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# *Reunification of Missing Children Project*

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## Final Report

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# REUNIFICATION OF MISSING CHILDREN PROJECT

## EXECUTIVE SUMMARY

### PRINCIPAL PROJECT FINDINGS AND RESULTS

- The majority of non-family abducted, family abducted, and runaway children are recovered.
- Non-family abducted, family abducted, and runaway children who are recovered differ significantly in age, sex, time missing, and risk of loss of life.
- Families of non-family abducted, family abducted, and runaway children report severe negative impact of the event upon the child and family beginning with the child's disappearance, extending through reunification, and continuing for at least two years after reunification.
- Almost all families of missing children must face reunification without on-site psychological or social service assistance of any kind.
- Existing missing child clearinghouses and resource centers do not have information or programs of assistance for the reunification of missing children with their families.
- The above findings provide substantial support for the need to develop a comprehensive training program to assist law enforcement officers, mental health professionals, social service personnel, victim/witness agency staff, and missing child center staff in the reunification of missing children with their families.
- In response to these findings, a comprehensive training program to assist recovered children in reunifying with their families has been created.
- The Reunification of Missing Children Project has implemented this training program to create multi-agency community teams of law enforcement officers, mental health professionals, social service personnel, victim/witness agency staff, and missing child center staff.
- The Reunification of Missing Children Project has implemented these multi-agency community teams in five metropolitan areas throughout the United States, providing reunification services to an area with approximately 10 million citizens.
- The Reunification of Missing Children Project has produced a program of instruction, training manual, training film, and associated technical assistance aids which can be used as a part of a multi-agency community team building or as stand alone educational materials.

## INTRODUCTION

Each year in the United States more than 4,500 children disappear as a result of non-family abduction, more than 164,00 children disappear as a result of family abduction, and more than 750,00 children disappear as a result of a runaway event (Finkelhor, Hotaling, and Sedlak, 1990). While the majority of these children are recovered, the process of return and reunification of these children with their families has often been difficult and frustrating. Less than 10% of these families receive any type of assistance and guidance in the reunification process (Hatcher, Barton, and Brooks, 1990). Law enforcement officers, mental health/social service professionals, and victim/witness assistance personnel have all recognized a need to address this problem.

As a part of government's response to the problems of missing children and their families, the Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice has initiated a new program, the Reunification of Missing Children Project, to enhance the quality of law enforcement, mental health, social service, and victim/witness agency response to recovered, previously missing, children and their families.

The objectives of the Reunification of Missing Children Project were to:

- (1) Assess existing information and programs of assistance about the reunification of missing children
- (2) Develop a model of reunification assistance
- (3) Develop a reunification assistance training program and related technical assistance materials
- (4) Implement the reunification assistance training program in selected field sites

## PROJECT RESULTS BY STAGE

### STAGE I - ASSESSMENT STUDY RESULTS - REUNIFICATION OF MISSING CHILDREN AND THEIR FAMILIES

In this stage of the Project, all records of families (4,020 cases) reunified in 1987 as recorded in the data base of the National Center for Missing and Exploited Children were reviewed. From this sample, a stratified sample of 65 families who had been reunified with their child were interviewed by telephone.

Across missing child categories, the following findings were noted:

- There are two times as many females as males in the non-family abduction category.
- There are two times as many females as males in the runaway category.

- There are only slightly more males than females in the family abduction category.
- Family abduction children are missing longer (an average of 500 days) than non-family abduction children (an average of 122 days), or runaway children (an average of 128 days).
- Missing children from minority groups are not recovered any more or less quickly than from the Caucasian group.

For non-family abduction cases where the child was recovered alive, the following findings were noted:

- Non-family abduction, recovered alive female children are significantly older (average age = 10.3 years) than non-family abduction, recovered alive male children (average age = 5.5 years).
- More than three quarters of non-family abduction, recovered alive male and female children are home within 90 days.
- 96% of non-family abduction, recovered alive male and female children are home within one year.

For non-family abduction cases where the child was recovered deceased, the following findings are noted:

- There are two times as many female children as male children in the non-family abduction, child recovered deceased category.
- Non-family abduction, recovered deceased children are significantly older (average age = 10.6 years) than recovered alive children (average age = 8.7 years).
- Non-family abduction, recovered deceased female children were significantly older (average age = 12.2 years) than recovered deceased male children (average age = 7.6 years).
- 100% of non-family abduction, recovered deceased male children were found within 90 days of disappearance.
- 64% of non-family abduction, recovered deceased female children were found within 90 days, and 79% of these deceased female children were found within one year.

For family abduction cases, the following findings were noted:

- Family abduction children were missing longer than either non-family abduction or runaway children.
- 37% of family abduction children were home within 90 days.
- 55% of family abduction children were home within one year.



- For runaway cases, the following findings were noted:
- There are two times as many females as males in runaway cases where the child is recovered alive.
- There are approximately as many male children as female children in runaway cases where the child is recovered deceased.
- Runaway male and female children are of approximately the same age (average = 14 years) whether recovered alive or deceased.

In assessing reunification meetings between recovered child and family, the following findings were noted:

- Almost all recovered child reunification meetings with the family are extremely brief (less than 30 minutes), and are conducted with no evident set of goals or plan.
- Mental health professionals were not involved in over 90% of recovered child reunification meetings with the family.
- Police officers are the most common non-family member present at reunification meetings.
- Police officers are required to manage missing child reunification meetings, without specialized training or technical support.

Future missing child reunification programs need to:

- (1) increase reunification specialized training and technical support to police officers,
- (2) increase the reunification participation of mental health, victim/witness assistance, and social service personnel.

## **STAGE II - DEVELOPMENT OF THE REUNIFICATION OF MISSING CHILDREN MODEL**

The Reunification of Missing Children Model was developed based upon a review of the relevant professional literature, projected conducted research on reunified children and their families, project conducted assessment of prior reunification programs, and interviews of local and federal law enforcement officers, mental health/social service professionals, victim/witness agency personnel, district attorneys, U.S. attorneys, and criminal justice researchers.

The Reunification of Missing Children Model identifies:

- the target population of recovered child and family

- the service delivery members of the Reunification Team and their respective role functions
- The Reunification of Missing Children Model defines five stages of intervention:
  - Pre-reunification preparation
  - Post-recovery family evaluation/assessment
  - Stabilize family and support immediate problem solving
  - Identify future goals

### **STAGE III - DEVELOPMENT OF PROGRAM AND TRAINING MATERIALS**

The Reunification of Missing Children Training Program consists of:

- A comprehensive three day program of large and small group instruction
- A 250 page detailed training manual for participants
- A 25 minute film on the reunification process with recovered child and family
- Speakers audio-visual presentation aids

### **STAGE IV - REUNIFICATION PROGRAM FIELD IMPLEMENTATION**

Fourteen agencies applied to the program for consideration as field sites for the development of Reunification of Missing Children Teams. The following areas and lead agencies were selected, trained, and implemented/continue to operate the program:

- Dupage County (metropolitan Chicago), Illinois - Naperville Police Department
- Atlanta, Georgia - Georgia Bureau of Investigation
- Phoenix, Arizona - Phoenix Police Department
- Los Angeles, California - InterAgency Council on Child Abuse and Neglect
- King County (Seattle), Washington - King County Police Department

## **SUMMARY OF PROJECT ACTIVITIES**

- In response to project findings which documented a significant need for enhanced services by law enforcement personnel and other human service providers, a comprehensive training program to assist recovered children in reunifying with their families has been created.
- The Reunification of Missing Children Project has implemented this training program to create multi-agency community teams of law enforcement officers, mental health professionals, social service personnel, victim/witness agency staff, and missing child center staff.
- The Reunification of Missing Children Project has implemented these multi-agency community teams in five metropolitan areas throughout the United States, providing reunification services to an area with approximately 10 million citizens.
- The Reunification of Missing Children Project has produced a program of instruction, training manual, training film, and associated technical assistance aids which can be used as a part of a multi-agency community team building or as stand alone educational materials.

## **RECOMMENDATIONS**

- The development of functional multi-agency reunification of missing children teams is most likely to take place within given urban population centers, where there is a sufficiently large case flow of recovered children.
- Pre-developed sites established through the Missing Children's Community Action Program (M-CAP) represent the most effective locations for new reunification of missing children teams.
- Regional workshops, based upon a train the trainers concept, should be conducted for law enforcement officers and mental health/social service professionals at various geographical locations throughout the U.S.
- Existing reunification teams, new teams, and families of missing children residing in areas without team coverage should be supported in the reunification process by telephone technical support provided by trained professional staff of the National Center for Missing and Exploited Children (NCMEC).
- Mass communication methods should be employed to disseminate information on the reunification of missing children and their families, including enhancement of the publication program of the National Center for Missing and Exploited Children (NCMEC), and programmatic involvement with public television and the law enforcement subscription television training network (Law Enforcement Training Network or LETN).
- The further development of reunification of missing children programs should be sensitive to child and family differences based upon socio-economic status and ethnic/racial group identification.

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Sample Reunification of Missing Children Program Announcement

Only limited attention, either in terms of service or research, has been directed to the reunification of the recovered child with the family. The annual number of families in the United States facing the reunification event is not known, since the actual extent of the missing child problem, from non-family abductions to parental abductions to runaways, is not known. Nationwide estimates of non-family abduction range from a low of 67 (FBI, 1984) to a high of 50,000 (Newsweek, 1984). Incidence estimates of victims of parental abduction range from 25,000 (N.C.M.E.C., 1984) to 459,000-750,000 (Gelles, 1984). In the category of runaways, the incidence ranges between 733,000 to almost one million (National Statistical Survey on Runaway Youth, 1976; Brennan, Huizinga, & Elliot, 1978). These high incidence estimates have been a definite contributing factor toward increased legislative interest and public attention to missing children. Further, several studies by recognized, regional law enforcement and governmental groups have supported the mid range estimates, if not the high estimates. Statistics compiled by the Illinois state police LEADS system indicate that in 1985, 1,319 incidents of children age 17 or younger were missing under circumstances indicating foul play, or involuntary disappearance (e.g., kidnapping or abduction), 98 additional cases were parental abductions. There were 31,741 runaways reported for the same year. Statistics for 1986 and 1987 have been comparable. Kansas state police figures for fiscal year 1986 show 25 non-family abductions, 49 parental abductions, and 4,507 runaways. Missouri state police figures for fiscal year 1986 and 1987 are very similar. In 1984, police departments in Jacksonville, Florida and Houston, Texas together reported 211 cases of kidnapping and 58 attempted kidnapping by non-family members (NCMEC Advisory Bulletin, 1985). In addition to their missing status, a study conducted by the Kentucky Exploited and Missing Children Unit in Louisville showed that 85% of children who have been criminally or sexually exploited were, in fact, missing at the time of the act of exploitation (N.C.M.E.C., 1984).

While these studies do substantiate the existence of a significant missing child problem, a national incidence profile remains undefined. Accordingly, knowledge of reunifications is limited. If all three categories of missing children (non-family abduction, parental abduction, runaway/throwaway) are combined, studies from the Illinois state police show an annual recovery rate for 1985 of 97.6% for a total annual missing children incidence figure of 33,158. The National Center for Missing and Exploited Children recorded in 1987 approximately 1500 child recoveries nationwide. While Agopian (1981) conducted a single study which found a 47% reunification rate in a sample of 91 parental abduction cases, recovery by subcategories of missing children has yet to be reliably defined. Once again, as the issue of data banks with different reporting and entry procedures emerges, it is evident that recovery and reunification of the child with the family is a significant issue.

One cannot leave this topic without acknowledging that substantial criticism has been directed at the lack of definition of the incidence of missing children. Missing child centers respond to this criticism by countering that this is a psychological backlash of denial which only serves to minimize the true seriousness of the problem. Benedek (1985), in commenting on the partially negative response to Terr's (1979) work on the effects of non-family abduction, states that a considerable amount of denial exists, even among mental health professionals, regarding the psychological impact this type of trauma has on children. For the mental health professional who is contacted by a family at recovery, there is no professional literature available to help them assist the recovered child, siblings, and parents. Clinical case experience by the authors of this report and by others consistently record failed alliance attempts between these families and mental health professionals.



The Office of Juvenile Justice and Delinquency Prevention (OJJDP) of the U.S. Department of Justice has commissioned this project which is designed to develop a program of assistance for families engaged in the process of reunification with their previously missing, now recovered, child.

## **PROJECT GOALS AND OBJECTIVES**

The goals of the Reunification of Missing Children project are to: (1) increase understanding of the factors that need to be addressed in unifying missing children with their families; (2) identify promising strategies that assist families in adjusting to the return of a missing child, including the adjustment of siblings as well as parents; (3) identify support services, if any, that have been provided by the agencies involved in returning missing children (i.e., law enforcement, mental health, missing children centers); (4) identify techniques to assist custodial parents with the reunification of a returned child whose appearance and personality have changed or a returned child who was given negative information about the other parent; and (5) improve the capability of law enforcement, social services, and other community agencies to effectively reunify missing children with their families.

The objectives of the Reunification of Missing Children Project are to:

- (1) assess existing information regarding the reunification of missing children and the reunification approaches that address the needs of families of missing children, develop criteria for identifying promising approaches, and review and describe operational promising programs (Stage I - assessment);
- (2) develop a program of reunification assistance based on research and the assessment of prior programs (Stage II - program development);
- (3) develop a dissemination strategy and related training and technical assistance materials to transfer the program to selected sites (Stage III - development of training and technical assistance) and;
- (4) implement the program at field sites (Stage IV - program implementation)

## **PROJECT STAGE I—STATUS OF CURRENT LITERATURE**

The literature contains few direct references to the reunification of missing children. However, an examination of allied areas of child trauma and separation offers preliminary evidence that: (1) children and families experience significant psychological reactions following a traumatic event (Blaufarb, 1972; Eth, 1985; Krim, 1976), (2) some of these reactions may appear long after the trauma (Arroyo, 1985; Terr, 1983; Ziv, 1974), (3) for reactions, no clear consensus exists on age and sex differences for the victim child, parents, or siblings (Agopian, 1981; Agopian, 1984; Allodi, 1980; Lusk, 1986; Pynoos, 1985), (4) most studies have been conducted on the descriptive level with a main focus on symptom listing (Burgess, 1984; Burgess, 1975; Carmen, 1984; Drabek, 1975; Frederick, 1985; McCubbin, 1980; Russell, 1983), (5) the relative contribution of the developmental characteristics of the child, parents, and siblings (i.e., the manner of internally processing the abducted and exploited trauma experience) has never been studied empirically, and (6) other child trauma studies have identified seven factors (prior emotional disturbance, family organization, family/community support, coercion, sexual exploitation, trauma length, and exposure to trauma source) that increase vulnerability to trauma (Hotaling, 1985; Rosenfield, 1979; Rosenfeld, 1977), and four factors (stable

family environment, absence of prior emotional disturbance, family/community support, and psychological intervention) that reduce vulnerability to trauma (Carey-Trefzger, 1949; Finkelhor, 1979; Mercier, 1943; Yorukoghn, 1966), but their potential role in child/family trauma from abduction and sexual exploitation has not been empirically studied.

**Clinical Summaries of Therapists' Work with Childhood Trauma.** Clinical studies in response to a variety of stressors has shown that 1) children's reactions to stress are developmentally related, 2) children's methods of coping may have unique characteristics, and 3) a few milestones in long term therapy with traumatized children can be identified.

Mowbray (1988) has summarized common child victim reactions by age, grouping children into pre-school, school aged, and adolescent categories. One can see somatic problems, restitutive play, behavioral regression, nightmares, and sleep disturbances in the pre-school age category. This list of reactions is supplemented by fantasy, anger, interpersonal problems, school phobia, guilt, chronic depression, and self-deprecation in the school age category. As the child advances into the adolescent age category, a number of the common pre-school child victim reactions drop out, and are replaced with intellectualization, anxiety, and acting out.

With regard to children's method of coping, Figley (1989) has listed a series of methods employed by the child for coping with either traumatic or non-traumatic stress. These are listed as: 1) crime, 2) withdrawal, 3) fantasy, 4) sleep, 5) feigning illness, 6) regression, 7) acting out, 8) altruism, 9) identification with the aggressor, 10) anticipation, 11) denial, and 12) sublimation. Crying is described as a method frequently selected by children of bringing attention to their anxiety and eliciting comfort from adults. Withdrawal is described as a simple process of cognitively focusing on other things. This may result in a child who is not physically withdrawn from family activities but who appears psychologically preoccupied. Sublimation is another form of withdrawal allowing the child to become substantially engrossed in an activity such as video games or self-structured play activity. Fantasy allows a child to cope by pretending they are somewhere else, are with someone else, or are someone else. Sleep is often employed by children, as a coping mechanism, as the child stays in bed, takes long naps or goes to bed early, in the absence of trauma related nightmares this coping mechanism has particular value. In feigning illness, the child may become psychosomatically ill or may consciously pretend to be sick, frequently producing extra parental attention, or release from parental performance expectations. With regression the child may revert to a behavior pattern more characteristic of an earlier age category, generally characterized by increased demands, dependency, and childish behavior. Acting out involves the impulsive violation of family or community rules of behavior, thereby shifting attention to the violation and away from the trauma. In altruism, the child may become quite helpful and useful to other family members enabling them to focus on thoughts separate from the trauma while receiving positive reinforcement from adults for their helpful behavior. In identification with the aggressor, a limited number of children identify with the power and control demonstrated by the aggressor, despite the trauma to self and family that the aggressor may be causing. In anticipation, the experience of a traumatic event may cause the child to seek, to plan and prepare for other possible traumas. This serves to provide a sense of structure and control, whether this security is realistically warranted or not. Humor can be employed by a child as a means of distraction, when the options of crisis or trauma resolution appear limited or non-existent. Finally denial is referenced as one of the most frequent methods of coping

with trauma by both children and adults. The successful use of denial is based upon a) moderation and b) timing. Moderate use of coping provides a needed temporary release from on-going stress and tension. Further, when denial is employed at times that do not significantly effect public behavior or performance.

**The Treatment of Child Trauma from a Child Centered Perspective.** Child centered trauma treatment is referenced in several literature reviews as exemplified by Terr (1989). These reviews provide most useful descriptions of symptomatology and psychodynamics, with play therapy being consistently cited as the primary vehicle to bring out the child's problems, allowing mastery of the trauma through repetition and symbolic reenactment. Mowbray (1988) has referenced five issues to be addressed in long term child centered trauma treatment: 1) helping the child to face the truth of what has happened, 2) dealing with the damaged goods syndrome of poor self-image and avoidance of interpersonal relations, 3) identifying guilt and self-blame, 4) dealing with emotions such as anger, grief, and fear, and how these may be expressed, 5) helping the child identify and access support resources for future trust and protection and 6) for child victims of sexual assault, how to deal with pleasurable feelings they may have experienced, their need to feel clean, or their need to assert power and dominance. Unfortunately, one does not find the degree of specificity of treatment for child trauma that is available for working with other childhood disorders.

**The Treatment of Child and Family Trauma from a Family Perspective.** The literature on programs for the treatment of child and family trauma from a family perspective is even more severely limited than literature on child centered trauma treatment. Our examination will focus upon three programs: 1) The Family Bereavement Project (Kelmer and Koocher, 1988), 2) The Rape Trauma Treatment Program (Erickson, 1989), and 3) The Family Trauma Treatment Program (Figley, 1989).

**Family Bereavement Project.** One example of a treatment program for child and family trauma from a family perspective is the Family Bereavement Project under the direction of Kemler and Koocher (1988), developed with funding support by the National Institute of Mental Health (Grant #1 R01 MH41791). This program was developed to assist families in which a child has died. The goal of this program is to reduce the long-term adverse emotional impact of this child loss by enhancing communication and mutual support among family members, thereby minimizing interpersonal isolation and emotional discomfort among surviving family members. The program addresses 11 topic areas: 1) normal grieving, 2) anger and guilt, 3) children's ways of grieving, 4) children's questions about death, 5) children's fears about death, 6) helping children to cope with grief, 7) coping with grief as a married couple, 8) communicating, 9) length of grief over loss, 10) reinvolvement, and 11) need to seek professional help.

In the first topic, normal grieving, the therapist with the program indicates to the family that they have suffered a very significant loss. Grief is seen as a normal process of recovery from that loss and that each person should have the right to his or her own way of dealing with painful events. This may include sadness, unspecified anger, specific anger at the child who has died, physical illness, self-doubt, increased temperamental sensitivity, or an almost real perception that the dead child is still alive. Reassurance is offered that these reactions are a normal part of the grieving process and will not go on indefinitely.

In the second topic, anger and guilt, the therapist indicates to the family that these can be intense and often disturbing feelings. The anger may be directed toward individuals who are felt to have had an instrumental role in the child's death, toward the child for having died and left the family, unspecified anger at the world, or anger directed at individuals not involved in the child's death. Family members are encouraged to vent their anger either through talking or physical exercise. Cognitive processes of survivor guilt, as well as second guessing actions which might have prevented the child's death are also reviewed.

In the third topic, children's ways of grieving, the therapist indicates that sibling grief following the death of a brother or a sister may be less overtly visible than the grief of adults, even though the experienced feelings are quite similar. As they have difficulty managing such strong feelings, their tolerance for long periods of sadness is limited, therefore they use play and other activities as an emotional diversion. This may lead to a bereaved sibling moving from an overt expression of grief to a play activity in a relatively short period of time. Fearful, demanding, or angry misbehavior may be present more than overt expressions of sadness. The child's grief is stated to be intense and to reoccur intermittently over a substantial period of time.

In the fourth topic, children's questions, the therapist supports answering the siblings questions about death in a simple and clear fashion.

In the fifth topic, children's fears, the therapist indicates that children of different ages view death in different ways and that it is not until age six or seven that most children understand that death is a permanent state. The family is cautioned that many children have concerns that an angry or jealous thought about the deceased child may have in some way been responsible for the death.

In the sixth topic, helping children to cope with grief, the therapist indicates that parents may find it difficult to cope with their own emotional distress and still be available to attend to the emotional distress of the surviving siblings. Parents are encouraged to let children know that they will still be there to provide care and that it is helpful to minimize family routine and rule changes.

In the seventh topic, coping with grief as a couple, the therapist again indicates that individuals cope with loss in their own way but focuses upon couple issues.

In the eighth topic, communicating, the therapist recognizes that bereaved family members may isolate themselves and withdraw not only from their own families but also from people in general. Increased availability and support for reestablishing communication is reinforced.

In the ninth topic, length of grief over loss, the therapist indicates that grief continues in a cyclical fashion over a prolonged period of time with holidays, birthdays, and the anniversary date of the child's death being especially difficult. Family members are reminded that such reactions may be unanticipated and intense, but are relatively short-lived.

In the tenth topic, reinvolverment, the therapist supports the family members to become reinvolved in outside relationships and activities. Family members are advised that the loss of the child for some individuals contributes to a broader or deeper understanding of the way in which they live their life.

In the eleventh topic, need to seek professional help, the therapist lists the following signs (if frequent and persistent) as indicators for seeking professional help: a) staying withdrawn from family and friends, b) patterns of aggressive behavior, c) persistent anxiety, especially when separating from parents and surviving children, d) persistent blame or guilt, e) wanting to die, f) accident proneness, g) acting as if nothing happened or being happier than normal, h) unusual or poor performance at school/work, i) physical complaints, and j) extended use of prescription or non-prescription drugs, and alcohol.

The program has a manual for therapists that provides guideline and content sections for each of the three sessions. In Session One, the guideline section reviews the grief process, identifies the program as being limited to three sessions and labels the therapist's role as a facilitator of communication. The first session begins with the telling of the story of the child's death, providing each member of the family with the opportunity to express their reactions and feelings and to hear each person's perspective. The therapist is provided with a list of specific questions to provide structure and prompt the family to deal with the death and funeral in some detail. As children are involved in each session, the meeting room contains a variety of play materials which provide younger children with an alternative means of communicating their feelings. If the family finds difficulty in communicating, the therapist is encouraged to recognize this openly and inquire about the family's typical style of interaction. The issue of blame and the search for someone to blame, the potential consequences of holding on to the blame, and increased protection of surviving children is to be openly addressed. The last part of this session involves working with the parents separately to address parent-child and marital partner issues. The content section for Session One operationalizes the above material with specific suggested statements or reactions.

In Session Two, the parents are met with alone to determine whether the recommendations of Session One were followed and were helpful or not. The entire family is then met with. The focus is upon two major components: a) remembering the deceased child, and b) writing a letter to the deceased child. Meaningful pictures or belongings of the deceased child are utilized as a way to encourage this content, with the letter assisting an understanding the finality of the death. A decompression period is encouraged before terminating the session as the writing of the letters may produce intense reactions. The content section for Session Two operationalizes the above material with specific suggested statements or reactions.

In Session Three, the family is moved toward anticipating the future, by considering what days or family occasions might remind them of the deceased child. In this session, a shift is made from recognizing the normality of grief reactions and parents are provided a list of the previously referenced specific warning signs that may warrant further professional evaluation and therapy. Reintegration of the family into the community is explored by determining what disruptions have taken place with outside activities, and then supporting family members in the renewal of those activities. Finally, the family is encouraged to communicate some of their thoughts with regard to their hopes for the future. The content section for Session Three operationalizes the above material with specific suggested statements or reactions.

**Rape Trauma Treatment Program.** The Rape Trauma Treatment Program as described by Erickson (1989) deals with intervention for both adult female rape victims and their families. Although the Rape Trauma Treatment Program begins with a designated adult female victim and is

therefore not comparable to the designated recovered missing child victim, the Program does incorporate a subsequent assessment and treatment process for the family. For this reason, it is worthy of evaluation.

Erickson's assessment of the adult female rape victim's experience is stage based which is consistent with assessment approaches for other types of victimization. Three phases are described: 1) initial reactions, 2) subsequent reactions, 3) long term reactions. The initial reaction occurs immediately following the rape. It is often a period of shock and disbelief with substantial use of denial. Alternatively, other victims will express the opposite of this behavior, becoming agitated and highly emotionally reactive. Subsequent reactions occur during the first few days to several weeks following the rape trauma. As victims begin to feel the physical effects of the assault, as well as physical symptoms such as headaches and gastrointestinal disturbances. These behaviors are frequently accompanied by fatigue and startle reactions. Long term reactions include recurring waking images, nightmares, mood swings, and the development of increased fears. Cognitively, victims may search for a reason or explanation for the crime repeatedly reviewing the event as a means of attempting to gain some sense of control over a functionally uncontrollable situation. The Erickson Treatment Program is cited as being especially useful for victims who, at this stage, remain withdrawn and interpersonally isolated.

The program references family adjustment by discussing differential recovery process and the nature of family member reactions. With regard to differential recovery process, family members may attach emotional significance to different aspects of the rape and may find themselves at different stages in the recovery process at any given point in time. With regard to the nature of family member reactions, devaluation, frustration, helplessness, anger, blame, and overprotectiveness are commonly noted. It can be easily seen that family member reactions may in some ways parallel the reactions of the rape victim, producing frequent competition for the limited post-trauma nurturance and social support available in the family.

Family coping with trauma is divided into three topics: 1) factors influencing family coping, 2) functional family coping, 3) transitional family coping, and 4) dysfunctional family coping.

Factors influencing family coping include: a) prevailing cultural views, b) nature of the crisis, and c) prior functioning. Prevailing cultural views may influence the way in which the family perceives the rape event, e.g. whether the female victims behavior contributed to the crime or whether the crime is viewed as a violent act or as a sexual act. The nature of the crisis precipitated by the rape event is generally sudden and unpredictable, placing an additional burden upon families with a limited record of success in coping with sudden crisis. This is closely related to the factor of prior functioning. Organization and flexibility in sex role attitudes, sexual relations, and beliefs about sexual access are cited as items of prior family functioning which would assist in a generally positive family adaption response.

