

Model Treatment and  
Services Approaches for  
Professionals Working  
with  
Families of  
Abducted Children  
Executive Summary

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Western Center for Child Protection  
Reno, Nevada  
JoAnn Behrman-Lippert, Ph.D.  
Director and Principal Investigator

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Dr. Chris Hatcher, the Associate Investigator of this project, died during the late phases of this project. His contributions as director of two OJJDP projects: (1) Families of Missing Children: Psychological Consequences and (2) Reunification of Missing Children, and as a collaborator in the Obstacles to Recovery and Return of Parentally Abducted Children Project greatly contributed to this project.

### **Western Center for Child Protection Staff**

JoAnn Behrman-Lippert, PhD  
Project Director and Principal Investigator

### **University of California, San Francisco**

Chris Hatcher, PhD  
Associate Investigator

### **Field Research Staff**

Carolyn Murphy, PhD  
Washington, D.C.

Kita Curry, PhD  
Monica Jenson, LCSW  
Susan Wojtkiewicz, MFCC, ATR  
Didi Hirsch Community  
Mental Health Center,  
Los Angeles, CA

### **Project Advisory Board**

Jon Conte, PhD  
Professor of Social Work,  
University of Washington

Geoffrey Greif, DSW  
Professor of Social Work,  
University of Maryland

Roland C. Summit, MD  
Psychiatric Community  
Consultation Service,  
Harbor-UCLA Medical Center

### **Office of Juvenile Justice and Delinquency Prevention**

Peter Freivalds  
Grant Monitor

Ron Laney  
Director, Missing Children's  
Program

## EXECUTIVE SUMMARY

### **Model Treatment and Services Approaches for Mental Health Professionals Working with Families of Missing Children Project OJJDP Grant # 93-MC-CX-0003**

**JoAnn Behrman-Lippert, PhD  
Principal Investigator  
Western Center for Child Protection**

## INTRODUCTION

Based on the National Incidence Study of Missing, Abducted, Runaway, and Thrownaway Children in America, also referred to as the NISMART study (Finkelhor, Hotaling & Sedlak, 1990) an estimated 354,100 children were abducted by parents or family members in the United States in 1988. In 163,200 of these cases efforts were made by the abductor to conceal the location of the child, take them to another state or prevent contact with the left-behind parent. Some intended to permanently keep the child or change custody. It was also estimated that between 3,200 and 4,600 children were abducted by strangers or non-family members as defined by state law. This included short-term abduction and/or coercive movement as part of an assault or another crime. Of these, between 200 and 300 involved long-term, long distance or fatal episodes.

In the case of family abducted children, they are often victims of ongoing conflict between their parents, may be denied contact with one parent for an extended period of time, taken away from their peers or school, or be forced to live on the run or to live by another name. Non-family abducted children are frequently taken for sexual, revenge, financial, sadomasochistic or ownership reasons (Boudreaux, Lord & Etter, 2000). The harmful effects of both family and non-family abduction on children and their families has been documented (Hatcher, 1981; Hatcher, Barton & Brooks, 1992a; 1992b; Hatcher, Behrman-Lippert, Brooks & Barton, 1992). Often the detrimental psychological impact on the children and their families continues for months and even years.

The detrimental effects of child abduction upon the left behind families are evident from the moment their children are taken. Even in situations in which families perceive that progress is being made in the search, events such as anniversaries of the child's disappearance, birthdays and other holidays viewed as family events trigger emotional responses. Families often run into road blocks or challenges during the search that require additional energies during an already stressful time. Child search activities are extremely challenging to implement and sustain from both a financial and emotional perspective. For example, involving the media can provide an advantage for parents searching for a child. Developing this skill is essential for the searching parent. However simply suggesting, without providing guidance, that a parent contact the media could be disastrous for the searching parent and the missing child. Many resources have been developed to offer the parent needed guidance.

The Office of Juvenile Justice and Delinquency Prevention, The National Center For Missing Children, regional and local non-profit missing children's organizations and state clearinghouses for missing and abducted children have worked to establish resources for searching parents. These resources fall into four general categories: (1) abduction

prevention; (2) technical written materials and programmatic resources to assist the searching parent(s); (3) information to assist the searching parents in responding to their own and other family member's emotional needs and reactions; and (4) the opportunity to talk with other parents who have missing children.

Effectively addressing family and non-family abduction starts with prevention. Resources exist which are aimed at prevention (Blaine, 1999; Kraizer, 1985; Metlife, 1996-99; NCMEC, 1992; VCA, 1995; 1999) including tips for parents, safety training materials designed for children and school based abduction resistance training curriculum.

Several publications provide information and guidelines for parents/families searching for their missing children. These include descriptions of the obstacles to the recovery and return of parentally abducted children (Girdner & Hoff, 1994), the recovery and reunification of missing Children (Turman, 1995), identification of risk factors for family abduction (Johnson, 1994); and prevention, search and legal issues as they relate to international abduction (Bureau of Counselor Affairs, 1997). Two publications (Hoff, Schretter & Aspell, 1994; OJJDP Report, 1998) provide suggestions on prevention and guidelines to assist parents of missing children on issues related to the search, working with law enforcement, handling the media, working with volunteers, responding to personal and family considerations, and identifying existing resources.

## **PROJECT OVERVIEW**

The goal of the Model Treatment and Services Approaches for Mental Health Professionals Working with Families of Missing Children was to develop, test, and refine model treatment and services approaches and training materials for use by mental health professionals in stabilizing family units upon recovery of missing children, and to support the members of these family units and the returned children's recovery from the associated emotional trauma. Prevention and intervention with families during the missing period, prior to recovery, are beyond the scope of this project. The Project was conducted in three phases over a 36-month period.

Experience with the Reunification of Missing Children Project (Hatcher, Behrman-Lippert, Brooks & Barton, 1992) provided recognition that the psychological consequences of abduction were more than transitory, but rather extended over a period of years. It was further indicated that there was a substantial demand by mental health and social service agency professionals for a model of intervention and treatment for these children and families that covered more than just the reunification period.

However, due to U.S. population size and geographical distribution of children recovered from family and non-family abduction, the majority of mental health/social service professionals are in geographically diverse areas and do not readily have access to the knowledge necessary to provide meaningful counseling services to recovered children and their families. It then became important to develop and field test a traditional clinic based counseling model, as well as an alternative cost effective model of information and training delivery in order to reach these mental health/social service professionals, who in turn would serve the recovered children and their families.

The design of the Model Treatment and Services Approaches for Mental Health Professionals Working with Families of Missing Children Project addressed these issues, by developing and field testing: (1) a traditional clinic based counseling model for the delivery of on-site, in person services to recovered, previously missing children and their families; and (2) an alternative model of information and training delivery via mailed

printed material and by specialized telephone consultation to individual mental health/social service professionals who in turn would serve the recovered children and their families.

