In describing the rape trauma syndrome, Burgess and Holmstrom (1975) include expressions of guilt and shame as commonly reported. Reporting on adolescent victims of sexual assault, Ageton (1983) describes these same problems present in a significant proportion of her victim sample not only initially but also in a 3 year follow-up. Rosenfeld (1979) remarks that guilt feelings often intensify over time for the victim, particularly if the abuse is on-going. He states that whereas young children are not typically aware of the social taboo against such behavior, older children generally are, and it is these children who tend to experience a significant amount of guilt and shame over their involvement.

Anxiety and fear are also characteristic of this response type. Adams-Tucker (1981) who reported on a clinic sample of 28 sexually abused children found that anxiety was the third most common presenting complaint. This anxiety can reach fairly severe and extreme levels. In the Tufts University study (1984), 13% of the sexually abused 4-6 year old children and 45% of the 7-13 year olds were found to have substantial fears. Several studies have also reported that victims stay inside and refuse to leave home (Burgess & Holmstrom, 1975). Psychophysiological symptoms typically associated with extreme anxiety and fear are also reported, including changes in appetite, sleep disturbance, recurring dreams and nightmares, stomachaches and headaches (Burgess & Holmstrom, 1975; Adams-Tucker, 1981, 1982).

Depression and suicidal behavior are two other specific symptoms associated with this response type. Adams-Tucker (1981) found that 21% of her clinic sample of sexually abused children listed suicide attempt as a presenting complaint on initial evaluation, and 15% were depressed. In reviewing the cases of 10 adolescent females ranging in age from 14 to 17 who were all victims of father-daughter incest, Molnar and Cameron (1975) reported a common clinical picture of an acute depression and suicidal thoughts. Summit (1983) found that sexually abused children tend to develop a "helpless victim" mentality that affects their ability to respond in other situations.

The second category is: Type II (Outward directed, aggressive, attacking response). Anger and hostility have been frequently reported symptoms of sexually abused children. The Tufts University study (1984) reported that almost half of the 7-13 year old group demonstrated increased hostility. thirty-five percent had hostility. Outward directed anger were less for the 4-6 year olds and adolescent groups, but still higher than normal scores for those age groups.

Pornography, Prostitution, and Sex Rings. The psychological sequelae of sexual exploitation of children through sex rings and child pornography has received increased research attention in recent years. Burgess, Groth, and McCausland (1981) investigated the experience and emotional responses of 36 children involved in sex-initiating rings, who ranged in age from 6 to 14. Responses of these children following disclosure included physical symptoms (i.e., stomach aches, headaches, poor appetite), psychological symptoms (i.e., sleeping difficulty, bad dreams, nightmares, nervousness), and social symptoms (i.e., school refusal, academic decline, fighting, stealing). Behavioral symptoms included withdrawal and sexually-focused behavior.

In another study of children and adolescents exploited by adults through sex rings and pornography, Burgess, Hartman, McCausland, and Powers (1984) examined the response patterns of 66 children and adolescents ranging in age from 6-16 years (49 boys, 17 girls) following disclosure. Results indicated that 75% of these victims showed negative adjustment, including post traumatic stress symptoms. Overall, two main response patterns occurred: 1) *Avoidance*: Children who actively avoided talking or thinking or discussing their exploitation experience. When asked about it, this subgroup denied and refused to recognize that the event occurred. 2) *Identification with the exploiter*: This response pattern is marked by the child attempting to master the fears and anxieties associated with his/her exploitation by identifying and impersonating the aggressor. He/she starts exploiting others and adopting antisocial attitudes.

One area of specific concern is the known relationship between runaways and their high risk for various forms of sexual exploitation. The Exploited and Missing Children's Unit in Louisville, Kentucky reported that up to 11% of runaways who come into contact with law enforcement end up as victims of criminal or sexual exploitation while away from home (N.C.M.E.C., 1985).

Prostitution is one of several different forms of sexual exploitation for which runaways are at risk. Among female runaways for example, Phelps, McIntosh, Jesudason, Warner, and Pohlkamp (1982) found that 50% had experienced rape or sexual assault while on the run. Runaway status also provides another entry point into involvement in child pornography and sex rings (Schultz, 1978; Burgess, 1981).

In terms of the psychological consequences of juvenile prostitutes, however, Weisburg (1985) reports that both male and female prostitutes have high rates of suicide ideation, suicide attempts and successfully completed suicides. Negative self-concept is a very common correlate. Hotelling and Finkerhor (1985) suggest that runaway child prostitutes are likely to experience the most serious kind of psychological impact, both immediately and long-term.

In summary, the research literature has been supportive of the following conclusions:

- 1) Initial consequences of sex abuse have been shown to include: guilt, shame, anxiety, extreme fears, anger and hostilities, depression, psychosomatic disturbance, behavioral

symptoms such as "acting out," self-destructiveness and withdrawal, and inappropriate sexual behavior. Long-term consequences include: depression, self-destructive behavior, anxiety, feelings of isolation, poor self-esteem, substance abuse, and sexual maladjustment (Browne & Finkelhor, 1986).

- 2) Children involved in sex rings and child pornography have a particularly difficult adjustment, with the minority able to integrate such experiences adequately over time. Chronic symptoms of post traumatic stress disorder are very common, as is the tendency for some children to identify with the exploiter (Burgess et. al., 1984).
- 3) The longer a child is involved in sex ring activity (>1 year) the less likely it is that he/she will demonstrate adequate long-term adjustment (Burgess et. al., 1984).
- 4) Missing status, whether by abduction or runaway, places children at risk for various forms of sexual exploitation, including prostitution, rape, and sexual assault. Correlates of high risk for child prostitution include: extensive history of severe negative sexual experience, family disorganization, a history of repeat running, and running for longer periods of time (N.C.M.E.C., 1985; Enabler, 1978; Hotaling & Finkelhor, 1985).
5. Psychological sequelae may be most severe when a child is both missing and sexually exploited. Common symptoms among this group include high rates of suicide attempts and successful completions (Hotaling & Finkelhor, 1985; Wetsberg, 1985).
6. Other variables associated with higher levels of psychological trauma include the use of force and/or coercion, large age difference between child victim and exploiter, increased age of victim, closeness of relationship between victim and exploiter, and male exploiters (Finkelhor, 1979).
7. Psychological sequelae may intensify with time as some reactions (i.e. fear, depression) may have long incubation periods, or are initially successfully suppressed but then surface and then increase after several years (Rosenfeld et. al., 1977).

Sexual Abuse, Sexual Exploitation, and Missing Children. Child sexual abuse and exploitation has taken on a particular significance, as it has generally been assumed that such acts are frequent occurrences within non-family abduction cases. However, Lanning (1985) points out that sexual interest is only one of 5 known motivations of non-family members to abduct children. While sexual exploitation is a known correlate of runaway behavior, the degree of association between family or non-family abduction and sexual exploitation has yet to be documented (Hotaling and Finkelhor, 1985).

In family abduction cases, Agopian (1981) found no evidence of sexual abuse in 91 cases examined. Hotaling and Finkelhor (1985) conclude that sexual abuse probably occurs in the population of parentally abducted children at roughly the same rate as it does in the general population (5-16%: Russell, 1983; Hotaling, et. al., 1985). This range of incidence estimates is low, but still quite significant for the affected group, given what is known about the substantial negative consequences this type of abuse has on children.

Physical Abuse and Neglect. Written in 1962, C. Henry Kempe's description of the battered child stimulated new concern about child abuse and the implications for professionals (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962). As a pediatrician Kempe saw the injuries incurred by children first hand.

Child maltreatment is currently the leading cause of injury and death for preschool children, and for those children who survive, is a serious form of trauma and stress. Although, legal definitions of child abuse vary across jurisdictions, "it is generally agreed that abuse implies an act of commission, in contrast to neglect, which signifies an act of omission" (Wallick, 1990). Emotional abuse is also generally considered to be reportable (Wallick, 1990).

In her summarization of the impact of abuse on children between the ages of one to five, Wallick (1990) contends that abused and neglected children are at risk for emotional disturbance. In his extensive work with abused children, Green (1982) noted that these children frequently developed "paralysis of ego functioning and acute anxiety states." They anticipate that rejection and violence are part of normal relationships.

Family/Child Trauma, Psychological Consequences, and Developmental Theory

Most of the work on child responses to trauma have been examinations of children following specific events. Terr's work with the children of Chowchilla is one of the most in depth explorations of trauma response and sequelae. Terr used the psychodynamic framework as a context for her observation of children. Her work is one of the few which is undergirded by a theoretical perspective. In contrast, Mowbray (1988) took a theoretical approach and surveyed reports of child trauma, placing them in a child development research perspective.

Child Trauma in the Context of Development. Mowbray's (1988) overview of reports about children who experience violence stands out as one of the few considerations of child trauma in the context of child development. She points out that reactions to trauma vary with age due to cognitive development, moral development, and accompanying defense mechanisms. She also contends that developmental differences are likely to be what distinguishes the post-trauma experiences of children from adults.

Mowbray has observed that a child's cognitive development will determine how traumas are perceived. She reported that very young children view the world from an egocentric perspective. In the early stage of development they are not able to empathize with others and attribute events to their own actions. For example, they may feel they did something to cause a flood or an accident. Children also understand death differently depending upon their age. For very young children the sadness and anxiety of death is associated more with separation because, for example, children between the ages of three and five do not understand that death is permanent.

Mowbray indicates that children of different ages predominantly make use of certain defense mechanisms. Young children may cry, tremble, and express their feelings openly while older children tend more frequently to defend against anxiety using introjection, identification, denial, repression, projection, displacement, and fixation. Adolescents additionally use intellectualization. Mowbray does not provide specific age ranges for the use of specific defense mechanisms.

Pooling the limited number of observations related to the reactions of children following traumatic experiences, Mowbray summarized the reactions of preschool, school aged, and adolescent children, finding that:

- (1) Preschool children were more apt to fear elements related to the traumatic experience and these fears were frequently generalized to other situations.
- (2) Somatic problems, restitutive play, regression, and separation anxiety were more common in preschool and school aged children, as compared to adolescents.
- (3) Nightmares were experienced by children across age groups. The nightmares of older children contained more distortions and disguise than those of younger children (Terr, 1983) which contained more uncamouflaged death scenes.
- (4) The development of fantasies, anger, interpersonal problems, problems with school, guilt, depression, and self-deprecation were more prevalent in school age children and adolescents.

Mowbray suggested that guilt may be more prevalent in older children due to the development of conscience, and that fantasy may act as substitute for the restitutive play of younger children. Older children are reported to more frequently display apathy, personality change, intellectualization, anxiety, and acting out behavior. Due to disagreement about the existence of regression and denial, these were not included in the table. Terr (1979, 1981, 1983) has reported that these defenses were not present in the children she studied, while Pruett (1977) indicated that when there is significant object loss, the object's internalization may be repressed into "non-existence."

Mowbray concluded that childhood reactions to trauma were largely distinct from the responses of adults. The development of treatment for children has also taken a path which is different from that of treatment for adult victims of trauma. The early descriptive information about child trauma has not led to the development of treatments for children, as it has for adults. In order to better understand this disparity, the treatment methods for adults and child will be reviewed.

The literature review of child/family trauma from abduction and sexual exploitation offers preliminary evidence that:

- 1) Children and families experience significant psychological reactions both immediately following and long after the event.
- 2) Some of these reactions may appear long after the trauma.
- 3) For reactions, no clear consensus exists on age and sex differences for the victim child, parents, or siblings.
- 4) Most studies have been conducted on the descriptive level with a main focus on symptom listing.

- 5) The relative contribution of the developmental characteristics of the child, parents, and siblings (i.e., the manner of internally processing the abduction and exploitation trauma) has never been studied empirically.

- 6) Other child trauma studies have identified seven factors (prior emotional disturbance, family organization, family/community support, coercion, sexual exploitation, trauma length, exposure to trauma source) that increase vulnerability to trauma, and four factors (stable family environment, absence of prior emotional disturbance, family/community support, psychological intervention) that reduce vulnerability to trauma, but their potential role in child/family trauma from abduction and sexual exploitation has not been empirically studied.

Chapter IV. Project Objectives

In the last decade, a significant societal change has taken place in this country's concern over the vulnerability of our children (Howell, 1985). Three out of four American adults think the problems facing today's children are more severe than when they were growing up and even more are willing to pay higher taxes for better schools, drug treatment programs, and other services for children, according to a recent Louis Harris Poll commissioned by the Westinghouse Broadcasting Company (Associated Press, 1986). Within the context of this general increase in concern over the children, the problem of the missing and exploited child has been the focus of considerable effort by both government and citizen's groups. Currently, it remains an area of significant concern as 86% of American adults are reported as willing to increase their taxes for programs to trace missing children.

As the problem of missing children became a significant issue during the early and mid-1980s, efforts were made to estimate incidence rates of missing children. Early nationwide estimates of stranger/non-family abduction ranged from a low of 67 (FBI, 1984) to a high of 50,000 (National Center for Missing and Exploited Children, 1984). Initial estimates of incidence of family abduction ranged from 25,000 (N.C.M.E.C., 1984) to 459,000-750,000 (Gelles, 1984). Substantial attention was devoted to obtaining incidence rates for runaways beginning in the mid-1970s and continuing until the present, in comparison to similar efforts for children missing due to stranger/non-family and family abduction. Consequently, these studies have consistently placed the incidence rates between 733,000 to almost one million (National Statistical Survey on Runaway Youth, 1976; Brennan, Huizinga, & Elliot, 1978). On one side, legislatures, law enforcement agencies, and public interest groups agree that the problem of missing children was not a focus of sustained attention prior to 1975, and that most law enforcement data systems were not designed to track the extent of this problem. High estimates were a definite contributing factor toward increased legislative interest and public attention to missing children. Further, several studies by recognized, regional law enforcement and governmental groups supported the mid range estimates, if not the high estimates. Statistics compiled by the Illinois LEADS system indicates that in 1985, 1,319 incidents of children age 17 or younger were missing under circumstances indicating foul play, or involuntary disappearance (e.g., kidnapping or abduction). 98 of these cases were family abductions, with the majority of the remainder presumably runaways. Kansas state police figures for fiscal year 1986 showed 25 stranger abductions, 49 parental abductions, and 4,5 and 7 runaways. Missouri state police figures for fiscal year 1986 are very similar. In 1984, police departments in Jacksonville, Florida and Houston, Texas together reported 211 cases of kidnapping and 58 attempted kidnappings by non-family members (NCMEC Advisory Bulletin, 1985). In addition to their missing status, a study conducted by the Kentucky Exploited and Missing Children Unit in Louisville showed that 85% of children who have been criminally or sexually exploited were, in fact, missing at the time of the act of exploitation (N.C.M.E.C., 1984). The widely varying incidence reports of this crime have contributed to shaping extremes in perception and emotion in the general population.

Recognizing that estimates of incidence determine the scope of a societal issue and guide public policy issues, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) of the U.S. Department of Justice commissioned a national study of missing child incidence rates. This study was titled the National Incidence Study of Missing, Abducted, Runaway, and Thrownaway (NISMART) Children (Finkelhor, Hotaling, & Sedlak, 1990). NISMART clarified several of the

inherently complicating issues related to the identification of missing child incidence rates.

Definitional Problems. The determination of accurate rates of incidence for missing children has been severely hampered by definitional and data collection problems. Definitional problems are related to different levels of specificity determined by the purpose of the definition. Definitions in social science research, or collection of information about incidence rates, differ from legal definitions because the purposes served by each differ. Legal definitions are highly specific descriptions of actions, which are limited to a specific jurisdiction. Because legal definitions of child abduction vary from one location to the next, collecting information about incidence necessitates the use of general definitions for events which can be used to gather incidence information.

The National Incidence Study of Missing, Abducted, and Thrownaway (NISMART) Children (Finkelhor, Hotaling, & Sedlak, 1990) addressed this problem by using a two level definition to describe the incidence of stranger or non-family abduction, parental or family abduction, runaways, throwaways, and lost, injured, or otherwise missing children. The definitional levels used in the NISMART study were Broad Scope and Policy Focal, Policy Focal being a more restrictive subset of the Broad Scope level. Broad Scope was used to refer to the incidence of a missing child event as defined or perceived by the family. It included both serious and minor episodes. Policy Focal generally referred to the event from the perspective of law enforcement or social services. It included incidents of a serious nature in which there was a need for immediate intervention. Policy Focal cases were thus a subset of Broad Scope cases.

Within the category of non-family abduction, the NISMART study also used two additional levels of case distinction which included legal definition abductions and stereotypical kidnappings. The Legal Definition Abductions referred to the crime of abduction as it is defined by state laws. This variably included short-term abduction and/or coercive movement as part of some rapes and assaults. Stereotypical Kidnappings referred to the more popular conception of long-term, long-distance, or fatal episodes.

Within the category of family abduction, Broad Scope cases referred to situations in which family members took a child in violation of a custody decree/agreement, or failed to return a child following a period of visitation. Whether a custodial or non-custodial parent took a child, an event could be considered an abduction. A Policy Focal family abduction included cases which were serious in nature and included one or more of the following features: (1) an attempt was made to conceal the taking or location of a child, (2) a child was taken to another state, or (3) evidence indicated that the abductor intended to keep the child or permanently change custody.

The NISMART study used both records surveys and random digit dial telephone surveys in order to reach a large number of individuals and increase sample size. Telephone surveys have been used in incidence studies as they produce a high response rate compared with less direct access methods, such as mailed questionnaires. Such advantages of telephone surveys are characteristically weighted against possible bias related to lack of access to respondents who do not have telephones, who are relocating, or who have an unlisted number (Groves & Khan, 1979).

The estimated rates of incidence for missing children during 1988 and based on the definitions derived during the NISMART study are presented below (Finkelhor, Hotaling, & Sedlak, 1990, p. vii).

Estimated Number of Missing Children in 1988

Family Abductions

Broad Scope	354,100
Policy Focal	163,200

Non-Family Abductions

Legal Definition Abductions	3,200-4,600
Stereotypical Kidnappings	200-300

Runaways

Broad Scope	450,700
Policy Focal	133,500

Throwaways

Broad Scope	127,100
Policy Focal	59,200

Lost, Injured, or Otherwise Missing

Broad Scope	438,200
Policy Focal	139,100

The major conclusions of the NISMART study were that:

- (1) What has previously been considered a single missing child issue is more accurately a set of five distinct missing child problems which should be addressed individually.
- (2) In at least four of the missing child categories, caregivers were aware of the child's location but were unable to recover the child.
- (3) In the realm of public policy, it is necessary to clarify the domain of the problem, individuals to be included in that domain, and to use a common language in reference to problem domain and included individuals.
- (4) Family abduction appeared to be a larger problem than previously recognized.
- (5) The runaway problem was no larger than it was in 1975, at the time of the last national survey.
- (6) More than one fifth of those children previously identified as runaways should be recategorized as throwaways.
- (7) There was a large group of children who were lost, injured, or missing due to miscommunication with caregivers who had previously been unidentified by research and public policy.

The rates of incidence reported in the NISMART study indicate that the problem is a significant one. Psychological and criminological knowledge of the missing child event and its impact upon family members is extremely limited. The few existing studies have generally reported that there are profound negative psychological sequelae that result from the missing experience (Terr, 1979, 1983; Agopian, 1984; Hatcher, 1981). More recently, U.S. Department of Justice supported national research studies conducted by the Center for the Study of Trauma at the University of California, San Francisco have found that over 60% of all families of missing children experience clinically significant levels of distress, and that over 80% of recoveries of all missing children are concluded in less than 15 minutes time with no psychological or social service support (Hatcher, Barton, and Brooks, 1990).

Significance. Few social issues in recent years have generated as much legislative activity, media activity, and public interest group activity as the problem of missing children and their families. The U.S. Congress and almost every state legislature has passed legislation to increase the responsiveness of law enforcement. The publicity of the search for missing children has become a common part of television news broadcasts, and missing children photographs appear on milk cartons, grocery bags, and airport/department store flyers. A substantial number of non-profit, public interest groups have been created to assist in searches, and promote preventative education programs which are becoming an accepted part of the curriculum of many school districts. Much of this change in public attitude and public policy has preceded the development of a scientific base of knowledge. Effective problem definition, understanding, and intervention can only be assured with the development of such a knowledge base.

From the perspective of affected child and his family, increased awareness about the psychological consequences of the missing child experience would be of direct assistance to families of missing children, and to the law enforcement agencies and community mental health and social service professionals that assist them. The proper response to any criminal justice or psychological issue is dependent upon 1) a knowledge of the normative response, 2) the ranges of behavior around that normative response, and 3) the different responses associated with different subgroups. This type of knowledge would considerably enhance the ability of law enforcement agencies and professionals to help the family during both the post abduction and the post return periods. Further, it can improve the quality of response for the returned child on a variety of levels, ranging from family readjustment to judicial proceedings.

From the perspective of the general society, psychological data can assist in bringing about a more intellectually informed and emotionally realistic response to the missing child problem, both for the lay and the professional populations. This can promote improved parent education, improved prevention programs for children, and a more informed legislative response. Further, social workers, teachers, school counselors, and others can acquire an enhanced knowledge of risk and vulnerability factors in such cases, assisting in an improved response to affected children, their siblings, and their classmates.

From a law enforcement and judicial perspective, psychological data regarding the social and emotional consequences of abduction/exploitation on the child victim can increase the knowledge level of judges, attorneys, expert witnesses and juries. Combined with clearer understanding of the personal characteristics, motivations, and methods of the abductor, and the quality of relationship with the victim, such information can be directly utilized in successful and appropriate adjudication

of such cases. As illustrated by *U.S. v. Chesney* (1981), it can be difficult to obtain a kidnapping conviction when the victim has had the potential physical opportunity to escape. While psychological data has already demonstrated its utility in judicial understanding of a series of several abduction cases (see *U.S. v. Melton*, 1986; *U.S. v. Garcia & Garcia*, 1986; *CA. v. Hooker*, 1985; *CA. v. Coddington*, 1987; *FL v. Paige and Cokely*, 1989), juries, judges, and attorneys need an empirically based study of what goes on between abductor and victim during the kidnapping.

Finally, psychological knowledge about crimes against missing children and the psychological consequences to these children and their families can influence public policy makers, both criminal justice and mental health, to make informed decisions regarding the identified at-risk populations and to establish more effective financial and manpower priorities to deal with this most significant problem.

SPECIFIC PROJECT GOALS AND OBJECTIVES

The specific goals of this project are to increase knowledge of, and develop effective treatment alternatives pertaining to, the psychological consequences for parents, missing child, and for siblings during disappearance and after child recovery, including the consequences of any abuse or sexual exploitation a missing child may have experienced. The specific objectives of this project are: 1) to describe the dynamics and psychological consequences of child abduction for both family and child (by objective measures and by interview, to identify pre-abduction conditions and attitudes, to identify abduction conditions and child response, to identify coping style response by child and family, to identify family reactions post abduction and post return, and to identify child reactions post return), 2) to determine high risk factors for sexual exploitation among missing children (by objective measures and by interview, to examine the relationships among pre-missing conditions/attitudes, the dimension of victim targeting/non-targeting for exploitation, and the dimension of exploitation/non-exploitation), 3) to determine what factors in the missing experience ameliorate short- and long-term post trauma consequences (by objective measures and by interview, to examine the relationships among pre-missing conditions/attitudes, events/responses/ attitudes during the missing period, and reduced negative events/responses/attitudes after recovery/return), and 4) to identify and document promising treatment alternatives for families of missing children (by objective measures and by interview, to identify sites representative of the range of intervention conditions available to families, to document site services offered, accepted, or rejected, to document family/child/sibling response, and to document service delivery cost).

Project Principal Areas of Investigation

The project principal areas of investigation and corresponding data analysis was organized around a series of important questions about the experience of families of missing children. These questions examine: (1) the chronological experience of missing children and their families by pre-disappearance events, disappearance events, and recovery/ non recovery events; (2) the overall level and characteristics of clinical distress experienced by families of missing children across the child disappearance and recovery/non recovery time period; (3) coping behavior as employed by families of missing children to deal with child disappearance, (4) family life events, both those occurring prior to and subsequent to child disappearance, (5) recovered missing children and sibling behavior, and (6) utilization of intervention/support services. These questions are further detailed below:

Project Area of Investigation #1. Experience of Missing Children and Their Families

- a) What is the pre-disappearance experience of missing children and their families?
- b) What is the disappearance experience of missing children and their families?
- c) What is the post recovery/non recovery experience of missing children and their families?

Project Area of Investigation #2. Levels of Distress

- a) Do families of missing children experience clinical levels of distress?
- b) Does clinical distress vary by type of missing child family?
- c) Does clinical distress vary by type of missing child family across the disappearance experience?
- d) Does clinical distress vary by other family life events?
- e) Does clinical distress vary by type of missing child family by type of family member?
- f) Does clinical distress vary by other family life events by type of family member?
- g) Does clinical distress vary by recovery/non recovery status?

Project Area of Investigation #3. Coping Behavior

- a) Does family coping behavior in response to child disappearance vary by type of missing child family?
- b) Does family coping behavior in response to child disappearance vary by type of missing child family by type of family member?
- c) Does family coping behavior in response to child disappearance vary by type of missing child across the disappearance experience?

Project Area of Investigation #4. Life Experience Stress

- a) Does pre-disappearance family life stress vary by type of missing child family?
- b) Does post-disappearance family life stress vary by type of missing child family?
- c) Does post-disappearance family life stress vary by type of missing child family across time?

- d) How does family life stress of sexual abuse/exploitation vary by type of missing child family?

Project Area of Investigation #5. Child Behavior

- a) Does missing child/sibling behavior vary by type of missing child family?

Project Area of Investigation #6. Utilization of Intervention/Support Services

- a) Does overall utilization of intervention/support services vary by type of missing child family?
- b) Does utilization of law enforcement intervention services vary by type of missing child family?
- c) Does utilization of mental health intervention/support services vary by type of missing child family?
- d) Does utilization of local/regional missing child center intervention/support services vary by type of missing child family?
- e) Does utilization of other intervention/support services vary by type of missing child family?

Project Area of Investigation #7. SIDS Comparison Group

- a) How does the experience of families who have lost a child to Sudden Infant Death Syndrome compare to families of missing children in the above areas?

Chapter V. Project Design

Overview. The missing child event and the resulting psychological consequences are a complex mix of behaviors, feelings, and attitudes. To organize this complex mix of variables, an organizing model of principle is required. For this study, the ABCX Model of Family Adaptation to Crisis, developed by Hamilton McCubbin of the University of Wisconsin, was employed due to its proven utility in other prior family trauma studies and because it best incorporated: (1) pre-trauma risk and resource factors, (2) child development history, (3) crisis event factors, (4) approach versus avoidance crisis coping styles, (5) trauma-specific responses, and (6) longer term post-trauma responses.

This project was conducted over a three-year period at multiple sites throughout the United States. A sample of 280 families were followed prospectively with in-home interviews, in a time series measurement design from approximately one month post-disappearance to eight months post-disappearance. Three preliminary groups of missing children and their families were studied: (1) loss by non-family abduction, (2) loss by family or parental abduction, and (3) loss by runaway. For comparison purposes, a separate group of families who have lost a child as a result of Sudden Infant Death Syndrome were studied in a similar longitudinal manner, beginning within approximately one month of child loss.

To address the issues of psychological consequences, events prior to child loss, events during the experience of child loss, and after child recovery (if applicable) were studied from multiple perspectives within the family.

To address the issue of intervention services, utilization and satisfaction were assessed across the missing child groups in each of the following categories: law enforcement services, mental health services, missing child center services, within family social support, extended family social support, and community social support.

The project assessment package included detailed structured interview item and selected quantitative nationally normed measurement instruments including the Symptom Check List-90, Achenbach Child Behavior Check List, Family Inventory of Life Events, F-COPES, Frederick Trauma Reaction Index-Adult, and Frederick Trauma Reaction Index-Child.

In constructing this proposal, the position of the project was that sensitive data of this nature would be best collected in person. Further, the complexity of the data to be collected, and the degree of stress that these families are under, warrant a skilled, experienced professional interviewer.

Project Conceptual Model

The Double ABCX Model will serve as the working conceptual model in the study of the phenomenon of family abduction. This model incorporates many aspects of the trauma response experience, including: (1) temporal variables (i.e., pre- and post-trauma risk factors); (2) coping style variables (i.e., approach v. avoidance) which influence emotional and behavioral response before, during and following trauma; (3) family context variables also known to influence children's reactions to traumatic events.

Double ABCX Model
(Sample Operationalization)

XX: Family Experience of Stress

Precursors

Components

Examples

**Measurement
in Study**

Aa
Bb
Cc

XX: Family system
Integrity

Enhanced relationship
Divorce

Structured Interviews

Aa
Bb
Cc

XX: Psychological
Symptoms

Depression
Anxiety
Hypertension

Structured Interviews

Taken together, pre-abduction factors a, b, c will comprise an assessment of family psychosocial functioning prior to the crisis event. These factors collectively represent the family's baseline level of functioning. Factor a looks at preexisting stresses encountered by the family (i.e., socio-economic instability, physical illness, and mental illness). Factor b examines the family's pre-existing resources (i.e., financial, emotional, and interpersonal). Factor c assesses perceptions and beliefs about family and community life prior to the abduction (i.e., attitudes about whether the family can tackle their problems, and beliefs about whether or not law enforcement and community agencies are helpful and supportive).

The combination of current and prior crisis events and resources is also represented in the ABCX Model. This includes Factor Aa (pile-up) which refers to three distinct types of stressors experienced by families following a crisis event: (1) the on-going hardship and strain related to the original crisis, (2) normative family life changes that occur simultaneously (i.e., birth/death of family member) but independently of the initial stressor; (3) stressors associated with the family's efforts to cope with the hardships of a crisis situation (i.e., family instability related to inability to work and loss of financial resources in the search effort).

Factor Bb (system resources) is defined as the combination of current and prior psychological, social, interpersonal and material characteristics of individual family members, the family and the community which may be utilized to reduce tension, manage conflict, and meet the demands and needs precipitated by the crisis. There are two types: (1) resources which were already available to the family prior to the crisis and, (2) new resources (i.e., support from extended family, active involvement with missing children's organizations, and law enforcement agencies) strengthened or developed in response to the crisis event. Within this factor, coping is defined as the behavioral responses of family members, and the collective family unit, to eliminate stressors, manage the hardships of the situation, resolve intrafamilial conflicts and tensions, as well as acquire and develop social, psychological and material resources needed to facilitate family adaptation. In this model, coping refers to the families' efforts to strengthen, develop and draw upon resources from within themselves (e.g. leadership skills, role sharing, income, bonds of family unity, adaptability) and from the community (e.g. meaningful friendships, support groups, professional assistance) which can provide families with much needed information for problem solving and confirmation that they are understood, accepted, valued and appreciated.

Factor Cc is defined as the combination of current and prior perceptions of crisis events. In higher functioning families, such perceptions are oriented toward redefining the situation in more manageable terms, while at the same time encouraging the family unit to carry on with its fundamental tasks of promoting member social and emotional development. Included in this factor are changes in the family's perception of community agencies (i.e., law enforcement agencies following child disappearance and whether such agency assistance is valued). This redefinition of the crisis event is believed to be a critical component of family coping with crisis over the long term and, in the same way, facilitates family problem-solving and eventual adaptation.

The family's immediate reaction to the crisis event (Factor X) is defined differently in different circumstances, and will vary according to specific characteristics of the abduction itself. For example, family abduction v. non-family abduction, length of time abducted, whether or not physical force was used, or whether sexual exploitation occurred.

The family's intermediate and long-term reaction to the crisis event is represented by Factor x.

The combination of the family's immediate, intermediate, and long-term reaction to the crisis event is represented by Factor Xx.

Thus, outcome is assessed by examining the variety of ways individual child victims and family members adapt to the trauma of family abduction over the long-term. For example, some families may continue to avoid dealing with the consequences of the trauma by minimizing the emotional impact on the child and by denying its effects on the family as a whole. Alternatively, families may show relatively healthier signs of adaptation by acknowledging the fact that they and their child have been affected, and in turn actively reach out for help from various support services.

Findings from the existing social sciences literature on missing children, subdivided into the categories of non-family/stranger abduction, parental abduction, and runaway status will be summarized in the following sections based on the organizing structure of the ABCX Model. This will allow for the identification of: (1) areas in the research where the most knowledge exists, (2) areas in which there are conflictual findings, and (3) areas in which there is a lack of information. In addition, existing social science literature on child sexual abuse and exploitation will be overviewed as anecdotal and clinical accounts of the experience of missing children frequently discussed episodes of sexual abuse or exploitation.

This examination of the existing research will also aid in: (1) identifying any resources used by parents; (2) identifying those areas in which parents encounter obstacles in their attempts to recover missing children; and (3) summarizing existing knowledge of the circumstances of missing children and the response of families to the crisis event.

Participants

The selection of participants for the project was influenced by six considerations: (1) incidence, (2) sampling, (3) comparison, (4) sample size, (5) data collection length, and (6) data collection interval.

Incidence Considerations. Uniformly accepted incidence data for the three categories of missing children (non-family abductions, family abductions, and runaways) is not currently available. For example, in the area of stranger abduction the FBI reported a total of 67 cases of stranger abducted children in all of 1983 (FBI, 1984). It is acknowledged that this figure could be somewhat misleading, as it does not include cases where the child was abducted and subsequently murdered. Specific statistics on child abduction/murder are not collected nationally, as of the date of this report. Three other reliable local data sources on the incidence of stranger abduction (including abduction/murder) have been independent studies by the Jacksonville, Florida Police Department, the Houston, Texas Police Department, and the Illinois State Police (I-SEARCH). The Jacksonville and Houston Departments together reported an incidence of 211 cases of actual child kidnapping and 58 cases of attempted kidnap for the year 1984 (N.C.M.E.C., 1985). The Illinois State Police (I-SEARCH) found an incidence of 1,319 from April 1, 1985 through March 31, 1986. This marked discrepancy between the FBI statistics and those of local police departments may be partially due to uncounted child abduction/murders, but are more likely due to variations in data criterion and collection.

The Illinois State Police (I-SEARCH unit) found an incidence of 1,319 non family abduction cases in the state of Illinois from April 1, 1985 to March 31, 1986. In 1990, the NISMART study reported broadly defined per year incidence rates of 4,500 non-family abductions, 354,000 family abductions, and 677,000 runaway/throwaways. The same study also utilized a special set of criteria generally designed to define cases that would reach a certain level of government and public visibility. With this definition of policy focal cases, the per year incidence rates were reported as 300 non family abductions, 163,000 family abductions, and 193,000 runaway/throwaways. However, NISMART study results were not available until this project was well underway.

Incidence Considerations: Data Base Case Overlap. There is preliminary evidence of substantial variation of missing child case contact among law enforcement agencies, state government based missing child clearinghouse agencies, and non-profit missing child assistance agencies. For local or state law enforcement agencies, the incidence issue may be complicated by the registration of each missing child report as a separate case in the data base. This means, for example, that the same child running away multiple times would appear in the data base as multiple separate cases. For private non profit missing child assistance agencies, the incidence issue may be complicated by the appearance of the same missing child case being registered in the data bases of a number of private agencies in varying geographical locales (In 1991, OJJDP began a new series of partnership initiatives with private, non-profit missing child assistance agencies to reduce case registration overlap, and to promote services to local area families). This registration procedure can be contrasted with that of law enforcement, in which the residence location and/or point of child disappearance almost always results in the designation of one law enforcement agency as the lead agency.

Incidence Considerations: Project Pilot Data. Given previously described incidence issues, it was relevant to develop a strategy to acquire pilot incidence and incidence characteristics data which could then serve to guide the determination of project participant sample size and participant qualifications. To accomplish this, the project identified the data base of the National Center for Missing and Exploited Children (NCMEC) as being most likely at the time of the study to provide a meaningful source of incidence information upon which to make informed decisions about participant qualifications for the present project. While entry of every missing child in the United States into the NCMEC data base is not mandatory, NCMEC does serve as the only functionally national data base with linkages to NCIC and other systems. Further, NCMEC tracks cases by child, rather than by incident alone, eliminating the multiple entry problem previously referenced in the section on incidence consideration: data base case overlap.

Next, NCMEC records of all families of missing children (4,020 cases) who were reunified with their families in 1987 were reviewed from a prior study (Hatcher, Barton, and Brooks, 1989). This study provided information on a series of relevant missing child type of non-family, family, and runaway/throwaway cases, the distribution of male and female missing children, and the distribution of missing children by age.

The results of this study of reunified families showed that: (1) runaways were the most frequent type of missing child, with family abductions being substantially less frequent and non family abductions being the very substantially less frequent, (2) runaways were substantially older on the average than either family or non-family abductions, (3) non family abductors focused primarily on two distinct

groups of older girls and younger boys, and (4) almost all missing children had been recovered alive or deceased by the end of one year from the date of disappearance.

These results indicated that, based upon the best available information at the time, the design of the current project would need to address the differential distribution of missing child cases by type, by age, and by recovery/non recovery.

Sampling Considerations: Representativeness and Type of Missing Child. Limited incidence data from the state law enforcement data bases and pilot data available to the project identify a differential distribution of missing child cases by type: non-family abduction, family abduction, and runaway. Indeed, the ratio of non-family abduction to family abduction to runaway may be as imbalanced as 1:500:900. In order to meet the project's measurement goals, the project design would need to acquire a sample of approximately 300 families of missing children cases. Limited available incidence data indicated that it would be possible, within this sample, to acquire a subsample of 40 non-family abduction cases. This would yield a non-family to family to runaway ratio of approximately 1:3:3, which is a very different distribution from that believed to be present in the general population. In order to obtain a full subsample of non-family abduction cases, it would be necessary to sample them completely. At the same time, family abduction and runaway family participation in the project would need to be selective, in order to maintain the 1:3:3 ration described. Random selection of family abduction and runaway families as they naturally occur would be preferable.

Sampling Considerations: Representativeness and Age. Limited incidence data from state law enforcement data bases and pilot data available to the project identify differential distribution of missing child cases by age, with the most pronounced feature being the predominance of teenage runaway cases and the subteen non-family and family abduction cases. This naturally occurring situation could be a partial potential confounding variable in the project for some types of comparisons between types of missing child cases. However, for example, if the project sample of runaway family cases was limited to those cases who are age-matched to the non-family abduction cases, an unrepresentative sample of runaway children, who would not adequately represent the characteristics of the actual population of runaway children and their families, would probably occur. The project acknowledges this limitation.

Sampling Considerations: Representativeness and Recovery/Non Recovery of Missing Child. Limited incidence data from state law enforcement data bases and pilot data available to the project identify differential distribution of recovery/non-recovery status and length of time missing. In general, almost all missing children are recovered within one year of date of disappearance. However, the shortest length of time missing and the highest rate of recovery are for runaway cases, which constitute the substantial majority of all missing child cases. Project design would then need to incorporate a sufficient follow up period from the date of the child's disappearance to insure that the majority of missing child cases in the sample would have been recovered. This would enable the project to undertake conservative comparisons of psychological consequences between types of families of missing children by recovered/ non-recovered status, and by length of time from disappearance to recovery.

Sampling Considerations: Representativeness and Geographical Location. Limited incidence data from state law enforcement data bases and pilot data available to the project indicate that missing

child cases of all types occur throughout the United States. Further, the representation of racial/ethnic groups in missing child cases appears to approximate racial/ethnic group distribution in general population of the United States. Project design would then need to sample families of missing child cases from a representative cross section of sites in the United States. This need is balanced by a project logistical constraint that project sites must not only have a geographical dispersion, but also a sufficient case flow and administrative commitment to project participation.

Comparison Considerations: Control Versus Comparison Group. The issue of a control or comparison group is an important one. The families of missing children do not uniformly and immediately contact a missing child center. Three factors may be involved in accounting for this. First, the missing child centers are not evenly distributed geographically, have varying levels of community acceptance, and have varying levels of law enforcement acceptance. Second, families may have prior experiences, or value systems, which do not encourage the utilization of assistance from outside the family. Third, families may not even be aware of the potential assistance offered by a missing child center.

Comparison Considerations: Control Group Criteria. At first glance, such families could constitute a control group if the two criteria of accessibility and constant treatment condition could be met. Accessibility through selected law enforcement networks is potentially feasible. However, the ethical problems raised by the researcher's passive support of the constant "no-treatment" condition are quite serious. Specifically, a researcher is highly likely to encounter "no-treatment" families who are severely distressed, creating a substantial dilemma between passive support of the constant "no treatment" condition and the pressure of ethical concerns to properly intervene or refer. Such an option should be carefully examined in more detail during the development phase of the proposed research, its practicality appears limited at this time.

Comparison Considerations: Comparison Group Criteria. A more feasible alternative lies in the construction of a comparison group. Without a comparison group of any kind, one has no reference points to assist understanding of the data on the missing child sample groups. In fact, the principal criticism in the literature of prior studies of child abduction has been the absence of a comparison group. In this project, the challenge is to select a comparison group that will yield the most useful reference point. Comparison group possibilities may be grouped into two categories: (A) a matched sample of families without the trauma of the missing child experience (B) a matched sample of families with the trauma to a child by external events (e.g. injury or death by accident) with sudden onset, or (C) a matched sample of families with the trauma to a child by internal events (e.g. illness) with sudden onset. The latter category (C) of comparison groups is less desirable as a reference point as the trauma to family and child is internal. Extensive interviews with missing child families provide consistent reports of the importance assigned to the externally generated, sudden onset, nature of the trauma. In other words, someone else is assigned primary responsibility for doing this to the family, as contrasted with God or bad luck being assigned primary responsibility for the onset of childhood cancer with no known prior family history of the disease. In considering the possible selection of a comparison group in category A or category B, value can be found in either alternative. For category A, there is the possibility of establishing a no-trauma population baseline against which to compare the missing child family samples. While this is a very desirable goal, it would require very large sample sizes and probable significant attrition rates as the motivation for study participation by such families would be limited. For category B, there is the possibility of establishing a comparison of two

samples of families coping with the trauma to a child by external events with sudden onset. For the first family sample, it is the missing child experience. For the second family sample, the characteristics of the trauma should reasonably parallel those of the missing child experience, including such items as external origin, sudden onset, continued physical loss of the child, justifiable anxiety over the welfare or life of the child, and substantial periods without apparent progress of investigation leading to recovery. In examining these characteristics, one can see that no category C comparison group is available that would provide a complete match across characteristics. The project design question then turns to which category C comparison group is available where the trauma to the family has a significant match of similar characteristics, and is accessible. Families who have lost a child through sudden, traumatic death are an example of a comparison group in category C, providing a match on some, but not all relevant characteristics. Further, families who have lost a member through sudden, traumatic death have been readily accessed in previous studies (McNeil & Hatcher, 1988). Prior studies, as well, have successfully accessed and sensitively interviewed surviving family members without complaint on issues of intrusiveness or inappropriateness.

Sample Size Considerations: Design Factors. In the project design, the first twelve months were allocated to assessment instrument and field site development. The following eighteen months were allocated to data collection, and the remaining six months were utilized for data analysis and results publication. Five factors are then involved in the determination of sample size: 1) the length of the data collection period, 2) the number of interviews conducted with each family, 3) the periodicity of interviews, 4) the limits of available interviewer time and 5) family first contact refusal rates and subsequent family attrition rates during the life of the project.

Data Collection Length Considerations. Of these five factors, the project's RFP specified twelve month development phase made a subsequent eighteen month data collection phase the maximum practical length.

Data Collection Interval Considerations. Once the total length of the data collection period has been determined, the selection of data collection points requires careful consideration of seven diverse issues: (1) research procedures in general developmental psychology, (2) research procedures in child and family trauma, (3) family tolerance of research procedures, (4) human subjects committees' tolerance of research procedures, (5) RFP requirements, (6) site tolerance of research procedures, and (7) logistical constraints.

Research procedures in general developmental psychology are based upon time series, repeated measures designs where child and parent behavior is assessed by naturalistic observation, observation during the performance of standard tasks, retrospective report from multiple sources, and, occasionally, prospective report from multiple sources. The developmental psychologist's goal is to learn about child and family behavior while minimizing his level of intrusion into the system.

Research procedures in child and family trauma have been based primarily upon designs with large scale collection of retrospective reports from multiple sources about symptoms, behaviors and attitudes. Secondly, a small number of treating clinicians have recorded symptoms, behaviors, and attitudes about their child and family patients. Occasionally, this clinical contact has taken place relatively close to the traumatic event, and may continue with other secondary traumatic events. Observational research access is then justified by primary delivery of ongoing clinical services.

However, a limitation to even these clinical studies of patients in treatment is that their observations were noted in the records, and quantitative research procedures were not used. An alternative design, rarely utilized due to very high cost, provides full clinical treatment at no charge to patients in return for their tolerance of a frequent time series of repeated quantitative measures. The clinical coverage is always present to insure against unintended intrusion and/or unintended research stimulation of secondary trauma. This alternative design does permit research assessment relatively close to the primary trauma and quite close to any secondary trauma. However, it has been rarely utilized due to its very high cost, and even then, only with self-selected voluntary subjects in large urban areas.

Human subjects committees from major universities exert considerable attention to data collection points with a research design, especially when issues of medical or psychological injury are involved. If research procedures are anticipated close to a high stress event in the medically or psychologically injured subject, human subjects committees are even more concerned. The presence, in a research design, of assured professional services to the subject may reduce this concern. At the present time, no site, representative of missing children's centers, can assure professional services. Representative missing children's centers provide contact, evaluation, referral, and support services, rather than assured clinical services. Further, the RFP for this proposal specifically excludes the expenditure of any project grant funds for clinical purposes. In the absence of assured professional services, human subjects committees routinely respond negatively when assessment is proposed close to a high stress event in the medically or psychologically injured subject. In a similar fashion, site tolerance of research procedures represents a consideration. Site staff are primarily committed to support service delivery, and have a substantial degree of empathy for missing child families. As the RFP requirements exclude the expenditure of any project grant funds for clinical purposes, project on-site psychologists are naturally restricted from becoming part of the delivery system that they are to study. If site staff provide longitudinal services and project on-site psychologists assess at predictable intervals, the probability of a successful working relationship with adequate definition of respective roles is high.

The logistical task of identifying, locating, contacting, interviewing, and reinterviewing subject families in their homes is a major challenge of any longitudinal research effort on a previously unstudied population. Sufficient time must be allotted per family for project staff interviewers to accomplish all of the above tasks, while being considerate and respectful of the immediate demands placed upon the family by the child disappearance crisis.

In the project design, the interviewer will conduct three interviews in time series (within one and one-half months post-disappearance, 4 months post-disappearance, and 8 months post-disappearance). This design requires three sets of overlapping interviews over an eighteen month period. The first subset of interviews will be conducted within one and one-half months post-disappearance. This means that the last subset of initial interviews must be completed by the end of the tenth month of the data collection period. This then allows for sufficient time to complete the required four and eight month follow-ups before the end of the total 18 month data collection period.

Similarly, the four month follow-up interviews must begin at the fifth month of the data collection period and be completed by the end of the fourteenth month. This then allows for sufficient time to complete the required eight month follow-up before the end of the total eighteen month data

collection period. Finally, the eight month follow-up interviews must begin in the ninth month of the data collection period, and be completed by the eighteenth month period.

Family Participants. With the above design considerations in mind, a total sample size of 250-300 families was anticipated. Upon completion, a total of 280 families did enter into the project, subdivided into 41 non-family abduction cases, 104 family abduction cases, 104 runaway cases, and 31 Sudden Infant Death Syndrome cases.

Individual Participants Within the Family. The project design provided for the measurement of the multiple perspectives within each family. One parent figure, at the request of the project staff interviewer, was self designated as the Primary Respondent. If the Primary Respondent had a married or other live in relationship with another adult, this individual was designated as the Partner. The oldest sibling in the home over the age of eight and under the age of eighteen was designated as the representative Sibling for the project. The Missing Child, if recovered and over the age of eight, was a project participant as well.

Adult/Primary Respondent Participation. As can be seen in the following table, the total number of cases in the project, and the total number of Primary Respondents participating, is 280. All of the 280 Primary Respondents were interviewed at Time Series interview 1. At Time Series interview 2, 36 Primary Respondents discontinued (Runaway = 11, Family = 16, Non-Family Recovered Alive = 2, Non-Family Recovered Deceased = 1, Non-Family Infants = 1, Non-Family Abduction Not Recovered = 3, and SIDS = 2.) At Time Series interview 3, 13 Primary Respondents discontinued (Runaway = 3, Family = 3, Non-Family Recovered Alive = 3, Non-Family Recovered = 2, Non-Family Infants = 1, and SIDS = 1.). 231 Primary Respondents were interviewed at all three Time Series interviews.

Adult/Primary Respondent Participation								
	Total	R (1)	F (2)	NF-A (3)	NF-D (4)	NF-I (5)	SIDS (6)	NR (7)
# of Primary Respondents at TS1	280	104	104	17	10	7	31	7
Withdrawn at TS2	-31	-11	-16	-1	-1		-2	
Discontinued at TS2	-5			-1		-1		-3
# of Primary Respondents at TS2	244	93	88	15	9	6	29	4
Withdrawn at TS3	-6	-3	-2				-1	
Discontinued at TS2	-7		-1	-3	-2	-1		
# of Primary Respondents at TS3	231	90	85	12	7	5	28	4

The schema of psychological adaptation to crisis, known as the ABCX Model of Family Adaptation, was originally developed by Hill (1958), and subsequently expanded by McCubbin and Patterson (1981).

Hill's original model focused on pre-crisis variables that accounted for differences in family vulnerability to a stressor event (i.e., abduction), and whether and to what degree the outcome is a crisis for the family. McCubbin and Patterson's updated and expanded version is a more dynamic model that includes both pre- and post-crisis variables. This allows for a view of family efforts, over time, in adapting to crisis through the use of various resources and perceptual factors.

The addition of post-crisis variables are important in that they describe: (1) the additional life stressors and changes which may make family adaptation more difficult to achieve; (2) the critical psychological and social factors families can call upon and use in managing crisis situations; (3) the processes families engage in to achieve satisfactory resolution; and (4) the outcome of these family efforts (McCubbin & Patterson, 1981).

The Double ABCX Model has been productively employed in family war-induced crisis studies (McCubbin, Boss, Wilson, & Lester, 1980). More recently, it has been used in studies of families coping with chronically ill children (McCubbin, Nevin, Larsen, Comeau, Patterson, Cauble & Striker, 1981; Nevin, McCubbin, Comeau, Cauble, Paterson & Schoonmaker, 1981).

In this project, it is assumed that the missing child experience is a trauma so significant that it is always a crisis event for the family. While this project is interested in trauma reactions generally, it can be noted that this a priori assumption about the traumatic nature of the missing child experience is in keeping with the description of a causal event in post-traumatic stress disorder. Post-traumatic stress disorder is a group of characteristic symptoms that occur following a psychologically distressing event that is outside the range of usual human experience (i.e., outside the range of such common experiences as simple bereavement, chronic illness, business losses, and marital conflict) (American Psychiatric Association, 1987, p. 247).

Overall, the Double ABCX model provides a means of systematically identifying and describing more fully select critical variables which appear to shape the course of family adaptation to a wide variety of crises. The primary modification in McCubbin's Double ABCX Model is in a clearer separation of pre-crisis, crisis and post-crisis factors known to influence adaptation, and the inclusion of the coping style variable.

In this model, which appears in Table 1, Factor A (the stressor event), interacts with Factor B (the family's crisis meeting resources), which, in turn, interacts with Factor C (the definition the families make of the event) to produce Factor X (the crisis). Taken together, these factors all influence the family's vulnerability; that is, to what extent the stressor (in this case, abduction/exploitation) will result in disruption, disorganization, and/or incapacitation in the family social system (Burr, 1973).

This model, however, recognizes that the degree to which a stress or crisis event may become disruptive or disorganizing for the family is determined in part by the characteristics of the current crisis (Factors A,B,C) and the family's pre-crisis experience (Factors a,b,c).

Double ABCX Model

(Sample Operationalization)

Aa: Stimulus Components of Stress

Precursors	Components	Examples	Measurement in Study
Risk Factors:	A: Traumatic Catastrophe	Missing Child	Structured Interviews
Pre-existing conditions in Family	a: Accumulated	Health Changes Job Changes Relationship Changes Relocation	Structured Interviews

Double ABCX Model
 (Sample Operationalization)
Bb: Family Crisis Meeting Resources

Precursors	Components	Examples	Measurement in Study
Education Economics	B: SES	Potency in using System	Structured Interviews
Current Family	b: Approach vs Avoidant Style	Discuss feelings Substance Abuse	Structured Interviews
Current Family	b: Within Family Coping	Discuss feelings Disagree with spouse	Structured Interviews
Friends Community	b: Outside Family Support	Friend contact Job Conflict	Structured Interviews

Double ABCX Model
(Sample Operationalization)

Cc: Family Perceptual Definitions of Crisis

Precursors	Components	Examples	Measurement in Study
Current Family	C: Efficacy	Problem Solving Inaction	Structured Interviews
Current Family	c: Empathy	Awareness others feelings Isolation	Structured Interviews
Current Family	c: Optimism	Belief of child safety Belief of child harm	Structured Interviews

Adult/Partner Participation. As can be seen in the following table, of the 280 total cases in the project, 155 families had a partner who was eligible to participate in the project. 23 partners declined to be interviewed (Runaway = 9, Family Abduction = 2, Non-Family Abduction Recovered Alive = 1, and SIDS = 11) while 132 partners participated (Runaway = 64, Family Abduction = 27, Non-Family Abduction Recovered Alive = 10, Non-Family Abduction Recovered Deceased = 5, Non-Family Infants = 5, Non-Family Abduction Not Recovered = 6, and SIDS = 15). Of those partners who participated, 129 were interviewed at Time Series interview 1. At Time Series interview 2, 2 partners joined the project and 18 partners left the project because they or their family discontinued. At Time Series interview 3, 1 partner joined the project and 11 partners left the project because they or their family discontinued. 80 partners were interviewed at all three Time Series interviews.

Adult/Partner Participation								
	Total	R (1)	F (2)	NF-A (3)	NF-D (4)	NF-I (5)	SIDS (6)	NR (7)
# of Partners Eligible	155	73	29	11	5	5	26	6
# of Partners Eligible	-23	-9	-2	-1			-11	
# of Partners Participating	132	64	27	10	5	5	15	6
	Total	R (1)	F (2)	NF-A (3)	NF-D (4)	NF-I (5)	SIDS (6)	NR (7)
# of Partners at TS1	129	64	24	10	5	5	15	6
Discontinued at TS2	-32	-16	-8	-2	-1	-1		-4
Added at TS2	+2		+2					
# of Partners at TS2	99	48	13	8	4	4	15	2
Discontinued at TS3	-17	-6	-4	-4	-2	-1		
Added at TS3	+1		+1					
# of Partners at TS3	83	42	15	4	2	3	15	2

Child/Sibling Participation. As can be seen in the following table, of the 280 total cases in the project, 110 families had a sibling who was eligible to participate in the project, according to sibling qualification criteria. 23 siblings declined an interview (Runaway = 10, Family Abduction = 5, Non-Family Abduction Recovered Alive = 3, and SIDS = 5) while 87 siblings participated (Runaway = 49, Family Abduction = 15, Non-Family Abduction Recovered Alive = 8, Non-Family Abduction Recovered Deceased = 6, Non-Family Abduction Not Recovered = 5, and SIDS = 4). Of those siblings who participated, 82 were interviewed at Time Series interview 1. At Time Series interview 2, 3 siblings joined the project and 13 siblings left the project because they or their family discontinued. At Time Series interview 3, 1 sibling joined the project and 14 siblings left the project because they or their family discontinued. 55 siblings were interviewed at all three Time Series interviews.

Child/Sibling Participation								
	Total	R (1)	F (2)	NF-A (3)	NF-D (4)	NF-I (5)	SIDS (6)	NR (7)
# of Siblings Eligible	110	59	20	11	6	0	9	5
# of Siblings Declining	-23	10	5	3			5	
# of Siblings Participating	87	49	15	8	6	0	4	5
	Total	R (1)	F (2)	NF-A (3)	NF-D (4)	NF-I (5)	SIDS (6)	NR (7)
# of Siblings at TS1	82	45	15	8	6	0	4	4
Discontinued at TS2	-13	-7	-2	-1	-1		-1	-1
Added at TS2	+4	+3						+1
# of Siblings at TS2	73	41	13	7	5	0	3	4
Discontinued at TS3	-14	-7	-2	-2	-2		-1	
Added at TS3	+1	+1						
# of Siblings at TS3	59	35	11	5	3	0	2	4

Child/Recovered Missing Child Participation. As can be seen in the following table, the total number of cases in the project, and the total number of Missing Children, is 280. The criteria for the missing child's direct participation in the project were that the child be recovered alive and be over the age of eight. 124 missing children met the criteria for participation. (Runaway = 87, Family = 19, Non-Family Recovered Alive = 18). Of these, 83 missing children received one or more interviews (Runaway = 57, Family = 12, Non-Family Recovered Alive = 14).

Child/Recovered Missing Child Participation								
	Total	R (1)	F (2)	NF-A (3)	NF-D (4)	NF-I (5)	SIDS (6)	NR (7)
# of MC Eligible	124	87	19	18				
# of MC Declining	41	30	7	4				
# of MC Participating	83	57	12	14				

Recovery/Non-Recovery of Missing Child-Overview. As can be seen in the following table, the total number of cases in the project is 280. Of these, 158 children were recovered before Time Series interview 1 (Runaway = 60, Family Abduction = 37, Non-Family Abduction Recovered Alive = 15, Non-Family Abduction Recovered Deceased = 8, Non-Family Infant = 7, SIDS = 31). Between Time Series interview 1 and Time Series interview 2, 60 children were recovered (Runaway = 25, Family Abduction = 32, Non-Family Abduction Recovered Alive = 2, and Non-Family Abduction Recovered Deceased = 1). Between Time Series interview 2 and Time Series interview 3, 12 children were recovered (Runaway = 3, Family Abduction = 8, and Non-Family Abduction Recovered Deceased = 1). A total of 50 missing children were not yet recovered at the conclusion of the project follow up, or eight months post disappearance. Of these, 31 families completed all 3 interviews (Runaway = 9, Family Abduction = 18, and Non-Family Abduction = 4). The remaining 19 families did not complete all three interviews, or withdrew from the project, and these families had not recovered their child by the time they discontinued (Runaway = 7, Family Abduction = 9, and Non-Family Abduction = 3).

Recovery/Non-Recovery of Missing Child: Overview								
	Total	R (1)	F (2)	NF-A (3)	NF-D (4)	NF-I (5)	SIDS (6)	NR (7)
Recovered before TS1	158	60	37	15	8	7	31	
Total TS1	280	104	104	17	10	7	31	7
Recovered	158	60	37	15	8	7	31	
Not Recovered	122	44	67	2	2			7
Recovered between TS1 and TS2	60	25	32	2	1			
Total TS2	280	104	104	17	10	7	31	7
Recovered	218	85	69	17	9	7	31	
Not Recovered	62	19	35		1			7
Recovered between TS2 and TS3	12	3	8		1			
Total TS3	280	104	104	17	10	7	31	7
Recovered	230	88	77	17	10	7	31	
Not Recovered	50	16	27					7

Recovery/Non-Recovery of Non-Family Abduction Children. Of the 41 Non-Family Abduction cases who began the project, 73% had been recovered by Time Series interview 1. Of this group, 73% were recovered alive and 27% were recovered deceased. The Recovered Alive group includes all 7 of the Non-Family infants in the project and 15 of the 24 Non-Family post-infant aged children in the project. All Non-Family post-infant aged children who were eventually recovered alive had been recovered by Time Series interview 2. The remaining 7 children in the Non-Family post infant category had not been recovered by Time Series interview 3.

The Recovered Deceased group includes 8 of the 10 Non-Family Abduction cases in which the child was eventually recovered deceased. Of all Non-Family Abduction Recovered Deceased cases, 80% were recovered by Time Series interview 2, and 100% had been recovered by Time Series interview 3. Only 2 Non-Family Abduction cases withdrew from the project, occurring between Time Series interview 1 and Time Series interview 2. One family's withdrawal was cited to low motivation, and the other family returned to their prior residence in Central America.

The Non-Family Abduction case summary includes 7 Non-Family Infant Abduction cases, all of whom were returned home within days, well before Time Series interview 1. It is important to note that these Non-Family Infant aged Abduction cases and most of the Non-Family post-infant aged Abduction cases form a large proportion of the total Non-Family Abduction cases that are recovered early. In that sense, use of a time to recovery statistic for Non-Family Abduction cases as a whole may obscure very real differences among cases involving infant, post-infant, recovered alive, and recovered deceased cases.

Recovery/Non-Recovery of Family Abduction Children. As can be seen in the following table, of the 104 Family Abduction cases who began the project, only 36% had been recovered by Time Series interview 1, 66% had been recovered by Time Series interview 2 and 74% had been recovered by Time Series interview 3. 26% of all Family Abduction cases in that sample had not been recovered by Time Series interview 3. None of the Family Abduction children were recovered deceased.

Recovery/Non-Recovery of Runaway Children. As can be seen in the following table, of the 104 cases of Runaways who began the project, 58% had been recovered by Time Series interview 1. 82% had been recovered by Time Series interview 2, and 85% had been recovered by Time Series interview 3. The two runaways who were recovered deceased were noted at Time Series interview 2. The deaths resulted from one Runaway being killed by an acquaintance and the other Runaway being accidentally locked in a car trunk.

Family Participant Initial Decline to Become Involved. Rates of families declining to participate in the project were low, averaging 17%. Once having entered the study, rate of family drop out was very low (13.2%) across the life of the project.

Family Participant Drop Out by Type of Missing Child Case. Of the 13.2% of families who did drop out, .72% were non-family abduction cases, 6.42% were family abduction cases, 5.0% were runaway cases, and 1.08% were SIDS cases. For the runaway and parental abduction cases, the primary reason for family drop out was project inability to locate families who had moved during the course of the project. The discontinued Family Abduction cases were divided equally between those which could not be located and those who declined to continue. Virtually all of the non-family abduction cases remained in the same residence location and completed the full series of project interviews.

**Family Participant Drop Out By Type of Missing Child Case
(Cases withdrawing from study by type)**

Runaway	TS1		TS1 & TS2		TOTAL	
Unable to Locate	(1) 5.77%	(2) 2.14%	0.00%	0.00%	(3) 5.77%	(4) 2.14%
Declined to Continue	4.81%	1.79%	0.96%	0.36%	5.77%	2.14%
Other	0.00%	0.00%	0.96%	0.36%	0.96%	0.36%
Unknown	0.96%	0.36%	0.00%	0.00%	0.96%	0.36%
TOTAL	11.54%	4.28%	1.92%	0.72%	13.46%	5.00%
Family	TS1		TS1 & TS2		TOTAL	
Unable to Locate	9.62%	3.57%	0.96%	0.36%	10.58%	3.93%
Declined to Continue	1.92%	0.71%	0.96%	0.36%	2.88%	1.07%
Other	1.92%	0.71%	0.00%	0.00%	1.92%	0.71%
Unknown	1.92%	0.71%	0.00%	0.00%	1.92%	0.71%
Total	15.38%	5.70%	1.92%	0.72%	17.30%	5.42%

(1) Runaway cases that could not be located after TS1, shown as a percent of all Runaway cases in the study.

(2) Runaway cases that could not be located after TS1, shown as a percent of all cases in the study of all disappearance types.

(3) Total Runaway cases that did not complete the study because they declined to continue shown as a percent of all Runaway cases in the study.

(4) Total Runaway cases that did not complete the study because they declined to continue, shown as a percent of all cases in the study of all disappearance types.

Family Participant Dropout By Type of Missing Child Case (Cases withdrawing from study by type)					
Non-Family (n=41)	TS1		TS1 & TS2		TOTAL
Unable to Locate	(1) 0.00%	(2) 0.00%	0.00%	0.00%	(3) 0.00% (4) 0.00%
Declined to Continue	2.44%	0.36%	0.00%	0.00%	2.44% 0.36%
Other or Unknown	2.44%	0.36%	0.00%	0.00%	2.44% 0.36%
TOTAL	4.88%	0.72%	0.00%	0.00%	4.88% 0.72%
SIDS (n=31)	TS1		TS1 & TS2		TOTAL
Unable to Locate	3.23%	0.36%	0.00%	0.00%	(3) 3.23% (4) 0.36%
Declined to Continue	0.00%	0.00%	0.00%	0.00%	0.00% 0.00%
Other	3.23%	0.36%	3.23%	0.36%	6.46% 0.72%
TOTAL	6.46%	0.72%	1.92%	0.72%	9.69% 1.08%
(1) Non-Family cases that could not be located after TS1, shown as a percent of all Runaway cases in the study					
(2) Non-Family cases that could not be located after TS1, shown as a percent of all cases in the study of all disappearance types.					
(3) Total Non-Family cases that did not complete the study because they declined to continue shown as a percent of all Runaway cases in the study.					
(4) Total Non-Family cases that did not complete the study because they declined to continue, shown as a percent of all cases in the study of all disappearance types.					

Individual Participant Drop Out within Families of Missing Children by Type. The project design involved interviews from multiple perspectives within the family: (1) a parent figure designated as the Primary Respondent for the Study, (2) an adult live-in Partner, if present, (3) a representative Sibling, and (4) Missing Child, if recovered. Most eligible family members consented to participate in the project. As can be seen in the following table, within types of families of missing children, runaways had the highest rate of interview refusal for Siblings (6%) and for Partners (6%). While families of missing children, rather than missing children per se, was the focus of this project, the project design gathered information about the missing (and recovered, if appropriate) child from several sources within the family and from the missing child, if recovered and over 8 years of age. A significant minority of interview eligible recovered missing children declined to be interviewed (Non-Family Abduction = 22%, Family Abduction = 37%, and Runaway = 34%). Ethical and clinical concerns dictate that participants declining to be interviewed for whatever reason be respected. In most cases, it was the child who did not wish to be interviewed. Most of the recovered children who did decline to be interviewed were living somewhere other than their homes after recovery. 33% of the parents of runaways who lived elsewhere after recovery were either "relieved" or "indifferent" to the Runaway's living elsewhere, and another 27% of these parents "accepted" the situation. Runaway decline to participate, then, may be related to reduced family cohesion and lack of runaway interest in joining ongoing family participation in a research project.

Individual Participant Dropout with Families of Missing Children by Type				
PC Study				
Percentage of Eligible Siblings Who Declined Interview				
Interviewer				
Siblings (n=96)	1	2	3	4
Parental	1.06%	0.00%	2.13%	2.13%
Runaway	1.06%	1.06%	6.38%	2.13%
Non-Family	3.19%	0.00%	0.00%	0.00%
Percentage of Eligible Partners Who Declined Interview				
Interviewer				
Partner (n=129)	1	2	3	4
Parental	0.00%	0.00%	0.74%	0.74%
Runaway	0.74%	0.74%	5.89%	0.00%
Non-Family	0.00%	0.00%	0.74%	0.00%
SIDS Study				
Percentage of Eligible Siblings Who Declined Interview				
Interviewer #5				
SIDS (n=9)	55.56%			
Percentage of Eligible Partners Who Declined Interview				
Interviewer #5				
SIDS (n=26)	42.31%			

Primary Respondent's Reaction to the Missing Child's Non-Return to Home:			
	Runaway (n=45)	Family (n=2)	Non-Family (n=2)
relief	8	1	
protectiveness			
anxiety	12		
depression			
anger	4		1
indifference/lack of reation	7		
acquiescence/active acceptance of the situation	12	1	1
# OF PARENTS RESPONDING	43	2	2

Summary of Family Participants Data. 280 families entered the project. Most families who began the project remained in the project (86.8%). Therefore, the percentage of families who dropped out or who could not be found during the study protocol is extremely low, or 13.2% of the project sample. Missing children were recovered at different times. Most children (73%) of Non-Family Abductions, recovered alive or deceased, had been recovered by Time Series interview 1. Most children (66%) of Family Abductions had been recovered by Time Series interview 2. Most Runaways (58%) had been recovered by Time Series interview 1. For the project, this meant that for most families in the project, there was at least one, and frequently two, post recovery measurement occasions.

Design Detail. With the above considerations in mind, this project used a time series, repeated measure design, with uniform time intervals between assessment interviews.

The literature in general developmental psychology is based upon the application of such designs over a multiple year period, whereas the research literature on trauma in general, has rarely extended beyond one year. The very limited research in child or family trauma is similarly restricted. Research on stressful life events, such as death of a child, spouse, parent, or close relative, shows a progressive decline in both perceived impact and psychological symptoms as time increases from the stressful event. The trauma literature in general has shown a significant change in perceived impact and psychological symptoms within a twelve month period after the event. While long-term follow-up of traumatized populations is essential to our complete understanding, the follow-up period of more limited trauma studies should minimally approach eight to twelve months.

With the population of families of missing children it is noted, for both theoretical and practical purposes, that the trauma event is not discrete. For example, in the non-family abduction category, the subsequent recovery of a deceased child may or may not be ranked by the parents as more traumatizing than the initial disappearance. The design of this project, therefore incorporates an analysis of the relative impact of these various traumas during the missing child event.