Functional family coping in the Program includes a) role flexibility, b) externalize blaming, c) mobilizing resources, d) open communication, e) appropriate social supportiveness. Reaction to the rape trauma may require role shifts within the family, as different family members may require attention or support at different times. The ability of family members to accommodate to such attention demands significantly enhances family coping. External blaming allows the family to focus

upon the rapist behavior rather than a critical assessment of the female victims behavior during the rape. Mobilizing resources in an action oriented response assists in providing a sense of well being and control, even though the action behaviors are taking place after the event. A family ethic of open communication reduces the potential for individual isolation and anxiety about thoughts or emotions associated with the rape. Appropriate social supportiveness refers to a family system which is able to assess the post-trauma needs of the victim and provide support that meets those needs, rather than just the support that is easiest for family members to provide.

Transitional family coping means that not all coping responses are clearly functional or dysfunctional, but they may need to be differentially employed during the post-trauma adjustment period. Responses of this nature include: a) denial, b) withdrawal, c) behavioral self-blame. Denial may well be useful initially as it allows family members to perform routine tasks, thereby restoring the prior day to day sense of family structure. However, denial exercised at times of public performance demand quickly becomes identified and labeled as pathological. Withdrawal may provide family members with the opportunity to individually review their thoughts and feelings, as such a complete lack of boundaries in a family system may well contribute to additional anxiety and fear. Withdrawal over a significant period of time produces isolation and slows the healing process. In behavioral self-blame, family members review the traumatic event, attempting to locate behaviors which would have changed the outcome. Initially, this process provides an action oriented defense. However, characterological self-blame shifts from "I did a stupid thing" to "I did a stupid thing because I am a stupid person."

Dysfunctional family coping in the program includes: a) misguided attitudes, b) internalized blame, c) guilt, d) anger, e) revenge, f) helplessness, g) distraction/avoidance, h) patronizing/overprotecting, and i) inappropriate social supportiveness. These topic headings largely reflect the opposite of topic headings listed under function family coping in the program.

The actual treatment program is labeled as a Three-Day Consultation in which the emphasis is on integrating the rape experience into the family system (Figley, 1986). The first interview is to contain both a clinical assessment, as well as, quantitative assessment. Six quantitative assessment measures are listed: a) the Impact of Events Scale (IES), b) DSM-III-R Post-traumatic Stress Disorder (PTSD) diagnostic criteria, c) Rape Attitude Scale (RAS), d) Rape Myth Acceptance Scale (RMA), e) Family Adaptability and Cohesion Evaluation Scales (FACES III), and f) Purdue Social Support Scale (PSSS). However, the program presents no information with regard to how family members' different scores on these assessment instruments would differentially effect treatment, nor does it present a procedure for differentially utilizing the profile of assessment scores of a given family member. In the absence of such documentation, it must be assumed that Program therapists are, in fact, relying upon clinical interview data for assessment and diagnosis.

A period of parallel treatment for the adult female rape victim and for the family proceeds the Three-Day Consultation. In this parallel treatment, the adult female survivor and family members are separately provided with the opportunity to a) informally relate the story of the rape and its aftermath, b) participate in small support groups, c) write an autobiography and d) discuss contemporary patterns of interaction in the family. The adult female victim then composes, with the assistance of the therapist, a letter or speech inviting the family to participate in the Three-Day Consultation. If the therapist determines that the family is ready for this consultation process a meeting is scheduled

with the adult female victim and her family to prepare an agenda of items to be reviewed. These items are then divided into three categories a) issues related to the adult female victim, b) issues related only to other family members, and c) issues related to the family as a whole. The structure of the Three-Day Consultation consists of two two-hour therapy sessions followed by one three-hour session, occurring within a maximum five day period with at least one night between each session. The first day is focused upon the adult female victim discussing with the family her cognitive and emotional experience of the rape and its aftermath. The second day clarifies the victims experience and attends to the family members cognitive and emotional experiences. Third day focuses on the effects of the rape trauma on the family system and upon coping mechanisms. A brief follow-up interview by phone or in person is suggested at approximately six months after the conclusion of the program.

The Rape Trauma Program has value in its effort to place value upon pre-treatment assessment, and to specify in detail the clinical interactions occurring throughout the treatment process. Significant caution must be exercised, however, in the implementation or generalization of this Program as pre-treatment assessment is not quantified, and there is no data on the Program's effectiveness.

**Traumatized Family Treatment Program.** Charles Figley, a recognized leader in trauma research and treatment, has recently consolidated his experience in working with traumatized families into a treatment program. Like the Rape Trauma Treatment Program, Figley's approach begins with the specification of characteristics of families who respond functionally or dysfunctionally in response to trauma. It then proceeds to examine a series of treatment pre-conditions, followed by a five phase treatment program.

McCubbin and Figley (1983a) and Figley (1983) cite eleven characteristics that assist in differentiating families who cope well with stress from those who do not: a) clear acceptance of the stressor, b) family centered locus of the problem, c) solution oriented problem solving, d) high tolerance, e) clear and direct expressions of commitment and affections, f) open and effective communication utilization, g) high family cohesion, h) flexible family roles, i) efficient resource utilization, j) absence of violence, and k) infrequency of substance use.

Clear acceptance of the stressor indicates that, although the traumatic event may be temporarily overwhelming, the functional family is able to accept that the event has occurred and are able to begin to mobilize resources. Family centered locus of problem refers to a family's recognition that trauma to a single family member is, in fact, a problem for the entire family system. Solution oriented problem solving is demonstrated by functional families in moving beyond recognition of the trauma to implementing action oriented solutions. High tolerance is especially important, as individual family members' egocentric behaviors may become more pronounced during post trauma adjustment. Clear and direct expressions of commitment and affection verbally reassures family members that the family intends to survive the trauma. Open and effective communication utilization refers to the family which has a reduced number of taboo or non discussable topics. High family cohesion reassures family members through frequent daily contact that the family will survive the trauma. Flexible family roles provides useful adaptation, as the trauma may require individual family members to assume new roles. Efficient resource utilization refers to a family's willingness to seek out interpersonal and material resources from extended family and friends. Absence of violence means that effective sanctions are in place in the family that exclude violence as an acceptable way



to vent frustration. Infrequency of substance abuse indicates that the family does not employ alcohol, prescribed drugs, or illegal drugs as an acceptable response to trauma or extreme stress.

Figley's program screens families to see if they are considered candidates for treatment with the following questions:

- a) What set of circumstances brought this family to treatment?
- b) How committed are they as a family?
- c) Is psychological or systemic trauma a critical issue in this family?
- d) How much are family members suffering?
- e) Can some method of family relations skills training be developed?

In examining the above questions, Figley offers the following desired responses. The circumstances that have brought this family to treatment should include a partial awareness that their current difficulties are linked to the traumatic event. The family needs to be committed to treatment as a family, rather than just being committed to assist an overtly dysfunctional family member. In looking at psychological or systemic trauma, evidence must be available that at least one traumatic event has been experienced directly by one family member, and indirectly by at least one other family member. As families differ in their definitions of suffering, each family needs to clarify what constitutes tolerable and intolerable suffering within their system. Finally, almost all of the family members need to indicate some willingness to try family relations skills training. If several family members are strongly opposed to family therapy, the potential for program success is highly limited.

The Figley treatment program has five phases: 1) building commitment to therapeutic objectives, 2) framing the problem, 3) reframing the problem, 4) developing a healing history, and 5) closure and preparedness.

In Phase One, building commitment to therapeutic objectives, the program emphasizes working with the therapist to agree upon common objectives for the treatment process. Post traumatic symptoms are addressed directly, as significant information is provided about normality of such symptoms for almost everyone who is placed under severe stress. The therapist conveys the message that families can successfully master the challenges posed by traumatic events.

In Phase Two, framing the problem, the family members "tell their story" in the most complete and unedited way possible, especially the items in the family that are in need of change.

The therapist consciously shifts the family's attention away from blaming any individual member of the family, thereby framing the problem as requiring the family to respond as a unit.

In Phase Three, reframing the problem, traumatic symptoms are interpreted as opportunities for change or new understanding.

Family members are encouraged to attend to even the smallest positive signs within their post trauma adjustment struggle. This is intended to focus energy upon working primarily with the positive elements of the family situation, as contrasted with dwelling upon the frequency and severity of trauma symptoms.

In Phase Four, developing a healing theory, the therapist and the family members construct a coping pattern for the family based upon positive behaviors demonstrated during the first three phases. This provides a more overt and formal family coping system which becomes known by all family members.

In Phase Five, closure and preparedness, the goal is to have the family recognize that successful mobilization has occurred in the face of severe stress, that the family is responsible for this successful mobilization, and that the family is significantly better prepared to cope with any new stress episode.

Figley's traumatized family treatment program offers significantly more examples that show the therapist how his phases are implemented, illustrating the depth of his clinical experience with traumatized families. However, as is the case with other post trauma family oriented treatment programs, quantitative assessment of positive or negative effects upon families is not yet available.

**Implications of Literature Review for the Reunification of Missing Children Project.** As described above, the professional literature is absent with regard to: 1) data on the reunification of missing children with their families, and 2) proven treatment programs to assist with this reunification process.

It is noted, however, the above described family trauma treatment programs do share nine common features:

- 1) emphasis upon the unique experience of the victim,
- 2) emphasis upon understanding the family nature of any trauma directed toward an individual family member,
- 3) emphasis upon, and tolerance for, individual differences of coping,
- 4) reduction of blame for victim behavior,
- 5) increased communication of thoughts and feelings among family members,
- 6) restoration of day to day family structure,
- 7) seeking family commitment to identify resources and mobilizes those resources for change,
- 8) development of a sense of achievement for surviving the trauma, and
- 9) identifying the family coping skills that can work in the future. These common elements, like the programs that they characterize, have yet to be quantitatively evaluated for effectiveness.

However, their frequent appearance indicates that these elements should receive careful attention as the Project proceeds in the development of its own reunification protocol.

Most importantly, as the overall objective of the Reunification of Missing Children Project is to develop programs to assist families who are in the process of reunifying with their previously missing child, the current lack of information in the professional literature upon which to base such a program required that the Project conduct original data collection focused specifically on the reunification experience.

## PROJECT STAGE I—ASSESSMENT DESIGN

**Conceptual Model.** For Stage I, there were two primary objectives: (1) To assess existing information regarding the reunification of missing children and reunification approaches that address the needs of families of missing children, and (2) to develop criteria for identifying promising reunification approaches and to review and describe promising operational programs.

In Project Stage I—Assessment, there were four separate assessment procedures:

- (1) Data Collection A - a study of the characteristics of all reunified children and their families recorded for a one-year period in the data base of the National Center for Missing and Exploited Children.
- (2) Data Collection B - an intensive study of a subsample of reunified children and their families from Data Collection A
- (3) Telephone interview study of the reunification experience of NCMEC and state missing child clearinghouses
- (4) Site visits to identified reunification of missing children programs

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

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

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

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

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

Overall, the ABCX model provides a means of systematically identifying and describing more fully select critical variables which appear to shape the course of family adaptation to a wide variety of crises.

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

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

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

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

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

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

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

## **PROJECT STAGE I-ASSESSMENT RESULTS (DATA COLLECTION A)**

**Study of Characteristics of Reunified Children.** As studies are limited that have focussed specifically on the reunification process for missing children, this Project proceeded additionally to directly access a sample of reunified families. Consistent with the original project proposal, this was accomplished by entering the data archives of the National Center for Missing and Exploited Children.

The National Center for Missing and Exploited Children (NCMEC) is the national clearinghouse for information about the problem of missing and exploited children, and was established to initiate

a nationwide effort to provide direct assistance in handling cases of missing children, sexual exploitation, child pornography, and child prostitution. NCMEC represents the most nationally visible and credible resource for assistance in finding missing children, and has the support and cooperation of state clearinghouses throughout the United States. NCMEC also maintains the most comprehensive registry of missing children. Although legislation is not in effect which requires every missing child in the United States to be entered into this registry, it is the most geographically diverse, representative data base available.

As a part of their intake process, the Center maintains data on a substantial number of demographic and disappearance related variables for these missing children. These cases remain open in an active file, until (1) the missing child and family are reunified, (2) the missing child is recovered deceased, or (3) the family becomes unavailable or no longer wishes to participate with the registry.

NCMEC began its data registry of missing children in 1984. During 1984 through approximately 1986, NCMEC was still in the process of backloading missing child cases in which (1) the child had disappeared prior to 1984, and/or (2) the family of the missing child and/or the relevant law-enforcement agency did not become aware of the NCMEC registry until sometime after the initial disappearance of the child. By 1987, NCMEC indicates that the process of backloading pre-1984 cases had been completed, and that federal and almost all state law-enforcement agencies had incorporated referral for NCMEC registry in their procedures. For the purposes of this project, calendar year 1987 was selected, in consultation with NCMEC staff, as the most appropriate year in the missing child registry from which to characterize the subset population of reunified children.

First, the NCMEC registry hard files were entered by UCSF project staff in conjunction with NCMEC psychology interns in order to identify all known cases of child reunification. This included (1) cases in which the child was recovered alive, (2) cases in which the child was recovered deceased, or (3) cases that were closed due to lack of family interest in continuing registry participation. This resulted in the identification of 4020 cases. However, as hard files were not complete in every variable of interest, there are differences in total sample size depending on the variable being analyzed.

Project staff recorded data that included the missing child's name, sex, race, date of birth, age at disappearance, length of disappearance, type of disappearance, recovery status, and quarter of the year in which the child was recovered. In addition, each case received a code number to protect subject confidentiality in data analyses and reports. Subsequent to this, the age of the child at recovery, or the age at the time of case administrative closure, was computed. Case hard files had some missing data points, which accounts for the disparate numbers present in the data analyses presented below.

## **Results of Study of Characteristics of Reunified Children.**

**Reliability Procedures.** The data in each hard file were coded by pairs of project staff members. Five random reliability checks were performed on overlapping data samples early in the coding process (within the first 1800 cases). Percent effective agreements for coding categories between

pairs of coders was never less than 97%. Percent effective agreements between a given coder and hard copy files, as checked by criterion coder, were never less than 95%. Kappa interrater categorical ratings were all in excess of .85; per cent effective agreements were all greater than .9.

**Overall Analytic Strategy.** When differences are reported, these differences are supported by statistical tests which account for the skewed distributions of the data (e.g. loglinear analyses of contingency tables) and interdependencies among variables (e.g. multivariate analyses of variance).

In general, the most powerful effects are produced by the type of abduction and the age and sex differences of missing children. While there may appear to be some differences in the experiences of missing children as a function of their ethnicity or the time of year when they were recovered, it should be noted that these are not, in and of themselves, significant predictors of the experiences of missing children. Ethnicity and time of year recovered become statistically meaningful only when they are considered in combination with other factors.

The most powerful statistical prediction of the experiences of missing children is generated by the combination of the type of abduction and sex of the missing child. This combination of factors is primarily due to size and characteristics of recovered runaway group. With regard to size, the runaway group had the largest number of missing children in the total reunified sample. With regard to characteristics, the runaway group had twice as many female as male children, and an older average age than children in the non-family abduction or parental abduction groups. This group therefore accounts for many of the statistical differences in these data when one looks at the total recovered sample.

Summary statistics and contingency tables were computed with SPSSx/PC+ data software program. Overview inspection of the tables reflects a marked skew in the distributions of most variables of interest. Analyses are presented in tables 6-19.

The preliminary analysis of the results is presented in four major categories: (1) recovery status, (2) recovery characteristics, (3) sex of child, (4) race of child.

**Recovery status.** The first set of analyses compared the three categories of recovery status (recovered alive, recovered deceased, and case closed to the variables of type of abduction, sex of child, race of child, number of days missing, and yearly quarter of recovery).

As can be seen in Table 2 (tables 2-13 are contained in Appendix A), where recovery status is compared with type of disappearance, over 77% of the missing children were recovered alive, and slightly more than 1% of the missing children in the sample were verified as recovered deceased. However, two important issues emerge when the data are examined by individual category. First, when the non-family abduction category is examined by itself, it is highly significant to note 35% of the non-family abducted children were recovered deceased. Second, when the parental abduction category is examined by itself, it is apparent that 39% of the total cases in this category were closed for lack of family contact and/or cooperation with the NCMEC registry. This rate of administrative case closure is substantially higher than in either the non-family abduction or voluntary missing categories.

As can be seen in Table 3, recovery status is compared with sex of missing child. In Table 3, it appears that within the total sample of all missing children, male and children constitute equivalent percentages of children recovered deceased. However, a comparison of Table 3 with Table 4 indicates that female children account for more than half of the cases in the voluntary missing category, which constitutes a less lethal disappearance risk. The question of lethal risk by sex of child within each missing child category will be examined in subsequent section.

As can be seen in Table 5, recovery status is compared with race of child. Two observations are notable here. First, recovery rates for Caucasians and Blacks missing children are dissimilar. More Caucasian children are recovered alive with their families than predicted by base rates, while fewer black children were recovered alive than predicted by base rates. The ratio of Black to Caucasian missing children in the data registry (90% to 9%) does not match the ratio of Black to Caucasian children in the general population (84.07% to 15.93%). This could mean that significantly fewer Black children are involved in disappearance incidents, or more likely that significantly fewer missing Black children are being entered in the data registry.

Table 6 indicates how different categories of recovery status are distributed over time. In the study sample of reunified cases, approximately 50% of the cases are reunified within 90 days, and approximately 75% of the missing children are reunified with their families within one year. It is significant to note that this process of recovery and reunification continues at a significant rate beyond the one-year period, with about 15% of reunifications taking place after two years time. With administratively closed cases, a relatively high proportion (65%) of these cases were kept open longer than two years, which may point to the difficulty of maintaining contact with the family of the missing child as the length of disappearance extends into multiple year periods.

In Table 7, the length of time missing before reunification is presented. Forty-two and a half percent of the children who were reunified in 1987 returned within 90 days of their disappearance. Within the total sample of missing and recovered runaway youth, the majority had been recovered within 90 days from the date of disappearance and ninety percent of runaway youth had been recovered within one year from the date of disappearance.

**Age of Child at Time of Disappearance.** In Table 8, the child's age at time of disappearance is compared with the type of disappearance. For recovered children, this data supports the predictable hypothesis that parental abductions are primarily focussed on younger children with more than half of these cases occurring with children under 9 years of age and with 80% of these cases occurring with children under 13 years of age. However, it is more surprising to note that some parents do abduct older children, with some incidents occurring even in the later teenage years. As adolescents are developmentally more independent and socially aware than younger children, one would predict that the circumstances of these parental abductions would have significant unique characteristics which warrant further study. In a similar way the data confirm the commonly held impression that adolescents constitute the majority of runaways. However, there is a significant minority of very young children who have run away or disappeared from their parents and these circumstances of these cases warrant further study as well.

**Sex of Child.** In Table 9, the child's age at time missing is compared with the sex of child. These data indicate that at younger ages, when presumably children have less control over their lives, the

ratio of missing male and female children is similar. As children mature to age 14, almost three times as many girls as boys are noted to be missing.

**Race of Child.** In Table 10, race of child is compared with type of disappearance. Black children are less represented than the proportion of these children in the general population. Data were reviewed for possible systematic bias within the variables of (1) age of children, and (2) length of time missing, which might point to a differential reunification process for members of racial groups. There do not appear to be differences that can be assigned to race. In fact, statistical analyses were conducted to ascertain whether race of child interacted with any other characteristics of children to produce any type of systematic difference in these data. None were statistically significant.

## **PROJECT STAGE I—ASSESSMENT RESULTS SUMMARY (DATA COLLECTION A)**

In this investigation of reunification of missing children, all records of families reunified in 1987 as present in NCMEC data base were reviewed. The general characteristics of the sample were:

- 3,136 cases were recovered alive
- 45 cases were recovered deceased
- 839 cases were administratively closed
- 4,020 cases in total were reviewed

For reunified cases, the case distribution by missing child category was:

- 1.2% of reunified cases were non-family abductions
- 26.4% of reunified cases were parental abductions
- 67.7% of reunified cases were runaways

Across missing child categories, the following conclusions are noted:

- There are 2x as many females as males in the non-family abduction reunified category.
- There are 2x as many females as males in the runaway reunified category.
- There are only slightly more males than females in the parentally abducted category.
- Parentally abducted children are missing longer (an average of 499.6 days) than non-family abducted children (an average of 122.3 days), or runaway children (an average of 127.7 days).
- Missing children from minority groups are not recovered any more or less quickly than the Caucasian group.
- Missing children from minority groups are recovered with the same age and sex distribution as the Caucasian group.

For non-family abducted, recovered alive cases, the following conclusions are noted:

- Non-family abducted, recovered alive female children are significantly older (average age= 10.3 years) than non-family abducted recovered alive male children (average age = 5.5 years).
- 78% of non-family abducted, recovered alive male and female children are home within 90 days.
- 96% of non-family abducted, recovered alive male and female children are home within 1 year.



For non-family abducted, deceased cases, the following conclusions are noted:

- There are 2x times as many female children as male children in the non-family abducted, deceased category.
- Non-family abducted, recovered deceased children are significantly older (average age = 10.6 years) than recovered alive children (average age = 8.7 years).
- Non-family abducted, recovered deceased female children are significantly older (average age = 12.15 years) than non-family abducted, recovered deceased male children (average age = 7.57 years).
- Non-family abducted recovered deceased children are recovered significantly later (average time missing = 145 days) than non-family abducted, recovered alive children (average time missing = 136 days).
- 100% of non-family abducted, recovered deceased male children were found within 90 days.
- 64% of non-family abducted, recovered female children were found within 90 days, and 79% of these children were found within 1 year.

For parental abduction cases, the following conclusions were noted:

- Parentally abducted female children are slightly older (average age = 6.2 years) than parentally abducted male children (average age = 5.6 years).
- Parentally abducted male children are missing longer (average time missing = 546 days) than parentally abducted, recovered alive female children (average time missing = 453 days).
- Parentally abducted children are missing longer than non-family abducted, or runaway children.
- 37% of parentally abducted children are home within 90 days.
- 55% of parentally abducted children are home within 1 year.
- Only 1 parentally abducted child was recovered deceased during this 1987 survey.

For runaway, recovered alive cases, the following conclusions are noted:

- There are 2x as many females as males in the runaway, recovered alive category.
- Runaway, recovered alive male children are not significantly older (average age = 14.7 years) than runaway, recovered alive female children (average age = 14.7 years).
- Runaway, recovered alive female children are gone longer (average time missing = 131.8 days) than runaway, recovered alive male children (average time missing = 123.7 days). This is a statistically significant difference, but possibly not a practical difference.
- 58% of runaway, recovered alive children are home within 90 days.
- 90% of runaway, recovered alive children are home within 1 year.

For runaway, recovered deceased cases, the following conclusions are noted:

- There are slightly more male children than female children in the runaway, recovered deceased category.
- Runaway, recovered deceased children are slightly younger (average age = 14.1) than runaway, recovered alive children (average age = 14.7).

- Runaway, recovered deceased children do not differ significantly in time missing from runaway, recovered alive children.

## PROJECT STAGE I—ASSESSMENT (DATA COLLECTION B)

**Intensive Interview Study of Reunified Families.** In Phase 3, a stratified, representative sample of families from the 1987 reunified sample described above received first a consent letter for the release of information from NCMEC to UCSF. Upon the return of this consent letter, a consent letter for research participation, as approved by UCSF Human Subjects Committee, was sent.

The Project then designed a reunification telephone interview which was submitted and approved by OMB. The interview begins with a confirmation of identifying data and demographic variables to ensure that the original data in the National Center's registry is correct. The next three sections were constructed to be temporally focussed, consistent with the McCubbin model, to include pre-missing events/response/attitude, disappearance events/responses/attitudes, and post reunification events/responses/attitudes. Five topic areas were covered for each temporally focused section:

- (1) Psychological and physical symptoms
- (2) Social, physical and financial stressors
- (3) Cognitive systems to conclude attitudes (e.g. safety, predictability, stability) and beliefs (e.g. causality, attribution).
- (4) Predominant coping styles
- (5) Educational/vocational performance.

This included data on the families' experience (services offered, accepted, rejected) with reunification programs and/or reunification assistance by individuals. Items were prepared for immediate quantitative (Scantron Format) scoring, and inserted into a specially prepared computer program which then permits the data to be directly entered into the research project's computer system.

The parent(s) were the respondent(s) in this assessment procedure, since it is difficult to have a high degree of confidence in the uniform consent procedure for telephone interviews with children. Project staff (from both the University of California, San Francisco, and the University of Utah) conducting these interviews were educated at the doctoral level, intensively trained in both the procedural and interpersonal requirements of such interviews, and then directly monitored by senior project staff at frequent, but random, intervals during the data collection process. These extensive interviews were successfully completed with 65 families who had been reunified with their missing child.

To operationalize Objective #2 of Stage I, the project sought to identify (1) the extent of reunification services offered to families upon the recovery of their previously missing child, (2) the nature of the services offered, and (3) specific operational reunification programs. The search for this information was accomplished in four phases. In Phase 1, telephone interviews were conducted of 65 reunified families who were a statistically representative national sample of families during 1987. In Phase 2, telephone interviews were conducted of all staff of the National Center for Missing and Exploited Children (NCMEC) with public contact responsibilities. In Phase 3, telephone interviews were conducted of state missing child clearinghouses and identified state-wide law enforcement missing child units. In Phase 4,

site visits were to be made to agencies/individuals whose reunification programs had been identified during the completion of the family interviews in Phase 3.

To identify a nationally representative sample of reunified families who had previously lost a child through non-family abduction, parental abduction, or runaway status, Phase 1 involved the review of all hard copy records of families reunified in 1987 as present in the data base of NCMEC. This produced a total sample of 4,037 reunified families, from which a statistically representative subsample of families were selected for an intensive telephone interview. 80% of the families contacted agreed to participate. Parental abduction families were the most difficult to contact and the most cautious upon contact. This may have been due to typical legal and custody issues that continue to confront parental abduction families for significant periods after recovery and reunification.

**Results of Intensive Interview of Reunified Families - Reunification Meetings.** The following data were derived from interviews of 65 reunified families (15 non-family abduction, 30 parental abduction, and 20 runaway families). As these families have different family compositions (e.g. parental abduction families are much less likely to report data from two parents), the data are reported as percentages to enhance comparison and understanding.

For reunified non-family abduction families, the actual reunification meeting was conducted at a police station in 50% of the cases. With regard to length of non-family abduction reunification meetings, 33% of the meetings were less than 15 minutes, and 60% were less than 30 minutes. With regard to family members present at the reunification meeting, it is quite notable that, in families with spouses, spouses were present at only 26% of the meetings. This would place a very significant degree of responsibility and stress upon the parent who is present at the meeting. With regard to non-primary family members present at the 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 reunified parental abduction families, 66% of the actual reunification meetings occurred at a location other than the survey categories of police station, hospital, Missing Child Center, social service agency, and family's home. These other locations were described most frequently as: 1) a transportation depot such as a bus station, airport, etc., or 2) a site from which the parent "abducted the child back" such as a school, abducting spouse home, etc. Of the remaining one third of meetings, 10% of the parental abduction reunifications occurred at the recovering parent's home, and 10% occurred at a social service agency. With regard to length of parental abduction reunification meetings, 50% of the meetings were 15 minutes or less, and 83% were 30 minutes or less. With regard to family members present at the reunification meeting, a (presumably new) spouse was present at 25% of the meetings. With regard to non-primary family members and others present at the meeting, relatives were present at 30% of the meetings, a (presumably new) spouse was present at 25% 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.

For the reunified runaway families, 50% of the actual reunification meetings occurred at juvenile detention centers, or transportation depots such as bus stations, airports, etc., and 25% of the meetings occurred at the family home. With regard to length of runaway reunification meeting, 50% of the

meetings were 15 minutes or less, 63% were 30 minutes or less, and 90% were 60 minutes or less. With regard to family members present at the reunification meeting, siblings were present at 40% of the meetings, and spouses were present at 30% of the meetings. With regard to non-primary family members and others present at the meeting, relatives were present at 35% of the meetings, and friends were present at 30% of the meetings.

