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*Model Treatment and
Services Approaches for
Mental Health
Professionals Working
with
Families of
Family Abducted Children
Training Manual*

THE WESTERN CENTER FOR CHILD PROTECTION
SUBMITTED TO

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**Model Treatment and
Services Approaches for
Professionals Working
with
Families of
Family Abducted Children
Treatment Manual**

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INTRODUCTION-THE MODEL TREATMENT PROJECT

The Need

Few issues in recent years have generated as much legislative activity, media attention and public interest group activity as the problem of missing children. The U.S. Congress and almost every state legislature has passed legislation to increase the responsiveness of law enforcement to child abduction cases. 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, airport/department store flyers and on the Internet. A substantial number of non-profit, public interest groups have been created to assist in searches and to promote preventative education programs as an accepted part of the education curriculum in school districts throughout the United States. The National Center for Missing and Exploited Children serves as a clearinghouse of information and assistance to families with an abducted child. State police agencies have developed specialized units, such as the Illinois State Police I-SEARCH Unit, to enhance local investigative effectiveness. The Federal Bureau of Investigation (FBI) has established a special unit to investigate child abductions.

Much of the legislative and public awareness advances have focused on recovering the child. The timeliness with which law enforcement now responds increases the likelihood that the child will be recovered for reunification. Even in brief abductions, the child can be exposed to emotional and physical trauma. Law enforcement is not trained or equipped to respond to the emotional consequences of abduction for the child or the family.

When a child is recovered, the expectation is that the moment of reunification will be filled with joy and relief for the child and the family. The meeting often occurs in a police station or hospital. The police officers and detectives who have worked diligently to reunite the child and waiting family are often the only people to witness the reunification. The moment is not always joy and relief, but anxious and confusing. This need was addressed in a prior project, The Reunification of Missing Children. That project, along with the Families of Missing Children Project: Psychological Consequences of Abduction, identified a further need. Depending on how long the child has been missing and the details of the abduction experience, the impact of abduction typically spans beyond the reunification experience. Yet, to this point, there has not been the specialized knowledge to address the unique needs of the recovered child and their family. The literature lacks any reference to a specific treatment approach to work with the special needs of this population of children and their families.

In response to this need, the U.S. Department of Justice through the Office of Juvenile Justice and Delinquency Prevention (OJJDP) funded the **Model Treatment Services Approaches for Mental Health Professionals Working with Missing Children and Their Families.**

Model Treatment Approaches for Missing Children and their Families: Education and Training for Mental Health Professionals

The Project Goal: The goal of the Model Treatment Project is to increase knowledge of and develop effective treatment and services approaches for mental health professionals working with families of missing children in order to minimize the psychological consequences experienced by these child victims and their families.

Model Treatment Project Manual: 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 the members of these family units and the returned child to recover effectively from the emotional trauma of child abduction.

Use of the Manual: The Model Treatment manual is intended to be used as a reference resource and guide for specialized knowledge and skills related to family abduction of children in order to provide effective therapeutic services to recovered children and their families.

Content: The Model Treatment manual contains the following sections:

1. The Missing Child Problem. This section briefly reviews the legislative/governmental response to the problem; the history and scope of the missing child problem in America; and brief summaries of the findings in The Families of Missing Children Project and Reunification of Missing Children Project.

2. Missing Children and their Families: the ABCX Model for Understanding Trauma Effects. This section 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 promotes effective communication by providing for a common language among mental

health professionals working with families of missing children. The ABCX Model is applied by presenting a detailed case history. The information is then organized according to the ABCX Model.

3. 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.

4. 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.

5. 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.

6. Resource List

7. References

8. Appendices

Appendix A: Parental Abduction Case Summary

Appendix B: Reunification Protocol



CHAPTER ONE - THE MISSING CHILD PROBLEM

Historical Background: Family Abduction. While cases of parental abduction are dramatized from Euripides' Greek tragedy *Medea* to Mozart's *The Tale of the Magic Flute*, the second half of the twentieth century has been the period in which the abduction of a child by a parent has received the most attention. Parents who abduct their child are motivated by one or more of the following:

- (1) a desire to have sole custody of a child, whether by legal means or not,
- (2) a desire to deprive the other parent of contact with the child,
- (3) a belief that the existing legal systems is insufficient to protect the child from abuse by the other parent.

In the 1980's, parental abduction increased in number faster than the criminal or family law systems were equipped to handle. Efforts to respond to this growing problem resulted in inconsistent sets of laws and overlapping jurisdictions among states, and between the U.S. and other countries as well. Abducting parents quickly learned that such legal inconsistencies or gaps could be used to their advantage. Even when the abducting parent and child could be eventually located, existing law could be used to continue to deny contact with the child to the left behind parent. Law enforcement agencies found it difficult to determine if parental abduction was a civil or criminal matter. At what point did the abducting parent's behavior become a criminal matter as opposed to a domestic dispute. Only when the left behind parents went public with their stories of grief and frustration did the problem of parental abduction gain national prominence.

Between 1984 and 1994, a significant societal change has taken place regarding the perceived vulnerability of children. Three out of four American adults think the problems facing today's children are more severe than when they were growing up. More adults are willing to pay higher taxes for better schools, drug treatment programs and other services for children, according to a Louis Harris Poll commissioned by the Westinghouse Broadcasting Company (Associated Press, 1986). This increased concern encompassed the missing and exploited child with 86% of American adults reported as willing to increase their taxes for programs to trace missing children (Associated Press, *ibid.*).

Public recognition of the missing child problem began with the disappearance of Adam Walsh. While Adam was abducted by a stranger and did not return home, his case provided the media attention and public awareness needed for the left behind parents of family abducted children to come forward with their stories. Most abductions are by family members (Greif & Hegar, 1993)

and most family abducted children are returned. The serious and often life long consequences of family abduction, as demonstrated by the Monica Hilgeman case, have been overlooked until recently. The studies delineating the consequences will be discussed later.

In response to the problem, both governmental agencies and private non-profit organizations focused their attention on ensuring a positive outcome.

Definition of Missing Children to Include both Non-Family and Family Abductions. Non-family abductions and family abductions were combined in the new federal and state legislative initiatives during the mid-1980's. A single category of abduction was created regardless of whether the abductor was a family member or non-family member. The advantages were the development of a comprehensive response to abduction of a child, the potential for the left behind parent to receive law enforcement assistance and the possibility of legal sanctions for the abducting family member. The disadvantages included the fact that the two types of disappearance events are very different in their circumstances and in their impact upon children and families. These distinctions were not initially accounted for in approaching either investigation or developing specific interventions for each distinct group of missing children.

Response of the Federal Government to the Missing Child Problem. Under the authority of the 1984 Missing Children's Assistance Act (Title IV of the Juvenile Justice and Delinquency Prevention Act), the Office of Juvenile Justice and Delinquency Prevention (OJJDP) in the Office of Justice Programs, U.S. Department of Justice was charged with the responsibility for administering the federal Missing and Exploited Children's Program. Table 1 provides a partial chronology of the government response to this problem.

Table 1 Finding Missing Children: What Government and Private Efforts have been made to Recover Missing Children?	
1984	Missing Children Assistance Act Signed into Law
1985	Missing Children's Program established within the Office of Juvenile Justice and Delinquency Prevention (OJJDP)
1985	National Center for Missing and Exploited Children (NCMEC) established
1987	National Incidence Study of Missing, Abducted, Runway, and Thrownaway Children in America (NISMART) begun

1988	Missing Children and their Families Research Project begun
1989	Reunification of Missing Children Demonstration Project initiated
1990	Obstacles to Recovery and Return in Parental Abduction Project initiated
1993	Missing Children Community Action Program (M-CAP) established
1993	Model Treatment Project for Recovered Children and their Families begun
1986-96	State Missing Child Clearinghouses established throughout the U.S.
1986-96	Private Missing Child Assistance organizations established throughout the U.S.
1995	FBI establishes special Task Force on Child Abduction investigations at Quantico, Virginia

OJJDP provides support and funding assistance to the National Center for Missing and Exploited Children (NCMEC) located in Arlington, Virginia, to a network of 43 state missing child clearinghouses and to non-profit organization development programs. Specialized assistance to Department of Defense and Bureau of Indian Affairs investigator training programs, as well as "Project Alert" (providing trained, retired law enforcement officers to local jurisdictions, upon local request), is also managed under the direction of OJJDP. OJJDP also funds and coordinates the Missing and Exploited Children Comprehensive Community Action Program (M/CAP) designed to work with communities to develop a multi-agency community specific response to missing children.

In an effort to further understanding of the problem, OJJDP identified and commissioned research studies which have now been completed to address the following issues:

1. the incidence of the missing and exploited children problem,
2. law enforcement investigative practices,
3. legal obstacles to recovery and return of the child in family abduction cases,
4. child victim as witness,
5. the recovery and reunification of missing children with their families,
6. the psychological consequences of abduction for families and recovered children.

The Definition and Incidence of Missing Children

Initial Efforts to Determine the Size of the Missing Child Problem.

As the problem of missing children became a significant issue during the early and mid-1980s, efforts were made to determine the incidence rate. Substantial attention was devoted to obtaining incidence rates for runaways. These studies have consistently placed the incidence rates for runaways between 733,000 to almost one million (National Statistical Survey on Runaway Youth, 1976; Brennan, Huizinga, & Elliot, 1978). 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 contributed to increased legislative interest and public attention to missing children. By the mid 1980's efforts were made to distinguish between runaways and abducted children. Early nationwide estimates of the number of non-family abductions ranged from a low of 67 (FBI, 1984) to a high of 50,000 (National Center for Missing and Exploited Children, 1984). Estimates of the number of family abductions ranged from 25,000 to as high as 459,000-750,000 (Gelles, 1984). Several studies by recognized regional law enforcement and governmental groups supported the mid and upper range estimates, (NCMEC Advisory Bulletin, 1985). The National Incidence Study of Missing, Abducted, Runaway, and Thrownaway Children in America (NISMART) clarified several of the inherently complicated issues related to missing child incidence rates.

The determination of accurate rates of incidence for missing children has been severely hampered by definition and data collection problems. Definition problems involve the different degrees of specificity used by various researchers, which results in a lack of comparability of study results among projects. Definitions are determined by whether the study has a social science or legal orientation. For example, social science research definitions of the incidence of a social problem tend to be broader than legal definitions. Legal definitions are generally descriptions of specific actions, limited to a specific jurisdiction such as an individual state. Since law enforcement incident reports are generally based on legal definitions that are jurisdiction specific, national incident data is difficult to obtain.

NISMART: An Effort to Define and Measure the Missing Child Problem. The National Incidence Study of Missing, Abducted, and Thrownaway Children in America (NISMART, Finkelhor, Hotaling, & Sedlak, 1990) addressed this problem by using a two prong definition to describe the incidence of non-family abducted or family abducted, runaway, thrownaway, lost, injured, or otherwise missing children. The definitions used in the NISMART study were *Broad Scope* and *Policy Focal*. (See Table 2).

Table 2
NISMART: "Missing Child" Definitions

The National Incidence Study of Missing, Abducted, and Thrownaway Children in America (NISMART) used a two prong definition to describe the incidence of missing children.

-Broad Scope: a missing child event as perceived by the family including both serious and minor episodes.

-Policy Focal: a missing child event as perceived by law enforcement and/or social services including only incidents of a serious nature which require 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 including legal definition abductions and stereotypical kidnappings.

-Legal Definition Abductions : the crime of abduction as defined by state laws. This variably included short-term abduction and/or coercive movement as part of some rapes and assaults.

-Stereotypical Kidnappings: the more popular conception of long-term, long-distance, or fatal episodes.

Within the category of family abduction, abductions were defined as Broad Scope or Policy Focal.

-Broad Scope family abduction: 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.

-Policy Focal family abduction : situations characterized by one or more of the following features-an attempt was made to conceal the taking or location of a child, a child was taken to another state, or evidence indicated that the abductor intended to keep the child or permanently change custody.

The estimated incidence rates for missing children during 1988 based on the definitions derived during the NISMART study are presented in Table 3 (Finkelhor, Hotaling, & Sedlak, 1990, p. vii).

Table 3
NISMART: What is the Size of the Missing Child Problem in America?

Estimated Number of Missing Children in 1988

Family Abductions	
Broad Scope	354,100
Policy Focal	163,200
Non-Family Abductions	
Legal Definition Abduction	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 rates of incidence reported in the NISMART study indicate a significant problem. Yet, knowledge of the missing child event and its impact upon family members was almost non-existent. The few publications addressing this issue focused upon single case histories or clinical observations of trends and reported generally negative psychological problems resulting from the missing experience (Terr, 1979, 1983; Hatcher, 1981).

The Psychological Consequences of Abduction to Child and Family

The Families of Missing Children Project: This project conducted by the Center for the Study of Trauma, University of California, San Francisco, provided

the first scientific knowledge base for understanding the level of emotional distress experienced by missing children and families (Hatcher, Barton, & Brooks, 1992). This project was conducted over a three year period at multiple sites throughout the United States, involving a sample of 280 families. The families were interviewed over a period of time ranging from one month to eight months after the child's 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.

In addition, the chronological experience of the missing children and their families from pre-disappearance through disappearance to recovery/non-recovery, the type and level of emotional distress experienced by families of missing children, the coping behavior used by families of missing children and family utilization of intervention/support services were studied. For more detailed information on assessment tools and methodology see Hatcher, Barton & Brooks, 1992.

The following findings were reported:

The majority of families of missing children experience substantial psychological consequences and emotional distress as a result of child disappearance. Compared to the general population, families of missing children score in the top 20% for distress as measured by standardized psychological tests. Further, this level of emotional distress for families of missing children equals, or exceeds, the emotional distress for groups of individuals exposed to violent trauma, such as combat-related military veterans under treatment for post traumatic stress disorder symptoms, and victims of rape, assault, and other violent crimes. This finding documents the level and extent of emotional distress sustained by families of missing children. The comparison of their reactions with that of distressed combat veterans and victims of violent crime helps us to better understand the severity of the impact of child disappearance upon families.

Generally, the severity of the emotional distress for families of missing children does decrease over time. The emotional distress is naturally mitigated by factors such as the recovery of the child and family coping strategies. The passage of time does not itself reduce distress since 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 distress continues even after the child is recovered. Within the sample groups the most severe psychological and emotional distress was experienced by families of non-family abducted children. 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, attempting to both cope with the abduction and attend to the needs of the remaining family members, function under very high stress levels.

In addition, the potential for child homicide as a consequence of non-family abduction is extremely high. One-fourth of the non-family abducted children were recovered deceased. Families where the abducted child is recovered deceased exhibit the highest level of emotional distress. Further, this level of distress does not appear to decline over a period of many months after the recovery of the deceased child. However, the overwhelming majority of these families do not receive social service, or mental health support, and often limited extended family support. Often these families, whose child is recovered deceased, have been the focus of intense public visibility and have been at the forefront of policy change in the missing child area. Yet, these families remain isolated and unreached in their distress and grief.

Another subsample of families that experience a high level of distress are families of non-family abducted infants. This is the least frequent type of non-family abduction. While the high level of distress declines after the infant's recovery, the event appears to have a very pronounced impact upon the mother. 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. Contact and support from local/regional missing child centers drops to zero just eight months after the infant has been recovered.

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 equal attention to their needs. 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. All of the remaining children in these families were found to be initially very emotionally distressed and all 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.

Finally, the recovered children themselves experience substantial psychological consequences and emotional distress over time. At the point of recovery and reunification with the family, this distress is very high 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.

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. See Table 4.

Table 4
Types of Missing Children

1. Non-family abductions where the child was recovered alive
2. Non-family abductions where the child was recovered deceased
3. Non-family abductions where the child is an infant
4. Family abductions
5. Runaways

These groups emerged as the project attempted to determine if there were meaningful subgroups. 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. This would then likely result in restricted understanding of non-family abduction, the behavior of the affected children and families, and the development of less effective intervention/support services. This finding indicates that broad categories or labels for families of missing children need to be approached with caution.

Families in distress generally seek information and support. Because of the absence of mental health involvement during the missing period,

families of missing children are most reliant upon law enforcement personnel. 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.

Overall, less than one-third of families of missing children rated law enforcement as highly competent during the investigation of their child's disappearance. Ratings of law enforcement competence varied by type of child disappearance. While valid and practical reasons may exist for the difficulty in child recovery in many missing child cases, the majority of families of missing children carry forward a negative impression of law enforcement competence.

Family history prior to child disappearance significantly influences the family's distress and ability to cope with that distress. Not surprisingly, 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.

Almost four-fifths of the families of missing children do not receive mental health or counseling services. 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 mental health services. The same pattern was true of local/regional missing child center support services. The majority of families received no services. Surprisingly, more families dealing with family abduction received initial services than those dealing with non-family abduction. Of equal importance was the finding that almost all runaway families did not receive any local/regional missing child center services.

In summary, the 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.**

This project and manual is an attempt to address the desire of families of missing children to have mental health personnel who understand the unique characteristics of their situation. In an attempt to reduce the emotional distress and psychological

consequences of the abduction experience, OJJDP also funded a prior project, The Reunification of Missing Children.

Reunification of Missing Children and Their Families

The Reunification of Missing Children Project. This project, also completed by the Center for the Study of Trauma, University of California Medical School, was part of the government response to research and then enhance the quality of the law enforcement, mental health and social service response to recovered children and their families.

The following data were derived from interviews of 65 reunified families (15 stranger abduction, 30 parental abduction, and 20 runaway families).

The location of reunification meetings between recovered children and their families vary depending on the type of abduction. For non-family abductions, the actual reunification meeting was conducted at a police station in 50% of the cases. For family abducted children, 66% of the actual reunification meetings occurred at a transportation depot such as a bus station or airport, or a site from which the parent "abducted the child back" such as a school or abducting parent home.

The reunification meetings generally were very brief for both family and non-family abducted recoveries. In non-family abductions, 33% of the meetings were less than 15 minutes, and 60% were less than 30 minutes. Parental abduction reunification meetings were also brief. Fifty percent of the meetings lasted 15 minutes or less, and 83% were 30 minutes or less.

Often the responsibility and stress of the reunification falls on the shoulders of one parent. In families with spouses, spouses were present at only 26% of the non-family abducted reunification meetings. A spouse (in addition to the recovering parent) was present at only 25% of the family abducted reunification meetings. With regard to non-primary family members present at the non-family abducted reunification meeting, a police officer was present at 50% of the meetings, relatives present at 40% of the meetings, friends at 33% of the meetings, and media representatives were present at 20% of the meetings. For family abductions relatives were present at 30% of the meetings, a police officer was present at 25% of the meetings, and a social service child care worker was present at 20% of the meetings.

Effects of Child Disappearance and Reunification. To understand the effects of the reunification period upon families, family members were asked to evaluate the positive, neutral, or negative effects during (1) the week of the child's

disappearance; (2) one to three weeks after the disappearance; (3) the week of the child's recovery; and (4) two years after the child's recovery. Ninety percent of family members experienced a severe negative impact as a result of the initial disappearance of their child. This high rate of negative impact is consistent across all three categories of missing children: stranger abduction, parental abduction, and runaway. This subjective level of distress does not change significantly in the three week period following the disappearance of the child.

During the week of child recovery and reunification, approximately 60% of the stranger abduction families and 50% of the runaway families experience significant distress, as contrasted with approximately 40% of the parental abduction families. Most significantly, two years after the recovery and reunification of the missing child with the family, approximately 40% of the parental abduction families and approximately 50% of the stranger abduction and runaway families continue to report marked negative impact from the missing child experience. It is clear that the overwhelming majority experience significant distress at the time of disappearance. Approximately 50% of the families of missing children are still in distress two years after the child has come home.

Therapy/Support Experience. This portion of the study inquired about guidance received by families of missing children prior to reunification with their child, as well as the extent to which such guidance was helpful. Almost none of the family abducted parents (86.5%) or non-family abducted parents (92%) received guidance. The very small percentage of family members who did receive guidance about reunification received the most useful information from books and friends, rather than law enforcement, psychological, or social service resources.

In summary, the following conclusions were noted:

1. A significant number of stranger abducted, parentally abducted, and runaway children are recovered and reunified with their families each year.
2. Families of stranger abducted, parentally abducted, and runaway children report severe negative impact beginning with the child's disappearance, extending through reunification, and continuing for at least two years after reunification.
3. Almost all families of missing children must face reunification without on site psychological or social service assistance of any kind.
4. Information or assistance for the reunification of missing children is very limited.

In response to these findings a reunification model and training material were developed to provide reunification services to families of missing children. The model was based on a team approach designed to have multiple agencies function cooperatively and to serve the multiple needs of the child and family. The Reunification Team Approach included law enforcement, mental health, child protective/social service, family and dependency court, victim witness and non-profit agency (depending on the community) functions. For additional information see Hatcher, Behrman-Lippert, Brooks & Barton, 1992.

The functions of the mental health professional included evaluating the recovered child and family, and assessing and responding to the emotional stress generated by the disappearance and the recovery. While the mental health professional was charged with making a special effort to acquire information about the psychological consequences of the missing child experience and family coping responses specific to child abduction, it was noted this information is not currently readily available.

The reunification component is included in the initial part of the model because of its importance in effectively and appropriately serving the family and child victim needs. Effective intervention starts with reunification.

The Model Treatment Project Manual

This training manual is a direct effort to provide information and serve as a guide to the mental health professional, who has already completed their training. The remainder of this manual covers the following:

1.	A model, the ABCX Model, for organizing the complex information that is encountered in abduction cases
2.	Information about the subset of traumatic problems associated with abduction
3.	Information about the unique and sometimes counter-intuitive issues associated with abduction
4.	An illustration of the stages of treatment from the beginning crisis stage through the long term recovery stage.

5. Sample therapeutic interventions and therapist considerations

This model should be useful to the clinician at whatever stage of treatment they become involved.

CHAPTER TWO - MISSING CHILDREN AND THEIR FAMILIES: THE ABCX MODEL FOR UNDERSTANDING TRAUMA EFFECTS

The ABCX Model utilized through this Treatment Manual is 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 promotes effective communication by providing for a common language among therapists working with families of missing children. The ABCX Model is not a treatment model, it is an assessment and organizational model.

Child Abduction: Child and Family Trauma Response. The abduction of a child by his or her parent is an event which occurs in a highly complex social and psychological context. The act of family abduction involves a minimum of three parties: a perpetrator and at least two victims, the child and the remaining parent. Family systems theory would suggest that other immediate and extended family members may be profoundly affected by the abduction as well. The traumatic event is also most often imbedded in the context of a marital divorce or dissolution and may involve many agencies and institutions, such as law enforcement, the courts, schools, child care, and missing children's organizations.

The effect of multiple stressors was described by Holmes and Rahe (1967) who proposed a cumulative stress model. As any event can be associated with adjustment and requires an expenditure of physical and emotional energy to maintain homeostasis, the greater the number of adjustments required within a limited period of time, the greater the threat to homeostasis. The cumulative stress model (Holmes and Rahe, 1967) can be tested empirically and studies using the Schedule of Recent Experiences (SRE) scale have shown some predictive validity for the model. Relationships have been noted between life stress and specific health outcomes such as hypertension complications of pregnancy and birth, and between life stress and psychological adjustment. Although the adequacy of the SRE as a measure of life stress has been questioned (Sarason, Sarason, & Johnston, 1985) the SRE continues to be a widely used measure for life stress and over 1,000 life stress studies using the SRE have been published to date.

The Double ABCX Model provides a effective means of organizing the complex amount of information in child abduction cases. 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; and (3) family context variables also known to influence children's reactions to traumatic events.

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 ABCX 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 both family and individual 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, Patterson, & Schoonmaker, 1981).

In this model, which appears in Table 6:

Factor A is defined as the stressor event, the crisis to which the family has been exposed.

Factor a is defined as additional life stressors which are present in the family, but unrelated to Factor A (the stressor event).

Factor Aa is defined as the combination of the stressor event and additional unrelated stressors.

Factor B is defined as the pre-event family coping resources. This includes 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 family's 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 b is defined as the post-event coping resources. This may include new resources (individual, family, and community) which have been developed or strengthened in response to the crisis, or alterations in resources which were available to the family prior to the crisis.

Factor Bb is defined as the combination of pre-event family coping resources and post-event family coping resources.

Factor C is defined as pre-event family perceptions. This includes the way in which the family has come to perceive the predictability of crisis events, responsibility or guilt for involvement in crisis events and the family ability to effectively respond to crisis events.

Factor c is defined as post-event family perceptions. This includes new perceptions which have been developed or strengthened in response to the crisis as well as modifications of pre-crisis perceptions. Adaptive families might respond to a crisis by redefining the situation in more manageable terms, while at the same time encouraging the family unit to continue it's daily task of promoting family member social and emotional development. Maladaptive families may redefine the situation in unmanageable terms, while at the same time being unable to encourage the family unit to even maintain the stability of necessary day to day tasks.

Factor Cc is defined as the combination of pre-event family perceptions and post-event family perceptions.

Factor A:	The Crisis Event
Factor a:	Family/Individual Stressors Other than the Crisis Event
Factor B:	Pre-Event Crisis Meeting Resources
Factor b:	Post-Event Crisis Meeting Resources
Factor C:	Pre-Event Perceptual Definition of the Event

Factor c:	Post-Event Perceptual Definition of the Event
Factor X:	Individual/Family Experience of Stress Due to the Event
Factor x:	Intermediate and Long-Term Experiences of Stress Due to the Event

Factors Aa, Bb, and Cc interact with each other to produce **Factor Xx** which is defined as the combination of **Factor X** (the immediate post-event stress experience of the family) and **Factor x** (the intermediate/long-term stress experience of the family). Taken together, these factors all influence the family's vulnerability. Together they influence 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). Finally, outcome is assessed by examining the variety of ways individual child victims and family members may adapt to the trauma of child disappearance 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. Alternately, 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.

In utilizing the ABCX Model in this project, it is assumed that the child disappearance event is a trauma that represents a substantial crisis for the family. This a priori assumption about the traumatic nature of family abduction is in keeping with the identification 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 which the person has directly experienced, witnessed or been confronted with and "involved actual or threatened death or serious injury, or threat to the physical integrity of self or others," and "the person's response involved intense fear, helplessness, or horror." "In children, this may be expressed instead by disorganized or agitated behavior," (American Psychiatric Association, 1994, p 427-428). How disruptive or disorganizing the trauma becomes for the family is determined in part by pre-abduction factors. However, in addition, coping style plays a more central role, exercising its influence prior to, during, and following abduction.

Overall, the ABCX framework provides a means of systematically identifying and describing critical variables which appear to shape the course of family adaptation to a wide variety of crisis.

Applying the Double ABCX Model: A Case Example

Mother's History. Beth Frank was born in the Midwest to working class parents. Her family was of Western European origin and traditionally had been Protestant. She was the second of two children, a brother having been born two years before Beth. Her mother and her brother's family continue to live in the Midwestern community where she grew up. She describes herself as not being close to her brother while growing up as she felt her brother was treated as the favored child by her father.

She describes her father as authoritarian and remembers him as angry and having had difficulty relating to his wife and daughter. She describes her mother as caring, but passive and unable to solve problems effectively.

Beth attended public schools and describes herself as having been an average student who did well in the classes she liked. Her special interests were art and athletics and she excelled in these areas. In high school, she had friends from many social groups in the large urban high school she attended, but did not belong to any closely knit group. This caused her to feel like an outsider at times, but she was active in school clubs and activities and got to know many students from various socioeconomic levels. Beth belonged to a group of top art students in the school that did art work for school activities.

Beth's participation in school activities served as an escape from family tensions, as well as a way to express and develop her interests and talents. As she became older, she became more aware of the dysfunctional nature of the relationships in her family. She was most acutely aware of her father's direct and frequent expressions of anger toward her mother. Her mother's response was a submissive one. This and other problems within the family were never discussed. Beth, too, learned to placate her father in an attempt to control his anger. The family situation, however, was stable as the family structure remained intact and there was no discussion of separation or divorce.

Beth saw her mother as unable to stand up to her father and was anxious about becoming like her mother. She chose to emulate her aunt, rather than her mother. She felt that her aunt was a stronger person, who was better able to stand up for herself. This relationship remained important to Beth and she remembers having a feeling of closeness with her aunt and uncle that she did not have with her parents.

As an adolescent Beth both dated and participated in group social activities such as church and sports events. Her father had difficulty allowing her to date and would have preferred that she not go out with boys. He was strict, vigilant and had

difficulty accepting her friends or behavior that Beth considered to be appropriate for her age. There was a great deal of conflict between Beth and her father around these issues. Her mother was seen as taking a middle position in this conflict. She was more accepting of Beth's behavior and friends, but did not intercede with Beth's father on her daughter's behalf.

Following high school, Beth attended an extension program of the state university. She planned to enter teaching or human services, but only completed two years of college before terminating her education to marry a fellow student, Otto Frank.

The Courtship of Beth and Otto. Beth and Otto first met in the student lounge of the extension program they were both attending. Beth was 18 at the time and Otto was 19. Both were living at home with their parents. Beth had a male student friend who encouraged her to join the chess club of which Otto was a member. She remembers that Otto was an accomplished chess player and soccer player and that she initially found him both charming and handsome. Otto had a self-confident manner and an "Old World" quality that set him apart from the other young men at the school. On the other hand, Beth found Otto to be arrogant and aloof, but this only made him seem like a greater challenge to her. Beth responded to this challenge by arranging her schedule so that she and Otto would have some classes together. Otto's interest in Beth became more apparent after she asked him to take her to a chess club meeting. Their first formal date followed when Otto asked Beth to a school athletic event.