The knowledge gained in the field test of these Model Treatment and Services Approaches resulted in the production of one publication to discuss the treatment needs of two populations of recovered children and their families. That publication is: **Model Treatment and Services Approaches for Professionals Working with Families of Non-Family and Family Abducted Children.**

### **Field Test Application of the Models**

After the models and manuals for family and non-family abduction were written, they were field tested in two contexts: (1) the direct services clinic and (2) professional consultation to direct service providers.

The direct services field test took place at the Didi Hirsch Community Mental Health Center in Los Angeles, CA. This clinic provides direct services to a multi-cultural population in Los Angeles County. Two .25 time masters level therapists, both bilingual in Spanish and English, were trained to use the model. They consulted weekly by telephone with the project director, collected demographic data on the families receiving treatment, administered nationally normed measures at the time of entry into treatment, and at the end of treatment or of the project, whichever came first, and were interviewed by the senior project psychologist at the close of the field test.

The consultation model of information and training delivery to direct service providers was field tested, utilizing a .25 time doctoral level psychologist who was housed at and worked in collaboration with the National Center for Missing and Exploited Children (NCMEC). This psychologist, who had ten years prior experience in treating child victims of sexual abuse, was trained by the project director and senior psychologist on the specifics of the models for family and non-family abducted children. She also received weekly telephone consultation from the project director. Cases were identified by case managers at NCMEC for consideration. In order to be considered for the project, families needed to identify a local therapist in their community who had agreed to provide treatment to the recovered child(ren) and their family. This model provided consultation services to the local therapist providing direct face-to-face counseling services to the participating families, via fax, mail of printed material, and by telephone consultation with the project psychologist referenced above. The part time project psychologist also collected demographic data about the families that were receiving treatment from the treating therapist after a local therapist was identified information about the project was faxed to the local therapist. Both the local therapist and family signed agreements to participate in the project. Upon receipt of the signed forms, a packet was faxed to the therapist addressing the initial assessment and treatment issues. This was followed by a treatment manual which included information about the missing children's issues, general trauma information and specific issues for assessment and treatment for each of the abduction types (family and non-family). The project psychologist also mailed out nationally normed measures to be administered by the treating therapist at the time of entry into treatment and again at the end of treatment or of the project field test, whichever came first. Finally the therapist was interviewed by the senior project psychologist and filled out a lengthy questionnaire at the close of the field test.

The field test covered a period of eighteen months, beginning in April 1994. Demographic data was collected for each recovered child. Information collected included date of disappearance, date and location of recovery, date of referral to the program, type

of abduction, name of recovering parent, siblings' sex and age, agreement/decline to participate, initial assessment and treatment plan. In addition, activity forms were completed by the therapist for the direct services model and by the project psychologist for each date of contact with the family/child or treating therapist, respectively. At the time a family/therapist agreed to participate in the project, project measures were administered. These included the Achenbach Child Behavioral Checklist, Symptom Checklist (SCL-90) and Frederick Trauma Reaction Index Form C (Child). Written instructions were provided to the therapist on data collection and administration of the measures to facilitate consistent data collection and administration of the measures. The same measures were administered at the end of treatment or at the end of the project field test, whichever occurred first.

With regard to the NCMEC Consultation Model site, utilizing a quarter time consulting psychologist position, 39 cases (19 males and 20 females, age range 2-15 years) were referred for Project participation. Case consultation has been sought from 14 states, with representation from each major geographical region of the U.S. Consultation was provided to a range of mental health professionals including psychiatrists, psychologists, clinical social workers, and marriage and family therapists. Non-participating eligible cases fell into to categories, pending and non-participating. Pending cases (n=11) were those cases in which a parent failed to follow through with treatment, failed to obtain a local therapist, was trying to obtain funding to pay for treatment or failed to return the required agreements for participation in the project. Non-participating cases (n=11) were those cases in which the therapist was reluctant to participate, the therapist was unable to obtain funding for treatment, the therapist failed to follow through with phone contacts after receiving the materials and the child received an evaluation but no follow-up treatment. The eligible cases were overwhelmingly Caucasian (n=37). The majority of the cases involved family abductions (n=35), with the children missing from one month to 8 years. Half of the eligible children from the family abduction sample were abducted by their father (n=17) and half by their mother (n=15). Four of the abductions involved taking the child to another country, the remainder stayed in the United States. Non-family abductions lasted from 1 day to three years. The majority of the non-family abductions (n=3) involved family friends or acquaintances known to the family and child.

The families of 17 children (eight males and nine females, age range 2-15 years) received services via consultation to the local treating therapist and completed the project measures. Fifteen of the children were abducted by a family member (seven males and eight females). All of the children were Caucasian. They were missing for a period of four months to eight years. Seven were abducted by their fathers and eight by their mothers. None of the children were taken outside of the United States. The two non-family abductions involved a fifteen-year-old female and a four-year-old male. Both were abducted by a family friend or acquaintance. Both involved sexual exploitation. All but three of the children treated through the project were involved in long term treatment which continued at the end of the field test portion of the project. The three children who stopped treatment terminated when they moved to another area of the country. Those three children were all from the same family.

With regard to the Didi Hirsch CMHC site, utilizing a quarter time therapist position, the caseload consisted of 10 children recovered from parental abduction (five males and five females, age range 2-16 years old). Five additional cases were eligible for treatment but did not participate. Reasons for failure to participate included child refusal to enter treatment in two cases and parental failure to follow-through in two cases. One of the additional five cases involved a non-family abduction by a person unknown to the family. The family elected not to seek treatment at the time of the project. Seven of the ten participating cases were international parental abduction cases. All of the children

participating in the program were from a minority or mixed racial background. The children from the participating families were missing for a period of one month to five years. All of the children but one continued in treatment beyond the end of the project field test.

Quantitative data analysis of the project measures was precluded by the limited sample size, unequal sample sizes between sites, and multiple variables represented in the cases. The following analyses are provided from a qualitative standpoint,.

### **Parental Reports About Child Distress**

The following themes are characteristic of most of the children participating in the project at the time of entering treatment: (1) distressing and reoccurring dreams; (2) withdrawal and denial; (3) avoidance; (4) fear of separation from the recovering parent(s); (5) fear of reabduction; (6) lack of confidence with peers, lack of friends and poor self-image; (7) post traumatic play; (8) avoidance of reminders of the abduction; (9) appreciation of the wrongfulness of abduction; (10) startle reactions; (11) guilt over the abduction and (12) somatic symptoms.

Some children were faced with issues specific to their abduction; for example, name changes, living as the opposite sex, cultural and language barriers (especially in international abductions), lack of memory of the recovering parent, and confusion over conflicting messages from each parent.

### **Therapist Evaluations of the Models**

Evaluations by therapists who participated in the consultative model focused on three themes:

1. **Techniques and Clinical Case Examples:** All therapists, from both the direct services context and consultation context, valued the techniques/themes chapters and clinical case examples of the draft manual. It was consistent with prior training, yet provided information on aspects of abduction cases that was counterintuitive. Content of the models was reported to be consistent with the observed impact of abduction in the treated cases. The therapists reported returning to this material as the case progressed and found it readily transferable into their assessment and interventions of the recovered child and family.