Although data is not available with which to estimate refusal and attrition rates in this type of study, initial arbitrary rates were assigned in order to generate a working plan for the project. These rates were: 1) a fifteen percent refusal rate by families initially contacted for participation in the project, 2) a fifteen percent dropout rate for families between the first and second interview, and 3) a ten percent dropout rate for families between the second and third interview. The lower ten percent dropout rate is based upon the assumption that families who have consented to two successive interviews have a higher likelihood of consenting to a third and final interview.

The combination of an eighteen month data collection period, a time series design with repeated measures at one and one-half months, four months, and eight months, the assigned refusal/dropout rates, produces a beginning project total sample size of 400 families.

Project Field Site Requirements. The project proposal solicitation for this project specified that the project would need to access a national sample of families of missing children through field sites at different geographical sites in the United States. Prospective field sites needed to meet the following minimum qualifications: (1) be recognized as an existing governmental or private non-profit agency, (2) be actively involved in the delivery of investigative or social support services to missing children and their families, (3) be actively accepted in the delivery of such services by law enforcement and other community service agencies, (4) be able to demonstrate a past history of missing child case contact sufficient to meet the needs of the proposed project, and (5) be able, by subcontract, to administratively support a full time on-site project interviewer for the period of project data collection. During the project proposal process, sites were solicited meeting these requirements.

Project Field Sites. The project proposal submitted four field sites: (1) Illinois State Enforcement Agencies to Recover Children Unit (I-SEARCH) of the Illinois State Police (with the state of Illinois as the site area), (2) Southern California Adam Walsh Child Resource Center (with Southern California as the site area), (3) Lost Child Network (with states of Kansas and Missouri as the site areas, and (4) Adam Walsh Child Resource Center-Orlando, Florida (with the state of Florida as the site area). These proposed project field sites were reviewed and accepted by OJJDP.

Field Site #1. The Illinois State Enforcement Agencies to Recover Children Unit (I-SEARCH) is a division of the Illinois State Police, based in the state capitol of Springfield, Illinois. The unit was created by legislative act in 1984, with the following goals: (1) to prevent child victimization by molesters, abductors, or exploiters; (2) to investigate criminal acts; and (3) to aid in child recovery and return to the family. The unit serves as a central data collection point for Illinois missing child cases, assists in Illinois state police investigations, and provided grant support funding for local I-SEARCH units within Illinois city and county law enforcement. A regional interstate compact of cooperation on mutual I-SEARCH activities was also signed by the governors of Illinois, Iowa, Indiana, Kentucky, and Missouri.

Field Site #2. The Southern California Adam Walsh Child Resource Center was created in 1984 as a non-profit community agency to provide support, referrals, and information for missing, exploited, abused child victims, their families, and the community. The center resulted from the abduction and subsequent homicide of six year old Adam Walsh in Florida on July 27, 1981. Adam's parents, John and Reve Walsh led a national campaign for new state and federal legislation for missing children and their families, as well as creation of the Child Resource Centers in sections of the United States. In 1991, the Southern California Adam Walsh Child Resource Center became a unit of the National Center for Missing and Exploited Children. The Center maintains close working relationships with area law enforcement and other community agencies.

Field Site #3. The Lost Child Network was created in 1985 by law enforcement officers from the states of Kansas and Missouri as a non-profit community agency to effect successful solutions to child loss and exploitation issues. The agency's police officer members characteristically have the assignment of investigating missing child cases within their respective jurisdictions. The agency provides support and information to families, training to law enforcement and related community agencies in the investigation of missing and exploited child cases, and assists in the production of child safety educational films. The agency had been recognized with membership on the Kansas Attorney General's Task Force on Missing Children.

Field Site #4-proposed. The Adam Walsh Child Resource Center-Orlando, Florida was created in 1983 as a non profit community agency to provide support, referrals, and information for missing, exploited, and abused child victims, their families, and the community. The center resulted from the abduction and subsequent homicide of six year old Adam Walsh in Florida on July 27, 1991. Adam's parents John and Reve Walsh led a national campaign for new state and federal legislation for missing children and their families, as well as creation of the Child Resource Centers in sections of the United States. The Center maintains close working relationships with area law enforcement agencies.

Field Site #4-accepted. With the review and approval of OJJDP, this field site location was altered, due to the funding loss and consequent closure of the Adam Walsh Child Resource Center-Orlando, Florida, on March 15, 1989. Field Sites #1 and #4 were assigned to I-SEARCH with Field Site #1 covering Chicago and northern Illinois, and Field #4 covering the state capitol of Springfield and southern Illinois.

Site Case Flow Assessment. The project then employed a two-step procedure to ensure case flow. In Step 1, the case flow data systems for each site were standardized through a cooperative effort by the project and the sites during year 01. This included an analysis of the geographical position of each missing child case relative to the site. For the purposes of this project, this then resulted in a lead agency definition for cases at each site. Using this lead agency definition of cases and the standardized case flow data system, the project was able to examine twelve months of retrospective data on case flow. Each of the four sites demonstrated a total missing child case flow adequate for this project. The Illinois site was unique in that it consistently exceeded the total missing child case flow required for the project in each category. This was due, of course, to (1) the large population base of the state, and (2) the comprehensive, state wide characteristics of the I-SEARCH system covering this population base. However, as stated in the project proposal, it is important for generalizability of project results that subjects be drawn from geographically distributed sites. Each

of the remaining three sites evaluated during year 01 of the project demonstrated the required case flow in the family abduction, and runaway categories. Past case flow in the non-family abduction category was less consistent from month to month by project field site, and frequently did not meet the required minimum on a monthly basis. To insure that the project case flow requirements for non-family abduction were met, the Illinois site was planned as a back-up resource for additional cases. It was also possible that conditions at project sites might change, resulting in an inadequate total case flow during the period of data collection. If this had occurred, project resources would have been: (1) consolidated to a site with more than 2x the required case flow, or (2) directed toward a new field site. The evaluation of these options was made in coordination with OJJDP. Similarly, a site may develop an inadequate case flow in only one missing child category. Project resources would then be proportionally reduced to that site and proportionately increased to a site with a higher than minimally required case flow in the required missing child category.

Project Field Site Participant Contact Procedures. Following the disappearance of a child within a state area, the case is entered into local and/or state/national law enforcement data bases. For governmental agencies such as Field Sites #1 and #4, primary notification of a missing child case was received through local and/or state law enforcement data bases, while secondary notification of such cases came from families themselves or by third party inquiry. For non-profit agencies such as Sites #2 and #3, primary notification of a missing child case was received through families themselves or by third party inquiry or referral, while secondary notification of such cases was received from negotiated access to cases received through local, and/or state law enforcement data bases. The project design called for monitoring of case characteristics to determine if governmental agency sites differed from non profit agency sites in missing child cases referred.

Families who had just lost a child were randomly selected for invitation to participate in the project as their case was received by the field site. Family cases were accepted into the project from the beginning of each month until the interviewer's monthly quota of cases in those categories was full. Family abduction and runaway case interviewer monthly quotas tended to fill quickly. Functionally, this resulted in an invitation to participate in the project to every non-family abduction case received by field sites.

Confidentiality Issues. All family case contact procedures were in accordance with the Privacy Act (28 C.F.R.22.24). Families were notified at the first contact, that their participation would be completely voluntary, and if at any time they wished to withdraw consent and discontinue participation, they could do so. They were informed also that they should feel free to decline discussing any area they preferred to keep private. Additionally, project field interviewers were instructed to end the study prematurely or to schedule another session if the participant seemed distressed or fatigued. Other potential risks of the research included violations of confidentiality because the questionnaire, interview, and interfacional task materials deal with sensitive and personal information. Accordingly, at the start of the study, all participants were assigned a subject identification number. All research materials were coded only with that identification number. The materials that were used by research assistants, coders, data analysts, and the like do not contain any information regarding the identity of the participants. A secure storage was maintained by the project which matches names and identification numbers. Finally, identities were disguised in written reports so both participants and others would not be able to identify specific individuals. A list of referral sources were available (psychotherapists, and social support groups) in case any participant appeared to be particularly distressed and in need of such services, or if a participant asked for a referral.

Assessment Package

The project assessment package design recognized four important measurement considerations: (1) micro and macro variable issues, (2) time related issues, (3) multiple perspective issues, and (4) family sensitivity issues.

Micro and Macro Variable Issues. First, child disappearance and the subsequent psychological consequences to the child's family involves an interaction of their own behaviors, thoughts, and emotions and the reaction of the larger community/government system to their concern over child loss. Family members' behaviors, thoughts, and emotions as they attempt to cope with child loss constitute micro level variables. Sociological conditions, economic conditions, and community/governmental response which can have substantial impact upon family members' attempts to cope with child loss constitute macro level variables. Both types of variables need to be measured. Over time, general quantitative paper and pencil response measures have been developed and have achieved substantial acceptance to measure micro level variables of individual behavior, thought, and emotion. While such measures have the advantage of having been normed against other populations, they do not document the unique aspects of the experience of families of missing children. This requires construction of additional items to insure full measurement of micro variables. General quantitative paper and pencil measures have much less acceptance to measure macro level variables of sociological conditions, economic conditions, and community/governmental response. This absence of accepted quantitative measures, combined with limited documentation of any part of the experience of families of missing children, requires the construction of items to measure these macro variables. In such circumstances, an assessment package that utilizes both normed quantitative measurement instruments and specifically constructed item lists to measure project area unique events is desirable.

Time Related Issues. Second, both anecdotal accounts and current limited research studies show the experience of families of missing children may vary depending upon time related variables, such as time to recovery, internal resource adequacy across time, external resource adequacy across time, presence/absence of psychological symptoms across time, and optimism/pessimism over possible child recovery across time. In such circumstances, a repeated measures time series project design is desirable.

Multiple Perspective Issues. Third, both anecdotal accounts and current limited research studies show the experience of the missing child event may vary from one family member to another. Prior family psychology research indicates that discrepancies exist among family members in the areas of behaviors, thoughts, and feelings in response to a common family event. Further, substantial discrepancies in these areas among family members are correlated with family distress and dysfunction. In such circumstances, a multiple family member perspective project design is desirable.

Family Sensitivity Issues. Fourth, both anecdotal accounts and current limited research studies show the experience of family loss of a child due to disappearance is a demanding, distressing event for which the family is both emotionally and practically unprepared. Given the complexity of the family's reactions to the missing child event, project measurement would need to be comprehensive. With such comprehensive measurement requirements and the need to be aware/responsive to ongoing family sensitivities to child disappearance, an in-person, in-home interview project design is desirable.

Assessment Package Context. With the above considerations in mind, the project incorporated a repeated measures, time series, multiple perspective design utilizing normed quantitative and project specific measurement instrumentation administered in person in the family home. Within this design, the project assessment package was composed.

Structured Interview. The project assessment package divided into two major sections: (1) the Structured Interview (SI) and (2) the Quantitative Instruments (QI). The SI was designed and revised over a one year development period. Items were constructed initially. Next, multiple choice stem options were constructed for each item. This was accomplished with the assistance of a multi-disciplinary group experienced with psychological measurement, child/family behavior in general, and missing child issues in particular. This group included psychologists, law enforcement officers, attorneys, missing child assistance organizations, and National Center for Missing and Exploited Children staff.

Pilot Research. An abbreviated form of the SI was pilot tested in an earlier project (Barton, Hatcher, Brooks, 1990). Seventy-two parents who had been reunified with missing children in 1987 were interviewed by telephone.

The results of this pilot testing led to refinements in the SI, as well as yielding much information about the participation rates and motivation of families of missing children for interview studies:

1. Over 92% of families asked to participate in the telephone interview study agreed to do so. These families stated that it was rare for them to have anyone listen to their entire stories about the missing child experience, and that the interview was a most positive one.
2. Family members frequently wished to exceed the allotted interview period to continue to talk about their experience. From this study, it was seen that families of missing children are willing and motivated to participate in lengthy interviews.
3. Based on response patterns in the Reunification of Missing Children Study, interview content was modified for the SI:
 - a. Family members' effective reactions to the interview protocol were wider than anticipated, and additional item response options were included in the SI.
 - b. Families in the Reunification study did not report much contact or support from mental health or other social service professionals. As a result, additional items were included about less formal, lay sources of support, and the range of satisfaction scores was increased.
 - c. On the Reunification of Missing Children Study, families reunified with missing children in 1987 were interviewed in 1989. Over this two year interval, many trauma related symptoms and the need for therapy were often not perceived for many weeks or months after the child disappearance or reunification events.
4. The findings of others (Gelles, 1984; Finkelhor, Hotaling, & Sedlak, 1990) also indicated that family members will not be as candid as might be expected about incidences of familial physical or sexual abuse. Accordingly, more questions were included about these issues in the SI.

In accordance with the project repeated measures time series design feature, the SI is subdivided into four sections (1) Time Series 1 SI which is administered within 45 days of child disappearance, (2) Time Series 2 SI which is administered at 4 months post child disappearance, (3) Time Series 3 SI which is administered at 8 months post child disappearance, and (4) Reunification SI which is administered at the point of child recovery, if recovery occurs.

In accordance with the project within-family multi-perspective design feature, the specified portions of the SI are completed by the following members of the family impacted by the missing child event: (1) both parents, (2) one sibling, and (3) missing child, if recovered. Both parents or parent figures living in the home at the time of child disappearance completed specified portions of the SI. Both parents completed SI items relating to pre child disappearance history, and post child disappearance distress and coping. For missing child characteristics and disappearance circumstances, parents self-nominated one parent, subsequently designated as the family's Primary Respondent for the project. In single parent households, only one parent participated and this parent was designated as the Primary Respondent for the project. Due to funding and logistical issues, one sibling was interviewed to complete a specified portion of the SI. The designated sibling interviewed was the oldest remaining child in the household over the age of eight and under the age of eighteen.

The missing child, if recovered, over the age of eight, and willing to participate, was interviewed to complete a specified portion of the SI.

From a chronological perspective, SI items cover the areas of:

- Family of origin for parents of missing child
- Demographics of current family with missing child
- Pre child disappearance conditions in the family
- Circumstances of child disappearance
- Perception of child disappearance
- Missing child search
- Non missing child, concurrent family stress
- Family coping with child disappearance
- Family coping with non missing child, concurrent family stress
- Missing child recovery, if applicable
- Recovered child reunification with family, if applicable
- Resource and assistance evaluation

Quantitative Measurement Instruments

The second section of the assessment package is composed of six established psychometric instruments. These were selected because they represent empirically validated measures of domains central to the study of trauma response: (1) clinical symptoms of adults (SCL-90 of Derogatis et.al.), (2) an inventory of adult reaction to trauma (Frederick Trauma Reaction Index Form A), (3) an inventory of child reaction to trauma (Frederick Trauma Reaction Index Form C), (4) clinical symptoms of children (CBCL of Achenbach), (5) an inventory of family stressors (FILE), and (6) an inventory of family coping resources (F-COPES).

There were five bases for selection of tests.

First, the instrument should contain content relevant to the ABCX model. The content of each item in the final pool of instruments was analyzed to show points of overlap and distinctiveness between each test, and to identify how many instruments would be necessary to representatively sample the domains for measurement.

Second, the instrument should have respectable reliability and validity. When content items between tests were roughly equivalent, choices were made based on which test had the most desirable psychometric properties.

Third, some instruments were selected because they had adult and child parallel forms, and/or because they were adult reports of child behavior. The reality of children being missing as well as clinical sensitivity to the needs of traumatized children led us to emphasize instruments in which parents could report about children.

Fourth, given that they met other criteria, comparable tests were selected for brevity. It was crucial that the battery of instruments reflect a sensitivity to the time demands being placed on subjects in the study.

Fifth, measurement overlap is present in these measures. It is also the case that there is frequently overlap in the measures. This overlap is useful for three reasons: (1) to evaluate the consistency of measurement in the study, and (2) to evaluate the family's consistency of self-report. Further, from a practical standpoint, the removal of the overlap in many of the measures would compromise their empirical validity.

Adult Distress: Symptom Checklist-90-Revised. The Symptom Checklist-90-Revised (SCL-90-R) is a 90 item self-report inventory, designed to reflect psychological symptom patterns. Each item of the checklist is rated by the respondent on a five point scale, ranging from "not at all" to "extremely." The results are interpreted on nine different symptom dimensions: somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. There are also indices of distress: global severity, positive symptom distress, and positive symptom total.

Five of the clinical scales (Somatization, Obsessive Compulsive, Interpersonal Sensitivity, Depression, and Anxiety) were empirically derived via factor analytic studies (Derogatis, Lipman, Covi, Rickels, & Uhlenhuth, 1970; Derogatis, Lipman, Covi, & Rickels, 1971). The remaining four scales (Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism) were determined through a rational-clinical method (Derogatis, Lipman, & Covi, 1973), but have received support for their concurrent validity (Boleloucky & Horvath, 1974; Derogatis, Rickels, & Rock, 1976).

The SCL-90-R, its predecessors, and its variants, have been employed across the broad spectrum of psychiatric disorder. Reports in the literature attest to the SCL-90's use with psychiatric inpatients (Dinning & Evans, 1977; Wegner, Rabiner, & Kane, 1985), and outpatients (Clark & Friedman, 1983a, 1983b; Hoffman & Overall, 1978; Horowitz, Marmar, Weiss, Kaltreider, & Wilner, 1986), chronic pain patients (Duckro, Margolis, & Tait, 1985; Shutty, DeGood, & Schwartz, 1986), individuals with panic disorder and social phobia (Munjack, Brown, & McDowell, 1987; Norton,

Harrison, Hauch, & Rhodes, 1985), traumatized war veterans (Blake, Keane, Wine, Mora, Taylor, & Lyons, 1990; Green, Lindy, & Grace, 1988; Solomon, Oppenheimer, Elizur, & Waysman, 1988; Woolfolk & Grady, 1987), female crime victims (Saunders, Mandoki, & Kilpatrick, 1991), and survivors of disaster (Baum, Fleming, & Singer, 1983; Baum, Gatchel, & Schaeffer, 1982; Bromet, Schulbert, & Dunn, 1982; Davidson, Fleming, & Baum, 1987; Collins, Baum, & Singer, 1983; Dew, Bromet, Schulbert, Dunn, & Parkinson, 1987).

The reliability and validity of the SCL-90-R are well established. Studies of the stressful outcomes in bereaved families argue that this measure should be sensitive to other trauma reactions (Horowitz et al., 1980; 1981).

This instrument will thereby sample the X dimension of the ABCX model, or identify the extent to which the experience of missing children contributes to adult family member psychological symptoms.

The SCL-90-R has well established norms. Scores assume more meaning when they can be reliably compared to an external standard, rather than just to other scores within the research itself.

The test can be computer scored, and the program generates a profile compared to norms so that standardized scores can be used in data analyses.

Adult and Child Distress: The Frederick Trauma Reaction Index. The Frederick Trauma Reaction Index for Adults and Children were designed to ask questions about specific symptoms and post-trauma reactions.

Comparing the post-trauma reaction scores of families of missing children with measures of pre-disappearance family life history and adjustment will assist in understanding the relationships present among these variables. In terms of the ABCX model, the metaphor would be that A directly causes the experience of X, and the mediation of B or C is irrelevant. Conversely, for the majority of people who experience stress related symptoms, the experience of symptoms, X, is related to a much more complex interplay of A, B, and C.

The Frederick Trauma Reaction Index for Adults consists of 28 self-report items for the adult, and the Frederick Trauma Reaction Index for Children is a 20 item parental report of the behavior of the child. They are quickly administered and scored.

Both instruments have construct and convergent validity, and split-half reliabilities are good as well (Frederick, 1989; Pynoos, et al. 1987).

Child Behavior: Achenbach Child Behavioral Checklist. Corresponding to the SCL-90-R for adults, Achenbach's Child Behavioral Checklist (CBCL) is a reflection of the X factor, or result of stress in the ABCX model, for child victims. "The CBCL measures have been painstakingly crafted; they represent the state of the art in the evaluation of child psychopathology" (Hinshaw, 1989, p.1).

Parents fill out a checklist of behavior on the target child. There are 113 problem items, as well as items related to social competence in activities, social relations, and school.

There are well-established norms for both sexes, in several age ranges. Of particular conceptual appeal is the scaling of Internalizing versus Externalizing tendencies in children, since anecdotal clinical evidence and research suggest that children experiencing trauma should "internalize" the experience, and withdraw (Frederick, 1986). Meaningful clinical profiles are produced. The test is very well normed, since the instrument has been so widely studied. The reliabilities range from .8 to .9, which are quite high. The test can be computer scored and produce a normed and standardized profile.

Family Stressors: Family Inventory of Life Events and Changes. McCubbin has developed the Family Inventory of Life Events and Changes (FILE) to measure the accumulation of stressors in the life of a family, or the Aa factor in the ABCX model.

The FILE does have separate dimensions which have face-valid content, and certainly measures of family life of theoretical and clinical relevance for this study. Included in these dimensions are intrafamily strains, marital strains, finances, parenting strains, and other reflections of family life which should influence a family's ability to cope effectively with stress.

The FILE was selected for this research because it has targeted and theoretically based content, though its psychometric properties can only be considered promising. While the internal consistency and test-retest reliabilities are respectable, its validity has yet to be established, as limited data is available on the comparison groups on which the test was normed (Hinshaw & Zupan, 1989).

Family Coping: Family Crisis Oriented Personal Evaluation Scales. Also derived from research by McCubbin, the Family Crisis Oriented Personal Evaluation Scales (F-COPES) is a thirty item inventory of a family's internal and external coping resources, or B in the ABCX model.

The content of the scale is targeted toward content derived from theory and research supporting the ABCX model. In addition, the items in the questionnaire are derived from a series of research studies examining effective and ineffective family coping (McCubbin et.al.,1983).

The internal vs. external coping resources emerge clearly in factor analyses of the questionnaire, though the number of other dimensions within the questionnaire is less clear. For this study, the two factor level of analysis is acceptable precision. Internal consistency and split-half reliabilities are good. Norms are available.

The following narrative reflects the project areas of measurement utilizing the project model for organizing and understanding the experience of the family who has lost a child by disappearance. This listing assists in understanding the classification of SI and QI items by the relevant factors in the ABCX conceptual model of family trauma response.

Aa: Measurement of Stressors. The ABCX model first directs attention to the central stressor being studied, or Factor A. The SI includes questions about the child disappearance event, such as:

- Circumstances of abduction
- Length of time missing
- Distance traveled from home
- Physical or sexual abuse

Factor a refers to stressors accumulating in the experience of the families which will contribute to the families' experience of symptoms (X), and which will also dictate the need for coping resources (Bb) and help form the family members' perceptions of their plight (Cc). The SI includes questions about stressors unrelated to the child disappearance, such as:

- Allocation of time
- Work or vocations
- Positive/negative economic change
- Family composition change
- Physical or mental health change

The Factor a is also sampled in two of the quantitative measures, the FILE and the Frederick Trauma Reaction Index scales:

QI: FILE:

- Intra-familial conflict in marriage or parenting
- Pregnancy or child-rearing changes
- Changes in family finances or business
- Work transitions
- Family moves
- Illnesses and changes in allocation of family caretaking
- Legal difficulties
- Transitions in or out of the family

QI: Frederick Trauma Reaction Index:

- Changes in emotional states
- Changes in attachments to people
- Anticipation of future stress

Bb: Measurements of Family Coping Resources. The ABCX factor Bb refers to the coping resources that families can bring to bear on the crisis situation. There are several reflections of coping resources.

To examine the relationship between SES and trauma response, the SI includes questions on:

SI:

- SES measures
- Occupation's sophistication
- Level of responsibility within occupation
- Education
- Income

To examine the relationship between coping style and trauma response, the SI includes questions on:

SI:

- Approach-Avoidant Coping Style
- Approach actions taken to find child

Approach actions taken to support family members
Avoidant actions since child missing
Inventories of coping strategies (coded as approach/avoid)

The F-COPES is a quantitative instrument that is specifically devised to describe family coping styles in response to stress, and is divided into resources "Internal" to the family and resources "External" to the family.

QI: F-COPES:

Internal resources
Problem-solving routines
Reframing of problems
Appraisal of need for action/evaluation

QI: F-COPES: Extrafamilial resources

Church/spiritual support
Extended family
Friends
Neighbors
Community resources

To examine the relationship between coping resources and trauma response, the SI includes questions on:

SI:

Coping resources specific to families of missing children
Police assistance
Missing child center support in search
Friends'/other parents' assistance in search

Cc: Perception of the Stressor. The perception (C) of the disappearance event is relevant not only for an understanding of the family's post-trauma response reaction. To examine the relationship between perception of current coping and trauma response, the SI includes questions on:

SI:

Cognitive appraisals of the abduction
Beliefs regarding the disappearance
Beliefs regarding the well-being of the missing child
Beliefs regarding the capability of the missing child to cope

QI: Frederick Trauma Reaction Index:

Presence/Intrusiveness of abduction thoughts
Imagery about abduction
Dreams about abduction
Personalized beliefs about abduction

However, the greater importance of perception may lie in how family members perceived their past coping effectiveness. To examine the relationship between past perceptions of coping effectiveness and trauma response, the assessment package includes items on:

SI:

- General cognitive styles
- Perceived responsibility for abduction
- Beliefs in predictability/control of events
- Beliefs that self/others developing problems in response to abduction
- Beliefs that coping actions are effective
- Appraisals of effectiveness of police/agency action

QI: FILE:

- Perceptions of problems in family
- Perceived conflict in parental issues
- Perceptions of loss of family resources
- Perceived "negativity" of changes in family life

QI: F-COPES:

- Perceptions of family coping resources
- Confidence in family problem-solving
- Positive reframing of family crisis

Xx: Family Members' Responses to the Crisis Event. The primary question in this project is to evaluate the psychological consequences of families as the result of child disappearance.

To examine the relationship between child disappearance and psychological symptoms in the family, the assessment package includes items on:

SI:

- Emotional/behavioral changes
- Emotional/behavioral changes in self
- Emotional/behavioral changes in spouse
- Emotional/behavioral changes in sibs of missing child

QI: SCL-90:

- General adult psychiatric symptoms
- Anxiety
- Depression
- Somatisizing
- Inappropriate interpersonal sensitivities

QI: Frederick Trauma Reaction Index RI:

- Adult trauma symptoms
- Disturbed imagery

Step Two - Scale Validation. Project quantitative instruments (QI) with pre-existing scales and norms were scored according to published procedures. Next, within each such project measure, scale construct validity was assessed to determine the item-total correlation. In this manner each item is assessed for its association to the construct intended to be measured. The internal consistency of each QI scale was calculated between scale administrations to participants. Discriminant validity was assessed through comparisons among missing child types and the SIDS comparison sample. Scale stability was assessed by calculation reliability across the project's three consecutive scale administrations (forty five days, four months and eight months post child disappearance). Each scale was then factor analyzed to empirically identify items or item clusters accounting for significant scale score variance. In appropriate cases, a second item section procedure was employed where such scale items were subjected to item section criteria used by Saunders et al. (1991).

Step Three - Sample Analysis. Analysis of co-variance (ANCOVA) was calculated to identify significant differences among missing child case types. As appropriate, chi square non parametric or analysis of variance statistical tests of significance were then employed to test project hypotheses. Covariates selected were exact or approximate indicators of the Primary Respondents age, race, and gender. One-way multivariate analysis of variance was calculated as appropriate, such as when comparing high and low distressed participants repeated measures multivariate analysis of covariance (MANCOVA) was calculated on scale scores over time, for example, in assisting coping patterns over the project's three successive scale administrations.

Step Four- Conceptual Model Hypotheses. Variables were coded into categories set out by the ABCX conceptual model of the project. For Example, variables may be coded as stressors (Factor A), coping resources (Factor B), perception (Factor C), or psychological/physical outcome (Factor X). In addition to providing a template for the organization of information in the project, the ABCX conceptual model generates hypotheses about potential relationships among the variables measured, organizes the substantial amount of information collected from participants in this project, and then guides response frequencies for structured interviews (SI) items which were prepared and reported descriptively and grouped by ABCX model categories.

Progressive waves of data analyses produced three major reorganizations of the format of the project final report. In the first reorganization, the recommendations of the Families of Missing Children Project Advisory Board were implemented to divide project results into four categories: (1) non-family abduction, (2) family abduction, (3) runaway, and (4) sudden infant death syndrome cases (the project comparative group). In the second reorganization, data analysis results indicated that the missing child category of non-family abduction actually contained subcategories of significance. In other words, if consumer audiences for this report only have access to data results for the non-family abduction group as a whole, significant results are obscured. The two subcategories that emerged at this point were: non-family abduction child recovered alive, and non-family abduction child recovered deceased. As a result, the second reorganization for the report format divided project results into five categories: (1) non-family abduction child recovered alive, (2) non-family abduction child recovered deceased, (3) family abduction, (4) runaway, and (5) sudden infant death syndrome. Stimulated by this finding of subcategory importance within non-family abductions, additional exploratory analyses were conducted which resulted in non-family abduction infant being identified as a significant subcategory. As a result, the third reorganization for the report format divided project results into six categories: (1) non-family abduction child recovered alive, (2) non-family abduction

child recovered deceased, (3) non-family abduction infant victim, (4) family abduction, (5) runaway, and (6) sudden infant death syndrome. While each of these progressive waves of data analyses and associated final project report format reorganizations were computer and staff personnel resource extensive, a more complete and meaningful picture emerged of the experience of non-family abductions.

In Step four, data analysis results of project hypotheses were clustered for presentation into a meaningful pattern as indicated by the project ABCX conceptual model.

Project Implementation

Overview. This project was engaged in the study of psychological consequences to families of missing children through a prospective study beginning within 45 days from the date of the child's disappearance and continuing with periodic time series measurement for a total follow-up period of 8 months. Family contact was accomplished through four field sites (Adam Walsh Child Resource Center in Orange, California; Lost Child Network in Leawood, Kansas; I-SEARCH in Chicago, Illinois; and I-SEARCH in Springfield, Illinois). Through a full-time family interviewer located at each site, full time data collection was initiated on June 23, 1989, and was concluded on March 1, 1991.

Assessment Package Development. Prior to the initiation of data collection, an extensive series of revisions took place of the interview protocol and quantitative instruments. This was necessary to insure that the total assessment package adequately sampled the variables of the Project's Conceptual Model while maintaining a total assessment length that would be manageable by individual families. Significant input to this revision process was obtained during the assessment activities of the Reunification of Missing Children Project. The experience of completing interviews with seventy reunified families in the reunification of missing children project revealed item clarifications and item ordering that were incorporated in the Families of Missing Children Structured Interview (SI). In a similar way, minor pilot-testing indicated that the Frederick Trauma Index (Forms A and C) would benefit from item rewording for clarity.

To provide the most efficient procedure for on-site data recording, site to UCSF data transmission, data entry, and data analysis, the project implemented the translation of all assessment package items into Scantron automatic scoring format. This procedure optically reads the data sheets and enters the data into SPSSx data analysis software. This significantly reduces (1) the amount of operator time required for data entry, and (2) data entry error.

With regard to data tracking, a separate data summary sheet was maintained for each project family. On a biweekly basis, interviewers completed updated family case sheets and forwarded them to UCSF. This procedure allowed for the monitoring of each family case as it proceeded through the project research design. UCSF staff then summarized this data into a data display which documents each family case entered into the project referenced by: (a) case number, (b) type of disappearance, (c) interviewer, (d) last interview administered, (e) missing/recovered status, (f) number of days child was missing, and (g) administration/ non-administration of reunification interview. By the conclusion of the project, each remaining family case had completed three time series interviews (Time

Changes in sleeping
Disturbances of emotion/behavior
Chronology of symptom onset

QI: Achenbach CBCL:

General child/adolescent psychiatric symptoms
Withdrawn
Depressed
Somatic complaints
Hyperactive
Delinquent
Anxious

QI: Frederick Trauma Reaction Index RI:

Child trauma symptoms
Intrusive thoughts
Withdrawal
Avoidance patterns
Regressive symptoms
Chronology of symptom onset

One additional portion of the structured interview (SI) is intended to enhance our understanding of the origins of family response. It is important to understand to what extent the contemporary family's experience may be driven by the trauma of a missing child, versus to what extent the contemporary family's experience is the product of an earlier generation's psychological and life event history.

There are theoretical arguments for the potential passage from generation to generation of virtually every domain represented in this project. For this reason, a smaller set of ABCX dimensions has been compartmentalized into a Family of Origin component of the SI. As these items are completed by the adult members of the contemporary family, they are retrospective memories.

To examine the relationship between family of origin and trauma response, the assessment package includes items on:

Family of Origin Structured Interview: Aa
SES
Family moves
Stability of family configuration
Family of Origin Structured Interview: Bb
Significant extrafamilial supports
Family decision-making
Quality of family relationships
Family coping styles
Family of Origin Structured Interview: Cc
Belief in predictability/control
Self-esteem

Perceptions of family members' personalities
Family of Origin Structured Interview: Xx
Values
Psychiatric history
Physical health history

Taken together, these measures are intended to represent the important components of families who have lost a child by disappearance and the importance of a model to organize such complex and detailed information. The above outline reflects how the abstract areas of the ABCX conceptual model have been translated into specific measurement questions.

Data Entry, Management, and Analysis

Data Flow Management. Initial quality control checks of the completed participant assessment packages (structured interview SI and quantitated instruments QI) were performed by the project staff interviewers in the field. The completed and field checked data forms were then transmitted to UCSF. These data forms were then assigned identification numbers. Only senior project staff had access to lists that match family names and identification numbers, and these confidential lists were secured in locked storage. Such data are retained for a three year period as required by DOJ.

Data Entry Management. Entry of data into computer files was accomplished at UCSF. Separate files were created for each measure and for each measurement interval (45 days, four months, and eight months after child disappearance). Data Entry was by optical scan with direct entry of data into SPSSx format. Each participant's unique identification number was attached to each measure, allowing for the merging of files for subsequent analysis. File merging, checking for missing values, cutwires, and the shapes of distributions were accomplished by SPSS Data Entry and SPSSx Data Analysis Programs on DEC MicroVAX with automatic tape backup.

Data Descriptive and Analytic Process. There were four steps employed in the data descriptive and analytic process: (1) data management, (2) scale validation, (3) sample analysis, and (4) conceptual model testing.

Step One - Data Management. After data entry, checking, and cleaning was accomplished, items were checked by descriptive statistical procedures. Data were then examined for out-of-range values, missing values and accuracy prior to subsequent analysis. A parallel data system was established, which utilized DBASE III+ to track hard copies of data forms and to monitor project staff interviewer and participant family progress in the project. Hard copies of the data forms completed by project staff interviewers were logged and filed. Progress of the data forms from optical scan into SPSSx data files to final preparation for statistical analysis was also monitored by this data system. Throughout the course of project, family participant entry goals and project staff interviewer activities were recorded and monitored as well. In all cases, the integrity of main frame data counts were cross checked against the corresponding counts provided by the parallel data base management system. This enabled cross-referenced summary reports or statistics from the main frame data base to be compared against the information from a separately maintained project source.

Series 1 within 45 days of disappearance, Time Series 2 at 4 months post-disappearance, and Time Series 3 at 8 months post-disappearance). In addition, if the missing child has been recovered, a fourth interview (Reunification Interview) was completed.

Following a completion of the assessment package and project design during the second quarter of 1989, formal approval was requested and obtained for the study by the UCSF Human Subjects Protection Committee.

Field Site Detail. Each site, as mandated in the original grant proposal, is different in its contact and access to families of missing children. I-SEARCH, as a division of the Illinois State Police, has direct access to these families as it is mandated by law as the state-wide recording and investigative agency. The Adam Walsh Child Resource Center in Orange, California is a private, non-profit, voluntary agency whose access to these families is determined by law enforcement referral or by direct family request for assistance. The Lost Child Network in Kansas/Missouri is a private, non-profit, voluntary agency whose access to these families is determined by law enforcement referral or by direct family request. However, as the Lost Child Network is composed entirely of law enforcement officers in Kansas/Missouri, it has a higher degree of visibility for referral from law enforcement than the average non-profit agency with non-law enforcement membership.

Project Staff Interviewer Selection. With regard to the performance of field research personnel, project staff devoted substantial effort during April-June, 1989 to the recruiting and selection process. The goal was to identify field research interviewers who would be able to establish positive working relationships with existing field site personnel, establish positive referral relationships with relevant law enforcement personnel, establish interview relationships with multiple family members under considerable stress, exert considerable attention to detail in data collection, and conduct these tasks with self-organization and initiative. Each interviewer selected, came from an educational background in psychology or social work (Bachelor degree minimum), with past employment in family/child services or research.

Project Staff Interviewer Training. Prior to the initiation of data collection, an intensive training session was conducted for all interviewers at UCSF. This training session included: (1) known data on the incidence of missing children, (2) history of the missing child movement, (3) legislative and governmental response to the missing child issue, (4) sample case studies in each of the major categories of missing children, (5) available research studies with missing children, (6) available research studies with children and families exposed to other types of trauma, (7) dynamics of family adjustment following child disappearance, (8) dynamics of child behavior during disappearance, (9) a telephone interview with two parentally abducted children, (10) an in-person interview with two parents of a parentally abducted child, (11) guidelines for contacting prospective family participants in the study, (12) guidelines for contacting the investigating law enforcement officer for each case in the study, (13) study/practice with the questionnaires, and (14) study/practice with the quantitative instruments.

Supervision and communication protocols were established for both the field site agency heads and for the UCSF principal investigator. The UCSF principal investigator established weekly telephone conference calls with each interviewer, frequent written communications on measurement instrumentation and interview recording protocols.

Following research interview and administrative training sessions at UCSF, each interviewer received additional training in family contact and administrative procedures unique to their own field site. Each interviewer completed their employment agreement as an independent contractor with their own field site, specifying required work product, compensation, compensation disbursement procedures, travel expense, and travel disbursement procedures. Each interviewer received a desk/work area, phone access, message answering service, site work report forms, and site expense report forms. All of these activities were coordinated by the field site administrator in conjunction with the project principle investigator.

Each interviewer was then equipped with the project's Time Series I Interview (the first of three successive interviews administered across an eight-month period following the child's disappearance from the family), all quantitative instruments to be used with each time series interview, and the administrative support resources necessary to begin interviews. Data collection was then initiated at each field site.

Project Comparison Group. The project comparison group study of families who have lost a child through Sudden Infant Death Syndrome (SIDS) was conducted in Southern California with an on-site project interviewer assigned exclusively to this task. This part of the project proceeded with a concentration on six activities: a) adaptation of the interview protocol of the main study to fit the comparison sample, b) completion of the approval process for the adapted protocol and c) the development of referral relationships with relevant government agencies of the southern California counties of Los Angeles, Orange, Ventura, Riverside, and San Diego counties. d) education about the study to all SIDS peer family support groups, e) pilot-testing of the adapted interview protocol, and f) data collection.

Case Misclassification Monitoring. With regard to case flow, the project began with a series of written communications and on-site visits to the four field site agency locations. As each site directed attention to their respective data bases, substantial misclassifications were detected among the missing child categories of stranger abduction, family abduction, and runaway. Each agency then directed renewed attention to classification definitions and to the classification process. As the project has proceeded, interviewers and UCSF staff have continued to note substantial misclassification errors among the missing child categories. These misclassifications appear to occur as a result of operator error or operator misunderstanding of data entry protocols at the local law enforcement agency level. Throughout the project, this misclassification issue continued to require project interviewers to re-check database entry printouts with the investigating officer, and in selected jurisdictions, enter the hard copy data files directly to search for misclassified cases.

Follow-up Interviewer Training Sessions. In-person continuing education and administrative meetings were held between field research interviewers and UCSF staff, on a periodic basis throughout the data collection period. The first such meeting was held on October 29-November 4, 1989. The second meeting was held on May 30-June 1, 1990. The meeting was chaired by the primary investigator and all four field research interviewers were present. Three agenda topics were reviewed and acted upon during these meetings.

First, all interviewers received a detailed audio-visual presentation by the principal investigator on the just-released results of NISMART. Taken as a group, the four research interviewers in this project

are probably the individuals with the most personal, detailed contact with U.S. families of missing children. For this reason, there was great interest on their part in understanding the NISMART results and in comparing these results with their own experience.

Second, each research interviewer presented, in detail, a case which had particularly touched or moved them emotionally. This agenda item was significant, as each interviewer functioned in a largely independent manner, in the field documenting cases of significant family victimization each week. As they are performing this documentation for research purposes, they do not have intervention options or resources which a community service agency provider might be able to give to the victim family, thereby achieving some sense of their own ability to contribute to family stress reduction. This then requires that each research interviewer maintain a focus on the long term increase in assistance to victimized families which is typically generated by major public policy research. While maintaining such a focus is cognitively achievable, it can be emotionally difficult when one is confronted in-person week after week with cases of severe family victimization. For this reason, the primary investigator and UCSF project staff invested a substantial amount of time in phone contact with the research interviewers supplemented by the periodic in person meetings. Detailed case review, therefore, not only provides the UCSF project staff with additional individual case substance and form to the statistical data, but it serves as well to enhance peer interviewer emotional support and to maintain the focus upon the long-term beneficial outcome of such research. It is notable that while the research interviewers' case descriptions predictably included cases in which government systems were not adequately responsive, it also included cases in which victim families themselves did not, or were not able, to effectively utilize government agency resources.

Third, a substantial portion of the meeting was devoted to the creation of a limited supplement to the final Time Series Questionnaire. As a result of the interviewers' experience they were able to identify a few targeted areas that would benefit from increased precision of measurement. The construction of item and item-stems for these areas was accomplished in a group collaborate process. These items were then reviewed and edited by UCSF staff, returned by mail for revision to the research interviewers, and then produced in final form for interviewers' use. Families who had already completed the Time Series 3 Interview were contacted by phone in order to obtain their responses to these supplementary items. During the quarter ending December 31, 1990, preliminary data analysis indicated that, in a limited number of the family cases entered into the study, the previously missing subsequently recovered child was not available to the project research interviewer for the reunification interview. Thus, in these cases, all other family members entered into the study were available for the reunification interview and were interviewed while the previously missing, subsequently recovered child was not available and was not interviewed. A series of explanations for this event are possible, including child too distressed by self report to participate in interview, child too distressed by parent report to participate in interview, child not returned to home/placed in foster care, child not returned to home/placed in home of geographically distant relatives home, etc. Project staff determined that it would be productive to document the specific reason for recovered child interview unavailability, and proceeded to construct a supplemental item list. This was accomplished.

A third and final meeting for project research interviewers was held December 10-11, 1990. In preparation for this meeting, each interviewer performed two tasks: (1) prepared narrative descriptions of two cases for which all time series interviews had been completed, and (2) comprehensively reviewed the entire questionnaire and all quantitative instruments to determine what additional items, if any, needed to be added before the full time data collection process was ended. At this

meeting, each interviewer presented the two case narratives, providing significant case information and serving as a closure vehicle for interviewers to reflect upon the course and completion of their work with the project.

However, to augment the total number of non-family abduction families interviewed during the life of the project, the NCMEC data base was accessed as previously described, to: (1) insure that all non-family abduction cases within the site area were identified and interviewed, and (2) that additional non-family abduction cases adjacent to, but outside the site area, were identified and interviewed.

Supplemental Method for Accessing Non-Family Abduction Cases. A supplemental method of accessing non-family abduction cases for the research interviewers was developed through the NCMEC database. A NCMEC government intern, under the supervision of a NCMEC staff member, contacted families identified from this database for possible participation in the current research project during the quarter. UCSF staff was most appreciative of the consistently high level of expertise, cooperation and assistance provided by NCMEC.

As measured by family case dropout rate and by research interviewer turnover rate, the above project team building and maintenance efforts have been productive. The family case dropout rate has been less than 13%, and the research interviewer turnover was 0% for four-fifths of the project data collection period. When one project staff interviewer left to take another position, participant families were reassigned to other staff interviewers. At the same time, all families involved in this transition were contacted and informed of the project changes. Only one project family was unable to accept the project interviewer change, and declined further study participation.

During the last phase of the project, all UCSF staff effort was placed upon data checking, grooming, entry, and analysis for the project total of 280 families of missing children, with approximately 9,000 points of measurement per family. Administratively, the data analysis procedure is divided into analyses that are primarily descriptive in nature and primarily analytic in nature. Each variable is first assessed for frequency distribution, and statistical tests for hypothesized relationships with other variables were conducted. Every variable analysis is generated in hard copy, coded, indexed, graphed, and then entered into a data analysis results binder. For project integrity and data security, two complete sets of data analyses were constructed, with each set being retained at a separate physical location. Similarly, two complete TK-50 tape sets of the entered data were constructed, with each set being installed on separate mainframe computers. Such an administrative procedure was designed to guard against that data set loss at one site due to natural disaster, (fire, computer failure, etc.) would not risk the security of the data set nor would it restrict the forward progress of the project.

Progressive waves of data analyses produced three major reorganizations of the format of the project final report. In the first reorganization, the recommendations of the Families of Missing Children Project Advisory Board were implemented to divide project results into four categories: (1) non-family abduction, (2) family abduction, (3) runaway, and (4) sudden infant death syndrome cases (the project comparative group). In the second reorganization, data analysis results indicated that the missing child category of non-family abduction actually contained subcategories of significance. In other words, if consumer audiences for this project report only have access to data results for the non-family abduction group as a whole, significant results are obscured. The two subcategories that emerged at this point were: non-family abduction child recovered alive, and non-family abduction

child recovered deceased. As a result, the second reorganization for the report format divided project results into five categories: (1) non-family abduction child recovered alive, (2) non-family abduction child recovered deceased, (3) family abduction, (4) runaway, and (5) sudden infant death syndrome. Stimulated by this finding of subcategory importance within non-family abductions, additional exploratory analyses were conducted to attempt to identify other potentially significant non-family subcategories. Additional data analyses results identified non-family abduction infant as a significant subcategory. As a result, the third reorganization for the report format divided project results into six categories: (1) non-family abduction child recovered alive, (2) non-family abduction child recovered deceased, (3) non-family abduction infant victim, (4) family abduction, (5) runaway, and (6) sudden infant death syndrome. While each of these progressive waves of data analyses and associated final project report format reorganizations were computer and staff personnel resource extensive, a more complete and meaningful picture emerged of the experience of non-family abductions.

Final Advisory Board Meeting

The final Advisory Board Meeting was held on June 1, 1991, at the Center for the Study of Trauma offices. The purpose of this final project Advisory Board Meeting was to review the principal findings of the project, and offer comments on both the findings as well as the projected methods for communicating the findings to various audiences in the law enforcement, mental health, social service, victim, and public policy areas. To facilitate the Board Meeting attendee understanding of project status, attendees were advance mailed a bound copy of the progress report for the quarter ending March 31, 1991. In attendance at the final Advisory Board Meeting were advisors and consultants: Dr. Ronald Summit, Dr. Calvin Frederick, Dr. John Reid, Dr. Charles Figley, Dr. Hamilton McCubbin, and Mr. Jim Davies. UCSF staff included: Dr. Chris Hatcher, Dr. Cole Barton, Dr. Loren Brooks, Dr. Dudley Blake, and Ms. Kathy Wilcox. OJJDP was represented by Families of Missing Children Grant Monitor Eric Peterson. At the start of the Board Meeting, each attendee received a bound copy of approximately 300 pages of the Families of Missing Children Project Results Working Draft, and other associated handouts.

Advisory Board Comment and Recommendation on Project Results

The Advisory Board's assessment of the project results was uniformly quite positive. Specific positive Board comment focused on: 1) project ability to locate a large sample of such geographically dispersed and previously unidentified distressed families, 2) comprehensiveness of the structured interview and quantitative instrument assessment package, 3) project ability to recruit, train, and maintain field interviewers with very low employee turnover, 4) project ability to obtain cooperation of sample families to complete the comprehensive, but necessarily lengthy, assessment package, 5) project ability to design a data management system to control and track data flow from field interviewers to UCSF, 6) project data analytic efforts, and 7) the importance of project principal findings to the various relevant audiences in law enforcement, mental health, social service, victim, and public policy. Specific Board member recommendations focused on: 1) reporting of project results first by separate missing child category and second by across category comparison, 2) acknowledgment that the conduct of the project had now resulted in the completion of a significant data bank of families of missing children, 3) acknowledgment that such a data bank would be quite

difficult and expensive to reconstruct in the future, 4) acknowledgment that research follow up of the families in this data bank would be quite useful to both basic understanding and public policy decisions, 5) the utility of further research focused upon the recovered, previously missing child impact of the missing event, and 6) the utility of widespread dispersal of project results to stimulate understanding and renewed interest in the plight of families of missing children.

Chapter VI. Project Results: Report Format

Project Results Overview. The project design is intended to meet the goals and objectives by investigating a series of important questions about the experience of families of missing children. The project results are divided into two subsections: (1) data descriptive and (2) data analytic.

Data Descriptive Results. In prior chapters of this report, a literature review is presented of the knowledge available on missing children and their families. Descriptive knowledge of the disappearance event and family response is very limited. The project Structured Interview (SI) broadly surveyed the chronological experience of missing children and their families by: (1) pre disappearance events, (2) disappearance events, and (3) recovery/non recovery events, with the intent of increasing descriptive knowledge. The project ABCX conceptual model factor identification is referenced to each section. This permits the results to be reviewed either by chronology or by conceptual model factors.

The principal areas of investigation addressed in the data descriptive results subsection are:

Project Area of Investigation #1. Experience of Missing Children and Their Families

- a) What is the pre disappearance experience of missing children and their families?
- b) What is the disappearance experience of missing children and their families?
- c) What is the post disappearance experience of missing children and their families?

Data Descriptive Results are presented by type of family in the order listed below. It is noted that not all interview questions applied to all groups (e.g. interview questions on recovery did not apply to non-family abduction with the child recovered deceased families, or to the SIDS comparison group families):

Types of Families of Missing Children Identified in this Study

- a) Non-family Abduction with Child/Infant Recovered Alive
 - non-family child abduction cases (child defined as 1-18 years of age)
 - non-family infant abduction cases (infant defined as less than one year of age. Project results on non-family infant abduction are reported in the recovered alive section as all infants in this project were recovered alive (which is true for almost all infant abduction victims, historically).
- b) Non-family Abduction with Child Recovered Deceased
- c) Family Abduction
- d) Runaway
- e) Sudden Infant Death (SIDS) family comparison group

Data Analytic Results. The project ABCX conceptual model of family response to trauma guided the project's identification of principal areas of investigation and the generation of important questions about potential relationships among the variables measured for each type of family. Project Quantitative

Instruments (QI) were selected as established, psychometrically valid scales intended to measure specific factors in the conceptual model, such as family cohesion, physical problems, etc. As referenced in the project methods section, QI measures have been utilized with large samples of populations with varied characteristics, who have experienced a wide range of trauma, emotional disorder, or other difficulty. This means that QI scores for the types of families studied in this project can be meaningfully compared with scores of other populations exposed to other types of trauma or difficulty.

The principal areas of investigation addressed in the data analytic section are:

Project Area of Investigation #2. Levels of Distress

- a) Do families of missing children experience clinical levels of distress?
- b) Does clinical distress vary by type of missing child family?
- c) Does clinical distress vary by type of missing child family across the disappearance experience?
- d) Does clinical distress vary by other family life events?
- e) Does clinical distress vary by type of missing child family by type of family member?
- f) Does clinical distress vary by other family life events by type of family member?
- g) Does clinical distress vary by recovery/non recovery?

Project Area of Investigation #3. Coping Behavior

- a) Does family coping behavior in response to child disappearance vary by type of missing child family?
- b) Does family coping behavior in response to child disappearance vary by type of missing child family by type of family member?
- c) Does family coping behavior in response to child disappearance vary by type of missing child family across the disappearance experience?

Project Area of Investigation #4. Life Experience Stress

- a) Does pre experience family life stress vary by type of missing child family?
- b) Does post disappearance family life stress vary by type of missing child family?
- c) Does post disappearance family life stress vary by type of missing child family across time?
- d) How does prior family history of sexual abuse/exploitation impact upon distress by type of missing child family?

Project Area of Investigation #5. Child Behavior

- a) Does missing child/sibling behavior vary by type of missing child family?

Project Area of Investigation #6. Utilization of Intervention/Support Services

- a) Does overall utilization of intervention/support services vary by type of missing child family?
- b) Does utilization of law enforcement intervention services vary by type of missing child family?
- c) Does utilization of mental health intervention/support services vary by type of missing child family?
- d) Does utilization of local/regional missing child center intervention/support services vary by type of missing child family?
- e) Does utilization of other intervention/support services vary by type of missing child family?

Project Area of Investigation #7. SIDS Comparison Group

- a) How does the experience of families who have lost a child to Sudden Infant Death Syndrome (SIDS) compare to families of missing children in the above areas?

Quantitative Instruments and Areas of Measurement. The following project quantitative instruments (QI) and their areas of intended measurement were employed in the data analytic results:

Quantitative Instrument	Area of Measurement
Symptom Checklist (SCL90-R)	Adult Distress
Frederick Trauma Reaction Index-Adult and Child Form	Adult and Child Distress
Family Inventory of Life Events (FILE)	Adult Life Events/Stresses
Family Crisis Oriented Personal Evaluation Scale (F-COPES)	Adult Coping Behaviors
Child Behavior Checklist (CBCL)	Child Distress

Psychometric Analyses of Quantitative Instrument Results. For each Quantitative Instrument scale, technical psychometric analyses were performed. For example, scale construct validity, or how well each item contributed to the measurement of the overall construct intended to be measured, was assessed. The internal consistency of each QI scale was calculated between scale administrations to participants at one and one half months, four months, and eight months post disappearance. The missing child sample was then subdivided and comparisons were made among missing child family types and the comparison sample of SIDS cases. Scale stability was assessed by calculating reliability across the project's three consecutive scale administrations. Each scale was then factor analyzed to empirically identify items or item clusters accounting for significant scale score variance. The factor analysis identified items were then subjected to item selection criteria developed by Saunders et al. (1991).

Statistical Analyses of Quantitative Instrument Results with covariance was calculated to identify significant differences among child family types. Covariates selected were primary parent's age. analysis of variance was calculated as appropriate, as in comparison. Repeated measures multivariate analysis of covariance was calculated comparing coping over the project's three consecutive scale administrations.

The data descriptive results are presented in the first subsection of the data analytic results in the second subsection of the project report. Detailed presentation of the data analytic results can be found in Technical Report #1 (Hatcher, Barton, Blake, and Brooks, 1992).

analysis of
and missing
bivariate
participants.
time as in

followed by
a reader, a
Project:

Chapter VII. Project Descriptive Results:

Non-Family Abduction with the Child Recovered Alive

Overview of Findings

The average age of the non-family abducted child who was later recovered alive was 9 years old for males, and 11.5 years old for females.

The average age of the non-family abducted infant was 3.5 months.

Racial/ethnic group identity does not appear to increase or decrease the risk for non-family child abduction.

While most of the non-family abducted children and infants who were later recovered alive were living with both of their biological parents at the time of the abduction, approximately one-third were single parent families.

There was at least one remaining child in over three-fourths of the families following a non-family abduction with the child who was later recovered alive.

Approximately one-fourth of the biological fathers lived outside the home and failed to have any contact with the non-family abducted child/infant in the six months prior to the child abduction.

In non-family abduction cases in which the child/infant was later recovered alive, the median family income was \$25,000 and the primary wage earner had less than a high school education in almost two-fifths of the families.

Infant/Child. In this project report, a child is defined as 1-18 years of age, and an infant is defined as less than one year of age. Project results on non-family abduction of infants are reported in the recovered alive section as all infants in this project were recovered alive.

In every case of non-family abduction where the infant or child was recovered alive (n=24), there was only one missing child. The average age of the abducted child (n=17) was nine years-old for males, and between eleven and twelve years for females. Infant (n=7) age average was between three and four months. Slightly over half of the abducted children (64.7%) and (57.1%) of abducted infants were females, and most of the individuals in both groups were Caucasian (66.7%).

Non-family abduction with the child recovered alive is an event which almost exclusively involves a single child or infant. The non-family abducted female child who is recovered alive is typically a pre-adolescent or young adolescent. The non-family abducted male child is typically younger, ranging from an average age of 9 years (this project) to 5.5 years (Hatcher, Barton, & Brooks, 1990), than the female victim. More female children and infants than male children and infants were abducted in this project, but the difference is slight. A range of ethnic/racial group identities were represented among these children. Racial/ethnic group identity did not appear to increase or decrease non-family abduction risk.

Parents. For this project, one parent was assigned the designation of primary parent. In single parent households, the primary parent was logically, the single parent. In two parent households, the two parent figures in the home decided between themselves who would be designated the primary parent for this project. The remaining parent of live in partner was designated as the partner for this project. The majority of the information about the family and the trauma event was obtained through the structured interview (SI) which was completed by the primary parent. For comparison purposes, a subset of structured interview (SI) questions were also asked of the partner with the child recovered alive.

Almost half of the non-family abducted children (41.2%) and over half of the abducted infants (57.1%) who were recovered alive following a non-family abduction lived with both of their biological parents, with single parents with custody (child 28.6%; infant 35.3%) forming the next largest group. This finding highlights the large percentage of single parent families affected by non-family abduction. Accordingly, the psychological consequences of the abduction event are likely to be focused upon a single individual. This focus is especially noteworthy in infant abduction cases where single mothers constitute more than one-third of the cases. At the time of the abduction, these mothers are still coping by themselves with the cumulative stress of pregnancy, child birth, and infant care.

The biological mother was present in a large majority of the households, and acted as the primary parent in a majority of the cases (child 70.6%; infant 57.1%). Biological fathers were present in many households (child 47.1%; infant 71.4%). He served as the primary parent in a minority of the cases examined in this study (child 20%; infant 42.9%). The parents living in the household at the time of the abduction were typically in their thirties or forties for non-family child abduction cases, and ranged from their twenties to forties in infant abduction cases. Approximately two-thirds of both groups of parents were Caucasian.

Slightly more parents in non-family child abduction cases were married at the time of the interview (64.7%) than were not, and over three-fourths had no previous marriages.

In infant abduction cases, 42.9% of the parents were married and 71.4% of married parents were only married once. Of those parents who were married, almost all had been married four or more years, and length of courtship time prior to marriage ranged from zero weeks (23.5%) to four or more years (23.5%). Infant abduction families reported equal numbers of parents married for zero weeks (28.6%) as four or more years (28.6%), and the length of courtship time prior to marriage ranged from zero weeks (33.3%) to two years (16.7%). When a divorce or separation had occurred prior to disappearance in the non-family child abduction cases, there was no reported custody dispute in 85.7% of cases.

In non-family abduction cases with the child recovered alive, the families have parents that are between 20 and 40 years of age. Both biological parents are present in more than half of these families, followed by single mothers in one third of the families.

Siblings. There was at least one remaining sibling in over three-fourths of the families following a non-family child abduction (82.4%). Notably, there were three or more remaining siblings in two-fifths of these families. There was a much lower percentage of remaining siblings in infant abduction families (57.1%).

Of those siblings in non-family child abduction cases, only 21.4% of the siblings had the same biological parents as the abducted child. Of the infant abduction families with remaining siblings, 75% had the same biological parent. The median age of the oldest remaining sibling in non-family child abduction cases was twelve to fourteen years. All but one of the remaining siblings in the infant abduction families were 0-4 years old.

Over half of the families affected by non-family abduction with the child recovered alive have remaining children in the family. This finding emphasizes the need to be aware of the psychological consequences of the missing child event for siblings in the family, as well as parents.

Family Living Arrangements. The biological father lived outside of the home in 47.1% of the non-family post infant abduction cases with the child recovered alive (n=17), while only 11.8% of the biological mothers lived elsewhere. About one-fourth of the biological fathers (23.5%) (and no biological mothers) failed to have contact with the non-family abducted child in the six months prior to the abduction. For non-family infant abduction, 28.6% of the biological fathers and none of the biological mothers lived outside of the home. Also, 28.6% of the biological fathers in infant abduction cases failed to have contact with the missing child in the six months or less period between birth and abduction.

Families of missing children are reflective of family patterns in the larger society as well, with frequent absences of biological fathers from the home and from contact with children.

Income. In 86.2% of the non-family child abduction cases, the primary parent was the primary contributor to the family income. The secondary contributor was most often the partner (57.1%). The median total family income was \$25,000 to \$30,000. The primary contributor had less than a high school education in 37.6% of the households.

In 60% of the non-family infant abduction cases, the primary parent was the primary contributor to family income and 42.9% of the families had no second primary contributor. The median total family income was \$20,000 to \$25,000. The primary contributor had less than a high school education in 28.6% of the cases. It is notable that in a large group of families who lose an infant to non-family abduction, the family is headed by a single parent mother who is also the primary financial support to the family.

Religion. In non-family child abductions, 43.8% of the primary parents identified with the Protestant Church, and in infant abduction families, 66.7% identified with the Protestant Church. While the partners in non-family child abductions were more evenly divided across several denominations, 45.5% reported being Catholic. Like the infant abduction primary parents, 60% of the infant abduction family partners identified with the Protestant Church.

In non-family abduction cases where the child/infant is recovered alive, a range of religious faith identifications are found, which does not appear to be different from national norms.

Non-Family Abduction with the Infant/Child Recovered Alive: Pre Disappearance Family Characteristics (Factors a, B, C)

Overview of Findings

Three-quarters of the families who lost a child to non-family abduction with the child later recovered alive reported multiple traumatic family life events prior to the child's disappearance.

Physical abuse by one parent of another was reported in approximately one-tenth of families who lost a child to non-family abduction with the child later recovered alive.

Prior to non-family abduction with the child recovered alive, approximately one-tenth of the abducted children were reported as sexually abused by an adult other than a parent.

Families affected by non-family abduction are neither high nor low users of mental health or counseling services prior to the child's disappearance.

More than one-third of the parents in families affected by non-family abduction with the child recovered alive reported high levels of family stress in the three month period prior to the abduction, thereby adding to the stress of the abduction event.

Prior to the non-family abduction with the child later recovered alive, one-third of the families did not have instruction for the missing child nor the siblings on potential child safety dangers, such as sexual abuse or abduction by individuals outside the home.

In this project, none of the non-family abducted children who were later recovered alive had ever runaway prior to the abduction.

Pre Disappearance Family Events. In three quarters (76.5%) of the non-family abductions with the child recovered alive, families reported significant life events in the family history prior to child disappearance. In the non-family child abduction cases of abduction families, one-half (53%) of the families experienced the death of an extended family member between the birth and death of the missing child and the child's disappearance. Of this group, one-third (33%) found the death to be a traumatic event. Of the non-family child abduction cases, approximately one-quarter (23%) of the families experienced a divorce between the birth of the missing child and that child's disappearance. Of this group, half (50%) of the primary parents found the divorce to be a positive event. The remaining primary parents rated the event as negative. None rated the event as traumatic. Alternatively, no primary parent rated the divorce as positive for the missing child, and one-quarter (25%) rated the event as traumatic for the missing child.

Families of missing children experience a range of important life events and social changes prior to child disappearance. These events, such as death of a family member or divorce, are not always seen as traumatic, and may even be viewed as positive by some family members. For example, approximately equal groups of parents viewed pre-child disappearance divorce as positive or negative for themselves. Yet, these same parents viewed pre-child disappearance divorce as negative or traumatic for all of the children who were later abducted.

There was sexual or physical abuse in 23.5% of the households who were later affected by an non-family abduction with the child recovered deceased. No abuse was reported in infant abduction households pre disappearance. Within half (50%) of the non-family child abduction cases where abuse occurred, a spouse was physically abused by a spouse or significant other. In half of the cases, the missing child was sexually abused by someone other than a parent.

This finding of sexual or physical abuse affecting family members before child disappearance is especially important. The message to individuals assisting the family after abduction and after recovery is clear. The history of prior life events for family members and the degree of meaning assigned to those life events by individual family members is most important. Sexual abuse or sexual assault is the most common motivation for non-family child abduction. Individuals assisting families, and later the recovered child, need to be aware of the existence of pre-disappearance sexual abuse, especially as this abuse is characteristically done to the subsequently abducted child by an individual outside the immediate family. These children, if sexually abused or assaulted during the abduction, have now been victimized twice by intrusion by individuals from outside their home.

Pre Disappearance Mental Health/Support Services Use. Prior to the abduction, 11.8% of the non-family child abduction households and 14.3% of the infant abduction households had at least one family member participating in psychotherapy. Support groups and the clergy were also utilized in equal percentages pre disappearance (child 5.9%; infant 14.3%).

In non-family abduction cases with recovery alive of the infant/child, use of mental health counseling, support services, and the clergy are approximately characteristic of the general population. These families are neither high nor low users of such services prior to child disappearance.

Pre Disappearance Stress. The primary parents of both non-family groups were almost evenly divided among low (child 35.3%; infant 28.6%), medium (child 35.3%; infant 28.6%), and high (child 29.4%; infant 42.9%) reports of overall family stress in the three months prior to the abduction. They rated their partner's level of stress as high in 50% of infant abduction cases and the primary parent reported an even distribution across low (27.3%), medium (36.4%), and high (36.4%) stress for partners in non-family child abduction cases. Over three-fourths of the missing children experienced low levels of stress before their abduction, according to the primary parent (child 64.3%; infant 83.3%). A majority of the missing child's siblings experienced low stress levels (child 70.6%; infant 83.3%).

One-third or more of parents in families affected by non-family abduction with the infant/child recovered alive reported experiencing high levels of family stress in the three month period prior to the abduction. Individuals assisting these families need to recognize that family distress after child abduction may be a function not only of the abduction, but also of other family events unrelated to the abduction. These other family events need to be identified and understood if effective family support and stabilization is to be provided.

Further, for most infants/children recovered alive from non-family abduction and for most of the remaining children in the family, the abduction occurs from a low stress period. This movement from a low family stress period to a high post abduction stress period may have important meaning for the children's later sense of security and safety, even during a later period of lowered family stress after the child has been recovered alive.

Pre Disappearance Family Relationships. The largest number of the primary parents felt that they were closest to their spouse or partner before the abduction (child 41.2%; infant 71.4%). Parents most often felt that their partner was closest to them (child 58.3%; infant 83.3%). Approximately three-fourths of the parents indicated that they did not feel distant from anyone in the family (child 76.5%; infant 71.4%), and the parents said the same about the partners (child 63.6%; infant 83.3%).

In most of these families, the parents felt close to each other, and did not feel isolated or distant from anyone in the family. In contrast to the largely positive family relationship picture, approximately one-third of the child abduction and one-fifth of the infant abduction parents did not report issues of distance or isolation from other family members. This finding alerts individuals assisting these families to identify and understand differences in closeness or isolation among family members.

Pre Disappearance Family Communication. Almost all of the infant abduction families had been taught to be aware of potential dangers outside of the family, but siblings in a third of the non-family child abduction with child recovered alive families, had not been taught such cautions. In 76.5% of the non-family child abduction cases, children were encouraged to confront problem situations, while 50% of infant abduction families reported the siblings in the family were not. In 76.5% of the non-family child abduction cases, attitudes about incest, physical abuse, and sexual abuse were communicated with the children, yet 40% of primary parents of infant abduction cases said they had not communicated with the siblings on these matters.

(Probably due to the fact that almost all siblings in infant abduction cases were under 6 years of age at the time of the abduction.

In one-third of the families affected by non-family abduction with the child recovered alive, neither the missing child nor the siblings had been taught to be aware of potential dangers, such as sexual abuse or abduction by individuals outside the home. While non-family abduction of infants/children remains a low frequency event in the range of child safety and child care concerns, it did indeed happen to these children and their families. This finding points to the reality of public policy decisions on child safety and child exploitation prevention programs.

The primary parents would have wanted their children to talk to them if confronted with incest or abuse in all of the non-family child abduction cases and 85.7% of the infant abduction cases.

In non-family child abduction cases, large family decisions were made mutually between adult partners (41.2%). Smaller family decisions in non-family child abduction cases were most often made solely by the primary parent (64.7%) or made mutually by the primary parent and partner (47.1%). In infant abduction families, large family decisions were most often decided mutually between partners (71.4%). Smaller family decisions within infant abduction families were most often made mutually between partners (57.1%).

Before the abduction, the primary parent's belief was that the non-family abducted child was most often closest to the current mother (child 58.8%; infant 100%). Over half (58.8%) of the abducted children were not distant from any family members and 100% of the infant abducted children were not distant from any family member. Outside of the family, friends were seen as having a positive influence on the missing child in 43.8% of the cases while the response of no one was most often listed as the person outside the infant family who has a positive influence on the missing infant (66.7%). All of the mothers and fathers in the infant abduction cases reported that they were completely satisfied with their relationship with the infant prior to the abduction. In most of the non-family child abduction cases, the missing child's mother assessed the missing child as having had a completely satisfied relationship with the mother in 87.4% of the cases and with their father in 55.5% of the cases.

In non-family child abduction cases, it was the primary parent's belief that most of the children were either completely satisfied (33.3%), largely satisfied (50%), or sometimes satisfied (16.7%) with the role they played in their family.