Late one evening, Beth and Otto returned home from a date and Beth's father threatened to expel her from the house. Otto was upset by Beth's father's reaction and tried to impress her father with the fact that he was not trying to use or take advantage of his Beth, as he was planning to marry her. Beth now believes that Otto meant the comment more to reassure her father than as a declaration of his actual intentions at that time. The confrontation with Beth's father, however, served as a marker in the couple's relationship, as the question of marriage had been brought out in the open.

Initially both sets of parents responded negatively to the couple's engagement. Beth's parents had hoped she would marry another boy whom they saw as a better "catch" for their daughter, as his family was more acculturated and prominent in the community. Beth's mother initially voiced her objections and then acquiesced to her daughter's wishes. Otto's father offered to send his son back to his country of origin, in order to get him out of the impending marriage. Otto's mother acquiesced to her husband's authority in family matters.

During the engagement period, the two families began to adjust to the situation and met socially on occasion. Otto, however, had difficulty coping with both parental pressure and the impending marriage. He arranged to take a trip to California with a close male friend and was gone for six months, returning four weeks before the wedding. Beth understood Otto's need to distance himself from his close relationship with his mother, and tried to accept the fact that he chose to spend their period of engagement at such a distance from her. Since Otto always traveled with a passport, Beth had some concerns that he might bolt and not return for the wedding. She was relieved when he returned to the Midwest and took his return as a sign of commitment to their relationship, diminishing the doubts that she had let build up during his absence. The wedding was a formal one with a full component of attendants.

The July weather was hot and humid during the honeymoon trip. Beth realized there was something wrong on this trip when she felt Otto did not seem to enjoy being alone with her. She found the hot weather oppressive and this discouraged Beth from sleeping close to her new husband. Beth reports not having been sexually experienced at the time of her marriage and she was not aware of how sexually experienced or inexperienced her new husband was. Tension from this and other issues between the couple was not resolved on the trip and Beth was left with the feeling that the marriage was not beginning on secure grounds.

After returning from their honeymoon, the couple moved in with Otto's parents for the remainder of the summer. In the fall they moved into their own apartment. Otto became a full time student at the state university that fall, while Beth worked to support them. The couple had little money and their social life was restricted to campus activities. Their social group was composed mainly of Otto's single friends, who were in favor of the use of recreational drugs. Beth was uncomfortable with this and it would remain a source of conflict between them. Beth remembers feeling lonely and socially isolated during this time, as Otto chose to spend a great deal of time on campus, complaining that he could not study in the apartment with her around.

After graduation, the couple moved to the vicinity of their respective families, where Otto began working for one of Beth's relatives. During this time Otto became closer to Beth's family and Beth came to see that her husband and her father actually held many attitudes in common. One attitude that was especially disturbing to Beth was their shared belief in the inferiority of women. She felt that this attitude had contributed to her father's abuse of her mother.

The couple had a dream of beginning a life for themselves in the West. Otto contacted a personnel recruiter for assistance in locating a position in that part of the country, but instead, was told of a good opportunity with a company in another

Midwestern community. Otto interviewed for the job, quickly made the decision to take the job and remain in the Midwest. They bought an old house and moved in with plans to remodel it. The house remodeling became the focus of their time together. They rarely went out and had few married friends. Otto began to use alcohol regularly and Beth describes shutting down emotionally to cope with the ongoing marital tension.

Transition to Parenthood. Beth became pregnant with Sean, the couple's only child, after 8 years of marriage. The pregnancy was not planned. Beth remembers having doubts about bringing a child into the world and about her ability to be a good parent. She was also not sure whether Otto would make a very good father, because he didn't seem to really like children. However, once she became pregnant, she felt that the decision had been made and there was no question of having an abortion.

Even though Beth did not feel enthusiastic about the pregnancy, she decided not to worry about it because she and Otto had a house and could financially afford to have a child. Beth broke the news of her pregnancy to her parents first. Her father was ill and she knew that he wanted very much to have a grandson. Her father's condition worsened rapidly and he died during Beth's fifth month of pregnancy. Beth spent the month following his death managing the details of his death and funeral and providing emotional support to her mother.

Beth was disappointed with Otto's response to the pregnancy. He continued to work long hours. He attended child-birth classes and the labor and delivery, but Beth had the sense that he was not really interested. Preparations for the baby were not complete when Beth went into labor. The labor progressed slowly. Otto's interest seemed to be engaged only at the time of the actual birth and then he seemed to be fascinated by the process.

Sean weighed over 8 pounds at birth and appeared to be a healthy and attractive baby. He had a molded head from the prolonged labor that was quite noticeable for a few days. He was briefly transferred to the intensive care nursery with some concerns about complications resulting from the strenuous birth, but he proved to be a healthy baby.

From the beginning, Sean was difficult to care for because he did not sleep or eat with any regularity. Since Beth was at home full-time, she provided all of Sean's care. Otto became the sole support of the family and needed to be at work every day, so Beth was always careful not to awaken him at night when the baby cried. After several weeks, Beth felt exhausted and returned to her mother's house with Sean so that her mother could help with the baby at night while she got some rest.

With the transition to motherhood, Beth coped with the couple's marital problems largely by involving herself with raising Sean. Otto worked long hours at his job (60-80 hours a week) and didn't come home until late at night. Beth had become increasingly dissatisfied with her life after Sean's birth but didn't feel there were enough reasons to justify leaving the marriage, until she discovered that Otto was having an affair with a co-worker. The discovery came when she overheard a conversation he was having on the phone late one night. Beth confronted Otto with her suspicions and he denied that he was romantically involved with the woman. She suggested that they seek counseling but Otto was not interested. His reason for refusing counseling was that Beth would not change sufficiently, and he believed that as soon as the counseling was discontinued, she would again fail to meet his expectations as a housekeeper and a lover.

Beth reported that Otto continued to contact the woman he was involved with, and she came to feel that the situation was intolerable. She talked with an attorney and decided upon a separation. She eventually was able to obtain a court order which required Otto to vacate the house. For Beth the affair served as a crisis which made it easier for her to make the decision to end her marriage to Otto.

Custody and Visitation. After the separation, Otto was seeing Sean on an informal basis, usually in the evenings while Beth was working part-time. Otto would come to the family residence where Sean and Beth continued to live and would spend the evening with Sean while Beth was at work. The arrangement seemed to work in the beginning. However, when Otto brought up the subject of joint physical custody, Beth rejected the proposal. She did not feel it was a workable arrangement. Communication between Otto and herself was not good and many of her friends talked about the difficulties of trying to work out joint custody arrangements.

In responding to his proposal for joint custody, Beth found herself questioning Otto's competence as a parent and also his motivation for wanting to spend more time with Sean in light of what she interpreted as his previous lack of interest in caring for Sean during their marriage.

Beth described several instances that she felt illustrated Otto's ineptness as a parent. When she returned home after work on the evenings that Otto was staying with Sean, she would find that their son had not been bathed or put to bed, even though it was 10 p.m. Friends reported that Otto seemed to make no attempt to control Sean's behavior, so that strangers had to control or discipline Sean when he misbehaved in public. She also believed that Otto, on occasion, did not require Sean to use a seat belt while riding in the car. And once, while making a purchase, Otto reportedly left Sean unsupervised in front of the shop.

Beth was also unhappy when she would drop Sean off at day care, expecting that he would remain there until she picked him up, only to find out that Otto had picked him up without notifying her and had taken him to his home. Beth began to suspect that Otto's attempts to spend more time with Sean were laying the groundwork for a custody battle in court and that Otto felt he was strengthening his case by spending more time with Sean. Beth began to become increasingly anxious about Otto's chances in court and/or the possibility of an abduction.

After Beth refused Otto's plan for joint custody and complained to him about his violations of their visitation arrangement, she noticed a change in Otto's behavior. He hired a custody attorney who was widely known throughout the area. When she began getting letters from his attorney, her lawyer withdrew from the case. It alarmed Beth that her attorney seemed to be intimidated by Otto's attorney. Beth had to hire another attorney in order to prepare for the upcoming court date.

When she found out that Sean had been taken to see a psychologist by Otto, Beth began to develop suspicions that Otto intended to mount a campaign to discredit her as a parent. The report from the psychologist, which was submitted to the court, said that Sean "had trouble relating to his mother." Beth was upset by the content of the report because she had never met with the psychologist. When the report was presented during the custody hearing, Beth felt compelled to agree to see the psychologist for evaluation. Upon completion of the psychologist's evaluation, a hearing was scheduled and Beth was awarded temporary sole custody.

Following the custody hearing, Otto saw Sean every Tuesday and Thursday evening and every other weekend, as well as alternating holidays. Beth describes these visitations as very difficult. When Otto returned Sean, he would have difficulty handling the transition. Sean would tell Beth that his dad said she was a bad mom, that she was sick, that the judge had made a mistake and he was supposed to be with his dad.

Sean began calling his mother "Beth" and calling Otto's girlfriend, Shirley, "Mom." He had already been instructed to call Shirley, "Mom", whenever he was with Otto for visitation. Beth felt that these maneuvers were efforts to prepare Sean for being away from her permanently. During the periods that Sean was with her without a visitation, he would calm down, but the transitions were always stormy. Twice Sean had been taken for medical care for injuries Otto claimed were inflicted by Beth. In both cases, reports were filed and the complaints were investigated, but were unsubstantiated.

Beth felt that Otto did not seem to understand how harmful all of this was for Sean. Her perception was that Otto was more concerned with destroying and controlling her than he was about hurting his own child. Beth remembers this period as a terrible time in both her life and Sean's. She began to believe that Otto was trying to break her emotionally and that the legal system would not be able to protect her or her child.

Around this time, Beth began to perceive changes in Otto's behavior. He assumed a more aggressive posture, vis-a-vis custody which generated a sense of helplessness in her. When she learned that Otto had gotten Sean a passport, she tried to get possession of it through the courts, but was unsuccessful. In response to feeling threatened by Otto's actions, Beth hired a third attorney she felt was better prepared to represent her interests in court.

Beth had previously thought of herself as someone who was very emotional and made decisions on an emotional basis. When she saw her husband acting in ways she thought were irrational in regard to Sean's custody, she began to see herself as making decisions on a rational basis. She feels that she is a person who has always managed to respond to a crisis and that this coping ability has its roots in her need to be a strong person in order to cope with the problems in her family or origin.

Circumstances of the Abduction. Sean was taken by Otto during a prearranged, extended visitation. Beth described being apprehensive prior to the visitation because she had noticed a hardening of her husband's position on the matter of custody and she had always been concerned that Otto would take Sean to Germany to raise him. A vagueness in Otto's plans for the scheduled vacation and a resistance to talking about topics that were previously discussed openly only heightened her apprehension.

When Otto did not show up with Sean at the agreed upon time, thoughts flashed through Beth's mind that he might not bring him back. Beth called Otto's parents to find out if Otto and Sean were still there. Otto's mother told her that they had not been there as expected and it immediately became clear to her that Otto had abducted Sean.

Beth called her lawyer, who advised her to file a police report. Beth made a police report and the police sent an officer to her house, where he reviewed the custody order and previous complaints made against Otto for violations of the visitation agreement. After the police left, Beth remembers feeling very alone and unable to sleep. She was awake the rest of the night. The next morning called Otto's place of employment.

That evening Beth received a call from her mother-in-law stating that she had received a call from Otto's boss. Otto informed him in a letter that he had taken Sean and was not returning to work. Beth called her lawyer who gave her the name of a private missing child organization in her state. They provided her with information including the name of a private investigator who worked exclusively on abduction cases. The following morning, Beth met with the private investigator and began the search for Sean.

Beth continued to work with the police and informed them of the letter sent to Otto's company. During this period of initial contact with both the police and private investigator, Beth felt a combination of anger and helplessness. Otto had a 2 1/2 week head start and there was a chance that she might not see Sean again. Beth regained some confidence that Sean would be recovered due to the private investigator's record of success in other cases. The private investigator would talk with her about other cases he had investigated and kept her well informed regarding the progress of their search effort on behalf of Sean.

An unanticipated result of Sean's abduction was finding out that there were several dedicated people who went out of their way to assist her. Other parents of missing children, a day care worker, the police investigator and a private investigator were among those who went beyond the requirements of their jobs in order to assist her in the search for Sean.

However, Beth perceived federal law enforcement to be less responsive in the search. She believed that they did not place a high priority on the investigation of parental abductions and also showed some resistance to working with a private investigator. Beth's belief was bolstered when the private investigator obtained a lead that led him to believe that Otto, his girlfriend and Sean might be in Mexico. Beth and the investigator requested the assistance of the FBI case agent to obtain an address to go with a phone number they had uncovered. The agent took several months to respond. By the time the information was received, the parties had left Mexico and were traveling under assumed names.

In spite of disappointment and frustration during the search, Beth was able to function on her job and develop what resources she could to keep the search effort going. She distributed fliers, spoke before groups, appeared on television and gave media interviews.

During the time Sean was missing, Beth's financial support came from her job and money received from a prior business investment. Since her husband was still a fugitive, the court allocated part of his business investment income to Beth. In this way she was able to meet her living expenses and finance the search. She

estimated the cost of the search to be \$50,000, including the bill for the services and expenses of the private investigator, which amounted to \$30,000.

Beth was always able to maintain hope as new leads and resources would appear. The private investigator persisted in tracking down leads developed from phone calls made by Otto prior to the abduction and other information left behind by Otto and his girlfriend, Shirley.

Several clues uncovered during the investigation turned out to be significant. First, it was learned that Otto and Shirley had auctioned off their belongings prior to the abduction, indicating that the abduction had been thoroughly planned in advance, and that the couple could afford to move frequently, if necessary, to avoid detection. Second, before the school year ended, Shirley sent her son to be with her parents in Atlanta where the couple and Sean would soon join him. Third, the couple had moved into a hotel during the period immediately prior to the abduction.

Recovery and Reunification Events. At the time Sean was recovered, Otto, Shirley, her son, and Sean were living in Canada. Almost two years after Sean was abducted, an anonymous phone call was made to her local police department, asking to speak to the Sergeant who was assigned to investigate her case. When told that the Sergeant was not in, the caller asked whether the department had an ongoing case with the name Frank. Told that they did, the caller said that Otto could be found living in Ottawa, Canada. The caller also revealed the fictitious name Otto was using and the address where he was residing with Sean.

With the information from the anonymous tip, the Royal Canadian Mounted Police (RCMP) began surveillance on the house and verified that Otto and Sean were living there. They knew from Beth that Otto's gun was not listed among the items he had sold at the auction of their belongings. They assumed that he might be armed. The RCMP then assembled a SWAT team to approach the house.

The RCMP talked to Beth on the phone just before the recovery. They asked her not to come to Canada until they could report that Otto was in custody. Beth was both frightened and elated at the news. She had concerns for Sean's safety but also feared that with delay, Otto might flee.

Late at night, the RCMP approached the house and arrested Otto and Shirley, and took the children into protective custody. A social worker was present with the team at the recovery and arranged to have the children transported together to a foster home that night. Shirley's son was released to his grandparents and left Canada.

When Beth learned that Sean had been found she contacted a friend, Carl, who had worked at Sean's day care facility and told him the news. He had been an important source of emotional support during the abduction. He again lent his support and offered to go to Canada with Beth to be of any help that he could.

Beth also consulted with Sean's therapist to let him know that Sean had been found and discussed ways of approaching the reunification with Sean in order to make it as easy as possible. The therapist agreed that it would be a good idea to take along someone Sean had known before the abduction and was likely to trust. Beth had met with the therapist several times while Sean was gone to keep him apprised of the case and discuss her thoughts and concerns about preparing for a reunification.

Beth, Carl, and the private investigator flew to Canada the day after Sean was recovered. They went directly to the Social Services office to meet with the social worker who had been assigned to Sean's case. A meeting was arranged at which Beth would finally see Sean. She was very nervous and afraid of saying or doing the wrong thing.

The first meeting was held in a conference room and was attended by Sean, his social worker, Carl and the private investigator. Initially, Sean sat holding his social worker's hand and then began to talk comfortably to the men in the room. He eyed Beth warily and did not make any effort to touch her or be comforted by her. At the end of the meeting when they stood up to leave, Sean looked at his mother and told her that his father had said that she was dead. Beth calmly reaffirmed that she had been alive all along and that ended the first meeting. Beth remembers that she didn't try to touch Sean or talk to him a lot, but rather let him talk and draw pictures so that he feel in control. Her goal for the reunification was to make it as easy for Sean as possible.

The next visit was arranged to let Sean take them sightseeing. He took them around the city on a tour bus, and then showed Beth and Carl places that were familiar to him. Sean got to be the tour guide, which gave him a sense of control in the situation. A couple of times during the outing, he would let her briefly touch him and then he would move away.

The third visit was at a restaurant and Sean let his mother put her arms around him to have a picture taken. This was the first time he actually let her get close to him. On the fourth visitation, they spent time in Beth's hotel room. By that day, Sean was comfortable enough to crawl underneath the blankets on the bed and to snuggled up against his mother, while they read books and played games. When it was time to leave, Sean didn't want to leave.

While the series of meetings allowed Beth and Sean to get used to being together again, they also were characterized by a separation at the end of each visit. In order to protect Sean, the social worker decided not to have another visitation until a decision had been made in court regarding the release of Sean to his mother's custody.

It was another five days before a hearing was scheduled and Beth was given custody and allowed to leave the country. When she saw Sean that day, he seemed happy and ready to return home. The three week stay in Canada was hard on Beth emotionally and financially, but gave her time to learn more about the facts of the abduction and to gradually begin to reestablish a parenting relationship with Sean.

Beth learned Sean and Shirley's son had been attending private school and that Otto and Shirley had both been working for a company under assumed names without Canadian work permits. They had been depositing money directly into their bank account and were paying no taxes. The car they were using was leased under a false company name and their housing was directly paid for by the company where they worked. They avoided putting anything in their names.

The motivation for the anonymous caller revealing information leading to Otto's arrest stemmed from Otto's attempts at a hostile takeover of the company where he and Shirley were employed. A director in the company reported Otto to Canadian Immigration authorities and placed the call to the police where Beth lived.

In addition to allowing Beth to gradually become Sean's caretaker again, Beth's prolonged stay in Canada also benefited Sean by giving him a chance to adjust to the changes that had taken place suddenly and unexpectedly following the arrest of his father. He had the support of a social worker he could talk with and also was able to become reacquainted with a trusted person from his former day care setting.

Upon returning to his home in the Midwest, Sean responded immediately to a picture of himself with his mother, taken before he was abducted, and to the objects which had remained untouched in his room. Beth feels that these familiar objects helped Sean to recall memories from his life before the abduction. Beth also realized that it was important not to say anything negative about Otto, Shirley, or her son. Regardless of her feelings about any of them, they had been Sean's family for nearly two years.

Beth took two additional steps to help Sean adapt to his life back in his community. First, she contacted Sean's therapist so that he would be available to see Sean right away. Beth had met with him several times during Sean's absence

and he was familiar with the details of the case. Secondly, Sean was enrolled in school, as soon as possible, in order to get Sean back into the life of a normal eight year old.

Beth was also reminded of the benefits of the extra time they spent in Canada together. The time it took to obtain permission to return to the U.S. with Sean gave her and Sean time to visit some places that were familiar to him. This gave them a shared sense of what Sean's life was like while he was living with his father in Canada. Having visited the location of the house where Sean had been staying, his school, and other sites familiar to him, made her a part of his experience there. She feels that this aided in the adjustment process which continues now that Sean is home.

Post-Abduction Adaptation. The period of adjustment following Sean's return home has been stressful at times. Beth's mother had been living with her during the period just prior to Sean's recovery, but left following Sean's return because she found it difficult to deal with Sean's aggressive behavior toward Beth. Sean also shows signs that he does not trust what people tell him. Sean frequently asks his mother if she really likes him, and still questions what she tells him. When this happens, Beth encourages Sean to call other adults to verify what she has said.

Sean also continues to make claims of having been abused by his mother. Sean believes that he was locked in a closet by his mother while living with her. Beth continues to provide Sean with evidence that these events that he claims to remember, could not have happened.

Beth would like to remain in her present community as she reports feeling safer where the police know Otto. She still feels that Otto would be capable of abducting Sean again.

In regard to her social life, Beth's social support comes mainly from individuals connected to the recovery of Sean. She continues to talk with the private investigator frequently and with the local police Sergeant on a less regular basis. Beth describes Sean as her main source of support at the present time.

Beth describes concerns about being a single parent and desire to meet someone with whom she can have a permanent relationship. During the time that Sean was gone, she wasn't emotionally available to meet anyone. Now, Beth feels that a man would be reluctant to get involved with her. She still identifies three major sources of stress in her life: (a) the psychological aftermath of the abduction still felt by Beth and Sean; (b) the reentry of Otto into her life, with the upcoming trial and anticipated ongoing custody dispute; and (c) Sean's need for services to assist with his present behavior and emotional problems.

Beth has not sought professional help for herself as she claims that she is functioning well enough. She sometimes wonders if she might experience a crisis after Otto's trial is over. She also is aware that she did not have time to recover from the stress of Sean's abduction before having to deal with his recent diagnosis of Gilles de la Tourette's Syndrome, a neurological condition marked by tics, involuntary movements, and verbal outbursts. In regard to Sean's adjustment, the aggression and behavior problems shown by Sean after his return to his mother's custody have been related to Tourette's Syndrome. He has recently been put on medication and his symptoms have shown improvement.

Beth does not believe that her life has returned to normal since Sean has been returned, and doubts that it ever will, as she anticipates that Otto will continue to fight for custody of Sean. Beth continues to be concerned about the possibility of a reabduction and doesn't feel that she can ever regain either the trust she has lost or the time that Sean was away from her.

Otto has decided to plead guilty to the charge of abducting Sean. He agreed to enter a guilty plea with a recommendation of no jail time and no prosecution of his wife. He is also requesting visitation in family court. Under the current court order, Otto will be allowed to see Sean only with the recommendation of Sean's therapist. Supervised visitation will be conducted only in the presence of Sean's therapist.

Case Study: ABCX Model Outline

With this case study, the ABCX Model provides a convenient method for summarizing and organizing the essential components of the case history.

Family Abduction Crisis Event (Factor A)

- Beth rejects joint custody
- Beth obtains temporary sole custody
- Otto violates visitation agreement
- Otto sells belongings
- Sean not returned from visitation

Family Stressors Other Than the Abduction (Factor a) (Pre and Post-Abduction)

- Ongoing parental conflict
- Sean diagnosed as Tourette's Disorder
- Otto's affair with co-worker during marriage

Pre-abduction Family Crisis-Meeting Resources (Factor B)

- Beth's role as family crisis manager
- Adequate financial resources

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

- Immediate access to legal help
- Referral to specialized resources
- Social support from family members
- Social & financial support from community
- Unexpected financial windfall

Perceptual Definition of Family Crisis Event (Factor C)

- Beth's fears of abduction confirmed
- Cooperation of private and police investigators

Perceptual Definition of Family Crisis Event (Factor c)

- Knowledge of other successful recoveries
- Constant discovery of new leads
- Media interest in case

Immediate Experience of Stress Due to Abduction (Factor X)

- Fear child taken from U.S.
- Sean missing for almost two years
- Concerns for Sean's welfare
- High public visibility of the case

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

- Sean's psychological diagnosis
- Changes in parent-child relationship
- Pressure of trial on criminal abduction charges
- Anticipation of ongoing custody dispute
- Fears of reabduction

Family Abduction Case Study Model Narrative

Family Abduction Crisis Event (Factor A). As can be seen with the Frank family crisis event, Factor A, the abduction of Sean by his father, Otto, was a crisis event outside of the family's normal range of experience. After the Frank's marital separation and divorce, Beth assumed that she would continue to be Sean's primary parent and that Otto would be required to cooperate with the court ordered custody and visitation agreements. Although Otto's failure to strictly adhere to the visitation agreement was annoying and even threatening to Beth, she was unaware of Otto's extensive preparations for abducting their son. Only in hindsight was Beth able to relate isolated cues, such as Otto's move to a temporary residence, to the subsequent abduction.

Although Beth was often suspicious of Otto's motives or behaviors, she tended to interpret these in light of the past event of the couple's divorce. It was not until after Sean was taken by his father that Beth was able to perceive the overall meaning of Otto's actions. Beth then felt that her trust in Otto had been misplaced. Her emotional response was not only grief and anxiety in response to Sean's disappearance, but also a sense of betrayal and anger at the court for not protecting her and her child, and at herself for placing unwarranted trust in Otto.

Left-behind parents in a parental abduction are often judged as over-reacting to the abduction as the child is in the company of a parent. In contrast to a non-family abduction, the child in a parental abduction is usually not taken with the specific intent of exploiting or harming the child. For the left-behind parent, however, there is often powerful emotional response with an overlay of guilt and betrayal.

Family Stressors Other than the Parental Abduction (Factor a). The Frank family had experienced moderate to high levels of stress prior to the abduction, primarily related to their problematic marital relationship and the circumstances of the separation. An additional source of stress for Beth came from difficulties with Sean's development that had been noted but not effectively addressed. There was also disagreement between the parents as to the seriousness of Sean's problems and accusations of child abuse made against Beth by her ex-husband.

Pre-abduction Family Crisis-Meeting Resources (Factor B). Although the Frank family had experienced multiple stressors prior to the abduction, they were also a family with an active style of coping. Beth was able to terminate an unsatisfactory marital relationship and considered herself to be the family crisis manager. This was a role she had played in her family of origin and continued to play during her marriage. Due to the financial resources accrued during the marriage and the absence of other children in the family, Beth was able to devote considerable time and energy to the search for Sean.

Post-abduction Family Crisis-Meeting Resources (Factor b). Beth was fortunate to live in a community in which there was a high level of awareness of specialized resources for families of missing and abducted children.

Beth was also able to use family and community support for emotional support and participation in the actual search effort. A search effort requires considerable organization, manpower and material resources for activities such as flyer preparation and distribution, phone response and media contact. It is a challenge for most families to develop an effective search strategy while coping with the emotional impact of the abduction and meeting ongoing needs of all family members. This may be possible only with high levels of sustained family or community support.

Perceptual Definition of the Family Crisis Event (Factor C). In the Frank case, the abduction was an extension of a sustained parental power struggle. Beth had felt that Otto was attempting to gain control of Sean and feared that he would be willing to flee the country in order to gain this control. Beth had asked the court to retain Sean's passport as a means of protecting herself and Sean from this action. Beth had previously used the courts and legal resources effectively during the divorce and custody proceedings and viewed the abduction as a violation of her legal rights as a parent.

Post-abduction Perceptual Definition of the Crisis Event (Factor c). The perceptual definition following the crisis event was consistent with Beth's view of herself as an effective crisis manager. This positive belief in her ability to deal effectively with the crisis was sustained by the assurances she received from the individuals and agencies involved with Sean's case that children were recovered even after long absences.

Beth had a sustained positive belief in her ability to recover her child. This stemmed in part from her knowledge of her husband's previous behavior. She knew him to be a person who engaged in high-profile activities so that he would find it difficult to live a life in hiding or anonymity. Although Beth experienced emotional lows, she was generally convinced that her personal and financial resources would allow her to persist until she would be able to locate her child.

Immediate Experience of Stress Due to the Abduction (Factor X). Although Beth's style of actively coping with crisis situations and the continued support from family and community resources allowed her to mount an effective search effort, she was not prepared for the length of time it would take to recover Sean. Beth assumed that her immediate response to Sean's abduction would bring him home quickly. The frustration and grief that a experiences when their child is

not recovered immediately contributes greatly to the family's experience of stress. The longer the child is missing the more anniversary events there are that occur in the child's absence, such as the child's birthday or the anniversary of the date the child was taken.

The level of stress felt by the family is affected by previous sources of stress in the family. In the Frank case, Beth's anxiety was increased by her knowledge of Sean's special education needs and Otto's lack of acknowledgment of these needs, as she feared that Sean would not be placed in an educational environment that would support his continued development.

The need to keep media attention focused on her case required Beth to rapidly contact her attorney and the local police. She was immediately directed to specialized resources and because of the family's financial resources, she was able to use these resources to mount an effective media campaign. However, this required her to develop the skills necessary to become a media figure. This change from her previous role as wife and mother was a source of personal stress, as well as a strain on relationships with extended family members.

Intermediate and Long-Term Experience of Stress Due to the Abduction (Factor x). The Frank case illustrates many of the stresses faced by families experiencing a parental abduction, such as the absence of knowledge of the child's whereabouts for a period of many months or years. The emotional and financial cost of sustaining an effective search is an ongoing stress for the remaining family members. Reunification, while joyful, can be stressful for the family and child as well, as the child has not only experienced the trauma of the abduction, but may have adapted to the new situation. The child may have also changed so that he or she seems to be a different child from the child the recovering parent remembers. Often the abducted child has been told that the left-behind parent does not want the child or is dead. For a child such as Sean who may already be psychologically vulnerable, the additional trauma of the abduction may alter the child's basic sense of trust and safety. Such children may continue to mistrust their parents for extended periods of time after reunification.