2. **Limitations of Health Care Delivery:** Recovered children and their families have not been immune to the efforts to reduce health care costs. As a result, coverage of mental health services is very limited. Second, families must have a degree of sophistication and perseverance to negotiate their local health care system in order to identify a skilled therapist-provider. Third, even when a skilled provider has been identified, it is unlikely they have treated a child abduction case before. Fourth, many abduction victims do not qualify under our current systems for crime victim assistance, although this varies from state to state. The most often excluded cases were family abducted children who had not been victims of physical or sexual abuse.

3. **Early Intervention and Accessibility to Specialized Materials:** Therapists reported that their most crucial need for information was at the beginning of treatment. This need was twofold. First, the complexity of the recovered child's needs, the pre-abduction problems and unrelated family trauma, law enforcement and court issues were new and overwhelming. They wanted the information early in their child and family contact to become familiar with the issues to aid in assessment and case planning.

Second, in other cases, the child and family appeared on the surface not to have any post recovery problems. In the absence of information about how to adequately assess child abduction cases and recognize the sometimes counterintuitive reactions, the therapist can and does miss child abduction effects. One therapist saw a child for an initial evaluation, and made the determination that the child was not impacted by the abduction. After receiving and reviewing the material the therapist recognized a number of unidentified issues in the initial evaluation, recontacted the family and engaged in a lengthy course of treatment to address the previously unrecognized impacts.

**Declined Consultation and Treatment.** During the field test, some families with recovered children initially expressed interest in services or consultation to their therapist but then failed to participate. There were two primary reasons:

**1. Overwhelmed by Missing/Recovery and Reunification Issues:** For some families, the recovery and reunification of the child is complex and confusing. Media attention is intense and intrusive. Friends and family often drop in without warning. The experience can result in the simple desire to shut the world out and re-establish the integrity of the separate family unit. Other times they were too overwhelmed to utilize the available resources and had difficulty following through with getting to scheduled appointments.

**2. Lack of Awareness/Knowledge about Child Abduction Cases by Local Therapists:** For other families, the challenge was to find a therapist who was willing to take their case or the inability to find a therapist they felt was qualified or who understood abduction issues. Several families initially tried to locate a therapist but eventually gave up. Financial resources were also a barrier for some families. Other times families did find therapists but would initiate treatment only to discontinue it when they felt the therapist lacked knowledge about abduction-specific issues.

## THE TREATMENT MODELS

This training manual is a direct effort to provide information and to serve as a guide to the mental health professional who has already completed his/her professional training. This model should be useful to clinicians at whatever stage of post-recovery intervention they become involved. While families of missing children also need mental health attention, this model is not designed to provide approaches for working with parents or families during the missing period; nor does it address prevention. Both of these areas are beyond the scope of this project.

The treatment models for family abducted and non-family abducted children are not proven models. They are designed to provide guidelines and direction in (1) the assessment of these children and their families and (2) the treatment needs of these children and their families. Individual needs will vary depending on the specific facts of the case. However the phases and abduction-specific issues cover the range of responses which have been identified thus far.

The data and knowledge about the treatment of recovered children in specific ethnic, socio-economic and/or cultural groups is still very limited. While the models are based on clinical experience with diverse ethnic, socio-economic and cultural groups, the data in this study are too limited to address the generalization and limitations of the treatment models. The increase in divorced parents (and not married couples), custody battles, "underground hiding" of children, all should play a factor in our understanding of

treatment needs. Certain populations such as street children may not benefit from the treatment specified in this model.

Treatment intervention in these models was offered on a weekly basis. Length of treatment varied from six months to several years. Estimates of length of treatment will vary dependent on a series of variables including: length of time the child was missing, circumstances of the abduction, experiences during the missing period, pre-abduction adjustment of both the child and family, individual coping ability, family and community support, and individual and family resources.

The Treatment Models for non-family and family abducted children each consist of four Stages. Stage I deals with the initial recovery of the child and reunification with the family. Stage II provides a short term trauma response pattern. Stage III examines the longer term trauma response pattern. Stage IV describes termination/periodic recontact for children and family members.

Fundamental differences in the experience and impact of family and non-family abduction exist. Differences in emotional responses exist during Stage I as reflected in the extended model descriptions. However this summary outlines only the basic steps of reunification, whether the abduction was family or non-family. Specific behavioral and emotional responses are summarized for non-family and family abduction evident in Stages II, III and IV.

#### **STAGE I - REUNIFICATION**

The team model of reunification is suggested. The goal of the reunification team is to provide the recovered child and family with a coordinated, organized program of law enforcement, mental health, and victim-witness services in order to enhance the investigative, child protective and emotional needs of the child and family. However at this time only a handful of jurisdictions have developed or been provided with the training to develop multi-disciplinary teams. In the event that the mental health services provider does not have access to a multi-disciplinary team they should not be dissuaded from their opportunity to effectively assist these families.

In most cases the mental health professional or protective services worker will not be present at the reunification. In other cases, the mental health professional may have worked with the parents or other family members during the time when the child was missing. In still other cases the mental health professional may not become involved until after the child and parent(s) have already been reunified. Whichever of these possibilities is the case, understanding the specific recovery and reunification experience of the families to whom they are providing service will enhance the professionals' assessment and intervention effectiveness. The reunification steps provide: (1) potential sources for obtaining additional information about the case, (2) information about the types of questions the provider may want to address to the child and their family about their recovery/reunification experience and feelings, and (3) a context to understand the overall experience of abduction, recovery and reunification.

Initial experience with the reunification of recovered children with their families has indicated the complexity of the event. Each member of the family involved in the child recovery and reunification process has an individual set of needs. The goals of reunification are accomplished in five steps.

### **Step 1: Pre-Reunification Preparation**

Families can vary widely in their coping response to an abduction experience. When possible it is helpful to have the following information prior to the reunification:

1. parental expectations of the child at reunification,
2. pre-recovery beliefs about recovery,
3. perceptions and beliefs about the abduction,
4. perceptions and beliefs about the abductor, and
5. fears and anxieties during the disappearance

### **Step 2: Reunification Meeting**

The family should be instructed to bring along items familiar to the recovered child such as a favorite toy and/or photos of family members, family events and pets. These items can be helpful for memory and assists in providing something to discuss during the initial reunification meeting. Arrangements need to be made for children who cannot attend the reunification. If the media is present, it is important that the family's and child's needs come first. The parents need to be given information about the recovery and the child's condition from a non-medical viewpoint. Parents need to be instructed to leave the questioning of the child to law enforcement personnel and to focus on welcoming the child home.

### **Step 3: Post-Reunification Family Evaluation/Assessment**

During the initial post-reunification meetings in the office, the focus shifts to identifying individual and family issues with the outside world and intrapersonal concerns. In some cases the clinician may want to triage portions of the assessment to another clinician, especially in cases where there are several abducted children, several non-abducted siblings or significant family dysfunction.