**Results of Intensive Interview of Reunified Families - 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.

As shown in Table 11, 90% of family members experience significant negative impact as a result of the initial disappearance of their child. Further, this high rate of negative impact is consistent across all three categories of missing children: non-family abduction, parental abduction, and runaway. This result is especially noteworthy for the runaway category, in which parents appear to be as distressed as parents in the non-family abduction category. 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 non-family abduction families and 50% of the runaway families experience significant distress, as contrasted with approximately 40% of the parental abduction families. These data lend support to the hypothesis that the news received about or from their child during the week of reunification may be more disturbing for parents of a non-family abducted, or runaway, child than for parents of a parentally abducted child.

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 non-family abduction and runaway families continue to report marked negative impact from the missing child experience.

Within the missing child family, this negative impact does vary by family member. Mothers were the most likely to be rated as the most outwardly distressed. For the non-family abduction and parental abduction category, mothers were rated most outwardly distressed 75% of the families, and most inwardly distressed in 66% of the families. For the runaway category, family members other than mothers were most likely to be perceived as most outwardly and inwardly distressed. Siblings, for example, in runaway families are perceived to be most outwardly and inwardly affected 33% of the time.

In reviewing family members' experience during the week of child disappearance, it is clear that the overwhelming majority experience significant distress. While 40 to 50% of this reported distress is alleviated when the child returns, it is very important to note that approximately 50% of the families of missing children are still in distress two years after the child has come home.

**Results of Intensive Interview of Reunified Families-Therapy /Support Experience.** This phase of the study inquired about sources of guidance received by families of missing children prior to recovery and reunification with their child, as well as the extent to which such guidance had been

helpful. 89% of all family members of runaways reported receiving no guidance from an extensive list of professional, non-professional, and community resources. 86.5% of parental abduction families similarly received no guidance. Despite their apparent need, non-family abduction families were the least likely to receive guidance, with over 92% reporting no pre-reunification information or assistance. 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 sources.

In assessing the above results, the following conclusions are notable. First, reunification meetings are extremely short, with most being concluded in 15 minutes or less. It is highly probable that the brevity of these meetings is due to a lack of structure or knowledge by the participants as to what to say or do in these meetings, and that the resulting anxiety is most easily reduced by returning to more "normal" activities such as leaving the meeting, returning home, etc. Neither the goals for the actual reunification meeting nor for any subsequent period of reunification family adjustment appear to be specified, thereby adding to the ambiguity and anxiety of the process. While there is inherently justified reason for longer reunification meetings, it is certainly clear that the reunification process could well benefit from a statement of goals and methods, extending from the actual reunification meeting on to the subsequent family adjustment period.

Second, almost 90% of families of missing children across all three categories received no pre-reunification guidance and assistance. For the remaining 10% of families who did receive guidance, the most useful information came from books and friends, rather than from law enforcement, psychological, or social service sources. These results indicate that almost all families of missing children face one of the most distressing events in the disappearance episode without any support and guidance.

Third, mental health professionals were present at only 1.7% of the reunification meetings. This participation is accounted for by a single mental health professional who was present at a single parental abduction reunification. It is especially worthy of note that no mental health professionals were present at the non-family abduction reunification meeting to assist the families and recovered child. Further, social service workers were present between 13% and 15% of the reunification meetings across all categories. This absence of mental health or social service professionals means that a very high degree of responsibility for managing reunification meetings is placed upon the individual police officer. This requires the police officer to attempt to accomplish a difficult task without technical support training, or technical support personnel.

These results indicate that future reunification programs will need to direct significant attention to: 1) increasing the degree of reunification technical support training for police officers, and 2) increasing the availability of on site mental health and social service professionals with specific reunification training.

## **PROJECT STAGE I—ASSESSMENT RESULTS SUMMARY (DATA COLLECTION B)**

In this investigation of reunification meetings between recovered missing children and their families, a statistically representative sample (65 families in which the child was recovered alive) was

composed from a pool of all families reunified in 1987 (4,020 families) as present in the NCMEC data base. These families received intensive telephone interviews covering reunification related events, responses, and attitudes. For non-family abduction reunification meetings, the following conclusions are noted:

- 50% of the non-family abduction reunification meetings occurred at police stations.
- 33% of the non-family abduction reunification meetings were less than 15 minutes in length.
- 60% of the non-family abduction reunification meetings were less than 30 minutes in length.
- Police officers were the most common non family member present at non-family abduction reunification meetings, being present at 50% of the meetings.
- No mental health professional was present at any of the non-family abduction reunification meetings.

For parental abduction reunification meetings, the following conclusions are noted:

- 66% of the parental abduction reunification meetings occurred at a transportation depot such as a bus station, or at site such as a school or abducting spouse home from which the child was physically taken by the custody parent.
- 10% of the parental abduction reunification meetings occurred at a parent's home.
- 10% of the parental abduction reunification meetings occurred at a social service agency.
- 50% of the parental abduction reunification meetings were less than 15 minutes in length.
- 80% of the parental abduction reunification meetings were less than 30 minutes in length.
- Extended family were present at 30% of the parental abduction reunification meetings.
- A (presumably new) spouse was present at 25% of the parental abduction reunification meetings.
- Police officers were present at 25% of the parental abduction reunification meetings.

For runaway reunification meetings, the following conclusions are noted:

- 50% of the runaway reunification meetings occurred at juvenile detention centers, or transportation depots.
- 25% of the runaway reunification meetings occurred at family homes.
- 50% of the runaway reunification meetings were less than 15 minutes in length.
- 63% of the runaway reunification meetings were less than 30 minutes in length.
- 90% of the runaway reunification meetings were less than 1 hour in length.
- Siblings, spouses, extended family, or friends were present more than 40% of the runaway reunification meetings.

In assessing the overall information gained about missing child reunification meetings, the following conclusions are noted:

- Missing child reunification meetings are extremely brief, with no evident set of goals or plans.
- Mental health professionals have virtually no involvement in missing child

- reunification meetings.
- Police officers are the most common non family member present at missing child reunification meetings.
- Police officers are required to manage missing child reunification meetings, without technical support training or technical support personnel.
- Future missing child reunification programs need to:
  - 1) increase reunification technical support training provided to police officers, and
  - 2) increase the availability of mental health and social service personnel with specific reunification training.

## **PROJECT STAGE I—INTERVIEW STUDY OF THE REUNIFICATION EXPERIENCE OF NCMEC AND STATE MISSING CHILD CLEARINGHOUSES**

Phase 2 of the project involved telephone interviews of staff with public contact responsibilities of NCMEC, the only national information, assistance, and referral center for families of missing children. A portion of this interview process inquired about staff member estimates of the number of yearly reunification contacts, and the nature of contact with the reunifying family. As NCMEC serves a national population, staff contacts are by telephone, and services are characterized by referral to local counseling resources. This referral is made from a master list of general resources of counseling and social support agencies, and is not subcategorized for agencies with specific reunification assistance services.

Across NCMEC professional staff surveyed, available data indicates that a significant number of recoveries of missing children occur each year:

- For 1988, NCMEC professional staff indicated casework contact with 35 non-family abductions and 59 non-family abduction recoveries.
- For 1988, NCMEC professional staff indicated casework contact with 1177 parental abductions, and 503 parental abduction recoveries.
- For 1988, NCMEC professional staff indicated casework contact with 970 runaways, 2129 runaway recoveries.

Across NCMEC professional staff surveyed, reunification assistance to families was limited (Table 13):

- 89 % of NCMEC staff have participated in telephone contact associated with missing child reunifications and their families.
- 0 % of NCMEC staff have been present at missing child reunifications with their families.
- 0 % of NCMEC staff have been present at parental abduction reunifications with their families.
- 0 % of NCMEC staff have been present at non-family abduction reunifications with their families.
- NCMEC does not have a specific program for assisting with missing child reunifications with their families.

It is noted that the NCMEC program of services is nationally focused, providing: (1) nationwide telephone consultation to families of missing children; and (2) telephone case consultation, training services, and training materials to law enforcement agencies, state missing child clearinghouses, social service agencies, and non-profit missing child agencies. In-person, on-site delivery of services is not feasible given NCMEC's national focus. Therefore, low rates of experience with in-person, on-site child reunifications are to be expected. However, since the completion of the data collection in 1990, NCMEC's organizational umbrella now covers local missing child agencies (previously known separately as the Adam Walsh Child Resource Centers) in several locations throughout the U.S. These local agencies are involved in in-person, on-site child reunifications. During the course of this project, NCMEC staff have actively sought and utilized all preliminary project results and reunification training materials developed by the project. NCMEC staff have indicated an intent to utilize reunification training materials as this project is completed, within the scope of their services.

Phase 3 involved telephone interviews of staff of state missing child clearinghouses and identified state-wide law enforcement missing child units. A portion of this interview process inquired about the program's data base system, the procedure for identifying reunified cases, and the nature of contact with the reunifying family. At the completion of this data collection of 1990, there were 39 such programs to data collection systems, missing child categorization systems, and nature of services provided to reunifying families. Organizationally, 37 programs are located within state departments of justice or law enforcement agencies. Table 12 shows each agency, missing child categorization system, case contacts and clearance rates or estimates, and nature of services provided to reunifying families. As can be seen, there is no uniform system of missing child data collection, nor is there consensus on a uniform system of missing child categorization. A number of states maintain their own missing child data system, in addition to the FBI's NCIC data system. Other states rely upon the NCIC system exclusively. Both state and NCIC systems do not record reunifications per se, but rather used the law enforcement term of case "cleared." Cases are represented to be almost exclusively cleared by child recovery and reunification. However, it should be noted that a case can be technically cleared if subsequent investigation indicates that the original entry was not warranted, or that the original entry was in an incorrect missing child category. While neither state nor NCIC data bases are set up to identify cases cleared by evidence change or input error, data base managers believe this to be a very small percentage of the total cases cleared.

In this survey, each agency was requested to review their case experience for 1988, and to provide information in incidence and clearance rates for each of the following missing child categories: non-family abduction, parental abduction, and runaway. The majority of agencies provided this information from internal data systems (Code number = 1). Other agencies provided this information by estimate (Code number = 2), indicated reliance upon the NCIC system (Code number = 3), or were not able to provide information (Code number = 4).

An examination of Table 12 indicates the following:

- There is no standard of data collection that exists across state and federal agencies involved with the investigation of missing children.
- There is no standard of missing child classification that exists across state and federal agencies involved with the investigation of missing children.
- There is no standard of specifically identifying recovered and reunified children.



Across the 39 clearinghouses surveyed, available data or estimates indicate that a significant number of recoveries of missing children occur each year:

- For 1988, 967 non-family abductions were noted, and 926 non-family abduction cases were recovered (cleared).
- For 1988, 3,769 parental abductions were noted, and 2,098 parental abductions were recovered (cleared).
- For 1988, 132,601 runaways were noted, and 98,509 runaways were recovered (cleared).

Across the 39 clearinghouses surveyed, reunification assistance to families is extremely limited.

- 28% of the state clearinghouse agencies have participated in telephone contact associated with missing child reunifications with their families.
- 18% of the state clearinghouse agencies have had personnel present at missing child reunifications with their families.
- 13% of the state clearinghouse agencies have had personnel present at parental abduction reunifications with their families.
- 1% of the state clearinghouse agencies have had personnel present at non-family abduction reunifications with their families.
- 1% of the state clearinghouse agencies have had a program for missing child reunifications with their families.

As noted with NCMEC, many state missing child clearinghouses serve the population of any entire state, and do not have a pragmatic responsibility for on-site, in-person services. Further, missing child clearinghouses vary from state to state in the range and extent of services provided.

## **PROJECT STAGE I—SITE VISITS TO IDENTIFIED REUNIFICATION PROGRAMS**

In Phase 4, site visits were made by project staff to agencies or individuals whose reunification programs had been identified in Phases 1-3. Most significantly, the surveys conducted in Phases 1-3 showed very limited reunification assistance of any kind being provided to families of missing children, and an extremely limited number of actual reunification programs.

Three such programs, were identified by this process: (1) The Center for Missing Children directed by Gary Hewitt, ACSW, and assisting in non-family abduction reunifications from 1983 to 1988, (2) Child Find of America directed by Carolyn Zoog, and assisting in parental abduction reunifications from 1980 to the present, and (3) the I-SEARCH unit of the Illinois State Police, assisting in non-family and parental abduction reunifications from 1985 to 1988.

The Center for Missing Children was founded in 1983 as a private voluntary organization by Gary Hewitt. Located in Rochester, New York, the Center provided services to families of non-family abducted children, and to recovered non-family abducted children.

Mr. Hewitt has taken part in the reunification of seven families whose children were abducted by strangers. All of the children were male, were between the ages of 8 and 14-at the time of reunification, and were abducted. All of the abductors were male. The boys were missing between

two months and seven years, and all were sexually abused by their abductors. Each of them had come from an intact family, with a lower to upper-middle socio-economic status. The families lived in diverse regions of the United States and initially became aware of Mr. Hewitt through the National Center for Missing and Exploited Children, non-profit missing child agencies, media presentations, and other parents of missing children.

In all cases, Mr. Hewitt had established a relationship with the families over the telephone prior to reunification. These relationships had existed from approximately six weeks to a year, and consisted of a minimum of two and a maximum of 60 phone conversations. Mr. Hewitt obtained information about family dynamics, including the identification of prominent family figures through phone contact prior to beginning the reintegration process with each family.

Mr. Hewitt's intervention program did not contain a system for classifying family type. He believed the shock of the initial disappearance caused family members to experience trembling, time disorientation, inability to walk, terror, and extreme grief. Household management was quickly turned over to friends and relatives as family members struggled to deal with their feelings and become involved in the search process. Frequently, people leave their jobs, becoming immersed in unfamiliar legal procedures and media appearances. As families are consumed with the search process, he believes they become isolated from their previous support systems, lose self-confidence and question their own responsibility for their child's disappearance. Parents have little time for their remaining children or their spouse, and adolescents often become responsible for younger children. Although he believes that eventually families reach a point of resolution in which they are not paralyzed by grief, they are in a perpetual state of coping with new developments from which they wish to escape.

For children, Mr. Hewitt noted certain behaviors, thoughts, and feelings as well. During the first three weeks of abduction, Mr. Hewitt believes children experience three stages of adaptation which he has identified as 1) Protest, 2) Despair, and 3) Acceptance. Immediately following the abduction, he reports that children express to their abductors their desire to go home, with their anger being directed toward their abductors. As they are increasingly dependent upon the abductor for survival, and are given messages by the abductor that their family does not care about them, they become listless, beginning to wonder what they might have done to cause their families to reject them. Ultimately, they accept the abductor as a caregiver, model his behavior, and direct their anger toward their family. This progression of thoughts is then assumed to prevent children from leaving their abductors, thereby complicating family reintegration.

While Mr. Hewitt was not present for any of the first meetings between families and recovered children for which he subsequently conducted family reintegrations, he believes that the presence of a therapist at such first meetings is desirable. In each of the seven cases that Mr. Hewitt facilitated, he met with the family within two to four days of the initial recovery.

The reintegration process he developed contains six phases, and is designed to be implemented within approximately seven days. The six phases of this process are: 1) Removing the child from isolation, 2) Allowing the child to grieve the loss of the abductor, 3) Removing guilt and focusing anger, 4) Making the child an active participant in his recovery, 5) Providing family therapy, and 6) Evoking community involvement.

Prior to beginning the reintegration program, Mr. Hewitt talks with the entire family at their home. In this meeting, he outlines what will happen during the next seven days. Each phase of the program takes approximately one day. In the first four phases, the majority of the therapist's time is spent with the returned child. Typically, four to seven hours are allocated to the missing child during the first four days and one to two hours to the family on each of these days. While the current program does not specifically outline social activities for the family and the therapist, informal socialization is encouraged between the therapist and the family.

Phase 1 is designed to remove the child from isolation. This phase is conducted on the first full day of treatment. At this time, Mr. Hewitt spends approximately seven hours with the child during the morning and the afternoon, and one to two hours with the family later that evening. He and the child may meet in the family's home, in a comfortable outdoor setting, or in the office of an individual previously involved in recovery, such as law enforcement. The focus of this phase is on: 1) the child's current feelings of isolation in his family, 2) things that child was told by the abductor, and 3) the abductor's statements to children that they are special, loved by the abductor, and that they have a secret relationship with the abductor for which they will be punished if anyone finds out. Sexual abuse is not discussed by the therapist in this phase but the child is told that other children have experienced similar events during abduction.

Beginning with Phase 1 and continuing through the first four days of the program, Mr. Hewitt talks with the family about issues including current family activities, the importance of the recovered child's return to school, family rules and the enforcement of these rules with the recovered child as well as other siblings, fears of family members, abnormal family functioning, and he reviews the process of reunification.

Phase 2 is designed to allow the child to grieve the loss of the abductor. This phase occurs on the second day and may continue into part of the third day. Positive aspects and discomforts of life with the abductor are discussed, with the topic of sexual abuse being raised.

Phase 3 is designed 1) to remove guilt from the child, and 2) to refocus the child's anger on the abductor. As the child describes his effort to avoid sexual contact with the abductor, the therapist reminds the child that he was trying to prevent sexual relations with the abductor, eventually engaging in these activities only as a means of survival. In a role-play exercise, the child is asked to alternately play the parts of both himself and the abductor in an effort to help the child express his feelings toward the abductor.

Phase 4 is designed to make the child an active part in his recovery. This phase takes place on day four. At this time, the child and therapist discuss the current situation, as the child is asked about what he wants from his family and peers. Relaxation techniques are used to help the child talk freely as past and present events come to mind. On the evening of the fourth day, a meeting is planned at a location of the family's choice. This meeting is used to allow the child and the family to begin talking to each other about what they experienced during the disappearance, and their desires for future family life.

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This meeting begins Phase 5 which is designed to open family communication about disappearance events and future family life. This phase takes place on day five.

Phase 6 is designed to enhance community involvement with the family. This phase takes place on day six through day seven. On approximately the third day of the program, Mr. Hewitt discusses the importance of ongoing therapy for the family following reintegration. He contacts a therapist of the family's choice or identifies a therapist in the area. He establishes a relationship with the therapist, arranging to exchange information necessary for family treatment. He also contacts the school counselor, when available, and visits this counselor with the returned child. In this phase, Mr. Hewitt also makes arrangements for the child to talk to other children who have been abducted through telephone contact. The nature and structure of this telephone contact is not specified. Although the program does not have formal follow-up, Mr. Hewitt remains available to the family for phone consultation at any time. He typically talks with families weekly for two months following treatment and has continued to be available for significant periods of time after the reintegration process has been completed. He also assisted several of these children to testify in court. Mr. Hewitt's anecdotal report is that the program was uniformly effective, with all children having gone on to lead productive lives. Empirical data on the effectiveness of the program on child/family adjustment is not available.

While Mr. Hewitt's program is no longer in operation, his reunification experience is worthy of recognition on the following points: 1) he has obtained a significant amount of clinical experience with families of non-family abducted children prior to the recovery of their child, 2) he has obtained a significant amount of clinical experience with non-family abducted, recovered alive children, and 3) he has organized his clinical interventions into a sequential structure.

His experience with families of non-family abducted children is consistent with that of other therapists and researchers. Family response to a child non-family abduction is marked by behavior responses of stress, depression, disorganization, job disruption, daily life change, family role disruption, and reduced attention by parents to the remaining siblings.

His experience with non-family abducted, recovered alive children is consistent with that of other therapists and researchers in that such children 1) are exposed to a planned set of control techniques administered by the abductor, and 2) do appear to progress through a pattern of behavioral, cognitive, and affective responses during the abduction. Both the work of Lenore Terr and Chris Hatcher have found similar patterns of child response, although there are significant differences as to specific responses or the depth of description presented. There is agreement, however, that the non-family abducted child does attempt to actively cope with his situation by both behaviors and thoughts. These thoughts gradually take the form of a survival strategy, which then becomes an organizing principle for his later behavior during the abduction.

Child Find of America is a national, private, voluntary organization that assists parents in the recovery of their children, substantially focused upon parental abductions. Founded in 1980, it is one of the oldest missing child organizations in the United States.

In 1986, Child Find implemented a Mediation Program to assist parents in negotiating the return of a parentally abducted child, as well as subsequent custody and visitation arrangements. The program is directed toward the abducting parent, identified as the In-Flight Parent. Contact by the

In-Flight Parent with the Mediation Program occurs through media appeals in radio, television, and print public service advertisements which are made available to Child Find by at no expense by the Advertising Council of America.

From 1986 to 1989, the program received 46 requests for information from in-flight parents. 15 of these cases have chosen to actually participate in the Mediation Program. 19 children have been involved, with an age range from infancy to 16 years old. Time missing ranged from 1 week to 12 years. Socio-economic status was primarily low to middle income.

By mid-1992, the program had started 78 mediation cases with in-flight parents. 24 of these cases have chosen to participate in the project. Upon contact, each of these families was directed to a volunteer Child Find staff of 8 attorneys and 4 family mediators associated with either the Academy of Family Mediators, or the Association of Family and Conciliation Courts. Members of this staff have received training in a standard protocol for contact with families, and are physically located in cities throughout the United States.

The program's efforts in a given case are outlined in the following steps:

- 1) Child Find receives a call on its 800 line from an In-Flight Parent requesting mediation.
- 2) Child Find requests the name and phone number of the Left-Behind Parent from the In-Flight Parent.
- 3) Child Find instructs In-Flight Parent to call the 800 line in 24 hours, or an agreed upon time that permits the mediator sufficient time to contact the Left-Behind Parent to determine if he/she might be interested in mediating the dispute.
- 4) If the Left-Behind Parent expresses interest in the mediation process, the mediator informs them of the program's requirements of: a) commitment to mediate, and b) confidentiality.
- 5) Upon receipt of a call back from the In-Flight Parent, Child Find informs the caller of the Left-Behind Parent's decision to either proceed with the mediation, or to decline. If the Left-Behind Parent declines, the process stops. If the Left-Behind Parent agrees, the mediation proceeds.
- 6) The mediator next employs pre established procedures and forms in gathering additional information, and arranging for the return of the child, relinquishing custody to the appropriate state agency, or scheduling a hearing to establish custody. If there is an outstanding warrant for the In-Flight Parent's arrest, a court date is scheduled in the appropriate jurisdiction so that the warrant can be enforced or dismissed.

The program provides a guarantee that if the left-behind parent sends money through Child Find to the In-Flight Parent to permit the return of a child and the child is not returned, the left-behind parent will be compensated for the money lost.

To handle the legal issues involved in establishing, or enforcing, custody, the mediator provides parents with referrals to local attorneys and mediators. This referral list is based substantially on individuals who are members of the Association of Family Conciliation Courts, the Academy of Family Mediators, and the Academy of Matrimonial and Family Lawyers.

Based upon anecdotal evidence for the period from 1986 to 1989, the program indicates that 7 of the 15 cases with which they have worked could be rated as successfully mediated. Successful mediation is defined by Child Find as cooperation in the completion of custody and visitation arrangements. By mid-1992, the program indicated that of the cases with which they had worked could be rated as sufficiently mediated.

It is noted that when the Mediation Program performed an initial assessment of the phone calls made to their 800 line, they found that a significant number of the phone calls were from parents contemplating a parental abduction. Based on this development, Child Find is considering the construction of program to provide consultation to this group of parents in hopes of preventing child abductions.

The Child Find Mediation Program is worthy of recognition on the following points: 1) It has created an innovative new alternative for the recovery and reunification of parentally abducted children, 2) it has created an avenue for the abducting parent to consider the potential for the return of the child, 3) it has involved a number of qualified mediators geographically dispersed throughout the United States, and 4) it has created a set of standardized procedures to be utilized by all mediators in the program.

The I-SEARCH unit of the Illinois State Police was mandated by the Illinois Inter-Governmental Missing Child Recovery Act of 1984. Located in Illinois State Police headquarters in Springfield, Illinois, I-SEARCH coordinates missing child data collection, search, recovery, and education services for law enforcement agencies throughout the state. I-SEARCH is a nationally recognized leader and innovator in the missing child area. From 1985 to 1988, I-SEARCH performed approximately 236 recoveries with a team composed of an investigator and one of three state police psychologists. Upon notification to the Illinois State Police of the recovery of a non-family abducted or parentally abducted child, this team would travel to the location of the recovery, within or outside the state. The investigator member of the team would manage the legal liaison with local law enforcement, and the psychologist member would communicate with the child and parents, in anticipation of the reunification meeting.

The children reunified with the assistance of I-SEARCH teams ranged in age from 0 to 18 years and were missing from 2 days to 17 years. While most of them were from middle socio-economic backgrounds, there was a range of socio-economic status represented in the families assisted.

Although the implementation of the reunification process varied slightly between psychologists on the I-SEARCH staff, the primary steps involved in reunification procedures were conducted in a similar fashion. Prior to reunifications, the reunification team psychologist would assess the recovering parent or family. This assessment included information about: family constellation, employment history, health history of family members and recovered child, assessment of any previous physical or sexual abuse in the family, marital history, available social supports, circumstances of disappearance, parents' reactions to disappearance and feelings toward the abductor, parents' coping resources, child's emotional reaction to stress, and parent's management of child. Prior to reunification psychologists would prepare the parent/s by discussing the child's possible reticence or lack of desire to see the parent/s, the importance of bringing objects that would link the

child to his past life like pictures, toys, and clothes, and the possible change in the child's appearance. On some occasions, psychologists would role play the reunification with the parent/s in advance.

Reunification meetings typically took place in hospitals, hotels, police stations, or social service agencies. Prior to the meeting of children and parents, the I-SEARCH psychologist assessed the recovered child. This assessment gathered information about the circumstances of the disappearance, including any physical or sexual traumas incurred by the child while missing.

In parental abduction cases, the I-SEARCH psychologist asked the child about feelings toward both parents. Using client centered, non-directive techniques, the psychologist supported the child to talk about fears about being punished by their parents, and about their concerns for the abducting parent. The child was told about the sentiments of the recovering parent/s, as expressed to the psychologist. Efforts were made to assure the child that the reunification would not occur until the child was ready. This period of reunification preparation by the psychologist of the child took from 1 to 4 hours.

While follow-up was conducted with all cases and typically extended for several months following the recovery, it varied in length and frequency depending upon the circumstances of the disappearance, coping resources of the family, and utilization of community services. Frequency of follow-up contact during the week after recovery ranged from a single home visit to daily visits. During this time family coping was assessed, enforcement of family rules was discussed, arrangements were made to reintegrate the child into school, and on-going counseling was arranged.

I-SEARCH psychologists frequently participated in or arranged for supervised visits between the child and an abducting parent. Children were usually prepared for this visitation by role play, and by writing their thoughts down and discussing them with the psychologist prior to the meeting. The ground rules for these meetings included a commitment by the parent who abducted the child not to become involved in criticizing or discounting the custodial parent/s.

Although the effectiveness of the reunification process was not quantitatively tested by I-SEARCH staff, the psychologists who participated in the program reported anecdotally that the program was very positively received, as indicated by their observations of families and by comments by family members.

While no longer in operation, the I-SEARCH Reunification Program was worthy of recognition for the following achievements: 1) it recognized recovery and reunification as an integral component of the state wide law enforcement agency responsible for the investigation of missing child cases, 2) it utilized teams consisting of a police officer and a doctoral level police psychologist to prepare families and recovered child, and then participated in on-site reunifications, 3) it provided the I-SEARCH police psychologists with more reunification experience than the staff of any other public or private missing child agency, and 4) it provided a unique level of assistance and guidance to reunifying Illinois families to missing children.