As seen in other project findings on pre-abduction family events and characteristics, family decision making rules, missing child level of satisfaction with father and mother relationships, and missing child's level of satisfaction with their role in the family vary widely. Individuals providing assistance to families after a non-family abduction need to assess these pre-disappearance factors as they might relate to each individual parent and sibling.

Pre Disappearance Child Characteristics. The non-family abducted child who would be recovered alive was an "occasional leader" with his/her friends, according to 41.7% of the primary parents. All of the non-family abducted children were well-liked by all or most of their friends (100%), and half of the children were completely satisfied with their peer relationships (54.5%).

The non-family abducted child was enrolled in an educational program in 83.3% of the cases. Of those in school, 76.9% were in public schools. Eighty percent of the non-family abducted children ranged from excellent (A) to good (B) academic performance. Only 10% of the non-family abducted children were

believed to be indifferent about their school performance. Most of the parents reported that they only wanted their child to do his/her best at school (63.6%).

Previous Runaway Attempts. None of the non-family abducted children had ever run away prior to their disappearance.

This finding is noteworthy. All of the non-family abductions of children in this project involved abrupt seizure and detention of the victim. These victims did not have a prior history of runaway episodes, poor school performance, juvenile justice involvement, other indicators of problem behavior, nor did they seem to be engaged in other behaviors which might have placed them at risk for contact with violent non-family members.

Non-Family Abduction with the Infant/Child Recovered Alive: Family of Origin

Overview of Findings

In non-family abduction cases with the child later recovered alive, the parents' families of origin are examples of the previous generation, with a higher percentage of two biological parent families in longer term, more stable relationships.

In non-family abduction cases with the child later recovered alive, approximately one-tenth of these families of origin experienced physical or sexual abuse of a child by a parent.

Approximately one-third of these families of origin did not teach their children (later the parents of abducted children) to be aware of potential child dangers such as sexual assault, abduction, or other crime) against children.

Family of Origin Parents. Until the age of 17, the primary parents who lost a child to non-family abduction usually lived with their biological father (80%) and their biological mother (93.3%). The primary parents who lost an infant to abduction in infant families usually lived with their biological father (66.7%) and biological mother (83.3%) as well.

Nearly three-fourths of the primary parents who lost an child to non-family abduction and two-thirds of the primary parents who lost an infant to non-family abduction (73.7%) lived with both of their biological parents until their 17th birthday. Over 50% of family members from each group were Caucasian. The average number of siblings living with the parent was two in the infant abduction group and five in the child abduction group. The primary parent was the oldest child in 40% of the child abduction cases and in two-thirds of the infant abduction cases. In over two-thirds of the families of both groups, all of the siblings had the same biological parents.

These families of origin are reflective of the previous generation, with a higher percentage of two biological parent families in longer term, more stable relationships.

Family of Origin Income. In 93.3% of the non-family child abduction cases, the father contributed to the family income, and in 40% of the cases the mother contributed as well. In 66.7% of the infant abduction cases, the father contributed to the family income, and in 50% of the cases the mother contributed as well.

Family of Origin Religion. For non-family child abduction cases, the religious identification for the families of origin were split between Catholic (50%) and Protestant (35.7%) for fathers in the family of origin and was similarly split between Catholic (46%) and Protestant (40%) for mothers. In the infant abduction cases, the father's religious identification in the family of origin was split between Protestant (40%) and Christian (20%). The mother's religious identification in the family of origin was split between Protestant (33.3%) and agnostic (33.3%).

Family of Origin Traumatic Family Events. In their family of origin, the death of an extended family member was the common traumatic typical event in the lives of primary parents who lost an infant to non-family abduction (66.7%). Only 13.3% of the non-family child abduction parent families indicated this type of loss. The primary parents who lost a child to non-family abduction reported no traumatic life events in their family of origin in 46.7% of the cases.

In 26.7% of the non-family child abduction cases, there was physical or sexual abuse of at least one family member in the family of origin. No abuse was reported in the families of origin in infant abduction cases.

Within these families of origin where abuse was reported, 66.7% of the cases reported that the primary parent was sexually abused by the male parent, in 66.7% of the cases of abuse, the parent was physically abused by the male parent, and 66.7% of the cases reported a spouse was physically abused by a partner.

In previously presented project results, physical or sexual abuse was reported in approximately one quarter of the families who lost a child to non-family abduction. In looking at their families of origin, a similar incidence of physical or sexual abuse is reported. Approximately one-sixth of the primary parents of the abducted children reported sexual abuse of themselves by a male parent figure in the family of origin. These findings illustrate the occurrence of child sexual abuse in the general population across generations, and show that families affected by non-family child abduction are not immune to such trauma.

Family of Origin Residential Changes. In non-family child abduction cases, the primary parent's family of origin moved infrequently in 60% of the cases, while the family of origin in infant abduction cases never moved in 50% of the cases. The primary parent began living away from home at eighteen years of age or older in two-thirds of the cases. The most common reason for moving away from home was marriage (child 60%; infant 50%).

Family of Origin Family Communication. For the family of origin, the father in both the child and the infant abduction groups was responsible for making large family decisions in over three-fourths of the families (83.3%), while the mother was responsible for making smaller family decisions (100%). In the families of origin in child abduction cases, the father (46.7%) or both the father and mother (40%) were responsible for making large family decisions. The mother was largely responsible for smaller decisions (73.3%). Children participated in family of origin problem solving in approximately 70% of the cases. Family of origin parents in infant abduction cases usually taught the parents of the missing child to be aware of potential dangers (83.3%), and to confront problem situations (65.0%). In infant abduction cases, family of origin parents communicated their attitudes to their children about incest, sexual abuse, and physical abuse in 66.7% of the families. In non-family child abduction cases, family of origin parents were more divided in whether they taught their children to be aware of potential dangers (53.3% yes; 35.7% no). They also were much less likely, however, to discuss their attitudes on incest, sexual abuse, or physical abuse (13.3% yes; 86.7% no).

Approximately one-fifth to one-third of family of origin parents did not teach their children (later the parents of the missing children in this project) to be aware of potential dangers of sexual assault, abduction or other crimes against children issues. This finding is similar to previous project findings which showed a similar portion of children in the families affected by non-family abduction who did not provide child safety instruction on these issues. Interestingly, the families affected by infant abduction (who tend to be in the low twenties age range) reported higher rates of instruction on child crime safety/danger in their families of origin. This may be due to these families of origin being a "more recent" generation with a more contemporary awareness of child crime victim risks.

Non-Family Abduction with the Infant/Child Recovered Alive: Disappearance Event Characteristics (Factors A, X)

Overview of Findings

Most parents who lose a child or infant to non-family abduction react initially with fear and shock. Approximately one-sixth of these parents experience later additional reactions of helplessness and report being unable to decide what to do next.

In one-third of non-family abduction cases where the child was later recovered alive, the child was last seen in a residential neighborhood, with school and shopping areas as less frequent locations.

While two-fifths of non-family infant abductions occurred in hospitals/health care facilities, more than one-quarter of non-family infant abductions occurred in residential neighborhoods.

The largest group of non-family child abductions took place between noon and 6 P.M., while the largest group of non-family infant abductions took place between 6 A.M. and noon.

Most non-family child abductors used physical means and verbal threats to the child to accomplish the abduction.

Over half of the non-family abducted children realized immediately that they were being kidnapped.

Almost three-quarters of non-family abducted children are initially compliant during the abduction. These children are placed in the difficult position of making immediate decisions as they are confronted by a physically larger, more intellectually skilled, coercive adult abductor. Their compliant behavior may not, after recovery, fit with parental and peer values about active heroic physical and verbal resistance.

Following the initial abduction, the non-family child abductor had assistance from friends or relatives in over half of the cases. This assistance is provided by individuals who actively participate in the detention of the child or who vicariously participate by knowing the child abduction and taking no action for child return.

Over half of the non-family child abductors had plans to travel by car to another state, but initially drove only a short distance before stopping.

During the course of the non-family abduction, most child abductors traveled frequently, while infant abductors most frequently traveled to a residence not distant from the abduction location and moved infrequently.

During the course of the non-family abduction, most of the children did not have adequate food, water, shelter, or personal hygiene care.

During the course of the non-family abduction, approximately half of the children were physically abused or sexually abused.

In contrast to the non-family abducted children, approximately three-quarters of the non-family abducted infants were provided with adequate basic care and no evidence of physical or sexual abuse was found.

By the time of child recovery, approximately half of the non-family child abductors had achieved sufficient control over the child victim that constant, complete physical control was no longer necessary.

During the non-family abduction, more than one-third of the children had frequent thoughts of rescue. Of these children, the majority did not believe that their parents were still looking for them.

Almost one third of the non-family abducted children felt responsible for the abduction in some way, and one-fourth of the children believed they were involved in some at risk behavior at the time of the abduction. While actual abduction events do not support child responsibility, parents and others assisting recovered children need to be sensitive to the child's feelings, whether they are factually supported by known abduction events or not.

Approximately one-third of non-family abducted children feared physical or sexual harm during the abduction. However, after recovery, almost three-quarters of parents did not know what their child's fears were during the abduction. After recovery, both parents and child may be reluctant to share difficult details and emotions about the abduction. However, left unattended to, this barrier to communication is likely to enhance, over time, child isolation from parent understanding and support.

Initial Reaction. The initial reaction upon notification of a non-family child abduction was fear in the primary parents (47.1%), followed by confusion (17.6%), shock (11.8%), anger (5.9%), and denial that their child was involved. Secondary reactions shifted somewhat to fear (17.6%), anger (11.8%), distressing images of the child's situation (11.8%), concern about the child's emotional status (11.8%), inability to decide what to do next (5.9%), and unspecified other reactions (17.6%).

For infant abduction cases, the initial reaction for primary parents was fear (78.6%), followed by confusion (14.3%), shock (14.3%), and unspecified other reactions (42.9%). Fear was maintained as a secondary reaction with 28.6% of the primary parents, but other secondary reactions shifted somewhat to anger (14.3%), helplessness (14.3%), anxiety (14.3%), inability to decide what to do next (14.3%), and confusion about what to do next (14.3%).

Another 17.6% of the child abduction cases and 28.6% of the infant abduction cases indicated that fear was their second reaction as well, although a variety of secondary thoughts and feelings were expressed.

Most parents who lose an infant or a child to non-family abduction react initially with fear and shock. Approximately one-tenth to one-sixth of these parents experienced secondary reactions of helplessness and inability to decide what to do next. Within the larger group of clearly distressed parents, this latter subgroup of parents may warrant focused attention and assistance due to their immobilization after the non-family abduction.

Last Known Child Location. In approximately one-third of the non-family child abduction cases where the child was recovered alive, the child was last seen before the disappearance in residential neighborhoods (child 35.3%; infant 28.6%). The next most frequent last known locations for non-family child abductions were school (11.8%), shopping areas (11.8%), or custodial parent's home (11.8%), and hospitals/health care facilities (42.9%) for infant abductions.

The largest group of infant abductions took place between 6 A.M. and noon (42.9%) while the largest number of non-family child abductions took place between noon and 6 P.M. (35.3%).

Abductor Description. Upon recovery, the non-family abducted children were most often able to provide a description of the abductor's height (75.0%), weight (68.7%), sex (75.1%), race (75.1%), and hair color (68.8%). Children also described the abductor's clothing (73.3%) and eye color (43.9%), but it was rare that a child could describe any identifying marks (37.5%).

Infant abduction families also reported that a description of the abductor was available from witnesses. Two-thirds of the families reported that information was available about eye color. One-third of infant cases provided descriptions of the abductor's height, weight, sex, race, hair color, and clothing.

Abduction Method. In over half of the non-family abductions with the child recovered alive cases, most abductors used physical means in 52.9% of the cases, followed by physical means and threats (35.3%), verbal lure only (11.8%), verbal lure and physical means (11.8%), and verbal lure, physical means, and threat (5.9%). 71.4% of infant abduction cases involved physical means of abduction only, followed by verbal lure and physical means (28.6%).

Initial Child Reactions. Over half of the non-family abducted children (58.8%) realized immediately that they were being kidnapped.

The non-family abducted child was initially compliant in 70.6% of the cases, followed by children who resisted physically or verbally (23.5%), called to others for help (11.8%), cried, and/or verbally tried to get the abductor to release them (5.9%). Most non-family abducted children are initially compliant. While such children are dealing with a larger, more skilled adult abductor, their compliant behavior may not, after recovery, fit with parental and peer values about active heroic physical and verbal resistance. After child recovery, individuals assisting these families need to attend to family and recovered child values about compliant/resistant child behavior during the abduction.

Many of the non-family abducted children feared physical harm (33.3%), sexual harm (26.7%), or some unspecified harm (13.3%). However, most of the parents (73%) of children recovered alive from non-family abduction did not know what the child's initial fears were during the abduction. These findings indicate that children do have fears of physical or sexual harm during the abduction. Further, most parents of recovered children have no knowledge of their child's initial fears during the abduction. Upon recovery, both parents and child may have a somewhat predictable reluctance to share difficult details and emotions about the abduction. This barrier to communication about important emotional experiences for the child is likely to enhance, over time, child isolation from parent understanding and support.

Initial Disappearance Notification. In cases of non-family abduction where the child would be later recovered alive, the most frequent initial notification to parents of the disappearance was by someone who observed the abduction (47.8%). The great majority of parents of non-family abducted children (88.2%) and abducted infant (85.7%) were concerned about the disappearance as soon as they became aware of it.

Initiation of Action. Accordingly, parents of 88.2% of non-family abducted children and 85.7% of abducted infants initiated recovery related action immediately. In a minority of non-family child abduction cases, initiation of concern and action lagged from 1-5 hours after child disappearance.

Case Description. In almost two-thirds (62.5%) of the non-family abduction with the child recovered alive cases, there was a description of the abductor available at the point of child disappearance. When only cases of infant abduction are considered, an abductor description was available immediately in 71.4% of the cases. Even in the absence of a description of an abductor, parents of 31.3% of the non-family child abduction cases reported knowing that there had been a non-family abductor. Virtually all of the parents of non-family abducted children (either child or infant) who were returned alive reported no doubts that their child had been the victim of a non-family abduction. No further information or leads were available in many of the non-family abduction cases (child 47.1%; infant 28.6%). However, an abductor suspect was reported as being seen by someone in 68.8% of the non-family child abduction cases. An abductor suspect was reported by someone in all infant abduction cases.

Abductor Movement. The non-family child abductor frequently had some assistance from friends (37.5%) and/or relatives (18.8%). The non-family infant abductor had no assistance in 71.4% of the cases. The abductor's plan in child abduction cases was often to travel to an adjacent (28.6%) or a distant state (35.3%). In infant cases, the plan was to travel to an adjacent state (33.3%). The majority of non-family child (76.5%) and infant abductors (57.1%) traveled by car to an urban area (child 64.7%; infant 42.9%). Initially however, non-family child (57.9%) and infant abductors (57.1%) drove by car only a short distance before stopping. Many of the non-family child abductors initially travelled constantly (35.3%), either with a pre determined destination (11.8%) or with no specific destination (23.5%). Yet, infant abductors initially travelled to a house not distant from the abduction site in one-third of the cases. Most of the non-family abducted children who were later recovered alive had no primary residence during the abduction (43.8%). During the term of the abduction, two thirds of the non-family abducted children were moved frequently. In contrast, only 14.3% of the infant abductors moved frequently.

In summary, non-family abductions with the child recovered alive are assisted by friends in almost two-fifths of the cases and by relatives in almost one-fifth of the cases. These individuals assist the abductor actively or vicariously (by knowing of the child abduction and taking no action to assist in child return). Direct study of these active or vicarious accomplices to non-family abduction may well be the most productive avenue to increasing the chance of assisted child return during the course of the abduction.

Abduction Living Conditions. Most non-family abducted children who were recovered alive did not have adequate food and water (64.7%), shelter (52.9%), and personal hygiene (58.8%). In contrast, a majority of the abducted infants received adequate food and water (71.4%), shelter (85.7%), and personal hygiene (71.4%). No physical or sexual abuse was reported for these cases. Many of the non-family abducted children who were recovered alive were physically abused (41.2%) or assaulted (17.6%), sexually abused (35.3%), or sexually exploited (23.5%). Approximately two-thirds of these children had frequent daily contact with their abductor (64.7%), were threatened with harm to themselves (52.9%), were threatened with harm to their family (5.9%), were warned not to discuss their identity (23.5%), and almost half lived in very restricted physical confinement (47.1%). Non-family abductors of children who were recovered alive had money problems in 35.3% of the cases. Non-family abducted children primarily retained their clothing (88.2%) and

were rarely given new names (11.8%). In contrast, infant abductors retained old clothing (71.4%), provided new clothing (57.1%), and almost half gave the infant a new name.

In three-fourths of the non-family child abduction cases and two-thirds of the infant abduction cases, there was at least one change in residence after abduction. 50% of each non-family group changed residences midway through the disappearance. In 37.5% of non-family child abduction cases and 16.7% of infant abduction cases, there was a change in residence near the time of recovery. Slightly more than half of the non-family abducted children who were recovered alive experienced the complete removal of the abductor's physical control near the time of recoveries, and over one-third of these children tried unsuccessfully to escape from their abductor at some point during the abduction.

Abductor Behavior. In both groups, a significant minority of abductors were frequently rated by parents and recovered children as caring and supportive (child 23.5%, infant 28.6%) during the abduction. However, in a minority of non-family child abductions with the child recovered alive, the abductors were uniformly abusive (11.8%), evasive and secretive (11.8%), and increasingly disorganized (17.6%). Notably, in almost half of the non-family child abduction cases, parents reported not knowing about the abductor's behavior.

Child Thoughts. In non-family child abduction cases, many of the recovered alive children thought about their desire to be rescued (35.3%). However, more than one-fifth of these children believed their family was still looking for them (23.5%), and 11.8% had thoughts that the family had forgotten them. A minority had episodes of sadness (5.9%), or episodes of crying (5.9%). Infant thoughts of family were, logically, unknown in all cases.

Child Feelings of Responsibility for Abduction. In non-family child abduction cases, almost one-third of the recovered alive children felt that they were responsible for the abduction or the events that happened during the disappearance (29.4%), while 11.8% of the parents did not know if the recovered child felt responsible in some way.

Further, in one-fourth of the cases, non-family abducted children who were recovered alive believed they were doing some at-risk behavior at the time of the abduction.

Others with Knowledge of Abduction. In non-family child abduction cases, most of the recovered alive children (70.6%) had relationships with other people during the disappearance, usually a friend of the abductor (35.7%). During the disappearance, friends (46.2%) and relatives (23.1%) of the abductor often knew about the abduction. A minority of parents in these cases (23.1%) did not know if their child had any contact with individuals other than the abductor.

School Attendance During Abduction. None of the school-aged children were enrolled in school during the abduction.

Summary-Disappearance Event Characteristics. Infant and child non-family abduction is a daytime event. Most abductors are observed at the time, and fairly detailed descriptions are available. In cases where the abductor was not observed, abductor suspects were frequently identified. A substantial minority of non-family abductors received assistance after the abduction from relatives or friends, and/or had relatives or friends with some knowledge of the abduction. These friends and relatives of non-family abductors know that a child has been kidnapped. Yet, no current knowledge is available to assist in understanding the value systems and thinking that permits such individuals to actively or vicariously continue to assist the abductor. After the abduction, most abductors traveled a short distance by car and stopped. Infant abductors then most

typically travelled to a residence not distant from the abduction site and were rarely moved more than once during the abduction. Child abductions traveled and moved frequently, crossing state lines.

Most non-family abducted children did not have adequate food, water, shelter, and personal hygiene conditions. Physical abuse, sexual abuse of these children was common. These abductors also frequently experienced money problems. By the time of child recovery, half of the abductors had achieved sufficient control over the child victim that complete physical control was no longer necessary. In a possibly related finding, approximately one-quarter of the abductors acted in a caring and supportive manner toward the victim at times during the abduction.

During the non-family abduction, more than one-third of the children wanted to be rescued. Of these children, most did not believe that their parents were still looking for them. Almost one-third of the children felt responsible in some way for the abduction, and one-fourth of the children believed they were involved in some at risk behavior at the time of the abduction. While actual abduction events do not support child responsibility, the issue of some children feeling responsible in some way for the abduction is important. As illustrated in repetitive family arguments and divorce situations, children can feel responsible or partially blame themselves for distressful family events. Individuals assisting recovered children and their families need to be sensitive to the child's feelings, whether they are factually supported by abduction events or not.

Non-Family Abduction with the Infant/Child Recovered Alive: Post Disappearance Trauma and Coping (Factors A, X)

Overview of Findings

For most families, the police officer in non-family child abductions with the child recovered alive is not only the central investigative figure for parents of the abducted child, but also the most important source of coping support outside the immediate family. With almost no mental health or social service support currently available for families of missing children, it is the police officer, whether by design or by default, who will continue for the immediate future to be viewed as the families' primary source of hope and coping support for child recovery.

In families who lost a child to non-family abduction with the child later recovered alive, all working fathers had returned to their jobs within one month of child disappearance. However, at eight months after child disappearance, two-fifths of the previously employed mothers had not yet returned to work. For mothers, these unemployed rates are much higher than the national unemployment rates of 6-8%. For a sizable group of mothers, return to work may represent an as yet unexplored component of family recovery after the missing child is returned home.

All of the primary parents, nine-tenths of the partners or spouses, and three-fifths of the remaining children in the family experienced emotional changes as a result of the child abduction. These emotional changes included increased fear, anger, anxiety, and helplessness, followed by behavioral changes of decreased responsiveness to the needs of other family members, withdrawal from friends, and difficulties in concentration.

Half of the children remaining at home after a non-family child abduction with the child later recovered alive had difficulty in returning to school.

After child disappearance due to non-family abduction with the child later recovered alive, one-half of the families did not make any changes in their family safety rules. This project finding is consistent with the prior finding that one third of the families had not provided child safety/child danger instruction prior to the abduction.

Most parents retained or increased their beliefs in family oriented value systems in spite of the non-family child abduction stress and an increased awareness of the unpredictability of life events.

Post Disappearance Social Support. In over half of the cases, a partner was identified as the most important source of support within the immediate family (child 52.9%; infant 57.1%). All of the primary parents in both groups indicated that a police officer was a source of support and information outside the family; relatives (child 64.7%; infant 85.7%), friends (child 58.8%; infant 85.7%), and religious beliefs (child 41.2%; infant 71.4%) were also indicated as helpful.

In the infant abduction cases, all primary parents agreed that a police officer was helpful, but only 14.3% thought an officer was their most important contact. However, in non-family child abduction cases, a majority of the primary parents did report a police officer as their most important contact (58.8%).

Whether by design or by default, the police officer in non-family abductions remains not only the central investigative figure, but also the most important source of support outside the immediate family to parents of missing children. As almost no mental health or social service support is currently available to parents of missing children, it is probable that police officers's actions and behaviors will continue to be viewed as a primary source of hope and encouragement for child recovery.

Post Disappearance Parental Return to Work. At 8 months after abduction, 40% of mothers in the non-family child abduction with the child recovered alive cases (who were working pre disappearance) had not yet returned to work. In one-fourth of the infant abduction cases, mothers who were working pre disappearance, had not yet returned to work at eight months after the abduction.

Working fathers returned to their jobs more quickly, with over half back at work within three days of the abduction (child 54.5%; infant 60%). In non-family child abduction cases, all working fathers had returned to their jobs by 30 days after child disappearance. In infant abduction cases, however, 20% of the previously working fathers had not returned to work at 8 months after child disappearance.

These findings are somewhat surprising. A substantial number of mothers in non-family child abduction cases and fathers in non-family infant abduction cases, who were working prior to the abduction, had not returned to work even months after child recovery alive. While factors other than abduction related distress may contribute to a parent's not returning to work, the rates found in this project are still much higher than the national unemployment rates of 6% - 8%. For some parents, return to work may represent an as yet unexplored component of family recovery after the missing child is returned home.

Post Disappearance Sibling Return to School. In non-family child abduction cases, 50% had difficulties in returning to school. The infant abduction case families reported only one school-age child who had no difficulties returning to school. Consistent with previously reported project findings, siblings in these cases show the impact of the abduction in return to school difficulties, as well as a range of other problems.

Primary Parent Emotional Changes. All of the primary parents in both groups experienced emotional changes following the non-family abduction. Increased feelings of fear (76.5%), anger (64.7%), anxiety

(47.1%), helplessness (52%), overt sadness or depression (52.9%), shock (25.3%), disgust (29.4%), and guilt (23.5%) were the most common changes in primary parents who lost a child to non-family abduction. In cases of infant abductions, increased feelings of anxiety (85.7%), fear (85.7%), anger (71.4%), helplessness (57.1%), guilt (28.6%), shock (42.9%) and withdrawal (28.6%) were noted.

Primary Parent Behavioral Changes. In non-family child abduction cases, 41% of the primary parents felt that they were less able to concentrate, followed by less responsive to the needs of family members (35.3%), less involved with friends (25.3%), less responsive to family obligations (28.6%), and increased substance abuse (17.6%). In infant abduction cases, primary parents behavioral changes were very similar except many infant abduction primary parents reported being more responsive to the needs of family members. In cases of infant abduction, 71.4% of the primary parents felt they were less able to concentrate.

Partner Emotional and Behavioral Changes. When a partner was present in non-family child abduction families, 90.9% had experienced emotional changes following the abduction according to primary parent report. Similarly, 80% of infant abduction spouse partners experienced emotional changes following the abduction according to primary parent report. In non-family child abduction cases, the most frequently reported changes in spouse or partners were increased feelings of fear (54.5%), anger (72.7%), and anxiety (63.6%). These partners were also frequently less involved in personal interests (45.5%) and less able to concentrate (45.5%) after the abduction, and 36.4% were more responsive to the needs of family members.

Infant abduction case partners were less involved in personal interests (40%) as well as more responsive to family obligations (40%) and family member needs (40%).

Sibling Emotional and Behavioral Changes. The primary parent perceived changes in the remaining children's moods in 57.1% of the cases. The strongest change in mood for siblings in non-family child abduction cases was increased fear (33.3%).

In non-family infant abduction cases, the primary parents perceived their remaining children's moods changed in 75% of the cases. Primary parents in infant abduction cases reported fear (100%) and anxiety (66.7%) as the most predominant mood changes in the remaining children. One-third of the children were reported as having undefined behavioral changes, and one-third as having loss of time with school work. No behavior changes were reported in one-third of the remaining children. In non-family child abduction cases, the following behavioral changes in the remaining children were noted by the primary parent: undefined changes (23.1%), less responsive to needs of family members (15.4%), less involved in personal interests (15.4%), loss of time with school work (15.4%), less responsive to family obligations (7.7%), less involved with friends (7.7%), and increased substance abuse (7.7%). No behavioral changes in the children were reported by over half (61.5%) of the non-family child abduction cases.

Summary-Parent and Sibling Emotional and Behavioral Changes After Non-Family Abduction. Both parents experience increased feelings of fear, anger, anxiety, and helplessness, with behavioral changes of reduced responsiveness to family member needs, withdrawal from friends, and difficulties in concentration.

Family Member Most Affected by Disappearance. The female parent was most affected by the abduction in a majority of the households of both non-family abduction groups (child 66.7%; infant 85.7%), while siblings were most affected in 26.7% of the non-family child abduction cases. In contrast, no family member was designated as most affected in 14.3% of the infant abduction cases.

This finding points to the importance of understanding individual reactions (especially sibling reactions) within a family to non-family abduction. While it might be anticipated that mothers would be the family member most affected by the disappearance, it is less easily anticipated that in one-quarter of the non-family child abduction cases, it would be a sibling that would be the most affected family member.

Family Member Closest to Missing Child. The female parent was also perceived as closest to the missing child (child 58.8%; infant 71.4%). Over half of the primary parents in the non-family child abduction cases (58.8%) identified no one as being the most distant from the missing child and all (100%) of the infant abduction case primary parents identified no one as being most distant from the child.

Post Disappearance Family Discussion/Safety Rule Change. In most families, there was neither an increase nor a decrease in family arguments following the abduction of an infant or child who was recovered alive. In slightly more than half of the non-family child abduction cases, primary parents (52.9%) indicated no changes in family safety rules in the period following the abduction.

In contrast, in 71.4% of the infant abduction cases, primary parents reported there were changes in family safety rules since the disappearance. In the infant abduction cases where safety rules had changed, 80% indicated unspecified changes. 50% of the primary parents reported a decreased amount of time family members are allowed away from home, 50% reported they were allowed to travel a decreased distance from home, and 50% stated the unspecified changes.

As noted in the project finding on family safety rules prior to child disappearance, in one-third of the families affected by non-family abduction with the child recovered alive, neither the missing child nor the siblings had been taught to be aware of potential dangers, such as sexual abuse or abduction by individuals outside the home. In this project finding, half of the parents after non-family child abductions did not make any changes in family safety rules and one-quarter of parents in non-family infant abductions did not make any changes in family safety rules. For these parents, possible explanations may be: (1) belief that the family safety rules were fully adequate before the abduction, (2) belief that no family safety rules can prevent an abduction, (3) need to deny that better family safety rules could have prevented this abduction, (4) belief that abduction or child crime will not strike the same family twice, (5) confusion/immobilization after the abduction, or (6) a combination of the above explanations. In any event, the issue of family safety rules and the rationales that maintain or change them needs increased exploration and understanding.

Post Disappearance Family Relationship Satisfaction. In over half of the non-family child abduction cases, primary parents (54.5%) indicated that their satisfaction with their spouse partner (when applicable) had not changed. The remaining half were evenly divided between increased and decreased satisfaction. Primary parents in the infant abduction cases stated their relationship with their partner had increased (40%), stayed the same (40%), or decreased (20%).

Most of the primary parents stated no changes in their relationship with the remaining children (child 69.2%; infant 50%). Others felt the relationship had increased (child 25%; infant 30.8%) or decreased (25%).

In the infant abduction families, belief in the following statements most often increased after disappearance: "Partners agree to stand by each other in times of need" (83.3%); "Partners agree to provide companionship and insurance against loneliness" (83.3%) and; "Partners agree that having and nurturing children is important" (66.7%). Belief in the following statements most often stayed the same post disappearance: "Partners agree that the family unit is more important than relationship with the spouse." (80%) and "Partners agree that the home is a refuge from the world" (66.7%).

In the non-family child abduction families, belief in the following statements was divided almost equally between “no change” and “increased”: “Partners agree to stand by each other in times of need” and “Partners agree to provide companionship and insurance against loneliness” and “Partners agree that having and nurturing children is important” and “Partners agree that the family unit is more important than the relationship with the spouse.” However, 70% of these primary parents believe their agreement with the statement “Partners agree that the home is a refuge from the world” has stayed the same. In contrast, these families reported their agreement with the statement “Life is generally predictable but contains occasional unpredictable events” generally increased (35.3%) or stayed the same (47.1%), while infant abduction primary parents reported that their agreement with the same statements generally decreased (42.9%) or stayed the same (42.9%).

Both groups reported agreement with the following statement “you generally control what happens in your life” either stayed the same (child 50%; infant 42.9%) or decreased (child 37.5%; infant 57.1%).

In summary, parents in families affected by non-family abduction with the infant/ child recovered alive generally reported stable or increased beliefs in family oriented value systems continued in spite of the abduction stress and an increased awareness of the unpredictability of some life events.

Non-Family Abduction with the Infant/Child Recovered Alive: Post Disappearance Intervention and Support Services (Factors A, X)

Overview of Findings

Two-thirds of parents in families affected by non-family abduction with the infant/child later recovered alive rated law enforcement recovery efforts as highly competent. When parent ratings of highly competent and moderately competent are combined, this includes almost 90% of all cases, which is a substantial endorsement of law enforcement recovery efforts.

Four-fifths of families affected by non-family abduction with the infant/child later recovered alive received no mental health or social support services. Three factors appear to be involved in this finding: (1) few mental health professionals are knowledgeable about child and family trauma due to child disappearance, (2) community mental health centers do not view families of missing children as a service population, and (3) many families have a belief that mental health or social support services would not be useful to them if they were available.

Post Disappearance Perceived Law Enforcement Competence. A majority of the primary parents in both groups rated the law enforcement agency handling their child’s abduction as highly competent (child 58.8%; infant 71.4%). However, a minority of primary parents felt differently, providing ratings of moderately competent (child 29.4%; infant 14.3%) and not competent (child 11.8%; infant 14.3%).

Most parents in families affected by non-family abduction with the infant/child recovered alive rated law enforcement recovery efforts as highly competent. The higher ratings in infant abduction cases may be partially due to the traditionally short time to recovery in infant cases. When parent ratings of highly competent and moderately competent are combined, this includes almost 90% of all cases which is a substantial endorsement of law enforcement recovery efforts.

Post Disappearance Mental Health/Support Services Use. As previously noted, few families received therapy or counseling services before the abduction of their child, and few families received therapy or counseling services after the abduction of their child, as shown by the following services: individual therapy (child 17.6%; infant 0%), family therapist (child 11.8%; infant 14.3%), missing child agency (infant 28.6%; post infant 0%), and clergy (child 0%; infant 14.3%).

Satisfaction with mental health/support services received following disappearance (when utilized) was moderate to high, with individual therapy as an exception which 25% of the non-family child abduction families using the services were not satisfied. Of those families that did not participate in any kind of therapy or counseling, 60% said that they had not felt any services would be useful and 60% reported they had a lack of knowledge about the availability. With infant abduction cases, 50% of the primary parents stated they did not feel the services would be useful. After the disappearance, 87.5% of the non-family child abduction families, reported zero dollars per week spent on mental health/support services and 100% of the infant abduction families reported zero dollars per week spent on services. This low rate of expenditures can logically be anticipated from the low rate of service use.

In summary, few families affected by non-family abduction receive any mental health or support services after the abduction of the child. As reviewed at greater length in Hatcher, Barton, and Brooks (1992), explanations from this situation may be: (1) community mental health services, nationally do not view families of missing children as a service population, and/or (2) few mental health professionals (public or private) are knowledgeable about child and family trauma due to child disappearance. Additionally, this project finding indicates that many families may have a belief that mental health or support services would not have been useful to them even if they were available. In any event, the net effect is that almost all families must depend exclusively upon family members, friends, and law enforcement officers to get through the missing child experience.

Post Disappearance Coping Strategies. In the non-family child abduction cases, the most helpful coping skill, reported by the primary parents, was "expressing feelings" for self (64.7%), partners (63.6%), and children (46.2%).

In infant abduction cases, the most helpful coping skills as reported by the primary parent was "expressed feelings" for partners (40%) and children (100%). However, 50% of the primary parents in this group listed an unspecified, unique, and individual coping skill as being most often helpful.

Post Disappearance Financial Expenditures for Recovery. The median total amount of money spent toward recovery of the abducted child by the primary family was zero dollars for both groups. However, a minority of cases reported higher expenditures of \$101-\$500 (child 17.6%; infant 14.3%), \$501-\$1,000 (child 11.8%; infant 0%), \$1,001-\$5,000 (child 5.9%; infant 28.6%), and \$5001-10,000 (child 5.9%; infant 0%).

Zero dollars was also the amount of money spent by the largest percentage of extended family members (child 80%; infant 80%) and by outside contributors (child 86.7%; infant 57.1%). Although, 42.9% of the infant abduction cases involved \$1,001 to \$5,000 dollar expenditures from outside contributors.

In summary, financial expenditures for recovery in non-family abduction with the infant/child recovered alive were generally low, from either family members, extended family members, or outside contributors. The exception to this finding involved outside contributions of \$1,001—\$5,000 in approximately two-fifths of the infant abduction cases.

Post Disappearance Family Stress. After the abduction, 76.5% of non-family child abduction primary parents rated their own level of stress as high. When applicable, 63.6% of these parents rated their partner's level of stress as high, and 42.9% rated their remaining children's level of stress as high.

After the abduction, 100% of the infant abduction primary parents rated their own stress high, 80% rated their partner's stress high (when applicable), and 33.3% rated their remaining children's stress as high (when applicable).

Self reported family member stress after non-family child abduction is very high, with relatively lower rates of high stress for siblings. These self reports of high stress are supported by results from project quantitative tests which will be reported on in a later section of this results chapter.

Post Disappearance Family Problem Solving. After the abduction, 83.3% of the remaining children in the non-family child abduction cases continued to participate in family problem solving. 100% of the remaining children in infant abduction families did not participate in family problem-solving. This may well be to the fact that all of the children but one in this group were under 6 years of age.

Non-Family Abduction with the Infant/Child Recovered Alive: Recovery and Reunification

(Factor x)

Overview of Findings

In non-family abduction cases, the average length of time for infant/child recovery alive was 5 days. From comparison of this project finding with results from other projects, it appears that the closer one gets to actual case entry at the local police department level, the more short term non-family abductions are identified.

More than half of child recovery alive notifications to parents are made, not by a police officer, but by an individual unknown or tangential to the family such as a news reporter. While every parent would want the earliest possible notification of child recovery from whatever source, recovery notification by a police officer involved in the case is preferable both from the perspectives of providing reliable information to the family as well as and the continuing law enforcement investigation.

Nine-tenths of all non-family abducted infants are recovered less than 100 miles from the abduction site.

More than half of non-family abducted children are recovered less than 100 miles from the abduction site, followed by approximately one-third of the children that are found between 501 and 1,000 miles from the abduction site.

Three-quarters of the families whose infant/child was recovered alive from non-family abduction received no instructions or guidance about reunification with their child.

Reunification meetings between recovered non-family abducted infants/children and their families almost always occur in a timely manner following child recovery. In more than half of the cases, the police officer is the only non-family member present at the reunification meeting.

In three-quarters of the non-family abduction cases, the reunification meeting with child and family is less than thirty minutes, followed child and family return home, with no guidance for post recovery assistance.

Length of Time Missing. In non-family child abduction cases, the average length of time that a child was missing who was recovered alive was 5.12 days. The average length of time for abducted infants recovered alive was 4.71 days.

For the 8-month data collection period of this project, most (88.2%) of non-family abduction with the children who were recovered alive were home by the first interview or within approximately 45 days of the abduction. All of the non-family abducted infants were recovered by this point in time.

The length of time missing for non-family abductions is influenced by three factors: (1) the definition used of non-family abduction, (2) the population from which the study sample is obtained, and (3) the method by which the sample is obtained. Previous studies have found varying lengths of time missing depending upon these three factors. For example, Hatcher, Barton, and Brooks (1990) found an average length of time missing for non-family child abductions to be in this study, the investigators: (1) defined the case as one qualified for registry in the National Center for Missing and Exploited Children's (NCMEC) data base in calendar year 1987, (2) used the NCMEC data base as a sample of the total population of non-family abducted children in the U.S., and (3) analyzed all cases in the data base. Compared to the current study, the longer lengths of time missing on that study are probably due to the number of shorter term abductions which were received prior to NCMEC data base entry at that time. Alternatively, Finkelhor, Hoatling, and Sedlak (1991) found an average length of time missing for non-family child abductions to be _____. In that study, the investigators: (1) defined the event as appearing retrospectively in the records of selected police departments, (2) used the records of these police departments as a sample of all the non-family abducted children in the U.S., and (3) analyzed all cases in the data base. Compared to the current study, the differences in length of time missing may be due to variations in non-family child abduction case definition among the various police departments in the study.

In the current study, the investigators: (1) defined the event as reporting prospectively in the records of designated police departments and achieved a common definition among departments, (2) used the records and in person interviews as a sample of all non-family abduction cases in the U.S., and (3) analyzed all cases over an 18 month prospective data collection period. The principal lesson from these various studies appears to be that the closer one gets to the police department case entry level, the more short term non-family child abductions are identified.

Time From Recovery to Parent Notification. Over three-fourths of the non-family child abduction cases, families were notified of their child's recovery in less than one hour (81.3%). In infant abduction cases, only 57.1% of the families were notified in the first hour. In a minority of cases, family notification involved delays of 1-2 hours (child 0%; infant 14.3%), and 6-12 hours (child 6.3%; infant 14.3%). Overall, family notification appears to occur in a timely and reasonable manner.

Child Recovery Notification. 85.7% of infant recovery notifications were made by police officers working on the case, while officers made notifications in only 37.5% of the non-family child abductions. Most of the child recovery notifications involved an individual unknown or tangential to the family (56.3%).

The female parent was notified of the recovery in 42% of the child recoveries, with a male parent being notified in 28.6%. Remaining children in the family were first to be notified of child recovery in 21.4% of

the cases. Notification of infant recoveries was made to a female parent in 33.3% of the cases, a male parent in 50% of the cases, and to an extended family member in 16.7% of the cases.

In the non-family child abduction cases, over half of the notifications were done in person (53.3%) and the remainder by phone (46.7%). Looking only at infant abduction cases, two-thirds of the notifications were done in person (66.7%), and the remaining children in the family were always notified within four hours of the parent's notification of both child and infant recovery cases.

The event which most often led to the recovery of the abducted infant child was a search picture of the abductor suspect was recognized by an adult (57.1%), followed by a suspicious adult told police (14.3%), or police arrested the abductor (14.3%). The events which led to the recovery of the non-family abducted child who was recovered alive were unique and highly individualized (30%), followed by a suspicious adult told police (12.5%), the child contacted the family (12.5%), or the police arrested the abductor (12.5%).

In summary, a finding of note regarding recovery notification was that most parents in non-family abductions with the child recovered alive were not notified first by a police officer, but by an individual unknown or tangential to the family such as a news reporter. While every parent would want the earliest possible notification of child recovery from whatever source, recovery notification by a police officer involved with the case is preferable from a law enforcement perspective and may be preferable from a parent perspective as the officer represents the most knowledgeable and reliable source of information about the recovery. At present, however, most such notifications are not being made by law enforcement, or other individuals well known to the family.

Within this project, most non-family infant abductions were resolved by an adult recognizing a search picture of the abductor suspect. However, in non-family child abductions, search pictures of the abductor or abducted child did not frequently lead to child recovery. Rather, the events leading to recovery were most often highly individualized and unique.

Recovery Site Distance. Most of the abducted infants were found less than 100 miles from their home in the same state (71.4%), followed by less than 100 miles from home in a different state (14.3%), or 101-500 miles from home in a different state (14.3%). Most of the non-family abducted children recovered alive were found less than 100 miles from home in the same state (56.3%), followed by more than 1,000 miles in a different state (18.8%), 101-500 from home in the same state (12.5%), 501-1,000 miles from home in the same state (6.3%), or 501-1,000 miles from home in a different state (6.3%).

In summary, almost all non-family abducted infants are found less than 100 miles from the abduction site. Most non-family abducted children are found less than 100 miles from the abduction site, followed by a sizable minority that is found between 501 and 1,000 miles from the abduction site. Taken together in previously reported project data, non-family abductors typically have only one or two residences during the abduction and do not travel far from the abduction site. On the other hand, non-family child abductions typically travel frequently with multiple residences and travel over greater distances than infant abductions.

Child Recovery Information. In non-family child abduction cases during the initial notification, most parents were told there had been a positive identification of their child during the initial notification of recovery (93.8%). This was true in cases of infant abduction (71.4%), as well. In a minority of cases, parents were told that a probable identification had been made (child 6.7%; infant 14.3%), or a possible identification had been made (child 0%; infant 14.3%).

The majority of parents were told that their recovered infant or child was in good physical health (child 43.8%; infant 71.4%). A minority of parents were told that their recovered infant or child was in moderate health (child 25%; infant 0%).

In non-family child abduction recoveries, most families received no information about their child's current emotional health (56.3%). In infant abduction recoveries, parents were split between receiving information their child was in good emotional health (57.1%) and no information (42.9%).

Between the initial notification and the reunification, 81.3% of the non-family child abduction parents and 83.3% of the infant abduction parents received no additional information about the child's physical health, and similar percentages of parents received no additional information about the child's emotional health (child 81.3%; infant 85.7%). The most typical types of information given to parents by their primary contact were the circumstances of recovery (child 100%; infant 100%) and the health status of the child (child 66.7%; infant 50%). Most parents received no instruction about reunification (child 75%; infant 71.4%). The most frequent type of information that parents would have wanted but which they did not receive was information about what happened during the missing period (child 40%; infant 14.3%). Non-family child abduction parents (46.7%) and infant families (71.4%) reported most often that they wanted no type of information they did not receive. However, many families recovering a child from non-family abduction did want (and not receive) the following types of information before reunification: information about what happened (40%), information about who to call with problems (20%), information about who to call with problems (20%), information about the physical and emotional health of the child (20%), information about how much emotion it would be all right for parents to express at reunification (13.3%), expectations in terms of child's behavior (13.3%), and information about what would take place at the reunification meeting prior to being able to take the child home (13.3%).

In summary, three-quarters of the families whose infant/child was recovered alive from non-family abduction received no instructions or guidance about reunification. These families must then approach the reunification meeting without any guidance as to what to say or do, what to expect in terms of child behavior, what would happen during the reunification meeting, or who to call for help after the reunification meeting. While the position could be taken that all families would benefit from such reunification information, family receptivity and ability to absorb such information is a factor as well. In this project, many families could not identify information they would like to have had prior to reunification with their child. Effective communication of reunification information will involve not only the availability of the information itself, but an assessment of the individual family receptivity of such information as well.

Reunification Meeting. Most frequently, the amount of time between parental notification of recovery and the actual reunification meeting was less than twelve hours (child 87.5%; infant 100%).

Most infant abduction families took no particular items with them to the reunification meeting (68.8%). Forty percent of the infant abduction parents and 31.3% of the child abduction parents were driven to the meeting by a police officer. For the non-family abduction families, 43.8% reported they got to the reunification meeting by unspecified means.

In non-family child abduction cases, the following people were most frequently present at the reunification meeting in addition to the primary parent: partners (50%), police officers (75.0%), siblings (31.3%), relatives (31.3%), media representative (12.5%), friends (12.5%), child care workers (12.5%), physicians (6.3%), and clergy (6.3%). At infant abduction case reunification meetings, these people were most frequently present in addition to the primary parent: partners (57.1%), police officers (71.4%), relatives (57.1%), and media representative (42.9%).

The meeting lasted 0 to 30 minutes in 71.5% of the infant recoveries, 31-60 minutes in 14.3% of the cases, and 3+ hours in 14.3% of the infant cases. In non-family child abduction recoveries, reunification meetings lasted 0-30 minutes in 80% of the cases, 31-60 minutes in 6.7% of the cases, and 61 minutes-3 hours in 13.3% of the cases.

In non-family child abduction cases, reunification meetings took place in the family home (31.3%) or other unspecified location than those listed (37.5%). Infant abduction case reunification meetings took place at a police station (42.9%), hospital (28.6%), or other unspecified location (28.6%).

In non-family child abduction cases, the first response of most recovered children was to hug their parents (80%), followed by move toward parents (13.3%), and remain distant and withdrawn (6.7%).

In infant abduction cases, recovered infants hugged their parents (28.6%), were non-reactive (28.6%), showed an unspecified other response (14.3%), or a reaction was not noted (28.6%).

The initial emotional response of the post infant child was most frequently happiness (56.3%) or excitement (43.8%). Predictably, most infant families reported there was no initial response by the child (71.4%).

In non-family child abductions, parents noted the initial emotional responses of the returned child to be quite extensive: happiness (56.3%), excitement (43.8%), fear (25%), anxiety (12.5%), sadness (12.5%), helplessness (12.5%), shock (6.3%), anger (6.3%), guilt (6.3%), and unspecified other responses.

Predictably, in infant abductions, parents noted no initial response by the recovered infant (71.4%), with a minority of parents noting excitement (14.3%) and happiness (14.3%).

In non-family child abduction cases, the first thing the recovered children talked about during the reunification meeting was usually the circumstances of the abduction (62.5%). The recovered infant or child had the most contact with the female parent during the meeting (child 87.5%; infant 71.4%).

Police officers were identified most often as having interaction with the parent and the child during the reunification meeting (child 37.5%; infant 57.1%). A high percent of infant abduction families also reported interactions during the reunification meeting with extended family members (42.9%). However, infant abduction families responded that the people they interacted with during the reunification meeting provided diversionary activity (28.6%) and explained the next legal steps (28.6%). In non-family child abduction cases, families reported the people they interacted with helped the child discuss parts of the disappearance (18.8%), explained the next legal steps (18.8%), and identified legal points of contact (18.8%).

After the reunification meeting, a majority of the recovered children returned home (child 81.3%; infant 85.7%). The remaining infants stayed in the hospital (14.3%) and the remaining non-family child abduction cases stayed in a hotel or motel (18.8%).

In summary, reunification meetings between recovered non-family abducted infants/children and their families almost always occur in a timely manner following child recovery. In most cases, family members and police officers are the individuals present during the reunification meeting with the recovered child. In three-quarters of the non-family abduction cases, the reunification meeting with child and family is less than thirty minutes, followed by child and family return to their home, without guidance for post recovery assistance or points of contact from which to obtain such assistance if needed. An exception to this pattern was the finding that about one-fifth of the families received information of legal steps and criminal justice points of contact.

Reunification meetings between parents and infants/children recovered from non-family abduction remain unsystematized, with meeting responsibility being delegated by default to the individual police officer present at the meeting. To improve this situation, the OJJDP funded project, Reunification of Missing Children (Hatcher, Barton, and Brooks, 1992), established multi-disciplinary reunification teams at five sites in the U.S. However, until such reunification teams are established more widely, the reunification meeting responsibility will continue to fall upon the law enforcement officer.

Return Home. On the non-family abducted child's first day home after recovery, 86.7% of the children had contact with siblings, 40% with extended family members, 40% with family friends, and 46.7% with neighbors. Infants were reported to have first contact with extended family members (100%), family friends (57.1%), siblings (42.9%), and neighbors (28.6%). 68.9% of the children recovered from non-family abduction spoke about the disappearance at some point. These children most often discussed the experience with their female parent (68.8%) or a sibling (37.5%).

Non-Family Abduction with the Infant/Child Recovered Alive: Post Recovery Trauma and Coping (Factor x)

Overview of Findings

After child recovery alive from non-family abduction, the law enforcement officer was the most frequently utilized resource outside the family for support and coping.

After child recovery alive from non-family abduction, no mental health professional, social worker, member of the clergy, or social support agency staff member was cited by any family as the primary contact for support and coping.

Over half of the children recovered alive from non-family abduction returned to school within three days of recovery. However, nine-tenths of the recovered children and half of their siblings had difficulties in returning and readjusting to school.

While almost all parents felt that the non-family abducted infant/child had been recovered with less harm than expected, over one-quarter of the parents reported being less relieved than they expected to be after recovery. Child recovery alive with limited harm does not automatically equal parental relief from high stress.

After child recovery from non-family abduction, more than half of the families returned to a normal daily pattern within one week after child recovery. Yet, this general pattern of a return to a normal daily family life obscures other very important problems for the recovered child. Specifically, parents report high rates of physical and psychological problems for recovered children, including nightmares and anxiety symptoms for three-quarters of the children and headache symptoms for one-half of the children.

Post Recovery Emotions. When notified of the recovery, 57.1% of the primary parents in the infant abduction cases experienced the following initial feelings: happiness (57.1%), excitement (28.6%), and unspecified other feelings (14.3%).

When notified of the recovery, in the non-family child abduction cases, primary parents experienced the following feelings: happiness (43.8%), excitement (25%), shock (12.5%), anger (6.3%), and unspecified other feelings (6.3%).

Post Recovery Social Support. The resource that was used most often by parents as guidance for reunification was a police officer (child 77.8%; infant 100%). Other resources listed as a guidance for reunification were religious beliefs (child 66.7%; infant 75%) and relatives (child 44.4%; infant 75%). A police officer was the primary contact after the recovery (child 57.1%; infant 50%). Also, no mental health professional, social worker, member of the clergy, or missing child center staff member was listed by any family as a primary contact after child recovery. This project finding is consistent with previously reported project findings which indicate that mental health professionals, social service professionals, clergy, and missing child center staff were not primary contacts for guidance and support for these families.

Child Return to School. Over half of the children recovered alive from non-family abduction returned to school within one to three days of recovery (55.6%).

When the recovered non-family abducted child returned to school, 87.5% had difficulties with their return to school.

When recovered non-family abducted children had difficulties returning to school, the nature of the problem was usually unspecified (66.7%). About half of the non-family abducted child siblings had unspecified problems returning to school after recovery (55.6%).

In summary, almost all children recovered from non-family abduction experience difficulties in their return to school. Currently, school districts do not have access to materials with which to train teachers in this area or with which to develop policy on school district assistance to such recovered children.

Sibling Reunification Guidance. Few of the parents offered the remaining children guidance in reunifying with their brother/sister. Factors influencing the amount of guidance given to siblings included the child's age and the level of communication between the child and the parents (child 50%; infant 0%). The amount of time between the parent's reunification with the child and the siblings' reunification with the child was less than one hour in most cases (child 50%; infant 66.7%). Although half of the non-family abduction siblings expressed no concerns about the recovered child or the reunification meeting, 50% were concerned about the child's physical health. Siblings in infant abduction families expressed no concern (100%) for the status of recovered child or about the reunification meeting.

This project finding is consistent with previously reported project findings which showed substantial sibling distress due to non-family abduction. This finding shows that siblings are provided with little reunification guidance after the recovery of their brother or sister. These siblings warrant additional parental and support person sensitivity to their concerns and feeling about child loss/child recovery.

Recovery Perceptions. Most of the infant abduction case parents indicated that the child was recovered later (66.7%) than they had expected. The non-family child abduction parents were evenly distributed concerning when they expected their child to return. Response options ranged from sooner than expected to later than expected.

Most of the children from both groups were recovered with less harm than the parent expected (child 66.7%; infant 69.2%). Only 7.7% of the non-family child abduction cases and none of the infant cases reported their child experienced more harm than expected.

Most parents reported feeling about as relieved as they expected to feel (child 64.3%; infant 50%). The remaining families were split between groups: 33% of infant abduction families were more relieved and 21.4% of non-family child abduction parents were less relieved.

In summary, most parents felt that infants/children recovered alive from non-family abduction returned with less harm than expected with very few parents reporting more child harm than expected. However, between one-quarter and one-third of parents were less relieved than they expected to be after recovery. This finding highlights the psychological interaction between anticipated level of missing child harm, actual level of recovered child harm, anticipated level of parent relief for child recovery, and actual level of parent relief with child recovery. Individuals assisting families of missing children need to be aware that child recovery alive with limited harm does not automatically equal parental relief from high stress.

Post Recovery Family Life. After reunification, in 53.3% of the non-family abduction families, life soon returned to normal daily pattern. Yet, only 28.6% of the infant abduction families reported that life returned to normal daily pattern. Of the families whose life returned to normal daily pattern, most reported it occurred in under one week. Yet, the recovered non-family abducted children were reported to have multiple problems after recovery including: nightmares (80%), symptoms of anxiety (70%), and headaches (50%).

In summary, most families affected by non-family abduction return to a normal daily pattern within one week after infant/child recovery. However, consistent with previously reported project findings, a significant minority of families experience more adjustment problems, in this case with return to a normal daily family life pattern. Yet, this general picture of a return to a normal family daily life pattern may obscure other very important problems. Specifically, across families, parents report high rates of problems for children recovered alive from non-family abduction, including nightmares, anxiety symptoms, and headaches.

Post Recovery Primary Parent Behavioral Change. The most frequently reported behavior changes were that the primary parent was more responsive to family obligations (child 25%; infant 28.6%) and to the needs of family members (child 43.8%; infant 28.6%). However, a significant group of primary parents (child 43.8%; infant 28.6%) reported no behavioral changes.

Post Recovery Partner Emotional and Behavioral Changes. After the recovery, 80% of non-family child abduction parents and 60% of infant abduction parents reported mood changes in their partner. Partners were most often reported to be happier (child 70%; infant 75%). The behavioral change attributed to the most partners was that they were more responsive to the needs of family members after the recovery (child 36.4%; infant 20%).

Post Recovery Recovered Child/Sibling Emotional and Behavioral Changes. According to the non-family child abduction primary parent, 66.7% of their children experienced general mood changes after the recovery. Similarly, infant abduction primary parents reported 60% of their children experienced general mood changes after recovery. The non-family abducted missing child most frequently showed signs of increased anxiety (26.7%) and fear (26.7%), while siblings showed increased happiness (33.3%).

The recovered non-family abducted children were often less involved with personal interests (28.6%), more responsive to the needs of family members (28.6%), and had other unspecified behavioral changes (57.1%). In non-family child abduction cases, siblings did not often have any behavior changes reported by the adults in half of the families (50%), for the remaining families the most common change reported was being less responsive to family obligations (50%).

In summary, again, the uniqueness of individual differences among family members is undetermined. Not all recovered children or siblings responded the same, emotionally or behaviorally, to child recovery. Sibling reactions, especially, represent one of the areas for which knowledge and understanding is most limited.

Family Member Most Affected by the Recovery. The female parent was most affected by the recovery (child 73.3%; infant 85.7%).

Post Recovery Family Discussion/Safety Rule Change. There was not an increase in family arguments in 81.3% of the families and 100% of infant families. Family goals were not changed in a majority of the households after the recovery (child 75%; infant 57.9%). After the recovery, 66.7% of the non-family child abduction parents made changes to their family safety rules and 42.9% of the infant abduction families did also. The most common change in non-family child abduction parents was a decrease in the distance family members are allowed to be away from home (50%). Conversely, 33.3% of the non-family child abduction parents and 42.9% of the infant abduction parents did not change family safety rules after recovery.

Project findings show a substantial number of parents affected by non-family infant/child abduction who do not change family safety rules after child disappearance nor after child recovery. Similar findings are also present across other missing child families as well, identifying an issue with implications for child safety on both the individual child and the public policy level.

Post Recovery Family Relationship Satisfaction. Slightly more than half of the non-family child abduction parents were no more or less satisfied with their relationship with their partner after the recovery (60%), although most infant abduction families reported increased satisfaction with their partner post recovery (60%). Over three-fourths of the parents were no more or less satisfied with their relationship with siblings who was not abducted (78.6%). Infant abduction families showed similar results for siblings in 50% of the cases.

For at least half of the parents, their belief in the following statements in reference to their partners or perspectives was unchanged following the recovery: "Partners agree to stand by each other in times of need" (child 80%; infant 50%); "Partners agree to provide companionship and insurance against loneliness" (child 80%; infant 50%); "Partners agree that having and nurturing children is important" (child 70%; infant 100%); "Partners agree that the family unit is more important than the relationship with the spouse" (child 70%; infant 100%); "Partners agree that the home is a refuge from the world" (child 80%; infant 83.3%); "Life is generally predictable but contains occasional unpredictable events" (child 62.5%; infant 57.1%); "You generally control what happens in your life" (child 62.5%; infant 57.1%).

In summary, family values of cohesiveness, mutual support, and child care appeared to be maintained even under the stress of non-family child abduction.

Post Recovery Coping Strategies. The non-family child abduction primary parent reported the following ways of coping which have been helpful since the recovery: 68.8% of the parents expressed their feelings, 43.8% of the parents communicated with family members, and 43.8% of the parents learned relaxation techniques. After child recovery, the coping skills reported by the most infant abduction primary parents were expressing feelings (42.9%), and learning how to communicate with family members (42.9%).

70% of the non-family child abduction partners expressed their feelings and 70% learned to communicate with family members. In contrast, 40% of the infant abduction partners expressed feelings, and 40% learned relaxation techniques. The most common responses about the siblings in both groups was expression of feelings (child 60%; infant 28.6%).

Recovery Week Family Stress. In non-family abduction cases, most of the primary parents rated their overall level of stress as high during the week of the child's recovery (child 81.3%; infant 85.7%); rated their partner's level of stress as high (child 80%; infant 60%). The non-family child abduction parents rated the recovered child's stress as high (62.5%). The infant abduction families rated their recovered child's stress as low in 71.4% of the cases and 28.6% reported they did not know.

In non-family child abduction cases, 50% of the parents rated the siblings' stress as medium during the week of the recovery. In non-family infant abduction cases, 75% of the parents rated the siblings' stress as low.

In summary, in non-family abduction cases with the infant/child recovered alive, family members' stress during the week following child recovery is very high. While parents rated sibling stress as very high as well, sibling stress was relatively lower than for other family members.

Non-Family Abduction with the Infant/Child Recovered Alive: Post Recovery Intervention and Support (Factor x)

After child recovery alive, over one-half of parents rated law enforcement as highly competent during the recovery and reunification with their non-family abducted infant/child.

After child recovery alive from non-family abduction, over one-half of the families received no mental health counseling or support services (clergy, social service agency, missing child center, etc.). A substantial minority of families received individual counseling services and were satisfied, but no consistent pattern emerged as to which family member received counseling services. Services oriented to family assessment of problems and counseling were almost non-existent.

Perceived Law Enforcement Competence During Recovery. Over half of the parents believed their law enforcement agency was highly competent during the post recovery period (child 60%; infant 85.7%).

Post Recovery Mental Health/Support Services Use. The most common form of therapy after the recovery was individual counseling (child 41.2%; infant 28.6%). Other forms of therapy were rarely used by any family member post recovery. Only 14.3% of non-family infant abduction families and no non-family child abduction families (0%) used a missing child agency post recovery. With the exception of individual counseling, most who sought some form of support service or therapy were not satisfied. Individual therapy however, was moderately to highly satisfying for 40% of the non-family child abduction families and for 14.3% of the infant abduction families. When services were not used, 90% of non-family child abduction families did not describe a reason. Most infant abduction families specified they did not feel it would be useful (50%) when they listed a reason, but 50% also did not describe a reason. The average amount of money spent on family services per week following the recovery was \$17 dollars for non-family child abduction families and \$13 dollars for infant abduction families.

After infant/child recovery from non-family abduction, most families received no mental health counseling or support services (clergy, missing child center, social service agency, etc.). A substantial minority of family members received individual counseling services and were satisfied, but there was no consistent pattern as to which family member received the counseling. Services oriented to family assessment of problems and counseling were almost non-existent.

Summary-Non-Family Abduction with Child Recovered Alive

Demographic Characteristics Summary. The average age of the non-family abducted child who was later recovered alive was 9 years old for males, and 11.5 years old for females. The average age of the non-family abducted infant was 3.5 months. Racial/ethnic group identity does not appear to increase or decrease the risk for non-family child abduction.

While most of the non-family abducted children and infants who were later recovered alive were living with both of their biological parents at the time of the abduction, approximately one-third were single parent families. There was at least one remaining child in over three-fourths of the families following a non-family abduction with the child who was later recovered alive.

Approximately one-fourth of the biological fathers lived outside the home and failed to have any contact with the non-family abducted child/infant in the six months prior to the child abduction.

Pre Disappearance Family Characteristics Summary. Three-quarters of the families who lost a child to non-family abduction with the child later recovered alive reported multiple traumatic family life events prior to the child's disappearance. Additionally, in the three month period prior to the abduction, more than one-third of the parents in families affected by non-family abduction with the child recovered alive reported high levels of family stress in the three month period prior to the abduction, thereby adding to the stress of the abduction event.

Physical abuse by one parent of another was reported in approximately one-tenth of families who lost a child to non-family abduction with the child later recovered alive. Prior to non-family abduction with the child recovered alive, approximately one-tenth of the abducted children were reported as sexually abused by an adult other than a parent.

Families affected by non-family abduction are neither high nor low users of mental health or counseling services prior to the child's disappearance.

Disappearance Event Characteristics Summary. Infant and child non-family abduction is a daytime event. Most abductors are observed at the time, and fairly detailed descriptions are available. In cases where the abductor was not observed, possible abductor suspects were frequently identified.

Most non-family child abductors used physical means and verbal threats to the child to accomplish the abduction. Over half of the non-family abducted children realized immediately that they were being kidnapped. Almost three-quarters of non-family abducted children are initially compliant during the abduction. These children are placed in the difficult position of making immediate decisions as they are confronted by a physically larger, more intellectually skilled, coercive adult abductor. Their compliant behavior may not, after recovery, fit with parental and peer values about active heroic physical and verbal resistance.

Following the initial abduction, the non-family child abductor had assistance from friends or relatives in over half of the cases. This assistance is provided by individuals who actively participate in the detention of the child or who vicariously participate by knowing the child abduction and taking no action for child return. These friends and relatives of non-family abductors know that a child has been kidnapped. Yet, no current knowledge is available to assist in understanding the value systems and thinking that permits such individuals to actively or vicariously continue to assist the abductor.

Most non-family abducted children did not have adequate food, water, shelter, and personal hygiene conditions. Physical abuse, sexual abuse of these children was common. These abductors also frequently experienced money problems. By the time of child recovery, half of the abductors had achieved sufficient control over the child victim that complete physical control was no longer necessary. In a possibly related finding, approximately one-quarter of the abductors acted in a caring and supportive manner toward the victim at times during the abduction.

During the non-family abduction, more than one-third of the children wanted to be rescued. Of these children, most did not believe that their parents were still looking for them. Almost one-third of the children felt responsible in some way for the abduction, and one-fourth of the children believed they were involved in some at risk behavior at the time of the abduction. While actual abduction events do not support child responsibility, the issue of some children feeling responsible in some way for the abduction is important. As illustrated in repetitive family arguments and divorce situations, children can feel responsible or partially blame themselves for distressful family events. Individuals assisting recovered children and their families need to be sensitive to the child's feelings, whether they are factually supported by abduction events or not.

Post Disappearance Trauma and Coping Summary. For most families, the police officer in non-family child abductions with the child recovered alive is not only the central investigative figure for parents of the abducted child, but also the most important source of coping support outside the immediate family. With almost no mental health or social service support currently available for families of missing children, it is the police officer, whether by design or by default, who will continue for the immediate future to be viewed as the families' primary source of hope and coping support for child recovery.

In families who lost a child to non-family abduction with the child later recovered alive, all working fathers had returned to their jobs within one month of child disappearance. However, at eight months after child disappearance, two-fifths of the previously employed mothers had not yet returned to work. For mothers, these unemployed rates are much higher than the national unemployment rates of 6-8%. For a sizable group of mothers, return to work may represent an as yet unexplored component of family recovery after the missing child is returned home.

All of the primary parents, nine-tenths of the partners or spouses, and three-fifths of the remaining children in the family experienced emotional changes as a result of the child abduction. These emotional changes included increased fear, anger, anxiety, and helplessness, followed by behavioral changes of decreased responsiveness to the needs of other family members, withdrawal from friends, and difficulties in concentration.

Half of the children remaining at home after a non-family child abduction with the child later recovered alive had difficulty in returning to school.

Post Disappearance Intervention and Support Services Summary. Two-thirds of parents in families affected by non-family abduction with the infant/child later recovered alive rated law enforcement recovery efforts as highly competent. When parent ratings of highly competent and moderately competent are combined, this includes almost 90% of all cases, which is a substantial endorsement of law enforcement recovery efforts.

Four-fifths of families affected by non-family abduction with the infant/child later recovered alive received no mental health or social support services. Three factors appear to be involved in this finding: (1) few mental health professionals are knowledgeable about child and family trauma due to child disappearance, (2)

community mental health centers do not view families of missing children as a service population, and (3) many families have a belief that mental health or social support services would not be useful to them if they were available.

Recovery and Reunification Summary. A finding of note regarding recovery notification was that most parents in non-family abductions with the child recovered alive were not notified first by a police officer, but by an individual unknown or tangential to the family such as a news reporter. While every parent would want the earliest possible notification of child recovery from whatever source, recovery notification by a police officer involved with the case is preferable from a law enforcement perspective and may be preferable from a parent perspective as the officer represents the most knowledgeable and reliable source of information about the recovery. At present, however, most such notifications are not being made by law enforcement, or other individuals well known to the family.

Within this project, most non-family infant abductions were resolved by an adult recognizing a search picture of the abductor suspect. However, in non-family child abductions, search pictures of the abductor or abducted child did not frequently lead to child recovery. Rather, the events leading to recovery were most often highly individualized and unique.

Three-quarters of the families whose infant/child was recovered alive from non-family abduction received no instructions or guidance about reunification. These families must then approach the reunification meeting without any guidance as to what to say or do, what to expect in terms of child behavior, what would happen during the reunification meeting, or who to call for help after the reunification meeting. While the position could be taken that all families would benefit from such reunification information, family receptivity and ability to absorb such information is a factor as well. In this project, many families could not identify information they would like to have had prior to reunification with their child. Effective communication of reunification information will involve not only the availability of the information itself, but an assessment of the individual family receptivity of such information as well.

Reunification meetings between recovered non-family abducted infants/children and their families almost always occur in a timely manner following child recovery. In most cases, family members and police officers are the individuals present during the reunification meeting with the recovered child. In three-quarters of the non-family abduction cases, the reunification meeting with child and family is less than thirty minutes, followed by child and family return to their home, without guidance for post recovery assistance or points of contact from which to obtain such assistance if needed. An exception to this pattern was the finding that about one-fifth of the families received information of legal steps and criminal justice points of contact.

Reunification meetings between parents and infants/children recovered from non-family abduction remain unsystematized, with meeting responsibility being delegated by default to the individual police officer present at the meeting. To improve this situation, the OJJDP funded project, Reunification of Missing Children (Hatcher, Barton, and Brooks, 1992), established multi-disciplinary reunification teams at five sites in the U.S. However, until such reunification teams are established more widely, the reunification meeting responsibility will continue to fall upon the law enforcement officer.