Parents also retain a fear of reabduction, in part realistic and in part as a reaction to their sense of betrayal by the other parent. It is difficult to reestablish trust between parents following reunification, as parents are likely to continue to be involved in judicial proceedings around custody, visitation and criminal charges stemming from abduction.

In the Frank case, the process of recovery from the abduction was further complicated by Sean's subsequent diagnosis with a serious mental disorder. The family was confronted with a new crisis event before its members could resolve the

issues of the abduction to any degree of satisfaction. This underlines the importance of evaluating a family crisis event in light of the coping resources and style of its members. The life of the family does not end or even pause significantly with the recovery of the abducted child. The family must be able to confront any additional challenges as they arise, while simultaneously recovering from the abduction.

Summary Statements/Parental Abduction Case Study

1. Left-behind parents may only make sense in hindsight of what may have been cues that their child was at risk for abduction.
2. Left-behind parents in a parental abduction may be seen as overreacting because the child is with the other parent.
3. The parental abduction may mark an escalation of an ongoing conflict between parents or a parent's maladaptive response to a perceived loss of power or control.
4. A lack of financial and personal resources may hamper a parent's effort to recover their child, while adequate resources may result in a successful recovery.
5. Fear of reabduction and a loss of trust are common long-term responses following a parental abduction.

CHAPTER THREE - CHILDREN RECOVERED FROM FAMILY ABDUCTION: A MODEL TREATMENT PROGRAM

Based upon research and clinical experience with children recovered from 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 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. (See Table 7.)

Table 7
Model Treatment Program Stages

Stage I:	Reunification of the Recovered Child and Family
Stage II:	Address Short Term Trauma Response Pattern-Theme Based Symptom Appearance
Stage III:	Longer Term Trauma Response Pattern for Recovered Children and their Families
Stage IV:	Termination/Periodic Recontact for Recovered Children and their Families

In this section, the following questions will be answered:

Table 8
The Model Treatment Program
Questions to be Addressed

- (a) What are the steps in reunification?
- (b) Who are the reunification team members?
- (c) What is mental health's and other professional's role in the reunification process?
- (d) As treatment progresses, what are the conceptual categories of child/family responses?
- (e) What is the short term trauma response pattern?

- (f) What is the longer term trauma response pattern for the child recovered from family abduction and his/her family?
- (g) What are the termination and post-termination needs of these families?

STAGE I: THE REUNIFICATION OF RECOVERED CHILD WITH THE FAMILY

In this section, the team model of reunification is summarized. The goal of the reunification team is to provide the recovered child and family with a coordinated, organized program of law enforcement, mental health, social support and victim-witness services. The most effective approaches to reunification are multi-disciplinary and multi-agency teams who work cooperatively to enhance the investigative, child protective and emotional needs of the child and family.

Law enforcement is the reunification team leader. The reasons include their role in investigating the case, locating the child and their on-going responsibilities in the case to obtain medical clearance for the child, as well as, interview the child as the primary and frequently only source about the disappearance experiences and other involved individuals. See Table 9 for The Reunification of Missing Children Team Members and Functions.

TABLE 9
The Reunification of Missing Children
Team Member Functions

Law Enforcement Team Member Functions

1. insure that the recovered child receives physical and psychological evaluation and clearance
2. interview the child as the primary, and frequently the only, source of information about the disappearance circumstances, other involved individuals, and criminal violations
3. establish the limits of case information to be prepared and provided to the public.

Mental Health Provider Team Member Functions

1. evaluate the recovered child and family to assess and respond to their emotional stress generated by the

disappearance and the recovery.

Child Protective/Social Service Team Member Functions

1. assist when child recovery involves one or both of the following situations: (1) the family is not immediately available for reunification with the child and a return home, and (2) allegations have been made with regard to the child care adequacy of the recovering family

Family and Dependency Court Team Member Functions

1. assist when issues of child care adequacy and child care custody are present

Victim/Witness Agency Team Member Functions

1. assist the recovered child to obtain compensation for treatment for physical or emotional injuries associated with the disappearance, and in education/support in any subsequent criminal court proceedings.

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.

Needs of the Recovered Child. The recovered child needs to be evaluated and treated as necessary for physical injury and psychological distress related to the disappearance. The child also needs to be prepared for reunification with the family. After the reunification, the child needs access to ongoing psychological counseling and support.

Needs of the Family of the Recovered Child. The family of the recovered child needs to be informed of the recovery of the child, the circumstances of recovery and the preliminary knowledge of the child's physical and mental health. The family must determine who will go to the reunification site and who will remain at home to take care of other children in the family. As with the recovered child, the family needs to be prepared for reunification. Prior knowledge of the individual family's coping style and current level of stress will enhance the effectiveness of this preparation process. At the reunification site, the family will

benefit from structure and support as the reality of child recovery sets in. Media interest may be intense. Each family will benefit from education about their options in choosing to deal, or not deal, with the media. After reunification, the family will need general guidelines about what to expect in their relationships with the recovered child. The family will also need ongoing psychological counseling and support, with modification of the general guidelines to fit their individual child's situation.

Both family and recovered child will need information and support in criminal and civil court proceedings that may occur.

The reunification team accomplishes these goals in five steps. Table 10 outlines the steps.

Table 10	
Model Treatment Program	
Phase I	
Reunification of Recovered Child With The Family	
Step 1:	Pre-Reunification Preparation
Step 2:	Reunification Meeting
Step 3:	Post-Reunification Family Evaluation/Assessment
Step 4:	Stabilize Family and Support Immediate Problem Solving
Step 5:	Identifying Future Goals

Step 1: Pre-Reunification Preparation

As is reflected in the reunification film "When Your Child Comes Home," families can vary widely in their coping response to an abduction experience. In some cases, the reunification team member may have learned facts about the abduction and left behind family or may have had direct contact with the family during the disappearance. If the law enforcement officer and/or mental health professional has the opportunity to work with a family during the disappearance, they may be able to obtain information on:

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

For example, some parents may expect the child to be relieved and happy about the recovery or that the child will remember the parent. Others may expect the child to be frightened or perhaps even uncertain about what to expect. As the film suggests, children often fear that parents or other significant adults may be angry or blame them for the abduction. Pre-recovery contacts provide an opportunity to explore these expectations and prepare the parent for different responses. This knowledge of the family helps the law enforcement officer to anticipate family reunification reaction and manage the process. This knowledge of the family helps the mental health/social service professional to anticipate how their services may be necessary.

In other cases, the first notification about the case will be at the time of recovery and just prior to reunification and there will not be the opportunity to work with the family on these themes.

Pre-reunification preparations also must consider whether the child will be given the opportunity to say good-bye to the abducting parent. When possible, recoveries should be made to minimize the trauma to the child, for example, the child may be recovered while at school or in a child care facility while the parent is at work. This reduces the trauma of the child seeing the abducting parent arrested or being taken into custody. It also minimizes the danger to the child of problems during the actual recovery. In these cases, the reunification team members will need to assess the potential benefits and risks to that specific child in arranging the opportunity to say good-bye to the abducting parent. Some of the considerations will be the abducting parent's attitude to having such a meeting. For example, is the abducting parent capable of conveying an appropriate attitude to the recovered child or will the abducting parent increase the child's concerns about threatening to reabduct or come for the child at a later time. Some abducting parents may appropriately say good-bye while others may raise the concerns of the child about being reunified with the left-behind parent. In the instance that the child is recovered at home or at a public location, such as at a customs facility at a point of entry back into the country, an assessment may need to be made on location. Factors that may assist in the assessment are facts known about the abductor, potential danger to the child and the abductor's behavior at the time of the recovery. If it is not possible to say good-bye at the time of the recovery, a brief meeting between the child at a later time may also be helpful to the child in dealing with post-reunification issues.

The meeting between the child and abducting parent in which they say good-bye should be supervised by a reunification team member. The meeting should be planned and discussed with the abducting parent to minimize trauma to the child. It should also be brief. If the abducting parent is unwilling to cooperate in choreographing the meeting, the meeting should not take place.

It is also helpful to plan for recovering possessions important to the child. For example, some children may be attached to a particular toy, stuffed animal, photo or other item. When possible, consideration should be given on making arrangements to obtain those items from where the child and abducting parent have been residing. This may mean obtaining permission and the cooperation of the abducting parent to retrieve those items.

Step 2: Reunification Meeting

1. The law enforcement officer or mental health professional member of the team should tell the family to bring several items to the reunification meeting such as a child's favorite toy and photos of family members, family events or family pets (especially if the child was close to a certain pet). These items can be helpful for memory as well as provide something to discuss during the initial reunification meeting. Depending on the age of the child, it may also be useful to take missing posters or newspaper articles to provide concrete indications to the child of efforts to find the child.
2. At the time of the reunification meeting, plans need to be made to take care of other children in the home who may not be able to attend. A neighbor, family friend or relative should be accessible who can care for the needs of other children in the home. The parent should keep in contact with the caregiver to keep the other children in the family informed about the reunification and when they will return.
3. Upon recovery, media attention may be intense. While these people may have a job to do, it is important that the family's and child's needs come first. This may require coordination with other professionals involved with the reunification (e.g. law enforcement and medical personnel) to ensure the family's needs are protected. For example, arrangements may need to be made for the family to enter the reunification site through a private entrance where the media will not overwhelm an already emotionally charged parent. Instructions may also need to be given to caregivers who remain at the home with other children who cannot attend the reunification. Provisions need to be made to protect other children in the family who may still be in school or

at other locations from over zealous media representatives who may try to approach them.

4. Typically, reunification meetings occur in hospitals, child care facilities, or police stations. This may raise the concerns of parents about their recovered child. Most likely, the investigating officer will want to briefly meet with the family immediately prior to the reunification meeting to help them understand the need for medical clearance or other reasons that the reunification is taking place at a particular location.
5. The investigating officer will also want to meet with the family prior to reunification to provide the parent with factual information about the recovery and information about the child's condition from a nonmedical viewpoint. Medical evaluation and clearance are most likely in stranger/non-family recoveries and less likely in parental recoveries unless there are allegations of physical or sexual abuse or neglect. In either event, it is useful for the investigating officer to issue a caution to the recovering parent and other family members to focus on welcoming the child home and to let the officer do the job of investigating and questioning the child about the abduction event.
6. In the prior discussions, various child expectations, perceptions and beliefs about the abduction event and recovering parent were identified. As a result the child may be hesitant, not remember the recovering parent(s) or be fearful, angry or confused. A reunification team member should make the parent aware of possible responses from the child and prepare them to deal with those possibilities without anger or rejecting the child. Parents should be encouraged to let the child know how happy they are that the child has been recovered and focus on welcoming the child home. In approaching the reunification meeting when two parents are involved, it is useful for one parent to take the lead in initially greeting the child.
7. Parents have often gone through considerable turmoil and distress prior to the recovery and reunification. They may feel they want to protect the child and simply return home with the child. It is often helpful and necessary for a reunification team member to remind the parent that the child may be the best source of information about the event. Investigators will need to assess what has taken place to protect the child from reabduction or to prevent abduction of another child. Parents may also need to be told or reminded about the importance of medical clearance to ensure the child's welfare. Transportation and other arrangements for the return home may also be necessary at this point.

8. For parental abductions where there are allegations of abuse against the recovering parent, the reunification team member from county Child Protective Services or the Department of Children's Services will need to be notified because of the need for possible placement of the child in a protective services agency, in a child care facility or alternative home. Appendix A: PARENTAL ABDUCTION CASE SUMMARY can be used to record actions taken and actions to be anticipated in a particular case. Given the trauma already associated with abduction, these cases need to be given priority and investigated in a timely manner to reduce further trauma due to lengthy separations from appropriate caregivers. The child, recovering parent and abducting parent each need to be interviewed. When the child communicates information suggesting the possibility of abuse, established protocols for forensic interview of the child, physical/medical evaluation, etc. need to be completed. If the child communicates allegations of abuse, the need for emergency services should be assessed and placement made if appropriate. If emergency measures are implemented, a detention hearing will need to follow. Additional investigative protocols standard for the jurisdiction such as forensic interviews, police investigation, protective services interviews, physical examination, psychological evaluation and collateral interviews should be pursued. Again, these need to be completed in a timely sequence taking into account the uniqueness of these cases and the trauma already associated with the abduction for the child.

9. In the case that the allegations are determined to be unfounded, the decision can be made to return the child to the appropriate home and to make referrals to facilitate the child's adjustment. In cases where the allegations are determined to be unsubstantiated, visitation may be appropriate along with the return to the appropriate home. If allegations are substantiated, the child may be returned to the non-offending parent's home or the child may be placed in foster care. In the later case, supervised visitations may be recommended depending on the child's best interest. Similarly, parallel interviews with the recovering and abducting parent will need to be completed. In either case, whether the allegations are against the abducting or recovering parent, should allegations be substantiated, family court hearings and review for possible criminal proceedings need to be conducted. In the case of allegations against the recovering parent, the decision may be made for the child to remain in protective foster care with or without supervised visitation, returned to the home or a services plan may be designed to address the problems within the family (e.g., counseling, parenting classes, drug/alcohol treatment, homemaking, etc.). Continued review hearings about the case and child's and parent's progress follow. Similar decisions need to be made in substantiated allegations against the abducting parent.

10. The mental health professional member of the reunification team will need to schedule the first follow-up appointment within 48 hours of the reunification meeting, if possible.
11. The law enforcement officer, the mental health professional, and all other members of the Reunification Team will benefit from a common format for case data collection. Appendix B: Reunification Case Protocol provides sample formats.

Step 3: Post-Reunification Family Evaluation/Assessment

During the initial couple of meetings in the office, the focus shifts to identifying family interpersonal issues, individual issues and family issues with the outside world. 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. Assessment of the abducted child and siblings should be conducted by a clinician trained in victim's issues and experienced in working with children. If criminal issues and future prosecution may be involved, the clinician should be experienced in areas of criminal prosecution to avoid negatively influencing future legal proceedings. They should also be comfortable with providing testimony if required. The goal of assessment is to develop an understanding of the dimensions of child/family behavior, emotion, and thoughts, to understand family coping behavior both prior to the incident and since the reunification, to understand family use of support services both prior to and after the recovery, and to address perceptions and meanings attributed to the abduction event. Siblings should not be excluded from the assessment process. As is true with victims and parents, evaluation of siblings should address their perception of the event, pre-abduction and post-abduction coping skills, response to the reunification, and the sibling's behavior, affect and cognition in regard to the abduction event. McCubbin & Figley (1983) have identified 11 criteria that distinguish functional from dysfunctional family coping styles. These criteria include family identification of a stressor. For example, does the family clearly understand and accept or deny the source of stress affecting them? Additional criteria include family centered versus individual centered perceptions of the problem. The third criteria is whether the family has a solution-oriented or blamed-oriented approach to the problem. The fourth and fifth criteria look at whether tolerance for other family members is direct, unclear or indirect. The sixth criterion is whether the communication style within the family unit is open or closed. Family cohesion may be either high or low and family roles may be either flexible, shifting or rigid. Willingness and ability to utilize resources may be high, balanced or very limited. The final two criteria are the use of violence and use of drugs within the family unit. As the assessment

material unfolds, the clinician's focus shifts to the three categories identified at the beginning of this section. The therapist should be flexible in considering individual, family and/or parental needs.

1. At the individual level, the therapist is likely to find a range of internal reactions to the abduction on the part of family members. It is important that the therapist acknowledge that not every family member may have the same thoughts and feelings. Recognition of individual reactions should be communicated during family group meetings. As some family members may not feel comfortable and able to discuss their thoughts and reactions, the therapist will need to indicate that some family members may need or wish to work on individual issues. The opportunity for addressing individual concerns needs to be communicated directly to the family.
2. At the family level, the focus is more on interpersonal differences such as anxiety, depression and concerns acted out between family members.
3. Family issues with the outside world focus on external interactions such as school and peers, law enforcement and the media, Monday morning quarterbacking by relatives and friends, and interventions by child protective services, etc. The families one encounters in abduction cases represent a cross-section of the general population and therefore reflect various economic, ethnic and social levels. Therefore, the incidence of severe mental illness, chronic physical illness, child sexual abuse, physical abuse, neglect, domestic violence and severe family dysfunction is likely to be present in some families. The evaluation and assessment should include attention to the presence of these factors and appropriate referrals need to be made.

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 theories.

1. A useful focus in assisting the family to develop a sense of mastery is to have the family pick one issue and work towards mastering that goal. For example, the goal may be for the family to communicate their experiences during the missing period so they can understand their shared and different perceptions of the event. On completing the task, the family can begin to have a sense of mastery about having shared thoughts and feelings about the event. Another possible goal could be sharing and developing a strategy for responding to second guessing or Monday morning quarterbacking by family or others outside the event. Alternatively, the family may discuss and

develop a strategy for dealing with media efforts to elicit reactions from the family.

2. Parallel to the family focus of mastery is to do the same thing for each individual family member. For example, a young recovered child who was responsible for caring for and feeding the family pet prior to the abduction can be encouraged to resume that responsibility as a means of reintegrating the child into the family. An older recovered child who was a competitive swimmer before the abduction can work towards returning to those activities. Likewise, a parent who is experiencing anxiety about even brief separations from the child can develop a strategy for managing those anxieties through small, progressive steps.

Step 5: Identifying Future Goals

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 child questions, what to look for in the way of symptoms and distress signals and how to respond to the child's emotional responses. Alternative response patterns observed in abducted children, e.g. numbness, denial, anxiety reactions, etc., should be reviewed with parents along with appropriate interpretations of the identified patterns. The same issues should be addressed for non-abducted siblings, as well as intra-familial and extra-familial behavior, interaction styles and coping behaviors. In identifying future goals and needs, families will fall into three basic patterns.

1. In the first group, the primary care-givers typically understand the issues, identify the need for intervention and desire ongoing treatment. In those cases it is appropriate for the clinician to establish a longer range treatment plan or, in those cases where clinicians can not or do not wish to maintain a long term treatment relationship, refer the family on to individual and family therapists who can assist the family in addressing those needs.

2. The second group typically has some awareness of the issues but are so overwhelmed by the traumatic experience that they simply desire respite care. In those cases, ongoing periodic contacts by phone or "check-up" sessions can be helpful to the family in maintaining a therapeutic liaison and to identify when they are ready for or require continued intervention. Periodic contacts assist the family by not playing into developing denial

efforts and by making re-entry into treatment a more easy transition because of the ongoing tie to the clinician.

3. In the third group, the parent may either not perceive or need ongoing treatment for themselves, however, the child's symptoms do support the need. As a result, the parent may resist treatment for the child. In such cases it is appropriate for the clinician to monitor the family and child. If symptomatology becomes destructive, detrimental or dangerous to the child, the clinician may need to involve child welfare on the child's behalf.

The key in these cases is the clinician's consistency with these families, availability to the family, and not playing into initial denial efforts by the family or individual family members. These cases differ from other cases the clinician encounters in the need to establish periodic contact with the family and an open door with the family and family members. A final consideration is whether the clinician will be the sole therapeutic contact for the family or whether the clinician shares these responsibilities with other mental health professionals. Certainly many clinicians possess the expertise in both family and child intervention necessary in working with these cases. However, the experienced clinician may determine that doing both may not be advisable due to the emotional and time demands present in these cases. In addition, providing both individual and family treatment can create difficulties in therapeutic alliances. Victim children, especially those just entering puberty and teens, often express a need and desire for individual intervention with clear and differentiated boundaries separate from other family members. Failure to honor those requests can be detrimental to the integrity of the therapeutic alliance.

STAGE II: ADDRESS THE SHORT TERM TRAUMA RESPONSE PATTERN

Prior to discussing the specific short term response pattern it is necessary to diverge to cover an important point which relates to the remainder of the material in treatment Stages II through IV: Assessment Issues and Questions for Family Abducted Children and Their Families.

Assessment Issues and Questions for Family Abducted Children and Their Families

For effective case planning and intervention, it is essential to understand the details of the abduction experience for each of the family members. Often the information can be obtained from numerous sources including the investigating officer, social service caseworker, the parent and/or the child. Within this general framework, there are fourteen areas of experience which are important in the effective counseling of families of parental abduction. See Table 11.

Table 11
Assessment Areas Specific to the Family Abduction

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

See Appendix B for checklist.

1. The behavior of the abducting parent prior to the abduction. The behavior of the abducting parent prior to abduction is the first area for the therapist to understand. In this area, one should examine the abducting parent's plans to take the child and the child's level of participation in abduction planning or planning knowledge. For example, was the abducting parent making plans prior to the abduction? What degree of planning was involved (assistance of family, assistance of friends, moving funds, etc.)? If plans were being made, to what degree was the child aware of this planning process? Was the child asked to keep plans for the abduction a secret or to actively gather together clothing or belongings? Parents who carry out well organized, carefully planned abductions almost always have well thought out justifications for the abductions. There is justification to themselves and to other adults, as well as justifications for the child. The child experiences rapid movement, competently executed, marked by plausible explanations for removal from the other parent. The child's perception, then, is of being cared for and attended to, reducing the initial stress or confusion of leaving the home of the other parent. Unfortunately, later during the abduction or after recovery, the child learns that the abducting parent's behavior was not exclusively focused on the child's best interests. This creates substantial disappointment and confusion for the child. Alternatively, disorganized abductions create confusion for

the child, but also frequently result in child attempts to take care of, or shield, the abducting parent. Upon recovery, such children are very concerned with the status of the abducting parent, which increases the difficulties of reunification with the left-behind parent.

An additional consideration in evaluating the abducting parent's pre-abduction behavior is the presence of threats to abduct. In some cases, these threats were present during the marriage and intended to be a way of intimidating and controlling the left-behind parent. In other cases threats to abduct surfaced during divorce/custody litigation. Again, they may be intended to intimidate the non-abducting parent during the procedures to effect the litigation, or they may have been made post litigation when the abducting parent was unhappy with the court's ruling. Whichever the case, they may point to pre-meditation on the part of the abducting parent.

In some cases, the abduction at hand may not be the only instance. A prior abduction may actually have taken place in which the child was missing. Sometimes prior abduction behavior is characterized as a failure to return the child at the agreed upon time. These circumstances require special attention during evaluation about the circumstances of the initial abduction and how the abduction was resolved. The child's perceptions of these prior abductions or abduction attempts are especially important. If the child perceived the prior attempt as an abduction they may be especially vulnerable to the fear of re-abduction. Interventions that may work with most children who have not experienced a prior abduction may not alleviate or reduce their fears. The recovering parent may also be justifiably fearful of additional abduction attempts.

2. Pre-abduction behavior of the left-behind parent/child. In some cases, a family history of domestic violence by the left behind parent against the abducting parent or the abducted child may exist. Documentation and collaboration of these type of allegations should be sought from independent sources, such as police reports, court documents, interviews with extended family members, or the couple's acquaintances. It is also useful to review any evaluations conducted prior to the abduction which may document the relationship of the child with each of the parents. In some cases documentation may exist which demonstrates fear of the left-behind parent or an abusive relationship between the abducted child and the left-behind parent. While such a history does not justify the abducting parent's behavior, it may be inappropriate or contrary to the child's best interest to return the child to the left-behind parent. Mitigating and aggravating factors should be considered in placement and case disposition (Klain, 1995, p 43).

3. Circumstances of the initial abduction. The circumstances of the initial abduction represent the next area for evaluation. Was the child taken by the

custodial parent? Was the child taken during normal visitation contact, or was the child taken from another location (for example, school, baby-sitter, etc.)? Were there any threats or intimidation employed during the taking of the child? What initial explanation was given to the child for the abduction? Was the abduction not mentioned to the child or were they told they were on an extended vacation? Sometimes children are told that they are going away to live with the abducting parent forever. Was the abducted child told that their non-abducting parent was hurting them or did not care for them? While this area is clearly effected by the parent's pre-abduction level of planning and preparation, execution of the plan does not always match the plan. An unforeseen event or resistance by the child may require a change in plans. The abducting parent may come to believe, in addition to convincing themselves, that taking the child is the right thing to do, that it is necessary to convince the child as well. Frequently, this means talking to the child about harm being done to them by the left-behind parent, until the child will verbally repeat back the adult's concerns. While the evaluating clinician should always bear in mind that a minority of parentally abducted children have been physically or sexually molested by a left-behind parent (Hatcher, Barton, and Brooks, 1992), many such allegations of physical or sexual molestation of a child are never substantiated. In some cases, allegations are a result of the abducting parent's instructions to the child pre-recovery to make a report of abuse if or when they are located by authorities. Such instruction almost always results in a child protective service evaluation prior to reunification of the child with the left-behind parent. In other cases, the allegations are legitimate. The rule is that all allegations must be investigated. This substantially increases both the short and intermediate term difficulty of the reunification and adjustment process.

4. Communications to the child about the left-behind parent.

Communications to the child about the left-behind parent may also occur during the abduction period. Was the child told that the non-abducting parent abandoned them? Were they told that the non-abducting parent did not want them or love them any more? Children may have been told that their non-abducting parent is alcohol or drug addicted. Other children have been told that their non-abducting parent has died, or that the non-abducting parent is a bad person who hurt the abducting parent. In a minority of cases, parentally abducted children have been told that the non-abducting parent will hurt or kill them if they are found. Other children are told that the abducting parent is seeking to take them so that they could never see the non-abducting parent again. In some cases, there is no communication to the child about the left-behind parent, leaving the child with many questions and concerns about perceived abandonment from the non-abducting parent.

5. Communications to the child about the abducting parent. Abducting parents may tell their children that they are the better parent or that they can take better care of them than the non-abducting parent. An abducting parent may tell a

child that he/she loves the child more than the left-behind parent, or that they can not live without the child, or that the child in fact belongs to them alone.

Communications to the child by the searching parent both pre-abduction and post-abduction should also be explored. While some children will not even recall the searching parent because of their age at the time of the abduction, others will have recollections of the relationship and communications with the searching parent prior to the abduction. Sometimes when the child is young, collateral sources may provide information into this area.

6. Circumstances during the abduction. General circumstances during the abduction cover a broad range of events. For example, were there any name changes that occurred either of the child's name or of the abducting parent's name? Were there changes in physical identity? For example, was the child's identity changed with a hair cut, hair color change, or changes in clothing styles? Were there threats to the child of non-disclosure? For example, was the child told "they will take you away from me, we will never be able to be together again" or "I'll hurt you if you tell anyone about who you really are?"

7. Specific living conditions during the abduction. Specific living conditions during the abduction are important to understand. Some parental abductors move frequently in order to not be found, creating a fugitive life style. While some abducting parents and their children maintain a new identify while living in a new home environment, most live with relatives or friends, or move frequently, living out of travel trailers or hotels. Some children suffer from school denial, frequent school changes, or limited opportunities to be in the school setting. Such abducted children are isolated socially and suffer from a lack of peer relationships. This is particularly the case when the abducting parent is concerned about the child's ability to maintain their fugitive identity. Financial resources have a clear impact upon abduction living conditions. Were there sufficient financial resources to care for the child's needs? Limited financial resources can effect provision of medical, nutritional, educational and shelter needs. Parentally abducted children, at times, may be subtle victims of medical neglect and deferred medical care. This can occur through failure to obtain preventative care such as immunizations, diagnostic care such as medical exams, remedial care such as non-emergency surgery or regular medication, or prosthetic care such as eye glasses.

In a minority of cases, abducted children are actually subjected to abuse during the abducted period. General evaluations for physical health, physical abuse, sexual, and emotional abuse should be an accepted part of the reunification process. More specific and detailed evaluations would follow abuse allegations.

Finally, it is important to understand what the child has been told about what will happen if they are recovered. Children may be told many different things about what will occur if they are found. Especially problematic are those cases in which the child has been told that the non-abducting parent is deceased or will in some way harm them if they are found.

8. Circumstances of the recovery. The recovery experience itself may complicate the child's later adjustment. Was the child returned voluntarily by the abducting parent? Was the recovery under court order? Was there police involvement and, if so, was the abducting parent cooperative or resistant? What was the abducting parent's behavior at the time of the recovery? For example, did they make statements or behave in such a way to suggest anger, fear, or warnings to the child at the time of the recovery?

9. Authority behavior. Authority behavior is also important to understand. Were authority figures helpful and supportive to the child? In one case, the child had been hiding in the back of a cafe with her mother. When the police came, they explained to the mother that they had a court order requiring that she turn the child over to the father, with failure to do so resulting in her arrest. The child was then taken outside. Without comment from either parent or from the officer, the child was given to the father, and left on her own to make the transition from mother to father. It is also important to understand the attitude of law enforcement toward the abducting parent. If there was resistance on the part of the abducting parent's side, did law enforcement use force to gain physical custody of the child and arrest the abducting parent?

10. Child's behavior/separation from the abducting parent. Child's behavior/separation from the abducting parent is an essential area of inquiry. Was the child given an opportunity to say good-bye to the abducting parent or was the child simply pulled away? Was an explanation given to the child of what was taking place and why, or was the child left to their own conclusions as to what was going on? Where was the child taken or what happened to the child at the time of the recovery? Was there a delay between recovery and reunification, with the child being placed in foster care or with a relative under child protective services supervision? Was the child taken to the hospital, police station, or other location pending a decision about reunification? What was the child told about actions being taken? For example, if placed in foster care, what was the child told about why that placement was being made and what the placement would be like? If a child was immediately placed with the recovering parent, what opportunities were given to the child and parent for talking about the reunification before actually leaving with the parent?