## **PROJECT STAGE I—OVERALL ASSESSMENT RESULTS SUMMARY**

In reviewing the results of this Assessment Study on the current state of knowledge and services available for the Reunification of Missing Children, the following conclusions are noted:

- A significant number of non-family abducted, parentally abducted, and runaway children are recovered and reunified their families each year.
- Non-family abducted, parentally abducted, and runaway children who are recovered and reunified with their families differ significantly in age, sex, time missing, and risk of loss of life.
- Families of non-family 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.
- Almost all families of missing children must face reunification without on site psychological or social service assistance of any kind.
- Existing missing child clearing houses and resource centers do not have information or programs of assistance for the reunification of missing children.
- The above findings provide substantial support for the need to develop a comprehensive training program to assist law enforcement officers, therapists, social service workers, and missing child workers in the reunification of missing children with their families.

## **PROJECT STAGE II - PROGRAM DEVELOPMENT REUNIFICATION OF MISSING CHILDREN TEAM FUNCTION AND DEVELOPMENT**

**Historical Background.** As previously reviewed in prior chapters, child disappearance and family distress has been documented in history and literature since Greek and Roman times. These historical records focused primarily stranger or non-family abduction, relating: (1) the known facts of the incident, (2) the recovery/non recovery of the child, and (3) the punishment assigned to the abductors. Very limited attention was given to the psychological aspects of family distress, or of the child's adjustment after recovery. It was not until the 1700's and 1800's that primarily newspapers and inexpensive popular books found a substantial audience for accounts of all types of crime, including child kidnapping. The sequential account in the New York Times of the kidnapping of little Charlie Ross who was abducted from Germantown, Pennsylvania in 1875 reached beyond the facts of the case to report upon the search and coping efforts of the father, Christian Ross. However, Charlie Ross was never found, and was eventually thought to have been murdered by his abductors.

In the first half of the twentieth century, the both print and film media looked at the facts of the Lindbergh baby kidnapping, as well as the psychological consequences to the Lindbergh family. The impact of the Lindbergh baby kidnapping upon the passage of new anti-kidnapping laws was quite substantial. Yet, in the 1930's child kidnapping for ransom or extortion was beginning a decline in frequency which continues to this day, while child kidnapping for sexual purposes or child ownership appeared to increase.



In the second half of the twentieth century, sexually motivated child kidnapping involving no ransom note, only sudden child disappearance, has been predominant. The recovery of the bodies of a series of murdered adolescent male runaways in Houston, Texas in the early 1970's marked the beginning of a contemporary awareness of the link between missing children and abduction/homicide risk.

As with the Lindbergh baby kidnapping, the legislative response to this incident was significant. This time, however, instead of new laws to enhance the investigation and prosecution of child kidnapping, the legislative response was to promote the development of a national series of runaway shelters and support facilities. Law enforcement officers in many U.S. cities now had a very useful alternative for the adolescent runaway, other than incarceration, non response, or return to an unstable home. The runaway shelters increased governmental awareness of the need for multi-agency response to both a social and a law enforcement problem. Shelters also increased the participation of law enforcement in working together with other agencies on a youth problem that could not be managed by a police response alone. The response to the Houston adolescent homicides, then, was historically important, as it: (1) linked missing children and abduction/homicide risk, (2) broadened the focus of governmental response to include psychological assistance to runaways and their families, and (3) enhanced working relationships by law enforcement and other agencies on a problem of common community concern.

In the early 1980's, the abduction and murder of Adam Walsh in the state of Florida became the focal point for public concern about missing children. Once again, public concern had returned to the stranger or non family abducted child. This concern included not only the adequacy of law enforcement investigations, but the psychological consequences of the event for the family of the abducted child. Adam, and Adam:His Song Continues, two made for television movies, reached millions of families across the country. John Walsh, Adam's father, played a major role in a new federal and state legislative approach to the missing child problem. Regionally, other families' missing children brought the problem closer to home for many communities.

In a parallel manner, while cases of parental abduction date back to Euripides' Greek tragedy Medea and 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. These parents were 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, or (3) a belief that existing legal systems were insufficient to protect the child from abuse by the other parent.

In the 1980's, parent abduction developed faster than the family law and court systems could adapt. This resulted in inconsistent sets of laws and overlapping jurisdictions among states, and between the U.S. and other countries as well. Abducting parents found such legal inconsistencies or gaps could be used to their advantage. Even if the abducting parent and child could be eventually located, existing law could be used to continue to deny child contact with the left behind parent. Law enforcement agencies found it difficult to determine if parental abduction was a civil or criminal matter, or at what point the abducting parent's behavior became a criminal matter. As with stranger or non family abduction, parental abductions were personalized as the frustrated stories of left behind parents, such as Georgia Hilgman in California, became more widely known.

Non family and family abductions were combined with runaways/throwaways in the new legislative initiatives of the mid-1980's. In this way, the missing child problem was defined as including stranger or non family abductions, family abductions, and runaways/throwaways. This composite definition produced advantages and disadvantages. Advantages included the ability to develop a comprehensive approach, which would avoid a three way duplication of effort. Disadvantages included the fact that the three types of disappearance events are very different in their circumstances, and in their impact upon children and families.

While Adam Walsh did not come home, many non family abducted children have. Further, most family abducted children and almost all runaways do come home. The reunification of non family abducted Steven Stayner with his family, and family abducted Monica Hilgman with her family helped others to understand the difficulty of post recovery adjustment for both child and family. For those missing children who would be recovered, a commitment began to develop that everything possible should be done to insure that the return home and later adjustment would be as positive as possible.

The implementation of the 1984 Missing Children's Assistance Act was assigned to the Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice. Under the authority of this Act, OJJDP initiated the development of a program in the Reunification of Missing Children. Based upon original research and field testing in five U.S. cities, this Manual and its teaching support materials are a result of that program.

## **TARGET POPULATION: RECOVERED CHILDREN AND THEIR FAMILIES**

Initial experience with the reunification of recovered children with their families indicated the complexity of the event. Each member of the family involved in the child recovery and reunification process has a 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 with their child. 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 courts proceedings that may occur.

## **SERVICE DELIVERY: THE REUNIFICATION OF MISSING CHILDREN TEAM**

The Reunification of Missing Children Team is designed to function as composed of multiple community agencies

**Law Enforcement Team Member Functions.** Law enforcement needs to insure that the recovered child receives physical and psychological evaluation and clearance. Law enforcement also needs to interview the child as the primary, and frequently the only, source of information about the disappearance circumstances, other involved individuals, and criminal violations. The first such interview will need to take place as soon as possible, generally followed by other interviews across time. These interviews may often deal with sensitive issues of physical and sexual abuse. Law enforcement needs to establish the limits of case information to be prepared and provided to the public.

**The Mental Health Professional Team Member Functions.** The mental health professional needs to evaluate recovered child and family to assess and respond to their emotional stress generated by the disappearance, and the recovery as well. The mental health professional needs to extend a special effort to acquire information about the psychological consequences of the missing child experience and family coping responses, as this information is not currently readily available. The mental health professional needs to extend a special effort to initially acquire, and keep up to date with, information about case investigative and legal events. Such events are likely to be a significant, periodic stress upon both the child and family's coping ability.

**The Child Protective/Social Service Professional Team Member Functions.** The child protective/social service professional needs to 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.

Typically, both situations are likely to be child recoveries from parental abduction, or runaway/throwaway status. In the first situation, the child has been recovered at a location distant from the family residence. Travel time and/or limited financial resources may prevent family members from getting to the recovery location as promptly as they might wish. In the interim, the child will need to be housed in a juvenile care facility, preferably a foster home. In the second situation, allegations, and frequently counter allegations, will have been made about the child care adequacy of the recovering family. Such allegations of neglect, physical abuse, and sexual abuse are likely to have been made in a parental abduction case against the left behind parent by the abducting parent or extended family members of the abducting parent. The child protective/social service professional whose agency has jurisdiction at the recovery location will need, in cooperation with law enforcement, to determine if such allegations against the left behind parent can be substantiated. If the left behind parent lives outside the agency jurisdiction and intends, upon reunification, to transport the child outside the agency jurisdiction, child protective/social service professionals at the child

recovery location and at the left behind parent's location will need to work together to determine how the case will be managed. Allegations of child neglect, physical abuse, and sexual abuse against the left behind parent by the abducting parent are frequently accompanied by counter allegations. These counter allegations by the left behind parent are associated with post recovery requests or anticipated requests by the abducting parent for child visitation. As current national guidelines do not exist for child visitation after an abducting parent is arrested, supervised visitation is often granted very soon after arrest, and unsupervised visitation is often granted within one year of arrest.

For these reasons, the child protective/social service professional may become very involved in the allegations and counter allegations between parents about child care adequacy.

**Family and Dependency Court Professional Team Member Functions.** Family and Dependency Court professionals need to assist when issues of child care adequacy are present. Most typically, this will involve child recovery, child custody, and child visitation in parental abduction or runaway/throwaway cases. This assessment and decision making process requires access to the most complete and reliable information available about the child and all family members. In larger urban areas, the information collection process is difficult, as information sources in law enforcement, mental health, social service, medicine, and the school system may be distributed throughout a series of different area communities. As initial orders are issued in a given case, feedback to the Family and Dependency Court is also a difficult process as with social service, mental health, youth service agency, and other agencies may proceed substantially independently of each other.

**Victim/Witness Agency Professional Team Member Functions.** Victim/witness agency professionals need to 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. As with child protective/social service agencies, not all recovered children will become involved with a victim witness agency. The recovered child must have been the victim of a crime during the period of the disappearance. The definition of crime victim covers children recovered from stranger or non family abduction in almost every case.

However, in many states, the crime victim in a parental abduction is defined by statute as the left behind parent. The recovered child, then, is not defined as a crime victim unless physical or sexual abuse by the abducting parent can be proved. Psychological child abuse, including the telling of elaborate fabrications to the child about the left behind parent or exposing the child to a fugitive life style during a parental abduction, generally does not qualify a child as a crime victim. As the majority of parental abductions involve such psychological abuse, rather than physical or sexual abuse, most children recovered from parental abductions do not meet the definitional standards for crime victim. Such children and their families are not eligible for compensation of psychological counseling. This situation may change in the future, as a few states, such as California, currently have a bill in the state legislature that would modify state victim/witness compensation laws to include all parental abduction cases. In the minority of parental abduction cases in which a criminal prosecution occurs, the child and family do qualify for victim/witness agency services for education/support as that prosecution proceeds.

In a somewhat similar way, the recovered runaway child must be shown to have been the victim of a crime during the period of the disappearance in order to meet the definitional standards. Only

a minority of recovered runaway children will then receive victim/witness services.

In addition to these definitional constraints, states have varying additional qualifications for receiving crime/victim compensation funds. These qualifications may be funding driven. States vary considerably in the total amount of funds available each year. Many states have a total fund cap for a crime victim, on a per incident basis. Other states have insufficient funds with which to fully implement the state crime victim compensation statute, and may rely upon boards to evaluate each case individually, distributing the limited funds available according to their collective judgment. In other words, all citizens who have been a crime victim may be technically eligible for compensation under the state statute, but may not receive compensation in reality. The victim/witness agency professional can be of significant assistance to the recovered child and the family in helping them understand the technical and practical realities of crime victim compensation procedures in their community. The professional can also assist in the preparation of the crime victim compensation application, as the recovered child's family is unlikely to have ever prepared an application previously.

## **PROJECT STAGE II - REUNIFICATION OF MISSING CHILDREN MODEL**

In this section, the reunification team model is overviewed. A complete description of reunification of missing children issues, reunification model, and psychological consequences for the recovered child and family is contained in the Reunification of Missing Children Manual which is attached to this report.

The goals of the on-site reunification contact and child/family assessment is to provide the recovered child and family with a coordinated, organized program of assistance, and to begin a program of assistance, and to begin a program of child/family assessment to determine the best use of mental health/social support services. This is done in five stages.

### **STAGE 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 or mental health professional has the opportunity to work with a family during the disappearance, she/he may be able to obtain information on:

- (1) parental expectations of the child at reunification,
- (2) pre-recovery beliefs about recover,
- (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 notice 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.

Stages I-V of the Reunification Model are further outlined in TABLE: Reunification Model.

## **Stage 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 go. 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, 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 for why 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 their 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 prepared 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 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 return 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 the county will need to be notified, possibly involving placement of the child in a protective services agency, in a child care facility or alternative home. Table: ALLEGATIONS OF CHILD SEXUAL/PHYSICAL ABUSE outlines the sequence of actions and alternative decisions that need to be made when a recovery involves such allegations. Table: PARENTAL ABDUCTION CASE PROTOCOL can be used to record actions taken and actions to be anticipated in a particular case. These tables can be found in Appendix D of this report. 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

**TABLE  
REUNIFICATION MODEL**

Stages	Goals	Skills Needed	Law Enforcement/Therapist Tasks
I. Pre-Reunification Preparation	<ul style="list-style-type: none"> <li>• Maximize family expectation of positive change for recovery and successful coping</li> </ul>	<ul style="list-style-type: none"> <li>• Flexibility for on site response</li> <li>• Knowledge of missing child issues</li> <li>• Knowledge of law enforcement/civil/legal functions</li> <li>• Knowledge of other community agency functions</li> <li>• Ability to apply therapeutic skills outside office setting</li> <li>• Ability to deal with displaced anger, other emotions</li> <li>• Ability to cope with limited situational control</li> <li>• Ability to reflect professional competence</li> </ul>	<ul style="list-style-type: none"> <li>• Establish commitment to reunification team concept</li> <li>• Acquire training in missing child issues</li> <li>• Acquire discussion comfort with missing child issues</li> <li>• Establish understanding of local law enforcement/mental health capabilities and limits</li> <li>• Establish knowledge of other community agency functions</li> <li>• Assess level of functional ability outside office setting/ increase experience to achieve comfort level</li> <li>• Assess level of functional ability outside office setting/ ability to deal with displaced anger, other emotions</li> <li>• Establish understanding of different interest groups at reunification. Define role of self</li> <li>• Know role within reunification team. Communicate role to family</li> </ul>



**TABLE  
REUNIFICATION MODEL  
(continued)**

Stages	Goals	Skills Needed	Law Enforcement/Therapist Tasks
II. Reunification Meeting	<ul style="list-style-type: none"> <li>• Provide Structure</li> <li>• Coordinate law enforcement, medical, social service, mental health functions</li> <li>• Establish plan for follow-up</li> </ul>		<ul style="list-style-type: none"> <li>• Assess and brief family on basics of reunification meeting</li> <li>• Assess child/manage intrusion of others to match child needs</li> <li>• Brief child on reunification meeting</li> <li>• Structure reunification meeting</li> <li>• Assure family of consistent support through the investigation/therapy, as applicable</li> <li>• Law enforcement passes child/family care to mental health provider</li> <li>• Prepare family for first night home adjustment issues</li> <li>• Identify mental health emergency contact plan</li> <li>• Schedule in office mental health follow-up appointment</li> </ul>

**TABLE**  
**REUNIFICATION MODEL**  
**(continued)**

Stages	Goals	Skills Needed	Therapist Tasks
III. Post-recovery family evaluation/assessment	<ul style="list-style-type: none"> <li>• Develop advanced understanding of dimensions of family/child behavior/affect/cognition</li> <li>• Understand family by coping behavior since on site contact</li> <li>• Understand family use of support resources since on site contact</li> </ul>	<ul style="list-style-type: none"> <li>• General and advanced education in missing child issues</li> <li>• Ability to organize and document behaviors/perceptions</li> <li>• Acceptance of benefits/limits of short term intervention</li> <li>• Ability to utilize both family and child focused assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Assess child adaptation</li> <li>• Assess prior family adjustment/trauma history</li> <li>• Assess family type               <ul style="list-style-type: none"> <li>• Face problem vs. daily problem</li> <li>• Family centered vs. individual-centered</li> <li>• Solution vs. blame-oriented</li> <li>• High vs. low tolerance for others</li> <li>• Open vs. closed communication plan</li> <li>• Family treatment, child treatment, or both</li> </ul> </li> </ul>

**TABLE**  
**REUNIFICATION MODEL**  
**(continued)**

Stages	Goals	Skills Needed	Therapist Tasks
IV. Stabilize family and support immediate problem-solving	<ul style="list-style-type: none"> <li>• Support of short term change potential</li> <li>• Support long term change potential</li> <li>• Address concept of family healing theory</li> </ul>	<ul style="list-style-type: none"> <li>• General education in family process and therapy</li> <li>• Specific education in post-reunification family and child behavior</li> <li>• Provide context for family and child expression</li> <li>• Ability to examine family issues from multiple perspectives</li> <li>• Problem conceptualization</li> <li>• Accept limits of current intervention</li> <li>• Accept need for assessment/possible support system modification</li> </ul>	<ul style="list-style-type: none"> <li>• Assess/enhance as necessary graduate training in family process</li> <li>• Assess/enhance as necessary post graduate training in post reunification family and child behavior</li> <li>• Actively elicit verbal and nonverbal expression of problem by all family members</li> <li>• Restate consensus about post reunification issues/problems</li> <li>• Reframe issues/problems where indicated</li> <li>• Assist in issue/problem prioritization within family</li> <li>• Assist in issue/problem prioritization outside family (criminal, legal, civil, media, etc.)</li> <li>• Define therapist, family, law enforcement, attorney, social service roles</li> <li>• Obtain consensus to proceed with intervention</li> <li>• Focus upon issues/problems family can act upon</li> <li>• Assist family in support system assessment/modification where indicated</li> </ul>

**TABLE**  
**REUNIFICATION MODEL**  
**(continued)**

Stages	Goals	Skills Needed	Therapist Tasks
V. Identifying Future Goals	<ul style="list-style-type: none"> <li>• Assess/modify initial intervention plan</li> <li>• Maintain family change self assessment</li> <li>• Maintain family sequential adaptation to change</li> <li>• Identify plan for future change/care</li> <li>• Consensus build a family healing theory</li> </ul>	<ul style="list-style-type: none"> <li>• Ability to document family process and change</li> <li>• Ability to organize and restate family change responses</li> <li>• Ability to consistently reinforce adaptation</li> <li>• Ability to conceptualize future change/care plan</li> <li>• Ability to tailor communication of future change/care plan to family level</li> <li>• Ability to accept family self responsibility</li> </ul>	<ul style="list-style-type: none"> <li>• Elicit reports from each family member of response to family change tasks</li> <li>• Modify intervention plan</li> <li>• Re-obtain family consensus to proceed</li> <li>• Identify family change successes and actively reinforce</li> <li>• Assist family in future change/care plan construction (criminal, legal, health, mental health, social service)</li> <li>• Have family members re-express consensus plan</li> <li>• Discuss family concepts of responsibility of self vs. others</li> </ul>

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. 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, supervised visitation may be appropriate along with the return to the 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/parent's progress follow. Similar decisions need to be made in substantiated allegations against the abducting parent.

- (9) In non-family cases or in parental cases when the child is recovered and reunified without allegations of abuse, parents need to be told about what to expect on their child's first night home. With the return home, the child is most likely to be focused on being in their room and becoming reacquainted with brothers and/or sisters and other aspects of family interaction as opposed to talking about the disappearance event. As the day comes to an end and the children are in bed, the parents may find themselves with mixed or confused feelings. On one hand the relief of having their child recovered and returned is profound but marked by anxiety and depression by at least one parent as they begin to wonder about how the child will adjust, what the child will experience and what the future will be. None the less, the important message is that the child and family will begin to experience the fact that things will not be the same as they were prior to the abduction.
- (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. TABLE: Reunification Case Information Sheet and TABLE: Reunification Case Protocol provide sample formats. These tables can be found in Appendix C of this report.

### STAGE 3: POST RECOVERY FAMILY EVALUATION/ASSESSMENT

During the initial couple of meetings in the office, the focus shifts to identifying family interpersonal issues, individual family 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 victims' 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 and comfortable with providing testimony if required. The goal of assessment is to develop an understanding of the dimensions of family/child 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 since 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 and responses to the reunification, and the siblings' 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, does the family clearly understand and accept or deny the source of stress effecting 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 or unclear or indirect. The sixth criteria 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 and shifting or rigid. Willingness and ability to utilize resources may be balanced to high 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 clinician should be flexible in considering individual, family and/or parental needs.

- (1) Individual family issues deal with recognizing internal individual reactions. Recognition of individual reactions should be communicated and 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) Family interpersonal issues are less internal and focus 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, 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 these families at the evaluation and assessment should include attention to the presence of these factors and appropriate referrals need to be made.

## **STAGE 4: STABILIZE FAMILY AND SUPPORT IMMEDIATE PROBLEM SOLVING**

The overall objective of the initial intervention 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 to 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 quarter backing 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 reassume 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.

## **STAGE 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 child 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 interfamilial and extrafamilial behavior and 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.
- (4) The key in these cases is the clinician's consistency with these families, availability 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.

### **Project Stage III - DEVELOPMENT OF PROGRAM AND TRAINING MATERIALS**

Reunification training program development will be reviewed in four sections:

- a) program need
- b) program goal
- c) intended audience
- d) basic training format

**Program Need.** Available data from Stage 1 of this project, previously detailed in the Project Assessment Report submitted to OJJDP, indicate that there are no active programs of reunification



nor printed guidance material on reunification available to families when their previously missing child is recovered.

**Program Goals.** The goal of this program is to develop an educational system which: 1) will assist families when their previously missing child is recovered, and 2) is capable of being implemented on a national basis. This educational system would be field tested at multiple sites in the United States, modified as necessary as a result of that field test, and delivered to OJJDP in final form, ready for national implementation.

**Intended Audience.** The intended audience of this program will be those individuals who 1) by statute are most likely to be involved in the recovery of a previously missing child, and 2) by training and community system placement are best placed to provide psychological services to reunifying families. For the first audience category, law enforcement officers with juvenile expertise and experience are, by statute, most likely to be involved in the recovery of a previously missing child. Consistent with general law enforcement practice, a limited number of selected officers with juvenile expertise and experience would receive the reunification training program and would subsequently serve as the specialized resource for their jurisdiction. For the second audience category, mental health professionals with 1) training and experience in the delivery of psychological services to families and children, and 2) local government funded or designated responsibility for the delivery of these services are by training and community system placement best placed to provide psychological services to reunifying families. These selected law enforcement officers and mental health professionals would be composed into reunification teams, would receive reunification program training together, and would then provide, within their jurisdiction boundaries and during the project field test period, on-site assistance to families in the reunification of a recovered, previously missing child. A third audience of victim/witness coordination, and child and family protective service workers will have an important, but more limited level, of orientation/participation in the reunification program training.

Participation by the above individuals in project training and subsequent service delivery will require agreement to: 1) review pre-training printed and audio-visual materials on missing children and their families, 2) conduct a series of meetings to establish the law enforcement officer/mental health professional team and basic policy operation, and 3) agree to provide reunification assistance during the field test period to a specified number of families and children within their law enforcement jurisdiction/mental health catchment area.

**Basic Training Format.** The basic training format consists of three components: 1) training workshop, 2) training manual, 3) reunification video production, and 4) training support materials.

The training workshop consists of three days of didactic instruction, experiential learning, and team-building.

During Day One, the trainee is briefed on:

- 1) the current state of knowledge on the incidence of missing children,
- 2) the current state of knowledge on the incidence of reunification of missing children,
- 3) the current state of knowledge of the actual reunification process for families with their recovered child,

- 4) the current research on non-family abductions, and
- 5) three complete stranger abduction case histories, characterized by severe to moderate psychological and physical abuse, from dealing with trainee experience and role definitions in cases of stranger abduction.

Next, a stranger abducted, recovered child and his/her family are live interviewed by Project Director, Dr. Chris Hatcher. The live-interview format is a very effective, integrative teaching technique. Dr. Hatcher is assisted in this process by Dr. Joann Lippert of The University of Nevada-Reno. Dr. Lippert is a child and family psychologist with extensive forensic experience. Dr. Lippert has treated five cases of children who have been reunited with their parents after a stranger abduction, has teaching/video tape material on such cases, with complete patient releases for the use of this material in the training session.

During Day Two, the trainee is briefed on:

- (1) the current research on family abductions,
- (2) a complete parental abduction case history, characterized by severe psychological and/or physical abuse from pre-abduction to post-reunification, and
- (3) a complete parental abduction case history, characterized by moderate psychological abuse and/or no known physical abuse.

Dr. Geoffrey Greif of the University of Maryland presents this section. Dr. Greif has just completed a series of parental abduction studies using the Child Find private, voluntary organization database, and has also interviewed parental abductors on video tape. Next, a parentally abducted, recovered child and his/her family live interviewed by the project director, Dr. Chris Hatcher.

During Day Three, all trainees are briefed on:

- (1) a complete runaway case history, characterized by severe psychological and physical conditions, and
- (2) an overview of available research on runaway populations.

Trainees are then divided into two tracks: 1) Law enforcement track, and 2) Mental health track. This track division permits specialized instruction in the topics most relevant to each professional group. The law enforcement track presents case oriented instruction from nationally recognized detectives who have all managed major investigations of child abduction leading to child recovery and reunification with the family. Lt. Richard Gordy of the Concord, California Police Department, and Detective Charles Masino of the Phoenix, Arizona Police Department served as faculty for this track. This track is completed by Steve Hurm, formerly Assistant Florida State's Attorney, Career Criminal Prosecution Unit. Mr. Hurm has successfully prosecuted major child abduction cases, focusing upon the importance of victim/witness issues in the post recovery case investigation and prosecution. The mental health track presents detailed assessment and treatment instruction, addressing these issues, as outlined in the child trauma and psychological consequences sections of the Reunification of Missing Children Manual. Full case histories are supported by video-tape interviews. Dr. Lippert and Dr. Hatcher served as instructors for this section. In the latter part of Day Three, all trainees return to review Reunification Team function. All reunification team (law enforcement, mental health, and social service) trainees will be provided with a training manual,

training video, and educational support materials. These training items incorporate a basic educational design principle: 1) the presentation of material more traditionally relevant to job performance in a specific discipline (e.g., for law enforcement team members, investigative issues in stranger/non family abduction recovery), and 2) the presentation of material less traditionally relevant to job performance in a specific discipline, but capable of enhancing performance (e.g., for law enforcement team members, issues in psychological recovery for child victims and their families). This educational design principle provides each reunification team member within a given discipline with new material traditionally relevant to job performance, while also providing new material that assists in understanding the functions of other reunification team members in other disciplines.

The training manual is designed as a detailed document for use both during the training sessions and as a reference source during the field period. The manual is approximately 250 pages in length and includes:

- (1) an introduction to the missing child problem and the federal response to the problem,
- (2) problem incidence as defined by NISMART and other studies,
- (3) the current state of knowledge on stranger/non family abduction,
- (4) a detailed stranger/non family abduction case history which covers pre-abduction, abduction, reunification, and post-reunification issues,
- (5) the current state of knowledge on parental abduction,
- (6) a detailed parental abduction case history which covers pre-abduction, abduction, reunification, and post reunification issues,
- (7) the current state of knowledge on runaways,
- (8) a detailed runaway case history which covers pre-disappearance, disappearance, reunification, and post-reunification issues,
- (9) the Reunification Team,
- (10) recovery and reunification process: issues for the responding law enforcement officer,
- (11) mental health professional response I: the model of Family Assessment,
- (12) mental health professional response II: the model reunification process,
- (13) social service/victim witness response,
- (14) media relations issues, and
- (15) future literature references.

The training film "When Your Child Comes Home" is designed to provide a common ground of issues, expectations, and understanding for both families of non family abducted children and the reunification team members. For families of stranger/non family abducted children anticipating recovery, the film will convey an illustration of high probability reunification events and decisions, and should stimulate discussion and planning for reunification within the family, and with reunification team members. For reunification team members, the film will convey the basic practical format of reunification which can be adapted to their individual community. Most importantly, however, the presentation of the film from a reunification team member to the family of the stranger/non family abducted child is a tangible expression of mutual hope for recovery and concern for child and family experience during reunification.