### **Step 4: Stabilize Family and Support Immediate Problem Solving**

The overall objective of this stage is to help the family stabilize and family members to define and articulate individual and family healing goals. This is achieved by assisting the family in identifying immediate needs, the resources available to meet those needs and a plan to initiate the process. Another task in this step is to establish simple goals and tasks for re-establishing stability in the home.

### **Step 5: Identifying Future Goals**

By utilizing knowledge about trauma and issues specific to child/family abduction, the clinician assists the family and individual family members in identifying and organizing their individual and collective behaviors and concerns. In an effort to better identify and decrease the possibility of future traumatic reaction, parents should be advised about how to respond to the child, how to respond to sibling concerns, how to address the child's questions, what to look for in the way of symptoms and distress signals and how to respond to child emotional responses.

## STAGE II - SHORT TERM TRAUMA RESPONSE PATTERN CHARACTERISTICS: NON-FAMILY ABDUCTION

Once a child has been recovered and returned home, the short term response pattern for recovered child and family will be characterized by: A) Emotional/Behavioral Manifestations and B) Environmental Circumstances.

**TABLE 1**  
**STAGE TWO**  
**Short Term Trauma Response Pattern Characteristics: Non-Family Abduction**

- A. Emotional/Behavioral Manifestations:** The emotional and behavioral manifestations are directly related to issues in the abduction experience; for example, euphoria, hyperarousal or guilt about behavior during the missing
- B. Environmental Circumstances:** These issues result from circumstances that occur during the missing period or result from the recovery. For example, the abduction may result in intense media coverage or require the child to testify in legal proceedings.

In non-family abductions, specific emotional and behavioral manifestations may appear for the child and the parent which are in direct response to the abduction experience. These emotional and behavioral responses have specific themes and content associated with them. The following specific manifestations outline the Short Term Trauma Pattern in these types of abductions.

### **A. Emotional/Behavioral Manifestations**

- 1. Brief Euphoria.** The first stage is brief euphoria, lasting from minutes to less than a day. Brief euphoria is then replaced by mistrust and restraint, guided by the child's concern that the return may actually be a false event or test engineered by the abductor. Often child victims will be somewhat flat in their emotions and will be less responsive to questions as they attempt to determine whether the recovery is in fact real.
- 2. Hyperarousal.** This phase usually lasts for multiple days after recovery. Both the victim and the family are over stimulated by attention from law enforcement, the media, friends and others. There is a high degree of daily unpredictability and confusion surrounding the victim and the family. During this time, both family and child victim will often talk to anyone who approaches them. It is important to assist the family and protect them from further exploitation.
- 3. Hypervigilant Recall.** Child victims often want to recall the details which they have so carefully stored away as part of their abduction survival strategy (Hatcher, 1981). During the missing period, victims make conscious and significant efforts at storing away information regarding the abductor's behavior, motivations, other people around the abductor and the environment.
- 4. Compliance/Resistance.** The fourth post-recovery response stage is that of compliance/resistance. This can occur anywhere from hours to weeks subsequent to the recovery. At the time of recovery, victims initially comply with requests. This is due to

the previously referenced survival strategy developed by victims to cope during the abduction experiences. As feelings of personal resourcefulness return, the child victim's resistance to requests increases. This resistance can be directed toward requests from investigators and prosecutors as well as mental health and social service professionals.

**5. Denial and Help-Seeking.** The fifth post-recovery response stage alternates between denial and help-seeking. In this stage, the child victim covers up or negates significant internal emotional difficulties. They often will make statements such as "there is nothing wrong" or "I'm perfectly OK." Mental health professionals should be cautious about accepting such statements at face value.

**6. Safety/Reabduction Concerns.** Most children who have been abducted have initial concerns about safety and reabduction. This is expressed through reabduction dreams, reabduction play, sleep difficulties, and specific statements/fears about reabduction.

**7. Child Victim Emotional Numbness.** One of the most common themes seen in child abduction victims is a feeling of numbness. Duration is variable, typically lasting from weeks to months. In children, it may be manifested as emotional bluntness, apathy in day to day activities, denial of the event or avoidance of reminders of the event, and lack of interest or joy in activities which were previously perceived as being fun. In teenagers, it is often manifested with apathy, denial of any intrusive or negative feelings around the abduction event, denial of thoughts about the abduction event, or a bland emotional presentation. In addressing victim numbness, it is important to assess both the family and the victim in terms of their perceptions of what the numbness means, as well as their reaction to it. Emotional numbness is often mistaken for adjustment by families and victims.

**8. Restitution.** Another manifestation is restitution, in which child victims may feel the need to obtain restitution for having endured the abduction experience. This may come in the form of indulging or rewarding themselves. Another level of restitution involves the family.

**9. Family Disorganization.** With the abduction experience, reality is turned upside down. An event which the family never considered would happen to them has occurred, changing their sense of reality forever. Family members often approach professionals with many questions. Families often have difficulty mobilizing resources available to them because of their own trauma resulting from the abduction experience.

**10. Child Anxiety Precipitants.** There can be a range of events that result in post-abduction anxiety or intrusive memories of the event. When the stimuli to the anxiety is not evident, it is helpful for the therapist to work with the victim to identify the precipitant to his/her anxiety. There can be a range of events that result in post-abduction anxiety or intrusive memories of the event.

**11. Family Anxiety Precipitants.** There are various causes of family anxiety after the abduction. One of the most common causes is media attention about abduction of other children. Alternatively, family members may find themselves responding to anniversary dates, verbal, visual and other sensory-motor cues which remind them of the incident.

**12. Flashbacks/Reliving details of the abduction.** Many recovered children experience flashbacks or relive details of the abduction experience. Some children describe feeling that they are in the experience again.

## B. Environmental Circumstances

1. **Media Attention.** Negotiating contacts with the media can be problematic for the entire family or for certain family members. The initial difficulty for some abduction victims and family members is the issue of having very personal experiences, such as the reunification, subject to public view.
2. **Criminal Prosecution.** Prosecuting non-family abduction cases is a major developmental event in the adjustment of recovered children. Whether the abduction incident leads to prosecution or not, or whether an abductor alludes identification, family members will have to deal with their feelings about the relevant court action.
3. **Family Contextual Issues not Directly Related to the Abduction.** Trauma may be exacerbated by the presence of environmental and family issues that pre-dated the abduction. For example some children will come from broken families. Other children will come from families with mental health, drug and/or alcohol abuse histories, financial problems, or geographical isolation from mental health resources.

### STAGE III - LONG TERM TRAUMA RESPONSE PATTERN: NON-FAMILY ABDUCTION

**TABLE 2**  
**STAGE III**  
**Longer Term Trauma Response Pattern: Non-Family Abduction**

- A. **Review of Event Related Issues:** Events that occurred during the abduction and as a result of the abduction are revisited in an attempt to master the experience. The goal is to integrate the abduction experience and address unresolved questions and affect.
- B. **Implement Coping Methods for Abduction Related Events and/or Assumption Violations:** This includes implementation of coping methods aimed at mastery of abduction related concerns. Violations of basic life assumptions, e.g., "the world is ordered" and "bad things don't happen to good people" are reviewed and reintegrated.