11. Child's recovery emotions. The child's emotions should be noted. Did the child appear to feel guilty, fearful, happy or confused? Subsequent to the recovery, what was the child's emotional reaction to reunification with the family? Was the reunification made immediately or was there a delay, if so, what were the reasons for the delay?

12. Child's reunification expectations. The child's reunification expectations may be influential as well. Did the child have memory of the left-behind parent? Was the child fearful of the recovering parent because of prior messages from the abducting parent? Was the child fearful because of memories of experiences with the recovering parent prior to abduction? Did the child develop the expectation that they would never see their abducting parent again? Did the child appear to be numb, apathetic, or emotionally flat regarding the reunification with the left-behind parent? Did the child perceive that the left-behind parent was dead? In some cases children are angry with recovering parents, believing that they have been abandoned or that the left-behind parent may have allowed the abduction to occur. Frequently, children have been noted to be fearful that the recovering parent will be angry at them, blaming them for the abduction. In some cases children may have the expectation that upon recovery everything at their old home will be the same as before they left.

13. Left-behind parent's reunification expectations. The left-behind parent's reunification expectations are as important as the child's expectations. Some parents perceive that the child will be happy to be recovered. This is not always the case, especially when the child has been gone for an extended period of time. Such children do talk about being fearful of returning to the left-behind parent because the absence was so long. Other parents have expectations around whether the child will remember them or not. Some parents expect that there will be no residual effects, as the prior family unit is instantly recreated. Each set of expectations can have an impact, as children are generally effective at sensing parental anxiety or insecurity. Left-behind parents need supportive counseling to deal with expectations versus the reality of the reunification experience.

14. Opportunity for a reunification meeting. The opportunity for a reunification meeting is the final evaluation area. In the vast majority of cases, the data has shown that there is no reunification meeting or it is very brief (Hatcher, Barton, and Brooks, 1990). In working with the child and family, one wants to understand whether their first experience involved a "hug and go reunification" or if opportunities were provided to become reacquainted and discuss what is taking place in a supportive law enforcement, social service, or mental health professional setting.

Failure to inquire about the circumstances of the pre-abduction period, the abduction, recovery and reunification seriously limits the therapist in understanding and responding to the nuances that apply to the individual case.

Stage Two Short Term Trauma Response Pattern

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 12
Stage Two
Short Term Trauma Response Pattern Characteristics**

- A. Emotional/Behavioral Manifestations:** The emotional and behavioral manifestations are directly related to issues in the abduction experience, for example, abandonment or guilt about their behavior during the missing period.
- B. Environmental Circumstances:** These issues result from living circumstances during the missing period or resulting from the recovery. For example, the abduction may have resulted in name or role changes. Other children may have been taken to another country or raised in an American sub-culture different from that of the recovering parent.

In parental abductions, specific emotional and behavioral manifestations come up for the child and the parent. They are in direct response to the abduction experience and have specific themes and content associated with them. The following table outlines the Short Term Trauma Pattern. Each manifestation or circumstance is elaborated in the following narrative.

**Table 13
Stage Two
Short Term Trauma Response Patterns**

- A. Emotional/Behavioral Manifestations:**
 - 1. Safety and re-abduction issues**
 - 2. Child lack of control**
 - 3. Guilt and shame**

4. **Child conflict with loyalty demands**
5. **Abandonment**
6. **Child post-traumatic play**
7. **Child post-trauma omens and dreams**
8. **Child emotional responses**
9. **Child testing of the recovering parent**

B. Environmental Circumstances:

1. **Name and role change and sex role identity**
2. **Child environment issues**
3. **Language barriers and cultural issues**
4. **Visitation**

Emotional/Behavioral Manifestations:

1. **Safety and reabduction 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. Reabduction dreams frequently have to do with a child being taken away by a non-specific adult from their current parent. Occasionally, specific dreams are present that the abducting parent will again reappear and take them.

Reabduction play involves playing out an abduction, with human or animal characters, and the child's responses to the abduction. Other forms of play may involve the development of metaphors aimed at protecting the child. In one case, a little girl who was fearful of reabduction discovered a mouse under her kitchen sink. She subsequently took weapons from her Ninja Turtle toys to give to the mouse and created a Ninja mouse who she presented as her protector.

Other children have expressed sleep difficulties, as they are fearful of the dark, fearful of going to sleep at all, or of sleeping alone. Some older, more psychologically mature children address their reabduction fears directly, speaking openly about reabduction fears. This can especially become more pronounced as the first post recovery contact or visitation with the abducting parent is anticipated. Safety issues also may increase in general, for example, in children's concerns about their safety at school and in other neighborhood locations.

Recovering parents also almost universally struggle with the fear of re-abduction at some point post recovery. Even in the unlikely event that the

abducting parent is incarcerated, at some point the parent will be released and the fear will surface. This fear is fueled by the fact that the recovering parent often did not anticipate the initial abduction. Post-recovery, they do not have confidence in the belief that the other parent may not abduct again. No amount of reassurances or reasoning assuages their concerns. Only carefully thought out and implemented safety plans help. Recovering parents are sometimes hypervigilant in their efforts to protect their child from being reabducted, only to create a new set of problems for their child. Even though hypervigilant in their efforts, recovering parents often continue to fear their efforts being sabotaged and that the child will again be snatched.

2. Child lack of control. Parentally abducted children often appear to struggle with the sense of having been treated as an object. This is likely due to their lack of control over the events in their life. First, they did not have control over the planning or the actual occurrence of the abduction. Nor did they have control over the abducting parent's decision to abduct. Second, they had no control over the events around their recovery. Third, they typically do not feel that they have any control around events regarding post-recovery placement. These events lead them to feeling as though they are being treated as an object who is moved around or placed without consideration of their desires.

The sense of having no control over events and being moved about at will can lead to emotional responses. Some children may respond by feeling numb in order to avoid the associated sense of not having control over what will happen to them and feelings of being devalued. Other children may respond affectively with fear and concerns about what will happen to them in the future. Similarly, children may also experience anxiety and anger regarding those same types of issues.

In response to these feelings, children in this and similar circumstances often make an effort to regain control. One of the ways to regain control is through acting out behavior. In doing so, the child or adolescent makes a statement that they can not be taken for granted. They can not be expected to comply with the requests and demands of parents or other adults. Alternatively, a minority of children respond by seeking outside achievement in areas where they feel that they do have control, either in sports, academics or other areas. This provides a sense of being able to have control over at least one thing and to direct what will occur. Other children's response to being treated as an object is regression, reverting to behavior that is younger than their chronological age. This is an anxiety based response. Finally, a minority of children respond by becoming compliant. Their compliance is based upon their assessment that they have already lost significantly. As they do not want to lose anymore, they become compliant with whatever demands are made of them, even when the demands are unreasonable or inappropriate. This is done in order to minimize the possibility that they may lose

the attention, affections, or opportunity to live with the parent whose home they have returned to. In so doing, they risk the possibility of becoming an extension of the identity of the parent to whom they have been returned.

3. Guilt and shame. Many children struggle with guilt and shame around the abduction event. In understanding guilt and shame, one needs to understand the child's knowledge of being abducted. If the child was aware that they were abducted during the abducted period, does the child feel responsible for not seeking help or discovery? When children realize that the abducting parent's statements about the non-abducting parent were not truthful, they feel responsible and guilty for having accepted the abducting parent's descriptions. This is often a difficult issue for children to talk about because they are reluctant to divulge to the non-abducting parent or anyone close to them what their perceptions may have been. This rises out of guilt and shame that they were so vulnerable to the attempts to influence their attitudes. In a few cases, children do not know that they were abducted. In those cases, one must determine whether the child feels responsible for not knowing that they were abducted. Often children expect that they should have been able to see or understand everything regarding the abduction.

Another important aspect of guilt and shame are questions about whether the child was made a co-conspirator. Abducting parents sometimes ask the abducted child if they want to live with the non-abducting parent. Or they may ask the child if they would like to go with the abducting parent to live with them. Frequently, children do not understand the consequences of this type of question, readily agreeing to whatever the abducting parent wishes to hear. In turn, they feel responsible for having contributed to the abduction occurring. In other situations, demands are placed on the abducted child to assist and participate in the process of not being discovered. Children may feel guilt over their participation in this process. A minority of children have been asked by the abducting parent to tell lies under threat of injury or threat of discovery. Some of these children report having "fun" in helping evade discovery as a part of the fugitive lifestyle. In a child's mind, this may be like a game. However, subsequent to recovery, these children report confusion and guilt about this same enjoyment. One seven year old child described hiding in a building when she and her mother knew that the police were looking for them. The child's descriptions of this part of the abduction experience were excited and animated. She enjoyed being secretive and being able to hide from the police. However, this process took on a very different light for the child when the police came into the building, and were about to arrest the mother.

4. Child conflict with loyalty demands. Children in parental abductions are often caught with a sense of conflicting loyalty demands. The recovering parent's need for validation often creates these conflicting loyalty demands. The left-behind parent has gone through a lengthy and frustrating process of locating and

recovering the child. Many road blocks have been encountered. At times, the left-behind parent has likely struggled with concerns of never seeing the child again. At times, the left-behind parent felt betrayed and victimized by both the abducting parent and the legal system's response. As a result, the left-behind parent is angry with the abducting parent, wishing that the recovered child share his/her same feelings about the abducting parent. This may be communicated either by direct questions to the child about whether the child agrees about the "bad" abducting parent or in more subtle ways. For example, the child may overhear the recovering parent's negative statements about the abducting parent, or their desire for revenge with the abducting parent. Frequently, children report suffering from confusion over who to believe. Abducted children have had different statements communicated to them by the abducting parent and the recovering parent about the incidents leading up to the abduction. They are often also told conflicting information about the other parent's motivations for their behavior and interest in the child. At the very least, the child gets the impression that both parents can not be right in their statements. The child feels pressured to choose sides.

Overall, children tend to be very good at assessing adult reactions to them, especially in situations where the risk of loss is high. In order to preserve their sense of safety, children most characteristically assume loyalty to the person they are with and overtly assume the attitudes and behavior expected of them. The long term risk of this short term adaptive behavior is that a habit of submitting to maintain relationships will continue into the adult years.

5. Abandonment. Parentally abducted children may also struggle with abandonment issues. Abandonment can be of a dual nature. Initially, the left-behind, now recovering parent may be viewed as effectively missing from the child's life. During the time of the abduction, the child may have perceived that parent as abandoning the child. As a result, the child may experience difficulty in viewing the left behind parent as a truly recovering parent. In turn, the recovered child may have had only limited or no contact with the abducting parent for several months after recovery. Subsequently, the child has concerns about feeling abandoned, or being forced to abandon the abducting parent. In a sense, the child may then have to deal with dual abandonment from both parents. Effectively, the child's dilemma is that no matter which parent she/he is with means living without contact with the other.

Although they often do not express it to their recovering parent or initially in treatment, family abducted children often worry about the abducting parent. They worry about their safety, their living conditions, emotional welfare and if they will see them again. Depending on the child's abduction experience and attachment to the abducting parent, they may miss the abducting parent and feel homesick for

that parent. These are often feelings that children are reluctant to express because of the fear associated with misinterpretation of those feelings or subtle messages that these feelings may not be accepted.

6. 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. After recovery, one child who had been parentally abducted would repeatedly play out, during counseling, scenarios of caretaking involving the mother and father. She was confused about the alliances that she was feeling. Another child, nine months after his recovery, was very aware of ongoing litigation. In the course of his play, he would represent the mother and father as being in conflict. This boy ultimately announced that the children in his play wanted to get rid of both parents and to get new ones. He also played out his concerns over his lack of control over what happened to him in the conflict by placing the parents under the control and direction of the children.

7. Child post-trauma omens and dreams. Some parentally abducted children will also develop omens and metaphors around their abduction experiences. Post-traumatic dreams have been noted either through direct dreams about the incident or indirect metaphorical dreams related to their issues with the abduction. A frequent complaint involves concentration and attention problems in the school placement as children begin to try to establish some sense of security and safety, many having not attended school during the abduction. Anxiety symptoms, fearfulness, regression, acting out and aggression have all been observed in parentally abducted children. Caretakers often described impaired trust as well as separation anxiety. However, the relative frequencies of these symptoms among parentally abducted children has yet to be clearly established.

8. Child emotional responses. It is helpful to understand and examine the child's emotional responses as well. Much to the surprise and disappointment of recovering parents, parentally abducted children may often exhibit emotional bluntness upon the reunification with their parents. This bluntness may have almost a disassociative quality about it. It is a child's mechanism for attempting to deal with the conflict and confusion brought up by the reunification. This emotional apathy may be related to their concerns about what to expect from the recovering parent as well as their own feelings of confusion and uncertainty about the reunification with the parent. In some cases, children have been told that a parent either abandoned them or was dead. Such perceptions may still be intact at reunification. It is a big step to ask a child to move from perceiving a parent as dead or abandoning them to a perception that a parent is alive and has constantly searched for the child. This emotional apathy may also extend to new significant persons in the recovering parent's life. In fact, children may resist involvement

with new adults in the family, individuals they perceive as strangers. For example, children may resist establishing a relationship with a new stepparent, as they are angry that the recovering parent's life has continued while the child was missing.

The recovered child also may exhibit feelings of conflict and ambivalence, stemming from confusion over parental motivation for the abduction. The child may struggle with feelings of betrayal towards: (1) the abductor for lying to them about the non-abducting parent, and (2) the non-abducting parent for not intervening or preventing the abduction from occurring.

Some children who have been parentally abducted display a lack of stability and security in their feelings. This is secondary to the changes that occur with the recovery as well as possibly having to move frequently to protect the secret of abduction. Even in cases where the child was aware they were abducted but were given different perceptions about their relationship with the non-abducting parent, the child has a difficult time looking at and integrating an alternate view from what they were presented. Essentially, this confusion has to do with learning that what you think is the truth may not be the truth. This can have the impact of shattering and undermining the child's trust and confidence in his/her ability to understand the world.

It is not surprising then that the child symptoms associated with family abduction also may include the general gamut of symptoms including problems with concentration, anger and acting out, defiance, withdrawal, decreased school performance, eating and sleeping problems, somatic complaints and so on.

9. Child testing of the recovering parent. With reunification, parentally abducted children frequently test the genuineness and security of the recovering parent. This can be acted out through demands for attention and affection which may be: (1) over stated or, (2) by putting themselves into potentially dangerous or unsafe situations. For example, one young girl would repeatedly sneak out at night in such a manner as to see whether the recovering parent would set limits on her behavior. In turn, this was very difficult for the recovering parent who wanted the child to like him/her after having been gone for so long. Being put in the position of having to set limits on a recovered child was quite dismaying for the parent.

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. When children and their abducting parent have taken an assumed name and have been gone for a length of time, the children may be confused about what their real name is, as well as that of their abducting parent.

This confusion can often be picked up by asking the child what their name is, or if they have an alternate name. The same can be done during interviewing for the name of the abducting parent. The child may often communicate understanding of the abducting parent with the label of the assumed name. For example, the child may communicate confusion and inability to discuss the matter. The child may also see the abducting parent with the assumed name as two persons. When there are name changes, children have been observed to have difficulty understanding what their role is relative to the abducting parent (depending on which name they are using to refer to themselves). During the mental health professional's interview, a child's response may depend on whether the questions asked use the abductor's assumed name or legal name. For example, a child may give very different information when questioned using the child's assumed name than when questioned using the parent's legal name. Obviously these factors are important not only from the immediate psychological treatment perspective, but also from a later forensic perspective if there are civil or criminal proceedings against the abducting parent.

Name changes can also occur with the recovering parent. Since parental abductions can be quite lengthy, recovering parents may have taken legal steps to either change their name or remarry.

Whichever the case, one needs to look at how the child understands the name change and how the child perceives himself relative to that name change. For example, if a person has remarried or simply changed their name, the younger child may now perceive that the adult is no longer their parent. New children may also be present in the recovering parent's home, either in the form of a stepchild or a half-sibling. Each such relationship needs to be individually assessed with each child.

Children who have been forced to assume the appearance of the opposite sex during the missing period face another challenge. Developmentally, children generally establish sex role identity of being a male or female at about the age of three. Assuming the appearance and role of the opposite sex can interfere with or confuse young children around sex role identity issues. Some children will have to go through a process of re-establishing their sex role identity. Others may feel some embarrassment or confusion about what assuming an opposite sex role identity says about them. They may be embarrassed to bring the topic up. They are equally concerned about what the clinician will think of them if they reveal that they pretended to be the opposite sex. They do not have the ability to attribute the behavior to the demands of the abduction situation and separate the behavior from themselves and personal culpability. It can often be a buried issue that goes unaddressed unless the educated clinician brings the topic up.

2. Child environment issues. Parentally abducted children may also experience anger at being taken away from the environment created by the abducting parent. Certainly, the environments created by abducting parents are not always negative. The abducted child may well resent being removed from that environment, having established a close bond with the abducting parent. It is only natural that they experience concern for the welfare of the abducting parent and the consequences of discovery to the abducting parent. Finally, children who have been abducted may be disappointed as they discover the weaknesses of the recovering parent. Few recovering parents are able to live up to being perfect individuals, with the ability to recognize and respond to each of their demands or needs even when inappropriate.

Obstacles in this area may especially occur in recoveries involving teenagers. If the teenager has not had a negative or abusive experience with the abducting parent, been in the home of the abducting parent over the course of many years, have an established circle of friends, and have a sense of success within their school environment, they may not be receptive to being uprooted to live or even visit a parent who they do not know or have not seen for a period of years. It is not unusual in the recovery of a family abducted teenager for the teen to challenge return to the searching parent with pleas for consideration of their "rights" and needs. Sometimes teens threaten to run away if they are placed with the searching parent and therefore removed from their established group of friends and the life they have built during the years they were missing. Removal from their established routine and placement with the searching parent may not be appropriate or serve the teen's best interest.

3. Language Barriers and Cultural Issues. International abductions can pose a unique set of circumstances in which the returned child is monolingual and/or has limited ability to speak the recovering parent's language. For example, some children who have been taken to a foreign country at a very young age may only speak the language of that country. In some cases the language barrier has made it especially difficult for the child to address the specific defined issues because of the limitations on communication with the recovering parent or others in their environment. Not only are they faced with becoming acquainted with the recovering parent but also face learning a new language and culture. These children may feel even more isolated.

For some children who have lived in foreign countries which are antagonistic to the American government or culture, they are also faced with going to a country which they have been taught is unfriendly or hostile, and responsible for the problems in the country where they lived. The most extreme examples have come up in cases where children have lived with extended family in Middle Eastern countries. Because of what they have been told about the United States,

they may fear for their safety. In addition, they are reluctant to discuss or verbalize their concerns out of fear of reprisal. These children have another layer of messages they must untangle, not only about their recovering parent but also about the cultural attitudes, alliances and beliefs. One such child recounted how she felt when she returned to the United States to live with her recovering mother. As she got off the flight she immediately felt fearful and began to vigilantly look around for uniformed officers. She had been told that authorities in the United States did not like people from the Middle East and routinely arrested them for no reason. She expected that since she had lived in the Middle East for so many years it would just be a matter of time before she was arrested. The ride home was an anxious one, not only because she had no independent recollection of her mother but, also, because she expected to be mistreated and discriminated against by all around her.

4. Visitation post-recovery. Because the majority of missing children are returned to the searching parent, this issue will typically be in reference to visitation with the abducting parent. Some children feel abandoned by the abducting parent and the limitations on their contact with that parent. They want to visit the abducting parent. Other children may be fearful or ambivalent.

In other cases, the child is not returned to the searching parent. They may remain with the abducting parent or be placed with another family member or in alternate care. The child may have similar concerns or ambivalence. They may be eager to resume contact with the searching parent or they may be frightened. Whatever the situation, the clinician must explore the child's feelings about visitation with either parent and the reasons behind those feelings.

Brief or Time Limited Therapy

A number of families are only interested in immediate symptom reduction or resolution. They are not interested in addressing the longer term issues as discussed in Stage III. In those cases, treatment will stop at this point. Some families who stop treatment at this stage will not return for additional intervention. Others will return at a later time to address additional issues as they evolve, often with a different clinician, either due to the family relocating or therapist unavailability.

This manual is designed to be beneficial in identifying and addressing child or family issues at whatever point they enter or re-enter treatment. It is also designed to address a brief short term model of treatment or longer term interventions.

STAGE III: THE LONGER TERM TRAUMA RESPONSE PATTERN

The longer term treatment issues emerge in two steps or phases. They are summarized in Table 14.

Table 14
Longer Term Trauma Response Pattern

- 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., "my parent or spouse will have my best interest in mind" and "bad things don't happen to good people" are reviewed and reintegrated.

The following table identifies the two types of issues that emerge for family abducted children and their families after recovery. 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.

Table 15
Stage Three
Longer Term Trauma Response Patterns

- A. Review of Event Related Issues**
 - 1. Adjusting to the child's developmental level
 - 2. Getting to know the child/parent again
 - 3. Narrowing the perspective
 - 4. Grieving the losses
 - 5. Reassessing the path to the abduction
- B. Implement Coping Methods for Abduction Related Events and/or Assumption Violations**

1. **Sorting through the messages**
2. **Trust and problems in attachment**
3. **Assumption violations**

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" to when the child was taken. While they may expect the child to look different in appearance, making the transfer in other areas is not always an equally simple task. For example, some parents have wanted to continue to pick out their child's clothes after the recovery just as they did prior to the child being taken. This may create problems for the child who is now school aged and accustomed to making their own choices in this regard. Or a parent may still want to bath their child as they did before the abduction. This may be inappropriate for the child who is now older and feels their body space is being violated or intruded upon. Often making these adjustments may require outside intervention to remind the parent of the changes that need to occur. Some parents may be resistive to these observations because of the sense of loss that is associated with not being present during these developmental transitions.

In the longer term perspective, some parents are reluctant for their recovered child to grow up. Even several years after the recovery, some parents will resist their child growing up, wanting to make up for lost time. Others will attempt to over protect their child and in that ways also negate the child's capability and developmental level.

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 who they don't remember or who they have envisioned to be deceased or forever absent. Essentially, the task may be one of living with and getting to know someone who is essentially a stranger. Some children initially have questions about whether the recovering parent is their parent at all. They look for clues that will prove or disprove that the person they are now with is indeed their parent. For example, one little boy who had no recollection of his recovering mother spent several weeks mulling this personal dilemma over in his mind. Finally he deduced that she must be his mother or she would not have pictures of him as a baby in her possession. Another child quietly debated this issue fueled by the fact that her appearance was quite different than her mother's. While her mother was Caucasian and had light hair and a light complexion, she was dark haired and had a dark complexion, resembling her Iranian father. The fact that she did not look anything

from the time of her birth were produced and relatives reassured her that this was indeed her mother that she began to entertain that possibility.

While other children struggle less with the question of whether the recovering parent is indeed their parent, they may view the recovering parent as essentially a stranger. They have no recollection of the parent and the relationship must be built from the beginning. Some children quietly accept the task, feeling they have no choice and a large measure of curiosity about this new parent who they know nothing about. In some cases their only information is what they were told by the abducting parent, which may be less than flattering, if not outright frightening.

Other children may have some recollections of the time that they lived with the recovering parent that have been interwoven with the things that they were told by the abducting parent. They are challenged with sorting out what they were told with what they now experience. Sometimes the information is consistent but frequently what they were told about the searching parent is disparate with what they now experience. They are faced with having the perceptions they had built during the missing period and reality, as they knew it, is challenged. Who should they believe? What should they base their perceptions on, what they were told or what they experienced? It is no wonder that some children are initially cautious and distant in their approach to the recovering parent.

For children who have no independent recollection of their parents or who have been absent from the recovering parent for an extended period of time, they must essentially get to know their parent almost as if it were the first time. These lessons are learned in a variety of contexts. They must learn their recovering parent's expectations of them, preferences, approach and style in dealing with challenges, interests and activities, sense of humor, and so on. If they have a step-parent, the same is true of that relationship.

In the same way, the recovering parent is challenged with reacquainting themselves with their child. They have to learn about their child's strengths and weaknesses, interests, food likes and dislikes, social abilities, familiarize themselves with their current developmental level, and at the same time deal with the child's questions about the parent and the information they came to believe about the searching parent during the missing period. In some ways it is analogous to a foster parent learning about a new child who has been placed with them but with the added component of loss. During the process of becoming reacquainted, many parents are constantly bombarded with the sense of loss over time and experiences they missed while their child was gone.

3. Narrowing the perspective. In some families, the abduction can become the focus for attributing all old or new problems which may arise. In some situations, the source of a problem or symptom may indeed be the abduction experience. However, some problems are clearly independent. Sometimes this narrowing of responsibility is created by the child and sometimes by the recovering parent. For example, an eleven year old girl who had been gone for nearly five years complained in treatment that the family never did any type of activity together. The recovering mother said that indeed, her daughter was right but knew why the mother was not physically active. The child, who had a lot of emotion invested in the issue became angry and then began to cry to the point that she couldn't speak. When asked why she couldn't be active the mother explained that she had been diagnosed with a disabling muscular disease. The disease had been diagnosed when her daughter was missing. The girl had assumed that her mother had developed the disease because she was missing and felt responsible for her mother's illness. This belief had also been fueled by the mother's statements that she had been diagnosed because of the stress that she was feeling while her daughter was missing.

Another child was doing poorly in school. The academic problems were attributed to the stress of being abducted and her poor attendance while she was missing. While the poor attendance certainly contributed to the problems, an observant teacher referred the girl for testing and evaluation and she was diagnosed with a learning disability.

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. For parents those losses are focused around lost time and opportunities with the child; for example, some parents feel a loss over missing their child's first day of school, or losing their first tooth. Another area of loss is financial. Extensive searches that span several months or years can be very costly, leaving the recovering parent depleted to the point that managing the day to day expenses is difficult. Some parents have to forgo the dream of owning their own home or other goals because of the financial burden. This is typically exacerbated by the cost of additional litigation over custody and visitation post recovery. Recovering parents may also grieve the loss of support of extended family and friends. Well meaning family or friends sometimes directly or indirectly blame the searching parent for the abduction. Statements are made about the searching parent's poor judgment for getting or staying involved with the abducting parent. As a result, the recovering parent feels a sense of loss in regard to significant relationships. At another level, searching parents also feel alone in their process. Others are not always sensitive to, or do not comprehend, the feelings associated with having a child family abducted. For

example, family or friends may not be able to identify with the fear that one will never see their child again or have to live without knowing where they are or what has happened to them. Or they may have difficulty appreciating the degree of betrayal the parent feels by the abducting parent for taking the child. Searching parents feel detached and isolated when their loss is minimized or excused "because the child is at least with the other parent." Such comments are often alienating. Another level at which those issues may occur is with authorities when the parent perceives the authorities are not as vested in locating the child as the parent. In other words, the amount of time and effort invested in the location of the child by authorities may be perceived and experienced as minimizing or diminishing the searching parent's loss. This loss can be expressed as grief or anger.

While younger children may not realize the loss created by the abduction, older children may go through a mourning process over lost opportunities in much the same way that their parents do. In addition to lost opportunities, they may also mourn over having to confront parental limitations and weaknesses that become evident in the abduction/recovery process.

5. Sorting Through the Messages. Family abducted children basically have to deal with two sets of messages, those from the abducting parent and those they receive post recovery from their recovering parent. The messages from the abducting parent were typically communicated during the missing period about their life before the abduction, the searching parent and why they were abducted. The messages from the recovering parent may similarly be about life before the abduction, the abducting parent, the search efforts for the child, and the parent's current feelings and attitudes about the abducting parent. It is rare that the messages from the abducting parent and the searching parent are consistent. And in some cases the child may be faced with a vacuum of information about the searching parent. In some abductions there is no mention of the left-behind parent. Sensing that the abducting parent does not want to talk about the left behind parent or that questions generate anger, children learn not to ask.

During the initial period after recovery and often extending well into treatment, children engage in a process of trying to figure out what to believe. Some children outwardly adopt the messages of whichever parent they are with but this is typically only a facade beneath which the questioning and assessment takes place. Other children openly challenge the recovering parent with the messages they were given by the abducting parent. For some children this serves as a test of the recovering parent. For others it is a way of supporting or maintaining the beliefs and world view they adopted while living with the abducting parent. These are children who have been so fully indoctrinated that questioning the information they have about the recovering parent would require them to abandon their basis

for interpreting the world. Other children by nature have a rigid make-up that makes it difficult for them to assimilate and respond to discordant information.

Implement Coping Methods for Abduction Related Events and/or Assumption Violations:

1. 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?" The factors that are examined are: 1) outside or other variables, for example, what were the abductor's dynamics or shortcomings that led to their behavior? 2) Personal control variables specific to the abduction, for example, what could I have done to predict or prevent the abduction? 3) Interaction or relationship variables, for example, what dynamics between us led to the abduction and what do I look at in the future to prevent getting caught up in a similar dynamic? 4) Personal dynamics issues, for example, what personal dynamics or ways of viewing the world led me to choose the relationships that I do? While individuals may focus on one or more of these questions and get focused on self or other directed blame, the successful resolution looks at and integrates each of the elements.

2. Trust and problems with attachment. While child and parent both face immediate issues of trust post abduction and recovery, a deeper, longer term set of trust issues also emerge. 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. After getting some temporal distance from the abduction, children and adults go through a re-evaluation process in which they may realize that their perceptions were inaccurate or incomplete. In turn, doubts about whether their perceptions and judgments in other areas and relationships may also emerge. This level of doubt exists at a personal level.