Post Child Recovery Characteristics Summary. After child recovery alive, over one-half of parents rated law enforcement as highly competent during the recovery and reunification with their non-family abducted infant/child. Further, the law enforcement officer was the most frequently utilized resource outside the family for support and coping.

Most families affected by non-family abduction return to a normal daily pattern within one week after infant/child recovery. By example, over half of the children recovered alive from non-family abduction returned to school within three days of recovery. However, consistent with previously reported project findings, a significant minority of families experience very pronounced adjustment problems. Further, this general picture of a return to a normal family daily life pattern for the majority of families may obscure other very important problems. Specifically, parents report nine-tenths of the recovered children and half of their siblings had difficulties in returning and readjusting to school, and high rates of physical and psychological problems for recovered children, including nightmares and anxiety symptoms for three-quarters of the children and headache symptoms for one-half of the children.

Most parents felt that infants/children recovered alive from non-family abduction returned with less harm than expected with very few parents reporting more child harm than expected. However, between one-quarter and one-third of parents were less relieved than they expected to be after recovery. This finding highlights the psychological interaction between anticipated level of missing child harm, actual level of recovered child harm, anticipated level of parent relief for child recovery, and actual level of parent relief with child recovery. Individuals assisting families of missing children need to be aware that child recovery alive with limited harm does not automatically equal parental relief from high stress.

After child recovery alive from non-family abduction, over one-half of the families received no mental health counseling or support services (clergy, social service agency, missing child center, etc.). A substantial minority of families received individual counseling services and were satisfied, but no consistent pattern emerged as to which family member received counseling services. Services oriented to family assessment of problems and counseling were almost non-existent.

Project findings show a substantial number of parents affected by non-family infant/child abduction who do not change family safety rules after child disappearance nor after child recovery. Similar findings are also present across other missing child families as well, identifying an issue with implications for child safety on both the individual child and the public policy level.

Chapter VIII. Project Descriptive Results:

Non-Family Abduction with Child Recovered Deceased

Overview of Findings

The average age of the non-family abducted child who was later recovered deceased was eight years old for males and ten years old for females.

After non-family abduction, an equal number of male and female children were recovered deceased.

Racial/ethnic group identity does appear to increase the risk for non-family abduction in cases where the child is later recovered deceased, primarily for Hispanic children.

There was at least one remaining child in almost three-quarters of the families after a non-family abduction in which the child would be later recovered deceased.

Three-fifths of the biological fathers lived outside of the households, and approximately one-half of these fathers failed to have contact with the abducted child in the six months prior to the abduction.

In non-family abduction cases with the child later recovered deceased, the median family income was \$25,000, and the primary wage earner had less than a high school education in two-fifths of the cases.

Child. In four-fifths of the cases of non-family abduction with the child recovered deceased, there was only one child abducted (80%). The average age among abducted males was eight, and among females was ten. There was an equal number of boys abducted as girls. Less than half (40%) of the abducted children recovered deceased were Caucasian, 20% were Black, and 40% comprised other minorities (primarily Hispanics).

Non-family abduction with the child recovered deceased is an event which primarily involves a single child, as is the case where the child is recovered alive. The non-family abducted female child who is recovered deceased was a pre-adolescent (average age = 10 years) in this project and younger than the female deceased child in other non-family abduction studies (average age - 12.5 years) (Hatcher, Barton, & Brooks, 1990). The non-family abducted male child recovered deceased is typically younger than the female victim, found in this study to have an average age of 8 years which is consistent with other studies (average age = 7.5 years) (Hatcher, Barton, & Brooks, 1990). In this project, male and female children were abducted in equal numbers. A range of racial/ethnic group identities were represented among these children, with indications of over representation among Hispanic children.

Forty-four percent of the primary parents reported they were currently married. Forty percent of the married parents had been married for four or more years, and 40% of the married primary parents reported they knew their current spouse for longer than one year before marrying. There were no cases in which child custody was contested after a divorce or separation.

Siblings. There was at least one remaining sibling in 70% of the households after a non-family abduction with the child recovered deceased.

In 62.5% of the households with siblings, all of the siblings had the same biological parents. The median age of the eldest sibling was twelve to fourteen years.

Family Living Arrangement. The biological father lived outside of 60% of the households, and half of those fathers living outside the home failed to make contact with the missing child in the six months prior to the abduction. There was only one biological mother who lived outside of the home, and she did have contact with the abducted child in the six months prior to the abduction.

Families of missing children are reflective of family patterns in the larger society as well, with frequent absences of biological fathers from the home and from contact with children.

Income. The primary contributor to the family income was typically reported to be the primary parent (77.8%), and in half (50%) of the families there was no secondary contributor. In 70% of non-family abduction with the child recovered deceased cases, the family income was \$20,000 to \$25,000 or less. The primary contributor had less than a high school education in 40% of the families.

Religion. Half of the primary parents identified with the Protestant Church, while most of the partners (42.9%) were identified as Catholic.

In non-family abduction cases with the child recovered deceased, a range of religious faith identifications are found, which does not appear to be different from national norms.

Non-Family Abduction with the Child Recovered Deceased: Pre Disappearance Family Characteristics (Factors a, B, C)

Overview of Findings

More than one-half of the families who lost a child to non-family abduction with the child later recovered deceased reported multiple traumatic family life events prior to the the child's disappearance.

Physical abuse of one parent by another was reported in approximately one-third of families who were later lost a child to non-family abduction with the child recovered deceased. Physical abuse of the missing child or a sibling by a male parent was reported in one-tenth of the cases. No sexual abuse of any family member was reported pre-child disappearance.

One-fifth of the families involved with non-family abduction cases with the child recovered deceased had participated in family counseling at some point prior to the child abduction, which is a higher rate of mental health service utilization that would be normatively expected. Other forms of mental health and social service support services were utilized at rate approximately characteristic of the general population. The reason for the somewhat higher than average use of family counseling services is unknown.

More than one-third of the parents in families who were later affected by non-family abduction with the child later recovered deceased reported medium levels of family stress in the three month period prior to the abduction, thereby adding to the stress of the abduction event.

Prior to the non-family abduction with the child later recovered deceased, all of the families reported teaching their children to be aware of potential dangers, such as sexual abuse, abduction, or other child crimes by individuals outside the home. More than two-thirds of the parents also reported communicating in general with their children about issues such as incest, physical abuse, and sexual abuse. In contrast, one-third of the families in the non-family abduction with the child recovered alive cases had not taught their child to be aware of such potential dangers.

There are two probable explanations for the above finding: (1) child safety training was taught by all parents, or (2) child safety training was not taught by all parents but parent need to feel that such training was done would be high after the abducted child is recovered deceased. While further study may assist in understanding the issues in actual parent to child safety training versus parent need to believe that such training was done, it is regrettably apparent that whatever group of children did receive the child safety training, it did not prevent their abduction.

In this project, none of the non-family abducted children who were later recovered deceased had ever runaway prior to the abduction.

Pre Disappearance Family Events. The following events were typically experienced by families between the time of the abducted child's birth and the abduction: death of an extended family member (50%), parental divorce (50%), and parental separation (40%). The death of an extended family member was considered to be a traumatic event by 60% of the primary parents. Sixty percent of the primary parents thought their separation was a positive event. A divorce, although also positive for 50% of the primary parents, was negative for 35% of the missing children and traumatic for another 25% of them.

As with non-family abduction cases with the child recovered alive, families involved with non-family abduction cases with the child recovered deceased do not always view the death of a family member or a divorce as traumatic, and may even be viewed as positive by some family members. For example, approximately equal groups of parents viewed pre-child disappearance divorce as positive or negative for themselves. Yet these same parents viewed pre-child disappearance divorce as negative for 35% of the missing children and as traumatic for an additional 25%.

There was physical abuse in 30% of the households later affected by a non-family abduction with the child recovered deceased. Within these cases, abuse was reported as physical abuse of the spouse by significant other (100%), physical abuse of the missing child by the male parent (33.3%), and physical abuse of the sibling by the male parent (33.3%). Sexual abuse of the spouse, missing child, or sibling was not reported.

third of the families in the non-family abduction with the child recovered alive cases had not taught their child to be aware of such potential dangers.

There are two probable explanations for the above finding: (1) child safety training was taught by all parents, or (2) child safety training was not taught by all parents but parent need to feel that such training was done would be high after the abducted child is recovered deceased. While further study may assist in understanding the issues in actual parent to child safety training versus parent need to believe that such training was done, it is regrettably apparent that whatever group of children did receive the child safety training, it did not prevent their abduction.

In this project, none of the non-family abducted children who were later recovered deceased had ever runaway prior to the abduction.

Pre Disappearance Mental Health/Support Services Families Use. Twenty percent of the non-family abduction with the child recovered deceased were participating in family therapy prior to the abduction; 10% of families participated in individual therapy and 10% utilized members of the clergy for support.

As with non-family abduction cases with the child recovered alive, families involved with non-family abduction cases with the child recovered deceased used mental health counseling, support services, and the clergy at a rate approximately characteristic of the general population, with the exception of family counseling services. The reason for the somewhat higher than average utilization of family counseling services is unknown.

Pre Disappearance Stress. In the three months prior to the disappearance, many primary parents rated their own levels of stress as medium (40%), the stress of their partner as low (60%), the stress of the missing child as low (60%), and the stress of the remaining children as low (71.4%).

Pre Disappearance Family Relationships. In 30% of the families, the primary parent reported they were closest to the missing child, but another 30% of the parents reported being closest to no one. In half of the families where a partner was present, the partner was closest to the primary parent. All of the primary parents reported that neither they (100%) nor their partners (100%) were distant from anyone in the family.

In most of the families, the parents felt closest to each other, and did not feel isolated or distant from anyone in the family. However, in 30% of the families, the primary parent felt closest to the missing child. This finding alerts individuals assisting these families to identify and understand differences in closeness or isolation among family members.

Pre Disappearance Family Communication. All of the primary parents reported teaching their children to be aware of potential dangers outside of the family, all encouraged their children to confront problem situation, and 70% communicated their attitudes about issues such as incest, physical abuse, and sexual abuse. All of the primary parents would have wanted their child to talk to them about it if confronted by incest, physical abuse, or sexual abuse.

Large family decisions were reportedly made by the primary parent (60%), partner (20%), and mutually by primary parent /partner (20%). Eighty percent of the primary parents also reported making the smaller family decisions.

The abducted children were reported to be largely satisfied with their relationship with their mother in 77.8% of the cases. The missing children were reported to be largely satisfied (57.1%) with their current father (when applicable).

In every household, the missing child was reported to be either completely (40%) or largely (60%) satisfied with the role she/he played in the family.

In summary, all of the parents in families affected by non-family abduction with the child recovered deceased reported teaching their children to be aware of potential dangers, such as sexual abuse or abduction, by individuals outside the home. 70% of the parents also communicated with their children about issues such as incest, physical abuse, and sexual abuse. In contrast, one-third of the families in the non-family abduction with the child recovered alive cases had not taught their children to be aware of such potential dangers.

There are possible explanations for this discrepancy: (1) child safety training was taught by all parents, or (2) child safety training was not taught by all parents, but parent need to feel that such training was done would be high after the child is recovered deceased. While further study may assist in understanding the issues in actual parent to child safety training versus parent need to believe that such training was done, it is very regrettably apparent that whatever group of children did receive the child safety training, it did not prevent their abduction.

Non-family abduction with the child recovered alive is a low frequency event and non-family child abduction with the child recovered deceased is an even lower frequency event. Further, parent to child safety training has not been shown to prevent child abduction. Yet, are these items sufficient for a parent to not communicate child safety issues to their children, or for such safety issues to have a lower priority in public policy? Few parents and few elected officials would be likely to endorse such a position. The key to understanding may be more meaningfully found in the direct interview study of non-family child abduction to determine what, if any, child safety behaviors deter abduction.

Pre Disappearance Child Characteristics. Most of the primary parents perceived their child's role with his/her friends to be either a leader (40%) or an occasional leader (40%). All of the children were reported to be well-liked by all (90%) or most (10%) of their friends. Primary parents reported that the missing child was completely satisfied with his/her peer relationships in 60% of the cases.

All of the children who were in school were attending public schools. The academic performance ranged from excellent (A) to good (B) for 77.7% of the school-aged children, with the remainder being average (C). Three-fourths of the children (75%), the parents believed, desired to be good (B) or excellent (A) students.

Of the primary respondents 87.5% wanted the child to be an excellent (A) student.

Pre Disappearance Previous Runaway Attempts. None of the children recovered deceased following a non-family abduction had ever runaway previous to the abduction.

As with the non-family abducted children recovered alive cases, all of the non-family abducted children recovered deceased did not have a prior history of runaway episodes, poor school performance, juvenile justice involvement, or other indicators of problem behavior, nor did they seem to be engaged in other behaviors which might have placed them at risk for contact with violent non-family members.

Non-Family Abduction with the Child Recovered Deceased: Family of Origin

In non-family abduction cases with the child later recovered deceased, more than two-fifths of the parents grew up in a home with both of their biological parents and an equal number lived in single parent homes. This family of origin composition is in contrast to the more traditional, two biological parent family of origin composition for parents affected by non-family abduction with the child recovered deceased.

In non-family abduction cases with the child later recovered deceased, almost one-quarter of these families of origin experienced physical abuse of one parent by another. No physical or sexual abuse of a child was reported.

Approximately three-quarters of these families of origin reportedly taught their children (later the parents of abducted children) to be aware of potential child dangers such as sexual assault, abduction, or other child crimes.

Family of Origin Parents. Until the age of 17, the primary parents usually lived with their biological father (55.6%) and/or their biological mother (88.9%).

Less than half of the primary parents lived with both of their biological parents until their 17th birthday (44.4%); an equal number lived in single-parent homes (44.4%). The primary parent was the oldest child in one-third of the cases (33.3%). Only 55.6% of the primary parents had the same biological parents as all of their siblings.

Family of Origin Income. In 44.4% of the cases, the father contributed to the family income, and in 77.8% of the cases the mother did.

Family of Origin Religion. Approximately half of fathers and mothers were Protestant.

Family of Origin Traumatic Family Events. The death of an extended family member was the most typical event in the lives of the primary parents before their 17th birthday (66.7%); other more common events included the divorce of their parents (16.7%), separation of their parents (33.3%), the illness of a family member (16.7%), divorce of parents (16.7%), and re-marriage (16.7%).

In 22.2% of the family of origin households, there was physical abuse of at least one family member.

In these cases, all of the respondents reported abuse was between parents.

Parents of the non-family abducted child recovered deceased reported similar rates of physical abuse in the families of origin as in their current families. These parents also reported no sexual abuse in the families of origin as they did in their current families. The reason for the absence of reports of sexual abuse in these families, as compared to other types of missing child families is unknown.

Family of Origin Residential Changes. The primary parent's family of origin moved frequently in one-third of the cases, and never moved in another third of the cases. The primary parent began living away from home at eighteen years of age or older in two-thirds of the cases. The most common reason for moving away from home was marriage (55.6%).

Family of Origin Family Communication. The mother was usually responsible for making large family decisions (66.7%), and smaller family decisions (88.9%). Children did not participate in family problem solving in 44.4% of the family of origin households; however, they did participate in problem-solving in 33.3% of the families. Parents usually taught the primary parents to be aware of potential dangers (77.8%), and to confront problem situations (55.6%). Parents did not communicate their attitudes about incest, sexual abuse, and physical abuse to 66.7% of the primary parents.

Parents of the non-family abducted child recovered deceased reported high rates of child safety education in their families of origin as in their current family. However, much lower rates of parent to child communication about incest, sexual abuse, and physical abuse were reported in the families of origin. Previously presented discussion on child safety education applies here as well, and points to the importance of transmission of values across family generations.

Non-Family Abduction with the Child Recovered Deceased: Disappearance Event Characteristics (Factors A, X)

Disappearance event characteristics were unknown as the child was recovered deceased.

Non-Family Abduction with the Child Recovered Deceased: Post Disappearance Trauma and Coping (Factors A, X)

For almost half of the families, the police officer in non-family abductions (with the child recovered deceased) is not only the central investigative figure for parents of the abducted child, but also the most important source of coping support outside of the immediate family. With almost limited mental health or social service support available for families of missing children, it is the police officer, whether by design or by default, who will continue for the immediate future to be viewed as the families' primary source of hope and coping support.

Almost one-third of parents in families affected by a non-family abduction with the child recovered deceased reported that no one served as an important source of support in the period following child disappearance and prior to recovery.

In families who lost a child to non-family abduction with the child later recovered deceased, all working fathers and four-fifths of working mothers had returned to their jobs within one month of child disappearance. As almost all of the non-family abducted children who would be recovered deceased were found within one month of disappearance, this return to work may represent an effort to cope with their loss by returning to the structure and stability of the work setting.

All of the primary parents, all of the partners or spouses, and four-fifths of the remaining children in the family experienced emotional changes as a result of the child abduction/homicide. These emotional changes included increased anger, helplessness, fear, and guilt, followed by behavioral changes of less able to concentrate, less involved with personal interests, less responsive to family obligations, less responsive to the needs of other family members, and loss of time at work.

Almost one-quarter of the children remaining at home after a non-family abduction with the child later recovered deceased had difficulty in returning to school.

After child disappearance due to non-family abduction with the child later recovered deceased, two-thirds of the families did not make any changes in family safety rules.

Most parents retained or increased their beliefs in family oriented value systems in spite of the non-family abduction stress and an increased awareness of the unpredictability of life events.

Post Disappearance Social Support. Within the immediate family, a partner was identified as the most important source of support in two-fifths of the cases (20%). While an additional one-fifth of the cases identified an extended family member living in the home as most important social support figure, it is most notable that almost one-third of the primary parents reported that no one served as an important source of support in the period following disappearance and prior to recovery (30%).

Outside the immediate family, all of the primary parents indicated that a police officer and relatives were a source of support and information. Friends (90%), clergy (40%), religious beliefs (40%), missing child agencies (40%), and mental health providers (30%) were also indicated as helpful social supports. Surprisingly, one-fifth of the parents reported that psychics were an important source of social support. From these findings, it is clear that many parents whose non-family abducted child is later recovered deceased are able to access multiple sources of social support, with law enforcement officers being the most frequent source of support outside of the family. However, parents whose non-family abducted child is later recovered alive do not report being as successful in finding social support. As the initial disappearance characteristics of a given non-family abduction do not give an indication as to the likelihood of the child being recovered alive or deceased, social support prior to child recovery should be relatively equal for both types of families. The discrepancy is probably accounted for by a tendency on the part of social supports to be more drawn to parents whose child is recovered deceased and a corresponding tendency on the part of these parents to generalize the social support received after the child has been recovered deceased to the entire period of child disappearance.

With regard to the most important source of social support outside the immediate family, in the non-family abduction cases with the child later recovered deceased, two-fifths of the parents thought that the officer was the most important source of social support to them, outside of the immediate family (40%).

As previously noted with cases of non-family abduction with the child recovered alive, the police officer in non-family abductions with the child later recovered deceased remains not only the central investigative figure, but also the most important source of support for many of these families.

Post Disappearance Parental Return to Work. At 8 months after abduction, one-fifth of mothers in the non-family abduction with the child recovered deceased cases (who were working pre disappearance) had not yet returned to work (40%). However, four-fifths of these mothers had returned to work within one month of the child's disappearance. Similarly, all of the fathers had returned to work within one month of the child's disappearance. As almost all of the non-family abducted children who would be recovered deceased were found within one month of disappearance, this return to work by all of the fathers and most of the mothers may represent an effort to cope with their loss by returning to the structure and stability of the work setting.

Post Disappearance Sibling Return to School. In non-family abduction cases with the child later recovered deceased, almost one-quarter of siblings had difficulty in returning to school (23.5%). As with other types of families of missing children, siblings show the impact of the abduction in return to school difficulties, as well as a range of other problems.

Primary Parent Emotional Changes. All of the primary parents experienced emotional changes following the non-family abduction of their child. Increased feelings of anger (90%), withdrawal /lack of emotional expression (90%), fear (80%), helplessness (70%), overt sadness/depression (70%), guilt (70%), and dependence (60%). Both the high rates of increased feelings and the profile of feelings experienced is similar to the profile for parents in non-family abductions with the child later recovered alive. However, the highest rates of increased feelings are reported by parents whose child is later recovered deceased.

Primary Parent Behavioral Changes. In non-family abduction cases with the child later recovered deceased, 90% of the primary parents felt that they were less able to concentrate and were less involved with personal interests, followed by less responsive to family obligations such as chores (60%), less responsive to the needs of family members (50%), loss of time at work (20%), and increased substance abuse (20%).

Partner Emotional and Behavioral Changes. When a partner was present in non-family abductions with the child later discovered deceased, all of the partners, as might be expected, experienced emotional changes according to primary parent report (100%). The most frequently reported changes in partners or spouses were increased anger (83.3%), helplessness (66.7%), overt sadness (66.7%), fear (50%), and shock (50%).

For partner behavioral changes, 60% were reported to be less responsive to family obligations, less responsive to the needs of other family members, less involved with friends, less involved with personal interests, and loss of time at work.

Sibling Emotional and Behavioral Changes. When there were remaining children in the family after a non-family abduction with the child later discovered deceased, parents reported that four-fifths of these children experienced emotional changes. The most frequently reported changes in remaining siblings were anger (66.7%), fear (50%), withdrawal (50%), and anxiety (50%).

Sibling behavioral changes were variable. While half of the remaining siblings were noted to be more responsive to the needs of other family members after the abduction, other reactions were more varied, including siblings less responsive to family obligations (33.3%), siblings more responsive to family obligations (33.3%), and siblings more involved with friends (33.3%).

Family Member Most Affected by Disappearance. The female parent was most affected by the abduction in 60% of the cases, and the male parent in 30% of the cases.

This finding points again to the importance of understanding individual reactions within a family to non-family abduction. It should not be automatically assumed that either sex parent will automatically be the individual most traumatized by the abduction event.

Family Member Closest to Missing Child. The female parent was perceived as the closest family member to the abducted child in 80% of the cases, and the male parent in 20% of the cases.

This finding on the family member closest to the abducted child is especially interesting when compared to the previously cited finding on the family member most affected by the abduction. From this descriptive comparison, the family member perceived to be closest to the child pre abduction was not always the family member most affected by child loss. While one parent may have spent the most time with the child and developed the more intimate relationship, the other parent may experience the more profound psychological loss.

Post Disappearance Family Discussion/Safety Rule Change. In four-fifths of the families with a non-family child abduction with the child later recovered deceased, there was no increase in family arguments (80%). In two-thirds of these families, there were no changes in family safety rules following child disappearance.

As consistently noted in the findings of this project, many of the families affected by non-family abduction did not have family instruction with regard to potential dangers outside the home, such as sexual abuse or abduction by individuals outside the home. Further, two-thirds of the parents after the non-family abduction with the child recovered deceased do not make any changes in family safety rules for the remaining children in the home. For these parents, possible explanations may be: (1) belief that the family safety rules were fully adequate before the abduction, (2) belief that no family safety rules can prevent an abduction, (3) need to deny that better family safety rules could have prevented this abduction, (4) belief that abduction or child crime will not strike the same family twice, (5) confusion/immobilization after the abduction, or (6) a combination

of the above explanations. In any event, the issue of family safety rules and the rationales that maintain or change them needs increased exploration and understanding.

Post Disappearance Family Relationship Satisfaction. Changes in relationship satisfaction between primary parents and their spouses/partners were quite variable after the child abduction, with 40% reporting no change or increased satisfaction and 20% reporting decreased satisfaction. A similar variable satisfaction pattern was present for relationship satisfaction between the primary parent and the remaining children, with 50% of the primary parents reporting no change, and 25% reporting increased or decreased satisfaction.

For families with a non-family abducted child who later recovered deceased, belief in the following statements was most frequently reported as increased: "Partners agree to stand by each other in times of need" (80%), and "The home is a refuge from the world" (60%). In contrast, belief in the following statements was most frequently reported as decreased: "Life is generally predictable but contains occasional unpredictable events" (50%), and "You generally control what happens in your life" (60%). No change was most frequently reported in these statements: "Partners agree that having and nurturing children is important" (80%), and "The family unit is more important than the relationship with the spouse" (80%).

These findings that non-family abduction does not automatically draw the remaining family members closer together nor does it automatically distance the remaining family members from each other. However, it is indicated that parents place a great deal of reliance upon their relationship in coping with child disappearance, in the midst of loss of self confidence in the ability to predict and control life events.

Non-Family Abduction with the Child Recovered Deceased: Post Disappearance Intervention and Support Services (Factors A, X)

Overview of Findings

Half of parents in families affected by non-family abduction with the child later recovered deceased rated law enforcement case efforts as highly competent. When parent ratings of highly competent and moderately competent are combined, this includes almost 90% of all cases, which is a substantial endorsement of law enforcement efforts.

Almost three-quarters of families affected by non-family abduction with the child later recovered deceased received clergy support services.

Almost three-quarters of families affected by non-family abduction with the child later recovered deceased received no mental health services. Nine-tenths of these families received no social service/missing child center services. A range of explanations were given for non use of services including: lack of funds, lack of knowledge, lack of energy, did not feel services would be useful, and services not available.

Post Disappearance Perceived Law Enforcement Competence. Half of the parents believed that the law enforcement agency handling their case was highly competent (50%), followed by moderately competent (30%), and not competent (20%).

Most parents in families affected by non-family abduction with the child recovered deceased rated law enforcement recovery efforts as moderately to highly competent. Given the fact that the child was recovered

deceased, these high ratings are quite noteworthy. It is likely that these high ratings were due to a combination of investigative competence and sensitive relationships with the parents, rather than to investigative competence alone.

Post Disappearance Mental Health/Support Services Use. The most popular form of therapy or support post disappearance in the cases of a non-family abduction with the child recovered deceased was the clergy, turned to by 70% of the families. Thirty percent of the families also participated in individual therapy. With the exception of 10% of the families that turned to a missing child agency for support, no other type of therapy or service was used by anyone in this group post disappearance. Satisfaction with services (when received) ranged from moderate to high in all cases. A variety of explanations was given by the families who did not use any services for their failure to do so such as: lack of funds (50%); lack of knowledge (50%); lack of energy (50%); did not feel they would be useful (50%); services not available (50%). The amount of money spent per week on family services was zero dollars for 88.9% of the households.

In summary, almost three-quarters of the families involved in non-family abduction with the child recovered deceased received clergy support services. This is in contrast to the very low rate of clergy support services in cases with the child recovered alive. It would appear that clergy support service usage may be largely dependent upon child recovery deceased. While individuals of all religious faiths have characteristically turned to spiritual leadership in times of death, clerical counselor may wish to review their availability to other types of families of missing children. With the exception of clergy support services, most families involved in non-family abduction with the child recovered deceased did not receive mental health counseling or missing child center staff services.

Post Disappearance Coping Strategies. As perceived by the primary parent, the most helpful coping skill was expressing feelings for both themselves (55.6%) and their partner (when applicable) (80%). Primary parents reported in 57.1% of the cases that there was no helpful coping skill for their remaining children.

Post Disappearance Financial Expenditures For Recovery. Half of the families spent a total of zero dollars on efforts to recovery their abducted child, followed by \$0-\$100 (10%), \$101-\$500 (30%), and \$1,001-\$5,000 (10%).

Zero dollars was also the total amount of money spent in most cases by external family members (90%) and by outside contributors (70%).

In summary, financial expenditures for recovery in non-family abduction cases with the child recovered deceased were generally low, from either family members, extended family members, or outside contributors. The exception to this finding involved expenditures of \$1,001—\$5,000 from within 10% of the families.

Post Disappearance Family Stress. After the abduction, 80% of the primary parents rated their overall level of stress as high. They rated their partner's overall level of stress after the abduction as high in all (100%) of the applicable cases. The primary parent's ratings of the stress level of the remaining children were split between medium (42.9%) and high (42.9%).

Self reported family member stress after non-family child abduction is very high, with relatively lower rates of high stress for siblings. These self reports of high stress are supported by results from project quantitative tests which will be reported on in a later section of this results chapter.

Post Disappearance Family Problem Solving. Half of the primary parents reported that the remaining children participated in family problem-solving after the abduction.

Non-Family Abduction with the Child Recovered Deceased: Recovery (Factor x)

In non-family abduction cases, the average length of time for child recovery deceased was 47 days. Half the children were recovered in 9 days or less, with the time to child recovery ranging from 0 days to 281 days.

Almost nine-tenths of child recovery deceased notifications were made in person by a police officer involved with the case.

All of the non-family abducted children who were recovered deceased were found within 100 miles of the abduction site.

Length of Time Missing. The average length of time that a child who was recovered deceased following a non-family abduction was missing was 46.8 days. Half of the children were recovered in 8.5 days or less. The number of days the child was missing ranged from 0 days to 281 days.

Previous discussions of variables influencing the length of time missing in non-family child abduction apply here as well. In contrast to children recovered alive, the time to recover the deceased child is substantially longer. In a larger sample size study, Hatcher, Barton and Brooks (1990) found that female children were involved in most of the more lengthy time to recovery in deceased cases.

Time From Recovery to Parent Notification. Most of the families were notified of their child's recovery between one and two hours after the child was found (55.6%).

Child Recovery Notification. Almost all parents (88.9%) were notified by a police officer working on the case, and a remainder were notified by a neighbor (11.1%). A female parent was notified of the recovery in 33.3% of the cases followed by a male parent (50%), and an extended family member (16.7%). Ninety percent of the notifications were made in person, and 10% were made by phone.

In summary, notifications appear to have been appropriately notified by a police officer, with in person communication to the parent.

Siblings were notified within four hours of the parent's notification of the recovery in all cases (100%).

In most cases, the event which led to the child's recovery was the discovery of his/her body (90%).

Recovery Site Distance. Ninety percent of the children were found in the same state, within 100 miles of their home, and 10% were found within 100 miles of their home, but in a different state.

Child Recovery Information. During the initial notification, only 44.4% of the parents were told there had been a positive identification of their child, followed by probable identification (44.4%), or possible identification (11.1%).

At the initial notification, 80% of the parents were told that their child was deceased. The most typical types of information given to parents by their primary contact were the circumstances of recovery (90%) and circumstances during the disappearance (33.3%).

Non-Family Abduction with the Child Recovered Deceased: Post Recovery Trauma and Coping (Factor x)

After child recovery deceased from non-family abduction, friends and the law enforcement officer were the most frequently utilized resources for support and coping.

After child recovery deceased from non-family abduction, no mental health professional, social worker, member of the clergy, or social support agency staff member was cited by any family as the primary contact for support and coping. In the absence of significantly increased services to these families by mental health and social service agency professionals, these support responsibilities following child recovery deceased will continue to fall, in large part upon the law enforcement officer.

Almost year after non-family abduction with the child recovered deceased, all of the families reported that life never returned to normal.

After child recovery deceased, all primary parents, all partners or spouses, and almost nine-tenths of the remaining children in the family reported high rates of physical and psychological problems, including depression, anger, shock, helplessness and guilt.

After child recovery deceased, two-thirds of the families made family safety rule changes, including monitoring of family member friends, and of time away from home. Yet, one-third of the families made no family safety rule changes.

Post Recovery Emotions. When notified of the recovery, the most common initial reaction for primary parents was shock (70%), followed by sadness (10%), fear (10%), and anger (10%). Typical secondary thoughts of primary parents included sadness or depression (22.2%) and anger (33.3%).

Post Recovery Social Support. The resources that were used most often by primary parents as guidance after notification were: religious beliefs (70%), relatives (100%), friends (100%), and police officers (90%). The primary contact was usually a police officer (40%) or a friend (40%). Most of the primary parents knew the contact for more than six months prior to the disappearance (60%).

As with non-family abduction cases with the child recovered alive, families involved with non-family abduction cases with the child recovered deceased very frequently rely upon the police officer as their primary source of support. In the absence of significantly increased on-site services to these families by mental health and social service agency professionals, these support responsibilities following child death will continue to fall upon the law enforcement officer.

Post Recovery Family Life. After reunification, families reported that life never returned to normal after the discovered death of the abducted child (100%). Eighty percent of the mothers did not return to work until after the first month following the child's recovery, and 20% never returned to work.

All of the fathers (100%) returned to work by the end of the first month.

Post Recovery Primary Parent Emotional Changes. After the recovery of their child, all of the primary parents reported a change in their general mood. Many primary parents reported increased feelings of sadness or depression (90%), anger (80%), shock (70%), and helplessness (70%).

Post Recovery Primary Parent Behavioral Changes. Typical negative behavior changes for primary parents included being less involved with friends (80%), less involved with personal interests (70%), less able to concentrate (80%), less responsive to family obligations (60%), less responsive to family member needs (50%), and loss of time at work (20%). Positive behavior changes included more responsive to family member needs (20%), more involved with friends (20%), and more responsive to family obligations (10%).

Post Recovery Partner Emotional and Behavioral Changes. After the recovery, all of the primary parents in applicable cases reported mood changes in their partner: 80% were sad or depressed, 100% were angry, 60% felt helpless, and 60% were in shock. Many of the partners were less involved with friends (60%) and personal interests (60%), and were less able to concentrate (60%).

Post Recovery Sibling Emotional and Behavioral Changes. According to the primary parent, 85.7% of their remaining children experienced general mood changes after the recovery. The deceased child's siblings showed increased anxiety (80%), anger (80%), guilt (60%), and depression (60%). The remaining children often spent more time with friends (50%).

Family Member Most Affected By Recovery. The female parent was most affected by the recovery in 60% of the cases.

Post Recovery Family Discussion/Safety Rule Change. There was not an increase in family arguments in 70% of the families. Family goals were changed in 60% of the households after the recovery: for example, 20% planned to get a new house. After the recovery, two-thirds of the families made changes to their family safety rules. These changes often included less time that family members were allowed to spend away from home (66.7%), increased inquiry about the people with whom family members associate (50%), less distance that family members are allowed to go from home (66.7%), and increased frequency with which family members must call home (66.7%).

After recovery deceased of the non-family abducted child, two-thirds of the families made family safety rule changes, including monitoring of family member friends, and time away from home. Yet, one-third of the families made no family safety rule changes. Prior discussion of findings in this area apply here. Individuals assisting families affected by non-family child abduction may need to attend to the issue of change/no change in family safety rules as an important perspective on family coping.

Post Recovery Family Relationship Satisfaction. Forty percent of the parents were no more or less satisfied with their relationship with their partner after the recovery, but an equal number were less satisfied. Almost three-fourths of the primary parents (71.4%) were more satisfied with their relationship with the eldest remaining child.

For most primary parents, their belief in the following statements increased following the recovery: "Partners agree to stand by each other in times of need" (80%); "Partners agree to provide companionship and insurance against loneliness" (60%); "Partners agree that the home is a refuge from the world" (60%). Belief in the following statements was unchanged following the recovery: "Partners agree that having and nurturing children is important" (80%); "Partners agree that the family unit is more important than the relationship with the spouse" (80%); "Life is generally predictable but contains occasional unpredictable events" (50%). For

half of the primary parents, their belief in the following statement decreased after the recovery: "You generally control what happens in your life" (50%).

In summary, family values of cohesiveness, mutual support, and child care appeared to be maintained even under the stress of non-family abduction with the child recovered deceased.

Post Recovery Coping Strategies. The most popular and useful method of coping for the primary parents after the recovery was expressing feelings (60%), followed by learning to communicate with family members (30%), recognizing feelings (20%), learning new ways of thinking (20%), learning relaxation techniques (20%), and unspecified other means. Notably, 20% of the primary respondents indicated that they did not have any coping mechanism that was helpful after the child body recovery.

Recovery Week Family Stress. In non-family abduction with the child recovered deceased, all of the primary parents rated the overall level of stress as high during the week of the child's recovery for themselves, for their partner, and for the remaining children.

Non-Family Abduction with the Child Recovered Deceased: Post Recovery Intervention and Support Services (Factor x)

After child recovery deceased, over one-half of parents rated law enforcement as highly competent during the post recovery period.

After child recovery deceased, three-fifths of the parents received clergy support services, and half of the parents received individual counseling. When support or counseling services were not used, two-fifths of the parents indicated lack of service availability or lack of knowledge of service availability.

For families with a non-family abducted child, receipt of support or counseling services appears to be largely dependent upon the recovery of the deceased child. This finding would appear to support the position that families of missing children, in general, are not seen as a service population by mental health professionals, social service professionals, or the clergy.

Perceived Law Enforcement Competence During Recovery. Over half of the primary parents believed their law enforcement agency was highly responsive during the post recovery period (55.6%).

Post Recovery Mental Health/Support Services Use. The most popular form of therapy after the recovery was clergy support (60%), followed by individual therapy (50%), and contact with a missing child agency (10%).

Almost all of the families who participated in some form of therapy or support service were moderately to highly satisfied. When services were not used, 40% said they did not have knowledge of their availability and 40% said that services were not available. The amount of money spent on family services per week following the recovery was zero dollars for 80% of the families.

In summary, after child recovery deceased from non-family abduction, half of the families received no mental health services and 90% received no missing child center staff services. Services oriented to family assessment of problems and counseling were almost non-existent.

Summary-Non-Family Abduction with the Child Recovered Deceased

Demographic Characteristics Summary. The average age of the non-family abducted child who was later recovered deceased was eight years old for males and ten years old for females. After non-family abduction, an equal number of male and female children were recovered deceased. Racial/ethnic group identity does appear to increase the risk for non-family abduction in cases where the child is later recovered deceased, primarily for Hispanic children.

There was at least one remaining child in almost three-quarters of the families after a non-family abduction in which the child would be later recovered deceased. Three-fifths of the biological fathers lived outside of the households, and approximately one-half of these fathers failed to have contact with the abducted child in the six months prior to the abduction. These project findings point out the importance of family composition (e.g. remaining children in the home, absent fathers for both abducted child and remaining children) to understanding the full impact of child disappearance.

Pre Disappearance Family Characteristics Summary. More than one-half of the families who lost a child to non-family abduction with the child later recovered deceased reported multiple traumatic family life events prior to the the child's disappearance. Physical abuse of one parent by another was reported in approximately one-third of families who were later lost a child to non-family abduction with the child recovered deceased. Physical abuse of the missing child or a sibling by a male parent was reported in one-tenth of the cases. No sexual abuse of any family member was reported pre-child disappearance.

One-fifth of the families involved with non-family abduction cases with the child recovered deceased had participated in family counseling at some point prior to the child abduction, which is a higher rate of mental health service utilization that would be normatively expected. Other forms of mental health and social service support services were utilized at rate approximately characteristic of the general population. The reason for the somewhat higher than average use of family counseling services is unknown.

All of the parents in families affected by non-family abduction with the child recovered deceased reported teaching their children to be aware of potential dangers, such as sexual abuse or abduction, by individuals outside the home. 70% of the parents also communicated with their children about issues such as incest, physical abuse, and sexual abuse. In contrast, one-third of the families in the non-family abduction with the child recovered alive cases had not taught their children to be aware of such potential dangers.

There are possible explanations for this discrepancy: (1) child safety training was taught by all parents, or (2) child safety training was not taught by all parents, but parent need to feel that such training was done would be high after the child is recovered deceased. While further study may assist in understanding the issues in actual parent to child safety training versus parent need to believe that such training was done, it is very regrettably apparent that whatever group of children did receive the child safety training, it did not prevent their abduction.

Non-family abduction with the child recovered alive is a low frequency event and non-family child abduction with the child recovered deceased is an even lower frequency event. Further, parent to child safety training has not been shown to prevent child abduction. Yet, are these items sufficient for a parent to not communicate child safety issues to their children, or for such safety issues to have a lower priority in public policy? Few parents and few elected officials would be likely to endorse such a position. The key to understanding may be more meaningfully found in the direct interview study of non-family child abduction to determine what, if any, child safety behaviors deter abduction.

None of the children recovered deceased following a non-family abduction had ever runaway previous to the abduction. As with the non-family abducted children recovered alive cases, all of the non-family abducted children recovered deceased did not have a prior history of runaway episodes, poor school performance, juvenile justice involvement, or other indicators of problem behavior, nor did they seem to be engaged in other behaviors which might have placed them at risk for contact with violent non-family members.

Post Disappearance Trauma and Coping Summary. For almost half of the families, the police officer in non-family abductions (with the child recovered deceased) is not only the central investigative figure for parents of the abducted child, but also the most important source of coping support outside of the immediate family. With almost limited mental health or social service support available for families of missing children, it is the police officer, whether by design or by default, who will continue for the immediate future to be viewed as the families' primary source of hope and coping support.

Almost one-third of parents in families affected by a non-family abduction with the child recovered deceased reported that no one served as an important source of support in the period following child disappearance and prior to recovery. This finding is especially compelling, as the presence of an important source of support for these parents at this point may be crucial to later coping when the child is subsequently recovered deceased.

In families who lost a child to non-family abduction with the child later recovered deceased, all working fathers and four-fifths of working mothers had returned to their jobs within one month of child disappearance. As almost all of the non-family abducted children who would be recovered deceased were found within one month of disappearance, this return to work may represent an effort to cope with their loss by returning to the structure and stability of the work setting.

All of the parents, and four-fifths of the remaining children in the family experienced emotional changes as a result of the child abduction/homicide. These emotional changes included increased anger, helplessness, fear, and guilt, followed by behavioral changes of less able to concentrate, less involved with personal interests, less responsive to family obligations, less responsive to the needs of other family members, and loss of time at work.

Almost one-quarter of the children remaining at home after a non-family abduction with the child later recovered deceased had difficulty in returning to school. Project findings consistently identify the children remaining at home after their brother or sister has been abducted as being at risk for distress and isolation. Education and school counseling professionals can play a key role in addressing the needs of these children.

In two-thirds of these families, there were no changes in family safety rules following child disappearance. As consistently noted in the findings of this project, many of the families affected by non-family abduction did not have family instruction with regard to potential dangers outside the home, such as sexual abuse or abduction by individuals outside the home. Further, two-thirds of the parents after the non-family abduction with the child recovered deceased do not make any changes in family safety rules for the remaining children in the home. For these parents, possible explanations may be: (1) belief that the family safety rules were fully adequate before the abduction, (2) belief that no family safety rules can prevent an abduction, (3) need to deny that better family safety rules could have prevented this abduction, (4) belief that abduction or child crime will not strike the same family twice, (5) confusion/immobilization after the abduction, or (6) a combination of the above explanations. In any event, the issue of family safety rules and the rationales that maintain or change them needs increased exploration and understanding.

These findings that non-family abduction does not automatically draw the remaining family members closer together nor does it automatically distance the remaining family members from each other. However, it is indicated that parents place a great deal of reliance upon their relationship in coping with child disappearance, in the midst of loss of self confidence in the ability to predict and control life events.

Post Disappearance Intervention and Support Services Summary. Most parents in families affected by non-family abduction with the child recovered deceased rated law enforcement recovery efforts as moderately to highly competent. Given the fact that the child was recovered deceased, these high ratings are quite noteworthy. It is likely that these high ratings were due to a combination of investigative competence and sensitive relationships with the parents, rather than to investigative competence alone.

Almost three-quarters of the families involved in non-family abduction with the child recovered deceased received clergy support services. This is in contrast to the very low rate of clergy support services in cases with the child recovered alive. It would appear that clergy support service usage may be largely dependent upon child recovery deceased. While individuals of all religious faiths have characteristically turned to spiritual leadership in times of death, clerical counselor may wish to review their availability to other types of families of missing children.

With the exception of clergy support services, most families involved in non-family abduction with the child recovered deceased did not receive mental health counseling or missing child center staff services. Almost three-quarters of families affected by non-family abduction with the child later recovered deceased received no mental health services. Nine-tenths of these families received no social service/missing child center services. A range of explanations were given for non use of services including: lack of funds, lack of knowledge, lack of energy, did not feel services would be useful, and services not available.

Child Recovery Characteristics Summary. In non-family abduction cases, the average length of time for child recovery deceased was 47 days. Half the children were recovered in 9 days or less, with the time to child recovery ranging from 0 days to 281 days. All of the non-family abducted children who were recovered deceased were found within 100 miles of the abduction site. Almost nine-tenths of child recovery deceased notifications were made in person by a police officer involved with the case.

Post Recovery Intervention and Support Services Summary. After child recovery deceased, over one-half of parents rated law enforcement as highly competent during the post recovery period.

After child recovery deceased, three-fifths of the parents received clergy support services, and half of the parents received individual counseling. When support or counseling services were not used, two-fifths of the parents indicated lack of service availability or lack of knowledge of service availability.

For families with a non-family abducted child, receipt of support or counseling services appears to be largely dependent upon the recovery of the deceased child. This finding would appear to support the position that families of missing children, in general, are not seen as a service population by mental health professionals, social service professionals, or the clergy.

Chapter IX. Project Descriptive Results:

Family Abduction

Overview of Findings

The average age for the family abducted child was five years old for both males and females. In comparison to non-family abductions, it is noteworthy that a substantial minority of family abductions involve more than one child.

Racial/ethnic group identity does not appear to increase or decrease the risk for family abduction.

While slightly more than half of the family abduction cases involved single parent households, it is more noteworthy to find that almost half of the cases involved the custodial parent plus a new step-parent or live-in adult partner. The impact of the entry and later behavior of the new step-parent or live-in adult partner upon the non-custodial parent's decision to abduct is presently unstudied, but clearly worthy of attention.

Family abductors leave children behind in almost one-third of cases. There are important implications from this act, including the potential impact of: (1) abducting favored over less favored children, (2) the interruption of relationships among abducted and non-abducted children in the same family, and (3) the stress of the family abduction upon the left behind child and the left behind parent.

Child. There was one missing child in 67.4% of the families reporting a parental abduction, and two missing children in 27.9% of the families. The average age of the abducted child was 5 years old for both males and females. Roughly equal numbers of females (45.2%) and males (54.8%) were abducted, and the majority of the children were Caucasian (74.8%). In comparison to non-family child abduction, it is noteworthy that a substantial minority of family abductions involve more than one child.

Parents. For this project, one parent was assigned the designation of primary parent. In single parent households, the primary parent was, logically, the single parent. In two parent households, the parent figures in the home decided between themselves who would be designated as the primary parent for this project. The remaining parent or live in partner was designated as the partner for this project. The majority of the information about the family and the trauma event was obtained through the structured interview (SI) which was completed by the primary parent. For comparison purposes, a subset of structured interview (SI) questions were also asked of the partner.

Primary residence prior to disappearance was in a single parent home in 55.8% of the cases. The biological mother was living with the child in 73.2% of the cases, and served as the primary parent in 59.6% of the cases, followed by biological father and biological mother (14.4%), extended family member (8.7%), and biological mother and step father/boyfriend (13.5%). The biological father was only present in 36.1% of the households, and he acted as the primary parent in 30.8% of the cases. The parents living in the households of parentally abducted children were most often in their twenties or thirties (88.5% of the families had one member in their 20s or 30s), and were most frequently Caucasian (75% of the families had at least one Caucasian adult).

While most of the primary parents were not married (53.9%) at the time of the first interview, most of those that were had been married for four or more years, (46.7%), and most of the married primary parents knew their current spouse for at least a year before getting married (64.1%). While child custody was uncontested in 45.3% of cases, in 57.7% of the parental abduction cases, custody was contested for one or more children.

In summary, while slightly more than half of the family abduction cases involved single parent households, it is, perhaps, more noteworthy to find that almost half of the cases involved the custodial parent plus a new step parent or live in adult partner. The impact of the entry and later behavior of the new step parent or live in adult partner upon the non-custodial parent's decision to abduct is presently unstudied, but clearly worthy of attention. A range of racial/ethnic group identities were represented among the family abduction cases. Racial/ethnic group identity did not appear to increase or decrease non-family abduction risk.

Siblings. Siblings remained in the home in 31.7% of the parental abduction cases. Most often one sibling remained (14.4%) but as many as six siblings remaining were reported (1%). However, there were no remaining siblings in 68.3% of the cases.

In 72.7% of families, all of the siblings had the same biological parents. When there were siblings in the home after the abduction, the oldest was between the ages of five and eleven in 50% of the families and was typically Caucasian (65.7%).

In summary, family abductors left children behind in almost one-third of the cases. There are important implications from this act, including the potential impact of: (1) abducting favored over less favored children, (2) the interruption of relationships among children, or (3) the stress of the family abduction upon the relationship between left behind parent and left behind child.

Family Living Arrangement. The biological father of a parentally abducted child was reported to live outside of the home in 62.5% of the families, and the biological mother was reported to live outside the home in 28.8% of the cases. 14.4% of fathers and 1.9% of mothers failed to have contact with the missing child in the six months prior to the abduction.

Income. The primary contributor to the family income was the primary parent in 86.0% of parental abduction cases, and frequently there was no secondary contributor (41.9%). The median total family income was \$20,000-\$25,000 and the range was from \$5,000 or less to over \$100,000. The primary contributor had less than a high school education in only 28.4% of the families, and another 28.4% of the primary contributors completed one year of college or technical school.

Religion. The Protestant Church was the religious identification of 45.8% of the primary parents, although another 24% were Catholic. Similarly, 42.2% of the partners were identified as Protestants and 24.4% as Catholic. In family abduction cases, a range of religious faith identifications are found, which does not appear to be different from national norms.

Family Abduction: Pre Disappearance Family Characteristics (Factors a, B, C)

Overview of Findings

Over half of the families who later lost a child to family abduction reported multiple traumatic family life events prior to the child's disappearance.

When a divorce occurred prior to child family abduction, the divorce was viewed as a positive event for one-quarter of the custodial parents, but negative or traumatic for almost one-half of the children who would later be abducted.

Prior to child abduction by a family member, physical or sexual abuse of a family member was reported in almost half of the families. These reported rates of physical or sexual abuse, prior to child disappearance, are substantially higher than for other missing child groups. However, upon examination, almost all of the reported abuse is physical abuse of one parent by another parent or physical abuse of a subsequently abducted male child by the male parent.

Prior to family abduction, family sexual abuse reports are less than 4% and non-family sexual abuse rates are 8%. These findings are at variance with anecdotal reports of family abduction cases where reports of pre child disappearance sexual abuse by a parent are very frequent.

In the one year period prior to the family abduction, almost one-fifth of the parents who would later be left-behind by the abduction were participating in family counseling services. This rate of utilization of mental health services is above average, and is probably reflective of ongoing family conflict prior to child disappearance.

Almost half of the left-behind parents affected by family abduction reported high levels of stress in the three month period prior to the abduction, thereby adding to the stress of the abduction event.

Almost half of the children who would be later abducted and their siblings reported low levels of stress in the three month period prior to the abduction. This finding may indicate that some children in these families may be somewhat insulated from non-custodial vs. custodial parent conflict prior to the abduction.

Prior to the family abduction, one-fifth of the parents had not taught their children to be aware of potential dangers, such as sexual abuse or abduction by individuals outside the home. In comparison, one third of parents in non-family abduction cases with the child recovered alive and no parent in non-family abduction cases with the child recovered deceased had not taught their children to be aware of such potential dangers. These findings about safety instruction from parent to child are very dissimilar across different types of parents of missing children. Actual parent to child safety instruction versus potential parent need, after child disappearance, to be perceived as having provided child safety instruction is an important area for further study.

In this project, only 1% of the family abducted children had ever runaway prior to the abduction. As with children abducted by non-family members, prior runaway episodes are rare.

Prior to the family abduction, legal custody of the child had been granted to the left-behind parent prior to the disappearance in slightly more than half of the cases. In the remainder of the cases, the child was abducted before custody was resolved.

Approximately half of the family abductions took place during scheduled visitation and approximately half involved taking the child without notice. When the abduction occurred during a visitation, the abducting parent was noted to have previously exceeded visitation limits, but the amounts of time over the visitation limits were generally small. Further, level of cooperation with visitation arrangements did not seem to be associated with family abduction.

The above findings indicate that pre-family abduction events, such as visitation, custody changes, abductor attitude changes, etc., may not be practically associated with families at risk for family abduction. Advances in the prediction of family abduction are more likely to come from detailed direct interview studies of family abductors themselves.

Pre Disappearance Family Events. Since the birth of the missing child, the most common family changes were: divorce of in-home parents (35.6%), separation of in-home parents (66.3%), and death of an extended family member (29.8%). The death of an extended family member was traumatic for 45.2% of the primary parents. According to the primary parent, when a divorce had occurred, it was a positive experience for 26.8% of the primary parents, but was a negative experience for 18.9% of the missing children and was traumatic for 29.7% of the missing children. A separation was a positive event for 53.6% of the primary parents, but was a negative event for 21.8% of the missing children. When a new marriage occurred, it was a positive experience for primary parents (88.7%), new partners (64.7%), and the missing children (52.9%).

Families of missing children experience a range of important life events and social changes prior to child disappearance. These events, such as death of a family member or divorce, are not always seen as traumatic, and may even be viewed as positive by some family members. According to the primary parent, when a divorce had occurred, it was a positive experience for 26.8% of the primary parents, but was a negative experience for 18.9% of the missing children and was traumatic for 29.7% of the missing children. A separation was a positive event for 53.6% of the primary parents, but was a negative event for 21.8% of the missing children. When a new marriage occurred, it was a positive experience for primary parents (88.7%), new partners (64.7%), and the missing children (52.9%).

There was physical or sexual abuse of a family member reported in 48.1% of the cases of parental abduction. According to the primary parent, when a divorce had occurred, it was a positive experience for 26.8% of the primary parents, but was a negative experience for 18.9% of the missing children and was traumatic for 29.7% of the missing children. A separation was a positive event for 53.6% of the primary parents, but was a negative event for 21.8% of the missing children. When a new marriage occurred, it was a positive experience for primary parents (88.7%), new partners (64.7%), and the missing children (52.9%).

In cases of abuse, a spouse was physically abused by a spouse or significant other (74%), the missing child was physically abused by the male in-home parent (22%), and physical abuse of missing child by female in-home parent (10%). Notably, sexual abuse of the missing child by the in-home female was 2%, sexual abuse by the in-home male was 4%, and sexual abuse by an adult not in the home was 8%. Sexual abuses were similar for siblings.

These reported rates of sexual or physical abuse in family abduction cases before child disappearance are higher than in other missing child groups. Upon examination, almost all of the abuse is physical abuse of one

parent by another or physical abuse of a male child by the male parent. Family sexual abuse reports are less than 4%, with non-family sexual abuse rates are 8%. These findings are at variance with frequent media portrayals of family abduction cases where reports of pre-disappearance sexual abuse by a parent are very frequent.

Pre Disappearance Mental Health/Support Services Use. In the twelve months prior to the abduction, 19.2% of households had at least one family member participating in individual therapy. In 85.0% of those cases, it was the primary parent that was in therapy.

These rates of mental health service use are above average, and are probably reflective of on-going pre-disappearance family conflict and discord.

Pre Disappearance Stress. In the three months prior to the abduction, almost half (46.6%) of the primary parents indicated being under high levels of stress. The primary parents reported that 38.5% of their partners were also experiencing high levels of stress prior to the abduction. The missing child's overall stress level was reported as low by 47.1% of the primary parents.

The primary parents rated the overall stress level of their other child(ren) prior to the disappearance as low in 48.5% of the cases (when applicable).

In family abduction cases, approximately two-fifths of the primary parents and partners (where applicable) reported experiencing high levels of stress in the three month period prior to the abduction. However, approximately half of the children who would later be abducted and their siblings reported experiencing low levels of stress. This may indicate that children in the family may have been somewhat insulated from non-custodial vs. custodial parent conflict prior to the abduction.

Pre Disappearance Family Relationships. Half of the primary parents reported they were closest to the missing child prior to the abduction. When present, the partners were reported to be closest to the primary parent in 63.4% of the cases. Over three-fourths of the primary parents (77.5%) indicated that they were not distant from any family members before the abduction, and that 65.7% of their partners (when applicable) were not distant from any family members.

In most of these families, the primary parent and new parent/live in partner felt close to each other, and did not feel isolated or distant from anyone in the family.

Pre Disappearance Family Communication. In cases of parental abduction, 79.2% of the parents reported they taught their children to be aware of potential dangers outside of the family prior to the disappearance, and 20.8% did not provide such instructions.

Children were encouraged to confront problem situations in 73.0% of the families, and 27% were not provided with such instructions. In issues such as incest, physical abuse, and sexual abuse were discussed in 70% of the families, and, accordingly, not discussed in 30% of the families.

In summary, in one-fifth of the family abduction cases, parent had not taught their children to be aware of potential dangers, such as sexual abuse or abduction, by individuals outside the home. In comparison, one-third of the parents in non-family abductions with the child recovered alive cases, and none of the parents in non-family abductions with the child recovered deceased cases had not taught their children to be aware of such dangers.

With regard to parental discussion on the issues of incest, physical abuse, and sexual abuse, approximately one-third of parents did not discuss these issues with their children. One-third of parents also did not provide instruction or guidance on how to confront problem situations.

Almost all of the primary parents reported they would want the child to talk to them about any confrontation with incest, physical abuse, or sexual abuse (89.9%).

The primary parent was usually responsible for making both large (72.1%) and small (80.8%) decisions in most of the households of parentally abducted children, followed by decisions made mutually between primary parent/partner (26%).

The missing child was closest to the current mother in 57.8% of the cases, followed by current father (26.5%), brother (5.9%), and no family member (6.6%). The missing child was not distant from anyone in the family according to 80.6% of the parents. Outside of the immediate family, grandmothers were the people most often seen as having a positive influence on the missing child's life (45.0%).

Almost half of the primary parents reported that the missing child was largely satisfied with the relationship with the current mother (48.6%), followed by completely satisfied (36.1%), sometimes satisfied (9.7%), and rarely satisfied (5.6%). The missing child was largely satisfied with the relationship with the father in 49.1% of the cases, followed by completely satisfied (27.3%), sometimes satisfied (18.2%), and rarely satisfied (3.6%).

Almost half (48.9%) of the missing children (when applicable) were completely satisfied with their role in the family, followed by largely satisfied (37.8%), and sometimes satisfied (13.3%).

As seen in other project findings on pre-abduction family events and characteristics, family decision making rules, missing child level of satisfaction with father and mother relationships, and missing child's level of satisfaction with their role in the family vary widely. Individuals providing assistance to families after a non-family abduction need to assess these pre-disappearance factors as they might relate to each individual parent and sibling.

Pre Disappearance Child Characteristics. The primary parent perceived the missing child's role with his/her friends to be an "occasional leader" in 35.2% of the cases and a "leader" in 29.6% of the cases. Most of the children were well-liked by all or most of their friends (89.4%). Over half of the missing children were largely satisfied with their peer relationships (61.2%).

Parentally-abducted children were not yet of school age in 40.8% of the cases, and were in an educational program in 35.9% of the cases. Of those children in school, 76.9% were in public schools. The missing children were in the excellent (A) to good (B) range in school (when applicable) in 59.6% of the cases and in the average (C) range in 31.9% of the cases. Forty percent of the primary parents and partners (in applicable cases) believed their child wanted to be an excellent student.

Previous Runaway Attempts. In only 1.1% of the cases had the missing child ever runaway before the parental abduction. As with children abducted by non-family members, prior runaway episodes are rare.

Pre Disappearance Custody and Visitation. The child's legal custody had been granted to the primary parent prior to the disappearance in 53.5% of the responding cases. In 50.5% of the parental abductions, the child was taken without notice. Those abductions which occurred during a scheduled visitation were split between regularly scheduled visitations (21.4%) and specially scheduled visitations (19.4%).

For those cases where the abduction occurred during a scheduled visitation (40% of the sample cases), the median scheduled length of the visitation at which the abduction occurred was one day, ranging anywhere from a couple of hours to several weeks. Half of the parents estimated that the abduction occurred before the end of the first day of the scheduled visitation.

For those cases where an abduction occurred during a visitation, about one-third of the parents reported that the non-custodial parent exceeded visitation limits previously. Of those, almost all parents (95.0%) reported that visitation limits were exceeded more than once, and the average amount of time that the limits were exceeded was under 12 hours. The longest amount of time that limits were exceeded ranged from 1-2 hours through over four weeks, with a median of 6-12 hours.

Almost as many non-custodial parents were reported (when applicable) as being highly cooperative with visitation orders (32.4%) as were reported as being frequently uncooperative (36.8%). In the month immediately prior to the abduction, 40% of the non-custodial parents (when applicable) were perceived as highly cooperative and 26.7% were reported to be frequently uncooperative.

While most of the parents reported no changes or incidents in the month prior to the abduction (50%), 10.8% reported a custody order change resulting in reduced visitation of the non-custodial parent, and 12.7% reported a move or impending move of the custodial parent which would reduce visitation access of the non-custodial parent, followed by job loss of the non-custodial parent (6.9%), changes in child access demands by non-custodial parent (5.9%), and physical/sexual abuse allegations (4%).

In summary, in family abduction cases, legal custody of the child had been granted to the left behind parent prior to the disappearance in slightly more than half of the cases. In the remainder of the cases, the child was abducted before custody was resolved. Approximately half of the family abductions took place during scheduled visitation and approximately half involved taking the child without notice. When the abduction occurred during a visitation, the abducting parent was noted to have previously exceeded visitation limits, but the amounts of time over the visitation limits were generally small. Level of cooperation with visitation arrangements also did not seem to be associated with family abduction prediction. These findings would indicate that the prediction of families at risk for family abduction may not be readily obtained from pre-abduction events such as visitation/custody changes, abductor attitude changes, etc. Advances in the prediction of family abduction are more likely to come from detailed direct interview studies of family abductors themselves.

Family Abduction: Family of Origin

Overview of Findings

In family abduction cases, the parents' families of origin are examples of the previous generation, with a higher percentage of two biological parent families in longer term, more stable relationships.

In family abduction cases, one-quarter of these families of origin experienced physical abuse by one parent against the other parent or of a sibling by a male parent. These rates of family of origin physical abuse are apparently higher than in the families of origin of all other missing child groups, including runaways. Further, reported rates of physical abuse in family abduction cases are also apparently higher than in all other missing child groups, including runaways. Physical expression of anger and resentment in domestic situations, or fear of such events, may be associated with the action oriented

physical taking of the child in family abduction. It would be important to look more closely at parental values and attitudes toward retaliatory physical violence and other action oriented physical solutions to domestic problems.

Approximately one-quarter of these families of origin did not teach their children (later, the parents of abducted children) to be aware of potential child dangers such as sexual assault, abduction, or other crimes against children. Further, approximately two-fifths of the family of origin parents did not communicate information about incest, sexual abuse, or physical abuse. These findings identify an important area for further learning to determine the attitudes or values that may preclude/enhance the communication of child safety/child risk information within families of missing children.

Family of Origin Parents. Until the age of 17, the primary parents usually lived with their biological father (79.5%) and/or their biological mother (88.6%).

The majority of the primary parents lived with both of their biological parents until their 17th birthday (71.3%). The majority of families (84.6%) contained at least one person identified as Caucasian. The average number of siblings living with the primary parents was between two and three (2.49). The primary parent was the oldest child in 30.7% of the cases and the youngest child in 6.8% of the cases. In most families (78.8%) all of the siblings had the same biological parents.

Family of Origin Income. In 88.5% of the cases responding to this item, the father was identified as a primary contributor to the family income, and in 60.9% of the cases the mother was.

These families of origin are reflective of the previous generation, with a higher percentage of two biological parent families in longer term, more stable relationships.

Family of Origin Religion. The majority of fathers (46.2%) and mothers (47.1%) were identified as Protestant by the primary parent, followed by Catholic (26.9%).

Family of Origin Traumatic Family Events. The death of an extended family member (46.6%) and the death of a family pet (34.1%) were the most typical life events reported in the lives of the primary parents before their 17th birthday, followed by divorce of parents (27.3%), separation of parents (30.7%), illness of family member (23.9%), and new marriage (10.2%). 18.7% of the families reported no traumatic events in the family of origin.

In 25.3% of the family of origin households, there was physical or sexual abuse of at least one family member.

In 38.1% of the cases of abuse, the primary parent was physically abused by the male parent. In 38.1% of the cases, a spouse was physically abused by a spouse or partner, and in 33.3% of the cases of abuse, a sibling was physically abused by the male parent.

In summary, in looking at the families of origin, approximately one-quarter of the household had physical abuse of at least one family member. The physical abuse was of one parent to another or physical abuse of a sibling by the male parent. These rates of family of origin physical abuse are much higher than in the families of origin of all other missing child groups, including runaways. Reported rates of physical abuse in family abduction cases are also higher than in all other missing child groups, including runaways. It may be that spouse physical abuse and attitudes toward spouse physical abuse may cross generations, for parents in some family abduction case. Physical expression of anger and resentment in domestic situation may be

associated with the action-oriented physical taking of the child in family abduction. It would be important now to look more closely at parental values and attitudes toward retaliatory physical violence and action-oriented physical solutions to domestic problems.

Family of Origin Residential Changes. The primary parent's family of origin moved infrequently in 42.0% of the cases, 15.9% moved frequently and 25.0% never moved. The primary parent began living away from home at eighteen years of age or older in 65.9% of the cases. The most common reasons for moving away from home were marriage (25.6%) and college (20.9%).

Family of Origin Family Communication. Large decisions were mostly made by either the father (35.2%) or mutually between adult partners (37.5%), and the mother was usually responsible for making smaller family decisions (80.7%). Children participated in family problem solving in 42.5% of the applicable households. Parents usually taught the primary parents to be aware of potential dangers (73.9%), and to confront problem situations (75.0%). Parents did not communicate their attitudes about incest, sexual abuse, and physical abuse to 63.6% of the primary parents.

Approximately one-quarter of the family of origin parents did not teach their children (later the parents of the family abducted children in this project) to be aware of potential dangers of sexual assault, abduction, or other crimes against children issues. Further, approximately two-fifths of the family of origin parents did not communicate information on incest, sexual abuse, or physical abuse. In the family abducted cases in this project, one-fifth of the parents did not provide instruction on potential dangers to their children and approximately one-quarter of the parents did not discuss issues of incest, sexual abuse, or physical abuse with their children. This finding is similar to previously reported project findings which show one-fifth to one-third of current families and families of origin in all missing child groups did not provide child risk/child safety information to their children. These findings identify an important area for further learning to determine the attitudes or values that may preclude the communication of child safety/child risk information within some families.

Family Abduction: Disappearance Event Characteristics (Factors A, X)

Overview of Findings

After notification of child abduction by a parent, left-parents most common initial reactions were anger, fear, and confusion.

In just over one-third of the family abduction cases, the child was last seen in the left-behind parent's home. Less frequent last known child locations included a local neighborhood, the non-custodial parent's home, or a relative's home.

Less than one-tenth of the family abducted children initially realized that they were being abducted, apparently due to the effectiveness of abducting parent's explanation for the failure to return the child to the custodial parent's home.

After the child's recovery from family abduction, almost half of the recovering parents did not know about their child's initial reactions during the abduction, and four-fifths of the recovering parents did not know if their child had any initial fears.

The above findings are likely to be indicative of the post recovery difficulties in communication between recovered child and left-behind parent. Such communication difficulties may initially serve a protective function from having to deal with potentially painful events too soon after recovery. However, this initial protective function, maintained over time, is likely to serve to isolate and distance family members from each other.

Almost half of all family abductions took place between noon and 6 P.M.

Three-quarters of family abductors had assistance from relatives, friends, or a new spouse/partner. For a number of family abductions, it may be questionable as to whether the abduction could have been successfully carried out in the absence of this external assistance.

Based upon the above project findings, direct study of the values and attitudes that these active or vicarious (defined as knowing of the child abduction and taking no action to assist child return) accomplices to family abduction may be the most productive avenue to the prevention or early resolution of family abductions.

Approximately two-fifths of the left-behind parents did not know, after child return, what explanation the non-custodial parent had given the child about the abduction. As noted in prior project findings, there is a gap of knowledge between returned child and recovering parent about the circumstances of the abduction as well as the child's internal thoughts and feelings about the abduction.

Slightly more than one-third of family abductors had plans to travel by car to a distant state.

Four-fifths of the family abducted children were provided with adequate basic care and no evidence of physical or sexual abuse was found.

During the family abduction, one-tenth of the family abducted children were reported as having been physically abused and 1% were reported as having been sexually abused or exploited.

None of the family abducted children attempted to leave or escape from the abducting parent.

Of school-aged children, almost half were enrolled in school at some point during the family abduction. This finding points to the importance of school district involvement in obtaining copies of the newly enrolled child's prior school records, which would have identified many of the children in this project as family abducted.

Initial Reaction. After notification that a child had been abducted by a parent, the most common initial reactions were anger (23.5%), fear (24.5%), and confusion (10.8%). Fear (20.4%), anger (23.3%) and concern about child's health status (7.8%) were also the most frequent secondary thoughts.

Last Known Child Location. The last known location of the child was in the custodial parent's home in 36.5% of the cases, followed by a residential neighborhood (23.1%), and non-custodial parent's home (17.3%), and a relative's home (5.8%).