The following section identifies the specific issues that emerge for non-family abducted children and their families after recovery in these two categories. As was true in the prior stage, these issues are abduction related. The specific circumstances of the abduction becomes significant in understanding and addressing the individual or family concerns.

#### A. Review of Event-Related Issues

##### For the Child:

1. **Child Victim Reorganization of the Abduction Experience.** The process involves an internal review of the details of the abduction and recovery, the goal of which is to understand and organize the abduction experience.
2. **Review of Abduction Details.** Careful chronological review of the details of the abduction with the child is an essential component of the counseling process. Victims

often remember numbers of details which are extremely salient to their emotional experience of the abduction.

**3. Recovery Events as Real Versus False.** In abductions lasting longer than twenty-four hours, child victims may perceive the recovery to be false, or just another attempt by the abductor to manipulate them. They may not initially believe the recovery is real.

**4. Child Victim Expectations of Family Response During Abduction.** Victims develop perceptions and expectations of what the outcome will be during the time that they are abducted. Often they do not believe the family is looking for them or they think family members will be angry at them. These perceptions and expectations can change during the abduction experience.

**5. Child Victim Survival Strategies.** This is a topic which needs to be addressed by the therapist as a way of helping these child victims understand the abduction event, organize their responses, and to recognize their strategies for survival during the experience. Victims often need assistance in identifying these strategies.

**6. Child Victim Evaluation of Recovery Response.** Victims frequently recall in detail the interactions with the abductor, the questions and requests made of them and their responses to them. These responses either prove to be helpful to the victim in terms of their sense of support and re-empowerment, or they can cause secondary trauma due to the response or lack of expected response from the professionals with whom they have contact.

**7. Evaluation of the Child's Behavior by Others.** A common theme in non-family abductions is evaluation by others of the child's behavior during the abduction, or Monday morning quarter-backing. It is typical in these cases that the child victim's responses are subjected to scrutiny by family, friends, or others who would assess themselves as responding in a more capable way.

**8. Child Victim Anticipation of the Future.** Another important recovery theme is anticipation of future, incident related activities such as medical procedures or court appearances and the meaning of these events to the child.

**9. Child Victim Reactions to the Abductor.** Child victims frequently reference a sense of concern over what happens to the abductor. Victims may view their experience with the abductor as close contact with primitive evil and develop a belief that the abductor has supernatural powers. Child victims have variable desires to have information about the abductor from time to time in their treatment.

**10. Child Victim Explanations for the Abduction.** Common questions asked by the abduction victims are "what if" and "why me." These questions are, of course, an effort to attempt to make rational sense out of a tragic life event. The questions around "why me" are also associated with the creation of omens.

#### **For the Family:**

**1. Family Reorganization of the Abduction Experience.** Just as for the victims, family members, including parents and siblings, also find themselves reviewing the details of the abduction from their various perspectives.

2. **Family Evaluation of the Recovery Response.** Just as is true for the victims, family members and siblings have reactions and perceptions as they learn about the recovery. This often includes many questions about how to respond to the child victim.
3. **Family Expectations of Child Recovery During Abduction.** Families develop perceptions and expectations of post recovery outcome while their child is missing. These perceptions range from hopefulness, to the expectation that the child will be recovered deceased or not at all. Different family members often have different perceptions. As is true with the victim, family expectations of outcome may change over time.
4. **Family Survival Strategies During the Abduction.** The parents and siblings of abducted children develop survival strategies to deal with the stress of the missing child. As is true with the victim, these survival strategies may be proactive or they may be decisions to remain passive and not respond at all.
5. **Family Anticipation of the Future.** After recovery, families anticipate future abduction related activities. These may include medical tests, court appearances, or media demands for interviews.
6. **Family Perceptions of the Abductor.** Family members develop their own set of beliefs based upon their own information and experiences during the abducted period, combined with information received from the victim and from the professionals involved in the case. These perceptions are often different than those of the victim.
7. **Family Explanations for the Abduction.** Their questions and efforts to understand why their child was abducted produce results similar to those seen in victims. These results include omens about how the abduction could have been predicted, as well as, supernatural or spiritual explanations for the abduction.

**For the Child Victim/Family:**

1. **Child Victim/Family Reassessment of Abduction Behavior.** Victims and family members go through a parallel process of underlying questions and feelings involving reassessment of one's individual behavior during the abduction period. The family members struggle with questions around self-blame, guilt, helplessness, and vulnerability.
  2. **Child Victim/Family Assessment of Damage Due to the Abduction.** Another phase of treatment addresses the psychological trauma caused by the event. Both family members and child victims go through this process, but it is often a silent, unshared process between them.
- B. Implement Coping Methods for Abduction Related Events and/or Assumption Violations:**
1. **Grieving the Losses.** The biggest loss is the sense that things will never be the same as prior to the abduction. Child victims often describe themselves as different and family members as different because of the unique experience of abduction. Things that used to be important seem trivial.
  2. **Child Victim Sense of Abandonment.** Child victim sense of abandonment comes with the perception of shrinking support systems and embarrassment over continued abduction concerns. Initial support is strong but as time passes, victims feel others no longer want to hear their concerns or think they should be "over it."

3. **Child Victims and Diminishing Support Systems.** Victims may withdraw and isolate, feeling that they have somehow failed and need to deal with their concerns within themselves; or they may seek to expand their support systems.

4. **Child Victim/Family Feelings of Separation from Others.** With recovered children, a recurrent feeling is that of not fitting in with other children and not being like their peers.

5. **Child Safety Rules.** Surprisingly, many families do not formulate or re-establish child safety rules as part of the healing process. This is an area that often needs to be introduced by professionals.

6. **Assumption Violations.** Abduction, whether family or non-family, violates both parent assumptions and child assumptions about the world. Both children and adults find that the basic assumptions they lived by and made decisions by no longer apply or work.

#### **STAGE IV - TERMINATION/PERIODIC RECONTACT: NON-FAMILY ABDUCTION**

1. **The amount and length of treatment required will clearly vary from case to case.** Case specific abduction experiences, other stressors, individual coping abilities, and psychological mindedness all impact length of treatment.

2. **Open door policy for the victim and the family to return to treatment.** Children and families benefit from being told this is a normal progression depending on developmental considerations and post-recovery experiences.

#### **FAMILY ABDUCTION - ASSESSMENT AREAS**

Assessment of family abduction requires a series of abduction specific questions be asked by the mental health professionals. See Table 3.