Doubts that are "other" directed may also emerge. Feelings of betrayal associated with the familial abduction can be especially poignant because the betrayal took place by a person or persons who the child believed they could believe in to have their best interest in mind. When the betrayal occurs by such a central, significant figure in their life, it can result in a breakdown in the overall ability to trust in any significant relationship. The same dynamic can develop for parents, especially if there is a past history of similar interpersonal boundary violations.

In some cases, a family abducted child may have been abducted at such a young age that the abduction has resulted in serious interference with the child's attachment to the recovering parent. Some clinicians (Ainley, 1995) believe that any separation between a parent and their child extending more than two weeks

presents a serious interference with the bonding/attachment process. The consequence is a child who may have a deficit in their attachment with the parent. These may result in attachments that are overly dependent, hostile aggressive attachments, avoidance to attachment and so on. When this occurs specific treatment for attachment disorders will be necessary. (See Ainley, 1995).

Attachment issues may be associated with either or both parents. The nature of each attachment must be explored.

3. Assumption Violations. These are child and family responses to violations of basic life assumptions. The basic assumptions violated in an abduction fall into four categories: (1) assumptions about people in general, (2) assumptions about a meaningful order about how the world works, (3) assumptions about personal integrity and vulnerability and (4) assumptions about the integrity and competence of significant other persons. In cases of family abduction, there are added assumptions that may be violated. Parents generally assume that if they are loving and good parents, their children will grow up unharmed in any significant way. Also, there is the child's assumption that the world is good and their parent will protect them. Children also have a basic trust in authority. Culturally, there are also assumptions that adults generally act in the best interest of children.

The assumptions that fall into the first two categories have been discussed by Janoff-Bulman (1992). In her book, Shattered Assumptions, she divides life assumptions into those core beliefs about the external world, ourselves and the interaction between the two. She describes how most people believe the world is a good place and that people are generally "good, kind, caring and helpful" (p. 6). They also assume that events are generally positive with more positive outcomes than negative ones. It can be argued that this belief is based on our general experience that things that happen to most people most of the time are good. People are typically optimistic about their own future. Further, people believe that misfortune is not random or without meaning. We generally ascribe to the cultural belief that things are just and happen for a reason. Typically we look to this justice as being personally or family based justice. Most of us have a difficult time looking at the possibility that we do not have control over all the events in our life and that things can happen even though we were not negligent or didn't do something to cause the event. Our very economic system is based on the belief of rewards and punishment. Therefore, our assumptions about our personal fate is one of "security, trust and invulnerability" (Janoff-Bulman, p 18). We believe in our own integrity and virtue which makes us worthy and protects us from negative random acts. Therefore the final assumption is that "because I am a good, competent, careful person, nothing bad can happen to me."

We also make assumptions that those who are closest to us by nature or design, such as marriage, will love and care for us. By nature of our relationship of being parent-child, husband-wife, best friends, doctor-patient, and so on, we expect the other person will act in a manner consistent with our needs and best interests. We also assume that if we do a good job in our capacity as a child, parent, spouse, or friend that we will be rewarded with a favorable outcome in that relationship. Thus, parents generally assume that if they are loving and good parents, their children will grow up unharmed in any significant way. Also, there is the child's assumption that the world is good and their parent will protect them. Furthermore, children have a basic trust in authority (adults). They believe that authority is right and will not harm them. Thus, children are typically vulnerable to the demands or coercion of an adult, whether stranger or familiar.

So, in general, our assumptions are that: (1) people in general are good, kind and caring and will not intentionally or arbitrarily try to hurt us. (2) The world is just and ordered and things do not happen to people at random unless they have been somehow negligent or bad. (3) Because I am a good competent, careful person, nothing bad will happen to me. (4) I can count on those people closest to me to not harm me, to have my best interests in mind and to watch out for my welfare. (5) If I do a good job as a friend, spouse, or parent, I will be rewarded with a favorable outcome in my relationship with that other person.

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. At the very least they do not trust their prior assumptions as valid. For some people the questioning is immediate. For others the immediate response is denial or numbness and the questioning begins later. Whenever the questions begin, the challenge is the same. Both child and adult reassess their assumptions and beliefs about the world, about people and relationships. Then they must rebuild the assumptions that will guide their beliefs about how the world works and their personal capability to deal with the world. This is a critical process in trauma recovery because it dictates how the individual will interact with people and their environment, possibly for the remainder of their life. For example, some individuals may determine that the world is dangerous and people cannot be trusted. Behaviorally this may translate into the person becoming phobic, isolative, depressed, anxious, or hostile. These feelings then become the seeds from which new or modified coping styles develop. For example, hostility can be used to create a protective barrier by keeping people at a distance.

While discussion of all the variations in how assumptions may be reworked is not practical, another version which merits discussion is the assumption that people cannot be trusted. This can develop whether the abductor was known or not known to the abduction victim. The assumption leads to the individual not being

able to trust significant persons or relationships in their life. Although they are able to initially establish a bond or have the appearance of engaging in trusting relationships, they inevitably began to question or test the other's sincerity. Through their questioning or testing, they inevitably push others away. When the other person pulls away, it further reinforces their belief or assumption that others cannot be trusted.

Certainly this process is not solely dependent on the abduction process. This is where understanding the other stressors and life experiences of the parent, sibling or abducted child is essential to the clinician's work. As referenced earlier, a suggested format for conceptualizing and organizing these various contributors is the double-ABCX model discussed in Chapter Two. In fact, any individual family member may already have reworked their assumptions based on a prior loss, trauma or life experience. The patient and therapist may be working with the abduction as a reinforcement of a prior life assumption.

Working with individuals who are reassessing their assumptions is a process rather than a state. Often the clinician will recognize the process in the individual who begins to discuss their belief about the trustworthiness of people. Sometimes the process is characterized by expressions of disappointment about people or humankind in general. For example, they may state they are disappointed that there are people in the world who can hurt others without remorse. Or the process may be characterized by statements about how they don't understand how a person could hurt someone else. These expressions of "disappointment" or "having a hard time understanding" are indications that the process of reassessing assumptions is fluid and still ongoing.

Other indications that a person is engaging in the process of reassessing assumptions are questions like "why did this happen to me" or "what is the meaning or purpose of this event for me." There may also be a self assessment in which the person looks at their responsibility or guilt. As Janoff-Bulman states, this is not necessarily a negative process. Guilt can be assumed at two levels, internalized self loathing which is damaging or assessing ones actions in order to re-establish a sense of control over one's life. The later may lead to a renewed sense of empowerment.

For the clinician it is important to recognize that: (1) rebuilding assumptions is a process which takes time. (2) The process of rebuilding assumptions cannot be rushed or arbitrarily decided. Individuals must take into account past experiences and questions about people and the world before they can truly rebuild an assumption. (3) As long as the person has not clearly defined an assumption and is still in the process of rebuilding, the clinician has the opportunity to assist the process of building healthy assumptions that will allow the person to optimally

function in the world. (4) It is improbable that most people can go through an abduction experience without making some adjustments to prior pre-abduction assumptions.

Perhaps the larger challenge occurs when the parent, sibling or child comes in years after the abduction incident, not because of concerns related to the abduction but rather because of interpersonal difficulties or mood related symptoms based on their rebuilt assumptions. In those cases it is necessary to determine the current life assumptions and the experience base of those assumptions. Therapy can then proceed to examine how those assumptions impact their interpersonal relations and mood. Other life experiences may be identified that could allow the person to approach the world with a somewhat modified framework.

PHASE IV- TERMINATION/PERIODIC RECONTACT FOR CHILDREN RECOVERED FROM FAMILY ABDUCTION AND THEIR FAMILIES

The amount and length of treatment required will clearly vary from case to case depending on a series of variables including the abduction experience, other stressors, individual coping abilities, and psychological mindedness. Another pivotal factor in family abduction cases are the relative psychological health of the parents and subsequent parental adjustment after the recovery and reunification. Recovered children and family members will vary in how salient the various defined themes will be for them, when these themes will emerge, and their resources (whether developmental or psychological) for coping with and working through these issues. From a developmental perspective, child victims may have progressed as far as possible for their age and developmental capabilities in resolving issues. In fact, some issues may not emerge until a later developmental milestone is obtained. In other circumstances issues may emerge or re-emerge after a trigger event. For example, for a recovering parent it may be when the child moves to another level of independence and there are demands on the parent to relinquish some parental control which in turn precipitates anxiety or depressive symptoms. For a child it may occur when a problem develops with one of the parents or a parent develops a problem in a new relationship. There are endless developmental and situational precipitants that may result in the return to treatment.

In general, the best policy is an open door policy for the victim and the family to return to treatment for intermittent periods when the need arises. These intermittent recontacts may be very brief, for example four or fewer sessions. Circumstances often develop where a therapist is leaving an area or the victim and/or family leave the area. When possible, the therapist should provide referrals for follow-up if the family remains in the area and the therapist is no longer

available. In cases where the family or victim are relocating to another area, the therapist may want to provide resources that may be helpful in identifying potential therapists. Some possible resources may be Victims Witness, often located in the local district attorney's office or local and state professional associations. These may include state psychological associations or state licensed social worker associations.



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CHAPTER FOUR - FOUR FULL LENGTH FAMILY ABDUCTION CASE STUDIES

The first two cases are presented in the Double ABCX format to demonstrate the utility of gaining information about the abduction experience and assist in assessing individual and family functioning. The Double ABCX format also provides a useful way of organizing the information as it comes in over the initial evaluative meetings as well as new information that comes out during the course of treatment.

The second two cases, cases three and four, incorporate all of the same material but are organized according to abduction related issues. The issues are presented sequentially as they appeared in treatment and are italicized to assist the reader in their identification. They illustrate the material presented in the prior chapter. Treatment interventions are discussed. This format allows the reader to explore the issues as they may appear in treatment.

Table Case Study Questions Cases 1 and 2

1. How does an actual case look using the Double ABCX Model?
2. What kinds of information can be generated using the Double ABCX Model to organize and conceptualize a case?
3. How do the various factors impact the child and victim?
4. What types of symptoms and impact do you see in actual cases?

DOUBLE ABCX MODEL CASE PRESENTATION CASE #1

The first family or parental abduction case involves a single five year old child. The marriage between her parents had been a second marriage for the father. His children from his first marriage were already adults. The father was 16 years older than the mother. After the couple were married, they moved from the southeast to a city in the southwest for work opportunities. Marital discord developed around the father's excessive drinking and the mother's unresolved

issues about a lonely childhood. After several years they were separated and divorced. Disputes over visitation began almost immediately and involved litigation. The mother had moved in with another man. The father and mother's boyfriend would frequently get involved in confrontations when the father would arrive to pick the child up. After a period of time, the mother chose to leave with the child and go to another state. The whereabouts were unknown to the father. The mother had custody and the father was told by the authorities that he could take no action regarding the disappearance. It took several months before he was able to establish his daughter's location. Subsequently, the mother returned to the southwest city where the father was still living. Visitation resumed, as did the disputes. Additional problems erupted when it was learned that the child had been molested by a male friend of the father's whom he occasionally allowed to stay at his house while the child was visiting.

The Family Crisis Event (Factor A). The family crisis event began after the child alleged that the father's friend had molested her. With the already antagonistic relationship between the child's natural parents, the mother began to blame the father for the molest. She began to raise questions about whether the father actually knew about the molest and had not intervened. This was despite the fact that the child had initially disclosed to the father and he made the initial police reports. Subsequently, the child alleged an incident of physical abuse by the father in which the father had slapped the child when she was non-cooperative. The father admitted this incident and was agreeable to seeking counseling and establishing supervised visitation. The mother expressed ongoing concerns about the father being involved with the molest of their daughter. Eventually the child began to make statements about the father molesting her in the same way as his friend. An investigation ensued and the father was cleared of all allegations. At that point, the father resumed supervised visitation. The mother announced to the child's therapist, who was working with the child on molest issues, that she was moving to a different apartment closer to her work the following weekend. Subsequently, when the father attempted to locate the mother, he was unable to do so. There were no contacts with the father by the mother. The child was not brought in for her next regularly scheduled therapy appointment.

Due to the prior incident where the mother had taken the child out of state, the father had immediate concerns that the mother had abducted the child. He sought police assistance but was told that it was a domestic matter. Subsequently, the father hired a private investigator. The mother failed to produce the child to testify at the criminal case against the father's friend. Subsequent to this incident, the father sought to obtain a temporary custody court order, which he was successful in doing. Leads suggested that the mother may have gone back to the state where they met and married and may be with friends. With court order in hand the father went to that locale. The child and mother were known to be in a

service station where the mother worked. They were hiding in a room in the back of the station. Upon finding them, the officer informed the mother that the father was present to pick up the child and that if she did not comply with the court order she would be taken to jail. The mother complied with the court order and took the child to the father's vehicle. The child left with the father. No reunification meeting was held.

Family Stressors Other than the Abduction (Factor a). This family experienced several significant family stressors other than the abduction event. The mother had very limited financial resources. Both she and the boyfriend with whom she resided worked on a part time basis. Making ends meet was very difficult at times. The mother also experienced problems in her relationship with her boyfriend. While he knew of her plans to abduct the child, he was not interested in participating and did not accompany her when she left. The child also had ongoing school difficulties including problems with a short attention span and poor concentration. Due to the severity of these problems, the school was pursuing a cognitive evaluation of the child. In addition, the child had an actual history of molest. The father's friend acknowledged that he had indeed molested the girl. She showed typical post-traumatic stress symptomatology associated with that event. There was pending criminal court action regarding those molestation charges requiring the child and family's involvement. The father, during the course of the allegations of physical abuse and sexual abuse, had moved in with his significant other and her teen-age children. As a result, the child was faced with establishing relationships with her father's new family. While the father had addressed his excessive drinking, the conflicts between the mother and father had been ongoing. The conflicts were to the point that on one occasion the father and stepfather got into a physical altercation when the father went to pick up the child.

Pre-Abduction Family Crisis-Meeting Resources (Factor B). Pre-abduction family crisis meeting resources typically involved avoidance or distancing as viable coping mechanisms on both parent's part. If there did not appear to be a solution to a problem, the response was to leave the area or the situation. The father had a long established pattern of denial that he had developed during the time when he used alcohol excessively. Decisions tended to be emotion focused. There were also limited financial resources.

Post-Abduction Crisis-Meeting Resources (Factor b). Post-abduction crisis meeting resources included soliciting legal consultation on the father's part. Through the legal consultation he was able to obtain a temporary custody order allowing him to take physical custody of the child upon locating her. There was also the immediate involvement of a private investigator to assist in locating the child. The extended family was supportive both financially and emotionally and provided information to the private investigator.

Pre-Abduction Perceptual Definition of the Family Crisis Event (Factor C). The father's pre-abduction perceptual definition of the family abduction crisis event was that the mother may abduct the child since she had taken her on one prior occasion. He also knew from experience during the preceding months and years that the mother would try to influence the child in an effort to deny the father access to the child. This was reinforced by the unsubstantiated allegations of sexual abuse made toward the father in the months preceding the abduction.

Post-Abduction Perceptual Definition of the Family Crisis Event (Factor c). The father's post-abduction perceptual definition of the family abduction crisis event was that the child had not been adequately cared for by the mother during the abduction. He raised concerns about whether she had been adequately fed, bathed and allowed to sleep. After the recovery the child slept excessively.

He interpreted this to mean that the mother did not care for the child's needs. He generally believed that the child was not disturbed by the event of the abduction but at the same time believed that she was angry at her mother. This was based on the fact that the child had made a statement that she was angry at her mother for not calling. Other than this, the child did not discuss the mother. Based on the child's infrequent comments, the father assumed that the child had no interest in seeing the mother or that she would request to do so. At the same time, he also perceived that the mother was neglectful because she did not call or talk to her on the phone even though the opportunity had been provided.

Because of the temporary custody order and the fact that the mother did wish to retain custody of the child, the mother also consulted an attorney. The father was of the firm belief that the child's fears relating to him were due to the mother's efforts to instill those fears in the child. While he was open to and hoped that his daughter would have ongoing contact with the mother, he felt strong in his conviction of wanting custody of the child. He was also concerned that if he was not awarded custody that she may reabduct the child in the future.

Immediate Experience of Stress Due to the Abduction (Factor X). The father's immediate experiences of stress due to the abduction was anger with the mother for her actions. He was angry not only that she had taken the child again but also that in his eyes she had attempted to influence the child to make the allegations of sexual abuse against him. Based on his prior experiences, he expected that there would be no assistance from authorities in locating his child. At the time of recovery he felt a great deal of relief and held the expectation that there would be no residual effects to the child since she had been with her mother. He also hoped that the child would be able to return to live with he and his significant other and her children to create an instant family.

The child experienced feelings of confusion. She was uncertain how she felt. She would make comments about not knowing who to believe and at times would endorse the statements of her mother and within minutes endorse the statements of her father. She expressed concerns about her left-behind tearful mother and her mother's welfare. She appeared to feel some sense of confusion and guilt associated with not having the opportunity to say good-bye to her mom. She expressed in therapy that in reality she wanted to see her mother and that she missed her mother even though she was not stating this directly to her father. During the time of the recovery she felt a sense of intrigue and excitement in hiding from the police, however, this excitement quickly turned to fear when the police officer found them in the back of the cafe and announced to her mother that she would be arrested if she did not comply with the court order. The child discussed how she did not know how to respond during the recovery, whether to hug her mother or to go with her father. The child slept excessively during the first two days after the recovery. The recovery had been emotional and confusing for her. She felt caught between the two people she loved most, and didn't know what to expect. Her mother had told her that if found, her father would hurt her. And she also felt guilty for not giving her mother a hug good-bye.

Intermediate and Long Term Experience of Stress Due to the Abduction Event (Factor x). Both the child and the family showed intermediate and long term experiences of stress due to the abduction event. The child expressed ongoing confusion about the conflicting messages she was receiving from her mother and father. This was in regard to the statements that had been made to her while she was gone as well as the statements that had subsequently been made by her father post-recovery. She also had ongoing questions about her mother's welfare and when she would be contacted by her mom. The child had become quite proficient at monitoring and responding to parental assumptions to gain approval and acceptance. She would state to her mother the things that her mother would wish to hear and in turn tell the father contradictory things when she was with him. She expressed an ongoing concern of reabduction. While she wanted to spend time with both her mother and her father, she also was clear in stating that she was concerned about whether her mother would try to take her again. Difficulties with concentration and attention were ongoing and as a result she was evaluated for learning disabilities and attention deficit disorder. She was diagnosed with learning disabilities and placed in a resource classroom. While she did not respond significantly to the use of medication, she did seem to improve with increased structure in the home and school.

Despite the father's desire to allow his daughter to have contact with her mother, he expressed an ongoing distrust of whether she may again try to abduct the child, sabotage his relationship with her or make new allegations of abuse. As a

result, when his daughter made medical complaints, he would immediately take her to the school nurse or physician rather than doing any evaluation on his own. There was ongoing stress due to pending litigation regarding custody and visitation. Subsequent to the custody hearing, in which full custody was granted to the father with visitation to the mother, the child returned from visitation expressing that she had been told to keep a secret by her mother. This raised substantial concerns on the father's part as the last time she had made such a statement to him it had been regarding the mother's plans to abduct the child. The child went on to tell several sources that the secret was that the mother was angry at the judge and was going to reinstate custody proceedings when she could save the money to do so. She made the promise to the daughter that she would soon be living with her. The child stated that while she would not mind living with the mother she also enjoyed living with the father. With the ongoing conflicts and controversy, the father's relationship with his significant other also ended.

CASE # 2

The second parental abduction case involves a mother abducting one child. Family demographics are of a mother who had a military police background and a father who had recently left the military to enroll in a criminal justice training program at a junior college. The mother had been married once prior to marrying the children's father and had one child from that marriage. The father had also been married once prior to her marriage to the child's mother and had one child from the first marriage.

There was one child, a daughter, who was the product of the parents marriage to one another. After their daughter's birth, there were allegations of marital violence and non-prescription drug abuse resulting in a series of separations and reconciliations. During this conflicted period, it was learned that the daughter suffered kidney failure and lost one of her kidneys. Allegations of physical and sexual abuse, as well as neglect, were extensive. There were several custody disputes originated by the mother. Despite allegations by the mother that the father had been neglectful to the child, the court made a determination that these allegations were not substantiated and maintained custody with the natural father. The relationship between the natural parents was bitter and conflicted.

The Family Crisis Event (Factor A). The family crisis event began after the custody dispute in which the father was awarded custody. The mother at that time threatened that she would abduct the child. Due to the father's concerns about the ongoing conflicts, he sought and was granted a court order to move from Pennsylvania to Florida. That summer the child was picked up by the natural mother and her new boyfriend for summer vacation. The agreement was that the child would visit until the beginning of the school year and during the interim, the

father would have the opportunity for phone contacts with the child. The child, along with the mother and boyfriend, returned to the mother's home. Over the course of the summer, the father made numerous attempts to call the child. He eventually made arrangements to call on a certain day and time due to the difficulty in making contact with the child. Over the course of the summer, he was successful in making two actual phone contacts with the child. His concerns were raised when his daughter made a comment about moving and about her mother cutting and curling her hair. The following week when the father called, he learned that the mother's phone had been disconnected.

Over the next 32 months, the child was absent and the case was investigated. The investigation involved several law enforcement agencies in four states. The investigation was complicated with lack of interagency coordination and communication. The father would alternate between losing hope and pushing himself forward to continue efforts to locate the child. One day, in his junior college work placement in a local police department, he saw a teletype indicating that the mother had been arrested on a military post for illegal weapons possession. There was no mention of the abduction warrant or whether the child had been found. Without knowing whether the child was with the mother, the father flew to the state where the mother had been arrested. Once there, he learned that the child had indeed been living with the mother and the mother's boyfriend, who was in the Air Force. The mother attempted to have the child legally detained. The father hired an attorney, was allowed to be reunited with his child, and to return to his state of residence with the child.

Family Stressors Other than the Family Crisis Event (Factor a). For the father, family stressors other than the family crisis event included alienation from his older son. During the course of the custody dispute, the father's children had made sexual abuse allegations that the father had abused them during the period when they were growing up. Because of a sense of betrayal by his son's statements, the father's contact with his extended family initially diminished, and then became non-existent. Another source of stress for the father was limited financial resources. Any money which he may have been able to save had been used in the prior custody litigation. Due to relocating to a new area, the father also had limited external supports and friends. The father had only lived in the area for one month when the child had gone for the visitation with her mother. The abduction occurred only two months after his relocation.

By history, the father also had a tendency toward high levels of anxiety and victim prone behavior. He had experienced prior episodes of anxiety attacks. Although he had not been a drug user during the course of their relationship, the father's live-in girlfriend had a history of substance abuse problems. Since the time of their relationship he was an active member of Narcanon.

Pre-Abduction Family Crisis-Meeting Resources (Factor B). The father's pre-abduction family crisis resources were marked by his tendency toward depression and withdrawal when he faced difficult or ongoing situations. Over the years, he had also come to waiver between a response of passive acceptance and apprehension in response to the child's mother. This behavior was exacerbated by his sense of helplessness in being able to counter her ongoing accusations toward him. He had come to the point of expecting ongoing and conflicting challenge around the custody matter. When all else failed his response would be an effort to try to leave the area of conflict by relocating to a new community.

Post-Abduction Family Crisis-Meeting Resources (Factor b). The post-abduction family crisis resources were the father's immediate notification of law enforcement about the child's absence and the disconnected phone. He also contacted NCMEC as well as law enforcement agencies, social service agencies, state clearing houses and non-profit organizations. He solicited, and was successful in obtaining, federal law enforcement involvement and sought dual warrants from both the state of his residence where the child was not returned, as well as from the state from which the child was taken. Despite the lack of information and leads, he maintained ongoing contact with investigative agencies.

Pre-Abduction Perceptual Definition of the Family Crisis Event (Factor C). The father's pre-abduction perceptual definition of the event involved concerns about possible abduction. Based on the mother's statements to him, he feared that she would retaliate when she lost custody in the court hearing prior to the relocation. Further, he was concerned given her direct statements that he would not get custody of the child. This had been reinforced by the mother's repeated custody attempts and repetitive allegations of abuse against the father.

Post-Abduction Perceptual Definition of the Family Crisis Event (Factor c). The father's post-abduction perceptual definition of the event was guided by his ongoing fear of feeling helpless and responding to the mother's maneuvers to detain the child. He feared her military law enforcement background and that she would reabduct. He viewed the legal system, in general, as ineffective. He saw his child as having been abused and damaged by the abduction.

Immediate Experiences of Stress Due to the Abduction (Factor X). The immediate experiences of stress due to abduction included father's anxiety attacks and sense of distrust about what was going to happen in the future. He also lacked confidence in agency response given his past experiences while the child was missing. The child showed signs suggesting that she was confused about what had taken place. Upon recovery the child was reluctant to have physical contact with the father. The child appeared to have limited memories of her father and inquired

about whether he had ever abused her. During the course of the abduction, the child's last name had been changed and the mother had changed her complete name. The child exhibited confusion about her own last name. The child also appeared confused about the natural mother's name. At times, it appeared that the child was uncertain as to whether the two names represented two people or one person with two names. The child also talked about confusion as to who she perceived as being the father. During the course of the abduction, the mother had established a live in boyfriend. This boyfriend also had a young child who was approximately the same age. Subsequent to the recovery, the child was unsure as to whether the step-father was still a father.

Soon after the recovery, the child also made allegations of abuse, suggesting that she had been tied to another child as a punishment and that she had been spanked severely by the mother. The child showed signs of anxiety and somatic symptoms. She complained of stomachaches, headaches and so on. She expressed fear and concern about reabduction, whether she would be taken and not be able to see her father again. There were nightmares regarding reabduction.

Intermediate and Long Term Experience of Stress Due to the Abduction (Factor x). The intermediate and long term experiences of abduction stress involved an ongoing custody dispute that spanned over the course of more than two years, as well as criminal charges relating to the abduction. Court ordered psychological evaluations of all family members were required by the judge in his effort to resolve the dispute over custody. In addition to the unresolved allegations that the child had made against the mother, there were also the continued allegations and concerns on the mother's part that she had evidence of abuse by the father prior to the abduction. The father experienced significant anxiety over the new custody dispute and the ongoing unresolved issues. Subsequent to the custody dispute, he experienced anxiety related to the judicial decision that the parties would mediate their differences and that the mediation would result in an eventual resolution of the matter with the child having unsupervised visitation with the mother. Per the agreement, arrangements were made for supervised visitation which was to be followed by unsupervised visits. This arrangement renewed fears of reabduction for the father. The same fears were expressed by the child. The mother continued to make allegations of misconduct toward the father complaining that he was not forwarding the reports that she was entitled to from the school and other sources.

The child continued to have school difficulties. As a result, the child was evaluated. It was determined that the child was not learning disabled, but rather had ongoing fears and anxieties about reabduction. There was intermittent continuation of nightmares and sleep problems depending on the issues at hand. As with the father, the child expressed concerns about reabduction and what to do if

reabducted. The child exhibited post-traumatic play. The child was quite concerned about the mother coming to the home and abducting her from the safety of the father's home. The child also continued to create magical figures, such as a Ninja mouse to protect her. In addition, the child's play also demonstrated ongoing frustrations with the conflict between the parents. At one point, the child played out a scene where children had control over the parents and essentially the child announced that the children needed new parents as there were problems with the current ones. There were also assignments written at school by the child which reflected ongoing concerns.

The supervised visits were approached with ambivalence by the child. In one respect, the child appeared to be happy and appreciate the opportunity to have supervised visits. However, at the same time, the child was careful to express concerns that while visits were OK, she did not wish to go to the mother's home. There were also frequent comments about negative aspects of the visitation as well. The father's anxiety attacks were an ongoing issue as concerns about the possibility of reabduction increased. These were exacerbated by the fact that the mother continued to make allegations of the father neglecting the child or being inadequate. This was further exacerbated when the abduction charges were reduced to misdemeanors.

ISSUE BASED CASE FORMAT

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1. What is the impact of a brief family abduction on children and left behind parents?
2. What type of issues may come up for the family post recovery? How do individual and family dynamics impact post recovery adjustment?
3. What issues typically appear in the beginning, middle and end of treatment?
4. Should the abducting parent be included in post recovery treatment?
5. What modalities work best in working with children and parents post recovery?

CASE # 3

Nearly twelve years after a long and troubled marriage and recent divorce, Jenny and Allan's mother packed the children in the car as they said farewell to their father in the manner which had become usual for their weekend visitations with their mother. However instead of driving home or to the park as was the way they usually started their visits together, they began on a long car journey. It was the mother's fear that if she did not take her children the battles would continue and she would eventually lose some of her visitation rights. She was also very angry at Jenny and Allen's father over unresolved financial differences. She felt he was trying to manipulate her with money.

As is true in a number of parental abduction cases, the abduction was preceded by years of conflict and disagreement which only intensified after the parent's divorce. Sarah and Paul had met ten years prior to the abduction in a whirlwind relationship. Within weeks they were living together. Despite recognizing their difficulties and actually ending the relationship after six months, they were again drawn to one another and eventually married. Both had married and divorced before. Despite their differences they assumed Sarah's maturity, Paul's carefree attitude, and their strong attraction to one another would be enough to overcome the problems they already observed. They were both bright, highly educated, and exhibited good people skills in their work.