Abduction Method. The family abductor reportedly used physical means to abduct the child (26%), verbal lures (14.3%), a combination of verbal lures and physical means (16.9%) or none of these coercive techniques (32.5%).

Initial Child Reactions. Only 8.2% of the children realized they were being abducted.

The family abducted child was reported to be initially compliant in 42.1% of the cases, however, 46.1% of parents reported they didn't know the child's initial behavior during the abduction.

Only 3.8% of the children were reported to have unspecified fears of any harm. However, 81.1% of the parents reported they didn't know the child's initial fears.

In summary, less than one-tenth of family abducted children initially realize that they are being abducted, apparently due to the effectiveness of the abductor's explanation for the failure to return to the custodial parent's home. After the child's recovery and return home, almost half of the left behind parents did know about their child's initial behavior during the abduction, and four-fifths of the left behind parents did not know if their child had any initial fears. These findings are likely to be indicative of the post reunification difficulties in communication between recovered child and left behind parent. Such communication difficulties may initially serve a protective function from having to deal with potentially emotionally painful events too soon after recovery. However, this protective function, over time characteristically changes, now serving to isolate and distance family members from each other.

Initiation of Action. After becoming aware of the abduction, 73.1% of the primary parents were immediately concerned, and 62.7% took immediate action. By the end of the first day of the child's disappearance, action had been taken in 93.1% of the cases. In the remaining cases, first action was not taken from 3 days to 4+ weeks. These later delays, of course, were due to the abduction occurring at the beginning of a scheduled visitation, and not being discovered until the failure to return the child at the end of the scheduled visitation.

Case Description. Almost all primary parents accurately believed the disappearance was a parental abduction (99%), and 84.3% of the primary parents had no doubts about the circumstances of the disappearance.

The largest number of the family abductions (44.1%) occurred in the afternoon, between noon and six P.M.

The most frequently cited item of information available at the time of disappearance was the actual observation of the abduction (25.2%), followed by absence of child's personal belongings (20.4%), absence of the abducting parent's belongings (15.5%), and recent family arguments (16.5%). Only 13.6% of the families reported that there was no information available at that time.

Abductor Movement. The family abductor very frequently had some assistance, from relatives (39.0%), friends (13.0%), or a new spouse/partner (22.1%). The most common explanation given to the child was that they were going on a "surprise trip or vacation" (14.3%), followed by reported disinterest/rejection by custodial parent (7.8%), "I am your new family" (7.8%), and custodial parent told me to keep you (9.1%). However notably, 43.8% of recovering parents did not know what explanation the abductor had given to the child.

The parental abductor's plan was often to travel to a distant state (36.4%). However, approximately the same number of abductors drove a long distance before stopping (31.6%) as drove a short distance and stopped (27.6%). The majority of parental abductors traveled by car (71.4%), and the general destination was an urban area in almost two-thirds of the cases (66.2%). Most of the abductors took the child to a house (39.0%) or apartment (19.5%) initially, and, the child's primary residence during the abduction was usually a house (42.9%) or apartment (24.7%).

In summary, the family abductor very frequently has assistance from relatives, friends, or a new spouse/partner in committing the abduction. For a number of family abductions, it may be questionable as to whether the abduction could have been successfully carried out in the absence of this external assistance. Direct study of the values and attitudes these active or vicarious (knowing of the child abduction and taking no action to assist in child return) accomplices to family abduction may be the most productive avenue to the prevention or early conclusion of family abductions.

With regard to the abductor's explanation to the child about the abduction, a range of explanations were employed. However, a most notable finding was that approximately two-fifths of the left behind parents did not know, after child return, what explanation the abductor had given the child about the abduction. Again, there is a gap of knowledge between returned child and recovering parent about the circumstances of the abduction as well as the child's internal thoughts and feelings about the abduction. Later project findings on recovering parent knowledge will confirm this gap in multiple areas. As previously commented upon, the continued maintenance of such communication gaps is likely to enhance the emotional isolation of returned child and recovering parent.

Abduction Living Conditions. The missing children typically had adequate food and water (77.3%), shelter (85.3%), and personal hygiene (74.7%). They often "retained old clothing" (93.3%) and were also given new clothing (53.3%). Ten percent of the children were reported as physically abused or assaulted. Most of the children had frequent daily contact with their abductor (93.3%), were not completely confined during the abduction (45.3%), were threatened by the abductor (10.7%), and approximately one-third of the abductors moved frequently (32.0%). Some abductors (26.7%) had money problems during the abduction. Only 1.3% of the recovering parents reported child sexual abuse or exploitation during the abduction.

Almost three-fourths (73%) of the children experienced a change in residence during the abduction. Almost three-fourths (74.2%) of the abductors never completely removed control over the child. None of the parentally abducted children ever tried to escape from their abductor.

With regard to the family abductor movement, most family abductors do obtain residences (house or apartment) for themselves and the abducted child. This is in contrast to the frequent movement of the non-family abductor.

Abductor Behavior. Over one-third of the family abductors were reported to be frequently caring and supportive (39.5%), followed by range of alternating supportive, evasive, and disorganized behavior. Such caring and supportive behavior by family abductors is likely to create confusion and mixed emotions/attitudes toward the abducting parent after the child has been returned home. Notably, 44.7% of the recovering parents did not know anything about the abductor's behavior toward the child during the abduction.

Child Thoughts. The primary parents did not have information about the child's thoughts of family and home during the abduction in most cases (68.9%), followed by knowledge of episodes of sadness (16.2%), daydreams of being at home (12.2%), belief that family was looking for child (6.8%), desire to be rescued (4.1%), and thoughts that family had forgotten the child.

Child Feelings of Responsibility for Abduction. Almost all (88.3%) of the children felt that they were not responsible for the abduction or the events that happened during the disappearance, followed by feelings of responsibility (2.6%). 9.1% of the primary parents did not know if the child felt responsible for the disappearance.

Others with Knowledge of Abduction. Most of the children had relationships with other people during the disappearance (85.5%). Usually these people were the abductor's relatives (36.0%) or friends (46.7%) and 29.3% reported having a relationship with a relative during the abduction. During the disappearance, friends (45.1%) relatives (47.9%), neighbor (7%), and other child (7%).

School Attendance During Abduction. Of the school-aged children, 45.9% were enrolled in school during the family abduction. This is somewhat surprising, and points the importance of school district involvement in obtaining copies of the child's prior school records, which would have identified many of the children in this project as family abducted.

Family Abduction: Post Disappearance Trauma and Coping (Factors A, X)

Overview of Findings

For more than one-third of left-behind parents, the police officer is not only the central investigative figure, but also the most important source of coping support outside of the family. As noted in prior project findings on non-family abductions, the police officer's actions and behaviors continue to be viewed as a principal source of hope and encouragement to left-behind parents for child recovery.

In family abduction cases, almost one-third of left-behind parents received some form of missing child center services.

Four-fifths of left-behind working parents and four-fifths of new partners/spouses had returned to their jobs within ten days of child disappearance.

94% of the left-behind parents, four-fifths of the new partners/spouses (where present) and almost two-thirds of the remaining children in the family experienced emotional changes as a result of the child loss.

After child disappearance due to family abduction, four-fifths of the left-behind parents did not make any changes in their family safety rules. In this case, few families may have made such changes as child loss was due to a known quantity, the former partner/non-custodial parent. For families with other children remaining in the home, the assumption of the left-behind parent may have been that there was no need to alter child safety rules, as the non-custodial parent had already taken the child intended for abduction, and would have taken other children in the family at that time if intended.

Left-behind parents maintained some of their beliefs in traditional family values after the family abduction, but their belief in predictability and control in their lives was substantially decreased.

Notably, more than half of the left-behind parents reported that their level of relationship satisfaction with the unabducted children increased. This increase in left-behind parent attention and affection is likely to be positively received by the remaining children. However, emotional confusion or conflict may arise for the child, as these left-behind parent attention and affection increases occur with a sibling's abduction.

As in non-family abduction, the siblings of missing children have been largely unattended to and forgotten as the focus of parent, police, and public policy has, understandably, been upon the missing child. It is now clear that the siblings of missing children warrant attention and concern as well.

Post Disappearance Social Support. Primary parents indicated that their partners (23.2%) and external family members living with the family (20%) were the most important sources of support within the family.

Friends (67.3%), relatives (65.4%), police officers (91.3%), attorneys (54.8%), missing child center staff (31.7%), and district attorney (38.5%) were all frequently cited as outside sources of support during the disappearance, but police officers were considered the most important contact by 35.3% of the primary parents.

Whether by design or by default, the police officer in family abductions remains not only the central investigative figure, but also the most important source of support outside the immediate family to parents of missing children. Almost no mental health or social service support is currently available to parents of missing children. It is probable that police officers' actions and behaviors will continue to be viewed as a primary source of hope and encouragement for child recovery. In family abduction cases, almost one-third of left behind parents received some missing child center staff services.

Post Disappearance Parent Return to Work. Working mothers returned to their jobs within one to three days after the abduction in 67.3% of the cases, and a total of 82.7% had returned to work within ten days. 7.7% of working mothers never returned to work.

In one to three days, 68.9% of the working fathers had also returned to work and a total of 84.5% had returned to work within ten days. 8.9% of working fathers never returned to work.

Post Disappearance Sibling Return to School. Almost one-third of the siblings remaining in the household (35%) had difficulties returning to school (when applicable). The nature of these difficulties was usually unspecified (57.1%).

Primary Parent Emotional Changes. Almost all of the primary parents experienced emotional changes following their child's abduction (94.1%). Most of the primary parents reported increased feelings of anxiety (61.5%), fear (63.5%), overt sadness or depression (62.5%), anger (75.0%), helplessness (68.3%), disgust (48.1%), shock (37.5%), and withdrawal (23.1%).

Primary Parent Behavioral Changes. Primary parents also reported a variety of behavioral changes, including being less involved in personal interests (49.0%), being less able to concentrate (62.5%), and being less involved with friends (36.5%).

Partner Emotional and Behavioral Changes. When a partner was present, 80.8% of parents perceived emotional changes in their partner following the abduction of the child. Among these changes, increased anger (62.1%), and disgust (51.7%) were the most common. Although over one-third (34.6%) of the primary parents reported no behavioral changes in their partners, 26.9% indicated that their partner was less involved in personal interests, 26.9% that their partner was less able to concentrate, and 26.9% that their partner was more responsive to the needs of family members.

Sibling Emotional and Behavioral Changes. When there were siblings remaining in the house following the abduction, 63.3% of the primary parents perceived emotional changes in their children; the most common emotional changes were increased feelings of anxiety (35.7%), fear (32.1%), and anger (39.3%). Although

40.7% saw no behavioral changes in their children (when applicable), 18.5% reported that the remaining children were more responsive to the needs of family members.

Family Member Most Affected by the Abduction. In over two-thirds of the households, the female parent was reported to be the person most affected by the abduction (67.0%), followed by the male parent (28.2%).

Family Member Closest to Missing Child. The female parent was also reported to be the closest family member to the missing child in 64.1% of the cases. There was no family member identified as being distant from the missing child by 88.2% of the respondents.

Post Disappearance Family Discussion/Safety Rule Changes. For the most part, there were no increases (89.9%) or decreases (91.0%) in family arguments following the abduction. In 81.0% of the households, there had been no changes in family safety rules since the abduction. Of those families whose rules did change, 40.9% decreased the amount of time family members were allowed to spend away from home, 45.5% decreased the distance family members were allowed to be away from home and 54.5% indicated other unspecified changes.

In summary, four-fifths of the families who lost a child to family abduction made no changes to their family safety rules. Few families may have made such changes as child loss was due to a known quantity, the former partner/non-custodial parent. For families with other children remaining in the home, the assumption may have been that there was no need to alter child safety rules, as the non-custodial parent had already taken the child intended for abduction, and would have taken other children in the family at that time if intended.

Post Disappearance Family Relationship Satisfaction. One-third of the primary parents reported an increased level of satisfaction with their partner, and 43.3% said their level of satisfaction had not changed. Over half of the primary parents were more satisfied with their relationship with the remaining children since the abduction (57.1%).

The primary parents' beliefs in the following statements about family life most often increased: "Partners agree to stand by each other in times of need" (80%); "Partners agree to provide companionship and insurance against loneliness" (50%); "Partners agree that having and nurturing children is important" (50%). Belief in the following statement most often stayed the same; "Partners agree that the family unit is more important than the relationship with the spouse" (51.7%); "Partners agree that the home is a refuge from the world" (58.6%). The belief that "life is generally predictable but contains occasional unpredictable events" increased for 22.2% of parents, decreased for 31.3%, and remained unchanged for the remaining 45.5%. The belief that "you generally control what happens in your life" decreased for almost half of the parents (48.5%).

In summary, left behind parents maintained some beliefs in traditional family values after the family abduction, but their belief in the predictability and control of their lives was substantially decreased. Notably, more than half of the left behind parents reported that their level of satisfaction with their relationship with the unabducted children was increased. Other than minor anecdotal accounts, little is known about the experience of the unabducted children after a family abduction. This project finding may indicate that left-behind parent attention and affection may increase to remaining children after the abduction. This increase in attention and affection is likely to be positively received by the remaining children, but a degree of emotional confusion or conflict may arise as well as these increases occur only with the sibling's abduction. As in non-family abduction, the siblings of missing children have been largely unattended to and forgotten as the focus of parent, police, and public policy has, understandably, been upon the missing child. It is now clear that siblings of missing children warrant attention and concern as well.

Family Abduction: Post Disappearance Intervention and Support Services (Factors A, X)

Overview of Findings

Slightly less than one-third of left-behind parents rated law enforcement recovery efforts as highly competent. When left-behind parent ratings of highly competent and moderately competent are combined, this includes almost two-thirds of all cases. As contrasted with parents who lost a child to non-family abduction (who provided overall favorable ratings of law enforcement competence), left-behind parents in family abductions rated over one-third of law enforcement recovery efforts as incompetent.

The above finding indicates a substantial group of left-behind parents whose dissatisfaction may be due to varying degrees of investigative priority among agencies, and/or varying degrees of individual investigator knowledge about avenues through which to pursue child recovery.

Following family abduction, nine-tenths of the families received no mental health services. The most frequently used social support service, missing child agencies, was received by just over one-quarter of all families. As noted in previously reported project findings on non-family abduction, the majority of families affected by family abduction must cope with this event without mental health or social service support.

Perceived Law Enforcement Competence During Investigation. Most of the primary parents rated the law enforcement agency's investigation of the abduction as either incompetent (35.1%), moderately competent (35.1%), or highly competent (30%).

As contrasted with parents who lost a child to non-family abduction, who provided overall favorable ratings of law enforcement competence, left-behind parents in family abductions rated over one-third of the law enforcement agencies' investigations as incompetent. This substantial group of dissatisfied parents may be due to varying degrees of investigative priority for family abductions among agencies, or to varying degrees of individual investigator knowledge about avenues through which to pursue the case. In any event, this finding shows a substantial group of dissatisfied parents which merits law enforcement attention, and possible investigation procedure change.

Post Disappearance Mental Health/Support Services Use. Following the parental abduction, approximately 10% of the families received some type of counseling or therapy. The most popular resource, services from a missing child agency, was received by only 27.9% of the households.

Those who received services were usually moderately to highly satisfied with the type of service they received. Exceptions included individual therapy, in which 40% were highly satisfied but 40% were also not satisfied. Those who did not receive services said that they had not felt that any services would be useful (82.4%). The majority of families (87.0%) spent an average of zero dollars per week on services and the range was from \$0 to \$250 dollars.

Post Disappearance Coping Strategies. Primary parents most frequently identified expressing feelings as the most important coping skill for themselves (59.2%), their partner (when applicable) (62.1%), and their remaining children (56.3%) (when applicable).

Post Disappearance Financial Expenditures. The amount of money spent by the family on child search and recovery was as follows: \$0 (21.4%), \$1-\$500 (34.9%), \$501-\$1,000 (8.7%), \$1,001-\$5,000 (25.2%), \$5,001-\$10,000 (3.9%), \$10,001-25,000 (3.9%), \$25,001-\$50,000 (1%), \$50,001-\$100,000 (1%).

Zero dollars were spent 84.5% of the extended family and by 90.2% of the outside contributors.

While one-quarter of the left-behind parents in the family abduction cases spent \$1,001—\$5,000, most left-behind parents, extended family members, and outside contributors spent \$0 in the recovery process. While some international family abductions and a limited number of family abductions within the U.S. may involve child recovery expenditures exceeding \$10,000, this project finding shows more modest child recovery expenditures for family abduction cases in general than may be popularly believed.

Post Disappearance Family Stress. The primary parents rated their overall level of stress after the abduction as high in 85.3% of the cases. In 58.6% of the cases they rated their partner's level of stress as high (when applicable), and in 45.5% of the cases they rated the remaining children's level of stress as high (when applicable).

Post Disappearance Family Problem Solving. The remaining children (when applicable) participated in solving family problems in 55.2% of the households after the abduction, but in 31.0% they were not involved in family problem solving.

In summary, self report family member stress after family abduction is high for four-fifths of the left-behind parents, and for approximately half of the adult partners and remaining siblings. These self reports of high stress are supported by results from project quantitative tests which will be reported on in a later section of this results chapter.

Family Abduction: Recovery and Reunification (Factor x)

Overview of Findings

In family abduction cases, the average length of time for child recovery 66 days, with the amount of time missing ranging from 1 day to 240 days. One-quarter of the family abducted children had not been returned by the conclusion of this project (eight months after child disappearance).

From comparison of these project findings with results from other projects, it appears that the closer one gets to the local police department level, the more short term family abductions are identified.

The site of child recovery in family abduction cases varied, with one-third of the children being found less than 100 miles from their home in the same state, and slightly less than one-third being found more than 1,000 miles from their home in a different state. This finding illustrates the wide range of flight behavior exhibited by family abductors, which considerably complicates the recovery efforts.

Almost nine-tenths of left-behind parents received no instructions or guidance about reunification with their child. These families must then approach the reunification without any guidance as to what to say or do, what to expect in terms of child behavior, what would happen during the reunification meeting, or who to call for help after the reunification meeting.

Reunification meetings between family abducted children and their left-behind parent almost always occur in a timely manner following child recovery.

In 7% of child recoveries from family abduction, reunification of the child with the left-behind parent can be delayed for weeks. Such delays typically involve charges from the abducting parent of pre-abduction sexual/physical abuse of the child by the custodial parent. While these cases are a relatively modest percentage of the total, they are highly problematic for all agencies and parties concerned. Study should be focused upon identifying the characteristics of such cases where the charges appear to be a reunification delaying tactic versus cases where the charges are substantiated.

In four-fifths of the family abduction cases, the reunification meeting with child and left-behind parent is less than thirty minutes, followed by child and parent return home, with no guidance for post recovery assistance.

Length of Time Missing. Of the 104 parental abduction cases in the study, 77 cases had recovered their child by the final interview (which was eight months post disappearance). No children were recovered deceased. The average length of time that the child was missing was 66.25 days. The amount of time missing ranged from 1 day to 240 days.

The length of time missing for family abductions is influenced by three factors: (1) the definition of family abduction used, (2) the population from which the study sample is obtained, and (3) the method by which the sample is obtained. Previous studies have found varying lengths of time missing depending upon these three factors. For example, Hatcher, Barton, and Brooks (1990) found a more lengthy period for non-family abductions. In that study, the investigators: (1) defined the case as one qualified for registry in the National Center for Missing and Exploited Childrens' (NCMEC) data base in calendar year 1987, (2) used the NCMEC data base as a sample of the total population of all family abducted children in the U.S., and (3) analyzed all cases in the data base, compared to the current study, the longer lengths of time missing in that study are probably due to the number of shorter term family abductions which were resolved prior to NCMEC data base entry at that time. Alternatively, Finkelhor, Hotaling, and Sedlak (1991) found a less lengthy period for non-family abductions. In that study, the investigators: (1) defined the event as an unauthorized child removal by a non-custodial parent, (2) used random digit telephone dialing as a survey method to identify a sample of family abduction cases then interviewed the left-behind parents, and (3) analyzed those cases interviewed. In the current study, the investigators: (1) defined the event as appearing prospectively in the records of designated police departments and achieved a common definition across departments, (2) used the records and in person interviews as a sample of all family abduction cases in the U.S., and (3) analyzed all cases over an 18 month prospective data collection period. The principal lesson from these various studies appears to be that the closer one gets to the police department case entry level, the more short term family abduction cases are identified.

Child Recovery Notification. Over three-fourths (76.2%) of the families were notified of their child's recovery in less than one day (80%). All notifications were accomplished within two days (100%). Overall, family notification appears to occur in a timely and reasonable manner.

Over half (53.3%) of the primary parents were notified of their child's recovery by someone other than police officers, social workers, attorneys, relatives, neighbors or friends for the remaining cases. Primary parents were notified by a police officer working on the case (28%), a police officer not working on the case (6.7%), relative (6.7%), or friend (4%).

The female parent was notified of the recovery in 65.3% of the cases and the male parent in 30.7% of the cases.

Most of the notifications were done by phone (73.7%), with the remainder being done in person (26.3%).

Siblings (where applicable) were almost always notified within four hours of the primary parent's notification of the recovery (95.8%).

The following events were noted as leading to the parentally abducted child's recovery: police found/arrested abductor (13.2%), abductor contacted someone who subsequently provided location information to others (6.6%), suspicious adult told police (3.9%), return mediated by missing child agency (2.6%), child contacted family (2.6%), and search picture recognized by a child (1.3%). Notably, unspecified other leads were cited in 68.4% of parental abduction recoveries.

In summary, a finding of note regarding recovery notification was that most parents in family abduction were not notified first by a police officer, but by an individual tangential to the family and other than relatives, attorneys, friends, social workers, etc. While every parent would want the earliest possible notification of child recovery from whatever source, recovery notification by a police officer involved with the case is preferable from a law enforcement perspective and may be preferable from a parent perspective as the officer represents the most knowledgeable and reliable source of information about the recovery. At present, however, such notification are not being made by law enforcement in most cases, or by other individuals well known to the family.

Within this project, most family abduction were resolved by leads unique to the individual case. In less than 4% of the cases did leads from suspicious adults, missing child agency mediated return, or search picture recognition lead to recovery.

Recovery Site Distance. Parentally abducted children were most often found either less than 100 miles from their home in the same state (32.9%), or more than 1,000 miles from their home in a different state (30.3%), 500-1,000 miles from home in a different state (17.1%), 500-1,000 miles from home in the same state (7.9%), 100-500 miles in the same state (3.9%), 100-500 miles in a different state (3.9%), and a different country (3.9%).

Child Recovery Information. During the initial notification, most left-behind parents were told there had been a positive identification of their child (84.4%).

At initial notification, parents either received no information about their child's current physical health (49.4%) or the received information was that their health was good (45.5%). Most left-behind parents received no information (67.1%) about their child's emotional health, followed by good (25%), moderate (7.9%), or poor estimates of their child's emotional health (0%).

Similarly, most left-behind parents were not told anything about the physical health of the child during the disappearance (77.9%) or the child's emotional health during the disappearance (88.2%). Between the initial notification and the reunification, 84.2% of the families received no additional information about the child's physical health, and 86.3% received no additional information about the child's emotional health. The type of information most often given to parents by their child recovery contact was the circumstances of recovery (85.7%). Most parents received no instruction about reunifying with their child (85.5%). Types of information that parents would have wanted but which they did not receive included information about what happened during the child's absence (38.7%), information about what to expect in terms of the child's behavior (30.7%), information about the child's physical health (30.7%), and information about the child's emotional health (32%), information about

how much emotion was all right to express (20%), information about what would take place prior to being able to take the child home (20%), information about who to call with problems (18.7), and information about what to say to the child (11.7%). Notably, 41.3% of the primary parents did not want any of these items of information prior to reunifying with the child.

In summary, prior to reunification, most left-behind parents received little information about their child's physical and emotional health since the abduction. Further, four-fifths of the left-behind parents received no instruction or assistance about reunification with the recovered child. These families must then approach the reunification without any guidance as to what to say or do, what to expect in terms of child behavior, what would happen during the reunification meeting, or who to call for help after the reunification meeting. While the position could be taken that all families would benefit from such reunification information, family receptivity and ability to absorb such information is a factor as well. In this project's findings, many left behind parents could not identify information they would like to have had prior to reunification with their child. Effective communication of reunification information will involve not only the availability of the information itself, but an assessment of individual family receptivity of such information as well.

Reunification Meeting. The amount of time between notification of recovery and the actual reunification meeting was less than twelve hours in half of the cases (51.3%). Within 48 hours of recovery, 82.9% of the recovered children had been reunified, but 6.6% had still not been reunified at one week post recovery.

In summary, reunification meetings almost always occur in a timely manner following child recovery. However, in approximately 7% of the family abduction recoveries, reunification of the child with the left behind parent can be delayed for weeks. Such delays typically involve charges from the abducting parent of pre-abduction sexual or physical abuse of the child by the left-behind parent. These charges then result in the child being placed in foster care by the local child protective services agency, pending an investigation of the charges by that agency. This relatively modest number of cases are highly problematic for all parties and agencies concerned. Focused study of the outcome of these cases is an essential next step in the understanding of the family abduction problem, so that more can be learned about that percentage of cases where the charges appear to only be a reunification delaying tactic vs. cases where the charges are substantiated.

Over three-fourths of the families did not take any particular items with them to the meeting. Most of the primary parents drove themselves to the meeting (40.8%), followed by the use of public transportation (28.9%), driven by a police officer (7.9%), driven by a relative (3.9%), or unspecified other means (18.4%).

Police officers (36.8%) and relatives (34.2%) were the people most frequently present at the reunification meetings, followed by current partners of the primary parent (14.5%), siblings (11.8%), friends (9.2%), social workers (9.2%), private attorney (9.2%), child care workers (6.6%), mental health professionals (2.6%), and unspecified other individuals (19.7%).

In the majority of cases, the meeting was completed in 15 minutes or less (54.7%), followed by 16-30 minutes (29.3%), 31-60 minutes (10.7%), 61 minutes-3 hours (2.7%), and 3+ hours (2.7%).

Reunification meetings took place in a police station (20%), family home (18.7%), social service agency (6.7%), or hospital (2.7%). Notably, 50.7% of reunification meetings took place in an unspecified location other than those listed above.

The initial physical response of most parentally abducted children was to hug their parent at the reunification meeting (74.7%), followed by child moved toward parent (6.7%), distant and withdrawn (6.7%), and distant but communicated verbally (5.3%).

According to the primary parent, the initial emotional responses of the child were most frequently excitement (33.3%) or happiness (48.0%), followed by anxiety (22.7%), fear (9.3%), shock (4%), anger (4%), sadness (2.7%), and dependence (2.7%).

The first thing that 36.0% of the recovered children talked about was positive emotion (e.g., It's so good to see you). The child had the most contact with the female parent during the meeting in 63.0% of the cases.

Police officers were the people who most often interacted with the left-behind parent and the missing child during the meeting (23.7%). The people who interacted with the left-behind parent during the meeting most often explained what would happen next legally (28.8%).

After the reunification meeting, most of the recovered children returned home (76.3%) or temporarily stayed at a hotel or motel (19.7%) pending travel home.

In less than one hour after the reunification meeting, 87.7% of the children were returned to the care of the parent, followed by 11% within 1-6 hours and 1.4% within 25-72 hours (1.4%).

In summary, in most reunification meetings with children recovered from family abduction, family members, relatives, and police officers are the individuals present. In four-fifths of the family abduction cases, the reunification meeting with child and family is less than thirty minutes, followed by child and family return to their home. Less than one-third of the left-behind parents received information during the reunification meeting about what to expect next legally, and almost none received information about post recovery psychological assistance or points of contact from which to obtain such assistance if needed.

Reunification meetings between parents and infants/children recovered from non-family abduction remain unsystematized, with meeting responsibility being delegated by default to the individual police officer present at the meeting. To improve this situation, the OJJDP funded project, Reunification of Missing Children (Hatcher, Barton, and Brooks, 1992), established multi-disciplinary reunification teams at five sites in the U.S. However, until such reunification teams are established more widely, the reunification meeting responsibility will continue to fall upon the law enforcement officer.

Return Home. On the child's first day home, 33.3% had contact with family friends and 72.0% had contact with extended family members. Contact was made with extended family members (72%), family friends (33.3%), siblings (30.7%), neighbors (24%), and child's friends (13.3%).

Most of the recovered children talked about the family abduction only occasionally (47.4%) or not at all (30.3%). When children did talk about the abduction, children most often discussed the experience with their female parent (43.2%) or their male parent (31.1%).

Family Abduction: Post Recovery Trauma and Coping (Factor x)

Overview of Findings

After child recovery from family abduction, the law enforcement officer was the most frequently utilized resource outside the family for left-behind parent support and coping.

After child recovery from family abduction, 95% of left-behind parents did not cite any mental health professional, social worker, member of the clergy, or social support agency staff member as the primary contact for support and coping.

Nine-tenths of the children recovered from family abduction returned to school within ten days of recovery. 94% of the recovered children and all of their siblings were reported to have no difficulties with the return to school.

More than two-thirds of the left-behind parents felt that the child was recovered with about the same harm as expected, and more than one-half of the left-behind parents were about as relieved as they expected to feel. However, one-fifth of the left-behind parents reported more harm than expected. Individuals assisting left-behind parents need to be aware that child recovery from family abduction does not automatically equal parental relief from high stress.

After child recovery from family abduction, almost two-thirds of the families returned to a normal daily pattern within one week after child recovery.

Over half of the recovered family abducted children experienced symptoms of emotional distress including anxiety (57.6%), and changes in eating habits (51.5%), with almost half of the children also experiencing nightmares (42.7%), as well.

While most families affected by family abduction return to a normal daily pattern within one week after child recovery, this general picture of a return to a normal family daily life pattern may obscure other very important problems. Specifically, across families, the majority of parents report high rates of problems for children recovered from family abduction, including nightmares, anxiety symptoms, and headaches. While the return to school for these children was prompt and with no reported difficulties, it is apparent that the number of children experiencing emotional symptoms at home after recovery from family abduction is quite substantial.

Post Recovery Emotions. When notified of the recovery, the most common initial reaction of the primary parent was happiness (46.1%) or excitement (34.2%), followed by anxiety (7.9%), shock (3.9%), and disgust (1.3%).

Another 42.3% of the primary parents said happiness was their second reaction, although 50% reported they had no secondary emotional reaction to child recovery notification.

Post Recovery Social Support. The resources that were used most often by primary parents as guidance for reunification were relatives (50%), friends (43.8%), and police officers (45.8%). The primary contact was most often a police officer (29.9%), followed by attorney (14.3%), friend (14.3%), district attorney (3.9%), social worker (2.6%), missing child center member (1.3%), and clergy (1.3%).

This project finding is consistent with previously reported project findings which indicate that mental health professionals, social service professionals, clergy, and missing child center staff were not primary contacts for guidance and support for these families.

Post Recovery Child Return to School. Most of the children returned to school within one to three days of recovery (74.2%). The remainder returned to school in 4-10 days (16.1%), or 11-30 days (6.5%).

When the recovered child returned to school (in applicable cases), 94.1% had no difficulties with their return.

None of the child's siblings (in applicable cases) had problems returning to school after recovery.

Post Recovery Sibling Reunification Guidance. Only 17.1% of primary parents offered the remaining children guidance in reunifying with their brother/sister. The children's age was often cited as a factor influencing the amount of guidance given to the siblings of the recovered child (52.9%). The amount of time between the primary parent's reunification with the child and the siblings' reunification with the child was less than one hour in 47.8% of the cases. Three-fourths of the siblings expressed no concerns about the recovered child or the reunification meeting.

Recovery Perceptions. Most children were recovered with about the same harm as expected (68.8%), followed by more harm than expected (19.5%), and less harm than expected (11.7%).

Most left-behind parents reported feeling about as relieved as they expected to feel (54.5%).

More than two-thirds of the left-behind parents felt that the child was recovered with about the same harm as expected, and more than one-half of the left-behind parents were about as relieved as they expected to feel. However, one-fifth of the left-behind parents reported more harm than expected. Individuals assisting left-behind parents need to be aware that child recovery from family abduction does not automatically equal parental relief from high stress.

Post Recovery Family Life. Over half of the recovered family abducted children experienced symptoms of anxiety (57.6%), and changes in eating habits (51.5%), with almost half of the children also experiencing nightmares (42.7%), as well.

After reunification, life reportedly returned to normal in 66.2% of the families. Of those cases, 63.5% returned to normal in under one week.

In summary, most families affected by family abduction return to a normal daily pattern within one week after child recovery. However, consistent with previously reported project findings, a significant minority of families experience more adjustment problems in this case with return to a normal daily family life pattern. Yet, this general picture of a return to a normal family daily life pattern may obscure other very important problems. Specifically, across families, the majority of parents report high rates of problems for children recovered from family abduction, including nightmares, anxiety symptoms, and headaches. While the return to school for these children was prompt and with no reported difficulties, it is apparent that the number of children experiencing emotional symptoms at home after recovery from family abduction is quite substantial.

Post Recovery Primary Parent Emotional Changes. After the recovery of their child, 93.4% of left-behind parents reported a change in their general mood. Many left-behind parents reported increased feelings of happiness (89.2%), excitement (40.5%), and anxiety (32.4%).

Post Recovery Primary Parent Behavioral Changes. Typical behavior changes in the left-behind parent included being more able to concentrate (50.6%), being more responsive to the needs of family members (44.2%), and being more responsive to family obligations (37.7%), more involved in personal interests (28.6%), more involved with friends (19.5%), more time spent at work (14.3%), loss of time at work (9.1%), and less able to concentrate (5.2%). Notably, 27.3% of the left-behind parents indicated no behavioral changes in themselves since child recovery.

Post Recovery Primary Partner Emotional and Behavioral Changes. After the recovery, 81.8% of left-behind parents reported mood changes in their partner; these changes included increased feelings of happiness (66.7%), anxiety (47.6%), and excitement (33.3%) (in applicable cases). The most common behavior changes in the partners were being more able to concentrate (42.9%), more responsive to family obligations (42.9%), and more responsive to the needs of family members (47.6%).

Post Recovery Missing Child/Sibling Emotional and Behavioral Changes. According to the left-behind parent, 72.2% of their children experienced general mood changes after the recovery. The recovered child most frequently showed signs of increased happiness (60%), anxiety (26.0%), and excitement (24.0%), and siblings showed increased happiness (63.2%). Half of the recovered children were more responsive to the needs of family members (50%), followed by more responsive to family obligations (42.9%), and more involved with friends (28.6%).

After child recovery, siblings (when applicable) were also responsive to the needs of family members (80%) and more involved with friends (60%).

In summary, as reported by left-behind parents, many of the recovered family abducted children and their siblings showed positive emotional and behavioral changes, in addition to the negative emotions of depression and anxiety. This project finding is in contrast to the primarily negative emotional and behavioral changes apparent in children recovered from non-family abduction.

Family Member Most Affected by Recovery. In 67.5% of the family abduction cases, the female parent was the most affected by the disappearance. No increases (88%) or decreases (92.2%) in family arguments occurred post recovery for family abduction cases. Also no new goals were reported for 75% of the family abduction cases. Changes made most often involved reduced time that family members are allowed to spend away from home (42.6%), shorter distances family members are allowed to travel from home (33.3%), more selectivity in family member associates (22.2%) or unspecified other limitations (46.3%).

Post Recovery Family Discussion/Safety Rule Change. Post recovery there were not increases in family arguments in 88.0% of the households, nor were family goals changed (75%). 47.3% of the families did not change their family safety rules.

Project findings show a substantial number of parents affected by family abduction who do not change family safety rules after child disappearance nor after child recovery. Similar findings are also present across other missing child families as well, identifying an issue with implications for child safety on both the individual child and the public policy level.

Post Recovery Family Relationship Satisfaction. Most left-behind parents were either more satisfied (36.4%) with their relationship with their partner after the recovery or expressed no change in their satisfaction (54.5%). Primary parents were either no more or less satisfied with their relationship with the remaining eldest child (69.6%) or they were more satisfied (26.1%).

For most left-behind parents, their belief in the following statements was unchanged following the recovery: "Partners agree to stand by each other in times of need" (52.4%); "Partners agree to provide companionship and insurance against loneliness" (57.1%); "Partners agree that having and nurturing children is important" (57.1%); "Partners agree that the family unit is more important than the relationship with the spouse" (75.0%); "Partners agree that the home is a refuge from the world" (80%); "Life is generally predictable but contains occasional unpredictable events" (60%); You generally control what happens in your life" (58.7%).

In summary, family values of cohesiveness, mutual support, and child care appeared to be maintained even under the stress of family abduction. Descriptively, however, a greater percentage of families affected by non-family abduction endorsed these traditional family values.

Coping Strategies. The left-behind parent reported the following ways of coping used by different family members which have been helpful since the recovery: expressing feelings (70.1%), and recognizing feelings (37.7%), learn new ways of thinking (36.4%), communicate with other family members (35.1%), take charge of life (29.9%), learn relaxation techniques (18.2%).

77.3% of the partners (when applicable) expressed their feelings and 59.1% learned how to communicate with family members. 58.3% of eldest siblings (when applicable) expressed their feelings.

Recovery Financial Expenditures. In efforts to recover the child, a number of the families spent no money (20.8%), \$1-\$100 (16.5%), \$101-\$500 (18.4%), \$501-\$1,000 (8.7%), \$1,001-\$5,000 (25.2%), \$5,001-\$10,000 (3.9%), \$10,001-\$25,000 (3.9%), \$25,001-\$50,000 (1%), and \$50,001-\$100,000 (1%).

In most cases, no money was spent by extended family (74.7%) or by outside contributors (91.5%).

Recovery Week Family Stress. Most of the left-behind parents rated their overall level of stress as high during the week of the child's recovery (72.0%);. 54.5% of left-behind parents rated their partner's level of stress as high (when applicable), 35.1% rated the recovered child's stress as medium, and 45.5% rated the siblings' stress as high during the week of the recovery.

In summary, in family abduction cases, family members stress during the week following child recovery is high for almost three-quarters of the left-behind parents, half of the partners, and two-fifths of the siblings. Recovered child stress was rated as medium in approximately one-third of the cases.

Family Abduction: Post Recovery Intervention and Support Services (Factor x)

Overview of Findings

Almost one-half of the left-behind parents rated law enforcement as highly competent during the recovery and reunification with their family abducted child. However, more than one-third of the left-behind parents rated law enforcement as incompetent during the family abduction investigation. This substantial minority of dissatisfied left-behind parents warrants attention and concern.

Following child recovery from family abduction, over half of the families did not participate in any type of therapy or counseling service. The most frequently utilized social service support was a missing child agency, which provided assistance in 13% of the cases.

Perceived Law Enforcement Competence During Recovery and Reunification. Most of the left-behind parents rated the law enforcement as highly competent during the recovery and reunification with their family abducted child. However, more than one-third of the left-behind parents rated law enforcement as incompetent during the family abduction investigation. This substantial minority of dissatisfied left-behind parents warrants attention and concern from policy makers in both government and law enforcement.

Post Recovery Mental Health/Support Services Use. Following the parental abduction recovery, over half of the families did not participate in any type of therapy or counseling service. The most frequently utilized social service support was a missing child agency, which provided assistance in 13% of the cases.

Those who received services were usually moderately to highly satisfied with the type of service they received. Those who did not receive services said, in 38.6% of the cases that they had not felt that any services would be useful. The majority of families (87.0%) spent an average of zero dollars per week on services.

In summary, after child recovery from family abduction, most families received no mental health counseling or support services (clergy, missing child center, social service agency, etc.) These families were also very skeptical that such services would have actually been used, if available.

Summary-Family Abduction

Demographic Characteristics Summary. The average age for the family abducted child was five years old for both males and females. In comparison to non-family abductions, it is noteworthy that a substantial minority of family abductions involve more than one child. Racial/ethnic group identity does not appear to increase or decrease the risk for family abduction.

While slightly more than half of the family abduction cases involved single parent households, it is more noteworthy to find that almost half of the cases involved the custodial parent plus a new step-parent or live-in adult partner. The impact of the entry and later behavior of the new step-parent or live-in adult partner upon the non-custodial parent's decision to abduct is presently unstudied, but clearly worthy of attention.

Family abductors leave children behind in almost one-third of cases. There are important implications from this act, including the potential impact of: (1) abducting favored over less favored children, (2) the interruption of relationships among abducted and non-abducted children in the same family, and (3) the stress of the family abduction upon the left behind child and the left behind parent.

Pre Disappearance Family Characteristics Summary. Over half of the families who later lost a child to family abduction reported multiple traumatic family life events prior to the child's disappearance. When a divorce occurred prior to child family abduction, the divorce was viewed as a positive event for one-quarter of the custodial parents, but negative or traumatic for almost one-half of the children who would later be abducted. Counselors assisting families of missing children should always be aware that family life events should be examined for the meaning that they have for individual family members.

Prior to child abduction by a family member, physical or sexual abuse of a family member was reported in almost half of the families. These reported rates of physical or sexual abuse, prior to child disappearance, are substantially higher than for other missing child groups. However, upon examination, almost all of the reported abuse is physical abuse of one parent by another parent or physical abuse of a subsequently abducted male child by the male parent. Prior to family abduction, family sexual abuse reports are less than 4% and

non-family sexual abuse rates are 8%. These findings are at variance with anecdotal reports of family abduction cases where reports of pre child disappearance sexual abuse by a parent are very frequent.

In the one year period prior to the family abduction, almost one-fifth of the parents who would later be left-behind by the abduction were participating in family counseling services. This rate of utilization of mental health services is above average, and is probably reflective of ongoing family conflict prior to child disappearance.

Prior to the family abduction, one-fifth of the parents had not taught their children to be aware of potential dangers, such as sexual abuse or abduction by individuals outside the home. In comparison, one third of parents in non-family abduction cases with the child recovered alive and no parent in non-family abduction cases with the child recovered deceased had not taught their children to be aware of such potential dangers. These findings about safety instruction from parent to child are very dissimilar across different types of parents of missing children. Actual parent to child safety instruction versus potential parent need, after child disappearance, to be perceived as having provided child safety instruction is an important area for further study.

In this project, only 1% of the family abducted children had ever runaway prior to the abduction. As with children abducted by non-family members, prior runaway episodes are rare.

Prior to the family abduction, legal custody of the child had been granted to the left-behind parent prior to the disappearance in slightly more than half of the cases. In the remainder of the cases, the child was abducted before custody was resolved.

Approximately half of the family abductions took place during scheduled visitation and approximately half involved taking the child without notice. When the abduction occurred during a visitation, the abducting parent was noted to have previously exceeded visitation limits, but the amounts of time over the visitation limits were generally small. Further, level of cooperation with visitation arrangements did not seem to be associated with family abduction.

The above findings indicate that pre-family abduction events, such as visitation, custody changes, abductor attitude changes, etc., may not be practically associated with families at risk for family abduction. Advances in the prediction of family abduction are more likely to come from detailed direct interview studies of family abductors themselves.

Abuse in Families of Origin Summary. In looking at the families of origin, approximately one-quarter of the household had physical abuse of at least one family member. The physical abuse was of one parent to another or physical abuse of a sibling by the male parent. These rates of family of origin physical abuse are much higher than in the families of origin of all other missing child groups, including runaways. Reported rates of physical abuse in family abduction cases are also higher than in all other missing child groups, including runaways. It may be that spouse physical abuse and attitudes toward spouse physical abuse may cross generations, for parents in some family abduction case. Physical expression of anger and resentment in domestic situation may be associated with the action-oriented physical taking of the child in family abduction. It would be important now to look more closely at parental values and attitudes toward retaliatory physical violence and action-oriented physical solutions to domestic problems.

Disappearance Event Characteristics Summary. Almost half of all family abductions took place between noon and 6 P.M. In just over one-third of the family abduction cases, the child was last seen in the left-behind parent's home. Less frequent last known child locations included a local neighborhood, the non-custodial parent's home, or a relative's home.

Less than one-tenth of the family abducted children initially realized that they were being abducted, apparently due to the effectiveness of abducting parent's explanation for the failure to return the child to the custodial parent's home.

After the child's recovery from family abduction, almost half of the recovering parents did not know about their child's initial reactions during the abduction, and four-fifths of the recovering parents did not know if their child had any initial fears. The above findings are likely to be indicative of the post recovery difficulties in communication between recovered child and left-behind parent. Such communication difficulties may initially serve a protective function from having to deal with potentially painful events too soon after recovery. However, this initial protective function, maintained over time, is likely to serve to isolate and distance family members from each other.

Four-fifths of the family abducted children were provided with adequate basic care. One-tenth of the family abducted children were reported as having been physically abused and 1% were reported as having been sexually abused or exploited. None of the family abducted children attempted to leave or escape from the abducting parent.

Three-quarters of family abductors had assistance from relatives, friends, or a new spouse/partner. For a number of family abductions, it may be questionable as to whether the abduction could have been successfully carried out in the absence of this external assistance. Based upon the above project findings, direct study of the values and attitudes that these active or vicarious (defined as knowing of the child abduction and taking no action to assist child return) accomplices to family abduction may be the most productive avenue to the prevention or early resolution of family abductions.

Post Disappearance Trauma and Coping Summary. For more than one-third of left-behind parents, the police officer is not only the central investigative figure, but also the most important source of coping support outside of the family. As noted in prior project findings on non-family abductions, the police officer's actions and behaviors continue to be viewed as a principal source of hope and encouragement to left-behind parents for child recovery.

In family abduction cases, almost one-third of left-behind parents received some form of missing child center services.

Four-fifths of left-behind working parents and four-fifths of new partners/spouses had returned to their jobs within ten days of child disappearance. 94% of the left-behind parents, four-fifths of the new partners/spouses (where present) and almost two-thirds of the remaining children in the family experienced emotional changes as a result of the child loss. These project findings illustrate that the impact of family abduction may be more in the emotional lives of the left-behind family members than in their day to day work activities.

After child disappearance due to family abduction, four-fifths of the left-behind parents did not make any changes in their family safety rules. In this case, few families may have made such changes as child loss was due to a known quantity, the former partner/non-custodial parent. For families with other children remaining in the home, the assumption of the left-behind parent may have been that there was no need to alter child safety rules, as the non-custodial parent had already taken the child intended for abduction, and would have taken other children in the family at that time if intended.

Left-behind parents maintained some of their beliefs in traditional family values after the family abduction, but their belief in predictability and control in their lives was substantially decreased.

Notably, more than half of the left behind parents reported that their level of satisfaction with their relationship with the unabducted children was increased. Other than minor anecdotal accounts, little is known about the experience of the unabducted children after a family abduction. This project finding may indicate that left-behind parent attention and affection may increase to remaining children after the abduction. This increase in attention and affection is likely to be positively received by the remaining children, but a degree of emotional confusion or conflict may arise as well as these increases occur only with the sibling's abduction. As in non-family abduction, the siblings of missing children have been largely unattended to and forgotten as the focus of parent, police, and public policy has, understandably, been upon the missing child. It is now clear that siblings of missing children warrant attention and concern as well.

Post Disappearance Intervention and Support Services Summary. Slightly less than one-third of left-behind parents rated law enforcement recovery efforts as highly competent. When left-behind parent ratings of highly competent and moderately competent are combined, this includes almost two-thirds of all cases. As contrasted with parents who lost a child to non-family abduction (who provided overall favorable ratings of law enforcement competence), left-behind parents in family abductions rated over one-third of law enforcement recovery efforts as incompetent. The above finding indicates a substantial group of left-behind parents whose dissatisfaction may be due to varying degrees of investigative priority among agencies, and/or varying degrees of individual investigator knowledge about avenues through which to pursue child recovery.

Following family abduction, nine-tenths of the families received no mental health services. The most frequently used social support service, missing child agencies, was received by just over one-quarter of all families. As noted in previously reported project findings on non-family abduction, the majority of families affected by family abduction must cope with this event without mental health or social service support.

Prior to reunification, most left-behind parents received little information about their child's physical and emotional health since the abduction. Further, four-fifths of the left-behind parents received no instruction or assistance about reunification with the recovered child. These families must then approach the reunification without any guidance as to what to say or do, what to expect in terms of child behavior, what would happen during the reunification meeting, or who to call for help after the reunification meeting. While the position could be taken that all families would benefit from such reunification information, family receptivity and ability to absorb such information is a factor as well. In this project's findings, many left behind parents could not identify information they would like to have had prior to reunification with their child. Effective communication of reunification information will involve not only the availability of the information itself, but an assessment of individual family receptivity of such information as well.

Reunification meetings almost always occur in a timely manner following child recovery. However, in approximately 7% of the family abduction recoveries, reunification of the child with the left behind parent can be delayed for weeks. Such delays typically involve charges from the abducting parent of pre-abduction sexual or physical abuse of the child by the left-behind parent. These charges then result in the child being placed in foster care by the local child protective services agency, pending an investigation of the charges by that agency. This relatively modest number of cases are highly problematic for all parties and agencies concerned. Focused study of the outcome of these cases is an essential next step in the understanding of the family abduction problem, so that more can be learned about that percentage of cases where the charges appear to only be a reunification delaying tactic vs. cases where the charges are substantiated.

In most reunification meetings with children recovered from family abduction, family members, relatives, and police officers are the individuals present. In four-fifths of the family abduction cases, the reunification

meeting with child and family is less than thirty minutes, followed by child and family return to their home. Less than one-third of the left-behind parents received information during the reunification meeting about what to expect next legally, and almost none received information about post recovery psychological assistance or points of contact from which to obtain such assistance if needed.

Reunification meetings between parents and infants/children recovered from non-family abduction remain unsystematized, with meeting responsibility being delegated by default to the individual police officer present at the meeting. To improve this situation, the OJJDP funded project, Reunification of Missing Children (Hatcher, Barton, and Brooks, 1992), established multi-disciplinary reunification teams at five sites in the U.S. However, until such reunification teams are established more widely, the reunification meeting responsibility will continue to fall upon the law enforcement officer.

Recovery Summary. In family abduction cases, the average length of time for child recovery 66 days, with the amount of time missing ranging from 1 day to 240 days. One-quarter of the family abducted children had not been returned by the conclusion of this project (eight months after child disappearance).

From comparison of these project findings with results from other projects, it appears that the closer one gets to the local police department level, the more short term family abductions are identified.

The site of child recovery in family abduction cases varied, with one-third of the children being found less than 100 miles from their home in the same state, and slightly less than one-third being found more than 1,000 miles from their home in a different state. This finding illustrates the wide range of flight behavior exhibited by family abductors, which considerably complicates the recovery efforts.

Almost nine-tenths of left-behind parents received no instructions or guidance about reunification with their child. These families must then approach the reunification without any guidance as to what to say or do, what to expect in terms of child behavior, what would happen during the reunification meeting, or who to call for help after the reunification meeting.

Reunification meetings between family abducted children and their left-behind parent almost always occur in a timely manner following child recovery.

In 7% of child recoveries from family abduction, reunification of the child with the left-behind parent can be delayed for weeks. Such delays typically involve charges from the abducting parent of pre-abduction sexual/physical abuse of the child by the custodial parent. While these cases are a relatively modest percentage of the total, they are highly problematic for all agencies and parties concerned. Study should be focused upon identifying the characteristics of such cases where the charges appear to be a reunification delaying tactic versus cases where the charges are substantiated.

In four-fifths of the family abduction cases, the reunification meeting with child and left-behind parent is less than thirty minutes, followed by child and parent return home, with no guidance for post recovery assistance. This is clearly an important point in the child and family's experience of the family abduction episode, where the impact of informed mental health counseling for all family members would likely be most useful.

Post Recovery Trauma and Coping Summary. After child recovery from family abduction, the law enforcement officer was the most frequently utilized resource outside the family for left-behind parent support and coping.

After child recovery from family abduction, 95% of left-behind parents did not cite any mental health professional, social worker, member of the clergy, or social support agency staff member as the primary contact for support and coping.

More than two-thirds of the left-behind parents felt that the child was recovered with about the same harm as expected, and more than one-half of the left-behind parents were about as relieved as they expected to feel. However, one-fifth of the left-behind parents reported more harm than expected. Individuals assisting left-behind parents need to be aware that child recovery from family abduction does not automatically equal parental relief from high stress.

Over half of the recovered family abducted children experienced symptoms of emotional distress including anxiety, and changes in eating habits, with almost half of the children also experiencing nightmares, as well.

While most families affected by family abduction return to a normal daily pattern within one week after child recovery, this general picture of a return to a normal family daily life pattern may obscure other very important problems. Specifically, across families, the majority of parents report high rates of problems for children recovered from family abduction, including nightmares, anxiety symptoms, and headaches. While the return to school for these children was prompt and with no reported difficulties, it is apparent that the number of children experiencing emotional symptoms at home after recovery from family abduction is quite substantial.

Post Recovery Intervention and Support Services. Almost one-half of the left-behind parents rated law enforcement as highly competent during the recovery and reunification with their family abducted child. However, more than one-third of the left-behind parents rated law enforcement as incompetent during the family abduction investigation. This substantial minority of dissatisfied left-behind parents warrants attention and concern.

Following child recovery from family abduction, over half of the families did not participate in any type of therapy or counseling service. The most frequently utilized social service support was a missing child agency, which provided assistance in 13% of the cases.

Chapter X. Project Descriptive Results:

Runaway

Overview of Findings

The average age of the runaway child was 15 for both males and females.

There were almost twice as many female runaways as male runaways.

Over three-quarters of the runaways were living with their biological mother at the time of the runaway episode, with the mother functioning as a single parent, with the mother and a step-parent resident in the home.

There was at least one remaining child in nine-tenths of the families following the runaway event.

Slightly over half of the biological fathers and one-quarter of the biological mothers of the runaway children lived outside the home. Half of these absent fathers and mothers failed to have any contact with the child in the six months prior to the runaway episode.

The above project finding indicates that families with runaway children had higher rates than other missing child family groups of both biological fathers and mothers who lived outside the home having limited contact with their children. This appears to be partially reflective of family patterns in the larger society characterized by frequent biological father absences from the home and from child contact. However, runaway families showed a higher rate of less present and less involved mothers as well.

In runaway child cases, the median family income was \$25,000 and the primary wage earner had less than a high school education in one-fifth of the families.

Child. Only one child was missing in 95.2% of the families reporting a runaway. The average age of the runaway was 15 for both males and females. More females (65.4%) ran away than males (34.6%), and the majority of runaways were Caucasian (83.3%).

Parents. For this project, one parent was assigned the designation of primary parent. In single parent households, the primary parent was logically, the single parent. In two parent households, the two parent figures in the home decided between themselves who would be designated the primary parent for this project. The remaining parent of live in partner was designated as the partner for this project. The majority of the information about the family and the trauma event was obtained through the structured interview (SI) which was completed by the primary parent. For comparison purposes, a subset of structured interview (SI) questions were also asked of the partner with the child recovered alive.

The runaway child's primary residence prior to the disappearance was with a biological parent and a step-parent in 39.8% of the cases, 27.2% of the children were in single-parent homes, and 18.4% resided with both biological parents.

The biological mother was living with the child in 75.5% of the cases, and served as the primary respondent for this study in 71.2% of the cases. The biological father was only present in 39.2% of runaway's households, and he acted as the primary respondent for this study only 18.3% of the cases. The parents living in the households of runaways were most often in their thirties or forties, and were most frequently Caucasian in families that responded (79.2% of biological mothers and 97.3% of the biological fathers).

The primary parent was married in 68.6% of the runaway cases.

The majority of primary parents had been married to their current spouse for four or more years (56.1%), and over half of the primary parents (when applicable) knew their current spouse for at least a year before getting married (77%).

In divorce or separation, custody was uncontested in 68.5% of the cases.

Siblings. There was at least one remaining sibling in over 90.2% of the families following the runaway event. The largest number of families had one remaining sibling (31.7%), followed by two siblings (22.1%), three siblings (8.7%), four siblings (6.7%), five siblings (1%), and zero siblings (29.8%).

In 50.7% of families, all of the siblings had the same biological parents. The oldest sibling (when applicable) was typically between the ages of 12 and 14 (32.4%) and was Caucasian (83.8%).

Family Living Arrangement. The biological father of runaways lived outside of the home in 56.7% of the families, and the biological mother lived outside the home in 25.0% of the cases.

Approximately half of both the fathers (50.8%) and the mothers (46.2%) living outside the home failed to have contact with the missing child in the six months prior to the disappearance.

Families with runaway children had higher rates than other missing child family groups of both biological fathers and mothers who lived outside the home having limited contact with their children. This appears to be partially reflective of family patterns in the larger society as well with frequent biological father absences from the home and from child contact. However, runaway families showed a higher rate of less present and less involved mothers as well.

Income. In the majority of families with runaways, the primary parent was the primary contributor to the family income (65.7%), followed by the partner who was the primary contributor in 33.3% of the cases. The median total family income was around \$25,000- \$30,000. The primary contributor had less than a high school education in only 19.6% of the families.

Religion. The Protestant Church was the religious identification of 63.6% of the primary respondents and 53.0% of the partners.

Runaway: Pre Disappearance Family Characteristics (Factors a, B, C)

Overview of Findings

Over half of the families with a runaway child reported multiple traumatic family life events prior to the runaway episode.

In one-third of the families of runaways, there was physical or sexual abuse of a family member prior to the runaway episode.

Two-fifths of the runaway children were reported as sexually abused prior to the runaway episode by someone other than a current parent.

One-fifth of the siblings of the runaway children were reported as sexually abused by someone other than a current parent.

The above project findings indicate higher rates of physical and sexual abuse within families of runaways than other types of missing child families. Such abuse is likely to be a major motivation for the child to runaway, and not to return home. Further, missing child recovery programs need to include evaluation of abuse issues the family reunification process.

Families with runaway children were high users of mental health counseling services prior to the runaway episode, with over one-third of the families having at least one family member in individual counseling and one-quarter of the families participating in family counseling.

In the three months prior to the runaway episode, high levels of stress were reported for two-fifths of the parents, half of the runaway children, and slightly less than one-fifth of the siblings, thereby adding to the stress of the runaway episode.

Prior to the runaway episode, 99% of the families indicated that instruction was provided for the children on potential child safety dangers, such as sexual abuse or abduction by individuals outside the home.

In this project, half of the runaway children had not runaway previously; one-fifth had one prior episode; one-tenth had two prior episodes, and one-tenth had four or more prior episodes.

When the child had runaway previously, the median amount of time the child was gone was two weeks. In these previous episodes, half of the children had returned on their own and two-fifths of the children had been returned by police.

Pre Disappearance Family Events. Since the birth of the runaway child, 52.9% of the families experienced the death of an extended family member, 58.7% parental divorce, 44.2% parental separation, and 45.2% marriage of a parent. In those families that experienced the death of an extended family member, 67.3% of the primary parents viewed the death as a negative event. In families that experienced a divorce, 37.7% of primary parents viewed the event as positive, but 24.6% believed the experience was negative for the missing child and 37.7% believed it was traumatic for the missing child. When a separation had occurred, 39.1% of primary parents viewed the experience as positive. When an parent had married, the event was positive (according to the primary parent) for 74.5% of primary parents, 72.3% of partners, and 36.2% of missing children.

Pre Disappearance Mental Health Support Services Use. In the twelve months prior to the current runaway episode, 35.6% of runaway families had at least one family member undergoing individual therapy. Over one-fourth of the families of runaways participated in family therapy prior to the disappearance (26%),

followed by participation in marital therapy (5.8%), group therapy (5.8%), support group (10.6), and parental counseling (10.6%).

Pre Disappearance Traumatic Events. The most frequently reported trauma or stressor in the runaway child's life was a divorce or extended separation of the parents (54.9%), followed by the death of a family member (27.5%) or a serious illness in the family (22.5%); alcohol abuse by a parent (21.6%) or by the child (29.4%), or drug abuse by the child (25.5%); sexual abuse (22.5%), sexual exploitation (11.8%), physical abuse (12.7%), drug abuse by a parent (6.9%), and lack of adequate nutrition (6.9%).

These events were rated as having a major impact (positive or negative): death of a family member (traumatic for 67.3% of the primary parents), divorce (positive for 37.7% of primary parents; negative for 24.6% of runaways; traumatic for 37.7% of runaways), and marriage (positive for 74.5% of primary parents; positive for 72.3% of new partners; positive for 36.2% of runaways).

In one-third of the families of runaways, there was physical or sexual abuse of a family member prior to the current runaway episode.

In 44.4% of the families where abuse had occurred, a spouse was physically abused by a spouse or significant other, followed by the runaway child sexually abused by someone other than a current parent (38.9%); the runaway child physically abused by the male parent (22.2%); a sibling sexually abused by someone other than a parent (19.4%), a spouse sexually abused by a partner (13.9%), a sibling physically abused by a male parent (8.3%), a runaway child physically abused by a female parent (5.6%), and a sibling physically abused by a female parent (2.8%).

In summary, the above project findings indicate higher rates of physical and sexual abuse within families of runaways than other types of missing child families. Such abuse is likely to be a major motivation for the child to runaway, and not to return home. Further, missing child recovery programs need to include evaluation of abuse issues the family reunification process.

Pre Disappearance Stress. In the three months prior to the disappearance, the primary parents rated their overall level of stress as medium in 42.7% of the cases and high in 38.8% of the cases. They rated their partner's as high in 39.4% of the cases, the missing child's as high in 48.0% of the cases, (as medium in 24.5% of the cases, and as low in 22.5% of the cases) sibling stress was rated as high in 18.1% of the cases, as low in 56.9% of the cases.

Pre Disappearance Family Relationships. In almost half of the families of runaways (49%), the primary parent was closest to the partner before the disappearance. Similarly, according to the primary parent, the partner was closest to the primary parent in 77.0% of the cases (when applicable). In over half of the cases the primary parent reported that they were not distant from anyone in the family (57.3%), although 25.2% identified the missing child as the person from whom they were most distant. When a partner was present, in 45.8% of the cases the primary parent indicated that the partner was not distant from any family members, and in 31.9% of the cases the partner was most distant from the missing child.

Pre Disappearance Family Communication. In 99% of the runaway cases, the primary parent indicated that the children were taught to be aware of potential dangers outside of the family prior to the disappearance, and to confront problem situations when they arose.

In 94.1% of the households the parents communicated their attitudes about incest, physical abuse, and sexual abuse to the children, and did not communicate about these issues in 5.9% of the households.

In the vast majority of cases (90.4%), the primary parents reported they would have wanted a child who had been confronted by incest, physical abuse, or sexual abuse to talk to a parent about it.

Large family decisions were most often made mutually between adult partners in 47.5% of the families of runaways, although 39.6% of the primary parents reported they were responsible for large decisions. In 9.9% of the families, large family decisions were made mutually among all family members.

Almost three-fourths of the primary respondents (73.5%) reported they were most responsible for smaller family decisions.

The runaway child was closest to the female parent in 38.8% of the cases, followed by male parent (15.5%), sister (16.5%), brother (10.7%), and no family member (15.9%). Although the runaway child was reported not to have been distant from anyone in 48.5% of the families, the child was most distant from the current male parent in 24.8% of the families, followed by the female parent (16.8%), and sister (4%).

Outside of the family, the following people were most often seen as having a positive influence on the missing child: friends (21.6%), grandmothers (20.6%), and no one (23.5%). According to the primary parent the missing child was sometimes satisfied with his/her relationship with the current mother-figure in 45.5% of the cases. The missing child was sometimes satisfied with his/her relationship with the current father in 44.3% of the cases, and largely satisfied in 21.5% of the cases.

The runaway was sometimes satisfied with the role he/she played in the family in 42.6% of the cases, followed by largely satisfied (24.5%), rarely satisfied (21.3%), extremely dissatisfied (8.5%), and completely satisfied (3.2%).

The runaway child was viewed as a follower with his/her friends by 55.4% of the primary parents. According to the primary respondent, 69.3% of the runaway children were well-liked by all or most of their friends. Most of the runaway children were largely satisfied with their peer relationships (42.7%).

Pre Disappearance Child Characteristics. 97.0% of runaways enrolled in school were enrolled in public schools. Most of the runaway children (when applicable) were in the average (C) to failing (F) range in school (78.5%). 39.8% of primary parents believed that the runaway children wanted to be an excellent (A) student, but 34.0% believed their child was indifferent to school. Most of the primary parents indicated that they wanted their child to be excellent (31.7%) or to be the best she/he could be (30.7%) (when applicable).

Pre Disappearance Runaway Attempts. Of families with a runaway child, 52.9% reported that the child had never runaway before; 21.6% reported one prior episode; 9.8% reported 2 prior episodes, 4.9% reported 3 prior episodes, and 10.8% reported 4+ prior episodes.

When the runaway child had run away previously, the median amount of time the child had been gone at the longest runaway episode was two weeks. During previous runaway attempts, in 52.1% of the attempts the child returned on his/her own, 39.1% of the time the child was returned by the police, and only 6.4% of the time the child was returned through the assistance of a missing child agency.

Only 4.2% of the families reported the use of missing child flyers on the runaway child, and no families

reported that the flyer led to their child's recognition and recovery. During previous runaway episodes, alcohol abuse (41.3%) and drug abuse (34.8%) were the most frequently cited experience, and 19.6% reported no negative experiences during a previous runaway episode.

In summary, families of runaways tend to have one or more of the following: high rates of pre-runaway family trauma, high rates of physical and sexual abuse, high rates of on-going family stress, high rates of individual/family counseling use, high rates of average to failing school grades, and high rates of prior runaway episodes. Further, for one-fifth of runaway children, no negative experiences had taken place during prior runaway episodes. These project findings indicate that families of runaways are substantially more problematic and in need of social service intervention prior to child disappearance than other types of missing child families.

Runaways: Family of Origin

Overview of Findings

In families of runaway children, the parents' families of origin are examples of the previous generation, with a higher percentage of two biological parent families in longer term, more stable relationships.

In families of runaway children, almost one-fifth of these families of origin experienced sexual abuse of a child by a male parent or another adult. This project finding is a high rate of reported child sexual abuse for parents' families of origin, which subsequently appears in a high rate for current families of runaway children as well. Within a substantial minority of families of runaways, sexual abuse of children may cross generational lines.

Two-fifths of these families of origin did not teach their children (later the parents of runaway children) to be aware of potential child dangers such as sexual assault, abduction, or other crimes against children.

Over four-fifths of these families of origin did not communicate with their children (later the parents of runaway children) about incest, sexual abuse, and physical abuse.

Family of Origin Parents. Until the age of 17, the primary parents usually lived with their biological father and/or biological mother (75%), followed by extended family member (12.9%), step-father (8.6%), foster mother (6.5%), or adoptive parent (5.4%).

The majority of biological parents were Caucasian (biological mother 83.3%; biological father 84%). The average number of siblings living with the respondent was between two and three. The primary parent was the oldest child in 35.9% of the cases and the youngest in 9.8% of the cases. In most families, all of the siblings had the same biological parents.

Family of Origin Income. In 90.3% of the cases, the father in the family of origin was the primary contributor to the family income, and in 55.9% of the cases the mother contributed as well.

Family of Origin Religion. Over half of fathers (60.5%) and mothers (67%) in the family of origin were Protestant in religious identification (when applicable).

Family of Origin Traumatic Family Events. The death of an extended family member was the most typical traumatic event in the lives of the primary parents before their 17th birthday (41.9%), death of a family pet (26.9%), illness of a family member (21.5%), divorce of parents (11.8%), new marriage (10.8%), lived with extended family (10.8%), death of father (8.6%). 17.2% of the families reported no traumatic events.

In 19.4% of the family of origin households, there was physical or sexual abuse of at least one family member, and no abuse in 80.6% of households.

In families where abuse did occur, the primary parent was sexually abused by someone other than a parent (42.1%) or by the male parent (31.6%).

Family of Origin Residential Changes. The primary parent's family of origin moved rarely in 54.8% of the cases. The primary parent began living away from at eighteen years of age or older in 55.9% of the cases and at 11-15 years of age for 11.8% of the families. The most common reason for moving away from home was marriage (59.8%).

Family of Origin Family Communication. Either the father was usually responsible for making large family decisions (41.9%) or both parents were responsible (31.2%) in most cases. The mother was usually responsible for making smaller family decisions (77.4%). Children participated in family problem solving in 52.7% of the households. Parents usually taught the respondents to be aware of potential dangers (60.2%), and to confront problem situations (68.8%). Family of origin parents did not communicate their attitudes about incest, sexual abuse, and physical abuse to 84.9% of the respondents.

In summary, in families of runaway children, almost one-fifth of these families of origin experienced sexual abuse of a child by a male parent or another adult. This project finding is a high rate of reported child sexual abuse for parents' families of origin, which subsequently appears in a high rate for current families of runaway children as well. Within a substantial minority of families of runaways, sexual abuse of children may cross generational lines. As a result, public policy intervention and outreach programs to these runaways and their families may need to more directly address this potential child sexual abuse across generations within a family.

Runaways: Disappearance Event Characteristics (Factors A, X)

Overview of Findings

Parents of runaways most frequently report initial reactions anger, fear, confusion, and helplessness to the disappearance of their child.

The last know location for over half of the runaway children was the family home, followed by residential neighborhoods.