1.	<b>The behavior of the abducting parent prior to the abduction</b>
2.	<b>Pre-abduction behavior of the left-behind parent and child</b>
3.	<b>Circumstances of the initial abduction</b>
4.	<b>Communications to the child about the left-behind parent</b>
5.	<b>Communications to the child about the abducting parent</b>
6.	<b>Circumstances during the abduction</b>
7.	<b>Specific living conditions during the abduction</b>
8.	<b>Circumstances of the recovery</b>
9.	<b>Authority behavior</b>
10.	<b>Child's behavior/separation from the abducting parent</b>
11.	<b>Child's recovery emotions</b>
12.	<b>Child's reunification expectations</b>
13.	<b>Left-behind parent's reunification expectations</b>
14.	<b>Opportunity for a reunification meeting</b>
15.	<b>Parent experience during the search</b>
16.	<b>Ethnic and cultural considerations</b>

## STAGE II - SHORT TERM TRAUMA RESPONSE PATTERN CHARACTERISTICS: FAMILY ABDUCTION

Once a child has been recovered and returned home, the short term responses pattern for recovered child and family will be characterized by : A) Emotional/Behavioral Manifestations and B) Environmental Circumstances.

**TABLE 4**  
**STAGE TWO**  
**Short Term Trauma Response Pattern Characteristics: Family Abduction**

**A. Emotional/Behavioral Manifestations:** The emotional and behavioral manifestations are directly related to issues in the abduction experience; for example, safety and re-abduction fears, conflict over loyalty demands or guilt about behavior during the missing period.

**B. Environmental Circumstances:** These issues result from circumstances that occur during the missing period or result from the recovery. For example, the child may have had their name and identity changed, experienced a positive or negative environment during the missing period or encountered language and/or cultural barriers upon their reunification with the left-behind parent.

In family abductions, specific emotional and behavioral manifestations come up for the child and the parents. These manifestations are in direct response to the abduction experience and have specific themes and content associated with them. The following specific manifestations outline the Short Term Trauma Pattern in these types of abductions.

### **A. Emotional/Behavioral Manifestations**

- 1. Safety and re-abduction issues.** Most children who have been parentally abducted have initial concerns about safety and reabduction. This is expressed through reabduction dreams, reabduction play, sleep difficulties, and specific statements/fears about reabduction.
- 2. Child lack of control.** Parentally abducted children often appear to struggle with the sense of having been treated as an object. This is due to their lack of control over the events in their life; for example, the abduction, the recovery or reunification.
- 3. Guilt and shame.** Many children struggle with guilt and shame around the abduction event. Often they feel guilty for not knowing about the abduction or for not being able to prevent it. In other cases they may feel guilt and shame for their participation/cooperation with the abducting parent in avoiding detection.
- 4. Child conflict with loyalty demands.** Children in parental abductions are often caught with a sense of conflicting loyalty demands. Each parent's need for validation often creates these conflicting loyalty demands. Most children perceive that because their parents are in conflict they will have to make a choice between the two of them.

5. **Parent sense of loss and betrayal.** During the search, left behind parents are often perceived and judged by other persons and professionals as overreacting "because the child is just with the other parent." Feelings of betrayal can be responses to the abductor, the missing child and often to the system. The fact that the children of these parents were missing is a major life trauma and must not be diminished or discounted.
6. **Abandonment.** Parentally abducted children may also struggle with abandonment issues. Abandonment can be of a dual nature. Initially they may feel abandoned by the searching parent because of what they are told. After recovery, they may feel abandoned by the abducting parent.
7. **Child post-traumatic play.** Parentally abducted children also show signs and symptomatology seen in traumatized children in general. For example, the parentally abducted child may exhibit both post-trauma play and post-trauma mastery play.
8. **Child post-trauma omens and dreams.** Some parentally abducted children will develop omens and metaphors around their abduction experiences. These are aimed at either predicting another abduction or an insulating protective metaphor. Post-traumatic dreams have been noted either through direct dreams about the incident or indirect metaphorical dreams.
9. **Child emotional responses.** Much to the surprise and disappointment of recovering parents, parentally abducted children may often exhibit emotional bluntness upon the reunification with their parents. They may also be ambivalent or feel conflicted about the abduction.
10. **Child testing of the recovering parent.** With reunification, parentally abducted children frequently test the genuineness and security of the recovering parent. This may come in the form of acting out behavior.
11. **Court Testimony.** Various kinds of hearings (child custody, visitation, juvenile court, child abuse/neglect proceedings, and/or criminal prosecution) may follow family abduction. Testifying in proceedings that so directly affect their parents and themselves is a major event in the adjustment of recovered family abducted children.

## **B. Environmental Circumstances**

1. **Name and role change and sex role identity.** Cases in which children were made to change their names and roles can present particular difficulties, especially for young children. Assuming the appearance and role of the opposite sex can interfere with or confuse young children concerning sex role identity issues.
2. **Child environment issues.** Parentally abducted children may also experience anger at being taken away from the environment created by the abducting parent. They may be established in school and have a network of social relationships. Certainly, the environments created by abducting parents are not necessarily negative.
3. **Language barriers and cultural issues.** In some cases not only are abducted children faced with becoming acquainted with the recovering parent but also with learning a new language and culture. These children may feel frightened and more isolated.

4. **Visitation.** Children often have conflicted or ambivalent feelings about visitation whether with the searching or abducting parent. Some children are upset by limits on visitation while others are fearful and reluctant.

### STAGE III - LONG TERM TRAUMA RESPONSE PATTERN: FAMILY ABDUCTION

**TABLE 5**  
**STAGE III**  
**Longer Term Trauma Response Pattern: Family Abduction**

- A. Review of Event Related Issues:** Events that occurred during the abduction and as a result of the abduction are revisited in an attempt to master the experience. The goal is to integrate the abduction experience and address unresolved questions and affect.
- B. Implement Coping Methods for Abduction Related Events and/or Assumption Violations:** This includes implementation of coping methods aimed at mastery of abduction related concerns. Violations of basic life assumptions, e.g., "the world is ordered" and "I can count on those people closest to me to have my best interest in mind" are reviewed and reintegrated.

The following section identifies the specific issues that emerge for family abducted children and their families after recovery in these two categories. As was true in the prior stage, these issues are abduction related. The specific circumstances of the abduction becomes significant in understanding and addressing the individual or family concerns.

**A. Review of Event Related Issues**

1. **Adjusting to the child's developmental level.** One of the more challenging tasks for recovering parents is catching up with the developmental advances their child has made. The picture recovering parents often have of their child is "frozen in time". They must adjust their parenting to the child's current age.
2. **Getting to know the child/parent again.** For some children who have been recovered after a family abduction, the task they face is getting to know a parent whom they don't remember or whom they have envisioned to be deceased or forever absent. The abduction experience also changes both child and parent and they must incorporate the abduction experience.
3. **Narrowing the perspective.** In some families, the abduction can become the focus of attribution for all old or new problems which may arise. While it may be true that some problems are abduction related, it is often not the only contributor.
4. **Grieving the losses.** Becoming reacquainted with one another can be a reminder for the recovering parent and the older recovered child of the losses they experienced because of the abduction experience. They reflect on missed opportunities and milestones in the child's development.
5. **Reassessing the path to the abduction.** A long term issue for some recovering parents is the question of "how did I get into this mess?" This requires evaluation of the

steps leading up to the abduction not only on the abductor's part but also on the part of the recovering parent.