The issue of the on-camera narrator is potentially crucial to the success of the video with the intended audiences. John Walsh was selected as the on-camera narrator, as his substantial visibility

and credibility in the missing child movement would be likely to enhance family acceptance and identification with the video.

This film design has been successfully employed previously with children and families facing other traumas, such a childhood cancer, natural disasters, and parental loss. Design content is based upon a series of interviews with recovered family/non family abducted children and their families, law enforcement officers, mental health professionals, and social services professionals. These interviews conveyed a uniform absence of a basic consensus about family attitudes and stresses, law enforcement investigative requirements, communications and actions during the actual reunification, and the existence of long-term post-reunification consequences for recovered child and family. Families and reunification team members need to achieve this basic consensus in order to begin to develop their working relationship that will promote the rehabilitation of recovered child and address the stresses on parents and siblings, while meeting law enforcement investigative needs.

The film then functions both as a stand-alone self-instructional item for families, as well as visual aid for the reunification team training process.

## **Project Stage II - Program Development**

The objective of Project Stage II was to develop a program of reunification assistance based on research and the assessment of prior reunification programs. In addition to the literature review, research on reunified families, and assessment of prior reunification programs conducted during Project Stage I, an additional foundation for program development was composed. This additional foundation focused upon attitudes toward reunification of missing children programs by the service providers most likely to be involved in one part or another of the reunification process. These service providers included law enforcement personnel, mental health professionals, victim/witness agency staff, and child welfare/social service staff.

**Law Enforcement Personnel Issues and the Development of a Reunification of Missing Children Team.** During Stage II, project staff have conducted interviews on the missing child recovery experience of police officers, FBI agents, district attorney investigators, and prosecutors in a selected series of states, including Arizona, California, Georgia, Illinois, Kansas, and Maryland.

These interviews indicated that:

- (1) law enforcement personnel are interested in improving their effectiveness in the reunification of the previously missing, now recovered child with the family,
- (2) the major portion of this interest on the part of law enforcement personnel is in improving their effectiveness in the investigation/prosecution of crimes against the child which have occurred during the child's disappearance,
- (3) within this major area of interest of investigation/prosecution, law enforcement personnel are most concerned with improving their effectiveness in knowledge of abduction crime characteristics, recovered child interview techniques, and parent communication/management,
- (4) no program of training is available for law enforcement or human service personnel in the reunification of missing children with their families,
- (5) law enforcement officers likely to be involved in the reunification of missing children

may come from a variety of departmental assignments including crimes against the person units, missing persons units, sex crimes units, juvenile units, community relations units, and regular patrol,

- (6) current federal, state, and local economic constraints will tend to prohibit the development of any permanent specialized units for missing child investigation/reunification,
- (7) the known circumstances of missing child cases will tend to result in the development of temporary specialized investigation units or major assignments of time of individual officers where the assessed potential for child harm is high (e.g., observed stranger abduction vs. parental abduction with no prior threats of harm to child or left behind parent or frequent short-term runaway),
- 8) it is difficult to predict in a completely accurate manner which law enforcement officers will be placed in such temporary investigation units or receive such major assignments of time, and
- 9) any program of training or implementation model would need to deal with the above issues.

**Human Services Staff Issues and the Development of a Reunification of Missing Children Team.** During Stage II, project staff have conducted interviews on the child and family trauma experience of mental health professionals, victim/witness agency staff, and child welfare staff in a selected series of states including Arizona, California, Georgia, Kansas, Illinois, Maryland, Nevada, and Texas.

These interviews indicated that:

- As contrasted with law enforcement officers, human services staff across the above categories have very limited experience with missing children and their families.
- Victim/witness agency staff have very limited experience with missing children and their families.

This appears to be due to the following four factors:

- (1) victim/witness agencies require demonstrable physical or emotional injury to qualify for victim compensation funds,
- (2) such victim injury is usually sustained in non-family abductions which are relatively infrequent nationally,
- (3) few parental abduction child victims have been able to demonstrate physical or emotional injury to the level required by victim/witness agencies to qualify for compensation, and
- (4) runaways must both demonstrate that they have injuries secondary to a crime against them during the disappearance, and overcome personal/family dysfunction to make the claim.

- Child welfare/social service agencies have very limited contact with missing children and their families.

This appears to be due to the following factors:

- (1) temporary custody of a child recovered from a non-family abduction which are relatively infrequent nationally,

- (2) temporary custody of a child recovered from a family abduction with allegations of abuse or neglect against the recovering parent, and
  - (3) temporary custody of a child recovered from runaway status with allegations of abuse or neglect against a member of the recovering family. While the last two circumstances are more frequent than the first, child welfare/social service agency involvement with a missing child is a very infrequent event.
- As contrasted with law enforcement officers and other human service agency personnel, mental health providers, whether in a public agency or private practice, have almost no experience with missing children and their families.
  - Because of this lack of experience with the population of concern, project staff have examined experience with child and family trauma resulting from other higher frequency events (e.g., natural disaster, assault, death of family member, life-threatening illness, etc.)
  - Mental health professionals serving in public agencies are subject to defined service priorities. With the deinstitutionalization of the seriously mentally ill from state hospitals to local community care, the majority of public mental health agencies have assigned their highest priority to the care of the chronically, seriously mentally ill, as well as to crisis intervention.
  - Mental health public agency services to children and family trauma are highly variable from one community to another. For example, the best organized response to child and family trauma in one community may be in the area of child sexual assault, while a community in the adjoining county may have its best organized response in the area of adolescent suicide. These well-organized programs usually emerge from the interaction among a highly-visible tragic child trauma case(s), an interested local mental health professional, and a supportive elected official. The high degree of variation in programs stems from the fact that different types of child trauma may occur in different communities and may then be met by different levels of professional and political interest.
  - One would predict that this high degree of variation in the nature of the population served could be overridden if:
    - (1) the trauma is massive, generally a major natural disaster such as earthquake, hurricane, or flood, or
    - (2) a more limited trauma is so emotionally powerful that the larger unaffected population is moved by empathy for those directly affected or by fear of the trauma happening to themselves.

For example, the 1989 Northern California Earthquake produced a rapid reprioritization of mental health services and manpower to assist trauma victims. In a similar manner, the child sexual assault mental health services of many communities are a result of highly-visible tragic cases of child death by abuse. However, this pattern of development does not always hold true. Mothers Against

Drunk Drivers (MADD) arose from the individual experience of Candy Lightner, who lost her daughter to a drunk driver who had several previous convictions. Her articulate, persistent presentation of her experience eventually produced a well-documented change in drunk driving penalty laws in many states, and an ongoing national organization. However, this level of legislative and community response has not been matched by a corresponding increase in mental health services targeted for this population.

In a similar way, the missing child movement has arisen from the experience and activism of individually affected parents, such as John Walsh. In recent U.S. history, few social movements have had the legislative, educational, law enforcement, and public awareness impact as the missing child movement. Yet, here again, there has not been a corresponding increase in mental health services for missing children and their families, either at the point of disappearance or at the point of recovery and reunification. One might guess that this lack of mental health services to missing (subsequently recovered) children and their families might be due to: 1) the absence of a funding source for public or private mental health services to this newly recognized population in need, 2) professional reluctance due to a lack of technical knowledge about the psychological consequences of the missing experience on child and family and appropriate treatment methods, and/or 3) personal reluctance due to increased awareness of the potential for child abduction in the professional's own family or the potentially overwhelming size of the runaway subcategory of the missing population.

The absence of a funding source for public or private mental health services to missing children and their families does not appear to be a primary obstacle, as the majority of states have victim/witness laws which provide compensation for physical and mental therapy for injuries related to the criminal act.

Professional reluctance due to the lack of technical knowledge about child trauma in general, and missing children and their families in particular, does appear to be a legitimate obstacle.

Test presentations by project staff on the psychological consequences of the missing experience for children and families and the recovery/reunification process have confirmed both the lack of technical knowledge and an interest in acquiring such knowledge on the part of mental health professionals.

Personal reluctance due to increased awareness of the potential for child abduction in the professional's own family also appears to be a significant obstacle. The previously referenced test presentations by project staff also illustrated that the subject matter is anxiety producing for almost anyone, whether they are a mental health professional well-experienced in other types of abnormal behavior or not.

Finally, mental health professionals are similar to law enforcement officers in their preference for skills training with a high degree of generalizability to other, more frequent job tasks. For mental health professionals, this primarily means interviewing, assessment, and treatment skills which apply to the reunification of missing children and their families and also are transferable to intervention with other types of child and family trauma.

**The Reunification of Missing Children Team Concept: Law Enforcement Attitudes.** The implications of this analysis of law enforcement attitudes toward the reunification of missing children and their families are as follows:

- Law enforcement officers are interested in improving their effectiveness in working with child crime-victim populations.
- Law enforcement officers, not surprisingly, are most interested in improving their effectiveness in case investigation activities related to missing children and other child victim populations.
- Law enforcement officers do not have training available through existing channels to improve their effectiveness in case investigation activities related to missing children and other child victim populations.
- Law enforcement officers may be assigned to a given missing child investigation from a variety of departments within a law enforcement agency. Law enforcement officers receiving training in the reunification of a previously missing, now recovered child with the family will need to come from a variety of departments within a law enforcement agency and/or be available for on-call response outside their duty assignment to other departments within their agency.

**The Reunification of Missing Children: Mental Health/Social Service Professional Issues.** The implications of this analysis of mental health attitudes toward the reunification of missing children and their families are as follows:

- Victim/witness and child welfare agency staff have very limited experience with missing children and their families.
- Mental health professionals in the public sector have concentrated resources in services to the chronically, seriously mentally ill.
- Mental health professionals in the public sector have varied considerably in the level of services provided for any type of child and family trauma.
- Mental health professionals in the public sector have provided organized services to the runaway category of missing children and their families.
- Mental health professionals in the public sector have not provided organized services to the stranger abduction and/or parental abduction categories of missing children and their families.
- This lack of mental health services may be due to: 1) absence of a funding source, 2) absence of technical knowledge about the missing child population, and/or 3) personal reluctance due to increased awareness of the potential for child abduction in their own family.



- Absence of a funding source does not appear to be a major obstacle, as state crime victim/witness compensation laws in almost every state reimburse for relevant mental health services.
- Absence of mental health technical knowledge about the missing child population does appear to be a major obstacle.
- Personal reluctance due to increased awareness of the potential for child abduction in the mental health professional's own family does appear to be a significant obstacle.
- Mental health professionals are similar to law enforcement officers in their preference for skills training with a high degree of generalizability to other, more frequent job tasks. The above information represented a further refinement of knowledge about law enforcement and mental health professional motivation toward reunification assistance to recovered children and their families and was incorporated in the reunification prototype field test design and training materials.

## **Project Stage IV - Reunification Program Field Site Implementation**

### **Reunification Program - Field Site Selection**

A general announcement of the field-test phase of the Reunification of Missing Children and a request for field site interest was mailed to each of the state missing-child clearinghouses. Clearinghouses were then requested to forward the announcement to agencies that might be interested in having their jurisdiction designated as a reunification of missing children project site. The announcement was divided into the following major sections:

- (1) program origin,
- (2) current tasks facing law enforcement,
- (3) current tasks facing mental health/social service staff,
- (4) prior interagency problem-solving models,
- (5) reunification of missing children training program,
- (6) training program description,
- (7) post-training field test period,
- (8) field test period-on-site law enforcement response,
- (9) field test period-on-site mental health response,
- (10) field test period-follow-up mental health response,
- (11) field test period-child welfare, victim/witness response,
- (12) program evaluation and future development,
- (13) summary, and
- (14) key program announcement facts. Interested agencies were requested to contact the project.

Requests for detailed program information have come from the following locations:

- (1) Naperville Police Department/Illinois State I-SEARCH Unit (DuPage County, Illinois located in the metropolitan Chicago area),

- (2) Interagency Council on Child Abuse and Neglect (Los Angeles County, California,
- (3) Kansas City Police Department (Kansas City, Missouri),
- (4) Hillsborough County Sheriff's Office (Tampa, Florida),
- (5) Phoenix Police Department (Phoenix, Arizona),
- (6) Georgia Bureau of Investigation (metropolitan Atlanta, Georgia area),
- (7) King County, Washington Police Department for the (metropolitan Seattle, Washington area),
- (8) Missing Child Clearinghouse for the Washington State Patrol,
- (9) Office of the Attorney General for the State of Nebraska (metropolitan Omaha, Nebraska area),
- (10) Office of the Attorney General for the State of Nevada,
- (11) Virginia Beach, Virginia Police Department (metropolitan Norfolk, Virginia area,)
- (12) Virginia State Police (Fairfax and Virginia Beach County Police Departments),
- (13) Office of the Attorney General for the State of New York (metropolitan Buffalo, New York area), and
- (14) Spokane Police Department (metropolitan Spokane, Washington area).

### **Potential Field Site - DuPage County, Illinois**

DuPage County, Illinois, forming a major section of metropolitan Chicago, requested information on the project through the Naperville Police Department. Law enforcement services to missing children and their families are coordinated through a regional representative of the I-SEARCH unit of the Illinois State Police. Mental health services are provided through a county-wide agency. Eight potential sites were then identified as being interested in an on site visit. Each potential site, site characteristics, reunification program needs, and reason for designation as a project site will now be discussed. In response to the request for project information, initial on-site meetings with Illinois state agency representatives took place in April, 1990, project staff conducted additional on-site meetings during December, 1990. These meetings included briefings on the reunification to: a) law enforcement supervisors and officers from the locality, b) the director of the mental health agency and four of his program directors.

**Concerns of Illinois Site Law Enforcement.** Consistent with project staff experience at other sites, the primary concerns of Illinois law enforcement are:

- Will information gained in the reunification training program generalize and assist us in case investigations?
- Will it be possible to develop the program to serve first families with children recovered from non-family or family abductions, and subsequently consider service to families with children recovered from runaway status?
- From which police units will officers be trained?

Project staff have noted the first concern, responding with appropriate revisions of training materials. Project staff noted the second concern and the reasonableness of the request due to the very

high numbers of returned runaways in most jurisdictions. Project staff noted the third concern, and recognize the need for each individual locality to have considerable flexibility in determining which officers will be trained due to the substantial variation in police department organizational structure.

**Concerns of Illinois Site Mental Health Professionals.** Consistent with project staff experience at other sites, the primary concerns of Illinois mental health professionals are:

- Will the information gained in the reunification training program generalize and assist us in the diagnosis and treatment of other child and family trauma?
- Will it be possible to develop the program to serve first families with children recovered from non-family or family abductions, and subsequently consider service to families with children recovered from runaway status?
- Is there a source of supplemental funding for mental health services to this population?

Project staff noted the first concern, composing training materials that would ensure the general utility of the concepts and interventions in the reunification training program to other-child and family trauma problems. Project staff noted the second concern and the reasonableness of the request due to the very high numbers of returned runaways in most jurisdictions. Project staff noted the third concern, and sought out documentation for the mental health agency on reunification service funding reimbursement through the state victim/witness compensation program. Existing state victim/witness programs provide for the reimbursement of physical and mental health services for problems of the crime victim, as they are directly related to the crime. While reimbursement utilization by public mental health agencies has been quite limited, these programs are in existence in Illinois and most states and can be utilized.

**Potential Field Site Development Issues.** Project staff work continued with I-SEARCH unit staff of the Illinois State Police, DuPage County law enforcement, and DuPage County Mental Health Center staff to refine plans for reunification program implementation. The primary task involved the location of a field site period funding source for the mental health services component. Two funding sources were pursued.

First, I-SEARCH staff met with the Crime Victims Division, Illinois State Attorney General's Office. While the response of the victim/witness coordinators to this initiative was positive, the agency was not accustomed to assisting recovered abduction child victims or recovered exploited runaway youth, nor for providing reimbursement for services to these groups.

Victim/witness agency lack of familiarity with the missing child and family victim group may be due to the absence of such categories in crime victim reporting statistics, in any case. Project staff found few agencies providing services to this victim group. Despite a lack of familiarity, project staff have found that victim/witness agency staff in Illinois and other states are routinely finding this service group to be covered for services under their authorizing state legislation and are open to providing services. However, recovered missing children and their families are not presently a visible

victims group, for victim/witness agencies, who represent an important source of post-crime services.

In the discussions with the Illinois victim/witness coordinators, it was noted that a standard criterion needed to be agreed upon for qualification for services by missing children and their families. For recovered abduction child victims, such a criterion might be the opening of a crime investigation file, or charges filed by the state against the abductor. The former criterion was agreed upon for the purpose of the reunification program implementation. The selection of a criterion of an open-case investigation file is more desirable as it ensures the provision of services to parental abduction cases where the filing of charges and follow-through prosecution is highly variable. It was also noted that only a potentially small subset of the total set of runaway youth would qualify for services under the authorizing legislation and the above administrative regulation criterion, as the runaway youth would have to have actually been the victim of a crime.

The net result is that children and families recovering from a non-family abduction will receive services for mental or physical health rehabilitation under such legislation while children and families of recovering from a runaway episode will not receive services unless the child has been the victim of a specific crime during the runaway episode. Alternatively, most major metropolitan areas do have one or more runaway shelters, supported in full or in part by public funds. However, such shelters are not present in rural and semi-rural areas and provide only short-term shelter and counseling.

Second, I-SEARCH staff met with the Illinois State Department of Children and Family Services, an interagency Illinois state consortium with Children's Justice funds annually designated for the support of new or model social and educational needs programs. This was necessitated by the view of the DuPage County Mental Health Center that victim/witness reimbursement might not be sufficient to cover costs of services to be provided. Accordingly, DuPage County Mental Health and I-SEARCH staff prepared a formal application for funding. The application was subsequently reviewed and is anticipated to be funded in the amount of \$15,000. These funds were designated for administration by DuPage County Mental Health for services to recovered missing children and their families.

### **Potential Field Site - Los Angeles County, California**

A similar request for information from the Los Angeles County Interagency Child Abuse Council (ICAN). In response to this request, project staff held a series of on-site meetings during October and November, 1990. The Los Angeles County Interagency Child Abuse Council is a very active agency, coordinating child abuse investigation, training, and welfare response from all governmental agencies in the county. The Chair of the Council is the Sheriff of Los Angeles County. ICAN also has a lay auxiliary which has a consistent record of success in raising private funds for ICAN projects. The October meeting between project staff and ICAN staff consisted of a detailed briefing on the field-test process. In attendance at this meeting were the head of the juvenile divisions for both the Los Angeles Police Department and the Los Angeles Sheriff's Department, as well as senior representatives for child services from the Los Angeles County District Attorney's Office, Los Angeles County Mental Health, Los Angeles County Victim/Witness Program, and Child Protective

Services. The Los Angeles County Mental Health Agency indicated that they would not be able to supply mental health professionals from their full-time staff. However, they would proceed to designate a coordinator who would supervise licensed mental health professionals from the private sector and other community agencies, with funding compensation through the victim/witness program. Such a supervisory procedure would provide practice liability coverage for reunification cases. Subsequently, the ICAN Executive Board voted to request that the entire agency endorse negotiations for Los Angeles County to be a field site. The November, 1990 meeting between project staff and ICAN staff totaled 60 people in attendance, including the Sheriff as Chair, the District Attorney, two County Supervisors, and others. At this meeting, the entire agency reviewed and ratified the Executive Board's recommendation that negotiations proceed for Los Angeles County to be a reunification field test site. The agency anticipated that a specific section of Los Angeles County would need to be designated as a reunification implementation site, due to the difficult administrative logistics of attempting to implement a program throughout the entire Los Angeles Basin.

Subsequently, ICAN and its member agencies continued to indicate their enthusiasm and intent to proceed rapidly forward to obtain approval as a reunification site and to begin program implementation. The level of organization and energy of this group in pursuing an objective was both impressive and commendable.

### **Potential Field Site - Kansas City, Missouri**

A similar request for information from the Kansas City, Missouri Police Department was responded to by project staff by providing preliminary information at a meeting in September, 1990 with the head of the department's training academy. This was followed up by communications with law enforcement officers from the community relations division of the department. These officers have a special motivation for the field test in that they are also members of the Lost Child Network, a private voluntary organization of Kansas and Missouri law enforcement officers who assist each other on missing child cases. The Lost Child Network has participated as a field site in the Families of Missing Children: Psychological Consequences and Promising Interventions Project. Consideration of Kansas City, Missouri as a potential field site was then placed before the Chief of the Department. The office of the Chief of the Kansas City Police Department, in consultation with selected division heads in training and investigations, reviewed the prior commitments of the Department to new programs and the potential participation of the Department as a field test site in the Reunification of Missing Children Program. After this review, a decision was made that, due to prior commitments, the Department would have insufficient resources to be a field test site this year.

### **Potential Field Site - Hillsborough (Tampa) County, Florida**

A similar request for information from the Hillsborough County (metropolitan Tampa) Sheriff's Department, as a part of the County's participation in the OJJDP sponsored Missing Children's Community Action Program (M-CAP), has been responded to by project staff. In September, 1990, the M-CAP Project conducted its first community training for the Hillsborough County agencies. Reunification project staff attended the latter two days of this training, presented a detailed briefing on the reunification project, and subsequently met with agency heads to discuss the county's

potential as a field test site. An ongoing series of communications between reunification project staff and M-CAP project staff have taken place with respect to reunification program development and field test site implementation for Hillsborough County.

Subsequently, a series of significant state and international developments took place that impacted upon Hillsborough County agencies. First, a new governor took office in the state of Florida. Among his initial activities was a decision to decentralize human services, moving service delivery from a state-funded and state-administered system to a state-funded and county-administered system. As a result, each Florida county human service agency needed to proceed to develop contingency plans to accommodate this impending change. As the Hillsborough County human service agency redirected its resources to this major change in the size and scope of its agency's responsibilities, plans for other projects were delayed. This included plans for a 1991 application to be a reunification program implementation site. Second, the onset of the Persian Gulf War resulted in the call-up of reserve military in the Hillsborough County Sheriff's Office. This occurred simultaneously with a series of threats of terrorism by Iraq toward U.S. targets and the Super Bowl NFL professional football event in Hillsborough County. These developments placed substantial new demands upon Sheriff's office resources that were previously unanticipated. As a result, Hillsborough County indicated that reunification training was still a very desired item, as so identified in their M-CAP master plan, but that the above developments would preclude their applying as a site in the current reunification project.

### **Potential Field Site - Phoenix, Arizona**

A request for information on the reunification project from the Phoenix, Arizona Police Department was responded to by project staff, who met with two detectives from that department in December, 1990. Additional descriptive material was forwarded to the department and was reviewed at command levels.

In February, 1991, project staff completed two on-site meetings with officers of the Phoenix Police Department, including command officers and detectives from the Criminal Investigations Bureau, the General Investigations Bureau, Child Crimes Bureau, and representatives of the Victim/Witness Division of the Maricopa County, Arizona Attorney's Office. The Phoenix Police Department was most interested in the investigation of missing child cases, and in applying as a site in the reunification project. Two factors may have been significant in contributing to this high level of interest. First, the Phoenix Police Department has, in recent years, experienced several high-visibility child kidnapping cases. Second, this year the state of Arizona passed its first victim/witness services bill. Third, Detective Charlie Masino is well recognized for his expertise in kidnap investigations, has been instrumental in solving several Phoenix area high-visibility child kidnapping cases, and is a member of the advisory group for the M-CAP Project in developing investigation training course materials. Project staff met additionally with Phoenix Police Department detectives to review the case investigation details of recent child kidnappings in the Phoenix area in order to ensure that the reunification training program would fully knowledgeable of local history in this crime area.

## Potential Field Site - Atlanta, Georgia

In response to requests, project staff corresponded and met on site with Georgia Bureau of Investigation Intelligence Unit staff members to review the potential of the metropolitan Atlanta, Georgia area as a site for the reunification project. To assess interest in the reunification program, the Georgia Missing Children Information Center (MCIC), a unit within the GBI, conducted a survey, during February, 1991, of law enforcement agencies within the metropolitan Atlanta area, and contacted the Georgia State Human Resources Office as well. The response to their survey was quite positive, resulting in an on site presentation in March, 1991 of the reunification program at the GBI Headquarters in Atlanta, including an introduction to the GBI Director. In attendance at this presentation were officers from the police departments of Atlanta, Cobb County, DeKalb County, Rockdale County, and Conyers; a senior representative of the Georgia Department of Human Resources; and Victim/Witness Agency staff from the City of Atlanta, DeKalb County, and Rockdale County; and a senior representative from the Georgia State Mental Health Department.

The level of interest on the part of these representatives was very high. Several factors may be significant in contributing to this high level of interest. First, the series of child abduction/homicides approximately 10 years ago, frequently referred to as the Atlanta Child Murders, remain an important event for both law enforcement and the community as a whole. Child abduction case investigation is viewed as a priority in metropolitan Atlanta law enforcement agencies. Second, the Underground Railroad, which assists parental abductors who believe that abduction is necessary to save the child from sexual or physical abuse, is headquartered in Atlanta. Metropolitan Atlanta law enforcement agencies indicate that the presence of the underground railroad results in their frequent involvement in complex, difficult parental abduction investigations and recoveries.

Subsequently, the GBI indicated that they would be the lead agency in reunification program implementation. GBI staff indicated that the training session could be held at GBI Headquarters, then obtained formal commitments to participate from the police departments of Atlanta, Cobb County, DeKalb County, Rockdale County, and Conyers. The Georgia Department of Human Resources committed three to five caseworkers from each of the six Metro Atlanta counties, and were most specific about wanting to know when this training would be available for their staff in every other Georgia county. Victim/Witness Agencies from the City of Atlanta, DeKalb County, and Rockdale County committed to participate. Senior staff of the Georgia Regional Hospital at Atlanta, with whom project staff have previously worked on other projects, contacted each of the area Mental Health Center Child Services Coordinators in the area, met with them to explain the project, and obtained their participation. This participation by public mental health agencies is especially important as the state of Georgia is one of the few remaining states without a fully active victim/witness compensation law. This means that the cost of mental or physical health post child recovery is not reimbursable to public mental health agencies or private service providers, and that public mental health agencies participating in the reunification field test would do so without the sources of funding available to other sites in other states.

## **Potential Field Site - King County (Seattle), Washington**

In response to requests, project staff conducted conferences with staff of the Criminal Investigation Division of the King County, Washington Police Department, and the Washington State Patrol Clearinghouse for Missing Children. Within the community, King County Police Department staff reviewed the reunification program with Operation Lookout, a regionally recognized missing-child, private voluntary organization, the Tukwila Police Department, and the Attorney General's Office of the State of Washington. Based upon positive response from these individuals on behalf of their agencies, an on-site presentation was scheduled and held in April, 1991, in King County Police Department facilities. All of the above-listed agencies and divisions were represented at this presentation, and the response to potential field-site status was most positive. Especially notable was the demonstrated high level of joint working relationship among the King County Police Department staff, the Washington State Patrol, Clearinghouse for Missing Children, and private organization Operation Lookout. Subsequent to this meeting, the King County Police Department indicated that they would be the lead agency in a reunification program implementation.

## **Potential Field Site - Omaha, Nebraska**

Project staff corresponded and conducted telephone conference calls with the Child Protection Division, Office of the Attorney General of the State of Nebraska. An on-site presentation was scheduled for and was completed in April, 1991 in Omaha, Nebraska. In attendance at this presentation were staff from the Victim/Witness Assistance Program of the Douglas County Attorney's Office, the Nebraska Department of Social Services, the Nebraska Department of Social Services, the Nebraska State Patrol, the Omaha Police Department, and the Douglas County Sheriff's Office. The level of interest on the part of the representatives was very high. However, concern was noted by representatives that the Omaha area was only recording 2-3 child stranger/non family abductions a year and 6-8 parental abductions a year. Law enforcement officers also recalled that a prior federally-funded research project in domestic violence had to extend its field period due to a lower frequency of domestic violence cases that was anticipated by the population base size. With regard to missing children, representatives acknowledged, as project staff has found frequently, that youth (usually adolescent girls) who are abducted and sexually assaulted are classified as sexual assault, not abduction, cases. This classification convention may, then, be a factor in the lower frequency count. Representatives decided to review case frequencies within their respective law enforcement jurisdictions and convey that information to project staff. The Office of the Attorney General of the State of Nebraska indicated that they would be the lead agency in the field site application process. Subsequent contact affirmed both the high level of interest in field site designation, but qualified by a continued concern over case flow. For this reason, Omaha was not selected as a project site.