Slightly over one-third of the children ran away between noon and 6 p.m., and slightly under one-third ran away between 6 p.m. and midnight.

In nine-tenths of the cases, the parents initially and correctly identified the child disappearance as a runaway episode.

Most runaway children had plans to travel to a specific residence either by car or by foot. Contact with pre runaway friends and changes of residence were frequent during the runaway episode.

Approximately one-fifth of the runaway children were reported as sexually abused or exploited during the runaway episode.

Length of Time Missing. Most runaway children were recovered by the time of the first interview (45 days post disappearance) in 57.7% of the families in the study. All of these children were recovered alive.

Post Disappearance Initial Reactions. The most frequently reported initial reactions of primary parents upon notification that a child had runaway were anger (25%), fear (16.3%), confusion (11.5%), helplessness (6.7%), and concern about child's health status (5.8%). When asked about secondary thoughts and feelings, 15.4% reported that they were concerned about the child's health status, 15.4% reported feelings of anger, and 6.7% reported sadness.

Information Present at Child Disappearance. When asked about information present at the time of disappearance, 62.1% of families reported a recent family argument, 39.8% reported an absence of personal belongings, 36.9% reported a previous runaway attempt, 35.0% reported recent poor school performance, 27.2% reported child threat to run away, and 24.3% reported observing the child leaving.

Runaway Motivation. After the recovery, most of the runaways stated their intent for leaving was to avoid family rules specific to child behavior (41.2%), followed by other (23.5%), avoid general family contact (18.8%), and impulsive desire to live away from home (18.8%), and adventure (9.4%). 7.1% of the runaways could not indicate a reason for running away.

Case Description. In almost all cases (92.2%), the child was known to have runaway. 4.8% of the families either misidentified the disappearance as a parental or non-family abduction or did not know what had occurred. 75.7% of the families expressed no doubts about their certainty that their child had run away.

Most families of runaways were alerted to their child's disappearance when the child did not return home (45.5%), or when the child was not present in the home (27.7%).

While 42.6% of the families responded that they were immediately concerned after first realizing that a child had run away, only 25.3% took immediate action. However, 57.7% of the families initiated action before the end of the first day on which they became aware of the disappearance. Another 3% took no action for a week or more.

The last known location of the runaway child was the custodial parent's home for 59.2% of the families, and the next most important location was a residential neighborhood (14.6%). Most of the children ran away between 12 noon and 5:59 P.M. (36.5%) or between 6:00 P.M. and 11:59 P.M. (29.8%).

Runaway Movement. During the disappearance, 1.2% of the children contacted a runaway shelter, 2.4% contacted other public assistance programs, 1.2% called runaway hotlines, 9.5% called home but did not speak, 35.7% called home and spoke, and 9.5% called home mediated by a third party. The child had plans to travel to a specific location in 22.4% of the cases. Initially, 26.2% of the runaways walked a short distance before stopping. The child's primary means of transportation was usually either a car (48.2%) or by foot (32.9%). Most runaways

were heading to an urban setting (69%). Initially 44.0% of the children's initial destination was a house, and a house was the primary residence of 52.5% of the runaways during their absence.

Runaway Living Conditions. During the disappearance, most runaways had adequate food and water (76.9%), shelter (79.5%), and personal hygiene (69.2%); 14.1% were sexually abused and 17.9% were sexually exploited; 48.7% had money problems. In runaway cases where abuse occurred, 52.6% were cases of multiple types of abuse (including sexual abuse, sexual exploitation, physical abuse, and physical assault). Less than half of the runaways felt responsible for the disappearance and the events that occurred during that time (41%). Most primary parents reported the runaways did not want to see their family while they were gone (31%). Runaway children experienced a change of residence at the beginning of the episode (72.5%) and often midway into the episode (42%) or near the end of the episode (34.8%). Most of the children had relationships with other people during the disappearance (84.3%). These people included pre runaway adult (37.8%), pre runaway/youth friends (41.5%), and youth friends made while gone (29.3%).

In all cases, somebody knew that the child had runaway, usually either a youth friend (48.1%) or an adult friend (42%). Only 3.6% of the children were enrolled in school during the runaway episode.

In summary, almost all parent initially and correctly identified the child disappearance as a runaway episode. Most runaway children had plans to travel to a specific residence either by car or by foot. Contact with pre runaway friends and changes of residence were frequent during the runaway episode. During the episode, approximately one-fifth of the runaway children were reported as sexually abused or exploited. From these project findings, it is apparent that a many runaway episodes are dependent upon the cooperation and support of pre runaway adult and peer friends. However, at present, the motivations and attitudes of the adults and peers who make the runaway episode possible are unstudied.

Runaways: Post Disappearance Trauma and Coping (Factors A, X)

Overview of Findings

For most families, the police officer is not only the central investigative figure in the runaway episode, but also the most important source of support and coping outside the family.

With families of runaways, nine-tenths of mothers and over nine-tenths of fathers had returned to work within ten days after child disappearance.

As a result of the runaway episode, nine-tenths of the primary parents, four-fifths of the partners/spouses, and three-fourths of the remaining children in the family experienced emotional changes. These emotional changes included increased feelings of helplessness, anger, fear, anxiety, and guilt, followed by behavioral changes of less ability to concentrate, and less involved in personal interests.

With families of runaways, one-fourth of the children remaining at home had difficulties returning to school.

After child disappearance due to a runaway episode, three-fourths of the families did not make any changes in their family safety rules. As noted consistently in other project findings, child disappearance and the resulting potential child risk does not appear to change family safety rules for remaining

children in the family. Family beliefs, attitudes, and instruction about child safety should be a major focus of future study.

Most parents retained or increased their beliefs in family oriented value systems in spite of the runaway child episode stress and an increased awareness of the unpredictability of life events.

Families of runaways begin the runaway episode with high rates of family trauma, and emotional distress. Additionally, these families have had substantial contact with intervention services such as mental health and social service. Anger is much more frequently noted as an initial parental reaction to the runaway episode than with parents of other types of missing children. Sibling emotional and behavioral consequences are again found to be extensive. All of these issues are likely to make the runaway child the focus of family problems, and to potentially reduce family conflict while the child is missing, leaving the family with more ambivalent feelings about child return.

Post Disappearance Social Support. The most important source of support for primary parents within the immediate family of a runaway child was the partner (58.8%), followed by sibling (15.5%). No within family source of support was present in 22.7% of the families.

Outside of the immediate family, police officers (91.3%), relatives (63.5%), friends (58.7%), personal knowledge (39.4%), religious beliefs (26%), mental health professionals (20.2%), missing child center staff (12.5%) and clergy (12.5%) were frequently cited as a source of support.

In one-third of runaway cases, a police officer was the most important contact (33%), followed by unspecified other individuals (29.1%), friend (19.4%), mental health professionals (3.9%), missing child center staff (1.9%), and clergy (1.9%).

Post Disappearance Parental Return to Work. Of mothers that worked, most returned to work within 1-3 days of the disappearance (76.1%), 4-10 days (14.9%), 11-30 days (1.5%), 31+ days (1.5%), and never returned to work (6%).

After the disappearance, fathers returned to work in 1-3 days (81.3%), 4-10 days (14.1%), and never returned to work (4.7%).

Post Disappearance Sibling Return to School. One-fourth of the siblings who were currently enrolled in school had difficulties upon their return. The nature of these difficulties was unspecified in most cases (80%).

Post Disappearance Recovery Expectations. Almost half of the primary parents (46.5%) expected that it was highly likely that their runaway child would return home.

Post Disappearance Primary Parent Emotional Changes. The primary parent reported changes in emotions or feelings in 91.3% of the cases. More specifically, parents reported feelings of helplessness (60.2%), anger (62.1%), fear (56.3%), anxiety (51.5%), overt sadness or depression (50.5%), guilt (40.8%), disgust (32%), and shock (30.1%) more often since the disappearance.

Primary Parent Behavioral Changes. The most frequently self-reported behavioral change was being less able to concentrate (57.7%).

Primary Parent Emotional and Behavioral Changes. The primary parent reported that their partner (when applicable) was experiencing emotional changes in 80.6% of the cases; increased feelings of anxiety (47.9%), anger (53.4%), fear (39.7%), and helplessness (39.7%) were the most common changes. According to the primary parent, 26.4% of the partners experienced no behavioral changes; 38.9% of partners were perceived as less able to concentrate and 26.4% were less involved in personal interests.

Sibling Emotional and Behavioral Changes. Over three-fourths (75.4%) of the primary parents reported emotional changes in the remaining children (when applicable); increased anxiety, reported in 42.0% of the cases, was the most common emotional change in the eldest siblings of runaways. While most of the siblings were reported to have no behavioral changes (41.8%), 34.3% were viewed as more responsive to family obligations, and 31.3% as more responsive to the needs of family members.

Family Member Most Affected by Disappearance. In nearly three-fourths of the cases, the female parent was reported to be the most affected by the disappearance of the missing child (72.5%), followed by the male parent (17.6%).

Family Member Closest to Missing Child. About half (48.9%) of the female parents were perceived by the primary respondent as being closest to the missing child. When asked which family member was most distant from the missing child, although half of the primary parents (52.1%) answered none, either an male or female parent was identified in another 28.7% of the cases.

Post Disappearance Family Discussion/Safety Rule Changes. While there was not an increase in family arguments in 84.0% of the families of runaways, arguments did not decrease in three-fourths (75%) of the families. Three-fourths of the families also reported that there had been no changes in family safety rules since the disappearance. Families reporting changes in family safety rules indicated that family members were allowed to spend less time away from home (42.3%); increased inquiry about the people with whom they spent time (38.5%), and unspecified changes (38.5%).

Post Disappearance Family Relationship Satisfaction. Over half of the primary parents reported no change in their level of satisfaction with their partner (when applicable) following the disappearance (59.2%), and the others were evenly divided between increased and decreased satisfaction.

While 59.2% of primary parents also reported (when applicable) no change in their level of satisfaction with their relationship with the other children in the household. Of those who did report change, almost all indicated increased satisfaction (35.2%).

For the most part, primary parents did not indicate many changes in their thoughts or values about family life since their child ran away. If changed, their belief in each of the following statements was increased: "Partners agree to stand by each other in times of need" (47.9%); "Partners agree to provide companionship and insurance against loneliness" (37.5%); "Partners agree that having and nurturing children is important" (38.4%); "Partners agree that the family unit is more important than the relationship with the spouse" (20%); "Partners agree that the home is a refuge from the world" (25.4%). While the perception that "life is generally predictable but contains occasional unpredictable events" stayed the same for the majority of respondent's (54%), the perception that "you generally control what happens in your life" decreased for 44.6% of the primary parents.

In summary, families of runaways begin the runaway episode with high rates of family trauma, and emotional distress. Additionally, these families have had substantial contact with intervention services such as mental

health and social service. Anger is much more frequently noted as an initial parental reaction to the runaway episode than with parents of other types of missing children. Sibling emotional and behavioral consequences are again found to be extensive. All of these issues are likely to make the runaway child the focus of family problems, and to potentially reduce family conflict while the child is missing, leaving the family with more ambivalent feelings about child return.

Runaways: Post Disappearance Intervention and Support Services (Factors A, X)

Overview of Findings

Two-fifths of the parents in families with runaways rated law enforcement investigation efforts as not competent. Less than one-fifth of the parents rated law enforcement efforts as highly competent. This finding highlights the gap between parental concern for runaway child recovery and law enforcement priorities which are generally directed toward response to felony crime first. If the current limited funding levels for law enforcement work with youth remain stable, the number of parents alienated from law enforcement as a consequence of the youth runaway experience are likely to increase.

Over half of the families with a runaway youth received no mental health or social support services after child disappearance. In those families where no services were used, slightly over half thought the services would not be useful, and one-third indicated lack of necessary funds.

Perceived Law Enforcement Competence During Investigation. Most of the primary parents perceived the competence of their law enforcement agency during the investigation as either not competent (43%) or moderately competent (40%), or highly competent (16%).

Post Disappearance Mental Health/Support Services Use. Following the disappearance, most families did not utilize any outside resources. The most common support service was individual therapy (14.4%), followed by family therapy (5.8%); marital therapy (3.8%); group therapy (45.8%); received services from missing child agencies (6.7%); support groups (3.8%); and clergy (12.5%).

Most who used services reported moderate or high satisfaction. In those families where no services were used, 54.1% said they had not thought they would be useful, and 32.8% attributed it to lack of funds . The majority of families of runaways (87.6%) spent an average of zero dollars per week on support services.

Post Disappearance Coping Strategies. The most helpful coping skill for the primary parents was expressing feelings (59.6%). Respondents also reported that expressing feelings was the most helpful skill for their partners (when applicable) (52.7%) and siblings (when applicable) (53.4%).

Post Disappearance Financial Expenditures for Recovery. The median total amount of money spent by the family on efforts to recover the child was between \$1-\$100. 46.6% of the families spent \$0, 35% spent between \$1-\$100, 17.5% spent between \$101-\$1,000, and 1% spent between \$1,001-\$5,000.

The amount of money spent by the extended family of the runaway on recovery was zero dollars for 91.1% of the families. Contributors outside of the family spent zero dollars towards recovery of a runaway child in 95.1% of the families.

Post Disappearance Family Stress. The primary parents rated their overall level of stress as high following the disappearance in 82.0% of the cases. They rated their partner's level of stress as high in 69.4% of the cases, and the remaining children's level of stress as high in 39.1% of the cases. Another 36.2% of the remaining children were reported to have a medium overall level of stress.

Post Disappearance Family Problem Solving. Over three-fourths (77.9%) of the primary parents reported that the remaining children in the household participated in family problem solving after the disappearance.

In summary, two-fifths of the parents in families with runaways rated law enforcement investigation efforts as not competent. Less than one-fifth of the parents rated law enforcement efforts as highly competent. This finding highlights the gap between parental concern for runaway child recovery and law enforcement priorities which are generally directed toward response to felony crime first. If the current limited funding levels for law enforcement work with youth remain stable, the number of parents alienated from law enforcement as a consequence of the youth runaway experience are likely to increase.

Further, over half of the families with a runaway youth received no mental health or social support services after child disappearance. In those families where no services were used, slightly over half thought the services would not be useful, and one-third indicated lack of necessary funds. This finding points out that increased availability of mental health or social support services to families with a runaway youth would not necessarily result in increased use by families with a runaway youth. Such increased services would need to be accompanied by outreach and educational programs in order to be effective.

Runaways: Recovery and Reunification (Factor x)

Overview of Findings

In runaway youth cases, the average length of time for child recovery was 29 days. 85% of the runaways were home by the conclusion of this project at eight months after child disappearance. The length of time the child was missing ranged from 1 day to 240 days.

More than half of the parents were notified of runaway youth recovery by an individual other than police officers, social workers, friends, neighbors, or relatives.

Almost four-fifths of the runaways were found less than 100 miles from home.

Over four-fifths of the parents of runaways received no instructions or guidance about reunification of their child.

In over four-fifths of the runaway cases, the reunification meeting between child and family was less than 30 minutes, followed by child and family return home, with no guidance for post recovery assistance.

After return home, almost one-third of recovered runaway children never talked about the runaway episode with anyone.

The above findings indicate that runaway episodes are time limited, with an average time missing of one month, and with even long term runaways having returned by one year after leaving home. Most runaways do not travel far from their home, and have specific contact or assistance from adult or peer friends that they knew prior to the runaway episode. The majority of runaway children return home on their own. Although runaway child recovery may frequently result from law enforcement contact, such recovery is rarely the result of a law enforcement investigation, due to the reduced priority given runaway cases in most jurisdictions. Upon recovery, the majority of runaway children return to family conditions which are unchanged from the pre runaway period. After return, a substantial minority of recovered runaway children never talk about the runaway episode with their parents or anyone else.

Length of Time Missing. Of the 104 runaway cases in the study, 88 cases were recovered by the final interview, of which 2 were recovered deceased. The cause of death for one runaway child was accidental. For another, the cause of death was homicide by an acquaintance. The average length of time that the child was missing was 29 days. However a median time missing of only 11.5 days indicates that half of the children were returned in under 12 days. The length of time the child was missing ranged from 1 day to 243 days.

Child Recovery Notification. Most of the families (69%) were notified of their child's recovery in less than one hour, and 96% of the families were notified in 24 hours or less.

Over half of the primary parents were notified of their child's recovery by someone other than police officers, social workers, relatives, neighbors or friends. Fourteen percent of the respondents were notified by a police officer not previously working on the case, and 11.5% were notified by the police officer working on the case.

In approximately two-thirds of the cases (66.3%), a female parent was notified of the recovery, and a male was notified in 22.1% of the cases.

Nearly three-fourths (74.7%) of the runaway recovery notifications were done by phone, with the remainder being done in person (25.3%).

Siblings (when applicable) were almost always notified within four hours of the respondent's notification of the recovery (93.3%).

In 24.1% of cases, the recovery event was the missing child contacting the family, followed by child told police (4.6%), search pictures and agency mediated return were rare events. Unspecified other events were referenced as leading to recovery in 64.4% of the cases.

Recovery Site Distance. Three-fourths of the runaways were found less than 100 miles from their home (77.3%), followed by 500-1,000 miles from home in a different state (10.2%), more than 1,000 miles in a different state (3.4%), and 100-500 miles from home in the same state (3.4%).

Child Recovery Information. During the initial notification, almost all parents were told there had been a positive identification of their child (89.7%).

The majority of primary parents were told that their child was in good physical health (53.4%), yet received no information about their current child's emotional health (56.8%). Most primary parents were not told anything about the physical health of the child during the disappearance (81.8%), or the child's emotional health during the disappearance (93.2%). Between the initial notification and the reunification,

89.3% of the families received no additional information about the child's physical health, and 93.9% received no additional information about the child's emotional health. The most typical types of information given to primary parents by their primary contact were the circumstances of recovery (76.5%) and the health status of the child (55.9%). Most primary parents received no instruction about reunifying with their child (85.7%). Types of information that primary parents would have wanted but which they did not receive included information about what happened during the child's absence (54.1%), information about what to expect in terms of the child's behavior (42.4%), and information about who could be called if something went wrong after taking the child home (37.6%), information on child's physical health (34.1%), information on child's emotional health (35.3%), what to say (18.8%), and how much emotion to express (16.5%). 23.5% of the primary parents did not want any of the above information.

Reunification Meeting. The amount of time between notification of recovery and the actual reunification meeting was twelve hours or less in 78.3% of the cases. However, 4.8% of runaways had not been reunited at more than one week after recovery.

Most families did not take any particular items with them to the meeting (93.8%). Over half of the primary parents drove themselves to the meeting (57.3%), and 40.2% used unspecified means other than public transportation or friend's auto.

The following people were most frequently present at the reunification meetings: partners (44.7%), police officers (25.9%), siblings (20%), unspecified others (16.5%), friends (10.6%), relatives (9.4%), social worker (4.7%), and mental health professionals (2.4%).

The meeting was over in less than 15 minutes in 71.4% of the cases, followed by 16-30 minutes (11.9%), 31-60 minutes (7.1%), and 61 minutes-3 hours (9.5%).

Most meetings took place in the family home (35.7%), an unspecified location (29.8%), at a police station (26.2%), or social service agency (6%).

The initial physical response of most recovered runaways was to remain distant and withdrawn (34.9%), distant but verbal (27.7%), hugged parents (21.7%), or non-reactive (4.6%).

According to the primary parent, the initial emotional response of the child was most frequently anxiety (35.3%), happiness (21.2%), anger (29.4%), shame (15.3%), fear (11.8%), and guilt (9.4%).

Recovered runaway children first talked about the runaway event (25%), negative emotions (e.g., I missed you so much) (22.6%), and positive emotions (e.g., It's so good to see you) (20.2%). The child had the most contact with the female parent during the meeting in 67.5% of the cases.

Police officers were identified most often as having interaction with the primary parent and the child during the reunification meeting (21.4%), although 38.1% of the primary parents reported there was no one that interacted with them and the runaway. When people interacted with the family during the meeting they most often explained what would happen next legally (15.5%).

After the reunification meeting, 92.6% of the recovered runaways returned home.

In less than one hour, 75.3% of the children were returned to the care of the respondent. However, 18.5%

were not returned to the respondent until four or more days after recovery.

Return Home. On the first day home, the recovered runaway had contact with siblings (67.1%), their friends (31.8%), and with extended family members (31.8%), and neighbors (10.6%). 10.6% of the recovered runaways only had contact with the parents.

Most of the recovered children talked about the runaway episode only occasionally (55.3%) or not at all (31.8%). Children most often discussed the experience with their female parent (51.8%) or their male parent (33.7%).

The above findings indicate that runaway episodes are time limited, with an average time missing of one month, and with even long term runaways having returned by one year after leaving home. Most runaways do not travel far from their home, and have specific contact or assistance from adult or peer friends that they knew prior to the runaway episode. The majority of runaway children return home on their own. Although runaway child recovery may frequently result from law enforcement contact, such recovery is rarely the result of a law enforcement investigation, due to the reduced priority given runaway cases in most jurisdictions. Upon recovery, the majority of runaway children return to family conditions which are unchanged from the pre runaway period. After return, a substantial minority of recovered runaway children never talk about the runaway episode with their parents or anyone else.

Runaways: Post Recovery Trauma and Coping (Factor x)

Overview of Findings

After child runaway recovery, the law enforcement officer was the most frequently cited resource for post recovery support and coping. Even given the limited priority that law enforcement can provide to parents in runaway cases, the individual officer remains the primary source of support and information outside the family.

After child runaway recovery, over half of the families utilized some form of mental health counseling services. Of those families who did not use mental health counseling services, more than two-fifths felt the services would not have been helpful to them.

Almost half of the runaway children returned to school within three days of recovery, and most of these children had difficulties in returning and readjusting to school.

In contrast, more than two-fifths of the recovered runaway children never returned to school.

After child runaway recovery, almost three-quarters of the families returned to a normal daily life pattern within one week after child recovery. Yet, this general pattern of a normal daily family life obscures other very important problems for the recovered child. Specifically, parents report high rates of physical and psychological problems for recovered children, including increased anger and anxiety for two-fifths of the children.

These project findings indicate that runaways return to still unresolved family problems. Approximately half of these families seem to access mental health counseling services and continue to work on resolution of the family problems, while approximately two-fifths of these seem to view the family

situation as not responsive to help. Strikingly more than two-fifths of the recovery runaway children never returned to school, thereby excluding an important opportunity for future employment and readjustment. These project findings point to a high risk group for recovered runaway youth where the family view is oriented toward surviving until the youth is old enough to leave home, and with outside assistance being of no value in resolving family problems.

Post Recovery Emotions. When notified of the recovery, the most common initial reaction was happiness (56%), anxiety (8.3%), shock (4.8%), fear (3.6%), and anger (3.6%). Typical secondary thoughts included anxiety (18.1%) and anger (21.7%).

Post Recovery Social Support. The resources that were used most often by primary parents as guidance for the post recovery period were personal knowledge (56.5%), and relatives (39.1%). The primary contact was usually a police officer (21.7%) or a friend (18.1%), and in 19.3% of the cases, there was no primary contact.

Post Recovery Child Return to School. Although 48.3% of the children returned to school within one to three days of recovery, 43.3% never returned to school. The average age of the runaways never returning to school was 16.4, while the runaways who do return to school are an average of 15.4 years old.

If the child returned to school, 63.9% had no difficulties with their return.

When children had difficulties returning to school, the nature of the problem was usually unspecified (69.2%). Almost all of the runaway's siblings (when applicable) had no problems returning to school after recovery (94.4%).

Post Recovery Sibling Reunification Guidance. Only 14.5% of primary parents offered the remaining children guidance in reunifying with their brother/sister. Factors influencing the amount of guidance given to the eldest sibling included the child's age (79.4%) and lack of knowledge about how to assist the child (25.6%). The amount of time between the primary parent's reunification with the child and the siblings' reunification with the child was less than one hour in 44.4% of the case. Over half of the siblings expressed no concerns about the recovered child or the reunification meeting (58.7%).

Recovery Perceptions. Two-thirds of the respondents (67.5%) indicated that the child was recovered later than they had expected, followed by about when expected (15.7%), and sooner than expected (16.9%).

In only 3.6% of the cases was the child recovered with more harm than the respondent expected, followed by same harm as expected (51.2%), and less than expected (45.2%).

Most primary parents reported feeling about as relieved as they expected to feel (63.5%).

Post Recovery Family Life. According to primary parents the symptom experienced most often by the missing child after recovery was anxiety (75.9%).

After reunification, in 70.6% of the families life reportedly returned to normal. Of those cases, 72.1% returned to normal in under one week. Mothers (when applicable) returned to work in one to three days in 88.1% of the cases. 3.4% of the mothers never returned to work.

Fathers (when applicable) returned to work by the third day after the recovery in 89.8% of the cases. 1.7%

of the fathers never returned to work.

Post Recovery Primary Parent Emotional Changes. After the recovery of their child, 88.6% of primary parents reported a change in their general mood. Many primary parents reported increased feelings of happiness (44.7%), anxiety (37.6%), helplessness (31.8%), and anger (28.2%).

Post Recovery Primary Parent Behavioral Changes. Typical behavior changes for the primary parents after runaway recovery included being more able to concentrate (31.8%) and being more responsive to the needs of family members (34.1%), more responsive to family obligations (20.5%), more involved with friends (11.4%), more involved with personal interests (15.9%).

Post Recovery Primary Parent Emotional and Behavioral Changes. After the recovery, 63.9% of primary parents reported mood changes in their partner; 27.1% of the partners were happier, 23.7% were more angry, and 23.7% felt more helpless. The most common behavior change in the partners was being more able to concentrate (23%).

Post Recovery Missing Child/Sibling Emotional and Behavioral Changes. According to the primary parent, 67.1% of their children experienced general mood changes after the recovery. The recovered runaway child most frequently showed signs of increased anxiety (41%) and anger (42.6%), while the eldest sibling showed increased happiness (30.6%) and anger (24.5%). The recovered runaway children were often less responsive to family obligations (36.7%) and more responsive to the needs of family members (26.7%). Their siblings most frequently were more responsive to family obligations (45%).

Family Member Most Affected by Disappearance. The female parent was reported to be most affected by the recovery of the runaway child in 68.2% of the cases.

Post Recovery Family Discussion/Safety Rule Changes. In one-fourth (25.6%) of the families there was an increase in arguments between the parents and the children after the runaway child recovery. Family goals were not changed in 72.1% of the households after the recovery. After the recovery, 40.7% of the families made changes to their family safety rules. These changes often included less time that family members were allowed to spend away from home (35.6%), increased inquiry about the people with whom family members associate (38.4%), and increased selectivity in people with whom family members associate (34.2%). The majority of families made no changes in family safety rules.

Post Recovery Family Relationship Satisfaction. Three-fourths of the primary parents were no more or less satisfied with their relationship with their partner (when applicable) after the recovery. Almost the same percentage (73.3%) had no changes in satisfaction with their children, although one-fourth were more satisfied.

For most primary parents, their belief in the following statements was unchanged following the recovery: "Partners agree to stand by each other in times of need" (67.2%); "Partners agree to provide companionship and insurance against loneliness" (75.4%); "Partners agree that having and nurturing children is important" (73.8%); "Partners agree that the family unit is more important than the relationship with the spouse" (85.2%); "Partners agree that the home is a refuge from the world" (86.6%); "Life is generally predictable but contains occasional unpredictable events" (73.6%); "You generally control what happens in your life" (68.6%).

Post Recovery Coping Strategies. The primary respondent reported the following ways of coping used by the primary parent which have been helpful since the recovery. Primary parents express feelings (67.8%), learn how to communicate with family members (40.2%), recognize feelings (27.6%), learn new ways of

Lipman, Rickels, Uhlenhuth, & Covi, 1974a, 1974b), which was derived from the item pool contained in the Cornell Medical Index. Later, the scale was called the Symptom Distress Checklist (Derogatis et al. 1970; Derogatis, Lipman, Covi, & Rickels, 1972), the Symptom Checklist 90 (Derogatis & Cleary, 1977), and most recently, the Symptom Checklist 90 Revised (Derogatis, 1977, 1983). The SCL-90-R, its predecessors, and its variants, have been employed across the broad spectrum of psychiatric disorder. Reports in the literature attest to the SCL-90's viability with psychiatric inpatients (Dinning and Evans, 1977; Wegner, Rabiner, & Kane, 1985) and outpatients (Clark & Friedman, 1983a, 1983b; Hoffman & Overall, 1978; Horowitz, Marmar, Weiss, Kaltreider, & Wilner, 1986), chronic pain patients (Duckro, Margolis, & Tait, 1985; Shutty, DeGood, & Schwartz, 1986), individuals with panic disorder and social phobia (Munjack, Brown, & McDowell, 1987; Norton, Harrison, Hauch, & Rhodes, 1985), traumatized war veterans (Blake, Keane, Wine, Mora, Taylor, & Lyons, 1990; Green, Lindy, & Grace, 1988; Solomon, Oppenheimer, Elizur, & Waysman, 1988; Woolfolk & Grady, 1987), female crime victims (Saunders, Mandoki, & Kilpatrick, 1991), and survivors of disaster (Baum, Fleming, & Singer, 1983; Baum, Gatchel, & Schaeffer, 1982; Bromet, Schulberg, & Dunn, 1982; Davidson, Fleming, & Baum, 1987; Collins, Baum, & Singer, 1983; Dew, Bromet, Schulberg, Dunn, & Parkinson, 1987).

Contained in Families of Missing Children: Technical Report #1 (Hatcher, Barton, Blake, and Brooks, 1992b) is a review of published works that provide evidence regarding the psychometric integrity and utility of the SCL-90. Studies assessing the checklist's internal consistency and construct validity, typically involving factor analysis, are described in the first section of the review. Next, studies which have examined the SCL-90's convergent and concurrent validity are reviewed, followed by studies which have employed the SCL-90 or variants to profile particular populations or demonstrate discriminant validity. Studies involving the identification of subsets of SCL-90 items for the identifying distressed individuals and their level of distress severity are described next. Finally, a rationale and proposal for study of the SCL-90-R with parents of missing children is presented.

Distress Measurement: Test Item Detail for Distressed Populations Other Than Families of Missing Children

Psychometric instruments can be designed by subjecting a test, such as the SCL-90-R, or another pool of items, to statistical analyses. These items are evaluated in terms of their ability to accurately classify or predict group membership, resulting in a subset of items which maximally distinguish the identified population. Here, the SCL-90-R appears ideal in light of possessing a sizeable pool of items, all of which have acceptable design from a psychometric scaling perspective, e.g., each item is clearly written and is rated on a Likert-scale continuum of severity.

O'Donnell, DeSoto and Reynolds (1984) developed an eight item Cognitive Deficit (CD) subscale within the SCL-90-R. This scale was empirically derived as a gross measure of significant neurological and intellectual impairment. Furthermore, the CD scale can be interpreted both in terms of total score as well as in a ratio with the SCL-90-R Positive Symptom Index (PSI), which helps to minimize biases resulting from over- and under-reporting.

Saunders et al. (1991) employed the SCL-90-R with a community sample of 355 women who were

Clinical distress for non-family abduction parents varies by recovery status of the child at one month after disappearance as follows:

- Parents within non-family abduction with the child recovered alive cases have lower distress levels than non-family abduction with the child recovered deceased cases, non-family infant abduction cases or non-family abduction child not yet recovered cases.

Family Distress Summary. In review, the percentage of families per type of disappearance who were above clinical distress levels across time after disappearance were determined based on computed scores of overall distress. Although all family groups were found to have a majority of the families with members above clinical distress levels at one month after disappearance, their experiences differed at eight months after disappearance across types of families of missing children samples. Within the non-family abduction groups, overall family distress also varied between disappearance types both at approximately one month after disappearance and eight months after disappearance.

Distress in Parents of Missing Children: General Psychological/Physical Symptoms

The clinical distress, expressed in general psychological/physical symptoms, was measured by project Quantitative Instrument (QI), symptom Check List 90-revised. As assessment of the level of missing child family distress is the primary goal of this project, the quantitative instrument employed must have substantial reliability and validity across many populations. For this reason, an overview of SCL-90-R scale characteristics and results with other distressed populations is presented, followed by an analysis of SCL-90-R results with adult members of families of missing children.

The Symptom Checklist 90 - Revised (SCL-90-R) is a 90-item self-report instrument developed by Derogatis and colleagues (Derogatis, 1977, 1983; Derogatis, Lipman, & Covi, 1973; Derogatis & Cleary, 1976) for assessing psychiatric disturbance. All of the items pertain to either physical problems (e.g., "1. Headaches" and "39. Heart pounding or racing") or emotional/psychiatric disturbances (e.g., "16. Hearing voices that other people do not hear" and "77. Feeling lonely even when you are with people"). Parents are asked to rate how much during the past week they were distressed by each disturbance, on a one to five point scale which ranges from "not at all" to "extremely."

The SCL-90-R provides an index of general symptom distress (GSI) as well as information about specific psychiatric syndromes (Derogatis, 1977, 1983). Nine syndromes ostensibly measured by the SCL-90-R are Anxiety, Hostility, Paranoid ideation, Phobic-anxiety, Somatization, Psychoticism, Obsessive-compulsive, Depression, and Interpersonal sensitivity. Five of the clinical scales (Somatization, Obsessive Compulsive, Interpersonal Sensitivity, Depression, and Anxiety) were empirically derived via factor analytic studies (Derogatis, Lipman, Covi, Rickels, & Uhlenhuth, 1970; Derogatis, Lipman, Covi, & Rickels, 1971).

The scale evolved from the 58- and 90-item Hopkins Symptom Checklist (HSCL; Derogatis,

Psychological Trauma Symptoms in Families of Missing Children: Recovered Children and Time to Recovery. Across types of missing child families (child over eight years old), 63.5% of the missing children recovered are above clinical distress levels at one month after disappearance, and 43.7% are above clinical levels at eight months after disappearance.

Among types of missing child families, the following differences were noted:

- 90% of the non-family abduction recovered alive missing children were above clinical distress levels at point of reunification (under 45 days after disappearance) and 88.9% were above clinical distress levels at eight months after disappearance.
- 66.7% of family abduction recovered missing children were above clinical distress levels at point of reunification (recovered within 45 days after disappearance) and 35.3% were above clinical distress levels at eight months after disappearance.
- 55.3% of runaway recovered missing children were above clinical distress levels at point of reunification (recovered within 45 days after disappearance) and 37.8% at eight months after disappearance.
- The above findings indicate, across types of missing child cases, moderately high rates of clinical distress for children recovered within 45 days of disappearance. Important differences are found when examining clinical distress rates for recovered children among the different types of missing child cases. These findings show the highest initial (shortly after recovery) rates of distress for children recovered alive from non-family abduction followed by cases of family abduction and runaway. As with siblings of missing children, important differences are also found over time for the recovered child. Specifically, children recovered within 45 days from non-family abduction remain highly distressed more than half a year later. One-third of recovered family abduction and runaway children also remain highly distressed more than half a year later.

Across types of missing child families, 47.6% of the missing children recovered between one month and four months after disappearance were above clinical distress levels and are still above clinical distress levels at eight months after disappearance. None of the non-family infant abduction cases or non-family abduction with the child recovered deceased cases had children over eight years old eligible to be assessed for clinical distress in this project.

- 100% of the children in non-family abduction with the child recovered alive cases recovered between one month and four months after disappearance were above clinical distress levels at reunification and were still above clinical distress levels at eight months after disappearance.
- 34.8% of the children in family abduction cases recovered between one month and four months after disappearance were above clinical distress levels at reunification and 44%

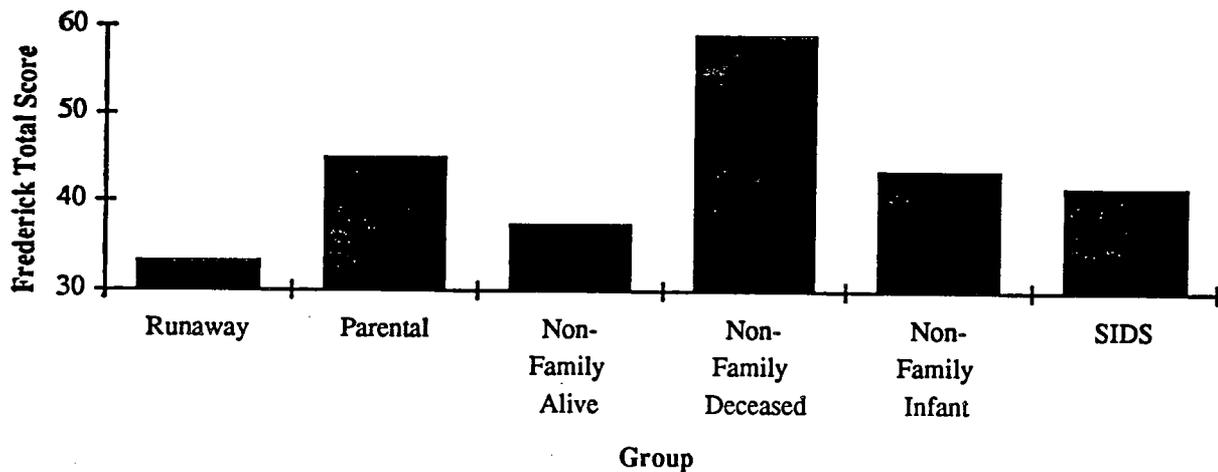
Psychological Trauma Symptoms in Families of Missing Children: Effects on Siblings. A principal area of investigation of the project was to assess clinical distress in siblings of missing children and the missing children themselves. Child clinical distress was assessed with the Frederick Trauma Reaction Index at each interview level.

Across types of missing child families, 68.9% of siblings are above clinical distress levels at approximately one month after disappearance and 45.5% are found to be above clinical distress levels at eight months after disappearance.

Among types of missing child families, the following differences were found:

- None of the non-family infant abduction cases had remaining children eligible to be assessed.
- 75% of the remaining children in non-family abduction with the child recovered alive cases are clinically distressed at approximately one month after disappearance and 60% are still clinically distressed eight months after disappearance.
- 100% of the remaining children in the non-family abduction with the child recovered deceased cases are found to be clinically distressed at approximately one month after disappearance. These children are all still clinically distressed at eight months after disappearance.
- While 80% of the remaining children in the family cases are clinically distressed at approximately one month after disappearance, 27.3% of the remaining children in the family cases clinically distressed at eight months after disappearance.
- 58.5% of the remaining children in the runaway cases are clinically distressed at approximately one month after disappearance, and 41.2% are clinically distressed eight months after disappearance.
- Across types of missing child cases, the above finding indicate very high rates of clinical distress for the majority of children remaining in the home after child disappearance. Important differences, however, emerge when examining clinical distress rates for remaining children among the different types of missing child families. These findings show the highest initial rate of distress for remaining children in non-family abduction with the child recovered deceased cases followed by cases of family abduction, non-family abduction with the child recovered alive, and runaways. Important differences emerge as well when examining the effect of time on the clinical distress of the remaining children. Specifically, in non-family abduction cases with the child recovered deceased, remaining children are all still at the clinically distressed level. A minimal decline of distress over time is noted for other missing child cases with the exception of remaining children in family abduction where the decline is quite sharp.

Figure 2. Frederick Total Score by Type of Missing/Deceased Child Group



These findings were confirmed in ANCOVAs calculated with the Saunders et al. (1991) method derived items. Again, a significant difference was found among the missing child groups. The runaway group had a Frederick-Saunders score that was significantly lower from both the family abduction and non-family abduction child-deceased groups. In addition, the mean score for the non-family abduction with the child recovered alive group was significantly lower than the non-family abduction with the child recovered deceased group, suggesting greater psychological upset in the latter group.

Psychological Trauma Symptoms in Families of Missing Children: Differences Across Time. Repeated measures Multivariate Analysis of Covariance (MANCOVA) on the missing child groups' Frederick Trauma Reaction Index total score across the three time periods showed a significant difference for type of group, and for time.

Runaways showed the lowest Frederick Trauma Reaction Index scores throughout the assessment periods and non-family abduction with the child recovered deceased showed the highest. Scores for all missing child groups showed reductions over time.

Psychological Trauma Symptoms in Families of Missing Children: Effects on Reunification. A principal area of investigation of the project was to assess partner/spouse distress between disappearance groups and over time. This was accomplished with the following procedure: partner distress scores were compared pre reunification and immediately following reunification.

Across types of missing child families, partner distress scores are less after the child has returned home.

To assess discriminant validity of the Frederick Trauma Reaction Index, comparisons were made among parents of family-abducted children, parents of runaways, parents of non-family abducted children and infants recovered alive or not recovered and parents of non-family abducted children-recovered deceased, and parents whose infant children died from Sudden Infant Syndrome (SIDS group). Finally, the Frederick Trauma Reaction Index data were subjected to the Saunders, Mandoki, and Kilpatrick (1991) criteria for identifying subsets of SCL-90 items for determining a victimized population and the extent of their distress.

Item-total correlations calculated on the Frederick Trauma Reaction Index data showed that all items exceeded a criterion of .30, and in fact the lowest item-total correlation was .47.

The Frederick Trauma Reaction Index performed well in analysis of its internal consistency. Cronbach's alpha of all items was .93, which suggests that the items "hang together" in the measurement of a unitary construct (in this case, psychological distress resulting from child disappearance).

The stability of the Frederick Trauma Reaction Index over time was assessed by calculating reliability between sets of the three consecutive administrations. The results of these analyses, involving primary parent data, showed adequate reliability. Reliability was generally high across Time 1-Time 2, with Pearson product-moment correlations averaging .45, and averaging .55 at Time 2-Time 3.

Factor analysis on the Frederick Trauma Reaction Index administered to the primary parent upon initial testing revealed that all items were contained on a single factor, with factor weightings of greater than .40. This factor which explained 44.4 percent of scale variance, indicating that the items do measure which they were intended to measure.

Subjecting the Frederick Trauma Reaction Index data to the item selection criteria used by Saunders et al. (1991) produced a subset of eleven items. These items were found to meet minimum criteria for distinguishing among the six samples studied.

Psychological Trauma Symptoms in Families of Missing Children: Differences by Type of Missing Child Family. Analysis of Covariance (ANCOVA) was calculated to identify significant differences among the six types of missing child samples. These analyses revealed a significant difference among the missing child groups on the Frederick Trauma Reaction Index total score. The parents in the runaway group had Frederick Trauma Reaction Index scores that were significantly lower than parents from both the family abduction and non-family abduction child-deceased groups. The Frederick Trauma Reaction Index data are presented in the following Figure.

- Across types of missing child families, parents' distress is reduced post reunification.

The findings presented here provide support for the utility of the SCL-90-R in assessing distress and pattern of distress with parents of missing children. Clearly, the SCL-90-R scales provide: (1) important information about the degree of distress experienced by parents of missing children, (2) are useful in differentiating the levels of distress experienced by parents in the different missing child categories and by these parents across time.

These findings show that parents of missing children, regardless of type, show clinically significant distress. Parents of family abducted children show the greatest distress, and are more distressed than parents of the SIDS comparison group. The family abduction parents were significantly more distressed than the parents of runaways.

Across time, however, all groups show reductions in distress, suggesting that the effects of the abduction may be time limited or that the involved parents were successful in marshaling effective coping resources. The percentage of primary parents above clinical distress levels, as measured by the General Severity Index t-score, differ between disappearance groups and over time. Parent clinical distress within types of disappearance is related to the length of time the child has been missing. In any case, the SCL-90-R findings presented here make it abundantly clear that parents of missing children represent a significantly distressed population which varies systematically among its subgroups.

Psychological Trauma Symptoms in Families of Missing Children

Distress may present itself in the form of general psychological/physical symptoms. Distress may also present itself in the form of specific psychological trauma symptoms. To assess specific psychological trauma symptoms in the parents of missing children, the Frederick Trauma Reaction Index was chosen.

The Frederick Trauma Reaction Index is a self-report measure of psychological sequelae from exposure to traumatic events. Not coincidentally, the psychological sequelae measured by the Frederick Trauma Reaction Index correspond to criteria for Post-traumatic Stress Disorder (Post Traumatic Stress Disorder), as outlined in the Diagnostic and Statistical Manual for Mental Disorders - III - Revised (American Psychiatric Association, 1987). The scale is composed of 20 Likert style (from None of the Time to Most of the Time) and 8 multiple choice items, which are summed to provide a total score. The higher the scores on this Index, the greater the psychological upset.

Psychological Trauma Symptoms in Families of Missing Children: Test Item Detail Analysis of Frederick Trauma Index Scale Integrity. To assess the psychometric properties of the Frederick Trauma Reaction Index for this project, several statistical analyses were conducted. First, each item's correlation with the index's total score was calculated to determine how well the item contributed to the measurement of the overall construct purported to be measured by the Frederick Trauma Reaction Index (construct validation). The internal consistency of the index was then assessed using Cronbach's alpha. Next, each item's test-retest reliability was calculated at each project interview time.

been gone longest.

- In runaway cases, primary parent distress is lowest where children have been gone longest.

Adult Family Distress Related to Reunification

A principal area of investigation of the project involved the assessing the relationship between the reunification of the missing child with the family and clinical distress. This was accomplished by the following procedure: Parent clinical distress levels were assessed by using the Symptom Check List (SCL-90). A MANOVA was then performed with pre reunification and post reunification distress as the within subject variables. A significance level of $p < .05$ was used to assess significance.

At approximately one month after disappearance, family members differed in the percentage above clinical distress pre reunification to post reunification.

- 60% of primary parents were above clinical distress levels pre reunification while 31.9% were at post reunification.

Across types of missing child families, adult family members distress is reduced after disappearance.

- The average primary parent distress level decreased post reunification from above the clinical distress level to below the clinical distress level.

Summary

- Family abductions showed higher distress scores than runaways, with statistically significant differences on scales measuring Somatization, Obsessive-Compulsive, Depression, Phobic-Anxiety, and Psychoticism, and on the Global Severity Index.
- Parents affected by non-family abductions with the child recovered deceased showed higher distress scores than non-family abductions with the child not recovered or recovered alive, with significant differences also found on those scales thought to measure Somatization, Obsessive-Compulsive, Depression, Phobic-Anxiety, and Psychoticism.
- Parents affected by non-family abduction with the child recovered deceased were considerably more distressed than non-family abduction parents who had their child(ren) recovered alive or not recovered.

Distress in Parents of Missing Children: Effects Over Time

- Across types, 57.4% of parents are above clinical distress levels one month after disappearance and 35.3% of parents are above clinical distress levels eight months after disappearance. Parent clinical distress across types of child disappearance is related to length of time the child has been missing.

groups (non-family abductions, family abductions, and runaways). Eleven items were identified on the basis of having a statistically significant F value and an eta of greater than .2500. A discriminant function analysis revealed that this item subset accurately classified 68.9 percent of the high and low distressed missing child respondents. This classification percent is especially impressive when one considers that the groups were homogenous in terms of reason for their distress, and vary only along degree of distress severity (Saunders et al. used their scale to classify victimized versus non victimized individuals).

Adult Family Member Distress by Type of Missing Child Family Across Time

Adult Family Member Distress Across Time. A principal area of investigation of the project was to assess adult family member distress between disappearance groups and over time. This was accomplished with the following procedures: The Symptom Check List - 90 (SCL-90) was utilized to assess parent distress. Next, an ANOVA was computed of primary parent distress by reunification and type of disappearance.

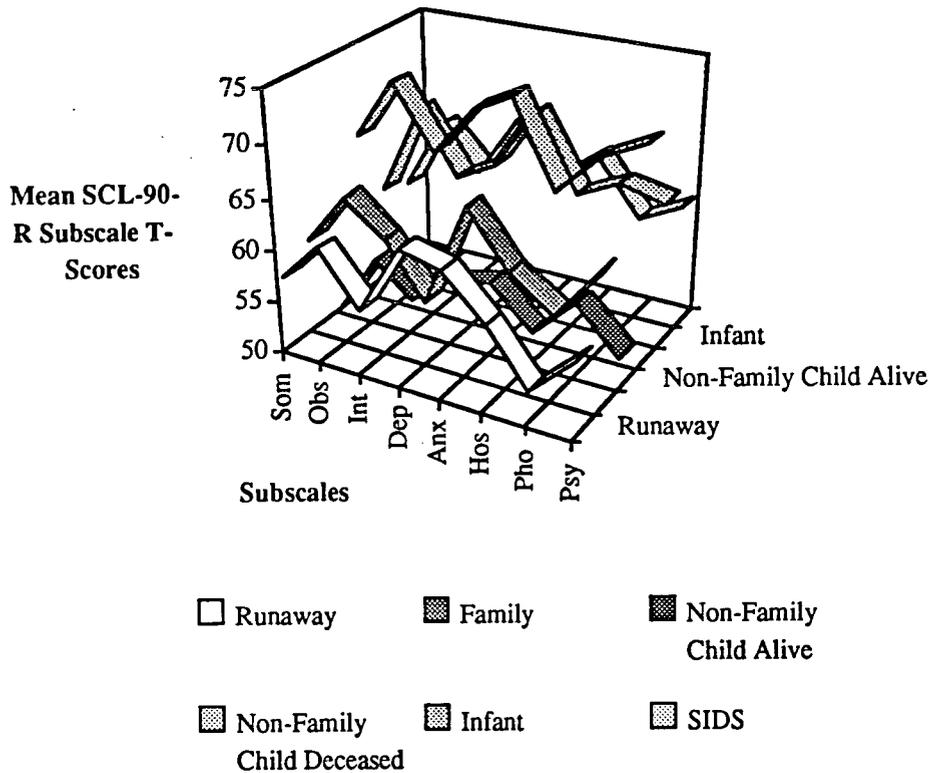
Across types, 57.4% of primary parents are above clinical distress levels approximately one month after disappearance and 35.3% of primary parents are above clinical distress levels at eight months after disappearance.

- In non-family infant abduction cases, 85.7% of the primary parents are above clinical distress levels at approximately one month after disappearance and 40% are above clinical distress levels at eight months after disappearance.
- In non-family abduction with the child recovered alive cases, 29.4% of the primary parents are above clinical distress levels at approximately one month after disappearance and 25% are above clinical distress levels at eight months after disappearance.
- In non-family abduction with the child recovered deceased cases, 90% of the primary parents are above clinical distress levels at approximately one month after disappearance and 83.3% are above clinical distress levels at eight months after disappearance.
- In family abduction cases, 68% of the primary parents are above clinical distress levels at approximately one month after disappearance and 36.6% are above clinical distress levels at eight months after disappearance.
- In runaway cases, 45% of the primary parents are above clinical levels at approximately one month after disappearance and 28.9% are above clinical distress levels at eight months after disappearance.

Adult family member clinical distress within types of disappearance is related to length of time the child has been missing.

- In non-family abduction cases, primary parent distress is greatest where children have

SCL-90-R Subscale Comparisons



In the second set of comparisons, non-family abductions with child recovered deceased showed consistently higher SCL-90-R scores than non-family abductions with the child not recovered or recovered alive, with significant differences found on scales of Somatization, Obsessive-Compulsive, Depression, Phobic-Anxiety, and Psychoticism Scales. In sum, the non-family abduction parents with deceased child were considerably more distressed than non-family abduction parents who had their child(ren) returned alive or those who have not yet had their child(ren) returned.

Item Selection for Missing Child Subset and its Classification Power. The criteria employed by Saunders et al. (1991) for selecting SCL-90-R items to distinguish crime-related Post Traumatic Stress Disorder were used to establish a maximally discriminating subset of items for use with parents of missing children. Using the Fredericks Post Traumatic Stress Disorder scale to identify high and low distress parents, univariate analyses of variance were calculated on the combined missing child

with what one would expect to see in parents of missing children. Across time, the GSI showed significant reductions in distress severity among all missing child groups.

Subscale Comparisons Among Parents of Missing Children and Other Clinically Distressed Groups. In comparison with parents of missing children, panic-disordered patients (data derived from Munjack et al., 1987) showed elevation on five scales and significant elevations only on the scale measuring Somatization. This elevation is consistent with the clinical picture of panic disorder. Vietnam combat-related Post Traumatic Stress Disorder patients (extracted from Woolfolk & Grady, 1988) also showed elevation on all scales, including scales measuring Somatization, Hostility, Phobic Anxiety, and Paranoia. These features also seem to reflect the features seen clinically with this Post Traumatic Stress Disorder population. Thus, the SCL-90-R provides distinctive score patterns for each group, and each score pattern appears consistent with their respective clinical pictures.

In summary, the SCL-90-R scales appear to be valuable indicators of distress and of distress over time.

Pattern of Distress Among Parents of Missing Children. To understand the pattern of distress of parents of missing children, among left behind parents of family-abducted children, of runaways, and of non-family abducted children recovered alive or deceased.

In the first set of comparisons, the SIDS and family abduction groups uniformly showed elevations greater than runaways. The family abduction group showed greater distress on 6 or 8 scales. Family and non-family abduction groups had the highest scores on the anxiety subscale. In post hoc comparisons with the missing child and SIDS groups, statistically significant differences ($p < .05$) between family abduction and runaway groups were found on scales measuring Somatization, Obsessive-Compulsive, Depression, Phobic-Anxiety, and Psychoticism, and on the Global Severity Index.

Thus, the family abduction individuals appear substantially more distressed than the parents of runaways.

also assessed for lifetime criminal victimization and crime-related Post Traumatic Stress Disorder (CR-Post Traumatic Stress Disorder). Using univariate analysis of variance, twenty eight items were selected on the basis of having a statistically significant F value and an eta of greater than .2500. A discriminant function analysis revealed that this SCL-90 item subset accurately classified 89.3 percent of the CR-Post Traumatic Stress Disorder and non-CR-Post Traumatic Stress Disorder respondents. The investigators propose that the resulting subscale may be of use in the initial screening of crime-related Post Traumatic Stress Disorder.

Parents in Families of Missing Children and Distress Measured by SCL-90-R

The SCL-90-R may be particularly valuable for use with parents of missing children. With these parents, the SCL-90-R may: (1) provide an efficient measure of distress severity in parents of missing children (relative to established norms for this and other populations, or relative to themselves at another point in time), (2) identify the most prominent dimensions of the parent's distress to optimize patient-treatment matching, and (3) contribute to an enhanced understanding of the personal experience and psychological disturbance resulting from an unplanned loss of or separation from child.

The work reviewed in the sections above provides support for two general methods for employing the SCL-90-R. In order to clarify the reliability, validity, and utility of the SCL-90-R with families of missing children, both of these methods were employed. First, the internal consistency of the Derogatis SCL-90-R scales was assessed using Chronbach's alpha, and test-retest reliability was calculated between administrations at 1-1/2, 4, and 8 months intervals. The subscales were then analyzed for divergent validity by calculating simple correlations among them. Next, to gauge the severity and dimensions of distress experienced, the subscales of parents of missing children were compared to panic disordered and combat-related Post Traumatic Stress Disorder patients. To examine further symptom severity with this missing child population, the sample was subdivided and comparisons were made between parents of parent-abducted children versus parents of runaways, and between parents of non-family abducted children returned alive or not returned versus parents of non-family abducted children returned deceased. Using the second method of analyzing SCL-90-R data, individual SCL-90-R items were then subjected to the Saunders et al. (1991) criteria for identifying a subset of SCL-90 items for the optimal classification of a victimized population and for gauging the severity their distress.

Analysis of SCL-90-R Scale Integrity, Internal Consistency, Reliability, and Scale Divergent Validity. All of the subscales showed high internal consistency with coefficient alphas ranging from .75 (paranoid anxiety) to .92 (depression) between measurement correlations calculated between the three consecutive administrations showed adequate reliability, which ranged from .34 (Time 1 to Time 2 for Hostility) to .94 (Time 2 to Time 3 for Psychoticism). Unfortunately, the scales were found to be highly correlated with one another. Collectively, these findings suggest that the existing subscales are homogenous within and between subscales (i.e., good sensitivity but poor specificity). These data suggest that the SCL-90-R may be a good index of psychological distress severity but poor at determining the dimensions of distress experienced.

For parents of missing children as a group, all nine SCL-90-R scales showed considerable elevation, suggesting significant clinical distress. In addition, significant elevations were found on scales measuring Interpersonal Sensitivity, Depression, and Anxiety. These elevations appear to be in line

Chapter XII. Project Analytic Results: Family Distress, Coping, Life Events, and Child Behavior

Overview of Findings

For a detailed presentation of project analytic results, the interested reader is referred to "Families of Missing Children: Technical Report #1" (Hatcher, Barton, Blake, and Brooks, 1992).

Family Distress: Across Types of Families of Missing Children. A principal area of investigation of the project was to assess family distress by type of disappearance and to determine the percentage of families above the clinical levels of distress across time after disappearance. The following findings were determined:

- **The majority of families of missing children experience substantial psychological consequences and emotional distress as a result of child disappearance.** This level of emotional distress has been identified and reliably measured by standardized psychological methods. Compared to the general population, this level of distress places families of missing children in the top 20%. Further, this level of emotional distress for families of missing children equals, or exceeds, the emotional distress for groups of individuals exposed to other violent trauma, such as combat-related military veterans under treatment for post traumatic stress disorder symptoms, and victims of rape/assault/other violent crime.

This finding provides the first clear knowledge of the level and extent of emotional distress sustained by families of missing children. In addition, the comparison of their experience with that of distressed combat military veterans and victims of violent crime helps us to better understand the severity of the impact of child disappearance upon families.

Generally, emotional distress for families of missing children does decline somewhat over time. This decline is naturally affected by factors such as child recovery, and family coping. Yet, at eight months after the date of the child's disappearance, almost one-third of these families continue to experience high levels of emotional distress. In many cases, this high distress continues even after child recovery. This finding indicates that high emotional distress for families of missing children is not just a transitory reaction, but persists over periods of time and even after child recovery.

- **Selected types of families of missing children experience severe psychological consequences and emotional distress.** Specifically, families who have lost a child to non family abduction are very severely impacted by this distress, affecting parents and remaining children over a period of many months. This finding indicates that these families are attempting to cope with the abduction and continued maintenance of the remaining family at very high stress levels.

syndrome to both mother and father. These effects take the form not only of emotional and behavioral problems, but of loss of personal and family security as well. In the midst of this very difficult family situation, it is quite notable that public health nurse outreach programs are rated as so highly effective in providing information and support to these families. Yet, at present, it is apparent that public health nurses are largely unassisted by other professions in mental health counseling and clergy counseling. Public health nurses warrant considerable recognition for their efforts to support and serve these families in a time of great need, and a considerably enhanced level of professional participation by mental health providers and clergy.

Post Child Loss Intervention and Support Summary. Almost half of the parents who lost a child to sudden infant death syndrome rated law enforcement response as highly competent. When parent ratings of highly competent and moderately competent are combined, this includes four-fifths of the cases, which is substantial endorsement of law enforcement efforts. This project finding of high rates of parental satisfaction with law enforcement response to child loss by sudden infant death syndrome is somewhat to be expected, as almost all law enforcement agencies have a degree of policy and training on patrol officer response to this type of death. It is, however, unexpected, to find that one-fifth of the parents rated law enforcement response as incompetent. Further study of this project finding would need to determine if this group of parents were dissatisfied with the knowledge of law enforcement in managing the post death response or with the level of sensitivity to parent emotions demonstrated during the post death response.

Nine-tenths of the parents who lost a child to sudden infant death syndrome received no mental health counseling services, and three-quarters of the parents did not receive any support group services. For the small group of parents who did receive such services, satisfaction rates were generally high. Parents who lose a child to sudden infant death syndrome are always identified through law enforcement and public health programs at the county level. Yet, at present, the majority of these parents are not successfully connected with mental health or social support resources to assist them with the difficulties of this post child death period.

- **The majority of brothers and sisters of missing children appear to be isolated and forgotten in their high levels of emotional distress as the adults in the family focus their energy and thoughts upon the recovery of the missing child.** While this appears to be especially characteristic of families who have lost a child to non family abduction, it is also found in families affected by family abduction or child loss by runaway status. As a group, the brothers and sisters of missing children showed equal, or higher, levels of emotional distress than their parents.
- **The majority of recovered, previously missing, children experience substantial psychological consequences and emotional distress over time.** At the point of recovery and reunification with the family, this distress is very high initially for almost all children recovered from non family abductions, and remains high over a period of months after recovery. For the majority of children recovered from family abduction and runaway status, high levels of distress are present upon recovery and declines over time.
- **Three-fifths of the families affected by non-family child abduction rated law enforcement recovery efforts as highly competent, which is a substantial endorsement of law enforcement recovery efforts.** However, ratings of high law enforcement competence varied considerably by type of child disappearance, ranging from three-quarters of the families with infant abductions to less than one-third in family abductions to less than one fifth in runaway cases.
- **Almost four-fifths of the families of missing children do not receive mental health or counseling services.** This absence of mental health services was found both at the time of child disappearance and for months afterward. The only factor leading to a significant increase in the delivery of mental health services was if the non family abducted child was recovered deceased. However, even these services to this group of families with a deceased child were only temporary, for a few weeks or months following child recovery.

Family Distress: Across Types of Families of Missing Children

A principal area of investigation of the project was to assess family distress by type of disappearance and to determine the percentage of families above the clinical levels of distress across time after disappearance. Parent, partner/sibling, and child distress was assessed using the Symptom Check List 90-Revised (SCL-90-R) and the Frederick Trauma Reaction Index. The distress scores of parent, partner/spouse, and children were averaged to determine overall family distress. The same procedure was used to assess family distress at one month after disappearance and eight months after disappearance.

59.6% of missing child family members are above clinical distress levels approximately one month after disappearance, and 36.2% are above clinical distress levels at eight months after disappearance.

- 68.8% of non-family abduction family members are above clinical distress levels approximately one month after disappearance, and 57.1% of non-family abduction

family members are above clinical distress levels at eight months after disappearance.

- 61.1% of family abduction family members are above clinical distress levels approximately one month after disappearance, and 30.9% of family abduction family members are above clinical distress levels at eight months after disappearance.
- 52.8% of runaway family members are above clinical distress levels at one month after disappearance, and 30.6% of runaway family members are above clinical distress levels at eight months after disappearance.

Family Distress: Within the Non-Family Child Abduction Type

A principal area of investigation of the project was to determine if there were subtypes of non-family abduction families based on differences in their experiences and to then assess for differences in distress among any such groups. Three non-family abduction categories were found: (1) non-family abduction with the child recovered alive (child defined as one year of age and older), (2) non-family infant abduction (infant defined as less than one year of age. All infants were recovered alive, consistent with prior data), and non-family abduction with the child recovered deceased (child defined as one year of age or older).

To determine distress in each of these non-family child abduction types that had now been identified in the project, parent, partner/spouse, and child distress were assessed using the Symptom Check List 90-Revised and the Frederick Trauma Reaction Index. The distress of parent, partner/spouse, and child were averaged to determine overall family distress.

Non-family child abduction consists of three distinct types and family distress varies by type of non-family abduction as follows:

- In non-family infant abduction cases, 72.9% of family members are above clinical distress levels at approximately one month after disappearance, and 36.7% are above clinical distress levels at eight months after disappearance.
- In non-family abduction with the child recovered alive cases, 51.1% of family members are above clinical distress levels at approximately one month after disappearance, and 52.7% of family members are above clinical distress levels at eight months after disappearance.
- In non-family abduction with the child recovered deceased cases, 90% of family members are above clinical distress levels at approximately one month after disappearance, and 94.4% of family members are above clinical distress levels at eight months after disappearance.
- In non-family abduction child unrecovered, 76.6% of family members are above clinical distress levels at approximately one month after disappearance, and 66.7% of family members are above clinical distress levels at eight months after disappearance.

were above clinical distress levels at eight months after disappearance.

- 58.8% of the children in runaway cases recovered between one month and four months after disappearance were above clinical distress levels at reunification and 45% were above clinical distress levels at eight months after disappearance.
- These findings, for children recovered between 1-4 months after disappearance, approximate project findings for children recovered within 45 days after disappearance. The exception is in family abduction where there is an unexplained lower initial rate after recovery which rises in the following months.

Across types of missing child families, 50% of the missing children recovered between four months and eight months after disappearance were above clinical distress levels. None of the non-family infant cases, non-family abduction with the child recovered alive or non-family abduction with the child recovered deceased cases had children over eight years of age eligible to be assessed for clinical distress in this project.

- 80% of the children in family abduction cases recovered between four months and eight months after disappearance were above clinical distress levels at reunification.
- None of the children in runaway cases recovered between four months and eight months after disappearance were above clinical distress levels at reunification.
- These findings, for children recovered between 4-9 months after disappearance, indicated the highest distress rates for children recovered from family abduction, and the lowest rates for recovered runaways. This would infer that increased time gone beyond four months is a distress risk factor for family abducted children. It would also infer that increased time gone beyond four months for runaway children may be evidence of having found some form of coping or street survival that reduces distress.

Psychological Trauma Symptoms in Families of Missing Children: Partner/Spouse and Sibling. A principal area of investigation of the project involved the assessing the relationship between the reunification of the missing child with the family and clinical distress. This was accomplished by the following procedure: Partners' distress was assessed with the Frederick Trauma Reaction Index - Form Adult, and a clinical cutoff of 30 was used. For siblings the measure used to assess distress was the Frederick Trauma Reaction Index pre reunification and post child reunification.

At approximately one month after disappearance, family members differed in the percentage above clinical distress pre reunification to post reunification.

- Only 48.5% of the partners/spouses were above clinical distress levels pre reunification and only 28.9% were found to be post reunification.
- 75% of siblings were above clinical distress levels pre reunification and 47.4% were found to be post reunification.

- The average partner/spouse's distress level decreased post reunification from above the clinical distress level to below the clinical distress level.

Psychological Trauma Symptoms in Families of Missing Children: Parent Distress by Type of Missing Child Family

- Analysis of Covariance showed parents in the runaway group had lower scores than parents in both the family abduction and non-family abduction child-deceased groups
- Parents in the non-family abduction with the child recovered alive group had lower scores than the non-family abduction with the child recovered deceased group, suggesting greater psychological distress in the latter group

Psychological Trauma Symptoms in Families of Missing Children: Parent Distress Across Time of Disappearance

- Repeated measures Multivariate Analysis of Covariance (MANCOVA) on the missing child groups' total score across the three time periods showed a significant difference for type of group and for time
- Runaways showed the lowest scores throughout the assessment periods and non-family abduction with the child recovered deceased showed the highest
- Scores for all missing child groups showed reductions over time

Psychological Trauma Symptoms in Families of Missing Children: Summary. The Frederick Trauma Reaction Index performed exceptionally well in reliability and validity analyses, suggesting that the scale possesses sound psychometric properties. All of the items were highly correlated with the total score. The Frederick Trauma Reaction Index performed well in analysis of its internal consistency. It also proved to be quite stable in administrations over time, particularly between Time 2 and Time 3. Factor analysis revealed that all of the Frederick Trauma Reaction Index items belonged to the one factor, suggesting that a single concept, response to trauma was being measured. Subjecting the Frederick Trauma Reaction Index items to empirically-based selection criteria produced a subset of eleven items well suited for distinguishing among the missing child types.

Significant distress score differences on the Frederick Trauma Reaction Index were found among the types of families of missing children samples. Parents in the runaway group had significantly lower Frederick Trauma Reaction Index scores than parents in the family abduction and non-family abduction child-deceased groups. In addition, families affected by non-family abduction with the child recovered deceased had significantly higher distress scores than families affected by non-family abduction with the child recovered alive.

Analysis across time showed that the parents of the runaway children consistently had the lowest Frederick Trauma Reaction Index scores, while the parents in the non-family abduction with the child

recovered deceased had the highest.

Partners, across families of missing child samples, had lower Frederick Trauma Reaction Index scores post reunification than pre reunification of the missing child with the family.

Across types of missing child families, clinical distress for siblings at both one month after disappearance and eight months after disappearance differed. Across types of missing children, recovered children also differed. These recovered children showed these differences both at the point of reunification and eight months after disappearance.

Similarly, the percentage of both partners and siblings above clinical distress levels differed from one month after disappearance to eight months after disappearance.

These findings indicate three important points: (1) child disappearance is related to clinical distress for the majority of members of families of missing children, (2) clinical distress rates are specific to types of missing child cases, and (3) clinical distress rates are specific to time of child recovery.

Coping Behavior: Families of Missing Children

Coping behavior in families of missing children was assessed by the Family Crisis Oriented Personal Scales (F-COPES) which is a scale that assesses five psychological and behavioral coping tactics of the respondent. In addition to a total score, the F-COPES provides information on five subscales: (a) Acquiring Social Support, (b) Reframing, (c) Seeking Spiritual Support, (d) Mobilizing for Assistance, and (e) Passive Appraisal. Thirty items require the parent to rate the extent and direction of agreement, with options ranging from Strongly Disagree to Strongly Agree.