**B. Implement Coping Methods for Abduction Related Events and/or Assumption Violations**

1. **Sorting through the messages.** Children also receive two distinct sets of messages from the abducting parent and the searching parent about the abduction, about the other parent and about responsibility. Children often are confused about who to believe.
2. **Trust and problems in attachment.** The immediate issues typically have to do with trust as it relates to the abduction and current safety issues. The longer term issues tap into personal doubts about relationships in general.
3. **Assumption violations.** Abduction violates both parent assumptions and child assumptions about the world. Both children and adults find that the basic assumptions they lived by and made decisions by no longer apply or work.

**STAGE IV - TERMINATION/PERIODIC RECONTACT: FAMILY ABDUCTION**

1. **Children and parents will vary in their treatment requirements.** Their needs will depend on the pre-abduction stresses and traumas, other stressors, and individual coping abilities.
2. **Developments post recovery.** It is not unusual in family abduction cases for new anxieties to develop around yet another legal dispute over the custody of the children. Long term parental adjustment may serve as a catalyst for ongoing or re-emerging problems. Unresolved anger, distrust and conflict between the parents impact child and family adjustment.
3. **Developmental issues.** As children address new milestones, issues relevant to those stages of development may require intervention. For example, older teens and adults who are contemplating establishing a permanent or long term relationship may encounter issues around trusting a potential mate.
4. **The best policy is an open door policy that will allow for periodic recontact to address and resolve issues as they emerge.**

**THERAPIST BACKGROUND AND EXPERIENCE**

While many mental health professionals have the basic clinical knowledge and training to provide treatment to a variety of clinical populations, the following section offers some practical guidelines.

1. **Background in understanding and treating trauma.** Background, training and experience on assessment (Kordich-Hall, 1993) and treating trauma victims is a prerequisite for working with abducted children. Background and experience can be obtained through reading the literature, such as the texts written on treatment of trauma by James (1989), Herman (1992) Lowenstein, (1995) and Janoff-Bulman(1992). The inexperienced clinician can also arrange for supervision and case centered consultation from experienced clinicians in the field.

**2. Knowledge about the specifics of abduction.** A great deal of printed material about family and non-family abduction is available as previously referenced in this document. It is imperative that mental health service providers who have not had prior contact with families of missing and recovered children access this material to familiarize themselves with the specific logistical, financial, legal and emotional challenges and disappointments facing searching and recovering parents.

**3. Background and familiarity with the developmental issues.** The mental health professional should also have experience in treating children and /or adolescents and knowledge of the developmental issues and limitations of the age group they are treating. This knowledge is necessary to provide appropriate interventions for the developmental level of the child.

**4. Readiness to Deal With Complex Issues.** Family abductions are often multifaceted cases. This is due to the child's conflicted feelings about the abducting and recovering parents. In some cases there may be abuse allegations either pre or post recovery that are still pending. Custody and visitation are often revisited post recovery with efforts to return the issues to the courtroom.

In non-family abductions, the abductor may or may not be known to the child and family. Circumstances of non-family abduction may vary from accidental taking of a child during the commission of another crime such as auto theft, to sexual exploitation and other violent acts against the child, to involving the child in criminal acts or crime sprees. The perceptions and needs of the various family members also may differ. In both family and non-family abductions it is often useful for the clinician to have more than one mental health professional working with the family.

**5. Evaluate the Potential Influence of the Clinician's Personal Issues.** Family abductions can tug on the mental health professional's personal family issues, either from childhood or from their current family status. Non-family abductions may pull on the clinician to "rescue" the child. Such responses do not assist the child in achieving the mastery necessary to progress in treatment. As is true in treating other forms of child exploitation, the responsible clinician must be aware of and evaluate his/her own biases and vulnerabilities in making the decision to accept a case for treatment or refer it on.

**6. Forensic Involvement.** Because of pending criminal and/or civil court actions, the mental health professional is often called upon to provide an evaluation of the child or various family members or testify in legal proceedings. For the treating clinician, it is important to define the differences between clinical and forensic evaluation, and the difference in the treating versus evaluation role. In cases where forensic evaluation is needed, it should be completed by an independent professional other than the therapist. However, this does not mean that the treating clinician may not still be called into the courtroom to give testimony as the treating professional.

Family and non-family abductions are complex cases, and require careful consideration by the clinician of both his/her qualifications and abilities to intervene in such cases.

## RECOMMENDATIONS

In this project, a significant body of knowledge has been accumulated and developed about child behavior during abduction and the treatment issues after recovery. The following recommendations are made for dissemination of information from this project.

- **Professionals Should Understand And View Family And Non-Family Abduction As Separate And Distinct Experiences.** The children and families in each of the abduction subgroups need to be treated as two separate populations with different issues and treatment needs. The needs, concerns and symptoms manifested in each abduction subgroup differ and require a different knowledge base and intervention.
- **OJJDP Should Make Information About Model Treatment Interventions Available Through Written Material For Mental Health Professionals, Victims Assistance And Social Workers Working With Recovered Children And Their Families.** Written training material should be published and made available to mental health professionals for use in their direct work with recovered children, siblings and families. Improving the availability of project information on the issues facing these children and their families is aimed at improving services, and as a result post incident adjustment, for this population of victimized children and their families.
- **Training Programs In The Uses And Implementation Of These Treatment Models Should Be Designed, Developed And Made Available To Professionals Working With These Families.** Continuing education, workshops and training programs should be developed to train mental health professionals, victims witness professionals and social workers on the needs of family and non-family abducted children, assessment of these children and their families, and the unique and sometimes counter intuitive reactions and treatment needs of this population of exploited children. Diverse methods of dissemination of this material should be used including teleconferencing, articles in scholarly and professional publications, conferences, and consultative services.
- **Law Enforcement, Attorneys, Child Advocates and Welfare Workers, Mental Health Service Providers And Judges Should Be Provided With Multi-Disciplinary Training And Information On The Impact Of The Abduction Experience.** Workshops should be designed and incorporated into the educational curriculum of judges in order to educate the bench about the present state of knowledge of child behavior during and after abduction, and the relevance of the knowledge to sentencing in criminal phases of trial and civil determinations regarding the child's best interest. For prosecutors and attorneys, similar workshops should be designed and incorporated into curriculum. For law enforcement professionals, workshops be designed and implemented to assist in investigating and understanding victim behavior. Optimally, training will be provided in multi-disciplinary forums which promote coordinated intervention and services.
- **Educational Material For Parents And Siblings Of Abducted Children Should Be Developed And Disseminated.** Summaries of the information in this project, with special attention to assisting the parents to more adequately anticipate and respond to the needs of the recovered child and their siblings should be developed. Siblings need information that will help them feel less isolated and powerless when the primary focus of the family's attention is on the recovery of the missing child.
- **Intervention Strategies For Unserved Populations Should Be Developed.** Mental health interventions which target the needs of searching parents/families of children

during the missing period have not yet been developed. Parents/families of children recovered deceased and those with long term missing children are other underserved populations. Mental health treatment strategies and guidelines are needed for these populations.