The fabric of their early relationship was at times volatile, non-physical fights but highly verbal on both sides. Problems were identified and discussed through arguments but never resolved. Despite his education and talents he had never had to apply himself and went from project to project. The two children, Jenny and Allen, were born after eight years of the marriage. It was after the birth of the second child, Allen that the relationship deteriorated even further. Paul's business endeavors were not going well and he needed Sarah to return to her profession. Meanwhile as her career was going well, his was not. Paul embarrassed Sarah in her work situation. Her father died suddenly and she began to assess how tenuous life is. At that point she questioned whether she would continue the marriage. Recognizing that the marriage was at a point of collapse, Paul took on a new job with longer hours and Sarah also began spending less and less time at home. The children, who were four and six years old, were being left at the baby-sitters for longer and longer periods of time.

Jealousy was not an unfamiliar feeling for Paul. When Sarah ventured off for an extended business trip, she called him telling him of running into old male friends and the attention she was getting. He became increasingly frustrated. When Sarah returned from the trip the couple did enter counseling and appeared to be

making some progress. However the undercurrent of jealousy and conflict remained. After another explosive argument about childcare, the couple separated. The children moved to a new residence with their mother. In the meantime, Paul's teenage children from a prior marriage returned to his home experiencing a great deal of personal difficulty. Responding to the daily demands of a profession and family became increasingly difficult. Money was also tight. The children lived increasingly with Paul for the ensuing two years. However the problems in the marriage remained to be the problems in the separation. It seemed the only point of cooperation between the parents was around providing care when one or the other of the parent's needed to be out of town for business. Jenny and Allen however also spent long hours, sometimes ten hours or more at their baby-sitters. A year into the separation the divorce settlement agreement had still been unsigned and both sides felt the other trying to leverage the other with financial and custody issues. The eventual agreement was ordered by default when Sarah was away on business. Visitation was set up on a schedule with a 40/60 split.

A few months later, around the holidays, the disagreements about finances again arose and with it anger and resentment. Sarah feared Paul would take the children based on her insufficient means of supporting them and Paul increasingly feared Sarah would take the children and run to another country. These fears became especially prominent when Sarah suggested that she take the children with her to live in another country where she had once lived and she felt she would be able to support the children and provide for their needs. In the meantime, Jenny and Allen were caught between their parent's battles, ascribing their own meaning to what was happening and what was about to transpire. For example, in one hotly debated incident that went on for days, Jenny was suppose to be signed up for skating classes. After hearing her parents argue about it for days she was hysterical and crying when she arrived at the ice arena to sign up for the program. Later she expressed her fear that if she signed up it would prevent her from seeing both parents over the course of the class. She fully believed that making a choice about whether to participate or not would be equivalent to making a choice about which parent she would live with for the winter months.

As Sarah's distress level grew, due to financial concerns, Paul became increasingly concerned that she make simply take the children. Paul shared his concerns with his friends who advised him to contact the U. S. State Department to block Sarah from getting new passports for the children. He did so approximately two weeks prior to the abduction.

On the weekend of the abduction, Paul had accompanied a friend to traffic court. He found himself feeling very anxious. He recognized that Sarah was angry, distraught and felt there was no way out. Due to his concerns, he called and left a message on the answering machine for the children to call him. The next day he

called twice and felt relieved when he reached the children by phone. The next day he was suppose to pick the children up in the morning. He called to let them know he was on his way. There was no answer. After several unsuccessful attempts to call, he went to the police station and asked what he should do. He explained that he was sure they were gone and that she had taken them. They agreed that a missing person's report would be filed if the children where not returned by evening. In the meantime the father drove by the home and saw a car that belonged to one of Sarah's friends. However, the uneasy feeling that something was not right remained. He literally went over and looked thorough the windows, the house was not bare yet somehow he felt he knew they were gone. At five that afternoon he returned to the police station and filed a missing person's report.

The next day Paul began to talk to people, a lot of people. He contacted Sarah's former therapist who reassured him that they were probably just on a brief, temporary vacation. He talked to her friends and business associates. He called the detectives working on the case. The next day he went to the station to insure the investigators were taking his case seriously. As the week progressed and he talked to his family, he began to learn about other resources that other parents had used to find their children. He learned about various missing children's organizations and finally selected one group to assist him in his search. He learned about and contacted attorneys who specialize in the area of parental abduction and called them for direction. Paul began to view his immediate mission as having to do one the biggest sale jobs of his life, to get everyone as invested as he was in finding his children.

He educated himself about helpful avenues for locating children such as flagging school records. He worked at having the different agencies involved in the search for Jenny and Allen communicate with each other about strategies for locating the children. He paid attention to every little piece of information he could gather including leads from Sarah's friend who had gone into the house. He learned Sarah had spent a healthy sum of money to have her car repaired the week before the disappearance. He interviewed several private investigators, eventually dismissing the idea of hiring one at that point in the case. Paul was fortunate enough to know that hiring a private investigator without specific boundaries and directions could be costly, too costly at that point in time. He called foreign consulates fearing the children had been taken out of the country . In desperation he even went through Sarah's trash on the curb, piece by piece and gained access to a social security number and ATM number. He learned through this that she had closed her accounts.

Interwoven with his efforts to search were fears and thoughts of the possibility that he may never see his children again, know about their welfare, or see them grow up. Nights were the worst, it was a time when it was difficult to

actively do anything to look for Jenny and Allen. And there were triggers around the house that sent him into thoughts about what the future would bring. The triggers were their pictures about the house, their toys and their clothing. Taking the children was a betrayal Paul had thought about, but never really expected. He coped by calling friends across the country late into the night.

Paul was told not to assume anything and to call everyone who may even remotely have knowledge of Sarah. He called her best friend, Kathleen and was told that Sarah had told her she was going to disappear and that it was best if Kathleen not to know the details. Eventually he called Sarah's family. He called more than once and even wrote a lengthy letter trying to explain his understanding of the problems. After a few days, the family called back and indicated they had also been contacted by law enforcement. In a conference call with the police and Paul, the family indicated that they were aware of Sarah, Jenny and Allen's location. However one of the conditions for divulging the information to the police was that Sarah be told that it was a family decision to reveal her location and not the decision of any individual family member. They were unified in their belief that abduction was not the solution to the problems. They also informed the authorities that Sarah would be at the current location for only two additional days. The following day warrants were issued and the FBI obtained a UFAB warrant. The children were indeed out of the country.

STAGE I: RECOVERY AND REUNIFICATION

At that point concerns about the children's welfare and reaction to the recovery became a concern to all agencies involved in the search, as well as a concern to Paul. Paul's concern was that the children not be placed with strangers after their recovery. At the same time he sensed that law enforcement was concerned about what his behavior would be if he were to go to the recovery site. They were worried that Paul may somehow interfere with the recovery. The decision was made that Paul would go to the city where the recovery was to be made.

Paul was driven by authorities to the location where the recovery was to take place. He was left in a large room to wait with no other instructions. After a relatively short period he could hear Sarah and the children talking outside. Sarah was brought into the room where Paul was waiting and they talked briefly. Sarah left and the children were brought in. They seemed unaffected, talking as if they had been on an extended vacation. The meeting was brief and Jenny and Allen were allowed to say good-bye to their mother.

Paul describes feeling elated to see his children and to be on a plane back home with them. At the same time he felt numb from the experience. At the first

opportunity his children from his first marriage were phoned and filled in on the details of the reunification. They had been concerned about their two younger siblings and needed to know they were safe and on their way home.

Jenny and Allen were calm but clearly concerned about their mother. On the flight home, they asked questions about when and how she would return. While the experience had been described as a playful vacation there was also some confusion and a degree of knowledge on Jenny's part that this was different than other vacations. Jenny, who was the oldest, indicated she had asked her mother while they were gone when she could call her daddy. She reported that she was told by Sarah that she "couldn't call her daddy because he will find us and put mommy in jail." Jenny and Allen certainly had many memories of verbal and uncompromising arguments between their parents, hang-up phone calls and screaming. It seemed to them that their mother's statement was a possibility.

STAGE II: SHORT TERM TRAUMA RESPONSE PATTERN

Paul's theory was to reintegrate the children into their old routines as quickly as possible. At that point little was known about Jenny and Allen's *perceptions or feelings about the recovery and reunification* other than what was observed. No questions were asked about the children's assumptions or interpretations of what was taking place. Nor were there questions about the children's beliefs or fears about what may take place next. When Jenny and Allen inquired about their mommy, they were told by Paul that he did not know where she was. His answer reflected his feelings of the time, that he hoped he would never see her again. This was partly out of fear that if Sarah reappeared she may reabduct, and partly out of feelings of anger and betrayal that she took the children the first time. He also told Jenny and Allen that what their mother had done in taking them was wrong and when she did return, mommy would have to deal with the judge. Paul also assumed that since the children did not discuss their mother or bring her up, they were not disturbed by her absence or the many unresolved issues. The only acknowledgment the children did make was their awareness that the situation continued to be adversarial between the parents. They told their father that their mother also had said she hated him. Neither of the children felt comfortable saying "gee dad, I really miss seeing mom". So it seemed for a while that mom didn't exist. Jenny and Allen had no idea of whether or when they would ever see her again. The father felt angry and vindictive. He felt an intense feeling of violation through the act of the abduction. It led to feelings of distrust and caution, not with everyone, but certainly in any future interactions with Sarah.

Upon the Sarah's return, Paul was so *terrified of reabduction* that he took the children to another community for several days. At this point the children had not seen their mother, did not know where she was for months and didn't know she

was back. In the next few weeks the adversarial relationship reignited between the parents. Charges were filed against Sarah for child concealment. As is often the situation in parental abduction cases, civil petitions were also filed by Paul for sole custody.

In the meantime Allen was taken to therapy because of increased symptoms and difficulties. Although both children were living and raised in the same household, their manners of coping were quite different. Allen was angry and aggressive in his behavior towards peers. He was non-compliant at school as well as home. Jenny, the older child, was quiet and withdrawn, she observed much that went on, said very little and silently made her assessments of the situation and what she needed to do to survive. She was simply trying to figure out the *loyalty demands of her parents*. She also was trying to mitigate any chance of further *abandonment*. Her need for treatment did not become evident for several months. Each child was taken to see a different therapist. Their therapists ascribed to different orientations and different approaches. Allen's therapist focused on the individual issues of the child in a psycho dynamic play therapy approach. Jenny's therapist believed in dealing with all the individuals in the system with the hope that eventually all the individuals would be able to come together in a different manner.

Allen's therapist found him to have long term difficulties with anger and aggression. He was developmentally delayed in his expression of feelings. His only avenue for expression was through aggressive acting out behavior. He had many feelings around his parents conflicted relationship, their angry verbal attacks on one another, the abduction, not seeing his mother for an extended period and not knowing her whereabouts or whether she would return to his life. And then there was his confusion about the many messages he was getting from each of his parents through their actions. He was indirectly getting the message that he could not have both parents but would have to choose between them. Although he couldn't express it, he was struggled with *loyalty demands from his parents*.

Six months after their recovery and reunification with Paul, the children had their first supervised visitation with their mother. The first supervised visitation between Sarah and the children was supervised by Jenny's therapist who had encouraged Paul to allow the visitation to occur. The therapist was convinced that the mother would not re-abduct and basically promised that if there was a problem she would come forward and testify on his behalf in court. During the first meeting, Jenny and Allen just wanted to touch their mother's face and have physical contact. The mother had also brought each of the children a book about a mother who always remembered the children, even when she doesn't see or spend time with them. In the meeting, Sarah told the children she loved them and "you knew I was going to come, you knew I was looking for you". While the

meeting was very touching there was reason for concern about what the mother's messages may have communicated to the children about why the long absence since last seeing her had occurred. Was it possible that the children felt by implication that the father was responsible and actively interfering with seeing their mom? After the first supervised visitation, the therapist began seeing the mother with Jenny and Allen. Then she began seeing the two children together. The children were living with Paul and she would occasionally would see Jenny with Paul. Then came the allegations of abuse.

Actually a little more than a month after Jenny and Allen were returned, a series of *allegations of abuse* that Paul was physically and sexually hurting the children began to filter in to Child Protective Services. An investigation was begun. The initial investigation of sexual abuse allegations was completed quickly and the allegations determined to be unsubstantiated. In fact it was out of these allegations that a recommendation had been made to Paul that Jenny needed therapy and her therapy had begun. However as the allegations continued they began to include allegations of physical abuse with photographed bruises from undisclosed sources. In addition to the ongoing criminal proceedings regarding the children's concealment, there were also civil proceedings regarding custody, and there were interviews by law enforcement and CPS investigating the new allegations. Eventually the children were taken out of Paul's home and placed in foster care. Concerns over the mother's flight risk remained and the children couldn't stay at Paul's given the new allegations.

In repetitive interviews, Jenny denied allegations of physical or sexual abuse. Both children, however, did make statements reflecting their awareness of the antagonism between their parents and the feelings they were having. At one point during an investigative interview, Allen stated that he did not get to see his mommy enough and wanted to spend more time with her. At the same time he was afraid because he thought his father would be angry. Allen also went on to say after being placed in the foster home, that he was worried that he was not going to see his mother or father again and that he was afraid that his mom and dad would be arrested. One of the dilemmas facing the investigating officials was how to interpret these statements. Did Allen's comments mean he was literally fearful of physical violence or might they reflect the instability in his life of being moved from place to place and now being in a foster home. Another alternative explanation was Allen's awareness of the adversarial attitudes between his parents. Or maybe he was reflecting the messages he had heard earlier from his parents about how people who are in trouble with the law have to pay the consequences.

The children showed significant *emotional responses*. While Jenny was withdrawn, quiet and fearful, Allen was angry and acting out, not only towards

other children at school, but also towards himself. He would pinch himself on the hands, neck and leg. Sometimes he would bite his hand leaving teeth marks. When asked about why he did these things he talked about being worried about his sister. He talked about *nightmares* in which he was separated from Jenny. In general he seemed more anxious around a number of different issues. When in the presence of Sarah, the children would say they wanted to be with their mother and that their father mistreated them. At one point during a visit Allen reportedly said "I hate my life; I don't want to be here on this earth." He also said that he wanted to kill himself. When in the presence of investigators Jenny and Allen would say they wanted to see both their mother and father.

Regarding the allegations of physical abuse, direct allegations were made that Paul had hit Allen with an athletic shoe. Paul learned of the allegations during a phone call to Sarah while the children were on visitation. The phone was answered by a CPS worker who told Paul that Allen had a bruise which they were investigating. He was also told that Jenny and Allen could not return to the father's home during the investigation but also would not be allowed to stay with Sarah because of the criminal proceedings and concerns about risk for repeated abduction. The children were placed in foster care, an experience they would later talk about as frightening and feeling an *absence of control* in what would happen to them. Paul describes feeling shocked and devastated. Over the course of the next several days there was a great deal of activity with ex-parte hearings around the placement of the children as well as trying to collect information about the case and from the children. The children were returned to their mother's home after only a few days in foster care. The determination was made that Sarah was no longer a flight risk and that contacts with Paul would be supervised. Allen's statements to investigators about the incident were difficult to interpret. He told them that his mother told him that his father had hit him with a shoe and that she knew this was true because she knows the past and the future. He went on to say that he did not recall if it had occurred. "Maybe it did, I don't know; my mother knows the past and the future and said he did it with a shoe."

Paul also felt a lack of control over the events. Paul felt that simply having the issues of sexual abuse raised had put questions and doubts in other's minds, including the mind of the prosecutor for the criminal concealment charges against Sarah. He wondered if they were being raised for Sarah's benefit regarding the criminal child concealment charges. When the issues of sexual abuse had initially been raised, he wasn't sure how to proceed other than to support the investigation and evaluation of the children and to fully disclose any information requested. But when the physical abuse allegations occurred he wanted to insure that Allen was interviewed by an experienced professional. He wanted Allen's therapist to interview him but the therapist was not available. Paul called Jenny's therapist and asked if she would evaluate the child. Initially she said no but in a later phone call

agreed. Another doctor, an independent evaluator who had been appointed by the family court judge regarding the custody issues, concurred that the evaluation for physical abuse be done by Jenny's therapist. When Allen's therapist, who was out of town, learned of the plans she called and objected to the evaluation. Inevitably it did not take place.

The children were taken in for multiple physical examinations of the alleged sexual abuse with no physical signs of trauma. The allegations continued for several months with the Jenny and Allen continuing to be questioned and evaluated. A parent who knew Sarah told authorities that the allegations were being discussed with other adults in front of the children. Paul claimed that the problems for the children began when the mother returned after their recovery from the abduction. Allegations and counter-allegations were being made by Sarah and Paul. Practically speaking Jenny and Allen remained caught between two antagonistic parents, each *wanting the children's loyalty and validation* and blaming the other for the ongoing struggles the children were having. As was so well identified by the family therapist, the primary barrier in the children's treatment and progress was not their coming to treatment but rather Sarah and Paul's ongoing rage with each other.

The investigation for the physical abuse allegations was ongoing for ten weeks. The conclusions of the investigation were that the allegations were unsubstantiated. Interim recommendations were made for the children to maintain primary residence with the mother and visitation with the father pending the ongoing family court ordered independent evaluation. The evaluation process was not over for either the parents or the children. And, no matter what decisions were made about custody and visitation, Jenny and Allen remained caught between two parents who had many scars and wounds from their battles over a number of years. The children were loyal and affectionate to both parents. Both children wanted to spend time with both parents. Both children had concerns and *fear* about their parents ongoing battles and differences.

This time period, when the allegations of sexual and physical abuse were made, was laden with *emotional transitions* for Paul as well as the children. When the initial allegations of sexual abuse were made, the investigation was expedient without any real consequence to the children's placement. However when the second set of allegations of physical abuse were made, the criminal prosecutor who was handling the child concealment charges against Sarah, called Paul and asked him directly whether the allegations were true. Paul recalls that when the prosecutor asked, his voice kind of cracked. "That was the first time I was pretty upset because somebody would actually consider it possible, as he should. But when you are on the other end of it... It's like looking at a person who has been cleared of allegations and there is still that part that says, well, I don't know, you

know. In other words people were obviously feeling that way about me. It's awful." And then there was the period of time when additional allegations were made of physical abuse and Jenny and Allen were actually placed in foster care and then with their mother. The process and unending allegations were devastating. "I remember talking to my son's principal and it was obvious from her statements, as well as her facial expressions and delivery, that she believed I had hurt my son. I just felt so awful, I felt slandered." And then there were also the mixed feelings about the children's statements. On the one hand Paul understood that Jenny and Allen were in a very difficult position caught between two warring parents. They didn't know how to negotiate the mine field between their parents without angering one or the other.

Despite the divorce, many aspects of Sarah and Paul's relationship were unfinished. Both were seeking acknowledgment and vindication for the injustices that they each perceived the other had directed toward them. There were reservoirs of anger over each other's verbal assaults on one another from over the years. There were resentments about each other's participation in the parenting process. Sarah resented Paul's control over financial matters. He resented her lack of assistance with the children during the peaks in her career, even though he wanted her to be employed. The things that had been problems in the marriage and the established coping patterns for addressing the differences continued.

The doctor who completed the independent evaluation recommended joint custody and a 60/40 split with Sarah having the children primarily on the weekdays and Paul having them for extended weekends when he would be more available. The judge ordered a 50/50 split. Neither Paul nor Sarah were pleased with the ruling. They both felt a great deal of distrust with the other. The initial adjustment was rocky. Paul would try to call Jenny and Allen while they were with Sarah. Often he would get the answering machine or no return call. Each time he would go through an emotional process of frustration and fright because he did not know if Sarah might reabduct the children. This intensified when they were with her for five days because he may not talk to them or hear from them at all over the entire period. Paul's distrust was increased by the fact that when Jenny or Allen had any physical bumps or bruises, Sarah would take the children to the doctor for evaluations. For example, in one instance one of the children had been hurt at school. Sarah took them to the doctor. Paul's immediate concern was that Sarah was trying to revive the abuse allegations. Sarah was also not convinced that there would not be retaliation by Paul. She also remained unconvinced that the abuse allegations were unsubstantiated. She was also distrustful that Paul would use anything he could against her. He wanted to remain rigid about the schedules and even if it meant that Jenny and Allen remained in day care for ten or more hours a day. Paul was concerned that not adhering to the schedule would result in more litigation with Sarah using it as an avenue to get more money. The concern was

addressed directly in treatment. Paul was confronted on the negative consequences of such lengthy days at daycare for Jenny and Allen and Sarah made a commitment in treatment that she would not use a more flexible schedule as a basis to go back to court for money. She understood that in making that commitment that the therapist would testify as to her agreement if she broke it. The typical coping pattern between the two of them had been volatile, argumentative and accusatory, neither trusted the other and the patterns had not changed.

These parents, as do many, found themselves interacting differently with their children after an abduction episode. Initially Paul was inclined to indulge Jenny and Allen. Even though he was aware of those feelings and tried to be aware and resist being over indulgent, the nature of the parenting interactions changed due to the absence of a key person, the abducting parent, in their day to day life. The dynamics of an ongoing custody dispute, the distrust and the allegations also impact *parental interactions with the children* and the interpersonal environment created when the parent and child are together.

In the meantime, the therapists tried to include both parents in the children's therapy. One would drop them off and another would pick them up. Jenny's therapist even initiated a joint session between the parents. Both approached it with great ambivalence and it did not go well. At the therapist's persistence they continued to occasionally meet together to discuss issues around the children. A clear turning point occurred around Jenny's birthday when Paul called and requested some extra time with her and the mother agreed. A few days later Allen called Paul and requested a few extra hours with his father. When asked, Sarah agreed. Then Allen requested an extra overnight with Paul. Although reluctant and concerned, the mother agreed. With those successful negotiations, Jenny and Allen began to show marked improvements in their behavior. Allen was much less aggressive and no longer had the school behavior problems which were a big part of his initial referral to therapy. Jenny was less withdrawn and had actually become more assertive. Even with the gains in negotiating child care questions, the parents remained cautious of one another. Minor disagreements quickly escalated with one or both reverting to making threats. Even so, the bumps along the way were resolved. Sarah and Paul were able to actually school shop cooperatively for the children and have lunch with the children together. With each successful outing the children continued to improve.

Despite the improvements Paul continues to scan for any cues of changes or stressors that might cause the current degree of cooperation to come tumbling down, or worse for the children to be reabducted. The *vigilance* is considerably less but remains. At the same time he feels a relief at not being a single parent and sharing the parenting responsibilities for Jenny and Allen. He sees that having a

relationship with both parents has produced an increased sparkle and happiness in the children.

Another issue for Paul and Sarah was what significance the relaxed, cooperative outings with the children had for their relationship. Did these outings symbolize a renewed romantic interest in one another or were they an indication that there was simply more comfort in co-parenting the children? These issues needed to be addressed and directly discussed.

The treatment issues for Jenny and Allen were varied. There was confusion to some degree about *who to believe*. They were indirectly hearing different messages from each parent. Because of the lack of clarity about where Sarah was for six months, the lack of discussion about her or what was going to happen in the future in terms of seeing her, the children struggled with feelings of confusion and *abandonment*. Their relationship with both parents was kind of like being on a roller coaster. First they were with mom without the opportunity to see or talk to dad while abducted, then with dad without contact with mom for six months, then in a foster home, then with mom without being able to see dad except on supervised visits. There were also fears of retaliation if they chose one parent or the other. The issues of abandonment improved when the parents started cooperating and also with a direct discussion about Jenny and Allen's feeling with mom and dad separately.

The other factor in Jenny's treatment was her seeming refusal at times to discuss or address issues. She had at times told Paul that she just didn't want to talk about certain things. Sometimes she told her therapist the same things. Because of this, Paul questioned taking Jenny to treatment when she didn't really want to be there. She already had been exposed to being interviewed by a number of people she didn't want to talk to.

Jenny went through a series of transitions in treatment. Initially she was very closed emotionally, she hardly talked and she seemed depressed to the therapist. With the beginning of visitation with their mother there was a relaxing and warming up but with the allegations of abuse there was also a period of confusion and fear. She was being moved around including into the foster home. Staying in the foster home was especially frightening because of the threat of losing both parents and the lack of control over what happened to her. There were multiple interviews and evaluations and the parents continued to fight. The third major transition began with the parents beginning willingness to co-parent and take risks. A pivotal point was when Sarah honored Paul's request for more time with Jenny on her birthday. Another transition occurred after Jenny was started in karate classes. She became more assertive in bringing up small concerns in therapy and also with her parents. She also became more assertive in school and stood up

for herself. At first it was awkward and she got in a couple of fights with her peers but with time it grew into verbally standing up for herself. This was reinforced between Jenny and Allen as she was able to directly set limits verbally with him in the context of therapy as they were playing.

For Allen, he went through the same transitions but his feelings were expressed through acting out behavior. The more conflicted and out of control his parents' behavior was, the more out of control his behavior grew. As his parents began to cooperate, his behavior improved. He also used treatment to express and act out his anger. He benefited from therapeutic opportunities to act out his anger and fear through sand play, toy soldiers and symbolic wars. His behavior also improved with the opportunity to spend time with a family friend who took him fishing and gave him individual time and attention. With the karate classes his aggression towards his sister and peers decreased and he became more cooperative. Allen also benefited from the joint therapy sessions with his sister. Not only did she set limits verbally with him but he also in turn began to do the same at school rather than act out aggressively towards his peers.

There were also questions about how to best proceed and have everyone involved in the case work towards the best interests of the children and parents. Paul had his therapist who he had seen during the divorce and since the abduction. Each child had a therapist and integrating the work of one with the other was not always clear. Sarah also had her own therapist. In addition the schools and school counselors were concerned about the children's behavior and adjustment. Individuals had different attitudes about the complicated situation. It was difficult for some of those involved not to be pulled into taking sides. As often is a problem in these cases it was difficult to get the various professionals involved to communicate or collaborate. Individuals would occasionally communicate but a team approach was never accomplished. As the case comes to a close, the absence of a team approach leaves the professionals concerned that the family could slip through the cracks.

STAGE IV: TERMINATION/PERIODIC RECONTACT

Over the months Paul and Sarah learned that Allen had gotten a bruise in a hot tub, sitting on a drain. Future treatment needs included ongoing co-parenting work with the parents with sessions aimed at addressing issues they cannot negotiate. Trust, especially around sensitive issues continues to be difficult for both parents. Periodic check-ups with Jenny and Allen to assess their adjustment and address issues as they arise were advised.

Teaching Points Case #3

1. Even brief abductions can produce significant post abduction trauma.
2. Because of the nature of family abduction, the recovery is only the beginning point for these families to heal. Old conflicts are often fought out in the legal arena.
3. Treatment is marked by three levels of intervention:
 - beginning treatment issues often anxiety related
 - middle treatment issues, often related to ongoing stresses and trust violations
 - end of treatment issues, often related to assumption violations and require new ways of relating
4. Optimal treatment results in return of cooperative parenting between parents. However this is case detail dependent.
5. Successful treatment may require cooperative endeavors between multiple therapists.

CASE #4

Richard and Katie had been married for nearly fifteen years. Throughout their marriage Richard had been the head of their household in many respects. It had been a very traditional marriage in which he worked and she stayed at home with the children. He expected and she had complied with the belief that he had the final say on any decisions and she had structured her own and their children's life around his. When he tired of living in one area of the country and wanted to move, she picked up and relocated without complaint or question. They had moved a half dozen times during their marriage. Their last move had taken them to a rural area of the midwest and they had settled there much longer than typical. They had actually lived in the same house for three years. They were religious and their church and beliefs played a very central role in their day to day lives and in their marriage. Yet, while they were involved with the church and had many acquaintances in the community, they did not have friends. Their most frequent contacts were with Richard's aunt and her family who lived in a nearby community.

Katie's childhood history had been difficult. She remembered when her parents had divorced and how devastated she felt. She was the youngest of three children with an older brother and sister. Because her mother had to work long hours to support the family she had been raised by her older siblings and extended family. Katie saw how hard her mother worked and didn't want to make things any harder than they were. So when her uncle began sexually abusing her and threatening her not to tell she kept the secret and didn't say a word to her mother.

It hadn't helped through the years that her father was so distant and disinterested in her life. As she entered her teenage years, her self esteem was low and she didn't have very high expectations in her relationships with other people. So when she was seventeen and met an attentive older man at the mall, she was swept off her feet. She had never received so much attention nor had she ever felt so cared for. It felt so good that it must be right. After a brief courtship they married. It didn't take long before she began to feel there were prices to be paid to be cared for and to be special. Her husband was jealous and possessive. He would become enraged if she seemed interested in other's company or friendship. As a result she remained very isolated and alone.

Eventually she was able to terminate her marriage. Her feelings about herself were very low and she was vulnerable. She met Richard at her work at a small cafe. Richard seemed to know what she needed. It was a whirlwind relationship, Katie remembered seeing the desire to control her come out in his behavior but she minimized it and he apologized. Soon after they married, the moves began.

Katie and Richard had been getting along very well throughout the summer. They were very involved with the church. However Richard began to complain that she was being rebellious and non-submissive when she did not show interest in a side business he wanted the entire family to adopt with him. After Katie resisted his pressure to get involved, he became resentful when she was not home from church or the market precisely when he thought she should be.