Family Coping Behavior: Test Item Detail. To assess the psychometric integrity of the F-COPES with families of missing children, a strategy similar to that employed with the SCL-90-R was followed. First, each item's correlation with the scale's total score was calculated to determine how well the item contributed to the measurement of the overall construct purported to be measured by the scale (Construct Validation). Next, the internal consistency of each scale was assessed using Cronbach's alpha, and test-retest reliability was calculated between administrations at 1-1/2, 4, and 8 months intervals. The subscales were then analyzed for divergent validity by calculating simple correlations among them. The missing child sample was then subdivided and comparisons were made among parents of family-abducted children, parents of runaways, parents of non-family-abducted children returned alive or not returned, parents of non-family-abducted children returned deceased, and parents whose infant children died from Sudden Infant Death Syndrome (SIDS group). Finally, the F-COPES data were subjected to the Saunders et al. (1991) criteria for identifying subsets of SCL-90 items for the optimal classification of a victimized population and for gauging the severity of their distress.

Item-total correlations calculated on the F-COPES data showed that 25 of 30 items exceeded a criterion of .30. Significantly, four of the five items failing to meet this criterion were those items which comprise the Passive Appraisal scale of the F-COPES. This finding suggests that the items composing that scale provide information about a construct separate from that measured by the other

F-COPES items. This suggestion may have considerable merit, in that all other items and scales involve active forms of coping, whereas the Passive Reappraisal scale, by definition, involves passive coping.

All of the F-COPES scales showed moderate to high internal consistency, and the highest internal consistency was seen with the scale measuring Seeking Spiritual Support (.88), while the lowest was apparent in Passive Appraisal (.45).

Scale stability was assessed by calculating reliability across three consecutive administrations of the F-COPES. Reliability was generally high.

Factor analysis on the F-COPES administered to the primary parent upon initial testing revealed two factors containing 9 and 5 items with factor weightings of greater than .50. The first factor, which explained 19.8 percent of scale variance, contained items from the scales, Acquiring Social Support (4), Seeking Spiritual Support (2), and Mobilizing Family to Acquire and Accept Help (3). All of the items from the second factor, which explained 9.9 percent of the variance, were from the scale, Reframing. These data suggest that, for the populations studied here, the psychometric structure of the F-COPES is composed primarily of two general factors spread over four of the existing F-COPES scales.

Subjecting the F-COPES data to the item selection criteria used by Saunders et al. (1991) produced a subset of four items. These four items were found to meet minimum criteria for distinguishing among the six samples studied. Two each from this subset are part of the scales, Acquiring Social Support and Reframing, respectively.

Family Coping Behavior: by Type of Missing Child Family. Analysis of Covariance was calculated to identify significant differences among the six types of missing child samples. Analyses revealed a significant effect for type of missing child group for the Acquiring Social Support subscale, with the non-family abduction - infant group having the highest and the Runaway group having the lowest scores.

Family Coping Behavior: High and Low Distressed Missing Child Families. A one-way MANOVA calculated between high- and low- distressed primary parents showed a significant difference on only the Reframing scale, indicating that low-distress parents used this tactic more than did high-distress parents.

Family Coping Behavior: Parent's Coping Behavior. A principal area of investigation of the project was to assess family coping styles and compare coping styles among missing child groups. This was accomplished by the following procedure: An ANOVA was computed of adult coping skills by type of disappearance and sex of the respondent. Coping skills were measured using the Family Crisis Oriented Personal Scales (F-Copes).

The following findings were noted:

- Adult coping behavior patterns can be measured, and differ by type of missing child family.
- Within non-family abduction with the child recovered deceased cases, males use

reframing as a coping skill more often than female parents at four months after disappearance. Reframing is a coping skill that remakes a stressful situation into a challenging and potentially positive.

- Male parents in family abduction cases use acquiring social support as a coping skill more often than male primary parents in runaway families at four months after disappearance. Social support is a coping skill that involves seeking out the companionship of others.
- Within runaway families, female parents use acquiring social support and seeking spiritual help as a coping skill more often than male parents at approximately four months after disappearance.
- Analyses revealed significant effect for type of missing child family for the Acquiring Social Support subscale, with the non-family abduction - infant group having the highest and the Runaway group having the lowest scores

Life Events: Families of Missing Children

Life events for families of missing children were assessed by the Family Inventory of Live Events and Changes (FILE) is a self-report measure of family stressor events across nine domains: (1) Intra-family Strains, (2) Marital Strains, (3) Pregnancy and Childbearing Strains, (4) Finance and Business Strains, (5) Work-family Transitions and Strains, (6) Illness and Family Care Strains, (7) Losses, (8) Transitions In and Out (items on marriage, leaving home, returning home, etc.), and (9) Family Legal Violations. All 71 items of the FILE are answered Yes or No, to indicate whether each change (described for each item) had occurred during the previous 12 months.

Life Events: Test Item Detail. To establish its validity and reliability, the FILE results from all groups were subjected to three basic statistical analyses: (1) item-total correlation (construct validation), (2) Cronbach's alpha to determine scale internal consistency, and (3) factor analysis. Factor analysis was employed to identify empirically all subsets of items that explain most of the scale variance and can provide the optimal classification among these victimized populations.

At a second level of analysis, sets of Analysis of Covariance were calculated to provide comparisons among the six missing child groups. Repeated measures Multivariate Analysis of Covariance were calculated to assess family stressor events and change from a year before to a year after the child abduction(s) or loss(es).

Item-total correlations calculated on the FILE data showed that 36 of 71 items (40.7%) met the criteria of having an r value of greater than or approaching .30 and with a p value of less than .01. Twenty-five other items (35.2%) were positively associated with p less than .01 or .05. These findings suggest that the majority of FILE items, but not all, appear to cluster together.

Coefficient alphas were calculate on the FILE subscales to gauge the internal consistency of these dimensions thought to be tapped by the instrument. These analyses showed all of the FILE subscales,

except for Losses (.21), possessed adequate internal consistency, as determined by meeting a coefficient criterion at or near .40.

Factor analysis on the FILE showed three factors. The first factor was composed primarily of items from the Finance and Business Strains, Work-Family Transitions, and Family Legal Violations subscales. The second factor contained items from the Intra-family Strains and Transitions In and Out subscales. The third factor consisted of items from the Pregnancy/Childbearing, and Illness and Family Care Strains subscales.

Life Events: by Type of Missing Child Family. Analysis of Covariance was calculated on the FILE data to assess the family life events across the types of missing child families. Analyses revealed a significant effect for type of missing child group for the Intra-familial, Marital, and Pregnancy and Child Strains, and Losses, Transitions In and Out, and Family Legal Violations.

Runaway, family abduction, and SIDS families had the highest intrafamilial strains. Family Abduction families had the highest marital strain. Non-family infant abduction and SIDS families showed the highest scores on the Pregnancy and Child Strain subscale. The SIDS families had the highest scores on the Losses subscale. Runaways had the highest Transitions In and Out scores. Runaway families had the highest and non-family abduction families had the second highest Family Legal Violations.

Life Events: Stress. A principle hypothesis of the project involved the relationship between family life experience stressors, as defined by the Family Inventory of Life Events (FILE), and type of disappearance. A repeated measures manova was computed using FILE subscales at one month after disappearance, four months after disappearance, and eight months after disappearance as within subject variables and type of disappearance as the independent variable.

Life Events: Differences Among Family Types After Disappearance. Family life experience stressors differ by type of missing child family at one month after disappearance.

Family life experience stressors differ by type of missing child family at approximately one month after disappearance.

- Non-family infant abduction cases report high pregnancy strains pre disappearance.
- Runaway families report higher legal strains pre disappearance.

Family life experience stressors differ by type of missing child family at four months after disappearance.

- Family abduction cases have higher illness strains in the time between one month to four months after disappearance.

Difference Across Time for Each Disappearance Type

- Non-family abduction infant case pregnancy stressors decreased between one month after disappearance and four months after disappearance.
- Family abduction stressors of pregnancy, intra-familial, and legal strains decreased between one month after disappearance and four months after disappearance.
- Runaway family stressors of intra-familial, pregnancy, illness and legal strains decreased between one month after disappearance and four months after disappearance.

Life Events: Adult/Child Distress

A principal area of investigation of the project involved assessing the relationship between family life stressors, as measured by the Family Inventory of Life Events (FILE), and distress of the respondents. Primary parent distress was measured using the Symptom Check List (SCL-90) General Severity Index t-score; partner distress was measured using the Frederick Reaction Index - Form A; and sibling distress was measured using the Frederick Reaction Index - Form C. High FILE scores were defined by performing median splits on the range of scores at each time period and denoting the top 50% as high scores and the bottom 50% as low scores.

Pre disappearance life events can be measured, and they are strong predictors of current and later adult family member distress.

-Higher pre disappearance family life stress predicts:

- higher subsequent remaining child distress
- higher subsequent primary parent distress

-Higher four month after disappearance family life stress predicts:

- higher adult distress
- higher subsequent remaining child distress

-Higher eight month after disappearance family life stress predicts:

- higher remaining child distress
- higher primary parent distress

Family life events (as measured by the Family Inventory of Life Events-FILE) interact significantly with distress (as measured by the Symptom Checklist-SCL-90 and the Frederick Trauma Reaction Index). At approximately one month after disappearance, four months after disappearance, and eight months post disappearance, high family life events are related to high distress in both primary parents and siblings.

Pre disappearance life events can be measured, and they are strong predictors of current and later

adult family member distress.

-Higher pre disappearance family life stress predicts:

- higher subsequent remaining child distress
- higher subsequent primary parent distress

-Higher four month after disappearance family life stress predicts:

- higher adult distress
- higher subsequent remaining child distress

-Higher eight month after disappearance family life stress predicts:

- higher remaining child distress
- higher primary parent distress

Child Behavior: Families of Missing Children

Child behavior in families of missing children was assessed by the Child Behavior Checklist (CBCL) which is designed to measure the social and academic competence of an identified child. In addition, the Behavior Problems section of the CBCL provides information on nine subscales: (1) social withdrawal, (2) somatic complaints, (3) anxiety and depression, (4) social problems, (5) thought disorder, (6) attention problems, (7) delinquency, (8) aggression, and (9) additional problems. The instrument has been standardized across child ages and gender. Each of the one hundred and nineteen items in this section are answered on a three-point scale from "not true" to "very true or often true."

Child Behavior: Test Item Detail. To gauge its psychometric properties, the CBCL was subjected to a series of reliability and validity tests. The tests included item correlation, internal consistency, between-scale correlation, discriminant validity (among parents of parent-abducted children, parents of runaways, parents of non-family-abducted infants recovered alive, parents of non-family-abducted infants recovered deceased, parents of non-family-abducted children recovered alive, and parents whose infant children died from Sudden Infant Death Syndrome (SIDS group)), and factor analysis.

Item-total correlation calculated on the CBCL data showed that 78 (65.5%) had significant coefficients exceeding .30. Nineteen others (15.5%) had significant positive correlations with the total score.

Cronbach's alpha calculated on all CBCL items was .95, indicating a highly homogenous sample of items (construct validity). This same analysis calculated with CBCL scales instead of items, resulted in an alpha coefficient .88, suggesting further that a single construct was tapped by the items.

Between-scale correlations were calculated to determine further the relationship among the CBCL subscales. All subscales showed a moderate to strong statistical association with one another. These

finding further suggest that the individual scales of the CBCL measure a common construct.

Factor analysis on the items of the CBCL revealed three factors. The first factor was comprised of roughly equal numbers of items from the aggressive behavior, delinquent behavior, attention problems, thought problems, anxious/depressed, and somatic complaints subscales of the CBCL. The items from the second factor, was composed of items from the somatic complaints (2), anxious/depressed (2) and other problems (1) subscales. The third factor, was composed of 2 items from the Other Problems and Attentional Problems subscales.

Child Behavior: by Type of Missing Child Family. Analysis of Covariance was calculated to identify significant differences among the types of missing child families. These analyses revealed significant differences. The groups differed on ratings of the child's social withdrawal, anxiety/depression, thought problems, attention problems, delinquency, aggression, and total CBCL behavior problems. In nearly all of these cases, the runaway family group had problem subscale scores that were significantly higher than the other groups. Also, on all scales, the non-family abduction with the child recovered deceased group had the lowest ratings of child problem behaviors. A general pattern emerged, with the order of problem score (from highest to lowest scores): runaway, family abduction, non-family Abduction child recovered alive, and non-family abduction child recovered deceased.

Child Behavior: Across Time. Repeated measures Multivariate Analysis of Covariance (MANCOVA) on the missing child groups' CBCL total score across the three time periods showed a significant difference for type of group, for time, and type by time. Runaways showed the highest CBCL scores throughout the assessment periods, indicating that the children or adolescents in this group had the greatest behavioral disturbance across time. On average, the groups showed a reduction in CBCL total score from Time 1 to Time 2 and an increase at Time 3. All three of the non-family abduction family types showed their highest CBCL totals at Time 3, suggesting that their behavioral problems became more pronounced as time passed since their abduction.

Child Behavior: Analysis by Type of Missing Child Family

- Analysis of Covariance, calculated to identify significant differences among the types of missing child families. This revealed significant differences among the missing child groups on six of nine subscales and on the CBCL problem behavior total
- The family groups differed on ratings of the child's: social withdrawal, anxiety/depression, thought problems, attention problems, delinquency, aggression, and total behavior problems
- In nearly all of these cases, the runaway child group had problem subscale scores that were significantly higher than the other groups
- On all scales, the non-family abduction with the child recovered deceased group had the lowest ratings of child problem behaviors

- A general pattern of child behavior problem scores was consistent across every subscale (from highest to lowest scores): runaway, family abduction, and non-family abduction with the child recovered alive.

Child Behavior: Across Time

- Repeated measures Multivariate Analysis of Covariance on the missing child groups across the three time periods showed a significant difference for type of group, time and type by time
- Runaways showed the highest child problem scores across types of missing children
- The non-family abduction family groups showed their highest child problem totals at eight months post disappearance

Significant child behavior differences among the missing child groups were found on six of nine child behavior problem subscales and the total. The runaway child/adolescent group consistently showed the highest, and non-family abduction with the child recovered deceased the lowest, social withdrawal, anxiety/depression, attention problems, delinquency, aggression, and total behavior problems.

In child problem behavior analyses across time, runaways showed the highest child behavior problem scores. All groups showed lower child behavior problem total scores at four months post disappearance and an increase at eight months post disappearance. Children from the non-family abduction types showed their highest child behavior problem scores at eight months post disappearance.

Summary-Project Analytic Results: Family Distress, Coping, Life Events, and Child Behavior

Family Distress Summary. Significant distress score differences were found among the types of families of missing children samples. Parents in the runaway group had significantly lower scores than parents in the family abduction and non-family abduction child-deceased groups. In addition, families affected by non-family abduction with the child recovered deceased had significantly higher distress scores than families affected by non-family abduction with the child recovered alive.

Analysis across time showed that the parents of the runaway children consistently had the lowest scores, while the parents in the non-family abduction with the child recovered deceased had the highest.

Partners, across families of missing child samples, had lower scores post reunification than pre reunification of the missing child with the family.

Across types of missing child families, clinical distress for siblings at both one month after

disappearance and eight months after disappearance differed. Across types of missing children, recovered children also differed. These recovered children showed these differences both at the point of reunification and eight months after disappearance.

Similarly, the percentage of both partners and siblings above clinical distress levels differed from one month after disappearance to eight months after disappearance.

These findings indicate three important points: (1) child disappearance is related to clinical distress for the majority of members of families of missing children, (2) clinical distress rates are specific to types of missing child cases, and (3) clinical distress rates are specific to time of child recovery.

Coping Behavior Summary. A principal area of investigation of the project was to assess family coping styles and compare coping styles among missing child groups. The following findings were noted:

- Adult coping behavior patterns can be measured, and differ by type of missing child family.
- Within non-family abduction with the child recovered deceased cases, males use reframing as a coping skill more often than female parents at four months after disappearance. Reframing is a coping skill that remakes a stressful situation into a challenging and potentially positive.
- Male parents in family abduction cases use acquiring social support as a coping skill more often than male primary parents in runaway families at four months after disappearance. Social support is a coping skill that involves seeking out the companionship of others.
- Within runaway families, female parents use acquiring social support and seeking spiritual help as a coping skill more often than male parents at approximately four months after disappearance.
- Analyses revealed significant effect for type of missing child family for the Acquiring Social Support subscale, with the non-family abduction - infant group having the highest and the Runaway group having the lowest scores

Life Events Summary. Pre disappearance life events can be measured, and they are strong predictors of current and later adult family member distress.

-Higher pre disappearance family life stress predicts:

- higher subsequent remaining child distress
- higher subsequent primary parent distress

-Higher four month after disappearance family life stress predicts:

- higher adult distress
- higher subsequent remaining child distress

-Higher eight month after disappearance family life stress predicts:

- higher remaining child distress
- higher primary parent distress

Family life events (as measured by the Family Inventory of Life Events-FILE) interact significantly with distress (as measured by the Symptom Checklist-SCL-90 and the Frederick Trauma Reaction Index). At approximately one month after disappearance, four months after disappearance, and eight months post disappearance, high family life events are related to high distress in both primary parents and siblings.

Child Behaviour Summary. Significant child behavior differences were found, among the missing child types on six of the nine subscales and on the total problem scale.

- The family groups differed on ratings of the child's: social withdrawal, anxiety/ depression, thought problems, attention problems, delinquency, aggression, and total behavior problems
- In nearly all of these cases, the runaway child group had problem scores that were significantly higher than the other groups
- On all scales, the non-family abduction with the child recovered deceased group had the lowest ratings of child problem behaviors
- A general pattern of child behavior problem scores was consistent across every subscale (from highest to lowest scores): runaway, family abduction, non-family abduction with the child recovered alive

For a detailed presentation of project analytic results, the interested reader is referred to "Families of Missing Children: Technical Report #1" (Hatcher, Barton, Blake, and Brooks, 1992).

thinking (25.3%), take charge of life (16.1%), and learn relaxation techniques (13.8%). 8% of the primary parents reported having no coping mechanisms.

67.2% of the partners (when applicable) expressed their feelings and 31.1% learned how to communicate with family members; 54.7% of siblings (when applicable) expressed their feelings.

Recovery Financial Expenditures. In efforts to recover the child, 35.6% of the families spent no money, another 47.1% spent one hundred dollars or less, and 14.9% spent between \$101 and \$1,000.

In almost all cases, no money was spent by extended family (93.1%) or by outside contributors (93%).

Recovery Week Family Stress. Three-fourths of the primary parents (74.7%) rated their overall level of stress as high during the week of the child's recovery; 61.9% rated their partner's level of stress as high (when applicable), 57.0% rated the recovered child's stress as high, and only 28.3% rated the remaining children's stress (when applicable) as high (40% rated it as "low") during the week of the recovery.

do not travel far from their home, and have specific contact or assistance from adult or peer friends that they knew prior to the runaway episode. The majority of runaway children return home on their own. Although runaway child recovery may frequently result from law enforcement contact, such recovery is rarely the result of a law enforcement investigation, due to the reduced priority given runaway cases in most jurisdictions. Upon recovery, the majority of runaway children return to family conditions which are unchanged from the pre runaway period. After return, a substantial minority of recovered runaway children never talk about the runaway episode with their parents or anyone else.

Runaways: Post Recovery Trauma and Coping (Factor x)

Overview of Findings

After child runaway recovery, the law enforcement officer was the most frequently cited resource for post recovery support and coping. Even given the limited priority that law enforcement can provide to parents in runaway cases, the individual officer remains the primary source of support and information outside the family.

After child runaway recovery, over half of the families utilized some form of mental health counseling services. Of those families who did not use mental health counseling services, more than two-fifths felt the services would not have been helpful to them.

Almost half of the runaway children returned to school within three days of recovery, and most of these children had difficulties in returning and readjusting to school.

In contrast, more than two-fifths of the recovered runaway children never returned to school.

After child runaway recovery, almost three-quarters of the families returned to a normal daily life pattern within one week after child recovery. Yet, this general pattern of a normal daily family life obscures other very important problems for the recovered child. Specifically, parents report high

rates of physical and psychological problems for recovered children, including increased anger and anxiety for two-fifths of the children.

These project findings indicate that runaways return to still unresolved family problems. Approximately half of these families seem to access mental health counseling services and continue to work on resolution of the family problems, while approximately two-fifths of these seem to view the family situation as not responsive to help. Strikingly more than two-fifths of the recovery runaway children never returned to school, thereby excluding an important opportunity for future employment and readjustment. These project findings point to a high risk group for recovered runaway youth where the family view is oriented toward surviving until the youth is old enough to leave home, and with outside assistance being of no value in resolving family problems.

Perceived Law Enforcement Competence During Recovery. About half of the primary parents believed their law enforcement agency was moderately responsive during the recovery (48.8%), not responsive (26.3%), and highly responsive (18.8%).

Post Recovery Mental Health/Support Services Use. 54% of the families utilized some form of support services after recovery. The most utilized form of therapy after the recovery was individual therapy (29.5%), followed by family therapy (17%) and group therapy (14.8%). Almost all families who participate in some form of therapy or support service were moderately to highly satisfied. When services were not used, 43.9% said they did not feel they would be useful.

The median amount of money spent on family services per week following the recovery was zero dollars, although the average was \$324. The amount spent ranged from 0-\$9, 999.

In summary, these findings indicate that a gap is present between parental need/expectation of law enforcement assistance in runaway recovery and available law enforcement resources. This gap appears to have been accepted as a static situation, which is the result of limited law enforcement resources and limited family belief in the potential for family problem resolution. Constructive change in such a static situation would require the commitment of very substantial new resources for both pro-active investigative assistance and mental health counseling outreach to families already discouraged by the extent of their problems. Given current resource limitations, concentrated focus on a selected part of the problems of runaways and their families, such as early intervention for first time runaways, might be more productive.

Summary-Runaway

Demographic Characteristics. The average age of the runaway child was 15 for both males and females. There were almost twice as many female runaways as male runaways. Over three-quarters of the runaways were living with their biological mother at the time of the runaway episode, with the mother functioning as a single parent, with the mother and a step-parent resident in the home. There was at least one remaining child in nine-tenths of the families following the runaway event.

Slightly over half of the biological fathers and one-quarter of the biological mothers of the runaway children lived outside the home. Half of these absent fathers and mothers failed to have any contact with the child in the six months prior to the runaway episode.

The above project finding indicates that families with runaway children had higher rates than other missing child family groups of both biological fathers and mothers who lived outside the home having limited contact

with their children. This appears to be partially reflective of family patterns in the larger society characterized by frequent biological father absences from the home and from child contact. However, runaway families showed a higher rate of less present and less involved mothers as well.

Pre Disappearance Family Characteristics. Over half of the families with a runaway child reported multiple traumatic family life events prior to the runaway episode. In one-third of the families of runaways, there was physical or sexual abuse of a family member prior to the runaway episode. Two-fifths of the runaway children were reported as sexually abused prior to the runaway episode by someone other than a current parent. One-fifth of the siblings of the runaway children were reported as sexually abused by someone other than a current parent.

The above project findings indicate higher rates of physical and sexual abuse within families of runaways than other types of missing child families. Such abuse is likely to be a major motivation for the child to runaway, and not to return home. Further, missing child recovery programs need to include evaluation of abuse issues the family reunification process.

Families with runaway children were high users of mental health counseling services prior to the runaway episode, with over one-third of the families having at least one family member in individual counseling and one-quarter of the families participating in family counseling.

In the three months prior to the runaway episode, high levels of stress were reported for two-fifths of the parents, half of the runaway children, and slightly less than one-fifth of the siblings, thereby adding to the stress of the runaway episode.

Prior to the runaway episode, 99% of the families indicated that instruction was provided for the children on potential child safety dangers, such as sexual abuse or abduction by individuals outside the home.

In this project, half of the runaway children had not runaway previously; one-fifth had one prior episode; one-tenth had two prior episodes, and one-tenth had four or more prior episodes. When the child had runaway previously, the median amount of time the child was gone was two weeks. In these previous episodes, half of the children had returned on their own and two-fifths of the children had been returned by police.

In summary, the above project findings indicate higher rates of physical and sexual abuse within families of runaways than other types of missing child families. Such abuse is likely to be a major motivation for the child to runaway, and not to return home. Further, missing child recovery programs need to include evaluation of abuse issues the family reunification process. In summary, families of runaways tend to have one or more of the following: high rates of pre-runaway family trauma, high rates of physical and sexual abuse, high rates of on-going family stress, high rates of individual/family counseling use, high rates of average to failing school grades, and high rates of prior runaway episodes. Further, for one-fifth of runaway children, no negative experiences had taken place during prior runaway episodes. These project findings indicate that families of runaways are substantially more problematic and in need of social service intervention prior to child disappearance than other types of missing child families.

Families of Origin Summary. In families of runaway children, almost one-fifth of these families of origin experienced sexual abuse of a child by a male parent or another adult. This project finding is a high rate of reported child sexual abuse for parents' families of origin, which subsequently appears in a high rate for current families of runaway children as well. Within a substantial minority of families of runaways, sexual

abuse of children may cross generational lines. As a result, public policy intervention and outreach programs to these runaways and their families may need to more directly address this potential child sexual abuse across generations within a family.

Disappearance Event Characteristics Summary. Almost all parent initially and correctly identified the child disappearance as a runaway episode. Most runaway children had plans to travel to a specific residence either by car or by foot. Contact with pre runaway friends and changes of residence were frequent during the runaway episode. During the episode, approximately one-fifth of the runaway children were reported as sexually abused or exploited. From these project findings, it is apparent that a many runaway episodes are dependent upon the cooperation and support of pre runaway adult and peer friends. However, at present, the motivations and attitudes of the adults and peers who make the runaway episode possible are unstudied.

Post Disappearance Trauma and Coping Summary. Families of runaways begin the runaway episode with high rates of family trauma, and emotional distress. Additionally, these families have had substantial contact with intervention services such as mental health and social service. Anger is much more frequently noted as an initial parental reaction to the runaway episode than with parents of other types of missing children. Sibling emotional and behavioral consequences are again found to be extensive. All of these issues are likely to make the runaway child the focus of family problems, and to potentially reduce family conflict while the child is missing, leaving the family with more ambivalent feelings about child return.

Post Disappearance Intervention and Support Services Summary. In summary, two-fifths of the parents in families with runaways rated law enforcement investigation efforts as not competent. Less than one-fifth of the parents rated law enforcement efforts as highly competent. This finding highlights the gap between parental concern for runaway child recovery and law enforcement priorities which are generally directed toward response to felony crime first. If the current limited funding levels for law enforcement work with youth remain stable, the number of parents alienated from law enforcement as a consequence of the youth runaway experience are likely to increase.

Further, over half of the families with a runaway youth received no mental health or social support services after child disappearance. In those families where no services were used, slightly over half thought the services would not be useful, and one-third indicated lack of necessary funds. This finding points out that increased availability of mental health or social support services to families with a runaway youth would not necessarily result in increased use by families with a runaway youth. Such increased services would need to be accompanied by outreach and educational programs in order to be effective.

Recovery and Reunification Summary. In runaway youth cases, the average length of time for child recovery was 29 days. 85% of the runaways were home by the conclusion of this project at eight months after child disappearance. The length of time the child was missing ranged from 1 day to 240 days. Runaway episodes are time limited, with an average time missing of one month, and with even long term runaways having returned by one year after leaving home. Most runaways do not travel far from their home, and have specific contact or assistance from adult or peer friends that they knew prior to the runaway episode. The majority of runaway children return home on their own. Although runaway child recovery may frequently result from law enforcement contact, such recovery is rarely the result of a law enforcement investigation, due to the reduced priority given runaway cases in most jurisdictions. Upon recovery, the majority of runaway children return to family conditions which are unchanged from the pre runaway period. After return, a substantial minority of recovered runaway children never talk about the runaway episode with their parents or anyone else.

Post Recovery Trauma and Coping Summary. After child runaway recovery, almost three-quarters of the families returned to a normal daily life pattern within one week after child recovery. Yet, this general pattern of a normal daily family life obscures other very important problems for the recovered child. Specifically, parents report high rates of physical and psychological problems for recovered children, including increased anger and anxiety for two-fifths of the children.

These project findings indicate that runaways return to still unresolved family problems. Approximately half of these families seem to access mental health counseling services and continue to work on resolution of the family problems, while approximately two-fifths of these seem to view the family situation as not responsive to help. Strikingly more than two-fifths of the recovery runaway children never returned to school, thereby excluding an important opportunity for future employment and readjustment. These project findings point to a high risk group for recovered runaway youth where the family view is oriented toward surviving until the youth is old enough to leave home, and with outside assistance being of no value in resolving family problems.

Chapter XI. Project Descriptive Results:

Sudden Infant Death Syndrome

Overview of Findings

For sudden infant death cases, the average age for the deceased male child was 95 days and the average age of the female child was 104 days.

Racial/ethnic group identity does not appear to increase or decrease the risk for sudden infant death syndrome.

Almost 100% of households who lost a child to sudden infant death syndrome had both the biological father and the biological mother living together at the time of child death.

Over three-quarters of the families who lost a child to sudden infant death syndrome had one or more remaining children at home after the death of the child. Nine-tenths of these remaining children were under eleven years of age.

There were 31 Sudden Infant Death Syndrome Cases in this study.

Child. In 100% of the Sudden Infant Death Syndrome (SIDS) families, there was only one deceased child. The average length of time the deceased male child lived was 95 days and the average length of time the deceased female child lived was 104 days. Over two-thirds of the SIDS children in this study were male (67.7%). The racial mixture of the SIDS children was 60% Caucasian, 13.3% black, 3.3% Asian, 10% Hispanic, and 13.3% other racial minorities.

Parents. In all but one case the adults present in the child's residence at the time of death were the biological mother and the biological father (when applicable). The primary respondent for this study was the biological mother in 100% of the families. Parents (when applicable) were in their twenties or thirties (biological mother 80.6%; biological father 77.4%) and most often were Caucasian (biological mother 54.8%; biological father 64.5%).

Siblings. In over two-thirds of the families (76.7%) there were one or more remaining siblings in the home after the death of the child. The median age of the eldest sibling was between 5 and 11 years old (41.7%), although 45.8% were 0 to 4 years old.

Income. Over half (51.9%) of the Sudden Infant Death Syndrome families earned \$30,001 or more a year.

Religion. Approximately one-third of the primary parents (33.3%) and partners (36%) identified their religion as Catholic and about the same percentages of primary parents (36.7%) and partners (32%) identified their religion as Protestant. The remaining families reported a wide spread of religious identifications, including Judaism, Atheist and Christian.

In summary, this project found the average child lost to sudden infant death syndrome was approximately three months old. Two biological parent families were highly overrepresented in this project sample, and this

result is unaccounted for. Most parents were of prime child rearing age, e.g. twenties and thirties, and had at least one other young child in the family.

Sudden Infant Death Syndrome: Pre Child Loss Family Characteristics (Factors a, B, C)

Overview of Findings

Families who lost a child to sudden infant death syndrome were neither high nor low users of mental health or counseling services prior to child death.

More than three-fifths of the parents who lost a child to sudden infant death syndrome reported medium to high levels of stress in the three month period prior to child death. As the average child age at death was three months old, these stress reports would be consistent with expected young infant care demands.

These findings indicate a pre child loss family profile which includes an anticipated normal range of family stresses and difficult events and an anticipated degree of stress due to young infant care demands.

Pre Child Loss Mental Health/Support System Use. Only 9.7% of the total number of SIDS families used any of the forms of therapy prior to the discovery of the deceased child.

Pre Child Loss Stress. In the three months prior to the child's death, primary respondents reported their level of stress as being either low (32.3%), medium (29%) or high (38.7%) in almost equal numbers. The partner's stress (when applicable) was rated by the primary respondent as medium in 53.8% of the cases during the three months pre discovery and the siblings stress (when applicable) was rated as low in 62.5% of the cases.

Pre Child Loss Family Relationships. Primary parents reported being closest to the deceased child (45.2%) in their family and they claimed to be distant from no one in 93.5% of the cases. In contrast, partners (when applicable) were perceived to be closest to the primary parents in 48.1% of the families and closest to no one in 33.3% of the families. Partners were reported to be distant from no one in the family in 96.3% of the cases as well.

In summary, these findings indicate a pre child loss family profile which includes an anticipated normal range of family stresses and difficult events and an anticipated degree of stress due to young infant care demands.

Sudden Infant Death Syndrome: Family of Origin

Overview of Findings

In families who lost a child to sudden infant death syndrome, the parents's families of origin are examples of the previous generation, with a high percentage of two biological parent families in longer term, more stable relationships.

There was no physical or sexual abuse reported in 97% of families of origin for parents who later lost a child to sudden infant death syndrome.

For parents of a child lost to sudden infant death syndrome, these findings indicate a family of origin profile of long term, stable relationships with a rate of intra-family physical and sexual abuse that is considerably below average in the general population. Explanations for this very low rate would include the possibility that the reported rate is accurate, or that the reported rate has been reduced by current parent sensitivity to prejudice by others that abuse may have been involved in the child death.

Family of Origin Parents. Until the age of 17, the primary parents stated they lived with their biological father (75%) and/or their biological mother (78.6%). Family members residing at the child's primary household jointly included their biological mother and biological father in 67.9% of the families. Over three-fourths of the biological parents in the family of origin were Caucasian (biological mother 85%; biological father 80%). On average, three siblings lived with the primary parent. The primary parent was most often the second oldest child (30.8%) and seventy-five percent of the siblings had the same biological parents as the primary parent.

Family of Origin Income. In the family of origin, the father contributed to the family income in 85.2% of the families while the mother contributed to the income in 59.3% of the families.

Family of Origin Religion. Half of the mothers (50%) in the family of origin and 43.5% of the fathers in the family of origin were Catholic.

Family of Origin Traumatic Events. In 96.4% of the family of origin households, there was no physical or sexual abuse reported for any family member.

Family of Origin Residential Changes. The family of origin moved infrequently in 53.6% of the cases and not at all in another 17.9% of the cases. The primary parent began living away from home at eighteen years of age or older in 67.9% of the families. The most common reasons given for leaving home were marriage (32.1%), college (28.6%).

Family of Origin Family Communication. Large family decisions (57.1%) as well as small family decisions (85.7%) were usually reported to be the responsibility of the mother in the family of origin. The cases were divided almost evenly between whether the children did (42.9%) or did not (50%) participate in problem solving within the family of origin. family safety insert.

In summary, for parents of a child lost to sudden infant death syndrome, these findings indicate a family of origin profile of long term, stable relationships with a rate of intra-family physical and sexual abuse that is considerably below average in the general population. Explanations for this very low rate would include the possibility that the reported rate is accurate, or that the reported rate has been reduced by current parent sensitivity to prejudice by others that abuse may have been involved in the child death.

Sudden Infant Death Syndrome: Child Loss Event Characteristics (Factors A, X)

Overview of Findings

Parents who lose a child to sudden infant death syndrome most frequently react initially with shock, followed by secondary feelings of increased shock and sadness.

Three-fifths of the children died at home. In these cases, nine-tenths of the mothers were present when the deceased child was discovered. A child under the age of eleven was present in one-fifth of these cases.

Almost two-fifths of the infants died between 6 a.m. and noon, followed by over one-quarter between noon and 6 p.m.

As sudden infant death syndrome is a statistically rare event in families, these findings expectedly illustrate that the shock for parents of absorbing the reality of unexpected child death with unknown causation. For the remaining children in the family, the loss of a baby brother or sister for any reason may be difficult enough. In this project, other children in the family under the age of eleven were physically present when the deceased child was discovered in one-fifth of the cases. Sibling loss combined with presence at the discovery of sibling loss is likely to be a very substantial stress for a young child. As with project findings on siblings of missing children, siblings of children lost to sudden infant death syndrome, while faced with the same stressful events as their parents, have received considerably less attention and support.

Initial Reaction. The most common initial reaction of Sudden Infant Death Syndrome families was shock (35.5%). Shock also was the most common secondary feeling (26.7%) along with other sadness or depression (23.3%) or unspecified other feelings (26.7%).

Case Description. Most children died at home (61.3%). In 88% of the families, the primary respondent was present when the death was discovered. A sibling was present in only 20% of the families when the death was discovered.

Time of Death. Most of the children died between 6:00 a.m. and 11:59 a.m. (38.7%) or between 12:00 p.m. and 5:59 p.m. (29%).

Child Discovery and Notification. The formal death notification was made to the female parent in 88.9% of the families. The notification was made in almost equal percentages via the phone (55.6%) or in person (44.4%).

In summary, as sudden infant death syndrome is a statistically rare event in families, these findings expectedly illustrate that the emotional shock for parents of absorbing the reality of unexpected child death with unknown causation. For the remaining children in the family, the loss of a baby brother or sister for any reason may be difficult enough. In the case of child loss by sudden infant death, no known physical explanation of the reason for child death can be given to the remaining children. Further, in this project, other children in the family under the age of eleven were physically present when the deceased child was discovered in one-fifth of the cases. Sibling loss combined with presence at the discovery of sibling loss is likely to be a very substantial stress for a young child. As with project findings on siblings of missing children, siblings of children lost to sudden infant death syndrome, while faced with the same stressful events as their parents, have received considerably less attention and support.

Sudden Infant Death Syndrome: Post Child Loss Trauma & Coping

(Factor x)

Overview of Findings

After child loss to sudden infant death syndrome, all of the parents rated the public health nurse as the most important utilized resource outside the family for support and coping. This is a striking endorsement of the effectiveness of the public health nurse outreach program which was operative in all of the counties in which this project was conducted. Service outreach efforts to other parent groups affected by trauma, such as child disappearance, would very likely benefit from study of the operation of this model public health program.

As might be anticipated, the mother of the child lost to sudden infant death syndrome was the family member reported as most affected by the death in almost three-quarters of the cases. However, the father was reported as most affected in one-quarter of the cases. This project finding points to the importance of public health, social service, and mental health response to the family unit, rather than limiting services to the mother alone.

Over nine-tenths of parents who lost a child to sudden infant death syndrome reported emotional and behavioral changes, including sadness, shock, fear, anger, guilt, reduced ability to concentrate, and loss of time at work.

Approximately half of the mothers who lost a child to sudden infant death syndrome indicated that they no longer believed that life was predictable or that one could have general control over the direction of life.

These project findings illustrate the profound, almost universal effect of child loss by sudden infant death syndrome to both mother and father. These effects take the form not only of emotional and behavioral problems, but of loss of personal and family security as well. In the midst of this very difficult family situation, it is quite notable that public health nurse outreach programs are rated as so highly effective in providing information and support to these families. Yet, at present, it is apparent that public health nurses are largely unassisted by other professions in mental health counseling and clergy counseling. Public health nurses warrant considerable recognition for their efforts to support and serve these families in a time of great need, and a considerably enhanced level of professional participation by mental health providers and clergy.

Post Child Loss Social Support. A partner was the most important source of social support within the family for 67.7% of the primary parents. Outside the immediate family, a public health nurse (100%), relatives (93.1%), friends (82.8%) and religious beliefs (69%) provided the most support for the respondents. The primary contacts after the child death was a public health nurse (32.3%) or an unspecified other individual (32.3%).

Post Child Loss Parental Return to Work. More than two-fifths (42.1%) of the mothers (when applicable) did not return to work for 11 to 30 days after the child's death, although 31.6% of the mothers returned to work within 4 to 10 days after the death. In 70.4% of the families, the father (when applicable) returned to work within 4 to 10 days after the death of the child.

Post Child Loss Primary Parent Emotional Changes. Feelings experienced more often than usual by the

primary parents after the death of their child were overt sadness (96.8%), shock (90.3%), fear (71%), anger (71%) and guilt (74.2%).

Post Post Child Loss Primary Parent Behavioral Changes. Primary parents indicated a behavioral change of being less able to concentrate in 87.1% of the families.

Post Child Loss Primary Parent Emotional and Behavioral Changes. The primary parents perceived an emotional change in their partner's (when applicable) after the child's death in 96% of the families responding. The most notable changes in feelings were overt sadness (84.6%), anger (61.5%) and shock (57.7%). Behavioral changes in the partners as perceived by the primary parent (when applicable) were a lesser ability to concentrate (34.6%) and loss of time at work (34.6%).

Post Child Loss Sibling Emotional and Behavioral Changes. Emotional changes in the eldest sibling (when applicable) was perceived by the primary parents in 79.2% of the families responding. The most notable emotional change was dependence (41.7%). Primary parents perceived no behavioral changes in the eldest sibling (when applicable) in 52.2% of the families.

Family Member Most Affected by Child Loss. The female parent was most often listed as the family member who was most affected by the death (73.3%). However, the father was reported as most affected in one-quarter of the cases. This project finding points to the importance of public health, social service, and mental health response to the family unit, rather than limiting services to the mother alone.

Family Member Closest to Deceased Child. The family member perceived by the primary parent to be the closest to the deceased child was the female parent (90%). Respondents indicated that no family member was distant from the deceased child in almost all cases (96.8%).

Post Child Loss Family Discussion/Safety Rule Changes. Over half of the families reported there was no increase in the amount of family arguments after the child's death (51.6%), increases were reported in 38.7% of the families. Primary parents reported no decrease in family arguments in 100% of the cases. The family safety rule changed most frequently after the child's death was that family members were allowed to spend less time away from home (38.5%) although 61.5% of the families claimed to have made other unspecified changes.

Post Child Loss Family Relationship Satisfaction. The primary parent's level of satisfaction with their partner was almost evenly distributed: increased (38.5%), decreased (23.1%) and no change (38.5%). The primary parents also perceived either an increase in satisfaction (50%) or no change (45.8%) in their relationship with their remaining children. Primary parents' beliefs either increased or stayed the same concerning the validity of these statements: "Partners agree to stand by each other in times of need" (increased 61.5%; same 34.6%); "Partners agree to provide companionship and insurance against loneliness" (increased 57.7%; same 34.6%); "Partners agree that having and nurturing children is important" (increased 61.5%; same 38.5%); "Partners agree that the family unit is more important than the relationship with the spouse" (increased 30.8%; same 61.5%); "Partners agree that the home is a refuge from the world" (increased 57.7%; same 34.6%). Over half of the primary parents reported no change in their belief that "life is generally predictable with occasional unpredictable events" (51.6%) and about the same percentage reported a decrease in their belief in the statement "you generally control what happens in your life" (58.1%). Primary parents also reported that currently most of them did not believe these two statements at all (58.1%; 41.9% respectively).

Post Child Loss Family Stress. In the week after the child's death, 64.5% of the primary parents rated their

overall level of stress as high. They rated their partner's level of stress as high (when applicable) in 53.8% of the families and they rated their remaining children's level of stress as low (when applicable) in 45.8% of the families.

In summary, these project findings illustrate the profound, almost universal effect of child loss by sudden infant death syndrome to both mother and father. These effects take the form not only of emotional and behavioral problems, but of loss of personal and family security as well. In the midst of this very difficult family situation, it is quite notable that public health nurse outreach programs are rated as so highly effective in providing information and support to these families. Yet, at present, it is apparent that public health nurses are largely unassisted by other professions in mental health counseling and clergy counseling. Public health nurses warrant considerable recognition for their efforts to support and serve these families in a time of great need, and a considerably enhanced level of professional participation by mental health providers and clergy.

Sudden Infant Death Syndrome: Post Child Loss Intervention and Support Services (Factor x)

Overview of Findings

Almost half of the parents who lost a child to sudden infant death syndrome rated law enforcement response as highly competent. When parent ratings of highly competent and moderately competent are combined, this includes four-fifths of the cases, which is substantial endorsement of law enforcement efforts. This project finding of high rates of parental satisfaction with law enforcement response to child loss by sudden infant death syndrome is somewhat to be expected, as almost all law enforcement agencies have a degree of policy and training on patrol officer response to this type of death. It is, however, unexpected, to find that one-fifth of the parents rated law enforcement response as incompetent. Further study of this project finding would need to determine if this group of parents were dissatisfied with the knowledge of law enforcement in managing the post death response or with the level of sensitivity to parent emotions demonstrated during the post death response.

Nine-tenths of the parents who lost a child to sudden infant death syndrome received no mental health counseling services, and three-quarters of the parents did not receive any support group services. For the small group of parents who did receive such services, satisfaction rates were generally high. Parents who lose a child to sudden infant death syndrome are always identified through law enforcement and public health programs at the county level. Yet, at present, the majority of these parents are not successfully connected with mental health or social support resources to assist them with the difficulties of this post child death period.

Post Child Loss Perceived Law Enforcement Competence. A majority of the primary parents rated the law enforcement agency as being moderately competent (32.3%) to highly competent (48.4%). When parent ratings of highly competent and moderately competent are combined, this includes four-fifths of the cases, which is a substantial endorsement of law enforcement efforts. However, one-fifth of the respondents rated the law enforcement agency as not competent (20%).

Almost half of the parents who lost a child to sudden infant death syndrome rated law enforcement response as highly competent. When parent ratings of highly competent and moderately competent are combined, this includes four-fifths of the cases, which is a substantial endorsement of law enforcement efforts.

Post Child Loss Mental Health/Support Services Use. Sudden Infant Death Syndrome families used very

few mental health resources or support services after the discovery of their deceased child. The small amount of families using services did so in these percentages; marital therapy (9.7%) and support groups (25.8%). Clergy were used by 16.1% of the families. Satisfaction with marital therapy ranged from moderate (66.7%) to high (33.3%) for all families who used the service. Satisfaction with support groups ranged from highly satisfied to not satisfied, with 66.7% of the families using the service reported moderate satisfaction. A wide range of reasons were reported for why services were not used, but the most common response was that parents "did not feel they would help" (29%). The average amount of money spent per week on services was \$0 for 90.3% of the primary parents.

The project finding of high rates of parental satisfaction with law enforcement response to child loss by sudden infant death syndrome is somewhat to be expected, as almost all law enforcement agencies have a degree of policy and training on patrol officer response to this type of death. It is, however, unexpected, to find that one-fifth of the parents rated law enforcement response as incompetent. Further study of this project finding would need to determine if this group of parents were dissatisfied with the knowledge of law enforcement in managing the post death response or with the level of sensitivity to parent emotions demonstrated during the post death response.

Further, nine-tenths of the parents who lost a child to sudden infant death syndrome received no mental health counseling services, and three-quarters of the parents did not receive any support group services. For the small group of parents who did receive such services, satisfaction rates were generally high. Parents who lose a child to sudden infant death syndrome are always identified through law enforcement and public health programs at the county level. Yet, at present, the majority of these parents are not successfully connected with mental health or social support resources to assist them with the difficulties of this post child death period.

Post Recovery Mental Health/Support Services Use. 54% of the families utilized some form of support services after recovery. The most utilized form of therapy after the recovery was individual therapy (29.5%), followed by family therapy (17%) and group therapy (14.8%). Almost all families who participate in some form of therapy or support service were moderately to highly satisfied. When services were not used, 43.9% said they did not feel they would be useful.

The median amount of money spent on family services per week following the recovery was zero dollars, although the average was \$324. The amount spent ranged from 0-\$9, 999.

Summary-Sudden Infant Death Syndrome

Demographic Characteristics Summary. For sudden infant death cases, the average age for the deceased male child was 95 days and the average age of the female child was 104 days. Racial/ethnic group identity does not appear to increase or decrease the risk for sudden infant death syndrome.

Almost 100% of households who lost a child to sudden infant death syndrome had both the biological father and the biological mother living together at the time of child death.

Over three-quarters of the families who lost a child to sudden infant death syndrome had one or more remaining children at home after the death of the child. Nine-tenths of these remaining children were under eleven years of age.

Pre Child Loss Family Characteristics Summary. Families who lost a child to sudden infant death syndrome were neither high nor low users of mental health or counseling services prior to child death.

More than three-fifths of the parents who lost a child to sudden infant death syndrome reported medium to high levels of stress in the three month period prior to child death. As the average child age at death was three months old, these stress reports would be consistent with expected young infant care demands.

These findings indicate a pre child loss family profile which includes an anticipated normal range of family stresses and difficult events and an anticipated degree of stress due to young infant care demands.

Child Loss Event Characteristics Summary. Parents who lose a child to sudden infant death syndrome most frequently react initially with shock, followed by secondary feelings of increased shock and sadness.

Three-fifths of the children died at home. In these cases, nine-tenths of the mothers were present when the deceased child was discovered. A child under the age of eleven was present in one-fifth of these cases. Almost two-fifths of the infants died between 6 a.m. and noon, followed by over one-quarter between noon and 6 p.m.

As sudden infant death syndrome is a statistically rare event in families, these findings expectedly illustrate that the shock for parents of absorbing the reality of unexpected child death with unknown causation. For the remaining children in the family, the loss of a baby brother or sister for any reason may be difficult enough. In this project, other children in the family under the age of eleven were physically present when the deceased child was discovered in one-fifth of the cases. Sibling loss combined with presence at the discovery of sibling loss is likely to be a very substantial stress for a young child. As with project findings on siblings of missing children, siblings of children lost to sudden infant death syndrome, while faced with the same stressful events as their parents, have received considerably less attention and support.

Post Child Loss Trauma & Coping Summary. After child loss to sudden infant death syndrome, all of the parents rated the public health nurse was the most important utilized resource outside the family for support and coping. This is a striking endorsement of the effectiveness of the public health nurse outreach program which was operative in all of the counties in which this project was conducted. Service outreach efforts to other parent groups affected by trauma, such as child disappearance, would very likely benefit from study of the operation of this model public health program.

As might be anticipated, the mother of the child lost to sudden infant death syndrome was the family member reported as most affected by the death in almost three-quarters of the cases. However, the father was reported as most affected in one-quarter of the cases. This project finding points to the importance of public health, social service, and mental health response to the family unit, rather than limiting services to the mother alone.

Over nine-tenths of parents who lost a child to sudden infant death syndrome reported emotional and behavioral changes, including sadness, shock, fear, anger, guilt, reduced ability to concentrate, and loss of time at work.

Approximately half of the mothers who lost a child to sudden infant death syndrome indicated that they no longer believed that life was predictable or that one could have general control over the direction of life.

These project findings illustrate the profound, almost universal effect of child loss by sudden infant death

Chapter XIII. Project Results Review

The basic goals of this project were to assess the psychological consequences to families from child loss to disappearance by non-family abduction, family abduction, and runaway status; and to assess intervention/support service utilization for these families.

Project Results in Response to Basic Goals

The Project results, in response to the basic goals stated above, are summarized below:

- **The majority of families of missing children experience substantial psychological consequences and emotional distress as a result of child disappearance.** This level of emotional distress has been identified and reliably measured by standardized psychological methods. Compared to the general population, this level of distress places families of missing children in the top 20%. Further, this level of emotional distress for families of missing children equals, or exceeds, the emotional distress for groups of individuals exposed to other violent trauma, such as combat-related military veterans under treatment for post traumatic stress disorder symptoms, and victims of rape/assault/other violent crime.

This finding provides the first clear knowledge of the level and extent of emotional distress sustained by families of missing children. In addition, the comparison of their experience with that of distressed combat military veterans and victims of violent crime helps us to better understand the severity of the impact of child disappearance upon families.

Generally, emotional distress for families of missing children does decline somewhat over time. This decline is naturally affected by factors such as child recovery, and family coping. Yet, at eight months after the date of the child's disappearance, almost one-third of these families continue to experience high levels of emotional distress. In many cases, this high distress continues even after child recovery. This finding indicates that high emotional distress for families of missing children is not just a transitory reaction, but persists over periods of time and even after child recovery.

- **Selected types of families of missing children experience severe psychological consequences and emotional distress.** Specifically, families who have lost a child to non family abduction are very severely impacted by this distress, affecting parents and remaining children over a period of many months. This finding indicates that these families are attempting to cope with the abduction and continued maintenance of the remaining family at very high stress levels.
- **Among families of missing children who have lost a child to non family abduction, the potential for child homicide as a consequence of the abduction is extremely high.** In this project, one-fourth of the non family abducted children were recovered deceased, with more than one third of such children recovered deceased in the Reunification of Missing

Children Project. Families where the abducted child is recovered deceased exhibit the highest level of emotional distress of any type of families of missing children. Further, this level of distress does not appear to decline over a period of many months after the recovery of the deceased child.

This finding confirms what many individuals might believe to be true, with or without scientific confirmation. However, even with common perception and scientific support for severe distress in this type of case, the overwhelming majority of these families do not receive any social service, or mental health support, and only limited extended family support. Families whose abducted child was recovered deceased have, historically, been at the forefront of public visibility and policy change in the missing child area. Yet, at present, these families remain isolated and unreached in their distress and grief.

- **Among families of missing children who have lost a child to non family abduction, the initial level of emotional distress for families where an infant is the abduction victim is very high, equaling that of families where the child is recovered deceased.** While infant abduction is the least frequent type of case in non family abductions and the high level of distress declines over time after infant recovery, the event appears to have a very pronounced impact upon the mother of infant separation by criminal act from a hospital, nursery, or other point of believed safety and security. While this very high level of emotional distress does decline over time, there is substantial stress and separation between new mother and new father at a universally acknowledged critical point for mother-infant bonding.

While most infant abductions occur from hospital settings and/or recovered infants are immediately taken to hospital settings for medical clearance, half of these families do not receive mental health assistance. Further, contact and support from local/regional missing child centers drops to zero at eight months after the infant has been recovered.

- **The majority of brothers and sisters of missing children appear to be isolated and forgotten in their high levels of emotional distress as the adults in the family focus their energy and thoughts upon the recovery of the missing child.** While this appears to be especially characteristic of families who have lost a child to non family abduction, it is also found in families affected by family abduction or child loss by runaway status. As a group, the brothers and sisters of missing children showed equal, or higher, levels of emotional distress than their parents. This was especially true in non family abduction cases where the child was recovered deceased. 100% of the remaining children in these families were found to be initially very emotionally distressed and 100% of these children were still very emotionally distressed eight months later.

The missing child event seems to arouse concerns and fears in brothers and sisters across the types of missing children. Yet, many parents report that a period of days or even months elapses after child disappearance before they have the energy and personal resources to fully attend to the needs of the remaining children. The remaining children themselves are very aware of the family focus upon child recovery, feel unable to do anything meaningful to assist in the search effort, and sometimes even wish to be a missing child themselves in

order to gain equal attention.

The missing child movement has historically focused upon parent loss and concern. While the remaining children in the family are less visible, they are no less distressed and warrant our equal attention to their needs.

- **The majority of recovered, previously missing, children experience substantial psychological consequences and emotional distress over time. At the point of recovery and reunification with the family, this distress is very high initially for almost all children recovered from non family abductions, and remains high over a period of months after recovery. For the majority of children recovered from family abduction and runaway status, high levels of distress are present upon recovery and declines over time.**

This finding indicates that the point of recovery of the missing child and subsequent reunification with the family is a very stressful event for both recovered child and family. At present, as reported in the Reunification of Missing Children Project, the average length of time for reunification meetings between recovered child and family is only 15 minutes. Recovered child and family then leave to go home without guidance about what to expect or where they can obtain psychological assistance or social support.

- **The project's analysis of the experience of missing children and their families provides a new perspective on types of missing children that extends beyond the NISMART missing child incidence study. Five meaningful groups were identified: (a) non family abductions where the child was recovered alive, (b) non family abductions where the child was recovered deceased, (c) non family abductions where the child is an infant, (d) family abductions, and (e) runaways.**

The NISMART study created a logical system of definitions for policy focal and less policy focal missing child cases. The intent of this logical definition process was to attempt to define a body of cases that might be of most concern to government policy makers, and then apply these logical definitions to an incidence sample of missing child cases. This provided one way to attempt to look at "more serious" versus "less serious" missing child cases.

The Families of Missing Children Project took an alternate approach, namely to acquire a national sample of families of missing children and then look within this sample to see if different groups existed. These groups emerged as the project attempted to determine if there were meaningful subgroups within the prior categories of non family abduction, family abduction, and runaways. Meaningful subgroups did appear within the non family abduction category. Combining the information on all three non family abduction subgroups had the effect of obscuring significant differences which could easily lead to false interpretations and policy decisions. This would then likely result in restricted understanding of non family abduction, and impair the effective delivery of intervention/support services as well.

Most importantly, this finding indicates that broad categories or labels for families of

missing children need to be approached with caution. Labels that may prove use in an incidence study may not be the labels which best assist in understanding the behavior of the affected families.

- **Family history prior to child disappearance significantly influences the family's distress and ability to cope with that distress.** Prior trauma, family stress, and child physical/sexual abuse are risk factors which significantly impair the ability of the family to respond to child disappearance. Understanding prior family history can be an important enhancement to any law enforcement interview, as well as to mental health/social service planning. Further, this area of knowledge can represent an important common foundation for building an effective working partnership between the family of a missing child and intervention/support personnel.
- **Almost all families of missing children are most reliant upon law enforcement personnel for information, support, and intervention following child disappearance.** Time after time, whether in rural communities or metropolitan urban areas, families looked primarily to the law enforcement officer when their child disappeared. While families may vary in their patterns of law enforcement service use and service satisfaction, it is clear that the overwhelming burden of missing child response falls upon the law enforcement officer. This burden is not only for the investigation and hoped for child recovery, but for emotional support, criminal law information, civil law information, victim/witness compensation information, and family court/dependency court information.

While law enforcement officers involved in long term non family abduction and long term family abduction cases routinely identify these as "career cases" or the cases one always remembers, they are required to perform these multiple roles without the widespread availability of training, support materials, or team type support from other city/county agencies. In fulfilling these difficult, multiple roles, these law enforcement officers need access to the most current knowledge about dealing with families of missing children and to significantly enhanced support from other city/county mental health and social support agencies.

- **Three-fifths of the families affected by non-family child abduction rated law enforcement recovery efforts as highly competent, which is a substantial endorsement of law enforcement recovery efforts.** However, ratings of high law enforcement competence varied considerably by type of child disappearance, ranging from three-quarters of the families with infant abductions to less than one-third in family abductions to less than one fifth in runaway cases. Almost all infant abductions are solved and infant recovery is usually a matter of days. The investigative procedures are more clear cut, and the potential for the abductor to have been observed around the time of the abduction is very high. In other types of missing child cases, investigative procedures are less well developed and leads on child disappearance are less accessible. Interestingly, neither child recovery nor speed of child recovery per se influenced family ratings of law enforcement competence.

While valid and practical reasons may exist for the difficulty in child recovery in many missing child cases, the majority of parents in family abduction and runaway cases carry

forward a negative impression of law enforcement recovery efforts. Left unaddressed and undealt with, this negative impression, whether justified or unjustified, by a growing number of U.S. families is likely to become an issue of public policy concern.

- **Almost four-fifths of the families of missing children do not receive mental health or counseling services.** This absence of mental health services was found both at the time of child disappearance and for months afterward. The only factor leading to a significant increase in the delivery of mental health services was if the non family abducted child was recovered deceased. However, even these services to this group of families with a deceased child were only temporary, for a few weeks or months following child recovery.

From this study and the results of the Reunification of Missing Children Project, this lack of services appears to be due to: (1) an absence of clinical knowledge among mental health providers about how to understand and assist families of missing children; and (2) an absence of belief that families of missing children as a group warrant county mental health services.

This finding provides a picture of families of missing children that are not just underserved at a time of commonly and scientifically accepted high distress, but are functionally invisible at present to county mental health agencies and private mental health providers.

- **Almost four-fifths of the families of missing children do not receive local/regional missing child center support services.** This finding also held at the point of child recovery and reunification with the family where a similarly large number of families received no services. As with mental health services, a factor leading to a significant increase in local/regional missing child center services was if the non family abducted child was discovered deceased. Still, the majority of these families, too, received no services.

Surprisingly, more families dealing with family abduction received initial services than those dealing with non family abduction. Not so surprisingly, but of equal importance, was the finding that almost all runaway families did not receive any local/regional missing child center services.

Overall, this finding indicates that: (1) the current service delivery system for local/regional missing child centers does not reach a major number of the families at need, and (2) the current service delivery system for local/regional missing child centers reaches families with runaway children least effectively.

- **The overwhelming majority of families of missing children want: (1) a more positive relationship with law enforcement personnel assigned to their case, (2) mental health and social service personnel who understand the unique characteristics of their situation, and (3) information/support services over the length of the child's disappearance from local/regional missing child centers.**

Project Principal Areas of Investigation

The project goals were then further operationalized into principal areas of investigation about the experience of families of missing children. Within each area of investigation, a series of important questions were identified. These questions examined: (1) the chronological experience of missing children and their families by pre-disappearance events, disappearance events, and recovery/ non recovery events; (2) the overall level and characteristics of clinical distress experienced by families of missing children across the child disappearance and recovery/non recovery time period; (3) coping behavior as employed by families of missing children to deal with child disappearance, (4) family life events, both those occurring prior to and subsequent to child disappearance, (5) recovered missing children and sibling behavior, and (6) utilization of intervention/support services.

The project results were divided into data descriptive and data analytic sections.

The project principal areas of investigation, corresponding questions, and highlights of relevant findings are presented below:

Project Area of Investigation #1. Experience of Missing Children and their Families

The project results indicated that the experience of missing children and their families varies by type of disappearance. This variation is apparent in both the data descriptive and data analytic project results.

Five Missing Child Groups Identified. The NISMART study found missing children to be divided into four basic groups (non-family abduction, family abduction, runaway, and lost/otherwise missing), each with unique characteristics. In examining the experience of families of missing children, five basic groups were identified in this project: (1) non-family abduction child (defined as one year of age or older) recovered alive, (2) non-family abduction child (defined as one year of age or older) recovered deceased, (3) non-family abduction infant (defined as under one year of age, with all infants in this project recovered alive consistent with prior data), (4) family abduction, and (5) runaway. These groups differ on a number of family and child experience variables. When project results on non-family abduction child recovered alive, non-family abduction child recovered deceased, and non-family abduction infant are combined, the picture obtained for all non-family abductions obscures important subgroup differences. Project results, then, point toward a new and further differentiation of non-family abduction, with important implications for improved understanding of the experience of these families. As will later be discussed, important implications are present as well for intervention/support service delivery.

a) What is the pre-disappearance experience of missing children and their families?

Child Characteristics. In all but one of the missing child groups, 80% or more of the cases involved only one missing child. The family abduction group reported 33% of cases with more than one missing child. In the non-family abduction child recovered alive, non-family abduction infant, and runaway groups, 57% or more of the missing children were female. In the non-family abduction child

recovered deceased and family abduction cases, approximately 50% of the missing children were female. The average age of missing children was older for runaways (16 years of age) than for other groups. The average age of other groups was: family abduction (6 years of age), non-family abduction child recovered alive (11 years), and non-family abduction child recovered deceased (10 years of age). When age and sex are considered, a pattern of pre-adolescent female non-family abduction child victims and much younger male non-family abduction child victims emerges. This latter finding is consistent with the results of the Reunification of Missing Children Project.

Parent Characteristics. Across groups, almost half of the families of missing children did not have the biological mother and biological father living in the home prior to the disappearance. This finding mirrors the high national divorce and remarriage rates.

Siblings. Most families of missing children had one or more siblings remaining in the home: non-family abduction child recovered alive (82%), non-family abduction child recovered deceased (70%), non-family abduction infant (57%), family abduction (32%), and runaway (70%). This finding indicates that most families have remaining siblings who are exposed to the consequences of the disappearance of their brother or sister.

Family Living Arrangement. In runaway families, approximately half of the fathers or mothers living outside the home failed to have any contact with the child in the six months prior to the disappearance. Such failure to contact was present in only a small percentage of other groups. This finding is reflective of the lack of attachment or concern by a significant number of parents of runaways who no longer live in the home.

Pre-Disappearance Traumatic Events. Families of runaway children experienced more traumatic events than other groups, especially with regard to drug, alcohol, and sexual abuse.

Pre-Disappearance Stress. The pre-disappearance stress level of non-family abduction missing children was rated as low by parents, contrasted with the pre-disappearance level of approximately half of family abduction and runaway missing children being rated as moderate or high by parents.

Pre-Disappearance Family Relationships. Missing children were overwhelmingly perceived as closest to their mothers for all disappearance types. Missing children of all disappearance types were perceived as being most distant from no one in the family, except for runaways in which one quarter were perceived as being most distant from their father.

Pre-Disappearance Family Communication. Pre-disappearance, parents in family abduction cases were less often involved in teaching the missing child to be aware of outside dangers, to confront problems as they arose, and specific parental attitudes concerning abuse and incest.

Pre-Disappearance Child Characteristics. Runaways were typically average to failing students, while family abduction, non-family abduction child recovered alive, and non-family abduction child recovered deceased were good to excellent students.

Previous Runaway Attempts. The idea of repeat runaways is supported by the differences in the number of previous runaway attempts among the missing child groups. While only one child in the

other groups combined had runaway before, almost half of the runaways had run away at least once previously.

Family of Origin Traumatic Family Events. Across all groups, abuse was less frequently reported in families of origin than in the missing child's current family. A total abuse rate of 20% was reported for families of origin across all groups in comparison with a total of 34% for the missing child's current family.

Family of Origin Communication. Across all groups, abuse issues were discussed in one-quarter of families of origin, contrasted with such discussion in four-fifths for the missing child's current family.

b) What is the disappearance experience of missing children and their families?

Initial Parent Reaction to Disappearance. Across groups, most parents indicated immediate concern upon perception of the disappearance of their child. However, only two-fifths of the parents of runaways indicated immediate concern, and 3% of the parents reported no concern after any length of time. Only one-quarter of parents of runaways acted immediately to search for their child, while one-third waited a day or longer.

Last Known Child Location. Most runaways and family abducted children were last known to be at the custodial parent's home. Non-family abduction child recovered alive (35%) and non-family abduction child recovered deceased (70%) were most frequently last known to be in a residential neighborhood prior to the abduction.

Abductor Description. Most non-family abductors were male, with the exception of infant abductors who were all female.

Abduction Method. The method most often used when abducting the child was different across groups. Family abductors often used no particular method, while the non family abduction child recovered alive abductors predominately used physical means, or physical means combined with threats as a method.

Initial Child Reactions. Initially, most children complied with the abductor. Yet, even long after recovery, most parents did not know of their child's initial behavior or specific fears. In over one-third of the non-family abduction child recovered alive cases, parents reported that the abducted child feared general undefined harm. This finding illustrates the communication between parent and non-family abducted, now recovered, child about the abduction is a very difficult area, which is most frequently not resolved.

Abductor Movement. Individuals assisting the abductor varied across abduction types. Most family abduction cases reported relative assisting the abductor (39%); non-family abduction child recovered alive cases reported friends of the abductor assisting (38%); and non-family abduction infant cases reported no one assisting (71%). In 29% of the non-family abduction infant cases, the abductor planned to travel to a distant state. In reality, however, most abductors drove a short distance and stopped (34% across groups). Non-family abduction infant abductors walked a short distance and

stopped in 29% of cases, while 32% of runaways traveled a long distance and then stopped. Abductors used cars for transportation in 71% of the family abduction cases, and in 77% of the non-family abduction child recovered alive cases.

Even though 57% of the infant abductors used a car as a means of transportation, 29% of the infant abductors traveled by foot. Abductors of infants and family abductors most frequently (39%) had an initial destination of a house, while 35% of the non-family abductors where the child was recovered alive planned constant travel and no stable residence.

Abductor Living Conditions. The disappearance experience had more abusive experiences for the non-family abduction child recovered alive than for family abduction or non-family abduction infant groups. The non-family abduction child recovered alive group less often received adequate food and water, adequate shelter, time to take care of personal hygiene matters; and more often received sexual abuse, sexual exploitation, physical abuse, and physical assault. The non-family abduction infant group was the only group to frequently give the child a new name.

Abductor Behavior. Generally, parents did not know the abductor's behavior toward their child. However, parents often reported the abductor acted often in a caring and supportive manner. This first finding once again highlights the communication gap between recovered child and parent about the abduction, while the second finding shows how difficult it may be for a parent to comprehend abductor motivation and behavior, as it contains both abusive and apparently caring elements.

Child Thoughts. The non-family abduction child recovered alive children thought most frequently of their desire to be rescued and the belief that their family was looking for them. However, the majority of recovered children in family abduction cases did not know of their child's thoughts.

Child Feelings of Responsibility. The non-family abduction child recovered alive group had the largest number of children (almost one-third) who felt partially responsible for their disappearance. This finding is consistent with such child feelings in divorce, separation, and other family crises in which parental and family upset is often equated with child responsibility.

Post-Disappearance Social Support. Across disappearance groups, police officers were the most consistently cited social support.

Post-Disappearance Parental Return to Work. Over two thirds of the mothers in the runaway and family abduction groups returned to work within three days of the disappearance, while less than a third of the mothers in the non-family abduction cases returned that quickly. Most non-family abduction fathers did return to work within three days of the disappearance. This finding supports other findings which primarily focuses the overt effect of the loss of the child upon the mother.

Post-Disappearance Sibling Return to School. Across types, one-third of the families reported difficulties in the remaining child's return to school. This was especially true for the non-family abduction child recovered alive group and the non-family abduction child recovered deceased group. This finding illustrates the effect of the loss upon the remaining children in the family, who often receive less attention and support in the post abduction family crisis.

Post-Disappearance Family Member Changes. In non-family abduction child recovered deceased cases, family members reported the most negative changes, primarily withdrawal from all family and personal activities and anger. This finding shows the impact of the recovery of the deceased child, and across family members withdrawal from one another, a withdrawal which would likely serve to further isolate the remaining children from attention and support.