- **Abduction Prevention Materials Should Be Developed and Distributed.** Develop prevention materials targeted at specific risk groups of parents which includes information about the detrimental impact of abduction on the abducted child and on the child/parent relationship.

## GUIDE TO THE MODEL TREATMENT MANUAL

**Model Treatment Project Manual:** The Model Treatment Approaches Manual is designed to address the treatment needs of two distinct and separate populations: (1) children recovered from non-family abductions and their families, and (2) children recovered from family abductions and their families. The Model Treatment Manual is designed to provide mental health professionals with a guide to the assessment and treatment of psychological trauma associated with child abduction. The Manual is intended to assist mental health professionals in first stabilizing family units upon recovery of missing children, and subsequently supporting these family units and the returned children in recovering from the emotional trauma of child abduction.

**Use of the Manual:** The Model Treatment is intended for use by mental health professionals with both limited and extensive experience in working with recovered children and their families. The manual is intended to be used as a reference resource and guide for specialized knowledge and skills related to abduction of children in order to provide effective therapeutic services to the recovered children and their families. While the scope of this project is limited to recovered children and their families, when appropriate references are made to the needs of parents and non-missing siblings during the period the child is missing.

Two potential groups of mental health professionals may use this manual : (1) clinicians who want concise descriptions of the issues encountered in working with recovered children and their families, and interventions to assist in developing treatment plans for direct service to the clients sitting before them; and (2) clinicians/scholars who are additionally interested in the research associated with treatment issues and interventions. In anticipation of these two user groups, the initial chapters in this manual outline the issues and interventions in a direct format with minimal reference to the literature. Detailed literature reviews are presented in the appendices.

**Content:** The Model Treatment Manual:

### **PART I: Understanding the Missing Child Problem**

**1. The Missing Child Problem and Model Treatment Development.** This chapter briefly reviews the legislative/governmental response to the problem; the history and scope of the missing child problem in America; research findings on the sub-types of family and non-family abductions; research findings on the factors related to the psychological impact of family and non-family abduction; and brief summaries of the findings in The Families of Missing Children and Reunification of Missing Children Projects as they apply to both family and non-family abduction. Clinical observation and research (Finkelhor, Hotaling & Sedlak, 1990; Hatcher, Barton, & Brooks, 1992; Hatcher, Behrman-Lippert, Brooks & Barton, 1992), make a clear distinction between

non-family and family abduction. The development, field tests and empirical measures utilized to design and evaluate the model are summarized.

**2. Missing Children and their Families: the ABCX Model for Understanding Trauma Effects.** This chapter presents the ABCX Model of Family Adaptation to Stress as developed by Hamilton McCubbin of the University of Wisconsin. The ABCX Model is utilized in this Manual as a methodology to organize the complex amount of information present in child abduction cases, to assess the impact of the abduction event upon child and family and to assist in treatment planning. The use of the ABCX Model provides a common language for mental health professionals working with families of missing children. In Sections II and III, the ABCX Model is applied by presenting detailed case histories of both non-family and family abductions. The information is then organized according to the ABCX Model.

## **PART II: Children Recovered From Non-Family Abduction**

**3. Children Recovered from Non-Family Abduction and their Families: A Model Treatment Program.** Based upon research and clinical experience with children recovered from non-family abduction and their families, a Model Treatment Program (MTP) has been developed. The Model Treatment Program consists of four Stages. Stage I deals with the initial recovery of the child and the reunification with the family. Stage II describes the initial short term trauma response pattern for recovered children and their families. Stage III describes the long term trauma response pattern for recovered children and their families. Stage IV describes termination/periodic recontact for recovered children and their families.

**4. Non-Family Child Abduction: Three Full Length Case Histories.** In this section, the mental health professional is provided with full length case narratives that cover the pre-abduction history of the child and family, the abduction, the search and family adaptation during the search, the recovery/reunification, the initial adjustment and long term adjustment. These case narratives are designed to assist the mental health professional in making the transition from the conceptual realm to clinical practice.

**5. Sample Intervention Techniques and Therapist Questions In Cases of Non-Family Abduction.**

## **PART III: Children Recovered from Family Abduction**

**6. Children Recovered from Family Abduction and their Families: A Model Treatment Program.** Based upon research and clinical experience with children recovered from family abduction and their families, a Model Treatment Program (MTP) has been developed. The Model Treatment Program consists of four Stages. Stage I deals with the initial recovery of the child and the reunification with the family. Stage II describes the initial short term trauma response pattern for recovered children and their families, including important questions for assessment of the child and family. Stage III describes the long term trauma response pattern for recovered children and their families. Stage IV describes termination/periodic recontact for recovered children and their families.

**7. Family Child Abduction: Four Full Length Case Histories.** In this section, the mental health professional is provided with full length case narratives that cover the pre-abduction history of the child and family, the abduction, the search and family adaptation during the search, the recovery/reunification, the initial adjustment and long term

adjustment. These case narratives are designed to assist the mental health professional in making the transition from the conceptual realm to clinical practice.

**8. Sample Treatment Techniques and Therapist Questions .** In this section, sample treatment techniques for issues specific to abduction related symptoms are presented. Therapist issues including child placement, therapist qualifications, forensic involvement and therapist personal issues are introduced.

#### **PART IV: Future Needs**

**9. Limitations and Needs of the Models.** Clinical/therapist evaluations support the utility of the models for identifying, evaluating and treating child and family needs in family and non-family abduction. However the model has not been adequately tested. Several areas require further development including: treatment and support for families during the missing period, treatment for families in which the victim is recovered deceased, identifying the issues for mental health professionals in the courtroom, developing interventions which account for ethnic and cultural diversity, and developing prevention strategies for high risk families.

#### **PART V: Resources and References**

**10. Resource List**

**11. References**

#### **PART VI: Appendices**

**Appendix A: Non-Family Abduction Literature/Research Review.** This appendix summarizes the literature specific to non-family abduction including child hostages, the demographics of non-family abduction, the impact of abduction on child and family, and a brief summary of the results of the Families of Missing Children Project as they relate to non-family abduction.

**Appendix B: Family Abduction Literature/Research Review.** This appendix summarizes the literature specific to family abduction including child custody issues, the demographics of family abduction, the impact of abduction on child and family, and a summary of the Families of Missing Children Project as they relate to family abduction.

**Appendix C: General Trauma Review.** This appendix summarizes the literature relative to adult, child and family trauma. Descriptions of trauma related symptoms, and treatment strategies for child centered and family centered interventions are outlined.

**Appendix D: Data Forms**

**Appendix E: Parental Abduction Case Summary**

**Appendix F: Reunification Protocol**

## REFERENCES

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