Katie knew there were some major problems in the marriage when Richard ordered her out of the bedroom. For months she had talked to him about the furnace. It wasn't working and several people had commented to her that it needed to be fixed and that it was dangerous. But Richard was reluctant to talk to the landlord because he was concerned that he may raise the rent. Katie was getting really concerned. Winter was approaching and she just wasn't willing to do anything that put her kids in danger. She called the landlord and talked to him about the furnace. Richard was furious. He felt Katie had gone to the landlord behind his back. He viewed her behavior as overstepping his authority and doing something on her own without talking to him. He felt he had lost control. That night he told her she couldn't sleep in the bedroom and locked the door.

For two months she had slept on the sofa in the living room. Many nights she would cry herself to sleep. Richard had told her that while they were married legally he did not consider them to be married in the eyes of God. He had also talked to Katie about wanting her to move out but she was firm, "if he felt the marriage was over and wasn't willing to work on it than he would have to be the one to move out." As the days turned into weeks and then months, she began to worry about what impact this was having on their children. She wondered "what kind of picture are they getting as far as a role model for a family, a husband or a wife? What kind of mother or father are they going to be?" She decided that she couldn't continue with this any longer. She tried a couple of different times to get back into the bedroom and to have things appear to be more normal. One incident was after he took the children on a trip and told Katie she could not go. When he returned with the children she stayed in the bedroom. Richard announced that nothing had changed and he expected her to move back onto the sofa.

She consulted with an attorney and had divorce papers drawn up, but she had to try again. She was scared because he had gotten violent with her on a couple occasions in the past, thrown things and pushed her, but she had to try again. The outcome was the same. He told her not to make him get physical and then he took her pillow, threw it in the living room, pushed her out of the room and locked the door. The next day she filed the divorce papers, along with a petition to have him move out of the home.

For the next several months Richard slept in their camper. Sometimes he kept it at his aunt's and sometimes at his work. From the beginning Katie was concerned about Richard having all of the children overnight at one time. From the time that their oldest, Carolyn, was a baby Richard had talked about taking her. Even before Carolyn was born and Katie was pregnant he had told her that he could take the baby so far into the wilderness that Katie could never find them. He hadn't said it a lot over the years but it had an impact on Katie. She had the visitation papers drawn up so that he could never have all three of the children overnight. In fact, the only time he could have all three at one time was to take them to church. Initially the children stayed overnight, two at a time, but the camper was cramped and uncomfortable. They began to complain and the overnight visits were stopped. He still had visitation a couple nights a week and all day on weekends, just no overnights. There were court hearings on visitation and the judge ruled in her favor. She knew Richard was angry and felt that it was a real possibility that he might take them. She felt this was the only way she could protect them.

During the next few months there were several incidents that worried Katie. Although she felt Richard had been the one to force the divorce, he seemed to be

struggling with his inability to be in control her or the children. When she left the cat outside for a day, he came and took the cat. Later when he returned two of the children from visitation he pushed her when she wanted him to leave the pet. Another time he broke into her home and took several personal items and gifts that he had given her over the years. Another time they got into a verbal disagreement and he told her that God told him that death was at her door. When Richard left a message that he was returning the children four hours late, she called the police.

During the separation, Richard would talk to the children about Katie. He told Rita and Carolyn that their mother was rebellious and was going to die an early death. Rita would return from the visits and tell her mom of the conversations. They scared Rita. Katie reassured her that she didn't need to worry and that she was not going to die an early death. He would also tell them that he was going to take them on a camping trip during the early part of summer. This also concerned the children, especially Rita. They did not feel comfortable going on a long trip with their father. Katie again reassured them that the judge was going to listen to everything and would make a determination. She hoped that this would communicate that nothing would be done against their wishes.

Five months into the separation, Richard planned to take all of the children for a Sunday outing with his aunt and her family. They had plans to go boating on a nearby river. Katie was running late in getting ready for church, so she wasn't paying much attention. It was a hot summer day and the children were dressed in bathing suits, shirts and shorts. He told the children to go back in and each get a pair of long pants. Katie questioned him about why they needed pants when it was so warm. He said they were going to go to a park first and he didn't want them to get bitten by mosquitoes. Then he told them to go and get a warm jacket. Katie again questioned him. He said they were going to stop for dinner on the way home and may get cold. She pointed out it would still be daylight and compromised that they could take a sweater. Just as Richard and the children were about to leave, the youngest came running back and gave Katie a hug and kiss good-bye. That was the last time Katie saw the children for nine months. Later she would also learn that he had gone to the county courthouse and gotten a copy of their youngest child's birth certificate. The other children had been born in different locations around the county. His aunt also helped him with getting another vehicle, a van. Over the prior weeks he had also hoarded some of the children's clothes when they would come home from visitation. Whatever extra went with the children never came back. He also arranged to get several thousand dollars from a life insurance policy through his work.

Katie and her best friend had decided to go shopping after church since the children were going to be with Richard until nine that evening. They had gone to a nearby shopping mall and when it became obvious that she was going to be a few

minutes late, Katie called Richard's aunt and left a message on the recorder. Richard and the children were not waiting at the house and so as soon as she got home she called his aunt again. Again there was not answer. At that point she became concerned that there could have been an accident and decided to drive to his aunt's house. The boat was there, the lights on and the car home. Katie went to the door and talked to Katie's aunt. She just kept repeating the same phrase, "we haven't seen them all day". Finally Katie said "Look, I know you know where they are" but she just kept saying the same thing about not seeing them all day. She remembered Richard's threats that he would take the children and she would never see them again. She remembered his anger. She knew he had taken them.

As she drove home, Katie felt in shock. Things kept pouring through her mind. She and Carolyn had gotten into an argument that morning about what she was going to wear. Carolyn had told her that "dad said we should wear long pants" and Katie had told her "well you're here now and I don't want you to, just keep it simple and wear this." Katie was late that morning and in a hurry. She wished she hadn't ended it that way with Carolyn. Thoughts crept into her head of "what if I never see them again" but she tried to not think ahead and tried to think for the moment. "What am I going to do for right now?" When she got home she called the police first and then her friend. Just after midnight she called Richard's parents. Richard's parents didn't seem too concerned or compassionate. They told her that everything would be fine, after all the children were with their father. The police had called his aunt. Richard's aunt called minimizing her the concern. But this time she said she had seen them at five the prior afternoon.

It was the hardest and most overwhelming thing that Katie had ever experienced. She felt without her faith and the support of her church and friends, someone could sweep her away in a butterfly net. She had viewed Richard as a negligent father in many ways. He hadn't been concerned about their safety with the furnace and he just wasn't careful. When the children were toddlers he'd absent mindedly leave a glass of bleach he used for cleaning just sitting around. This seemed outrageous, she had been such a protective mother, spent her time at home with the kids, and then he just swept them away and she may never see them again. It was hard to get used to the lack of noise in the house and the feeling that one day she was a mother and the next day nothing.

The children, Carolyn, age 11; Sam, age 10; and Rita age 4 didn't learn about the abduction until the morning they were taken. Richard had taken them to a restaurant for breakfast as was customary. While there he announced he had a surprise for them. They were going on a vacation. He went on to say that he was going to take them and they would not see their mom for a very long time. Carolyn, who was especially close to her mother started to cry. He asked her why

she was crying when Rita who was 4 was not. She was especially hurt by this and would remember it through the entire time she was gone.

The evening after the abduction there was a phone call from Richard; Katie's friend answered. Richard told her that Katie had three minutes to speak to the children and not to ask any questions. When Katie took the phone she talked to Carolyn first. She asked her "where are you?" Richard took the phone and said "you have three minutes, don't ask any questions, if you do I am hanging up." Carolyn got back on the phone. She asked her if they were still in the same state. Carolyn said "yes." She asked if they were camping and she again said "yes". The phone got switched to another child and she was only allowed to speak for a very short time to each. When it was Carolyn's turn again, Katie told her to get to a phone and call her mother or call 911.

Richard got back on the phone and she asked him why he was doing this. He told her that she knew why and she should think back to the last six months. He said he had to go. He sounded kind of frantic. That was the last time she heard from them. The following Sunday, Richard's aunt called and said they had heard from Richard. She said they were fine and having a good time camping. There would be more phone calls of a similar nature. Katie felt like they were trying to break her or get her to the point that she would do anything to get them back. She really felt they were trying to destroy her. In one of the calls about three weeks after the children were taken, Richard's uncle told her that the children had not mentioned Katie in the last three weeks. She challenged him and asked if he really believed that was true.

She wasn't about to let him know it bothered her but after she hung up she would cry. At the same time the phone calls gave her hope; they were messages for her that the children were still OK and the calls would motivate her to look. The first time she felt this incredible mix of depth and hope was after Richard's uncle first called the week after the children were taken. She had hoped Richard just took the children camping for the week and would bring them home by that following Sunday. When that didn't happen, she began crying. "I was just a dead shell walking around with nothing inside me." Then the phone call came from Richard's uncle. While it hurt, it also gave her hope.

Richard had indeed taken the children camping. For the first several days he moved them often from one location to another, then they stayed with the parents of one of Richard's friends for a couple weeks. From there Richard moved the children to another midwestern state. Initially they lived in the van for a month. Then he rented a house. Before moving to the new community he had changed each of the children's names because of concerns of being discovered. Carolyn

was changed to Mary, Sam was changed to Geoff, and Rita was changed to Gina. He also changed their last name to Murphy.

Getting the children into school had not been difficult either. It was a small community and he explained they had been home schooled before so there were no records. He had also used Rita's birth record to make forged ones for each of the children. The school never asked for verification of immunization and took Richard's word that they had been immunized.

With Richard's work hours, he had allowed his oldest child, Carolyn to drive the car. She was suppose to put her hair up so that people wouldn't notice how old she was. Rita would claim after their recovery how one time, when they were all with Carolyn, she had almost driven off a cliff.

The children had begun, in their own ways, simply to accept the fact that they were not going to see their mother and that they would live by the alias's that their father had assigned them. Because of the value system in their family, they also were not about to challenge their father's authority.

Investigatively the process was slow and frustrating. The police were searching but always ended up a few days behind. It took weeks to get approval for a phone tap. Richard's aunt was not cooperative at all. She clearly was talking to Richard frequently but she wouldn't help the police. Just before they were found the police had gotten a subpoena for her phone bills and bank statements. They thought she was sending Richard money. Eventually the investigation was taken over by the district attorney's office investigator. Katie was pleased, he seemed sensitive to the problem and followed up on leads.

Dealing with reactions of acquaintances or strangers was difficult. While Katie's friends were supportive and understood the impact of the abduction and the threat of never seeing her children again, others didn't. She encountered comments that suggested it was no big deal that the children were gone because they were with their father. Others reminded her that it would be worse if they had been taken by a stranger. She found that attitude and lack of awareness about the problems with parental abduction frustrating. In an effort to gather enough money for a private investigator she had put up posters and money canisters. Richard's aunt raised a ruckus with the store manager at the local general store when she saw a canister. The store owner removed it and said he didn't want to get involved.

But there were also people, strangers, who offered help and support. One photo shop gave her the prints she ordered for poster distribution. Another man gave her 500 posters. The National Center for Missing and Exploited children assisted her in making and sending out posters and letters to 1000 pediatricians in

six nearby states where Katie thought Richard may go. Carolyn had a severe asthma problem and would need follow-up care . She also contacted other regional non-profit organizations for missing children. They also helped her get posters and offered ideas about how to search for her children.

Katie pursued the media. Initially they were uninterested. When she finally got a station to do a story, it didn't run for weeks because of a local tornado that took the lead in the stories for the next couple of weeks. After the show was finally aired the radio stations and local paper also contacted her and did stories. From the newspaper story, a private investigator contacted Katie and offered some tips. After listening to his ideas, she decided to hire him. They could pay for a week and a half but then needed more money. The desire to have the services of the private investigator stimulated the idea of the canisters at local businesses.

STAGE I: RECOVERY AND REUNIFICATION

The children were located after posters of the children and a description of Richard and his van were distributed. A postal worker in the locale where Richard lived recognized the poster with the photos and description. The police went to the school and showed the poster to the school administrators who identified the children by appearance (their names had been changed). The children were all called into the office together. They were crying because they were frightened. Rita, now five, was petrified and didn't say a word. She just cried. Initially Carolyn lied for her father and said that she was Mary, not Carolyn. She did not want to come home. Finally Rita confronted Carolyn and told everything. They learned from the children where their father was working and he was arrested. That night the children were taken to a foster home. The lady was nice and the police tried to make them feel comfortable but it was really difficult. They didn't know what was going to happen. The next morning the investigator flew to where the children were located. The children liked the investigator and answered his questions. After the interview, the children called their mother and spoke to her for the first time in nine months. It was confusing in some ways, the children were still using their assumed names and they were a little worried about whether their mother might be angry with them.

Katie had learned about the possible recovery the morning before with a call from the investigator. It was his day off but he was going to the office because the call had come in that the children may have been located. Within a half hour he called Katie back and confirmed that the children had been located. She wanted to leave immediately to go to the recovery location and see her children. The investigator asked her not to. She didn't understand why but he had helped her a lot and she honored his request. He explained that he would be back with the children on a plane by the next evening. Before flying back, Katie had several phone

conversations with the children to get reconnected. Indeed, the next evening they all flew in on the same flight, the children, the investigator and Richard who was cuffed and chained. Seeing their father cuffed and knowing he was going to be taken to jail was very difficult and traumatic for the children. Before he left the airport they each said a tearful good-bye to their father and he to them.

The reunification took place at the airport. Katie received no preparation for *what to expect* or what she may encounter. She was at a loss. As she was driving to the airport she was concerned about what the children's feelings were going to be with their father on the plane and knowing he was going to jail. She feared that the children would view her as the bad guy. Her entire family showed up along with friends and other well wishers. When the children got off the plane they each responded differently. Carolyn, the oldest was somewhat aloof and standoffish. She casually said "Oh hi, mom" almost as if what had just taken place over the past nine months had never happened. Rita, the youngest, ran up to her mother gave her a big hug and kiss and then clung to her. She was reluctant to let go now that she had her mother back. Sam was also a bit distant, he wasn't as close to his mom as the other children and just didn't know quite how to take all this in.

On the drive home the question that Katie had feared the most came up. Carolyn was the spokesperson and asked why their father had to be taken to jail and why mom had to call the police. Without any guidance or warning that there may be direct questions she answered it the best she could. She explained that she wanted to find them. There were steps she had to follow and that one of those was to call the police so she could get the help that she needed. What happened after that was not up to her, it was out of her hands. Their father had broken the law and now he was going to be disciplined.

STAGE II: SHORT TERM TRAUMA RESPONSE

Assuming their correct names took the children a few weeks. For the most part they were back on track after a week. Sometimes now they will bring up the other names in a joking or teasing way. It was easier for the older children than for Rita. She struggled with it for a couple of weeks. Each child also gave a statement and *reviewed the details of the abduction*. Carolyn recalled that her father had told them before the abduction that he was going to take them. She also reported that he would tell them that God had told him to take the children. Rita was anxious, but Richard would reassure her that it was not going to be now but a long time from now.

When the day of the abduction finally came she recalls that she told him he couldn't do that, that her mom didn't know. She started crying. They were in a restaurant where people knew them. Richard reached across the table and closed

her mouth so she couldn't cry anymore. Another friend of their father's also came by and made plans to meet Richard and the children at a campground about a hundred miles away from home the following week. During the day they met with a number of different people significant in their father's life. They met and had lunch with their aunt and uncle. Carolyn felt they all knew what was going on and knew that it was going to happen before it actually transpired.

During the first few days of the abduction their father talked to them about changing their names. He told them about the change of their last name first and then let each work on their first name. When they left the campground they were staying at for a few days, they didn't know exactly where they were going, but on the way they had to rehearse their names and their brother's and sister's new names hundreds of times.

Once they reached the community where they would settle, he talked to the children about how if he was ever found he would probably end up in jail. Ironically, the night before they were recovered, Richard had talked to the children about what to do if the police ever came to the door. He instructed them to run for the backdoor and to meet him in town. He also said if they get you they'll take you home and "I'll come and get you again." That really scared Rita, that he would come and get them again.

Sam also relayed much of the same information that Rita had, but he seemed more detached from both his mother and his father. He didn't seem to favor his mother over his father, he just was distant from both. He explained their name changes and how they came by their various names and practiced. He answered many of the questions with "I don't remember." Sam's style was just to take whatever was happening into stride, to roll with the punches.

Carolyn also confirmed many of the things that Rita and Sam had. Sam also told of Richard making their birth certificates and of getting money from the grandparents. He relayed the incidents about his sister driving the car and almost driving off the cliff. His story confirmed the others. He was attached to his mother and missed her. He was also attached to his father.

Carolyn, who was eleven, was able to give the most detail. She recalled that everything seemed normal at first when their father came to pick them up but then he asked them to get warm coats and long pants. When they got to the restaurant for breakfast he told them that they needed to promise to keep a secret, which they did and then told them he was taking them on a vacation. They all started crying. Carolyn said that even though she thought it was only for a week or so, she cried because she knew her mother didn't know. Carolyn remembered that her father told them there was no use in crying. Carolyn challenged him as to why he

couldn't get permission and he said because mom wouldn't let us go. She also recalled there had been prior times that he had talked to them about taking them but it seemed in passing and he never had. After breakfast they went to Richard's work place where he had his van parked. She recalled her great uncle and aunt helped them pack and said good-bye. They were crying, telling the children that they would keep in touch and write. The idea that this was more than a week vacation was clear between the adults and the children began to realize they would not see their mom for a long time.

After they left, Carolyn describes feeling pretty scared and wanting to give her mom a call. But her father was always around and he kept talking about how the phones must be tapped. He also told them that if caught, he would go to jail. However, at other times, he would say that "cops have better things to do than search for people who take their kids."

She chronicled their moves from one campground to another. She discussed the name changes and her father finding the community they eventually settled in. She knew her father had talked to his aunt and parents on several occasions on a pay phone down the street. Carolyn also described driving the car and being responsible, at age eleven, for her siblings while her father was at work. They spent a lot of time cleaning, doing laundry and cooking. Her father had also asked her to sign papers on a contract.

Carolyn was torn, but she would be honest in answering the questions put to her. She struggled with *loyalty conflicts*. She worried about her mother and her mother's feelings but she had also come to feel responsible and protective of her father. Despite the fact that what he had done was wrong, he was still her father and she didn't want him in trouble. As any pubescent girl might feel, she also enjoyed the responsibility and the feeling of independence that she had experienced during the months with her father. It was all a different experience.

In addition to changing back their names, Katie noticed different *emotional reactions* with each of her children. Carolyn had always been very loyal towards her mother but with the return there was a sense of responsibility towards her dad. Carolyn disliked conflict and wanted peace. She thought both her parents were wrong. She held many of her feelings inside over the year since they have been recovered. Sam is not very self-reflective. He just went with the flow and tried to adapt to it. Rita was fearful of reabduction, couldn't sleep alone, had stomach aches and was very clingy. She was not able to let her mom out of sight for weeks.

Immediately after their return there was a lot of concern about what was going to happen to their father. While he was in jail, the girls would bring up their father in their prayers. Katie would try to reassure them that their father would be

all right. Richard received a brief jail sentence. At the recommendation of a psychologist who evaluated the children just after their return, the children did not see or talk to their father for several months after their recovery.

All of the children were diagnosed with Post Traumatic Stress Disorder by the psychologist. Two of the children expressed *fears of re-abduction*. Two of the children were having *nightmares* about the abduction. Rita had dreams for the first month that her father would come through her bedroom window and steal her again. She had difficulty sleeping alone and frequently would ask to sleep with her mother. She would ask Katie as they went to bed if she had checked the large sliding glass door in the living room. Rita also expressed more generalized fear of abduction beyond their father; it had generalized to a fear of being taken by anyone. *Trust* was also an issue during the initial period. The children felt their trust in their father had been betrayed by his actions.

Letters from the father were suppose to be written carefully so they would not negatively impact the children, either in terms of telling them how it was for the father to be in jail nor to make them feel guilty. The letters however contained subtle references and some not so subtle suggesting that the reason he had taken the children was because of Katie. There were also phrases of having "evil raise up against me especially in your mom's heart. I just wanted her to be even a little bit nice, just a little." He also blamed the fact that he did not return the children on Katie because "she was intent on putting me in jail."

STAGE III: LONG TERM TRAUMA RESPONSE

Richard did not like the results of the first evaluation suggesting his contacts be limited to letters. His attorney was successful in getting another evaluation of all the parties ordered. The evaluator completed the evaluation of the children with Richard present.

In the meantime, Katie had been trying to arrange therapy for herself and her children. Because they were not physically or sexually abused, they did not qualify for Victims of Crime Funds and she did not have the resources to pay for a private therapist. Eventually she was successful in pursuing therapy through the local community mental health center. The initial visitations between the children and father were set up through a special court appointed advocate (CASA). Initially they were with the CASA and then for a hour or two in the CASA office without supervision. These visitations were very difficult for Katie, she feared that Richard would again try to abduct the children.

Katie found herself going through a *series of transitions*. She didn't want Richard to experience the same pain of not knowing about his children that she had

experienced when he had taken them, but she was very angry. At first it was all she could do to talk to him on the phone. Then she went through a phase where she could not even be in the same room with him or talk to him. Next she got to a point where she could be in the same room with him if it was for counseling. Finally it got to where she could talk to him more openly about parenting issues.

The biggest changes that Katie had seen with Carolyn was that she had grown aloof not only with Katie but also from Richard. She didn't know *who to believe* and also struggled with *feeling betrayed by both parents*. It was almost as if she had detached herself from both of them. There was not the warmth and closeness that Katie had always known before Carolyn was taken.

Another issue for all of the children, which was ongoing, was when the police came to the school and questioned them. They were all very frightened and affected by that experience. They feared that *things would happen beyond their control*. They felt *guilty and fearful* that they were going to get in trouble and did something wrong, but more importantly they felt *responsible for protecting their father*. They were trapped between feeling they had to obey their father and feeling responsible if he went to jail and their desire not to hurt their mom.

Generalized anxiety was also present. For the first week and a half, Katie didn't leave home without the children. During the next week she would leave for brief periods of time to go shopping at the market. Katie also felt a generalized anxiety and distress. When she first took the children to therapy she would not let them go in alone with the therapist. At that point she did not trust anyone. At first she would go in with each of the children separately, then they went in as a family. Now she can allow the children to go in as a group without her and knows she needs to work towards leaving them go in individually. The therapist has been very patient in working with her trust issues, recognizing those as being central to continued intervention for herself and the family.

One of Rita's initial issues had been the fact that she had lied to her teacher about her real name while abducted by his father. She felt really terrible that she had lied. So she was assisted in writing a letter to her teacher saying that she was sorry that she had lied but her daddy wanted her to and her real name was Rita. In effect she *felt like a co-conspirator* and this was a way that she could deal with it at the level of her teacher. There was also *guilt* that they had not called the authorities or their mother while they were gone but to date this remains a difficult one for them to deal with. The children have not had the opportunity to deal with it individually with a neutral person such as the therapist and it is too risky for them to address directly with Katie.

Katie has struggled with the same issue. She knows that the children were in a situation where they felt they had to go along with what was happening and accept it. She knows they had been taught to listen to their parents and comply. She knows that as a role model, for most of their lives she had modeled compliance and Richard being the undisputed head of the home. But it was very difficult. Katie had thought that if anyone would call their parents it would be Carolyn, Sam, and Rita because of the closeness that she had with them. She found it mind boggling that they had access to a telephone and didn't call her. There were times when one or another of the children was sick and thought about calling but they didn't. They were afraid their father would get arrested or be disappointed in them. For Katie, she knows the logical reasons why it happened, but in her heart and emotionally it didn't make sense to her. The children and she still haven't discussed it directly. She doesn't want them to feel guilty and they're not ready.

The *fears of re-abduction* were addressed by the therapist through direct discussions about having permission to call 911 or to contact another person in authority, such as at school, if this were ever to occur again. They discussed abduction as something that was not right to do and that although their father had gone to jail, the only way they could have the opportunity to see both their parents and work the differences through was to report it. Katie reflected that she had never thought about the need to teach her children to call 911 because of their father. She had talked to them about being careful of strangers and other things that can happen, but she had never talked to them about it being ok to tell or call the authorities if something happened within the family.

Rita's complaints of headaches came up whenever she was asked to talk about the abduction. They were especially prevalent during the times of the evaluations with the psychiatrist. Sometimes, when Richard would come up in conversation, Rita would complain of a headache. Katie would simply change the subject. With time the complaints significantly decreased.

STAGE IV: TERMINATION/PERIODIC RECONTACT

Katie, Richard and the children continued to be actively engaged in treatment. After a year of ongoing treatment with the children and each of the parents, the court granted Richard unsupervised visitation. While the mother was anxious, she had no choice but to cooperate with the court order. Besides the therapist and everyone else involved in the case had assured her that Richard would not re-abduct the children. The time of the visitation was specified and Richard was to return the children home by 5 PM on Sunday evening. Richard and the children never returned home. This case demonstrates the following points:

Teaching Points

1. The details of the pre-abduction family stressors helps to put the abduction experience into a meaningful context which then helps identify the relevant factors contributing to the abduction.
2. Detailed understanding of the events leading up to the abduction, the abduction experience itself and the feelings and perceptions of each of the family members is necessary to understand the individual issues and intervene effectively. For example, Rita's dishonesty to her teacher about her real name was a specific source of guilt that required a focused response.
3. Individuals differ in their response to family abduction. Careful evaluation and intervention requires inquiry into each family member's perceptions and symptom development.
4. Identification of the family stressors and dynamics leading to the abduction and direct discussion of those influences is an important treatment goal.
5. Treatment issues or symptoms develop in a step wise progression.

CHAPTER FIVE - SAMPLE TREATMENT TECHNIQUES AND THERAPIST QUESTIONS

In this chapter, two areas will be addressed: (1) sample treatment techniques and (2) therapist questions. Table 16 outlines the issues addressed in each.

Table 16
Therapist Questions and Sample Treatment Techniques

- A. Sample Treatment Techniques
 - 1. Symptom Specific Interventions
- B. Therapist Questions:
 - 1. Child Placement
 - 2. Diagnostic Issues
 - 3. Therapist Background and Experience

Sample Treatment Techniques:

Following are a few possible interventions for commonly occurring symptoms and issues in family abductions. The experienced clinician will have a number of additional techniques that can be applied. This is intended only as a sample of the type of interventions that may be implemented.

The symptom complaints of family abducted victim children and their families typically include: (1) fear and anxiety, (2) sleep disturbance and nightmares, (3) withdrawal/depression, and (4) somatic complaints. An added general area is acting out behavior and defiance.

Fear and anxiety. These symptoms are generally associated with specific fear of re-abduction and intrusive thoughts about the abduction. Four useful interventions are: (1) defining and re-establishing family safety rules, (2) concrete implementation of the rules and defined safety plans, (3) teaching mastery skills and (4) teaching relaxation skills, and (5) educating the parents, and to the extent appropriate, the victim child and siblings.

Defining and re-establishing family safety rules is a four step process: (1) Work with the family in establishing what their current safety rules are. Often family safety rules are directed at stranger abduction or exploitation without consideration of risks within the family. Typically they only include having an established secret code word when someone other than the parent comes to pick up the child; ensuring the parent has information about who the child is with, address and phone numbers; providing the school with a copy of the custody/visitation order and directly discussing any limitations that may exist; teaching the child appropriate responses if someone other than the parent or their designee tries to pick the child up. The clinician will find that some families have no defined or clear-cut safety rules. (2) Have the child, sibling and parents define specific safety concerns that have developed as a result of the abduction. (3) Develop written safety rules based on past rules and current specific concerns. When a family has no defined rules, have family members write safety rules. A helpful resource in this process may be the publication, *My 8 Rules for Safety* (written in 23 languages), published and distributed by the National Center for Missing and Exploited Children (1992). (4) Review and write the rules for each family member.

Another powerful technique in dealing with fear and anxiety is actual, concrete implementation of a safety plan. Safety plans differ from safety rules. While safety rules define rules and expected behaviors on the part of family members, safety plans are specific plans to address specific fears on the part of the child or family. For example, a child who was abducted by a parent may fear any situation where the recovering parent is not present. A common fear is being re-abducted on the school yard. A safety plan may be developing a strategy for the child to go to a playground teacher or principal if they feel uncomfortable or see their abducting parent near the school yard. In turn the teacher or principal will assume responsibility for taking the child indoors to a safe location and call the other parent or police. Concrete implementation of the plan includes having a meeting of the parents and child with the playground teacher and principal to outline the child's fears, the proposed plan and obtain agreement from school personnel in front of the child to follow the plan. This concrete follow-through with the child's participation can be reassuring to the child that people are aware of their fears, know the plan and have committed to follow the plan. Questions about whether others are aware and committed can be alleviated. Sometimes, however, periodic follow up and review may be necessary by the parent to re-establish the child's belief in other's commitment to their safety.

Teaching mastery skills involves identifying a skill that will help the child feel safe and teaching and practicing that skill to mastery. One example of this type of skill is teaching the child how to dial for help either by calling home or dialing 911. This works best when the exercise is concrete and not just discussed. While away from home the child should actually call home from a pay and private

phones. Optimally the child will reach another family member or an answering machine on the other end to reassure them that they can call home. To extend the exercise the child should leave a message if they reached the answering machine so that the child understands the parent will get the message. Another skill is teaching a child how to call the operator to make a collect call. These skills can be practiced on family outings.