It was then recommended to OJJDP that the applications of the ICAN agency for the Los Angeles area, the Illinois State Police I-SEARCH Unit for the DuPage County area of Chicago, the Georgia Bureau of Investigation for the Atlanta area, the Phoenix Police Department for the Phoenix area, and the King County Police Department for the Seattle area be approved. The above recommendations were reviewed and accepted by OJJDP.



## Field Site Program Implementation

Following selection of the five field sites, the reunification of missing children program was implemented at each site.

At the Chicago (DuPage County) field site, the Naperville, Illinois Police Department was selected as the host agency for the DuPage County site, and Sharon Murphy was designated as the site coordinator. Training site arrangements were made at the Sheraton Naperville Hotel and the Naperville Police Department. The Naperville Police Department provided access to their new, state-of-the-art training facilities in a recently occupied multi-million dollar building. The training was conducted on June 5, 6, and 7, 1991, with 40 trainees from law enforcement, social service, and mental health agencies. The I-SEARCH unit of the Illinois State Police contributed the cost of catering during the training program. For the live interviews, one family with a recovered, non-family/stranger abducted child was brought in from Florida, and one family with a recovered, parentally abducted child was brought in from Indiana. Following the training, an initial response plan was composed and an agreement was reached for periodic reunification team follow-up meetings during the field test period. The first follow-up meeting was then scheduled for mid-July, 1991.

**Post Training Team Development.** DuPage County, IL (Chicago, IL area) Reunification Team have continued bimonthly meetings hosted by the Naperville Police Department. I-SEARCH staff from the Illinois State Police have contributed speakers and teaching materials to these meetings. In addition, the Reunification Team coordinator and the I-SEARCH program director presented a briefing at the October meeting of the county police chiefs association. The county juvenile officers association has determined that the Reunification of Missing Children program will be the focus of their annual training program to be held in March, 1992. The county mental health center has determined that the Reunification of Missing Children program will be the focus of a state wide mental health association training event, as well. As has been previously indicated for other sites, funding for mental health services to recovered children and their families has been an ongoing issue. In the midst of across the board state budget cuts in Illinois, I-SEARCH staff from the Illinois State Police were successful, after considerable effort, in accessing limited funds from a pre-existing small grant program in the state child and family services unit. However, such funds are naturally insufficient to cover the costs of mental health services to the target population. Further, in DuPage County, as well as in most parts of the U.S., community mental health centers are not integrated into the crime victim compensation program and reimbursement procedures. It is apparent that for generalized application of the principles of the reunification of missing children and for other services to families of missing children that substantial inter-agency educational efforts will be necessary to bridge the existing gap between state/county crime victim compensation programs and mental health providers.

At the Atlanta field site, the Georgia Bureau of Investigation was selected as the host agency, and Vivian Tucker was designated as the site coordinator. Training site arrangements were made at the Dekalb College, adjacent to GBI headquarters. The training was conducted on June 12, 13, 14, 1991, with 55 trainees from law enforcement, social service, mental health, and victim witness agencies. The GBI provided the training facilities and audio-visual support at no charge to the training

program. For the live interviews, one family with a recovered, non-family/stranger abducted child was brought in from Virginia, and one family with a recovered, parentally abducted child was obtained locally. Following the training, an initial response plan was composed and agreement was reached for periodic reunification team follow-up meetings. During the field test period, the first follow-up meeting was then scheduled for early July. It is noted that the Atlanta site is a metropolitan area composed of several counties, requiring reunification team response to be organized around a county by county basis. The Atlanta reunification team is currently exploring the formal designation of two area hospitals as reunification and child evaluation sites. Within one week post-training, the Atlanta site had experienced a parental abduction recovery, and a stranger abduction recovery. These cases provided a timely reminder of the importance of missing child cases in the Atlanta community, and highlighted the inter-agency relationship areas necessary for further development.

**Post Training Team Development.** The Atlanta Reunification Team is coordinated by the state missing child clearinghouse in the Georgia Bureau of Investigation. During the quarter ending December 31, 1991, the state of Georgia experienced a series of across the board budget cutbacks, including GBI layoffs and mandatory days off without pay for GBI staff. Such budget restrictions also affected the state mental regional hospitals and the community mental health centers. The bimonthly meetings presented during the initial implementation period declined, and team members' contact became case response focused. Nonetheless, the team mental health coordinator has continued to work toward the development of a regionalized hospital system for the initial evaluation of recovered, previously missing children. At the present time, the state of Georgia has no functional victim/witness compensation program and the efforts of the mental health team members to the reunification program are entirely on their own commitment and dedication.

### **Field Site Implementation - Phoenix, Arizona**

At the Phoenix field site, the Phoenix Police Department served as the host agency, and SGT Jack Locarni, head of the Department's Missing Persons Unit, was designated as the site coordinator. LT Charles Crawford has served as the senior command staff member for the program. Training was conducted on July 17, 18, 19, 1991 at the Phoenix Police Department Regional Academy. The Academy contributed meeting facilities, audio visual support, and general meeting support to the training program. Over 50 trainees from law enforcement, social service, mental health, victim/witness, county prosecutor's agencies were present, with additional representation from private mental health providers. Participation by Phoenix Police Department command staff was noted as especially active and supportive of the program. For the live interviews, one family with a recovered, non-family/stranger abducted child was brought in from Nevada, one family with a recovered, parentally abducted child was brought in from California, and one family with a recovered, parentally abducted child participated from the local Phoenix area.

During the initial week of training at the Phoenix site, a steering committee was composed which met at noon during each day of the training in order to develop an operations plan for the implementation of the program that was tailored to the Phoenix area. As the steering committee worked to develop the operations plan, six distinctive characteristics of the site were evident:

- (1) the Phoenix Police Department is the largest law enforcement agency in the area, serving the largest segment of the population in the area,
- (2) the Missing Persons Unit of the Phoenix Police Department has achieved a significant degree of recognition within the Department in both recovered alive and recovered deceased cases. In turn, the Department as a whole has received recognition from the community for their work in the missing persons investigation area,
- (3) the Victim/Witness Program staff have demonstrated a high degree of motivation to participate in the Reunification Program, despite the high caseload and multiple job demands so characteristic of victim/witness programs around the country,
- (4) Victim/Witness Program staff had previously developed strong, working relationships with private mental health providers so that services could be obtained for other categories of crime victims,
- (5) these private mental health providers had previously developed a complete, practical understanding of the mental health reimbursement procedures for crime victims in their county,
- (6) crime victim compensation programs in Arizona are administered at the county level. For Maricopa County, Arizona, the administering agency is the Crime Victim Foundation, directed by Natacha Pelaez-Wagner.

The Foundation has a compensation review board that examines every presented claim. Through Ms. Wagner's efforts, the Foundation as a whole and the compensation review board in particular have worked to understand the emotional aspects of crime victimization and to develop working relationships with private mental health providers who are especially interested in services to crime victims.

These six distinctive characteristics of the Phoenix site were a positive influence on the initial efforts of the steering committee, as missing persons was accepted as a valid investigative area by the area's largest law enforcement agency and the private mental health provider-crime victim/witness compensation program system was functional. The Missing Persons Unit of Phoenix Police Department was designated as the call out agency, with call out notification procedures to be housed in the Department's dispatch unit.

**Post Training Team Development.** The first Phoenix site inter-agency team meeting was held on August 2, 1991, just two weeks after the conclusion of the training. Further discussion of response plan development took place, and SGT Locarni was designated to draft a formal operations plan. Team participants were reminded that stranger/non-family abduction of a child are infrequent and it could be six months to a year before the first case occurred. However, within weeks after the first inter-agency team meeting, a small child was abducted from a shopping area parking lot in Phoenix. One male and one female defendant seized a car, forcing the mother and one child out of the vehicle, and taking the vehicle and the other small child with them. In the subsequent investigation, it was determined that the defendants had abandoned another vehicle across the street. In this abandoned

vehicle, personal effects of the defendants were recovered which led to their identification and the identification of their relatives and friends. SGT Locarni determined that there could be significant benefit to the reunification process if the reunification team could proceed to develop a relationship with the family while the investigation was underway, and he proceeded to mobilize the team. The team, consisting of one Missing Persons Unit detective and one mental health provider, proceeded to the family's home. Here, they were able to provide support and structure to the family in crisis. Meanwhile, the defendants had continued in flight across 3 states, eventually stopping in Utah. Based upon information developed in a joint investigation by the Phoenix Police Department and the FBI, it was believed that the defendants may have been headed toward Montana and might now be somewhere in the state of Utah. Having received this information, the police chief of Beaver Creek, Utah spotted the vehicle and the defendants outside of a Western Union office in his town. When the police chief attempted to stop the defendant's vehicle, a high speed chase ensued involving 10 police units over a 40 mile length of highway. During this chase, the child was located in the footwell of the rear seat area, and did not have a seat belt or any other safety restraint device. Eventually, the defendants' vehicle was run off the road, the defendants were arrested, and the child recovered unharmed except for one small bruise. The Reunification Team was present with the family at their home when the notification of child recovery came in. The mother was designated to fly to Utah to pick up the child, and the father was designated to remain in Phoenix to take care of the remaining children in the family. The Reunification Team provided support and structure throughout this process and in the succeeding weeks. The family's evaluation of law enforcement's response to their child's kidnapping and recovery was extremely positive, and this was reflected in the extensive community media coverage of the post recovery period. Subsequently, the Reunification Team involved in this particular case was able to share their experience with other trainee/participants in the program, generating considerable interest throughout the group. In addition, the post recovery case follow up showed several areas for inter-agency response clarification, and this was accomplished.

Phoenix Reunification Team members have also continued with meetings approximately once per month. As the Phoenix site is organizationally more uniform, team members have readily established case criteria and call out procedures. Several early successful and high public visibility cases have generated a high level of enthusiasm and team member participation. As a result, the Phoenix Reunification of Missing Children Program was the focus of the annual Board Meeting of the Crime Victims Foundation. The Board Meeting was held at the Downtown Arizona Club on November 19, 1991 with 22 board members from business, industry, government, and education, as well as command staff from the Phoenix Police Department. The senior level of board members is illustrated by board members such as the Honorable John McCain and the Honorable Dennis DeConcini. In attendance at this meeting as well were all of board members who review each citizen request for victim compensation and recommend action to be taken. The two hour board meeting presentation by project staff was then followed by a hosted dinner for the executive committee of the board and Phoenix Police Department command staff. As a result of the highly positive impact of this event, the Crime Victims Foundation has requested that the Reunification of Missing Children program be the focus, in 1992, of their once a year education and fund raising event for area business and industry leaders. The recovery and reunification in August, 1991 of a non-family/stranger abducted child and public discussion of the Reunification Program, as illustrated by the Crime Victims Foundation Board Meeting have enhanced the positive community evaluation of the

Phoenix Police Department and of its command staff in bringing in new programs to benefit Phoenix citizens.

## **Field Site Implementation - Los Angeles, California**

At the Los Angeles site, the Los Angeles County Interagency Child Abuse Council (ICAN) was selected as the host agency and Deanne Tilton was designated as the site coordinator. ICAN has strong, established community presence on child abuse and welfare issues. Further, ICAN Associates serves as a fund raising unit for the organization's activities. ICAN Associates include a wide representation of Los Angeles business and entertainment industry individuals. During June and July, 1991, ICAN staff and project staff meet twice in Los Angeles to further refine plans for the training. The lead law enforcement agencies in the development process were the Los Angeles Police Department and the Los Angeles County Sheriff's Office. The lead missing child center was Find the Children. Find the Children is based in West Los Angeles, and was founded by Linda Otto, who co-produced two movies, "Adam" and "Adam-His Song Continues," about the abduction of Adam Walsh and his family's subsequent efforts on behalf of other missing children and their families. Find the Children and ICAN have worked together on previous projects. To implement the reunification program at the Los Angeles site, Find the Children committed their organization to provide reimbursement for services to families of recovered children for that portion not reimbursed through the crime victims compensation program or private insurance. The lead mental health agency which agreed to participate in the delivery of the mental health services was the Didi Hirsch Community Mental Health Center. It is noted that mental health services have been undergoing reductions in services throughout California, and the Didi Hirsch Community Mental Health Center had experienced a 20% reduction in funding for the current year. The training was conducted at Long Beach Conference Center facilities on September 4, 5, and 6, 1991. For live interviews, one family with a recovered, non-family/stranger abducted child was interviewed, together with two families with a recovered, parentally abducted child. Approximately 70 trainees from law enforcement (Los Angeles Police Department, Los Angeles County Sheriff's Office, and the FBI), child protective services, mental health, victim/witness, parental abduction unit investigators of the Los Angeles District Attorney's Office, mental health providers, and social service personnel. Of special note was the participation of two superior court judges for the complete training program. The above high level of participation in the reunification training program was matched by the level of commitment of individual trainees to operationalizing the program. However, such operationalization is more complex than in less populated areas with fewer agencies. The initial plan called for the three primary law enforcement agencies (Los Angeles Police Department, Los Angeles County Sheriff's Office, and the FBI) and the parental abduction unit of the Los Angeles County District Attorney's Office to notify Find the Children as the coordinating agency which would then handle all secondary notifications of relevant team members. A cachement coverage area was constructed along the western portion of Los Angeles from approximately Hollywood to almost Long Beach. Reunification team member meetings were scheduled to occur monthly.

**Post Training Team Development.** The first Los Angeles post training Reunification Team meeting was held on September 25, 1991. The Team reviewed that conduct of training program and reported in the meeting minutes that (1) all trainees were in agreement that the training had a very positive impact and was extremely well presented, (2) the use of live interviews of families, interplayed with the multi-media elements, were well integrated and generated thoughtful consid-

eration by the trainees, and (3) the training facility and training facility staff utilized contributed greatly to the comfort level of the trainees and their ability to deal with the emotionally difficult material presented. The Team next proceeded to work further on operationalization of plans. To assist in this process, the Phoenix Police Department presented on the Phoenix site's implementation of the reunification project and on several cases that the Department had participated in. Following this presentation, the Team anticipated three primary types of recovery cases: (1) non-family/stranger abduction recoveries, (2) parental abduction recoveries without child abuse allegations, and (3) parental abduction recoveries with child abuse allegations. It was further anticipated that the later category of parental abduction recoveries with child abuse allegations would involve the most work and need for inter-agency coordination. In this regard, the role of child and protective services was discussed, with special attention to work out reunification team mental health services access to a child who had been recovered and temporarily placed in a secure county child center or foster home. Liaison was discussed so that child and protective services would have specially designated staff to coordinate with the reunification team services delivery. The issue of forensic evaluation of a child, generally performed for the county by the Stuart House organization, was discussed and a similar need was identified for a designated staff member of that organization as a liaison to the reunification team. Key liaison members of the team for law enforcement and other primary participating agencies were identified, and the cachement area wide start up date was reviewed.

The second Los Angeles Reunification Team meeting was held on October 16, 1991. The referral of parental abduction recovery cases were discussed with the District Attorney's office being identified as the primary source with approximately 120 cases per year. For all cases, it was decided that when a child is recovered by law enforcement, the law enforcement officer would notify the law enforcement reunification team member within his/her agency who would in turn contact Find the Children. Find the Children would then assume all coordinating responsibility for notifying Didi Hirsch Community Mental Health Center and the Los Angeles County Victim Witness Command Post which dispatches all victim/witness assistance requests. Find the Children would also assume follow-up responsibilities and would serve as the single source of case data for all participating agencies. Next, alternative definitions of abduction (law enforcement case opened versus violation of court order report) were discussed and the need for a county wide system of data collection was identified. The Los Angeles Police Department policy on child abduction was reviewed, and each team member received a copy of the Los Angeles Police Department Legal Bulletin on Child Abduction Laws. The Bulletin, dated December 3, 1990, is a concise, well written summary of both California state laws and police department policy on parental abduction. This document is worthy of review for development of a model draft law enforcement agency policy into which individual state laws and local agency procedures could be meaningfully inserted. Law enforcement officers in most jurisdiction in which project staff have worked have indicated that their agency does not have the resources to develop such procedural manuals, but that their investigative work and assistance to the recovering parent would be greatly assisted by such agency tailored policy documentation. Additional discussion took place with regard to compensation to child abduction victims and their families for mental health services through the state crime victims compensation program. In Los Angeles as well as in other areas of the U.S. in which project staff have worked, it is apparent that very few community mental health centers serve crime victims through their state's crime victims compensation program. Where crime victims in general are served, it appears to be through private mental health providers or private hospitals where the crime victim remains responsible for the cost of services. Compensation is then to the crime victim who is then reimbursed for some portion of the

cost of services incurred. Published information about the extent of covered services is difficult to for the crime victim to obtain. In most cases, the extent of coverage varies from state to state. In some areas, the extent of coverage varies from county to county. Reimbursement to the crime victim for services appears to vary from 6 months post claim filing to over 1 year post claim filing. Didi Hirsch Community Mental Health Center has decided to pursue a course of incorporating the victim/witness compensation program procedures and billing. It is hoped that the victim/witness experience of this organization can then be shared with other community mental centers in Los Angeles County as the reunification program expand county wide.

The third Los Angeles Reunification Team meeting was held on November 12, 1991. The minutes of the meeting reflect plans for public service announcements with Marcus Allen and Joanna Kerns. The need to brief other law enforcement agencies within broadcast range of these public service announcements but not currently participating in the reunification program was discussed. The Los Angeles County Sheriff's Office policy toward missing and abducted children was reviewed, with the notation of 161 parental abduction cases during 1990. It was decided that these 1990 cases should be examined to determine their geographical distribution within Los Angeles County so as to determine if the reunification project cachement area should be expanded. The general consensus was that expansion of the project cachement area was warranted, with transportation of recovered children/families to the Didi Hirsch Community Mental Health Center representing the primary constraint to expansion. Beginning with this meeting, a procedure was instituted for a case by case review of all recovered children and their families who had entered the program. This review has served to further reinforce the value of having a single locus of all information on a case, which is Find the Children for the Los Angeles site.

The fourth Los Angeles Reunification Team meeting was held on December 18, 1991. Didi Hirsch staff announced that an educational briefing would be held for their staff on victim/witness compensation billing and procedures. The parental abduction unit of the Los Angeles County District Attorney's Office reported that an analysis of the geographical location of parental abduction cases during the prior year indicated that most reported cases occur in lower socio-economic areas, and suggested the following areas of Los Angeles County be considered for inclusion: LAPD Sunland Division, Pacoima, North Hollywood, Lakewood, and Lynwood. It was further suggested that this suggested cachement area expansion be subject to LAPD and LASO approval. It was reported that approximately 10 parental abduction recoveries per month are made through the Los Angeles District Attorney's Office. Most of the recovering parents reside out-of-state, and that child and recovering parent are on their way out-of-state within hours, thereby precluding reunification team intervention services at the Los Angeles site. It was noted that transitional reunification team intervention and mental health services should be utilized in cases the turnaround time for interstate or international cases is extended. During the case review section of the meeting, the reunification team focused upon two recent and difficult parental abduction recoveries. An area of special concern involves cases where the parental figures are unmarried and/or the biological parent may have given substantial parenting responsibilities to another parent figure who is without legal rights to the child.

Within the team function, considerable progress is being made toward more complete communication among Los Angeles County agencies, Los Angeles County courts, and out of state county agencies in communication with cases involving parental abduction recoveries with allegations of

child abuse. Team members agreed that, without the team meeting organization, such communication would not be taking place.

Another area of special concern, which is shared by other missing child advocates in California such as Georgia Hilgeman of the Vanished Children's Alliance is the Penal Code specification of the recovering parent in parental abduction cases as the crime victim rather than the child. This Code may be judicially interpreted as to exclude the issue of the impact of the abduction upon the child. Sentencing guidelines in this and other areas of parental abduction are not present at this time. In another but related area, mental health staff and staff from other agencies continued to point out that an area for continued work is with the various court directed evaluations during the post recovery period for parental abductions. Didi Hirsch staff reported that they had developed a flow chart procedure for their staff to attempt to clarify the involvement of court and other social agency personnel in cases referred to them. As with the LAPD Legal Bulletin, such documents are rarely available to agency personnel. Individuals in every area that project staff have worked have stated that their work would be benefited by such outline and/or flowchart policy material which clarifies how such cases are approached and is specifically tailored to the local level.

Team Member Find the Children was designated to respond to an OJJDP RFP for innovative programs to assist missing children and their families. The agency prepared and submitted a proposal to OJJDP to provide mental health services to recovered, previously missing, children and their families. This proposal was approved for 1992-1995. This activity was representative of the Los Angeles site Reunification Team's ongoing efforts to establish a permanent organizational and support structure for the Team, and to move toward Los Angeles County wide service coverage.

The Los Angeles site Reunification Team proposal identified two important components that are necessary to a successful reunification team: (1) the Reunification Team Case Manager function, and (2) the provision of mental health services to recovered children and their families.

**Development of Case Manager Concept.** With regard to the first component, a private voluntary missing child organization, is designated as the Los Angeles site Reunification Team Case Manager. The case manager is responsible for tracking the progress of the case, coordinating the offer/delivery of all support services, and insuring that all Reunification Team agencies have access to up to date case information where necessary.

The Reunification Team Case Manager's role is further defined as follows:

- When the recovery of a non-family or family abducted child has been made, law enforcement (LAPD, LASO, or FBI) would directly notify Find the Children.
- Once notified that a recovery has taken place, Find the Children is responsible for calling members of the Task Force with a relevant role in support services for this particular recovery.
- Find the Children will act to assemble all relevant case information to enable a preliminary evaluation by relevant Task Force members of support services needed, initiation of support services, and coordination of delivery of such support services



with other county agencies such as Child Protective Services or Juvenile Court facilities.

- Find the Children will act as a liaison between families of recovered children and Task Force agencies to insure that families are aware of available services and are able to access them as desired.
- Find the Children will complete the collection of standardized case data on each child/family, services offered, and services delivered.
- Find the Children will forward such collected data to the Inter-Agency Council on Child Abuse and Neglect (ICAN) who will assume final responsibility for reporting data on a project level.

With regard to the second component, Find the Children is designated as the member agency to pursue additional funds to support mental health services to recovered children and their families. In order to insure sufficient coordination and clinical responsiveness for recovery cases, a single mental health member agency was selected to take the lead for service delivery. The agency selected was the Didi Hirsch Community Mental Health Center, located in Culver City. Didi Hirsch Center was selected as it has already established the management structure to implement and supervise the range of mental health services which may be necessary for the post child recovery period. Such services include crisis intervention, psychiatric evaluation, medication treatment, outpatient psychotherapy services, and specialized child abuse evaluation/treatment services.

In a further organizational step, the first edition of the Los Angeles site Reunification Team Operations Manual was composed and distributed to member agencies. When fully completed, the Operations manual will fully detail the responsibilities of each member agency, the day/night/weekend contact procedures, and other oversight matters.

**Targeted Areas for Program Development.** Case review identified five areas for increased inter-agency coordination and definition of services: (1) the often parallel, but separate proceedings of Family Court, Dependency Court, and Superior (criminal) court, (2) the law enforcement and court complications resulting from parental abduction cases involving non-traditional, unmarried families, (3) vehicular liability insurance for agency volunteers who might be involved in the transport of recovered children/families to receive support services, (4) the consistent need to avoid early judgments of parenting adequacy between the recovering parent and the abducting parent, and (5) media involvement at the point of child/family reunification, especially where the child is being returned to the family from a county child protective services location.

In addition, the Child Abduction/Reunification Data Form was revised for the second time to improve completeness and clarity of case communication among Reunification Team members.

### **Field Site Implementation - King County (Seattle), Washington**

The King County, Washington (Seattle, Washington area) Reunification site is coordinated by the King County Police Department. Under the leadership of SGT Dave Barnard and CPT Mike

Nault, the King County Police Department has been one of the most active and enthusiastic agencies in the promotion of the reunification of missing children concept. On the one hand, this interest is supported by the prior case history in the area of the Green River Killer. On the other hand, the Department has established a national reputation for expertise in the investigation of parental abduction cases. Forty representatives from every other county and state agency relevant to the function of a reunification team has also been very supportive, except one agency. The county mental health agency has defined a policy position of limited services only to the severely mentally ill. County mental health participation in any program other than mandated services to the severely mentally ill has been defined as requiring complete advance funding for service and administrative costs. As implementation of the reunification team approach requires active mental health participation, this policy position has a significant impact upon the ability of the rest of the team to proceed. Nonetheless, the King County Police Department has continued in their commitment to implement this program in their community. Department leadership proceeded to private mental health providers in the community and to mental health faculty at the University of Washington. In a series of persuasive efforts and meetings, Department leadership was able to obtain the needed quota of mental health services, and proceed forward with program implementation. A significant degree of recognition is warranted to the dedication and perseverance of King County Police Department leadership to bringing new child crime victim services to their community, regardless of organizational or financial obstacles encountered.

This effort was successful with the conduct of the Reunification training on March 5-7, 1992 in Seattle, Washington. Over 50 trainees from law enforcement, social service, mental health, victim/witness, state missing child clearinghouse, and county prosecutor's office were present, with additional representation from private mental health providers. On site participation by the King County Police Department command staff, including the Sheriff, was noted as especially active and supportive of the program. For the live interviews of families who had recovered their child after an abduction, one family with a recovered, non-family abducted child was brought in from Nevada, and two families with a recovered, family abducted child participated from the local Seattle area.

**Post Training Team Development.** The King County site Reunification Team Steering Committee, met for one hour each day of the March 5-7, 1992 training. This committee composed response plans and assigned organizational responsibilities. A series of steering committee meetings promptly followed. On March 16, 1992, the private mental health providers met as a subcommittee to determine how they would manage on call procedures and clinical case review. On March 19, 1992, just 12 days after the completion of the training, the first full Reunification Team follow-up meeting was conducted, with close to full attendance from all individuals who participated in the training program. On March 19, 1992, a subcommittee meeting was held to assess the role of the Washington State Missing Child Clearinghouse which is a unit of the Washington State Patrol. The Washington State Patrol has a prior history of highly positive service to local law enforcement agencies in missing child case investigative assistance. Current funding issues may constrain the unit to a educational function, which would impact the nature of its participation in the King County site Reunification Team. On April 9, 1992, a subcommittee meeting was held in the offices of the Washington State Attorney General's Office to continue exploration of the roles of state wide agencies in the recovery/reunification process. On April 21, 1992, a subcommittee meeting was held with Child Protective Services to facilitate that agency's work with the private mental health provider component of the Reunification Team. This meeting was most positive, resulting in an agreement

for CPS to contract for services specifically with the private mental health provider component of the Reunification Team.

The above list of follow-up committee and subcommittee meetings by the King County site Reunification Team is very impressive. Not only did they overcome significant obstacles to program implementation, but have continued a fast pace of post training development.

## REUNIFICATION CASE DATA

Seventeen reunification cases were recorded during the implementation phase of the project. 24% of these cases were non-family abductions, and 76% of these cases were family abductions. Cases by project site were: Los Angeles (64%), Phoenix (29%), and Atlanta (6%). The DuPage County, Illinois site and the King County, Washington project sites did not have any non-family or family abduction recoveries during the implementation period.

Of the total cases, law enforcement officers provided data on 53% of the cases. Of the total cases, 47% accepted mental health services, and mental health professionals provided data on 71% of these cases.

**Demographics Age.** Within this sample the average age of the eldest missing child was 7 years, however, ages ranged from 2 to 17 years of age. Two cases also had second missing children whose ages were 13 and 6 years of age.