Family Member Most Affected by the Disappearance. Across types, the mother was the family member most affected by the disappearance. This finding once again shows the differential impact of loss of the child upon the mother.

Post-Disappearance Family Discussion/Safety Rule Change. Most families did not change family safety rules after child disappearance or after recovery. Many families did not change family safety rules even after a non-family abducted child was recovered alive or deceased. This finding is most thought provoking. It may be due to family need to deny that any family related behavior may have had any involvement with child loss, or it may be due to post disappearance family stress which has been so high as to preclude changing family safety rules.

Post-Disappearance Coping Strategies. Across disappearance groups, most parents cited expressing feelings as a helpful coping skill. In contrast to other groups, parents in non-family abduction child recovered deceased reported that almost three-fifths of the remaining siblings used no specific coping skills post-disappearance. This finding is another reminder of the impact of child loss upon siblings, especially in the child recovered deceased group.

Post-Disappearance Financial Expenditures. Across disappearance groups, most parents reported no money spent directly upon child recovery, except for family abduction parents whose expenses ranged from \$0 to \$100,000 with a median amount of \$101-\$500.

c) What is the post recovery/non recovery experience of missing children and their families?

Length of Time Missing. The average time gone was less for the non-family abduction child recovered alive cases (5 day average) and the non-family abduction infant cases (4.7 day average) than for other disappearance groups. Family abduction average time gone was 66 days.

Time from Recovery to Parent Notification. The non-family abduction child recovered deceased group was notified of the recovery of their child a longer amount of time after recovery than the other non-family abduction groups. In over three-quarters of non-family abduction child recovered deceased cases, parents were notified one hour or more after child recovery. Although the majority of parents in runaway and family abduction cases were informed in less than one hour, three runaway and six family abduction cases were not notified for one day or more.

Child Recovery Notification. Notifications about recoveries in non-family abduction child recovered deceased and non-family abduction infant cases were almost always made by police officers. However, in half of the non-family abduction child recovered alive, family abduction, and runaway cases, parental notification was made by someone other than police officers.

Recovery Site Distance. Most family abducted children were found over 100 miles from their home, while children in other disappearance groups were recovered less than 100 miles from their home and in the same state in most cases.

Child Recovery Information. Across all disappearance groups where the child was recovered alive, most parents were told that their child was in good physical health at recovery, one-half of parents in family abduction cases and one-third of parents in non-family abduction child recovered alive and runaway cases were told only that the child had been recovered. With the exception of the non-family abduction infant group, most parents wanted to know more about what happened during the disappearance, expectations of the recovered child's behavior, and information about the child's emotional health. This finding lends support to the need to develop and standardize child recovery notification procedures for law enforcement personnel.

Reunification Meeting. While over two-thirds of the other disappearance groups were reunified within 12 hours of notification, almost half of the family abduction group was not reunified for over 12 hours after notification. The recovering parent alone went to the reunification meeting in most of the family abduction cases. In most other disappearance categories, the recovering parent was accompanied by a partner/spouse, and relatives. Children in the non-family abduction recovered alive group showed the following emotions: excitement, happiness, and fear. This finding is a reminder of the stress that reunification places upon the recovering parent in family abduction cases, as s/he must generally complete this task with minimal current or extended family support. This finding also serves to show the range of both positive and negative emotions expressed by the child recovered alive from non-family abduction. Across disappearance types, most children were returned to their parents' care immediately.

Child Return to School. Children who were family abducted returned to school more quickly than runaways or children who had been non-family abducted. Notably, two-fifths of runaways never returned to school after recovery. Upon return to school, children recovered from non-family abductions experienced readjustment problems at school in most cases. This finding points out the importance of the school environment for recovered children. This is noteworthy as few school systems currently become involved in the post recovery adjustment of missing children.

Post Recovery Sibling Reunification Guidance. Across groups, less than one-fifth of siblings were offered guidance in reunifying with the now recovered child. This finding, along with others previously cited, illustrates the absence of information, attention, and support for the sibling in non-family abduction cases.

Post Recovery Family Member Changes. In contrast to other disappearance groups, three fourths of parents in non family abduction child recovered deceased cases withdrew substantially from both personal and family activities. All of the non-family abduction child recovered deceased siblings were reported by parents as having high stress during the week following recovery. Again, as with time to return to work and other variables, this finding provides further evidence of the stress placed upon family members in this group.

Family Member Most Affected by Recovery. Across groups, the family member most affected by

the recovery was the mother.

Post Recovery Family Discussion/Safety Rule Changes. Across disappearance types, three fourths of families made no changes in family goals after child recovery. Again, as noted for the post-disappearance period, across types, many families made no changes in family safety rules.

Project Area of Investigation #2. Levels of Distress

- a) Do families of missing children experience clinical levels of distress?
- b) Does clinical distress vary by type of missing child family?
- c) Does clinical distress vary by type of missing child family across the disappearance experience?
- d) Does clinical distress vary by other family life events?
- e) Does clinical distress vary by type of missing child family by type of family member?
- f) Does clinical distress vary by other family life events by type of family member?
- g) Does clinical distress vary by recovery/non recovery status?

Distress Levels of Families of Missing Children. Families of missing children experience clinical levels of distress (as defined by established psychological measures) and this distress varies by type of missing child family, by type of missing child family across the disappearance experience, by other family life events, by type of missing child family by type of family member, and by other family life events by type of family member.

Overall Family Distress and Families of Missing Children. A principal area of investigation of the project was to assess family distress by type of disappearance and to determine the percentage of families above the clinical levels of distress across time post disappearance.

59.6% of missing child family members above clinical distress levels approximately one month post-disappearance, and 36.2% are above clinical distress levels at eight months post-disappearance.

Distress Within the Non-Family Abduction Group. A principal area of investigation of the project was to determine if there were subtypes of non-family abduction families based on differences in their experiences and to then assess for differences in distress (as defined by established psychological measures) among any such groups.

Non-family abduction consists of four distinct groups and family distress components varies by type of non-family abduction.

- In non-family abduction infant cases, 72.9% of family members are above clinical distress levels at approximately one month post disappearance, and 36.7% are above clinical distress levels at eight months post disappearance.
- In non-family abduction child recovered alive cases, 51.1% of family members are above clinical distress levels at approximately one month post disappearance, and 52.7% of family members are above clinical distress levels at eight months post disappearance.
- In non-family abduction child recovered deceased cases, 90% of family members are above clinical distress levels at approximately one month post disappearance, and 94.4% of family members are above clinical distress levels at eight months post disappearance.
- In non-family abduction child unrecovered cases, 76.6% of family members are above clinical distress levels at approximately one month post disappearance, and 66.7% of family members are above clinical distress levels at eight months post disappearance.

Clinical distress for non-family abduction parent (primary respondents) varies by recovery status of the child at one month post disappearance.

- Parents (primary respondents) within non-family abduction child recovered alive cases have lower distress levels than non-family abduction child recovered deceased cases, non-family abduction infant cases or non-family abduction child not yet recovered alive cases.

Adult Family Member Distress by Type of Missing Child Family Across Time. A principal area of investigation of the project was to assess adult family distress between disappearance groups and over time.

Across types 57.4% of parents (primary respondents) are above clinical distress levels approximately one month post disappearance and 35.3% of parents (primary respondents) are above clinical distress levels at eight months post disappearance.

- In non-family abduction infant cases, 85.7% of the parents (primary respondents) are above clinical distress levels at approximately one month post disappearance and 40% are above clinical distress levels at eight months post disappearance.
- In non-family abduction child recovered alive cases, 29.4% of the parents (primary respondents) are above clinical distress levels at approximately one month post disappearance and 25% are above clinical distress levels at eight months post disappearance.
- In non-family abduction child recovered deceased cases, 90% of the parents (primary respondents) are above clinical distress levels at approximately one month post disappearance and 83.3% are above clinical distress levels at eight months post disappearance.

- In family abduction cases, 68% of the parents (primary respondents) are above clinical distress levels at approximately one month post disappearance and 36.6% are above clinical distress levels at eight months post disappearance.
- In runaway cases, 45% of the parents (primary respondents) are above clinical levels at approximately one month post disappearance and 28.9% are above clinical distress levels at eight months post disappearance.

Adult family member clinical distress within types of disappearance is related to length of time the child has been missing.

- In non-family abduction cases, parent (primary respondent) distress is greatest where children have been gone longest.
- In runaway cases, parent (primary respondent) distress is lowest where children have been gone longest.

Siblings and Missing Children Distress (Specific Psychological Trauma Symptoms). A principal area of investigation of the project was to assess clinical distress in siblings of missing children and the missing children themselves.

Across types of missing child families, 68.9% of siblings are above clinical distress levels at approximately one month post disappearance and 45.5% are found to be above clinical distress levels at eight months post disappearance.

- 75% of the remaining children in non-family abduction child recovered alive cases are clinically distressed at approximately one month post disappearance and 60% are clinically distressed eight months post disappearance.
- 100% of the remaining children in the non-family abduction child recovered deceased cases are found to be clinically distressed at approximately one month post disappearance. These children are all still clinically distressed at eight months post disappearance.
- While 80% of the remaining children in the family cases are clinically distressed at approximately one month post disappearance, 27.3% of the remaining children in the family cases are clinically distressed at eight months post disappearance.
- 58.5% of the remaining children in the runaway cases are clinically distressed at approximately one month post disappearance, and 41.2% are clinically distressed eight months post disappearance.

Across types of missing child families (child over eight years old), 63.5% of the missing children recovered are above clinical distress levels at one month post disappearance, and 43.7% are above

clinical levels at eight months post disappearance.

- 90% of the non-family abduction recovered alive missing children were above clinical distress levels at point of reunification (under 45 days post-disappearance) and 88.9% were above clinical distress levels at eight months post disappearance.
- 66.7% of family abduction recovered missing children were above clinical distress levels at point of reunification (under 45 days post-disappearance) and 35.3% were above clinical distress levels at eight months post disappearance.
- 55.3% of runaway case missing children recovered by one month post disappearance were above clinical distress levels at point of reunification (under 45 days post-disappearance) and 37.8% at eight months post disappearance.

Project Area of Investigation #3. Coping Behavior

- a) Does family coping behavior in response to child disappearance vary by type of missing child family?**
- b) Does family coping behavior in response to child disappearance vary by type of missing child family by type of family member?**
- c) Does family coping behavior in response to child disappearance vary by type of missing child family across the disappearance experience?**

Coping Behavior. Family coping behavior in response to child disappearance does vary by type of missing child family, by type of missing child family by type of family member, and by type of missing child family across the disappearance experience.

Coping Behavior/Styles of Adult Members in Families of Missing Children. A principal area of investigation of the project was to assess family coping styles and compare coping styles between disappearance groups. The following relevant findings were noted:

- Female parents (primary respondents) more often acquire social support and seek spiritual support than male parents (primary respondents).
- Within non-family abduction child recovered deceased cases, male parents use reframing more often than female parents as a coping skill at four months post disappearance.
- Male parents in family abduction cases use acquiring social support as a coping skill more often than male parents in runaway families at four months post disappearance.
- Within runaway families female parents use acquiring social support and seeking spiritual help as a coping skill more often than male parents at four months post

disappearance.

Project Area of Investigation #4. Life Experience Stress

- a) Does pre-disappearance family life stress vary by type of missing child family?**
- b) Does post-disappearance family life stress vary by type of missing child family?**
- c) Does post-disappearance family life stress vary by type of missing child family across time?**
- d) How does family life stress of sexual abuse/exploitation vary by type of missing child family?**

Family Life Stress. Pre-disappearance family life stress does vary by type of missing child family. Post-disappearance family life stress does vary by type of missing child family, by type of missing child family across time, and of sexual abuse/exploitation by type of missing child family.

Family Life Stress and Adult/Child Distress. A principal area of investigation of the project involved assessing the relationship between family life stressors and distress of the respondents.

Pre disappearance and post disappearance life events can be measured, and they are strong predictors of current and later adult family member distress. Higher pre disappearance family life stress predicts higher subsequent remaining child distress, and higher subsequent primary respondent distress. Higher four month post disappearance family life stress predicts higher adult distress, and higher subsequent remaining child distress. Higher eight month post disappearance family life stress predicts higher remaining child distress, and higher primary respondent distress.

With regard to sexual abuse of missing children, 22% of the runaway children, 8% of the family abduction children, and 6% of the non-family abduction child recovered alive were reported as sexually abused pre disappearance.

11.5% of the runaway children, 3% of the family abduction, and 6% of the non-family abduction child recovered alive were reported as sexually exploited pre disappearance.

14.1% of the runaway children, and 35.3% of the non-family abduction children recovered alive reported sexual abuse during the disappearance.

13.5% of the runaway children, and 23.5% of the non-family abduction child recovered alive were reported as sexually exploited during the disappearance. In sharp contrast, only 1.3% of the family abduction children were reported as sexually abused or exploited during the disappearance.

27.8% of runaway children who were reported as sexually abused pre disappearance, were also reported as sexually abused during the disappearance.

Non-family abduction infants reported no sexual abuse or sexual exploitation during the disappearance.

Parental report of personal sexual abuse during the family of origin and that same parent's report of the abducted child experiencing sexual abuse pre disappearance are significant associated with the child being sexually abused during the abduction.

In review, pre and post disappearance family life events interact significantly with distress. At one month post disappearance, four months post disappearance, and eight months post disappearance, high family life events are related to high distress in both parents (primary respondents) and siblings. A significant minority of missing children have been sexually abused prior to disappearance. The primary correlation with missing child sexual abuse during disappearance is with parent report of personal sexual abuse.

Project Area of Investigation #5. Child Behavior

a) Does missing child behavior vary by type of missing child family?

Child Behavior. Missing child behavior does vary by type of missing child families. Differences exist in social withdrawal, anxiety/depression, thought problems, attention problems, delinquency, aggression, and total behavior problems.

In almost all cases, the runaway missing child group had higher behavior problems than the other disappearance groups.

A general pattern emerged with the following highest to lowest behavior problems: runaway, family abduction, non-family abduction child recovered alive, and non-family abduction child recovered deceased. Across time, runaways showed the highest behavior problems.

Project Area of Investigation #6. Utilization of Intervention/Support Services

a) Does overall utilization of intervention/support services vary by type of missing child family?

b) Does utilization of law enforcement intervention services vary by type of missing child family?

c) Does utilization of mental health intervention/support services vary by type of missing child family?

d) Does utilization of local/regional missing child center intervention/support services vary by type of missing child family?

e) Does utilization of other intervention/support services vary by type of missing child family?

Utilization of Intervention/Support Services. Overall utilization of intervention/support services does vary by type of missing child family. Further, utilization of law enforcement, mental health, local/regional mental health, and other intervention/support services does vary by type of missing child family.

- Almost all families of missing children are most reliant upon law enforcement personnel for information, support, and intervention following child disappearance.
- Three-fifths of the families affected by non-family child abduction rated law enforcement recovery efforts as highly competent, which is a substantial endorsement of law enforcement recovery efforts. However, ratings of high law enforcement competence varied considerably by type of child disappearance, ranging from three-quarters of the families with infant abductions to less than one-third in family abductions to less than one fifth in runaway cases.
- Almost four-fifths of the families of missing children do not receive mental health or counseling services. This absence of mental health services was found both at the time of child disappearance and for months afterward. The only factor leading to a significant increase in the delivery of mental health services was if the non family abducted child was recovered deceased. However, even these services to this group of families with a deceased child were only temporary, for a few weeks or months following child recovery. This finding provides a picture of families of missing children that are not just underserved at a time of commonly and scientifically accepted high distress, but are functionally invisible at present to county mental health agencies and private mental health providers.
- Almost four-fifths of the families of missing children do not receive local/regional missing child center support services. This finding also held at the point of child recovery and reunification with the family where a similarly large number of families received no services. As with mental health services, a factor leading to a significant increase in local/regional missing child center services was if the non family abducted child was discovered deceased. Still, the majority of these families, too, received no services.

Surprisingly, more families dealing with family abduction received initial services than those dealing with non family abduction. Not so surprisingly, but of equal importance, was the finding that almost all runaway families did not receive any local/regional missing child center services. Overall, this finding indicates that: (1) the current service delivery system for local/regional missing child centers does not reach a major number of the families at need, and (2) the current service delivery system for local/regional missing child centers reaches families with runaway children least effectively.

Project Area of Investigation #7. SIDS Comparison Group

- a) How does the experience of families who have lost a child to Sudden Infant Death Syndrome (SIDS) vary in the above areas?

SIDS Family Experience. SIDS families vary on a wide range of variables including pre-child loss events, family of origin events, child loss events, post child loss events, clinical distress, coping behaviors, life events, and utilization of intervention/support services.

As might be anticipated, the mother of the child lost to sudden infant death syndrome was the family member reported as most affected by the death in almost three-quarters of the cases. However, the father was reported as most affected in one-quarter of the cases. This project finding points to the importance of public health, social service, and mental health response to the family unit, rather than limiting services to the mother alone.

Over nine-tenths of parents who lost a child to sudden infant death syndrome reported emotional and behavioral changes, including sadness, shock, fear, anger, guilt, reduced ability to concentrate, and loss of time at work. Approximately half of the mothers who lost a child to sudden infant death syndrome indicated that they no longer believed that life was predictable or that one could have general control over the direction of life.

As sudden infant death syndrome is a statistically rare event in families, these findings expectedly illustrate that the shock for parents of absorbing the reality of unexpected child death with unknown causation. Over three-quarters of the families who lost a child to sudden infant death syndrome had one or more remaining children at home after the death of the child. Nine-tenths of these remaining children were under eleven years of age. For the remaining children in the family, the loss of a baby brother or sister for any reason may be difficult enough. In this project, other children in the family under the age of eleven were physically present when the deceased child was discovered in one-fifth of the cases. Sibling loss combined with presence at the discovery of sibling loss is likely to be a very substantial stress for a young child. As with project findings on siblings of missing children, siblings of children lost to sudden infant death syndrome, while faced with the same stressful events as their parents, have received considerably less attention and support.

Almost half of the parents who lost a child to sudden infant death syndrome rated law enforcement response as highly competent. When parent ratings of highly competent and moderately competent are combined, this includes four-fifths of the cases, which is substantial endorsement of law enforcement efforts. This project finding of high rates of parental satisfaction with law enforcement response to child loss by sudden infant death syndrome is somewhat to be expected, as almost all law enforcement agencies have a degree of policy and training on patrol officer response to this type of death. It is, however, unexpected, to find that one-fifth of the parents rated law enforcement response as incompetent. Further study of this project finding would need to determine if this group of parents were dissatisfied with the knowledge of law enforcement in managing the post death response or with the level of sensitivity to parent emotions demonstrated during the post death response.

These project findings illustrate the profound, almost universal effect of child loss by sudden infant death syndrome to both mother and father. These effects take the form not only of emotional and behavioral problems, but of loss of personal and family security as well. In the midst of this very difficult family situation, it is quite notable that public health nurse outreach programs are rated as so highly effective in providing information and support to these families. Yet, at present, it is apparent that public health nurses are largely unassisted by other professions in mental health

counseling and clergy counseling. Public health nurses warrant considerable recognition for their efforts to support and serve these families in a time of great need, and a considerably enhanced level of professional participation by mental health providers and clergy.

Chapter XIV. Conclusions and Recommendations

This Project, Families of Missing Children: Psychological Consequences and Promising Interventions, was commissioned to examine the traumatic impact and coping patterns of the missing child event upon families, with the intent of identifying distressed families with needs for support and assistance. Based upon the results of multiple interviews with 280 families from throughout the U.S., the following principal conclusions and recommendations are offered:

Principal Conclusions

- **The majority of families of missing children experience substantial psychological consequences and emotional distress.** This level of emotional distress for families of missing children has been identified and reliably measured by standardized psychological methods. This level of emotional distress for families of missing children equals, or exceeds, the emotional distress for other groups of individuals exposed to trauma, such as combat-related military veteran patients, and victims of rape/assault/other violent crime.
- **Selected types of families of missing children experience severe psychological consequences and emotional distress.** Specifically, families who have lost a child to non family abduction are severely impacted by this distress, affecting parents and remaining children over a period of many months. Again, this level of emotional distress equals, or exceeds, the emotional distress for other groups of individuals exposed to trauma, such as combat-related military veteran patients, and victims of rape/assault/other violent crime.
- **Among families of missing children who have lost a child to non family abduction, the potential for child homicide as a consequence of the abduction is extremely high, with approximately one-third of the children being recovered deceased.** Families where the missing child is subsequently recovered deceased exhibit the highest level of emotional distress of any type of families of missing children. However, the overwhelming majority of these families do not receive any social service, or mental health support, and only limited extended family support.
- **Among families of missing children who have lost a child to non family abduction, the initial level of emotional distress for families in infant abduction cases is extremely high, equally that of families where the child is recovered deceased.** While infant abduction is the least frequent of non family abductions and the high level of distress declines over time after infant recovery, the impact of infant loss upon the family and the father-mother relationship is very pronounced.
- **The majority of brothers and sisters of missing children appear to be isolated and forgotten as the adults in the family focus their energy and thoughts upon the missing child.** While this appears to be especially characteristic in families who have lost a child to non family abduction, it is also found in families affected by family abduction or child loss by runaway status.

- **The majority of recovered, previously missing, children experience substantial psychological consequences and emotional distress which varies over time. This distress is very high initially for almost all children recovered from non family abductions, and continues at a high level over a period of many months after recovery. This distress is high initially for the majority of children recovered from family abductions and runaway status, and declines over a period of months after recovery.**
- **The project's analysis of the experience of missing children and their families provides a new perspective beyond the NISMART missing child incidence study, and identifies five meaningful groups: (a) non family abductions where the child is recovered alive, (b) non family abductions where the child is recovered deceased, (c) non family abductions where the child is an infant, (d) family abductions, and (5) runaways. Most importantly, combining information on the non family abduction groups obscures significant differences and can lead to incorrect interpretations. This can restrict understanding of non family abduction, and impair the effective delivery of intervention/support services as well.**
- **Family history prior to child disappearance significantly influences the family's distress and ability to cope with that distress. Prior trauma and family stress significantly impairs the ability of the family to cope meaningfully with child disappearance. Understanding prior family history is likely to markedly enhance the effectiveness of law enforcement, social service, and mental health's ability to develop an effective working partnership with the family of a missing child.**
- **Most parents of missing children retained or increased their beliefs in family oriented value systems in spite of the stress of child disappearance and an increased awareness of the unpredictability of life events. Most parents actively attempt to aid in child recovery and to maintain the family unit, whether assisted or unassisted by outside resources.**
- **Almost all families of missing children are most reliant upon law enforcement personnel for information, support, and intervention following child disappearance. While families of missing children may vary in their patterns of law enforcement service use and service satisfaction, they overwhelmingly turn to, and are dependent upon, law enforcement personnel in this situation.**
- **Three-fifths of the families affected by non-family child abduction rated law enforcement recovery efforts as highly competent, which is a substantial endorsement of law enforcement recovery efforts. Yet, ratings of high law enforcement competence vary considerably by type of child disappearance, ranging from three-quarters of the families with infant abductions to less than one-third in family abductions to less than one-fifth in runaway cases.**
- **Almost four-fifths of the families of missing children did not receive mental health or counseling services. This absence of mental health services was true both at the time of**

child disappearance and for months afterward. This finding provides a picture of a population that is not just underserved at a time of commonly and scientifically accepted high distress, but is almost invisible at present to county mental health agencies and private mental health providers.

- **Almost four-fifths of the families of missing children do not receive local/regional missing child center support services.** This finding also held at the point of child recovery and reunification with the family where a similarly large number received no services. Not so surprising, but worthy of careful thought, was the finding that almost all runaway families do not receive any local/regional missing child center services. Overall, this finding indicates that: (1) the current service delivery system for local/regional missing child centers does not reach a major number of the families at need, and (2) the current service delivery system for local/regional missing child centers reaches families with runaway children least effectively.
- **The overwhelming majority of families of missing children want: (1) a more positive relationship with law enforcement personnel assigned to their case, (2) mental health and social service personnel who understand the unique characteristics of their situation, and (3) information/support services over the length of the child's disappearance from local/regional missing child centers.**

Policy Recommendations

The results of the Families of Missing Children Project lend support to the following public policy recommendations:

- Information about the extent of psychological consequences and emotional distress for families of missing children needs to reach a wide range of audiences, from the general public to public service employee.
- Information about the unique experience of families who must deal with different types of child loss needs to reach a wide range of audiences, with an emphasis upon law enforcement and mental health/social service personnel.
- Within the non family abduction category, families whose child is recovered deceased and families whose infant child is abducted experience very high levels of stress. Their experience warrants special attention and the development of specialized mental health/social support programs.
- Brothers and sisters of missing children appear to be largely forgotten, isolated, and unsure of their roles within their families. They need both enhanced parental attention and intervention services. Parent education programs around sibling needs within a family and the exploration of screened, supervised child peer group contact are examples of initiatives that might prove useful.

- Families of missing children (and subsequently recovered children) need to have access to mental health providers who are knowledgeable about their problems and the type of interventions that assist in their coping with child disappearance. To achieve this, three tasks would appear to be important: (1) promotion of general educational articles about the needs of families of missing children needs for the mental health professional literature, (2) construction of specific educational packages and multi-media workshops for regular conduct at the annual meetings of each of the major associations of mental health professionals, and (3) development of selected model demonstration programs to provide regional leadership in mental health assessment/treatment of families of missing children.
- Families of missing children (and subsequently recovered children) need to have access to local/regional missing child center support services. Current OJJDP initiatives that support the role of a single national center for missing children (the National Center for Missing and Exploited Children), with enhanced on scene, first person services by local/regional missing child centers may point the way toward a better service system for these families. Consideration should be given to the support and evaluation of missing child center demonstration programs that will attempt to provide services to a designated percentage of all families of missing children in their area of coverage. Consideration should be given to discussion and definition of the role of local/regional missing child centers in services to runaway and exploited children relative to abducted children.
- Presently, and for the immediate future, families of missing children will be largely dependent upon law enforcement officers for intervention and information. The effectiveness of law enforcement officers in child recovery will continue, to a degree, to be dependent upon their working relationship with the family of the missing child. While the integrated community agency team concept is developed through OJJDP programs such as M-CAP (Missing Children's Community Action Program), the highest priority for education, training, and support materials should be given to local law enforcement officers. The efforts of the National Center for Missing and Exploited Children to provide basic and advanced missing child investigation training warrant expanded support, as well as consideration of the delivery of this training at regional sites.
- The Families of Missing Children Project has shown that the unique experience of families of missing children can be measured. The development of a psychological assessment measure, composed of multiple choice items and computer/manually scored, could be achieved in the near term. Such a valid and reliable measure would likely provide benefit coverage to the widest possible number of families of missing children, and every intervention/support person providing family service.
- The Families of Missing Children Project was made possible by the generous contribution of time and effort of many families of missing children. Much has been learned from their experience already. Yet, these families have much more to teach us in the coming years, as has been true of long term prospective studies in many other areas of trauma, stress, and coping. A programmatic effort should be made to maintain contact with as many of these families as possible, with continued assessment of their experience and progress at regular intervals.

EPILOGUE

280 families in this project lost a child. Some of these children have come back, and others will never come back. In the midst of their distress and crisis, these families have opened their homes and their lives to study. In each case, these families have stated that they have done so, not because of any benefit that they might individually attain, but because they hoped that the tragedy of another family's child loss could be somewhat lessened by better understanding, and more effective intervention/support services.

In this report, these families have spoken with a collective voice in the hope that we would hear.

Chapter XV. References

- Adams, G.R., Gullotta, T., & Clancy, M.A. (1985). Homeless adolescents: A descriptive study of similarities and differences between runaways and throwaways. *Adolescence*, 20(79), 716-724.
- Adams-Tucker, C. (1982). Proximate effects of sexual abuse in childhood: A report on 28 children. *American Journal Psychiatry*, 139, 1252-1256.
- Ageton, S.S. (1983). The dynamics of female delinquency, 1976-1980. *Criminology: An Interdisciplinary Journal*, 21(4), 555-584.
- Agopian, M.W. (1981). *Parental child stealing*. Lexington, MA: Lexington Books.
- Agopian, M.W. (1982). Parental child stealing: Participants and the victimization process. *Victimology*, 5(2-4), 263-273.
- Agopian, M.W. (1984). The impact on children of abduction by parents. *Child Welfare*, 63(6), 511-519.
- Agopian, M.W., & Anderson, G.L. (1981). Characteristics of parental child stealing. *Journal of Family Issues*, 2(4), 471-483.
- Allodi, F. (1980). The psychiatric effects in children and families of victims of political persecution and torture. *Danish Medical Bulletin*, 27, 229-232.
- Alix, K.R. (1978). *Ransom Kidnapping in America*. Carbondale, IL: Southern Illinois University Press.
- American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders* (3rd edition) - revised. Washington, D.C.: Author.
- Anderson, D.J., Noyes, R., & Crowe, R.R. (1984). A comparison of panic disorder and generalized anxiety disorder. *American Journal of Psychiatry*, 141, 572-575.
- Arroyo, W., & Eth, S. (1985). Children traumatized by Central American warfare. In S. Eth & R. Pynoos (Eds.), *Post-traumatic stress disorder in children*. Washington, D.C.: American Psychiatric Press.
- Associated Press. (1986, September 24). Poll finds adults worried about kids, willing to help. *Sacramento Bee*.
- Barnow, B.S., Cain, G.G., & Goldburger, A.S. (1980). Issues in the analysis of selectivity bias. In E.W. Stromsdorfer & G. Farkas (Eds.), *Evaluation studies review annual* (Vol.5, pp.43-59). Beverly Hills, CA: Sage Publications.

Bassis, E. M. (1973). Characteristics of adolescent runaways in a community residential treatment center. Doctoral dissertation, U.S. International University.

Baum, A., Fleming, R., & Singer, J.E. (1983). Coping with victimization by technological disaster. *Journal of Social Issues*, 39, 117-138.

Baum, A., Gatchel, R.J., & Schaeffer, M.A. (1983). Emotional, behavioral, and physiological effects of chronic stress at Three Mile Island. *Journal of Consulting & Clinical Psychology*, 5, 565-572.

Bedell, J.R., Giordani, B., Amour, J.L., Tavormina, J., & Boll, T. (1977). Life stress and the psychological and medical adjustment of chronically ill children. *Journal of Psychosomatic Research*, 21, 237-242.

Bender, L., & Blau, A. (1937). The reaction of children to sexual relations with adults. *American Journal of Orthopsychiatry*, 7, 500-518.

Blake, D.D., Keane, T.M., Wine, P.R., Mora, C., Taylor, K.L., & Lyons, J.A. (1990). Prevalence of PTSD symptoms in combat veterans seeking medical treatment. *Journal of Traumatic Stress*, 3, 15-27.

Blaufarb, H., & Levine, J. (1972). Crisis intervention in an earthquake. *Social Work*, 17, 16-19.

Bloch, D., Silber, E., & Perry, S. (1956). Some factors in the emotional reaction of children to disaster. *American Journal of Psychiatry*, 113, 416-422.

Bloom, B.J., Asher, S.J., & White, S.W. (1978). Marital disruption as a stressor: A review and analysis. *Psychological Bulletin*, 85(4), 867-894.

Boleloucky, Z., & Horvath, M. (1974). SCL-90 ratings scale: First experience with the Czech version in healthy male scientific workers. *Activ. Nerv. Sup. (Praha)*, 16, 115-116.

Brander, T. (1943). Psychiatric observations among Finnish children during the Russo-Finnish War of 1939-1940. *The Nervous Child*, 2, 313-319.

Brant, R.S.T., & Tisza, V.B. (1977). The sexually misused child. *American Journal of Orthopsychiatry*, 47, 80-90.

Brennan, T., Huizinga, D., & Elliott, D.S. (1978). *The social psychology of runaways*. Lexington, MA: Lexington Books.

Bromet, E., Schulberg, H.C., & Dunn, L. (1982). Reactions of psychiatric patients to the Three Mile Island nuclear accident. *Archives of General Psychiatry*, 39, 725-730.

Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin*, 99(1), 66-77.

- Burgess, A. W. (1986, September). *Youth at risk: Understanding runaway and exploited youth*. Washington, D.C.: National Center for Missing and Exploited Children.
- Burgess, A.W., Groth, A., & McCausland, M. (1981). Child sex initiation rings. *American Journal of Orthopsychiatry*, 51, 110-119.
- Burgess, A., Groth, A., McCausland, M., & Powers, P. (1984). Response patterns in children and adolescents exploited through sex rings and pornography. *American Journal of Psychiatry*, 141(5), 656-662.
- Burgess, A. & Holmstrom, L. (1975). Sexual trauma of children and adolescents. *Nursing Clinics of North America*, 10, 551-563.
- Burke, J.D., Borus, J.F., Burns, B.J., Millstein, K.H., & Beasley, M.C. (1982). Changes in children's behavior after a natural disaster. *American Journal of Psychiatry*, 139(8), 1010-1014.
- Burr, W. R. (1973). *Theory construction and sociology of the family*. New York: John Wiley & Sons.
- Burt, C. (1943). War neuroses in British children. *The Nervous Child*, 2, 324-337.
- Cal. v. Coddington, County of El Dorado, California, 1988.
- Cal. v. Hooker, County of Tehama, California, 1985.
- Carey-Trefzger, C. London Blitz. (1949). *Journal of Mental Sciences*, 95, 535.
- Carmen, E., Rieker, P., & Mills, T. (1984). Victims of violence and psychiatric illness. *American Journal of Psychiatry*, 141, 378-383.
- Cattell, R.B. (1982). *The scientific use of factor analysis in behavior and life sciences*. New York: Plenum Press.
- Cavallin, H. (1966). Incestuous fathers: A clinical report. *American Journal of Psychiatry*, 122, 1132.
- Clark, A., & Friedman, M.J. (1983a). Nine standardized scales for evaluating treatment outcome in a mental health clinic. *Journal of Personality Assessment*, 47, 396-405.
- Clark, A., & Friedman, M.J. (1983b). Factor structure and discriminant validity of the SCL-90 in a veteran psychiatric population. *Journal of Clinical Psychology*, 39, 939-950.
- Collins, D.L., Baum, A., & Singer, J.E. (1983). Coping with chronic stress at Three Mile Island: Psychological and biomedical evidence. *Health Psychology*, 2, 149-166.
- Coromina, J. (1943). Repercussions of the war on children as observed during the Spanish Civil War. *The Nervous Child*, 2, 324-337.

- Culbertson, J.L., Krous, H.F., & Bendell, R.D. (Eds.). (1988). *Sudden Infant Death Syndrome*. Baltimore, MD: Johns Hopkins University Press.
- Cyr, J.J., & Atkinson, L. (1986). Selection of the appropriate number of factors: A case of questionable dimensions. *Psychological Reports*, *58*, 251-256.
- Cyr, J.J., McKenna-Foley, J.M., & Peacock, E. (1985). Factor structure of the SCL-90-R: Is there one? *Journal of Personality Assessment*, *49*, 571-578.
- Davidson, L.M., & Baum, A. (1986). Chronic stress and posttraumatic stress disorders. *Journal of Consulting and Clinical Psychology*, *54*, 303-308.
- Davidson, L.M., Fleming, R., & Baum, A. (1987). Chronic stress, catecholamines, and sleep disturbance at Three Mile Island. *Journal of Human Stress*, *13*, 75-83.
- DeFrain, J., & Ernst, L. (1978). The psychological effects of sudden infant death syndrome on surviving family members. *Journal of Family Practice*, *6*, 985-989.
- DeFrain, J., Ernst, L., Jakub, D., & Taylor, J. (1991). *Sudden infant death*. Lexington, MA: D.C. Heath and Company.
- DeFrancis, V. (1970). *Protecting the child victim of sex crimes committed by adults*. Denver: American Humane Association.
- DeFrancis, V. (1971). *Protecting the child victim of sex crimes committed by adults*. Federal Probation, *35*, 15-20.
- Derdeyn, A.P., (1978). Child custody: A reflection of cultural change. *Journal of Clinical Child Psychology*, *7*, 169-173.
- Derogatis, L.R. (1983). *SCL-90-R manual II*. Towson, MD: Clinical Psychometric Research.
- Derogatis, L.R. (1977). *SCL-90-R manual I: Scoring, administration, and procedures for the SCL-90*. Baltimore, MD: Johns Hopkins University School of Medicine.
- Derogatis, L.R., & Cleary, P.A. (1977). Confirmation of the dimensional structure of the SCL-90: A study in construct validation. *Journal of Clinical Psychology*, *33*, 981-989.
- Derogatis, L.R., Lipman, R.S., & Covi, L. (1973). The SCL-90: An outpatient psychiatric rating scale—preliminary report. *Psychopharmacology Bulletin*, *9*, 13-28.
- Derogatis, L.R., Lipman, R.S., Covi, L., & Rickels, K. (1972). Factorial invariance of symptom dimensions in anxious and depressed neuroses. *Archives of General Psychiatry*, *27*, 659-665.
- Derogatis, L.R., Lipman, R.S., Rickels, K., Uhlenhuth, E.H. & Covi, L. (1974a). The Hopkins Symptom Checklist (HSCL): A measure of primary symptom dimensions. In P. Pichot (Ed.),

Psychological measurement in psychopharmacology: Modern problems in pharmacopsychiatry. Basel: Karger.

Derogatis, L.R., Lipman, R.S., Rickels, K., Uhlenhuth, E.H. & Covi, L. (1974b). The Hopkins Symptom Checklist (HSCL): A self-report symptom inventory. *Behavioral Science, 19*, 1-15.

Derogatis, L.R., Lipman, R.S., Covi, L., & Rickels, K. (1971). Neurotic symptom dimensions as perceived by psychiatrists and patients of various social classes. *Archives of General Psychiatry, 24*, 454-464.

Derogatis, L.R., Lipman, R.S., Covi, L., Rickels, K., & Uhlenhuth, E.H. (1970). Dimensions of outpatient neurotic pathology: Comparison of clinical versus empirical assessment. *Journal of Clinical and Consulting Psychology, 34*, 164-171.

Derogatis, L.R., Rickels, K., & Rock, A. (1976) The SCL-90 and the MMPI: A step in the validation of a new self-report scale. *British Journal of Psychiatry, 128*, 280-289.

Dew, M.A., Bromet, E.J., Schulberg, H.C., Dunn, L.O., & Parkinson, D.K. (1987). Mental health effects of the Three Mile Island nuclear reactor restart. *American Journal of Psychiatry, 144*, 1074-1077.

Dinning, W.D., & Evans, R.G. (1977). Discriminant and convergent validity of the SCL-90 in psychiatric patients. *Journal of Personality Assessment, 41*, 304-310.

Dixon, K.N., Arnold, L.E., & Calestro, K. (1978). Father-son incest: Underreported psychiatric problem? *American Journal of Psychiatry, 135*(7), 835-838.

Drabek, T.E., & Boggs, K.S. (1975). Families in disaster: Reactions and relationships. *Journal of Marriage and the Family, 481-494*.

Drabek, T.E., Key, W.H., Erickson, P.E., & Crowe, J.L. (1975). The impact of disaster on kin relationships. *Journal of Marriage and the Family, 37*, 481-496.

Duckro, P.N., Margolis, R.B., & Tait, R.C. (1985). Psychological assessment of pain. *Journal of Clinical Psychology, 41*, 499-504.

Edelbrock, C. (1980). Running away from home: Incidence and correlates among children and youth referred for mental health services. *Journal of Family Issues, 1*(2), 210-228.

Elenewski, R. P. (1974). Runaway youth: A study of personality factors and the locus of control dimension in adolescent runaways. Doctoral dissertation, University of Miami.

Elizur, E., & Kaffman, M. (1982). Children's bereavement reactions following death of the father, II. *Journal of the American Academy of Child Psychiatry, 21*, 474-480.

Eth, S., & Pynoos, R.S. (1985). Developmental perspective on psychic trauma in childhood. In C. Figley (Ed.), *Trauma and its wake* (pp. 36-52). New York: Brunner/Mazel Publishers.

Eth, S., & Pynoos, R.S. (Eds.) (1985). *Post-traumatic stress disorder in children*. Washington, D.C.: American Psychiatric Press.

Evenson, R.C., Holland, R.A., Mehta, S., & Yasin, F. (1980). Factor analysis of the Symptom Checklist-90. *Psychological Reports*, 46, 695-699.

Fairbank, J.A., Keane, T.M., & Malloy, P.F. (1983). Some preliminary data on the psychological characteristics of Vietnam veterans with posttraumatic stress disorders. *Journal of Consulting and Clinical Psychology*, 51, 912-919.

Farber, E., Kinast, C., McCoard, W. D., & Falkner, D. (1984). Violence in families of adolescent runaways. *Child Abuse and Neglect*, 8, 295-299.

Federal Bureau of Investigation. (1984, February). Statement of Oliver Revell before the Subcommittee on Juvenile Justice, Committee on the Judiciary, United States Senate. Washington, D.C.

Figley, C.R. (1985). From victim to survivor: Social responsibility in the wake of catastrophe. In C. Figley (Ed.) *Trauma and its wake: The study and treatment of post-traumatic stress disorder*. New York: Brunner/Mazel Publishers.

Figley, C.R. (Ed.). (1989). *Treating stress in families*. New York: Brunner/Mazel Publishers.

Finklehor, D., Hotaling, G., & Sedlak, A. (1990). *Missing, Abducted, Runaway and Thrownaway Children in America, First report: Numbers and characteristics: National incidence study*. Washington, D.C.: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Fisher, J. (1989). *Missing Children Research Project, Vol. 1: Findings of the Study*. Toronto, Canada: Ministry of the Solicitor General of Canada.

Fla. v. Paige and Cokely, County of Marion, Florida, 1989.

Forehand, R., Long, N., & Zogg, C. (1989). Parental child abduction: The problem and possible solutions. In B. Lahey, & A. Kazdin (Eds.), *Advances in Clinical Child Psychology* (pp.113-137). New York: Plenum Publishing Corp.

Forehand, R., Long, N., Zogg, C., & Parrish, E. (1989). Child abduction: Parent and child functioning following return, *Clinical Pediatrics*, 28, 311-316.

Foster, R. M. (1962). Intrapsychic and environmental factors in running away from home. *American Journal of Orthopsychiatry*, 32, 486-491.

Frederick, C. (1985). Children traumatized by catastrophic situations. In S. Eth & Pynoos (Eds.), *Traumatic stress disorder in children*. Washington, D.C.: American Psychiatric Press.

Freud, S. (1926). Inhibitions, symptoms, and anxiety. In J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 20, pp. 75-175). London: Hogarth Press.

Freud, A., & Burlingham, D. (1943). *War and children*. London: Medical War Books.

Galdston, R., & Gamble, W.J. (1969). On borrowed time: Observations on children with implanted cardiac pacemakers and their families. *American Journal of Psychiatry*, 126, 104-108.

Garbarino, J., Wilson, J., & Garbarino, A. C. (1986). The adolescent runaway. In J. Garbarino, C. Schellenback, & J. Sebes (Eds.), *Troubled youth, troubled families: Understanding families at risk for adolescent maltreatment*. New York: Aldine Publishing Company.

Gelles, M. (1984). Parental child snatching. *Journal of Marriage and the Family*, 46,(3), 735-740.

Goode, W. J. (1956). *After divorce*. New York: The Free Press.

Gottman, J.M. (1982). Emotional responsiveness in marital conversations. *Journal of Communication*, 32(3), 108-120.

Green, A.H. (1982). Child abuse. In J.R. Lachenmeyer & M.S. Gibbs (Eds.), *Psychoanthropology in childhood* (pp.244-267). New York: Gardner Press.

Green, B.L., Gleser, G.C., Stone, W.N., & Seifert, R.F. (1975). Relationships among diverse measures of psychotherapy outcome. *Journal of Consulting and Clinical Psychology*, 43, 689-699.

Green, B.L., Grace, M.C., & Gleser, G.C. (1985). Identifying survivors at risk: Long-term impairment following the Beverly Hills Supper Club fire. *Journal of Consulting & Clinical Psychology*, 53, 672-678.

Green, B.L., Lindy, J.D., & Grace, M.C. (1988). Long-term coping with combat stress. *Journal of Traumatic Stress*, 1, 399-412.

Greenfield, T.K., & Duncan, G.M. (1984). *Evaluation of an alcohol abuse prevention program correcting for self-selection*. Paper presented at the annual meeting of the American Psychological Association, Toronto, Canada.

Greif, G., & Hegar, R. (1990). *Parents whose children are abducted by the other parent: Implications for treatment*. Unpublished manuscript, University of Maryland, School of Social Work, Baltimore.

Groves, R., & Khan, R. (1979). *Surveys by telephone: A national comparison with personal interviews*. New York: Academic Press.

Hale, W.D., & Cochran, D.D. (1983). Sex differences in patterns of self-reported psychopathology in the married elderly. *Journal of Clinical Psychology*, 39, 647-650.

- Harper, R.M., & Hoffman, H.J. (Eds.). (1988). *Sudden Infant Death Syndrome: Risk factors and basic mechanisms*. New York: PMA Publishing Group
- Hatcher, C. (1981). *A conceptual framework for victimology: The hostage experience*. Paper presented at the American Psychological Convention, Los Angeles, CA.
- Hatcher, C., Barton, C., & Brooks, L. (1990). *Reunification of missing children project assessment report*. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.
- Hatcher, C., Barton, C., Blake, D., & Brooks, L. (1992). *Families of missing children project: Technical Report #1*. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.
- Hatcher, C., Barton, C., Blake, D., & Brooks, L. (1992). *Families of missing children project: Technical Report #2 (Sudden Infant Death Syndrome Family Results)*. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.
- Hathaway, S.R., & McKinley, J.C. (1967). *Minnesota Multi-phasic Personality Inventory: Manual for administration and scoring*. New York: Psychological Corporation.
- Hartman, C.R., Burgess, A.W., & McCormack, A. (1987). Pathways and cycles of runaways: A model for repetitive runaway behavior. *Hospital and Community Psychiatry*, 38(3), 292-298.
- Henderson, J. (1983). Is incest harmful? *Canadian Journal of Psychiatry*, 28, 34-40.
- Herman, J. (1982). *Father-daughter incest*. Cambridge, MA: Harvard University Press.
- Hetherington, E. M. & Martin, B. (1986). Family factors and psychopathology in children. In H. Quay & J. Werry (Eds.), *Psychopathological disorders of childhood* (3rd ed.). New York: Wiley.
- Hewitt, G., Beaudry, & Moran. Unpublished study. Rochester, N.Y. Personal communication by first author, 1986.
- Hildebrand, J.A. (1963). Why runaways leave home. *Journal of Criminal Law, Criminology and Police Science*, 54, 211-216.
- Hill, R. (1958). Generic features of families under stress. *Social Casework*, 39, 139-150.
- Hirsch, B.J., Moos, R.H., & Reischl, T.M. (1985). Psychosocial adjustment of adolescent children of a depressed, arthritic, or normal parent. *Journal of Abnormal Psychology*, 94, 154-164.
- Hoffman, N.G., & Overall, P.B. (1978). Factor structure of the SCL-90 in a psychiatric population. *Journal of Consulting and Clinical Psychology*, 46, 1187-1191.

Holcomb, W.R., Adams, N.A., & Ponder, H.M. (1983). Factor structure of the Symptom Checklist-90 with acute psychiatric inpatients. *Journal of Consulting and Clinical Psychology, 51*, 535-538.

Hotaling, G.T. & Finkelhor, D. (1985, October). *The sexual exploitation of missing children*. Unpublished manuscript. Research review prepared for the Office of Juvenile Justice and Delinquency Prevention.

Horowitz, M. (1976). *Stress response syndromes*. New York: Jason Aronson, Inc.

Horowitz, M.J., Krupnick, J., Kaltreider, N., Wilner, N., Leong, A., & Marmer, C. (1981). Initial psychological response to parental death. *Archives of General Psychiatry, 38*, 85-92.

Horowitz, M., Marmar, C.R., Weiss, D.S., Kaltreider, N.B., & Wilner, N.R. (1986). Comprehensive analysis of change after brief dynamic psycho-therapy. *American Journal of Psychiatry, 143*, 582-589.

Horowitz, M., Wilner, N., Kaltreider, N., & Alvarez, W. (1980). Signs and symptoms of post-traumatic stress disorder. *Archives of General Psychiatry, 37*, 85-92.

Howell, M.C., Emmons, E.B., & Frank, D.A. (1973). Reminiscences of runaway adolescents. *American Journal of Orthopsychiatry, 43* (5), 840-853.

Hyer, L., Woods, M.G., Boudewyns, P.A., Bruno, R., et al. (1988). Concurrent validation of the Millon Clinical Multiaxial Inventory among Vietnam veterans with Posttraumatic Stress Disorder. *Psychological Reports, 63*, 271-278.

Janus, M.-D., Burgess, A.W., & McCormack, A. (1987). Histories of sexual abuse in male adolescent runaways. *Adolescence, 22*(86), 405-417.

Janus, M.-D., McCormack, A., Burgess, A.W., & Hartman, C. (1987). *Adolescent runaways: Causes and consequences*. Lexington, MA: Lexington Books.

Janvier, R., McCormick, K., & Donaldson, R. (1990). Parental kidnapping: A survey of left-behind parents. *Juvenile and Family Court Journal, 41*, 1-8.

Jerabeck, P., Klimpl, P., & Bolelouchy, Z. (1983). Factor analysis of the SCL-90-R inventory. *Activ. Nerv. Sup. (Praha), 24*, 183-185.

Jessner, L., Blom, G.E., & Waldfogel, S. (1952). Emotional implications of tonsilectomy and adenoidectomy on children. *Psychoanalytic Study of the Child, 7*, 126-169.

Keane, T. M., Caddell, J. M., & Taylor, K. L. (1988). Mississippi Scale for Combat-Related Posttraumatic Stress Disorder: Three studies in reliability and validity. *Journal of Consulting and Clinical Psychology, 56*, 85-90.

- Keane, T. M., Fairbank, J. A., Caddell, J. M., Zimering, R. T., Taylor, K. L., & Mora, C. A. (in press). Clinical evaluation of a measure to assess combat exposure: Psychological assessment. *Journal of Consulting and Clinical Psychology*.
- Keane, T. M., Malloy, P. F., & Fairbank, J. A. (1984). Empirical development of an MMPI subscale for the assessment of posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology*, 52, 888-891.
- Keane, T.M., Wolfe, J., & Taylor, K.L. (1987). Post-traumatic stress disorder: Evidence for diagnostic validity and methods of psychological assessment. *Journal of Clinical Psychology*, 43, 32-43.
- Kellerman, J., Zeltzer, L., Ellenberg, L., Dash, J., & Rigler, D. (1980). Psychological effects of illness in adolescents: I. Anxiety, self-esteem, and perception of control. *Journal of Pediatrics*, 97, 126-131.
- Kempe, C.H., Silverman, F.H., Steele, B.F., Droegmueller, W., & Silver, H.K. (1962). The battered child syndrome. *Journal of the American Medical Association*, 181, 17-24.
- Khan, M., & Sexton, M. (1983). Sexual abuse of young children. *Clinical Pediatrics*, 22, 369-372.
- Kinzie, J.D., Sack, W.H., Angell, R.H., Manson, S., & Rath, B. (1986). *Journal of the American Academy of Child Psychiatry*, 25(3), 370-376.
- Kliman, G. (1968). *Psychological emergencies of childhood*. New York: Grune & Stratton.
- Krim, A. (1976). Urban disaster: victims of fire. In H. Parad, et al. (Eds.), *Emergency and disaster management: A mental health sourcebook* (pp. 337-351). Bowie, MD: The Charles Press.
- Krystal, H., (1978). Trauma and affects. *Psychoanalytic Study of the Child*, 22, 81-116.
- Kufeldt, K., & Nimmo, M. (1987). Youth on the street: Abuse and neglect in the eighties. *Child Abuse & Neglect*, 11, 531-543.
- Lanning, K. (1985). Personal communication.
- Leventhal, T. (1964). Inner control deficiencies in runaway children. *Archives of General Psychiatry*, 11, 169-176.
- Lipman, R.S., Covi, L., & Shapiro, A.K. (1977). The Hopkins Symptom Checklist (HSCL): Factors derived from the HSCL-90. *Psychopharmacology Bulletin*, 13, 43-45.
- Lusk, R., & Waterman, J. (1986). Effects of sexual abuse on children. In K. MacFarlane, et al. (Eds.), *Sexual abuse of young children: evaluation and treatment*. New York: Guilford Press.
- Lyons, H.A. (1971). Psychiatric sequelae of the Belfast Riots. *American Journal of Psychiatry*, 118, 265-273.

- Lyons, J.A. (1987). Posttraumatic stress disorder in children and adolescents: A review of the literature. *Developmental and Behavioral Pediatrics*, 8(6), 349-356.
- Maltz, M.D. (1984). *Recidivism*. Orlando, FL: Academic Press.
- Mattsson, N.B., Williams, H.V., Rickels, K., Lipman, R.S., & Uhlenhuth, E.H. (1969). Dimensions of symptom distress in anxious neurotic outpatients. *Psychopharmacology Bulletin*, 5, 19-32.
- McCormack, A., Janus, M.D., & Burgess, A. (1986). Runaway youths and sexual victimization. *Child Abuse and Neglect*, 10, 387-395.
- McCubbin, H., Boss, P., Wilson, L., & Lester, G. (1980). Developing family invulnerability to stress: Coping patterns and strategies wives employ. In J. Trost (Ed.), *The family and change*. Sweden: International Library.
- McCubbin, H.I., Nevin, R., Larsen, A., Comeau, J., Patterson, J.M., Cauble, E., & Striker, K. (1981). *Families coping with cerebral palsy*. St. Paul, MN: Family Social Science.
- McCubbin, H.I. & Patterson, J.M. (1981). *Systematic assessment of family stress, resources and coping: Tools for research, education, and clinical intervention*. St. Paul, MN: University of Minnesota.
- McCubbin, H.I., & Patterson, J.M. (1983). The family stress process: The Double ABCX Model of adjustment and adaptation. In H. McCubbin, M. Sussman, & J. Patterson (Eds.), *Advancements and developments in family stress theory and research*. New York: Haworth Press.
- McDermott, J. (1970). Divorce and its psychiatric sequelae in children. *Archives of General Psychiatry*, 23, 421-427.
- McKirman, J.J., & Johnson, T. (1986). Alcohol and drug use among "street" adolescents. *Addictive Behaviors*, 11, 201-205.
- McMahon, R.C., & Davidson, R.S. (1985). An examination of the relationship between personality patterns and symptom/mood patterns. *Journal of Personality Assessment*, 49, 552-556.
- McMahon, R.C., & Davidson, R.S. (1985). Concurrent validity of the clinical symptom syndrome scales of the Millon Clinical Multiaxial Inventory. *Journal of Clinical Psychology*, 42, 908-912.
- McNeil, D., & Hatcher, C. (1988). Family survivors of suicide and accidental death: Consequences for widows. *Life Threatening Behavior*, 18(2), 137-148.
- Mercier, M., & Despert, J. (1943). Effects of war on French children. *Psychosomatic Medicine*, 5, 266-272.
- Milne, G. (1977). Cyclone Tracy: II. The effects on Darwin children. *Australian Psychologist*, 12,(1), 55-62.

- Molnar, B., & Cameron, P. (1975). Incest syndromes: Observation in a general hospital psychiatric unit. *Canadian Psychiatric Association Journal*, 20, 373-377.
- Mowbray, C.T. (1988). Post-traumatic therapy for children who are victims of violence. In F.M. Ochberg (Ed.), *Post-traumatic therapy and victims of violence* (pp. 196-212). New York: Brunner/Mazel, Publishers.
- Munjack, D.J., Brown, R.A., & McDowell, D.E. (1987). Comparison of social anxiety in patients with social phobia and panic disorder. *Journal of Nervous and Mental Disease*, 175, 49-51.
- Nash, J.R. (1986). *Almanac of World Crime*. New York: Bonanza Books.
- National Center for Missing and Exploited Children. (1985, May) Background Information on Missing Children. Washington, D.C.: National Center for Missing and Exploited Children.
- Nevin, R., McCubbin, H.I, Comeau, J., Cauble, E., Patterson, J.M., & Schoonmaker, L. (1981). *Families coping with myelomeningocele*. St. Paul, MN: Family Social Science.
- Noble, D.N., & Palmer, C.E. (1984). The painful phenomenon of child snatching. *Social Casework*, 65(6), 330-336.
- Norton, G.R., Harrison, B., Hauch, J., & Rhodes, L. (1985). Characteristics of people with infrequent panic attacks. *Journal of Abnormal Psychology*, 94, 216-221.
- Nunnally, J.C. (1978). *Psychometric Theory* (Second edition). New York: McGraw-Hill.
- O'Donnell, W.E., DeSoto, C.B., & Reynolds, D.M. (1984). A cognitive deficit subscale of the SCL-90-R. *Journal of Clinical Psychology*, 40, 241-246.
- O'Leary, K.D., & Arias, I. (1987). Marital assessment in clinical practice. In K.D. O'Leary (Ed.), *Assessment of marital discord* (pp. 287-312). Hillsdale, NY: Lawrence Erlbaum Associates.
- Palmer, C. & Noble, D. (1984). Child Snatching: Motivations, mechanisms, and melodrama. *Journal of Family Issues*, 5, 27-45.
- Penk, W.E., Robinowitz, R., & Roberts, W. (1982). A PTSD scale from the MMPI designed to differentiate combat from non-combat Vietnam veterans and heavy from light Vietnam combat veterans. Unpublished set of items available from first author upon request, Psychology Service(116B), Veterans Administration Medical Center, 150 S.Huntington Avenue, Boston, MA.
- Perry, H.S., & Perry, S.E. (1959). *The schoolhouse disasters: Family and community as determinants of child's response to disaster* (Disaster Study No. 11). Washington, D.C: National Academy of Sciences.

Perry, S.E., Silber, E., & Bloch, D.A. (1956). *The child and his family in disaster: A study of the 1953 Vicksburg Tornado*. (Committee on Disaster Studies, Report No.5). Washington, D.C.: National Academy of Sciences, National Research Council. (Publication No. 394).

Phelps, R.J., McIntosh, M., Jesudason, V., Warner, P., & Pohlkamp, K. (1982). *Wisconsin Juvenile Female Offender Study Project*. Madison WI: Youth Policy and Law Center.

Pruett, K.D. (1977, October). *Home treatment for two infants who witnessed their mother's murder*. Presentation at the 24th Annual Meeting of the American Academy of Child Psychiatry, Houston, Texas.

Pynoos, R., & Eth, S. (1985). Children traumatized by witnessing acts of personal violence: Homicide, rape or suicidal behavior. In S. Eth & R. Pynoos (Eds.), *Post-traumatic stress disorder in children*. Washington, D.C.: American Psychiatric Press.

Pynoos, R.S., Frederick, C., Nader, K., Arroyo, W., Steinberg, A., Eth, S., Nunez, F., & Fairbanks, L. (1987). Life threat and post-traumatic stress in school-age children. *Archives of General Psychiatry*, 44, 1057-1063.

Rado, S. (1942). Pathodynamics and treatment of traumatic war neurosis. *Psychosomatic Medicine*, 4, 362-368.

Rasmussen, A. (1934). The importance of sexual attacks on children less than 14 years of age for the development of mental disease and character anomalies. *Acta Psychiat., Kbh*, 9, 351-433.

Reimer, M.D. (1940). Runaway children. *American Journal of Orthopsychiatry*, 10, 522-526.

Roberts, A.R. (1981). *Runaways and non-runaways in an American suburb: An exploratory study of adolescent and parental coping*. (Criminal Justice Center Monograph No. 13.) New York: The John Jay Press.

Robins, L.N., & O'Neal, P. (1959). The adult prognosis for runaway children. *American Journal of Orthopsychiatry*, 29, 752-761.

Rosenfeld, A. (1979). Incidence of history of incest among 18 female psychiatric patients. *American Journal of Psychiatry*, 136, 791-795.

Rosenfeld, A., Nadelson, C., Krieger, M., & Backman, J. (1977). Incest and sexual abuse of children. *Journal of the American Academy of Child Psychiatry*, 16, 327-339.

Russell, D. (1983). Incidence and prevalence of intrafamilial and extrafamilial sexual abuse of female children. *Child Abuse and Neglect*, 7, 133-146.

SAS Institute, Inc. (1982). *SAS user's guide: Statistics*. Cary, NC: Author.

- Santilli, L.E. & Roberts, M.C. (1990). Custody decisions in Alabama before and after the abolition of the tender years doctrine. *Law and Human Behavior, 14*(2), 123-137.
- Saunders, B.E., Mandoki, K.A., & Kilpatrick, D.G. (1991). Development of a crime-related post-traumatic stress disorder scale for women within the Symptom Checklist-90-Revised. *Journal of Traumatic Stress.*
- Schaffer, H.R., & Callendar, W.M. (1959). Psychologic effects of hospitalization in infancy. *Pediatrics, 24*, 528-539.
- Schetky, D.H., & Haller, L.H. (1983). Child psychiatry and law: Parental kidnapping. *Journal of the American Academy of Child Psychiatry, 22*(3), 279-285.
- Schultz, L.G. (1978). *The sexual victimology of youth*. C.C. Thomas.
- Senior, N., Gladstone, T., & Nurcombe, B. (1982). Child snatching: A case report. *Journal of the American Academy of Child Psychiatry, 21*, 579-583.
- Shane, P.G. (1989). Changing patterns among homeless and runaway youth. *American Journal of Orthopsychiatry, 59*(2), 208-214.
- Shellow, R., Schamp, J.R., Liebow, E., & Unger, E. (1967). Suburban runaways of the 1960s. *Monograph of the Society for Research in Child Development, 32*(3), 1-51.
- Shutty, M.S., DeGood, D.E., & Schwartz, D.P. (1986). Psychological dimensions of distress in chronic pain patients: A factor analytic study of Symptom Checklist-90 responses. *Journal of Consulting and Clinical Psychology, 54*, 836-842.
- Skilbeck, W.M., Acosta, F.X., Yamamoto, J., & Evans, L.A. (1984). Self-reported psychiatric symptoms among, black, Hispanic, and white outpatients. *Journal of Clinical Psychology, 40*, 1184-1189.
- Solomon, Z., Oppenheimer, B., Elizur, Y., & Waysman, M. (1990). Exposure to recurrent combat stress: Can successful coping in a second war heal combat-related PTSD from the past? *Journal of Anxiety Disorders, 4*, 141-145.
- Stierlin, H. (1973). A family perspective on adolescent runaways. *Archives of General Psychiatry, 29*, 56-62.
- Summit, R. (1983). The child sexual abuse accommodation syndrome. *Child Abuse and Neglect, 7*, 177-193.
- Summit, R. & Kryso, J. (1978). Sexual abuse of children: A clinical spectrum. *American Journal of Orthopsychiatry, 48*(2), 237-251.
- Terr, L.C. (1979). Children of Chowchilla, *Psychoanalytic Study of the Child, 34*, 522-563.

Terr, L.C. (1981). Psychic trauma in children: Observations following the Chowchilla school-bus kidnapping. *American Journal of Psychiatry*, 138(1), 14-19.

Terr, L. (1983). Children of Chowchilla: A study of psychic trauma in a group of "normal" children. *Journal of the American Academy of Child Psychiatry*, 22(3), 221-230.

Terr, L. (1983). Chowchilla revisited: The effects of psychic trauma four years after a school bus kidnapping. *American Journal of Psychiatry*, 140(12), 1543-1550.

Terr L. (1983). Time sense following psychic trauma: A clinical study of ten adults and twenty children. *American Journal of Orthopsychiatry*, 53, 244-260.

Terr, L.C. (1985). Children traumatized in small groups. In S. Eth & R.S. Pynoos (Eds.), *Post-traumatic stress disorder in children*. Washington, D.C.: American Psychiatric Press.

Terr, L. (1988). What happens to early memories of trauma? A study of twenty children under age 5 at the time of documented traumatic events. *Journal of the American Academy of Child and Adolescent Psychiatry*, 27, 96-104.

Terr, L.C. (1989). Treating psychic trauma in children: A preliminary discussion. *Journal of Traumatic Stress*, 2(1), 3-20.

Terr, L.C. (1990). *Too scared to cry*. New York: Harper & Row.

Terr, L.C. (1991) Childhood traumas: An outline and overviews. *American Journal of Psychiatry*, 148(1), 10-19.

Tisza, V.B., Dorsett, P., & Morse, J. (1976). Psychologic implications of renal transplantation. *Journal of the American Academy of Child Psychiatry*, 15, 709-720.

Tsai, M., Summers, S.F., & Edgar, M. (1979). Childhood molestation: Variables related to differential impact of psychosexual functioning in adult women. *Journal of Abnormal Psychology*, 88, 407-417.

Tsai, M., & Wagner, N. (1978). Therapy groups for women sexually molested as children. *Archives of Sexual Behavior*, 7, 417-427.

Tufts New England Medical Center, Division of Child Psychiatry. (1984). *Sexually exploited children: Service and research project (Final report)*. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention, U.U. Department of Justice.

Tukey, J. (1977). *Exploratory data analysis*. Reading, MA: Addison-Wesley.

Tuma, N.B., & Hannan, M.T. (1984). *Social dynamics: Models and methods*. Orlando, FL: Academic Press.

- Turkel, S.B., & Eth, S. (1990). Psychopathological responses to stress: Adjustment disorder and post-traumatic stress disorder in children and adolescents. In L.E. Arnold (Ed.), *Childhood stress* (pp. 51-72). New York: John Wiley & Sons, Inc.
- U.S. Bureau of the Census. (1990). *Statistical Abstract of the United States, 1990*. Washington, D.C.: U.S. Department of Commerce.
- U.S. v. Garcia and Garcia, Southern California District, Los Angeles, California, 1986.
- U.S. v. Melton, North Florida District, Jacksonville, Florida, 1986.
- van der Kolk, B.A. (1985). Adolescent vulnerability to post-traumatic stress disorder. *Psychiatry, 48*, 365-370.
- Wallerstein, J.S., & Kelly, J.B. (1974). The effects of parental divorce: The adolescent experience. In E.J. Anthony & C. Koupernik (Eds.), *The child in his family* (Vol. III, pp. 479-505). New York: John Wiley and Sons.
- Wallerstein, J.S., & Kelly, J.B. (1976). The effects of parental divorce: Experiences of the child in later latency. *American Journal of Orthopsychiatry, 46*, 256-269.
- Wallick, M.M. (1990). Developmental sources of stress: The first through the fifth year of life. In J.D. Noshpitz & R.D. Coddington (Eds.), *Stressors and the adjustment disorders* (pp. 189-216). New York: John Wiley & Sons.
- Wegner, J.T., Rabiner, C.J., & Kane, J.M. (1985). The cognitive deficit subscale of the SCL-90 and prediction of outcome in first episode schizophrenics. *Journal of Clinical Psychology, 41*, 750-752.
- Weinberg, S. (1970). Suicidal intent in adolescence: A hypothesis about the role of physical illness. *Journal of Pediatrics, 77*, 579-586.
- Weiner, I. (1962). Father-daughter incest. *Psychiatric Quarterly, 36*, 607-632.
- Weitzman, L. J. (1985). *The divorce revolution: The unexpected social and economic consequences for women and children in America*. New York: The Free Press.
- Wilson, C. (1990). *The Mammoth Book of True Crime 2*. New York: Carrol & Graf Publishers, Inc.
- Wilson, C., & Seaman, D. (1988). *The Encyclopedia of Modern Murder*. New York: Arlington House.
- Wilson, J.H., Taylor, P.J., & Robertson, G. (1985). The validity of the SCL-90 in a sample of British men remanded to prison for psychiatric reports. *British Journal of Psychiatry, 147*, 400-403.

Williams, H.V., Lipman, R.S., Rickels, K., Covi, L., Uhlenhuth, E.H., & Mattsson, N.B. (1968). Replication of symptom distress factors in anxious neurotic outpatients. *Multivariate Behavioral Research*, 3, 199-211.

Wolk, S., & Brandon, J. (1977). The runaway adolescent's perceptions of parents and self. *Adolescence*, 12, 175-187.

Woolfolk, R.L., & Grady, D.A. (1987). Combat-related posttraumatic stress disorder: Patterns of symptomatology in help-seeking Vietnam veterans. *Journal of Nervous and Mental Disease*, 176(2), 107-111.

World's Most Infamous Crimes and Criminals. (1987). New York: Gallery Books.

Yorukoghn, A., & Kempf, G. (1966). Children not severely damaged by incest with a parent. *Journal of the American Academy of Child Psychiatry*, 5, 111-124.

Young, M. (1954). The role of extended family in a disaster. *Human Relations*, 7, 383-391.

Ziv, A., & Israeli, R. (1973). Effects of bombardment on the manifest anxiety level of children living in Kibbutzim. *Journal of Consulting and Clinical Psychology*, 40(2), 287-291.

Ziv, A., Kruglanski, A. W., & Shulman, S. (1974). Children's psychological reactions to wartime stress. *Journal of Personality and Social Psychology*, 30(1), 24-30.