Another mastery skill is giving the child some alternatives of how to respond should the abducting parent again approach them and demand that the child go with them. Many children are fearful of saying no or challenging a parent or authority. It may be helpful to give the child a script of what they can say, for example, "I can't go with you without calling mom first." Or, "the rules here at school are that I have to check out at the office, I'll be right back." That gives the child a chance to inform an adult of what is happening and let them take charge. Children vary in their ability to assert themselves with adults. Carefully script a response that is appropriate to a particular child's developmental level and ability. Then the task is to review and practice the response.

Relaxation training for parent and child can be helpful in dealing with anxiety symptoms. Trained clinicians can assist children or parents in applying these skills to specific anxiety generating incidents. Another useful alternative is the use of self-hypnosis for those clinicians who have skills in this area. However, the clinician should be careful about the introduction of such skills subject to the misinterpretation of these techniques which would discredit the child in pending legal actions.

Educating parents about what to expect from a recovered child is also helpful in alleviating anxiety among recovering parents. Providing them with knowledge, realistic expectations about their child's behavior and the tools to observe their child's behavior is often reassuring. In the same way, for those parents who just want to go home and assume everything will be just like it before the abduction, education provides them with a framework to be more appropriately attuned to the behavior.

Sleep disturbance and nightmares. Sleep disturbance is typically a result of specific fears, intrusive thoughts about the abduction at bedtime, or nightmares about the abduction experience. Sometimes the already discussed techniques can be helpful in reducing sleep disturbance. Additional interventions may include: (1) reframing or changing the outcome of the dream; (2) use of concrete props to alleviate fear; (3) mastery skills.

Reframing or changing the outcome of a dream involves having the child tell the dream in as much detail as possible and then having the adult or caregiver talk

the child to reframe the dream in which the outcome is favorable or the child obtains mastery over the feared interaction.

Use of concrete props would include having a night light or intercom added to the room if one is not already present, providing the child with a whistle to call the parents, bolting windows, etc. A concrete mastery skill for a child who is fearful of being abducted at night is to do something to make their room more secure, for example, securing windows so that they cannot be opened from the outside or going through a routine with the child before bedtime of locking doors. Concrete actions which include the child are more reassuring to the child than just telling them what an adult has done. Because of their participation, there is no question of whether the adult has actually followed through. Encouraging the parent or caregiver to make this a playful or fun activity may need to occur in some families where child or parent actually experience increased anxiety because of the meaning they attach to the routine.

Withdrawal and Depression. For family abducted children these symptoms are typically reflected with decreased interest in normal activities, difficulty concentrating, tearfulness and increased sensitivity, and isolation. Four useful strategies in symptom based treatment are: (1) direct detailed discussion by the family of the abduction event; (2) establishing and implementing a family/individual healing model; (3) establish or re-establish healthy family routines and patterns.

Direct discussion about the abduction told in a family format, with each family member contributing, provides an opportunity to practice communicating about the experience. The recovering parent should be cautioned to talk about their feelings on learning the child was missing and their efforts to locate the child but not make derogatory statements about the abducting parent as this could be detrimental to the child. It may also serve to limit open communication and cause the child to edit their responses. The therapeutic environment provides an opportunity to have this discussion which may otherwise be too overwhelming for the family. Creating the opportunity for dialogue between family members about the traumatic experience is another way to reinforce mastery when done in a planned and careful manner. This can meet with some resistance from the family or individual members. Sometimes this resistance can be overcome by giving a clear and concise explanation of why the discussion is important. Some families are concerned that discussing the abduction will be traumatic. Sometimes this resistance can be reduced by having family members have the initial discussions in dyads, for example abducted child and mother or non-abducted sibling and victim child. Start with the dyads that have a chance of success.

Many children have ambivalent feelings in reference to some aspect of the abduction or even the parents. They may be angry about the abduction but still love the abducting parent. In other cases these feelings are directed towards the searching parent. Most parents want validation of their feelings about the other parent from the child. But, it is important for the child have permission to have ambivalent feelings if they are to work through their concerns. The family meeting is an arena in which this can hopefully be achieved.

Family and individual healing models focus on assisting the family and individual family members develop a sense of mastery by picking one issue and working towards mastering that goal. This focus helps in mobilizing individual family members in problem solving behavior. For example, a goal may be to plan and implement a strategy for being reintroduced to extended family members. Alternatively, the family may discuss and develop a strategy for the recovered child/children to meet peers in their neighborhood or community, or in cases where former playmates are nearby, renewing contacts. In cases where there are new children in the home, such as half or step-siblings, it may be useful to instruct the parents to develop a time where the children can each demonstrate their favorite activities, plan a mutual activity, and so on.

Parallel to the family focus of mastery is individual focused mastery for each family member. This can be helpful in reintegrating the child into the family. For example, a child who was responsible for taking out the garbage before the abduction can be reintegrated into the family by being encouraged to reassume responsibility for that chore. Likewise an older child who was active in a youth group, sport or special interest prior to the abduction would be supported in resuming those activities.

Establishing healthy routines and patterns in the family can also be an effective way of having family members overcome feeling alone and isolated. For example, it may be helpful for the family to establish a routine of checking in at the end of a busy day. Each person can report on their activities for the day and their plans for the next day may. Or using meal times to have discussions about a general question, sometimes serious and sometimes humorous, can help facilitate communication and a sense of importance to the family. Topic areas may be "What was your most embarrassing experience?" or, "if you could have three wishes, what would they be?" Another more playful question may be, "if you could be any animal, what would it be and why."

Somatic concerns. Many of the same approaches that are helpful in addressing prior symptoms are also effective in reducing or alleviating somatic complaints. However, careful note should also be taken of unusual or chronic complaints. For example, a child who has chronic complaints of headaches should

be referred for medical clearance to insure there are no physical contributions. A related assessment consideration is whether the somatic symptoms are general complaints or relate specifically to part of the abduction experience. While relaxation and other general techniques may be helpful in reducing general somatic concerns they are less likely to be effective with incident specific complaints. In the later case, interventions specific to the concern may be indicated.

Acting Out Behavior and Defiance. Because of the confusion associated with different, if not conflicting parental messages, feelings of betrayal, questions about the custodial parent's sincerity in their concern for the child, and possible resentments over the disruption to their life, children abducted by a family member often express these feeling through acting out or by intentionally testing other's behavior. Interventions may include: (1) direct discussion of the child's ambivalence or questions regarding the custodial parent, (2) identification of child losses/disruptions that can be remedied, (3) restatement and reinforcement of the family rules, (4) clear communication about expectations and consequences.

Direct discussion of child ambivalence and questions provides an opportunity not only to clear the air but also to discuss and problem-solve unresolved questions and feelings. For example, the child may need to ask the parent about specific allegations or descriptions made by the other parent. In the case example involving two children abducted by their mother and told that their father abandoned and abused them, the children needed to discuss the circumstances of their abduction and the allegations by the mother that their father had physically abused them prior to the abduction. Clearly it is best for the recovering parent to do this in a non-blaming way to avoid putting the children back in the middle. Or a child may feel a sense of loss over the changes that occurred in leaving friends or a school where they felt comfortable and supported. This is especially true for recovered teenagers. Often they are reluctant or refuse to relocate to the recovering parent's residence. When a recovering parent has remarried during the missing period, the recovered child may have questions about the decision to marry.

Sometimes children have experienced specific losses that can be remedied. While some family abducted children may lead a fugitive lifestyle, others integrated into a community with established friendships and activities. A child who played soccer and was on a team during the missing period could be enrolled in a similar program post recovery. A child may also have become accustomed to a specific routine or special ritual with their abducting parent. They may grieve the loss of the special bond they felt with the abducting parent in those rituals and not want to give it up. For example, they may have had a special bedtime storytelling routine. In another case, the child had become accustomed to a birthday cookie rather than a birthday cake. While the clinician may encounter some resistance by

the recovering parent to make some concessions, these adjustments for the adult may be minor in comparison to the benefits for the child.

Some recovered children have a difficult time adjusting to the rule changes from one household to the next. They require time and reminders of the family rules. Other children may be aware of the new rules but test the boundaries of how far the rules can be stretched. Still other children test the parent to see just how committed the parent is to the rules and how willing they are to enforce them. Whichever dynamic is in effect, the parent needs to consistently restate and reinforce the family rules. This is typically difficult for a recovering parent, especially if the child/children have been gone for an extended period. These parents may struggle with having to reinforce the family rules because of fear of rejection by the child and/or wanting to make up for the time lost during the missing period. Indeed, recovering parents may be reminded by the child that the abducting parent didn't have the same rules with the added salvo that the child liked it better in the other parent's care. Since the majority of family abduction cases result in another custody dispute post-recovery, these comments can be difficult for the recovering parent. The astute clinician is aware of these intervening factors and that the recovering parent may initially be reluctant to follow through on suggestions aimed at setting appropriate boundaries. Other recovering parents may have the added difficulty of not possessing the skills to appropriately set limits.

Coping Styles. Cognitive coping styles fall along continuums. The dimensions most useful in understanding the response to abduction are approach vs. avoidance and internalization vs. externalization. Clinicians may include other continuums they have found useful for conceptualization and intervention. Identifying the individual coping style of the recovering parent, sibling or child victim will give the clinician some guidance in understanding the individual response to the trauma. Individual differences in perception of an abduction event and response to the event have been observed in cases where more than one child has been taken. Similar differences can be seen between individual family members.

Differences in individual coping styles are salient at two levels. The first is at the family dynamic level. Different family members will interpret and cope with the event differently, depending on their style. Family intervention at some point is typically necessary to work with the family on accepting their different perceptions and coping styles. Family intervention also will need to address conflicts, resentments and misunderstandings that develop because of these different coping styles.

The second level at which understanding the specific individual coping style is important is in developing specific treatment plans. The individual coping style assists the clinician in understanding what resources and limitations each individual will have in addressing the specific abduction related issues. Another perspective is that it assists in identifying what types of intervention will work and which probably will not. Both internalizers and externalizers will have to come to the point of identifying and appreciating their survival skills and the effectiveness given their recovery. However, the process each goes through to arrive at that point will look very different. The clinician will also have to be more astute to these issues because the internalizer is less likely to express their struggles and concerns.

In the case of the approach versus avoidance issues, avoiders will have a more difficult time continuing in treatment. At times, their avoidance makes it difficult for them to see the need for treatment. At other points when their avoidance is too severely challenged in the therapeutic process, they may try to escape to relieve the tension they experience. In keeping with their avoidance they will have a difficult time expressing the reasons behind their decision to leave treatment directly.

Other related dimensions that emerge are minimizing (a form of avoidance) versus catastrophizing (a form of approach) the abduction. Some people will compartmentalize the event and wall it off from the rest of their existence while others will try to integrate it by giving it meaning or identifying what lesson is to be learned from the experience.

Working with cognitive styles can be very tedious and demanding. It is often difficult for people to see the limitations of their styles or to approach a problem from another perspective. However, attacking a person's coping mechanisms prior to providing them with alternatives can leave them helpless to deal with or defend against the painful affects associated with the trauma of being abducted or having one's loved one abducted.

Return to Therapy:

Due to a combination of factors, many abducted children and their families may need to return to treatment to revisit abduction related issues. In some cases this may be due to the implementation of a brief therapeutic model at the time of the initial referral. While brief therapy may have been helpful at the time, some families and children will need to return to treatment as they transition through normal developmental phases and new symptoms develop or old issues re-emerge. In other cases some issues may not have adequately been resolved. Whatever the reason, the clinician should be prepared for the need for periodic return to treatment.

Some children and their families may be embarrassed by the return of symptoms and perceive that they have failed because they “should be better” with the previously prescribed number of sessions. The clinician will need to examine these perceptions and must be prepared to convey the message that “nothing is wrong with the short term model of reunification but the need for longer term treatment doesn’t mean they have failed.”

Caretaker factors in treatment follow-through. Caretakers of abducted children will also fall into three general categories. As referenced in the section on reunification, one group may or may not perceive the child’s symptoms or need ongoing treatment for themselves. Whichever the case, they are not interested in treatment and will not follow through with treatment. Sample interventions for those groups are referenced in the reunification section of Chapter Three. A second group will have some awareness of the issues but are so overwhelmed by the traumatic experience that they simply desire symptom based treatment aimed at symptom alleviation or reduction. In the third group, the primary care-giver typically understands the issues, identifies the need for intervention and desires ongoing treatment aimed at addressing not only symptom relief but also reworking the assumption violations. The texture of this process is in part molded by the experience and in part by the cognitive coping styles with which the individual and family approach treatment.

Therapist Questions:

1. Child Placement. Return of a family abducted child to the searching parent should not be the automatic assumption. While most family abducted children are returned to the searching parent, it is not always in the child’s best interest to do so. This occurs in the following circumstances:

1. The recovering parent cannot provide an adequate environment or parenting for the child; or, the parent has a documented history of abuse towards the child. In some cases, the searching parent may have not provided adequate care for the child pre-abduction or exhibit significant problems that interfere with parenting, for example severe substance or alcohol abuse, severe mental illness, abusive behavior toward the child and the absence of or inadequate residence.

2. Neither parent can provide an adequate environment or parenting for the child. In some cases, both parents present a history of inadequate parenting with multiple problems that prevent them from providing for the needs of the child. In those cases it may be in the child’s best interest not to be placed with either parent.

3. The recovered child/adolescent has been missing for a number of years and removal from their current environment would be detrimental to the child, for example, the recovered child who is an adolescent who is in their last year of high school with an established network and friends. Sometimes these recovered missing will resist return to a parent they do not know or being removed from their current environment. However this should not be assumed in all cases just because the recovered child is initially fearful or reluctant to return to the recovering parent. See Chapter Three for the types of communications the abducting parent may give the child about the abduction and searching parent during the missing period.

2. Diagnostic Issues. The clinical evaluation of the abducted child and family members must also consider appropriate diagnosis. As documented in the literature, trauma may lead to a variety of diagnostic syndromes including depressive disorders, anxiety disorders, adjustment disorders, attachment disorders and so on. Some children and adults may develop a series of symptoms that do not meet DSM-IV (1994) criterion for a diagnosis. Others may not have experienced the abduction as traumatic. Accurate diagnosis is essential for case formulation and implementation of a treatment plan.

One diagnosis that has been overused in the area of trauma treatment is Post Traumatic Stress Disorder (PTSD). While PTSD may be an appropriate diagnosis in some cases, it is not always the correct diagnosis and should not be used as a diagnosis of convenience. Failure to thoroughly evaluate may lead to misdiagnosis and consequently inadequate treatment. Some children and their families may come to treatment with dual diagnoses. Some conditions may have developed even prior to the abduction and remained untreated. For example, some children have an undiagnosed learning disability or attention deficit disorder in addition to the issues due to the abduction. Other children may have developed phobias as a result of the abduction. Likewise a parent may have an undiagnosed depression that would require evaluation by a medical doctor for possible use of psychotropic medication in addition to treating the problems associated with the abduction. The important message for the clinician is to thoroughly and carefully evaluate each individual case.

3. 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 offer some practical guidelines.

1. Background in understanding and treating trauma. Background, training and experience in 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) and Janoff-Bulman(1992). The inexperienced clinician can also arrange for supervision and case centered consultation from experienced clinicians in the field.

2. 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.

3. 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. It is often useful for the clinician to have more than one mental health professional working with the family.

4. 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. As is true in treating other forms of child exploitation, the responsible clinician must evaluate and be aware of their own biases and vulnerabilities in making the decision of whether to accept a case for treatment or refer it on.

5. 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 abductions are complex cases, and require careful consideration by the clinician of both their qualifications and ability to intervene in such cases.

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1
132

407
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132

CHAPTER SIX - RESOURCE LIST

Family Abduction Projects Funded by the Office of Juvenile Justice and Delinquency Prevention

National Incidence Studies: Missing, Abducted, Runaway, and Thrownaway Children (NISMART) This study was undertaken in response to a mandate of the Missing Children's Assistance Act (42 USC 5771 et seq.). The study estimated the incidence of missing children in 1988 in five categories: family abduction; non-family abductions; non-family abductions; runaways; throwaways; and missing because they have become lost, injured, or for some other reason.

Family abductions include those instances in which a noncustodial parent keeps a child overnight in violation of the terms of agreed visits (broad scope) to those in which the child is transported out of state with the intent to keep them (policy focal). The estimated 354,100 broad scope family abductions included 163,200 more serious policy focal family abductions. This report was released in 1990 and is available from the Juvenile Justice Research Clearinghouse (JJRC), 1-800-638-8736.

Obstacles to Return and Recovery of Parentally Abducted Children This study identified major legal, policy, procedural, and practical barriers to the recovery and return of children who are victims of parental abductions and suggested recommendations as to how they can be overcome. It includes valuable resource material for attorneys as well. Report available from JJRC, 1-800-638-8736. A follow up training and dissemination project will be underway at the American Bar Association Center in Children and the Law, (202) 331-2250.

National Study of Law Enforcement Agencies' Policies and Practices Regarding Missing Children This study systematically describes the role of law enforcement agencies in both responding to reports of missing children and in the identification and recovery of these children. Report available from JJRC, 1-800-638-8736.

The Reunification of Missing Children This project examined a large sample of cases of recovered children and their families. This study found that nearly all of the children and their families received no services to help with the reunification process. The only agency personnel usually present at the reunification were law enforcement officers. The only agency that maintained contact with the families after recovery was the National Center for Missing and Exploited Children. (This project also developed multidisciplinary training material including a film, *When Your Child Comes Home*, and training manuals on reunification). Report available from JJRC, 1-800-638-8736.

Families of Missing Children: Psychological Consequences This study found that the vast majority of missing and recovered children experience significant trauma and long-term distress as a result of abduction as well as further trauma at the time of resolution or recovery. Report available from JJRC, 1-800-638-8736.

Missing and Exploited Children Comprehensive Action Program (M/CAP) M/CAP serves communities by helping them develop coordinated, comprehensive procedures for management of missing, exploited, and abused child cases through the development of a multi-agency team and integrated case management system. For more information on this ongoing program, contact the M/CAP office (703) 734-8970.

Training and Technical Assistance for Prosecutors in Parental Abduction Cases The National Center for the Prosecution of Child Abuse at the American Prosecutors Research Institute (APRI) provides ongoing technical assistance to prosecutors and investigators on specific cases. The project has developed specialized information for prosecutors with experience in these kinds of cases. A manual on prosecuting parental abduction cases is being prepared and training conferences have been given to provide technical assistance. For more information on this ongoing program contact APRI, (703) 739-0321.

Study on the Prevention of Family Abductions of Children Through Early Identification of Risk Factors This program stud(ied) the circumstances likely to precipitate the abduction of a child by a parent or family member, including family domestic violence. The goal (was) to develop a means to define families at risk for abduction and evaluate prevention intervention strategies. For more information contact the American Bar Association Center on Children and the Law, (202) 331-2250.

Training and Technical Assistance for Nonprofits Working with Families of Missing Children This program is providing technical assistance and training to the nonprofit community to assist them in better serving families with missing and exploited children. Among the issues covered in the training are coordination with law enforcement, reunification preparation, assistance and follow up, issue and prevention education, community outreach, referrals, networking, improving service delivery, and advocacy. For more information on this ongoing program contact the National Victim Center, (703) 276-2880.

Overcoming Confidentiality Barriers to Find Missing Children This study primarily focuses on legal research to examine barriers, such as confidentiality issues, to obtaining information necessary for the location and recovery of a missing child from such places as schools, public agencies, and medical facilities.

For more information on this soon to be completed study, contact the American Bar Association Center on Children and the Law, (202) 331-2250.

Issues in Resolving Cases of International Child Abduction This research project is designed to document the cultural and institutional barriers to the recovery of children who were taken to or retained in another country by a parent or family member. For more information contact the American Bar Association Center on Children and the Law, (202) 331-2250.

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APPENDICES

APPENDIX A PARENTAL ABDUCTION CASE SUMMARY

Child:

1. Name:
Age:
Case Number:
Law Enforcement Contact:
Law Enforcement Contact Phone Number:
Custodial Parent Name:
Custodial Parent Address:
Custodial Parent Phone (H)_____ (W)_____:
2. Date of Child Disappearance:
Date of Child Recovery:
Location of Child Recovery:
Recovering Law Enforcement Agency:
Contact at Recovery Agency:
3. Medical Clearance Obtained:
Medical Facility Name:
Physical Symptoms Noted:
Agency/ Professional Responsible for Care:
4. Psychological Symptoms Noted:
Agency/Professional Responsible:
5. Child Returned to Custodial Parent:
Law Enforcement/Other Staff Present at Reunification:
6. Child Not Returned to Custodial Parent:
Child Placed With Other (Name):
Placement Address:
Placement Phone Number:
Other Jurisdiction Retains Child:
Other Jurisdiction CPS Contact:
Other Jurisdiction DA Contact:
Local Jurisdiction Retains Child:
Local Jurisdiction CPS Contact:

Local Jurisdiction DA Contact:

**PRE-ABDUCTION ALLEGATIONS OF ABUSE
LAW ENFORCEMENT/PROTECTIVE SERVICES CONTACTS
(ABDUCTING AND/OR RECOVERING PARENT)**

Child Protective Services/Welfare Contacts: Yes No

Dates of Contacts:

Locations:

Reasons for Contacts:

Case Worker(s):

Disposition:

Emotional Abuse:

Substantiated Not Substantiated Not Reported

Dates of Allegations:

Location(s):

Investigated By:

Agency:

Disposition:

Physical Abuse:

Substantiated Not Substantiated Not Reported

Dates of Allegations:

Location(s):

Investigated By:

Agency:

Physical Evaluation Done: Yes No

Location:

Date:

Findings:

Disposition:

Sexual Abuse:

Substantiated Not Substantiated Not Reported

Dates of Allegations:

Location(s):

Investigated By:

Agency:

Physical Evaluation Done: Yes No

Location:

Date:

Findings:

Disposition:

Neglect:

Substantiated Not Substantiated Not Reported

Dates of Allegations:

Location(s):

Investigated By:

Agency:

Physical Evaluation Done: Yes No

Location:

Date:

Findings:

Disposition:

Prior Psychological Evaluations: Yes No

Dates of Evaluation:

Location(s):

Evaluated By:

Agency:

Findings:

Outside the Home Placement: Yes No

Dates:

Placement:

Location(s):

Reason for Placement:

Caseworker:

Disposition:

Allegations of Parental Abuse to Another Child: Yes No
 Substantiated Not Substantiated Not Reported

Dates of Allegations:

Location(s):

Investigated By:

Agency:

Disposition:

Allegations of Spousal Abuse: Yes No
 Substantiated Not Substantiated Not Reported

Dates of Allegations:

Location(s):

Investigated By:

Agency:

Disposition:

VISITATION / CUSTODY COURT ORDERS PRE-ABDUCTION

Was Custody or Visitation disputed by either parent? ___ Yes ___ No

Were there Allegations of Child Endangerment/Abuse/Neglect/Deprivation?
___ Yes ___ No

Were the allegations ___ Substantiated ___ Not Substantiated

Psychological Evaluations Connected With Disputes? ___ Yes ___ No

Physical Evaluation Connected With Dispute: ___ Yes ___ No

Jurisdiction of Visitation / Custody Orders:

Dates of Orders:

Court Findings:

**APPENDIX B
REUNIFICATION PROTOCOL**

Length of Time Child missing : _____

___ age at time of abduction ___ yrs. ___ mo. (date abducted _____)

___ age at time of recovery ___ yrs. ___ mo. (date recovered _____)

Siblings:

___ no siblings

___ also abducted

___ left with non-abducting parents

___ rationale for abduction

Circumstances of Abduction:

___ child taken by custodial parent

___ child taken by non-custodial parent

___ child taken during normal visitation contact

___ child taken from another location, e.g., school, babysitter

___ child taken by force

Initial Explanation to Child for Abduction:

___ extended vacation

___ go away and live with me always

___ other parent is hurting you

___ other parent doesn't care about you/love you

___ other parent is dead

___ no explanation given to child

Prior Planning for Abduction:

___ abducting parent made no plans pre-abduction

___ abducting parent acted without assistance

___ abducting parent made no financial preparations

___ abducting parent made plans pre-abduction, (birth certificates, false ID)

___ abducting parent enlisted assistance from family members/friends

___ abducting parent contacted outside groups

___ abducting parent sought financial assistance from family/friends

___ abducting parent sought financial assistance from outside groups

___ abducting parent pre-planned for financial needs

Communications to Child About Left Behind Parent During Abduction:

___ non-abducting parent abandoned you

___ non-abducting parent didn't want you/didn't love you any more

___ non-abducting parent hurt you/abused you

- physical
- sexual
- neglect
- emotional
- deprivation
- non-abducting parent is alcoholic/drug addicted
- non-abducting parent wanted to take you away so I can never see you
- non-abducting parent will hurt you if they find you
- non-abducting parent will hurt/kill me (abducting parent) if they find us
- non-abducting parent has died
- non-abducting parent is a bad person who hurt the abducting parent, e.g., infidelity, domestic violence

Communications to Child About the Abducting Parent:

- I'm the better parent
- I can take better care of you than other parent can
- I love you more
- I can't live without you
- You belong to me
- I'll harm you if you disclose our identity to anyone
- I'll get put in jail if we're found

Circumstances During the Abducted Period:

- name change
- sex change of the child, e.g., child made to dress/ behave like other sex
- changes in physical identity, e.g., haircut, hair color change, clothing
- language other than English spoke in home
- taken out of country (international)

Living Conditions During Abducted Period:

- lived with abducting parent
- lived with someone other than abducting parent
- taken to another country (list locations)
- frequent moves (list locations)
- lack of residence, e.g., travel trailer, hotel
- inadequate residence
- school denial
- social isolation/lack of peer relationships due to isolation
- lack of financial resources
- abuse during abduction
- medical neglect
 - preventative care, such as immunizations
 - diagnostic care, such as medical examinations
 - failure to hospitalize when needed

- remedial care, such as surgery or regular medication
- prosthetic care, such as eyeglasses

CHILD'S PERCEPTIONS/BELIEFS

Perceptions of Abduction:

- child aware that abducted
- child not aware that abducted

Perceptions/Beliefs About Abducting Parent:

- identify with abducting parent
- fear of abducting parent
- anger with abducting parent
- confusion about abducting parent
- allegations of abuse of abducting parent
- uninvolved

Perception/Beliefs About Recovering Parent:

- fear of recovering parent
- anger with recovering parent
- confusion about recovering parent
- interest in recovering parent
- sense of abandonment by recovering
- fantasy of recovering parent rescuing them

Child's Memory of Recovering Parent:

- no memories
- memories
 - positive (list)
 - negative (list)
 - neutral (list)

Child's Pre-Abduction Memories:

- no memories
- memories
 - parental relationship (list)
 - conflicts in family (list)
 - siblings (list)
 - divorce, if applicable (list)
 - visitations, if applicable (list)
 - domestic violence (list)
 - abuse (list)

___ school/communitiy (list)

Child's Perceptions/Beliefs Regarding Recovery:

- ___ relief
- ___ fear of outcomes
- ___ anger over recovery
- ___ confusion over recovery

RECOVERING PARENTS

Child's Response to Seeing Recovering Parent:

- ___ fear of recovering parent, e.g., they will hurt/abuse me
- ___ they will take me away, I'll never see my abducting parent again
- ___ numbness or apathy
- ___ they're dead, "I don't have another parent."
- ___ anger, e.g., they abandoned me, they hurt the abducting parent

Strength of Child's Concept About Recovering Parent:

- ___ extreme, e.g., child retreats when discussing recovering parent
- ___ very strong
- ___ moderate
- ___ ambivalent
- ___ positive

Recovering Parent's Actions During Abducted Period:

- ___ no effort towards recovery
- ___ limited efforts to recovery
- ___ active efforts to recovery
- ___ types of effort:
 - ___ law enforcement contacts, e.g., police, FBI, state law enforcement
 - ___ state clearing houses for missing children
 - ___ National Center for Missing and Exploited Children (NCMEC)
 - ___ private investigator
 - ___ media exposure
 - ___ legal advice sought
 - ___ missing children non-profit organization (list)
 - ___ other (list)

Recovering Parent's Beliefs Pre-Recovery About Recovery:

- ___ lost hope
- ___ belief the child would be located

Changes in Recovering Parent's Life Since Abduction Initiated:

- residence change
- relocation to another city/region
- marriage/significant other relationship
- divorce
- new children: natural, step
- losses/death, e.g., extended family
- education
- financial change
 - decrement
 - increment
- job changes
- family/friend changes
- medical problems
- substance abuse
- emotional problems

Recovering Parent's Expectations of the Child at Reunification:

- child will be happy about recovery
- child will be glad to see me
- child will remember me
- no residual effects, "Everything will be normal"
- instant family
- child may be frightened
- uncertain what to expect

Circumstances of Recovery:

- voluntary by abducting parent
- police involvement
 - abducting parent cooperative
 - abducting parent resistive
- court ordered
- media
- non-profit organization
- other
- where child was recovered (list)

Immediate Consequences of Recovery:

- abducting parent detained
- child placed in foster care
- child placed with relative
- child taken to hospital
- child taken to police station to wait
- child returned to recovering parent

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Abducting Parent's Statements/Response to Child at Time of Recovery:

- anger (list)
- tearful (list)
- warns the child (list)
- other (list)