**Length of Time Missing.** The average length of time gone for the eldest missing children was 815.77 days, although time gone ranged from as little as 1 day to 8 years. Differences were evident in the average time missing between family abduction cases and non-family abduction cases. Non-family abduction cases were missing an average of 1.75 days while family abduction cases were missing an average of 1402.6 days. The two second missing children were missing 52 days and over 3 years and they were both parental abduction cases.

**Sex.** The gender of the eldest missing children was almost equally distributed between male (55.5%) and female (44.4%). All of the second missing children were reported to be female.

**Race.** A large majority of the eldest missing children were reported to be Caucasian (88.9%). The remaining case (11.1%) reported the eldest abducted child was a race other than Caucasian, Black, Asian, or Hispanic. All of the second missing children were reported to be Caucasian.

**Average Annual Family Income.** The average family income, when reported, ranged from \$20,000/year to \$40,000/year (5 cases responded). Twenty percent of the cases were reported to make \$20,000/year; twenty percent were reported to make between \$21,000 and \$25,000; twenty percent were reported to make between \$26,000 and \$30,000; and forty percent were reported to make between \$31,000 and \$40,000.

**Mental Health Professionals.** This section reports information on reunification cases from mental health professionals.

given a new name during the abduction. Of the officers responding to whether or not the child/ren was told not to discuss his/her new identity, half reported the child/ren was not told this. A majority of law enforcement officers stated the child/ren saw his/her abductor more than twice a day (67%) and the remaining officers reported they did not know how often the child saw his/her abductor. Only 11.1% of the children were reported to be threatened with harm during the abduction. Over half (56%) of the officers reported the children were not threatened. Similar percentages were reported concerning whether the child's family was threatened by the abductor. Almost one quarter (22.2%) of the abductors had problems during the abduction (56%).

**Movement During the Abduction.** One-fourth of the law enforcement officers reported that there was frequent movement during the abduction. Another 37.5% of the officers stated there was not frequent movement during the abduction.

**Abductor Release of Control.** Officers were equally divided when reporting if the abductor ever let the child do what he/she wanted by letting the child out of the abductor's control. One-third reported the abductor did let the child do what he/she wanted. One-third reported the abductor did not let the child do what he/she wanted. Family abduction cases were the only cases responding that the abductor had released control of the child.

**Escape Attempts.** 44.4% of the officers reported the child did not attempt to escape during the abduction. An escape attempt was reported in only one non-family abduction case.

**Knowledge of Abduction.** Officers reported that over half (56%) of the cases included a friend of the abductor who was aware of the abduction. One-third of the officers reported a relative of the abductor was aware of the abduction, 11.1% of the officers reported a neighbor of the abductor was aware of the abduction, and 11.1% reported that another child living with the abductor was aware of the abduction. Almost one-fourth (22.2%) of the officers reported that no associate of the abductor was aware of the abduction.

**Affect of the Abductor.** A large majority (89%) of law enforcement officers reported the abductor was at some time warm and caring toward the missing child. No differences existed between abduction types in whether the abductor showed warmth/caring toward the child.

**Thoughts of Family/Home During the Abduction.** Thoughts experienced by the missing child about home during the abduction included: daydreams of being at home (22.2%); episodes of sadness, with crying (11.1%); episodes of sadness, with no expression (11.1%); and thoughts about being found (11.1%).

**Primary Event Leading to Recovery.** The primary event leading to recovery was varied between cases. Officers reported the child told the police, the child told an adult who told the police, a search picture was recognized by an adult, the return was mediated by a missing child agency, police arrested the abductor, and a response option other than those listed (all responses by 11.1% of the officers). Responses were spread out across the cases with no type of abduction showing a more typical event leading to recovery.

**Amount of Guidance Received by the Recovering Parent.** Mental health professionals reported 28.6% of the recovering parents received instructions about reunifying with their child.

**Type of Guidance Received by the Recovering Parent.** The types of guidance the recovering parent received concerning the reunification included a variety of directions, such as: control verbal expression; control emotional expression; control physical expression; be aware that the child may not look as you remember; be aware that the child may be upset and tearful; be aware that the child may be quiet and unresponsive; and a response other than those listed.

**Information Wanted and Not Received by the Recovering Parent.** 28.6% of the recovering parents wanted information about the child's physical health and emotional health.

**Return to Normal.** Professionals were generally split on whether they believed the families returned to normal after reunification with 42.9% believing the family did not return to normal. The remaining 14.3% of professionals in the sample believed the family life did return to normal after reunification; 42.9% did not know whether or not the family returned to normal.

**Law Enforcement Officers Report of Initial Actions of Abductor.** Initially, the largest percentage of abductors were reported by law enforcement officers to drive for a distance and stop (44.4%). Less were reported to walk a short distance and stop (11.1%) and do something other than the response options listed (11.1%). No obvious differences existed between responses from family or non-family abduction cases.

**Transportation.** Over two-thirds of the abductors reportedly traveled by car (67%) during the abduction. Only 22.2% of the abductors were reported to travel by plane and 11.1% were reported to travel by foot. Initially, over three-fourths of the children (78%) were taken to an urban area. Only 11.1% of the child/ren were taken to a rural area. One-third of the children were reported to first experience constant travel with no specific destination. Another 22.2% were reported to initially reside in an apartment and 11.1% of the children were reported to initially experience constant travel with a predetermined destination. Approximately ten percent (11.1%) of the children first stayed in a motel. No differences existed between disappearance types in their responses. During a majority of the abduction period 22.2% of the children stayed in an apartment, 33.3% stayed constantly moving with no specific destination, 11.1% stayed constantly moving with a predetermined destination and 11.1% stayed in a motel. No trend in responses was found here based on the type of disappearance.

**Living Conditions During the Abduction.** Over three-fourths of the children were given enough water and food during the abduction (89%) and the same amount of children were given a warm and dry place to stay during the abduction (89%). Only 22% of the children were reported to be physically restricted or confined during the abduction. A large majority of children were allowed to know whether it was day or night (89%). However, only 56% of the children were reportedly allowed to take regular showers/baths. These cases were all family abductions. Two-thirds of the children were allowed to keep their own clothing while only 11.1% of the children were not allowed to keep their own clothing. In contrast, 44.4% of the officers did report the child/ren was given new clothing. These cases were all non-family abductions. One-third of the officers reported the child/ren was not given new clothing. Almost one-fourth of the sample (22.2%) reported the child/ren was

**Mother Behavior Changes.** Behavior changes post-reunification reportedly by mother figures included becoming more responsive to the needs of family members (28.6%), less responsive to family obligations (14.3%), less involved with friends (14.3%), less able to concentrate (14.3%) and more involved with friends (14.3%). Mental health professionals reporting specific behavior changes were involved in non-family abduction cases. Professionals involved in family abduction cases either reported no behavior changes occurred or they were unaware of whether or not any changes occurred. Family abduction cases were almost exactly split concerning the sex of the recovering parent. Thus, sex of the recovering parent did not influence the fact that the mother figures in family abduction cases were not reported to exhibit behavioral changes post-reunification.

**Father Behavior Changes.** Behavior changes post-reunification by father figures were also scarce. Reported changes included becoming less responsive to family obligations (14.3%), less involved with friends (14.3%), less involved in personal interests (14.3%), less involved in personal interests (14.3%), more responsive to family obligations (14.3%) and more involved with friends (14.3%). Changes toward a higher degree of involvement (such as becoming more responsive to family member obligations) were found in family-abduction cases while changes toward a lesser degree of involvement (such as becoming less responsive to family obligations) were found in non-family abduction cases.

**Family Member Most Affected by the Child's Recovery.** The mother figure was most affected by the child's recovery in 50% of the cases. Only 16.7% of responding professionals stated the in-home male parental figure was most affected and one-third (33.3%) of the responding professionals did not know who was most affected.

**Somatic Symptoms Experienced Post-Recovery.** While 42.9% of the professionals did not know if the child experienced any somatic symptoms post-recovery, another 42.9% reported the child experienced nightmares post-recovery. Other somatic symptoms the children reportedly experienced included headaches (28.6%), nervousness (28.6%), upset stomach (28.6%), loss of appetite (28.6%) and a response other than those listed (14.3%). Symptoms were divided evenly between the two types of abduction cases, family and non-family abductions.

**Law Enforcement Competence During the Investigation.** Mental health professionals rated law enforcement competence during the investigation as high (57.1%) or moderate (42.9%). All of the non-family case mental health professionals rated law enforcement competence as high. Family abduction case mental health professionals were more split between highly competent and moderately competent.

**Information Provided by Primary Contact.** Almost half (42.9%) of the parents were told about the circumstances of recovery. Two-thirds of the parents informed of this information were believed to use it to greatly prepare themselves for the reunification. The other third of parents who were informed of this information used it to moderately prepare themselves for the reunification. Over one-fourth of the parents (28.6%) were reported to be given information by the law enforcement official about guidance for reunifying with child. Half of the parents given this information used it to moderately prepare themselves for the reunification while the other half used the information to only minimally prepare themselves for the reunification.

**Distance from Legal Residence of Recovery.** One-fourth reported the child was recovered less than 100 miles from the recovering parent's home in the state of legal residence. Half reported the child was recovered 500 miles or over from the legal residence in a different state, and one-fourth reported the child was recovered in a different country.

**People Present at the Reunification Meeting.** Over half reported police officers were present at the child's recovery (62.5%), 37.5% reported relatives were present, 37.5% reported social workers were present, 37.5% reported other people than those listed were present, 25% reported a media representative was present, 12.5% reported the recovering parent's partner was present, 12.5% reported siblings were present, 12.5% reported physicians were present, and 12.5% reported an attorney was present. **Length of the Reunification Meeting.** Most commonly, the reunification meeting lasted from 30 minutes to 3 hours.

**Location of the Reunification Meeting.** Half of the officers reported the reunification meeting was someplace other than a police station, hospital, missing child center, social service agency, family's home, or morgue. In 12.5% of the cases respectively, officers responded the meeting was at a police station, hospital, and social service agency.

**Child's Initial Physical Response During the Reunification Meeting.** One-third of the officers reported the initial physical response of the missing child during the reunification meeting was that the child hugged their parent/s. Equal numbers (11.1%) of officers reported the child initially moved toward the parent/s; remained distant, quiet, and withdrawn; and/or a response other than those listed in our interview.

**Child's Initial Emotional Responses During the Reunification Meeting.** Over half of the officers reported initially the child exhibited happiness (56%) during the reunification meeting, 44.4% of the children were reported to exhibit excitement, 22.2% of the children were reported to exhibit anxiety, 22.2% of the children exhibited relief, 11.1% of the children exhibited fear, 11.1% exhibited sadness/depression, 11.1% exhibited anger, 11.1% exhibited guilt, and 11.1% exhibited helplessness.

**Child's Initial Topics of Discussion During the Reunification Meeting.** One-third of the officers reported the child initially discussed a topic unrelated to the disappearance or recovery, 22.2% stated the child discussed the circumstances of the disappearance, 22.2% stated the child discussed positive emotions (It's so good to see you), 22.2% stated the child discussed family (where is a particular sibling), 11.1% stated the child discussed negative emotion (I missed you so much), 11.1% stated the child discussed concern about the family (how is a particular family member) and 11.1% stated the child discussed a response option other than those listed. Family abduction cases tended to initially discuss positive emotions than non-family cases; while non-family abduction cases more often discussed the circumstances of the disappearance or family.

**Recovered Child Distress.** Distress may present itself in the form of general psychological/physical symptoms. Distress may also present itself in the form of specific psychological trauma symptoms. To assess specific psychological trauma symptoms in the missing children, the Frederick Trauma Reaction Index for Children was chosen. The Frederick Trauma Reaction Index for Children is a self-report measure of psychological sequelae from exposure to traumatic events. Not coincidentally, the psychological measured by the Frederick Trauma Reaction Index correspond to criteria for

Post-Traumatic Stress Disorder (PTSD), as outlined in the Diagnostic and Statistical Manual for Mental Disorders - III - Revised (American Psychiatric Association, 1987). The scale is composed of 20 Likert style (from None of the Time to Most of the Time) and 8 multiple choice items, which are summed to provide a total score. The higher the scores on this Index, the greater the psychological upset. The average total score of the Frederick Reaction Index Forms for Children was 26.8. The scores ranged from 7 to 62. The average score of the non-family abduction cases is 22.5 and the average score of the family abduction cases is 29.6 (one score was 62; the average with this score deleted becomes 13.5). A score less than 7 on this form is considered to mean no psychic trauma, a score from 7 to 9 on this form is considered mildly traumatized, a score of 10-12 is considered moderately traumatized, and a score of over 12 is considered severely traumatized.

As can be seen from these results, the level of distress for children, as reported by parents is quite pronounced. Such high levels of distress for children are consistent with the levels found in other studies employing larger sample size and a rigorous time series research design (Hatcher, Barton, & Brooks, 1992).

In summary, within this limited set of reunification cases, the average non-family abducted child was of elementary school age, missing an average of 1.75 days and equally likely to be male or female, traveled by car with the abductor for an intermediate distance and stopped, did not attempt to escape during the abduction, was treated in a warm and caring manner by the abductor at some time during the abduction, was not recovered due to any one particular type of event, and relied upon a police officer as the primary source of intervention at the reunification meeting. The average family abducted child was also of elementary school age, was missing an average of 1,042 days, was not more likely to have been female or male, traveled by car with the abductor for an intermediate distance and stopped, did not attempt to escape, knew of an adult friend of the abductor who was aware of the abduction, involved an abductor who was at some time warm and caring toward the missing child, and relied upon a police officer as the primary source of intervention at the reunification meeting.

## **OVERALL PROJECT CONCLUSIONS AND RECOMMENDATIONS**

The projected national incidence of missing children varies depending upon the agency data base used. For example, the California State Department of Justice reported 478 parental abduction cases for 1991, which would result in a national incidence projection of 3,979 parental abduction cases for 1991 or 1 case per 62,000 population. The Los Angeles County District Attorney's Office reported 120 parental abduction recoveries in 1991, which would result in a national recovery incidence projection of 3,482 parental abduction recoveries in 1991 or 1 case per 74,000 population. The Illinois State Police reported the opening of 194 parental abduction cases for 1991, which would result in a national incidence projection of 4,228 parental abduction cases opened in 1991 or 1 case per 59,000 population.

The above information would tend to infer that Reunification of Missing Children Teams would be most likely to develop and be maintained in large urban population centers, where the size of the population would generate a sufficient case flow to warrant the time and manpower commitment that a Reunification of Missing Children Team requires. Given the current level of knowledge of



abduction case flow through law enforcement agencies and the current economic situation of many American communities, it is unlikely that smaller cities, semi-rural areas, and rural areas would have the funding resources to support their own Reunification of Missing Children Team. This would not represent a completely new situation as large urban population areas traditionally have more specialized law enforcement agencies, mental health professionals, and other types of expertise potentially available to citizens.

Nonetheless, non-family and parental abductions have, and will continue to occur in every community, from urban to rural. Public service personnel will also continue to respond to these situations through local resources, supported by outside consultation. Outside consultation by phone, fax, and mail can be very effective in enhancing the quality of service delivered to citizens.

In the experience of this project, the effectiveness of the reunification of missing children concept appears to be primarily dependent upon the interaction of seven factors:

- (1) establishment of an inter-agency work group concerned with child crime victims, and committed to finding new solutions to assist missing children and their families,
- (2) that such an inter-agency work group has a primary focus upon enhanced law enforcement response and a secondary focus upon enhanced psychological/social response,
- (3) that ongoing external expert consultation is necessary after the conduct of initial training,
- (4) at present, mental health providers have limited knowledge of the problems encountered by missing children and their families,
- (5) at present, mental health providers in the community mental health sector do not characteristically view missing children and their families as population to be served,
- (6) at present, mental health providers are focusing services upon the severely mentally ill/psychotic/immediately dangerous to self or others population, and
- (7) mental health providers in the community mental health sector and in the private sector have only very limited involvement with the policies and procedures of state crime victim compensation programs.

As a result, law enforcement agencies, child protective services, and the judicial system will continue to function at present without mental health services support in the both the reunification of missing children and in other services to families of missing children.

To overcome this condition, the following steps would be necessary:

- (1) a programmatic, ethnically/racially sensitive, educational program through the mental health professional associations to increase provider knowledge of the problems facing missing children and their families,

- (2) a federal inter-agency initiative to obtain consensus on missing children and their families as representing a population of concern for psychological services, and
- (3) a programmatic, ethnically/racially sensitive, educational program to assist public and private mental health providers in their understanding and utilization of state/federal crime victim compensation programs.

The current position of services to recovered children and their families of missing children can be compared with the past position of services to sexually abused children and their families. Fifteen years ago, only minimal, incidence information was available on sexually abused children. Child interviewing and investigative techniques for law enforcement were quite limited. Mental health assessment and treatment information was not easily accessible to therapists. Contact among different agencies or professional disciplines on a given child sex abuse case was primarily a matter of individual case worker or law enforcement officer initiative. Today, child sexual abuse continues to be a difficult social problem. Yet, there is little disagreement that significant advances have been made. Public awareness of the problem reached a level that supported legislation requiring prompt mandatory reporting of potential child sexual abuse by therapists, teachers, and other child care providers. States such as California even began to require lifetime database registration of sex offenders, due to their demonstrated history of re-offense. Psychological research on sexually abused children began to demonstrate the existence of long-term psychological consequences, affecting even future generations. Colleges and universities began to offer courses to educate mental health professionals in assessment and treatment of these families. Similar research produced a clearer picture of the offender and of the offender's priority of self-gratification, regardless of the physical and mental cost to the child victim.

Probably the most significant governmental response was the development of multi-agency, multi-disciplinary teams to coordinate the evaluation, clinical treatment, social service, and legal disposition of child sexual abuse cases. Typically, the most effective of these efforts has been the vertical child sexual abuse prosecution team, which designates investigators and prosecutors to follow a case from beginning to final disposition.

The problem of missing children and their families, however, has only just started to collect reliable, substantive information that can assist in responsible public policy planning. While major advances have been made in law enforcement response in selected jurisdictions, consistency in laws and uniformity in their implementation remains unachieved.

Most significantly, skilled mental health services to these children and families remains almost non-existent. Further, public mental health systems, reduced by budget revisions, have come to focus primarily upon the management of severely disturbed adults, and do not view missing children and their families as a priority population, private mental health providers, even with the availability of state victim/witness compensation programs for psychological treatment, have not become involved with this population, perhaps due to lack of technical knowledge and/or reluctance to enter cases with often complex legal and social components.

Inter-agency, multi-disciplinary response teams for missing children and their families are not operational at present. OJJDP has recognized the importance of such inter-agency community

development with the creation of the Missing children's Community Action program (M-CAP). The experience of Reunification of Missing Children Project staff underlines both the need for an inter-agency approach, and the need for the expertise and resources of the M-CAP program to assist communities in concretely achieving such an approach. The community development task in itself is a difficult one, further complicated by major state and local government budget crises in 1991.

Past history has demonstrated the most widely duplicated community action programs have been programs that re-organize or re-prioritize existing community resources, rather than programs that depend upon the infusion of large amounts of external funds. However, implementing the former type of community development is substantially more difficult, especially when complicated by the major state and local government budget crises of 1991. The M-CAP program concept of community goal-setting for services to endangered children and re-prioritization of funding offers the best potential avenue for success.

At this point, the project conceptualizes three options for agency consideration. As can be readily seen, these options are not necessarily mutually exclusive.

## **PRINCIPAL PROJECT FINDINGS AND RESULTS**

- The majority of non-family abducted, family abducted, and runaway children are recovered.
- Non-family abducted, family abducted, and runaway children who are recovered differ significantly in age, sex, time missing, and risk of loss of life.
- Families of non-family abducted, family abducted, and runaway children report severe negative impact of the event upon the child and family beginning with the child's disappearance, extending through reunification, and continuing for at least two years after reunification.
- Almost all families of missing children must face reunification without on site psychological or social service assistance of any kind.
- Existing missing child clearinghouses and resource centers do not have information or programs of assistance for the reunification of missing children with their families.
- The above findings provide substantial support for the need to develop a comprehensive training program to assist law enforcement officers, mental health professionals, social service personnel, victim/witness agency staff, and missing child center staff in the reunification of missing children with their families.
- In response to these findings, a comprehensive training program to assist recovered children in reunifying with their families has been created.
- The Reunification of Missing Children Project has implemented this training program to create multi-agency community teams of law enforcement officers, mental health

professionals, social service personnel, victim/witness agency staff, and missing child center staff.

- The Reunification of Missing Children Project has implemented these multi-agency community teams in five metropolitan areas throughout the United States, providing reunification services to an area with approximately 10 million citizens.
- The Reunification of Missing Children Project has produced a program of instruction, training manual, training film, and associated technical assistance aids which can be used as a part of a multi-agency community team building or as stand alone educational materials.

## RECOMMENDATIONS

- The development of functional multi-agency reunification of missing children teams is most likely to take place within given urban population centers, where there is a sufficiently large case flow of recovered children.
- Pre-developed sites established through the Missing Children's Community Action Program (M-CAP) represent the most effective locations for new reunification of missing children teams.
- Regional workshops, based upon a train the trainers concept, should be conducted for law enforcement officers and mental health/social service professionals at various geographical locations throughout the U.S.
- Existing reunification teams, new teams, and families of missing children residing in areas without team coverage should be supported in the reunification process by telephone technical support provided by trained professional staff of the National Center for Missing and Exploited Children (NCMEC).
- Mass communication methods should be employed to disseminate information on the reunification of missing children and their families, including enhancement of the publication program of the National Center for Missing and Exploited Children (NCMEC), and programmatic involvement with public television and the law enforcement subscription television training network (Law Enforcement Training Network or LETN).
- The further development of reunification of missing children programs should be sensitive to child and family differences based upon socio-economic status and ethnic/racial group identification.

**APPENDIX A**

**STAGE I  
ASSESSMENT TABLES**

Table 2. Type of Disappearance by Recovery Status

	recovery status			Row Total
	Alive	Deceased	Closed	
Type of Disappearance				
Stranger	37	21	2	60
of all	1.0%	.6%	.1%	1.6%
of recovery	1.3%	60.0%	.3%	1.6%
of disappearance	61.7%	35.0%	3.3%	100.0%
Parental	805	2	519	1326
of all	21.5%	.1%	13.9%	35.5%
of recovery	27.7%	5.7%	65.5%	35.5%
of disappearance	60.7%	.2%	39.1%	100.0%
Voluntary or Runaway	2068	12	271	2351
of all	55.3%	.3%	7.3%	62.9%
of recovery	71.1%	34.3%	34.2%	62.9%
of disappearance	88.0%	.5%	11.5%	100.0%
Column Total	2910	35	792	3737
of all	77.9%	.9%	21.2%	100.0%
of recovery	100.0%	100.0%	100.0%	100.0%
of disappearance	77.9%	.9%	21.2%	100.0%

Table 3. Recovery Status by Sex of Child

	sex of child		Row Total
	Male	Female	
<b>recovery status</b>			
Alive	1048	1858	2906
of all	28.1%	49.8%	77.9%
of sex	74.5%	79.9%	77.9%
of recovery	36.1%	63.9%	100.0%
Deceased	15	20	35
of all	.4%	.5%	.9%
of sex	1.1%	.9%	.9%
of recovery	42.9%	57.1%	100.0%
Closed	343	447	790
of all	9.2%	12.0%	21.2%
of sex	24.4%	19.2%	21.2%
of recovery	43.4%	56.6%	100.0%
<b>Column Total</b>	1406	2325	3731
of all	37.7%	62.3%	100.0%
of sex	100.0%	100.0%	100.0%
of recovery	37.7%	62.3%	100.0%

Table 4. Type of Disappearance by Sex of Child

	sex of child		Row Total
	Male	Female	
<b>Type of Disappearance</b>			
Stranger	20	40	60
of all	.5%	1.1%	1.6%
of sex	1.4%	1.7%	1.6%
of disappearance	33.3%	66.7%	100.0%
Parental	715	608	1323
of all	19.2%	16.3%	35.5%
of sex	50.9%	26.2%	35.5%
of disappearance	54.0%	46.0%	100.0%
Voluntary or Runaway	671	1677	2348
of all	18.0%	44.9%	62.9%
of sex	47.7%	72.1%	62.9%
of disappearance	28.6%	71.4%	100.0%
<b>Column Total</b>	1406	2325	3731
of all	37.7%	62.3%	100.0%
of sex	100.0%	100.0%	100.0%
of disappearance	37.7%	62.3%	100.0%



Table 5. Recovery Status by Race of Child

	recovery status			Row Total
	Alive	Deceased	Closed	
ethnicity of child				
white	2413	25	531	2969
of all	67.1%	.7%	14.8%	82.5%
of recovery	84.7%	71.4%	74.6%	82.5%
of race	81.3%	.8%	17.9%	100.0%
black	219	6	98	323
of all	6.1%	.2%	2.7%	9.0%
of recovery	7.7%	17.1%	13.8%	9.0%
of race	67.8%	1.9%	30.3%	100.0%
hispanic	167	3	59	229
of all	4.6%	.1%	1.6%	6.4%
of recovery	5.9%	8.6%	8.3%	6.4%
of race	72.9%	1.3%	25.8%	100.0%
other	51	1	24	76
of all	1.4%	.0%	.7%	2.1%
of recovery	1.8%	2.9%	3.4%	2.1%
of race	67.1%	1.3%	31.6%	100.0%
Column Total	2850	35	712	3597
of all	79.2%	1.0%	19.8%	100.0%
of recovery	100.0%	100.0%	100.0%	100.0%
of race	79.2%	1.0%	19.8%	100.0%

Table 6. Length of Time Missing by Recovery Status

	recovery status			Row Total
	Alive	Deceased	Closed	
length time missing Day or Less of all of recovery of time missing	140 3.7% 4.8% 100.0%			140 3.7% 3.7% 100.0%
Week or Less of all of recovery of time missing	466 12.5% 16.0% 99.6%	2 .1% 5.7% .4%		468 12.5% 12.5% 100.0%
Month or Less of all of recovery of time missing	474 12.7% 16.3% 96.0%	14 .4% 40.0% 2.8%	6 .2% .8% 1.2%	494 13.2% 13.2% 100.0%
90 Days or Less of all of recovery of time missing	428 11.5% 14.7% 96.6%	7 .2% 20.0% 1.6%	8 .2% 1.0% 1.8%	443 11.9% 11.9% 100.0%
Year or Less of all of recovery of time missing	836 22.4% 28.7% 84.0%	5 .1% 14.3% .5%	154 4.1% 19.4% 15.5%	995 26.6% 26.6% 100.0%
Two Years or Less of all of recovery of time missing	174 4.7% 6.0% 58.6%	1 .0% 2.9% .3%	122 3.3% 15.4% 41.1%	297 7.9% 7.9% 100.0%
More than 2 Years of all of recovery of time missing	392 10.5% 13.5% 43.6%	6 .2% 17.1% .7%	502 13.4% 63.4% 55.8%	900 24.1% 24.1% 100.0%
Column Total of all of recovery of time missing	2910 77.9% 100.0% 77.9%	35 .9% 100.0% .9%	792 21.2% 100.0% 21.2%	3737 100.0% 100.0% 100.0%

Table 7. Length of Time Missing by Type of Disappearance

	Type of Disappearance			Row Total
	Stranger	Parental	Voluntary or Runaway	
length time missing				
Day or Less	4	7	129	140
of all	.1%	.2%	3.5%	3.7%
of disappearance	6.7%	.5%	5.5%	3.7%
of time missing	2.9%	5.0%	92.1%	100.0%
Week or Less	13	48	407	468
of all	.3%	1.3%	10.9%	12.5%
of disappearance	21.7%	3.6%	17.3%	12.5%
of time missing	2.8%	10.3%	87.0%	100.0%
Month or Less	17	105	372	494
of all	.5%	2.8%	10.0%	13.2%
of disappearance	28.3%	7.9%	15.8%	13.2%
of time missing	3.4%	21.3%	75.3%	100.0%
90 Days or Less	9	136	298	443
of all	.2%	3.6%	8.0%	11.9%
of disappearance	15.0%	10.3%	12.7%	11.9%
of time missing	2.0%	30.7%	67.3%	100.0%
Year or Less	10	186	799	995
of all	.3%	5.0%	21.4%	26.6%
of disappearance	16.7%	14.0%	34.0%	26.6%
of time missing	1.0%	18.7%	80.3%	100.0%
Two Years or Less	1	191	105	297
of all	.0%	5.1%	2.8%	7.9%
of disappearance	1.7%	14.4%	4.5%	7.9%
of time missing	.3%	64.3%	35.4%	100.0%
More than 2 Years	6	653	241	900
of all	.2%	17.5%	6.4%	24.1%
of disappearance	10.0%	49.2%	10.3%	24.1%
of time missing	.7%	72.6%	26.8%	100.0%
Column Total	60	1326	2351	3737
of all	1.6%	35.5%	62.9%	100.0%
of disappearance	100.0%	100.0%	100.0%	100.0%
of time missing	1.6%	35.5%	62.9%	100.0%

Table 8. Age at Time Missing by Type of Disappearance

	Type of Disappearance			Row Total
	Stranger	Parental	Voluntary or Runaway	
age at missing				
4 Years or Less	12	586	18	616
of all	.3%	15.7%	.5%	16.5%
of disappearance	20.0%	44.2%	.8%	16.5%
of age group	1.9%	95.1%	2.9%	100.0%
5 to 9 Years	16	404	40	460
of all	.4%	10.8%	1.1%	12.3%
of disappearance	26.7%	30.5%	1.7%	12.3%
of age group	3.5%	87.8%	8.7%	100.0%
10 to 13 Years	19	153	297	469
of all	.5%	4.1%	7.9%	12.6%
of disappearance	31.7%	11.5%	12.6%	12.6%
of age group	4.1%	32.6%	63.3%	100.0%
14 to 17 Years	12	67	1926	2005
of all	.3%	1.8%	51.5%	53.7%
of disappearance	20.0%	5.1%	81.9%	53.7%
of age group	.6%	3.3%	96.1%	100.0%
18 Years or Older	1	116	70	187
of all	.0%	3.1%	1.9%	5.0%
of disappearance	1.7%	8.7%	3.0%	5.0%
of age group	.5%	62.0%	37.4%	100.0%
Column Total	60	1326	2351	3737
of all	1.6%	35.5%	62.9%	100.0%
of disappearance	100.0%	100.0%	100.0%	100.0%
of age group	1.6%	35.5%	62.9%	100.0%

Table 9. Age at Time Missing by Sex of Child

	sex of child		Row Total
	Male	Female	
age at missing			
4 Years or Less	352	264	616
of all	9.4%	7.1%	16.5%
of sex	25.0%	11.4%	16.5%
of age group	57.1%	42.9%	100.0%
5 to 9 Years	225	234	459
of all	6.0%	6.3%	12.3%
of sex	16.0%	10.1%	12.3%
of age group	49.0%	51.0%	100.0%
10 to 13 Years	185	284	469
of all	5.0%	7.6%	12.6%
of sex	13.2%	12.2%	12.6%
of age group	39.4%	60.6%	100.0%
14 to 17 Years	563	1442	2005
of all	15.1%	38.6%	53.7%
of sex	40.0%	62.0%	53.7%
of age group	28.1%	71.9%	100.0%
18 Years or Older	81	101	182
of all	2.2%	2.7%	4.9%
of sex	5.8%	4.3%	4.9%
of age group	44.5%	55.5%	100.0%
Column Total	1406	2325	3731
of all	37.7%	62.3%	100.0%
of sex	100.0%	100.0%	100.0%
of age group	37.7%	62.3%	100.0%

Table 10. Race of Missing Child by Type of Disappearance

	Type of Disappearance			Row Total
	Stranger	Parental	Voluntarily or Runaway	
ethnicity of child				
white	43	1014	1912	2969
of all	1.2%	28.2%	53.2%	82.5%
of disappearance	71.7%	82.5%	82.8%	82.5%
of ethnicity	1.4%	34.2%	64.4%	100.0%
black	8	107	208	323
of all	.2%	3.0%	5.8%	9.0%
of disappearance	13.3%	8.7%	9.0%	9.0%
of ethnicity	2.5%	33.1%	64.4%	100.0%
hispanic	8	83	138	229
of all	.2%	2.3%	3.8%	6.4%
of disappearance	13.3%	6.8%	6.0%	6.4%
of ethnicity	3.5%	36.2%	60.3%	100.0%
other	1	25	50	76
of all	.0%	.7%	1.4%	2.1%
of disappearance	1.7%	2.0%	2.2%	2.1%
of ethnicity	1.3%	32.9%	65.8%	100.0%
Column Total	60	1229	2308	3597
of all	1.7%	34.2%	64.2%	100.0%
of disappearance	100.0%	100.0%	100.0%	100.0%
of ethnicity	1.7%	34.2%	64.2%	100.0%

Table 11. Percent of Family Members Self-Reporting  
Negative Impact of Abduction by Time Period

	<u>Week of Disappearance</u>	<u>1-3 Weeks Post-Disappearance</u>	<u>Week of Recovery</u>	<u>Post-Recovery Cumulative</u>
stranger	95%	86%	58%	47%
parental	88%	80%	38%	38%
voluntary	91%	88%	50%	47%

Table 12. Missing Child Clearinghouse/Agency 1988 Incidence and Clearance Rates, Reunification Data

S		Stranger Abduction		Stranger-Cleared		Parental Abduction		Parental-Cleared		Runaway		Runaway-Cleared	
1	AL	(1)	0	(1)	0	(1)	63	(1)	28	(1)	72	(1)	45
2	AZ	(3)	-	(3)	-	(3)	-	(3)	-	(3)	-	(3)	-
3	AR	(2)	1	(2)	1	(2)	28	(2)	25	(2)	15	(2)	14
4	CA	(1)	1	(1)	2	(1)	20	(1)	41	(1)	471	(1)	1124
5	CO	(1)	2	(1)	2	(1)	63	(1)	28	(1)	44	(1)	33
6	CT	(2)	0	(2)	0	(1)	134	(2)	121	(1)	3754	(1)	3553
7	DE	(1)	0	(1)	0	(1)	16	(1)	16	(1)	1735	(1)	1471
8	DC	(1)	0	(1)	0	(1)	7	(1)	5	(1)	2309	(1)	2246
9	FL	(1)	0	(1)	0	(1)	291	(2)	298	(1)	19310	(1)	17094
10	GA	(1)	13	(1)	10	(1)	205	(1)	186	(1)	136	(1)	140
11	IL	(1)	900	(2)	870	(2)	400	(1)	167	(1)	12857	(1)	12532
12	IN	(1)	1	(1)	0	(1)	40	(1)	4	(1)	739	(1)	535
13	IA	(1)	0	(1)	0	(1)	29	(1)	29	(1)	6870	(4)	-
14	KS	(1)	16	(1)	16	(1)	88	(1)	79	(1)	4925	(1)	4883
15	KY	(1)	1	(1)	0	(1)	54	(4)	-	(1)	6705	(4)	-
16	LA	(2)	0	(2)	0	(2)	132	(2)	24	(1)	1	(2)	0
17	MA	(4)	-	(1)	-	(4)	-	(4)	-	(4)	-	(4)	-
18	MO	(1)	0	(4)	5	(1)	6	(1)	49	(1)	11801	(1)	11567
19	MN	(1)	3	(1)	2	(1)	27	(1)	21	(1)	19	(1)	16
20	MS	(3)	-	(3)	-	(3)	-	(3)	-	(3)	-	(3)	-
21	MO	(1)	5	(4)	-	(1)	221	(4)	-	(1)	7356	(4)	-
22	MT	(1)	1	(1)	0	(1)	11	(1)	14	(1)	242	(1)	229
23	NV	(1)	0	(1)	0	(1)	10	(1)	15	(1)	3439	(1)	3201
24	NH	(4)	-	(4)	-	(4)	-	(4)	-	(4)	-	(4)	-
25	NJ	(1)	5	(1)	5	(1)	29	(1)	14	(1)	28	(1)	21
26	NY	(1)	2	(1)	5	(1)	246	(1)	184	(1)	21795	(4)	21377
27	NC	(2)	1	(2)	1	(2)	600	(2)	480	(2)	2600	(2)	1879
28	ND	(3)	-	(3)	-	(3)	-	(3)	-	(3)	-	(1)	-
29	OH	(1)	1	(2)	1	(1)	64	(2)	51	(1)	58	(2)	46
30	OK	(1)	1	(1)	1	(1)	2	(2)	2	(1)	1110	(2)	888
31	PA	(3)	-	(3)	-	(3)	-	(3)	-	(3)	-	(3)	-
32	RI	(1)	0	(1)	0	(1)	1	(4)	-	(1)	4999	(4)	-
33	SC	(1)	7	(1)	5	(1)	17	(1)	26	(1)	68	(1)	79
34	SD	(1)	0	(1)	0	(1)	4	(1)	4	(1)	173	(1)	173
35	TN	(1)	0	(2)	0	(1)	16	(4)	-	(1)	1816	(4)	-
36	TX	(1)	5	(1)	0	(1)	105	(1)	15	(1)	102	(1)	2
37	VT	(2)	0	(2)	0	(4)	-	(4)	-	(1)	254	(2)	241
38	VA	(2)	0	(2)	0	(3)	-	(1)	16	(3)	-	(3)	-
39	WA	(2)	1	(2)	0	(2)	840	(2)	156	(2)	16800	(2)	15120
Total	1	{1}26 (2)7 (3)4	{1}22 (2)10 (3)4	{1}26 (2)5 (3)5	{1}20 (2)8 (3)4	{1}29 (2)3 (3)5	{1}20 (2)7 (3)4						
Total	2	967	926	3,769	2,098	132,601	98,509						

1 - Method of data collection or estimation  
(1 = Actual, 2 = Estimates, 3 = Relies upon NCIC, 4 = Unable to Estimate)

2 - Numerical Totals

- \* Georgia - Incidence rates for fiscal year 1988
- \* Illinois - Incidence rates for fiscal year 1988
- \* Indiana - Incidence rates for period of 4/88 - 7/89



Table 12. (Continued) Missing Child Clearinghouse/Agency 1988  
Incidence and Clearance Rates, Reunification Data

State	Reunification Asst. Referrals	Reunification Program	Phone Invol. Reunification
1 AL	YES	NO	NO
2 AZ	NO	NO	NO
3 AR	NO	NO	NO
4 CA	NO	NO	NO
5 CO	YES	NO	YES
6 CT	YES	NO	YES
7 DE	YES	NO	NO
8 DC	YES	NO	NO
9 FL	NO	NO	NO
10 GA	YES	NO	NO
11 IL	YES	YES	YES
12 IN	NO	NO	NO
13 IA	YES	NO	NO
14 KS	YES	NO	YES
15 KY	YES	NO	NO
16 LA	NO	NO	NO
17 MA	NO	NO	NO
18 MD	YES	NO	NO
19 MN	YES	NO	NO
20 MS	YES	NO	YES
21 MO	NO	NO	NO
22 MT	YES	NO	YES
23 NV	NO	NO	NO
24 NH	-	-	-
25 NJ	NO	NO	NO
26 NY	YES	NO	YES
27 NC	YES	NO	YES
28 ND	NO	NO	NO
29 OH	NO	NO	NO
30 OK	YES	NO	NO
31 PA	NO	NO	NO
32 RI	NO	NO	NO
33 SC	YES	NO	YES
34 SD	NO	NO	NO
35 TN	YES	NO	NO
36 TX	NO	NO	NO
37 VT	YES	NO	YES
38 VA	NO	NO	NO
39 WA	YES	NO	YES
Total	NO-17 YES-21	NO-37 YES-1	NO-27 YES-11

Table 12. (Continued) Missing Child Clearinghouse/Agency 1988  
Incidence and Clearance Rates, Reunification Data

State	On-Site Recoveries
1 AL	1
2 AZ	0
3 AR	0
4 CA	0
5 CO	0
6 CT	0
7 DE	0
8 DC	50
9 FL	0
10 GA	0
11 IL	1
12 IN	0
13 IA	0
14 KS	0
15 KY	0
16 LA	0
17 MA	0
18 MD	0
19 MN	0
20 MS	0
21 MO	0
22 MT	0
23 NV	1
24 NH	-
25 NJ	0
26 NY	0
27 NC	8
28 ND	0
29 OH	0
30 OK	0
31 PA	0
32 RI	3
33 SC	12
34 SD	0
35 TN	0
36 TX	0
37 VT	-
38 VA	0
39 WA	0
Total	75

Table 13. NCMEC Professional Staff Involvement in Reunification

Staff Members

	On-Site Recoveries	Phone Involvement with Reunification
1	0	1
2	0	1
3	0	1
4	0	1
5	0	0
6	0	1
7	0	1
8	0	1
9	0	0

**APPENDIX B**

**REUNIFICATION OF MISSING CHILDREN PROGRAM  
LIST OF PARTICIPANTS**

*Reunification of  
Missing Children  
Team  
Operations Manual*



(Insert name of coordinating agency)

## **Table of Contents**

**I. Reunification of Missing Children Team Fact Sheet**

**II. List of Participating Agencies**

**III. Agency Operations Protocols**

## REUNIFICATION OF MISSING CHILDREN TEAM

**WHAT:**

The ( ) County Reunification of Missing Children Team is a multi-agency project, sponsored by the (Insert Name of Coordination Agency). The Team is composed of representatives from 20 county, city, federal, and private agencies.

**WHY:**

The goal of the Team is to reduce the trauma to children and their families who are victims of stranger/non-family or parental abduction by providing an effective, coordinated multi-agency response to child recovery and reunification.

**WHO PARTICIPATES:**

Participating agencies include the ( ) County Sheriff's Office, the ( ) Police Department, FBI, ( ) County Department of Children's Services, ( ) County District Attorney's Office (Child Abduction Unit and Victim/Witness Program), ( ) Community Mental Health Center, and ( ) missing child agency.

**WHO IS SERVED:**

Children in ( ) County who are recovered following a stranger/non-family or parental abduction, and the families with whom they are reunified.

**TEAM COORDINATING AGENCY:**

(Insert name of coordinating agency)  
1050 Main Street  
Anytown, USA  
Phone: 800-555-1212  
Fax: 800-555-1212

**FOR FURTHER INFORMATION ON REUNIFICATION OF MISSING CHILDREN TEAM, CONTACT:**

(Insert name for organization, address, contact point for further information)

**LIST OF REUNIFICATION OF MISSING CHILDREN  
PARTICIPATING AGENCIES**

- ( ) Police Department
- ( ) Sheriff's Department
- ( ) District Attorney's Office
  - Child Abduction Unit
  - Victim/Witness Assistance
- ( ) City Police Department
- ( ) County City Attorney's Office
- U. S. Attorney's Office
- ( ) County Conciliation Court
- ( ) County Juvenile Court
- ( ) County Superior Court - Child Advocate's Office
- ( ) County Dependency Court
- ( ) County Family Court
- ( ) Child Abuse Coalition
- ( ) Missing Child Agency
- ( ) County Department of Health Services
- ( ) County Department of Children's Services
- ( ) County Department of Mental Health
- ( ) Community Mental Health Center
- ( ) Medical Center
- ( ) County Office of Education



**REUNIFICATION OF MISSING CHILDREN TEAM  
AGENCY PROTOCOL  
COUNTY CHILDREN'S SERVICES PROTOCOL**

**WHAT:** The Reunification of Missing Children Team is a multi-agency response project sponsored by the (Insert name of coordinating agency) and composed of representatives from 20 agencies including law enforcement, courts, and mental health.

**PURPOSE:** To provide effective and human response to children who are recovered after stranger/parental abductions.

**COORDINATING AGENCY:** ( ) has been designated as the coordinating agency, ( ), Executive Director.

**AGENCY NAME:** County Department of Children's Services

**Primary Agency Contacts:**

Child Abuse Hot Line, Children's Social Worker at (Insert names and phone numbers).

**Secondary Agency Contacts:** On site emergency response made by: (Insert names and phone numbers).

**During Business Hours:**

Central Supervisors: (Insert names and phone numbers).

Northern Supervisors: (Insert names and phone numbers).

Southern Supervisors: (Insert names and phone numbers).

**During Non-Business Hours:**

Emergency Response Unit. Supervisors: (Insert names and phone numbers).

**After Hour Contacts:**

Child Abuse Hot Line Children's Social Worker at (Insert phone number). Supervisors: (Insert names and phone numbers).

**(Insert name of coordinating agency) responsibilities to the Task Force:**

1. Will receive child recovery notifications from individual law enforcement officers or FBI agents.
2. Will immediately proceed to request mental health assistance from ( ) as the designated mental health agency.
3. Will request assistance from DCS in cases involving protective custody, child-sexual/physical abuse or child neglect.
4. Will maintain contact with involved agencies until confirmation is received of on-site presence and/or problem resolution.
5. Will provide assistance to member agency staff to insure follow-through by member agencies

and/or mobilization of other resources.

6. Will serve as the information repository for Task Force member agencies for information relevant to the case.

**Agency Responsibilities:**

- DCS-Child Abuse Hotline will receive, assess and assign an in-person response time around the clock to reports alleging child abuse/neglect including protective custody due to abuse/neglect.
- DCS-Regional or ERCP Staff will respond in-person to assess risk and need for continued temporary protective custody.
- Will follow through with ( ) to insure that the coordinating agency is fully aware of decisions made or actions taken with regard to the child recovery.
- Will respond to routine follow-up inquired by ( ) as coordinating agency about the case and will initiate notification of any knowledge of major status changes in the case.

**REUNIFICATION OF MISSING CHILDREN TEAM  
AGENCY PROTOCOL  
FEDERAL BUREAU OF INVESTIGATION  
(LOCAL FIELD OFFICE)**

**WHAT:** The Reunification of Missing Children Team is a multi-agency response project sponsored by the (Insert name of coordinating agency) and composed of representatives from 20 agencies including law enforcement, courts, and mental health.

**PURPOSE:** To provide effective and humane response to children who are recovered after stranger/parental abductions.

**COORDINATING AGENCY:** (Insert name of coordinating agency) has been designated as the coordinating agency, ( ), Executive Director.

**AGENCY NAME:** Federal Bureau of Investigation (FBI)

**Primary Agency Contacts:**

SA ( )  
Office: (Insert phone numbers)  
Beeper: (Insert phone numbers)  
Mobile: (Insert phone numbers)

**Secondary Agency Contacts:**

SSA ( )  
Office: (Insert phone numbers)  
Beeper: (Insert phone numbers)

**After Hour Contacts:**

FBI office (always an agent on duty): (Insert phone numbers).

**(Insert name of coordinating agency) responsibilities to the Task Force:**

1. Will receive child recovery notifications from individual law enforcement officers or FBI agents.
2. Will immediately proceed to request mental health assistance from ( ) as the designated mental health agency.
3. Will request assistance from DCS in cases involving protective custody, child-sexual/physical abuse or child neglect.
4. Will maintain contact with involved agencies until confirmation is received of on-site presence and/or problem resolution.
5. Will provide assistance to member agency staff to insure follow-through by member agencies and/or mobilization of other resources.
6. Will serve as the information repository for Team member agencies for information relevant to the case.

**Agency Responsibilities:**

- "Normal" (non-custodial or stranger abduction) kidnapping -arrest of subject(s) and immediate return of child to parents/guardians.
- Parental kidnapping matters - arrest of fugitive parent/guardian and appropriate return/reunification of child to parents, DCS, guardians, or other.
- Will follow through with (Insert name of coordinating agency) to insure that the coordinating agency is full aware of decision made or actions taken with regard to the child recovery.
- Will respond to routine follow-up inquiries by (Insert name of coordinating agency) as coordinating agency about the case and will initiate notification of any knowledge of major status changes in the case.

**REUNIFICATION OF MISSING CHILDREN TEAM  
AGENCY PROTOCOL  
COUNTY COMMUNITY MENTAL HEALTH CENTER**

**WHAT:** The Reunification of Missing Children Team is a multi-agency response project sponsored by the (Insert name of coordinating agency) and composed of representatives from 20 agencies including law enforcement, courts, and mental health.

**PURPOSE:** To provide effective and humane response to children who are recovered after stranger/parental abductions.

**COORDINATING AGENCY:** (Insert name of coordination agency) has been designated as the coordinating agency, ( ), Executive Director.

**AGENCY NAME:** ( ) Community Mental Health Center (310) 390-6612

**Primary Agency Contacts:**  
( ), Assistant Direct, or Family and Child Services

**Secondary Agency Contacts:**  
( ), Assistant Director, Family and Child Services; ( ), Director, Outpatient Services.

**After Hour Contacts:**  
Answering service picks up calls and will call the staff listed above; wait on line until service makes contact and connects the call through.

**(Insert name of coordinating agency) responsibilities to the Task Force:**

1. Will receive child recovery notifications from individual law enforcement officers or FBI agents.
2. Will immediately proceed to request mental health assistance from ( ) as the designated mental health agency.
3. Will request assistance from DCS in cases involving protective custody, child-sexual/physical abuse or child neglect.
4. Will maintain contact with involved agencies until confirmation is received of on-site presence and/or problem resolution.
5. Will provide assistance to member agency staff to insure follow-through by member agencies and/or mobilization of other resources.
6. Will serve as the information repository for Team member agencies for information relevant to the case.

**Agency Responsibilities:**

Community Mental Health Staff will:

- Receive children and families referred by (Insert name of coordinating agency) and other agencies
- Make arrangements to see the child and family as soon as possible, including when needed, when possible, and when requested by referring law enforcement immediate response at law enforcement agency

- Provide short term reunification mental health services and appropriate referral in-house or out of agency for longer term reunification mental health services
- Maintain contact and case management activities with involved agencies including:
  - a) requesting and coordinating Victim Witness Assistance involvement (financial assistance, transportation, etc.)
  - b) immediate contact with referring law enforcement or other referring agency
  - c) ongoing contact (where appropriate and within limits of minimal court appearance) with judicial system regarding child and parental functioning and threats of re-abduction
  - d) ongoing contact as needed with (Insert name of coordinating agency) in their case coordination function, including resolution of case coordination problems
- Complete research questionnaire
- Present case updates for case coordination purposes at the Team meetings and have once-monthly case staffings internally at the agency at which abduction clinical consultants will be present
- Will follow through with (Insert name of coordinating agency) to insure that the coordinating agency is full aware of decision made or actions taken with regard to the child recovery.
- Will respond to routine follow-up inquiries by (Insert name of coordinating agency) as coordinating agency about the case and will initiate notification of any knowledge of major status changes in the case.

**REUNIFICATION OF MISSING CHILDREN TEAM  
AGENCY PROTOCOL  
COUNTY SHERIFF'S OFFICE**

**WHAT:** The Reunification of Missing Children Team is a multi-agency response project sponsored by the (Insert name of coordinating agency) and composed of representatives from 20 agencies including law enforcement, courts, and mental health.

**PURPOSE:** To provide effective and humane response to children who are recovered after stranger/parental abductions.

**COORDINATING AGENCY:** (Insert name of coordinating agency) has been designated as the coordinating agency, ( ), Executive Director.

**AGENCY NAME:** ( ) County Sheriff's Office, Juvenile Investigations Bureau, East Team, phone ( ).

**Primary Agency Contacts:**

South: Sergeant, phone ( ); Pager ( )

North, pager ( )

**Secondary Agency Contacts:**

Via Sheriff's Information Bureau, Sergeant ( ), pager ( ); Lt. ( ), pager ( )

**After Hour Contacts:**

Notify on-call child abuse investigator assigned to station area whenever a child who is a victim of a 207 P.C. or a 278 P.C. is recovered.

**(Insert name of coordinating agency) responsibilities to the Team:**

1. Will receive child recovery notifications from individual law enforcement officers or FBI agents.
2. Will immediately proceed to request mental health assistance from ( ) as the designated mental health agency.
3. Will request assistance from DCS in cases involving protective custody, child-sexual/physical abuse or child neglect.
4. Will maintain contact with involved agencies until confirmation is received of on-site presence and/or problem resolution.
5. Will provide assistance to member agency staff to insure follow-through by member agencies and/or mobilization of other resources.
6. Will serve as the information repository for Team member agencies for information relevant to the case.

**Agency Responsibilities:**

- Assess child and parent needs
- Will follow through with (Insert name of coordinating agency) to insure that the coordinating

- Will follow through with (Insert name of coordinating agency) to insure that the coordinating agency is fully aware of decisions made or actions taken with regard to the child recovery.
- Will respond to routine follow-up inquiries by (Insert name of coordinating agency) as coordinating agency about the case and will initiate notification of any knowledge of major status changes in the case.



agency is full aware of decision made or actions taken with regard to the child recovery.

**REUNIFICATION OF MISSING CHILDREN TEAM  
AGENCY PROTOCOL  
CITY POLICE DEPARTMENT**

**WHAT:** The Reunification of Missing Children Team is a multi-agency response team sponsored by the (Insert name of coordinating agency) and composed of representatives from 20 agencies including law enforcement, courts, and mental health.

**PURPOSE:** To provide effective and humane response to children who are recovered after stranger/parental abductions.

**COORDINATING AGENCY:** (Insert name of coordinating agency) has been designated as the coordinating agency, ( ), Executive Director.

**AGENCY NAME:** City Police Department

**Primary Agency Contacts:** Lt. ( ), phone ( )

**Secondary Agency Contacts:**  
Via dispatch, Sergeant ( ), phone ( )

**After Hour Contacts:**  
Notify on-call detective assigned to station area whenever child is a victim of a 207 P.C., or a 278 P.C. is recovered.

**(Insert name of coordinating agency) responsibilities to the Team:**

1. Will receive child recovery notifications from individual law enforcement officers or FBI agents.
2. Will immediately proceed to request mental health assistance from ( ) as the designated mental health agency.
3. Will request assistance from DCS in cases involving protective custody, child-sexual/physical abuse or child neglect.
4. Will maintain contact with involved agencies until confirmation is received of on-site presence and/or problem resolution.
5. Will provide assistance to member agency staff to insure follow-through by member agencies and/or mobilization of other resources.
6. Will serve as the information repository for Team member agencies for information relevant to the case.

**Agency Responsibilities:**

- Assess child and parent needs
- Will follow through with (Insert name of coordinating agency) to insure that the coordinating agency is full aware of decision made or actions taken with regard to the child recovery.
- Will respond to routine follow-up inquiries by (Insert name of coordinating agency) as coordinating agency about the case and will initiate notification of any knowledge of major status changes in the case.

**REUNIFICATION OF MISSING CHILDREN TEAM  
AGENCY PROTOCOL  
COUNTY DISTRICT ATTORNEY**

**WHAT:** The Reunification of Missing Children Team is a multi-agency response team sponsored by the (Insert name of coordinating agency) and composed of representatives from 20 agencies including law enforcement, courts, and mental health.

**PURPOSE:** To provide effective and humane response to children who are recovered after stranger/parental abductions.

**COORDINATING AGENCY:** (Insert name of coordinating agency) has been designated as the coordinating agency, ( ), Executive Director.

**AGENCY NAME:** County District Attorney's Child Abduction Unit

**Primary Agency Contacts:**

Assistant District Attorney ( ), phone ( )

Investigator ( ), phone ( )

**Secondary Agency Contacts:**

**After Hour Contacts:**

phone ( )

**(Insert name of coordinating agency) responsibilities to the Team:**

1. Will receive child recovery notifications from individual law enforcement officers or FBI agents.
2. Will immediately proceed to request mental health assistance from ( ) as the designated mental health agency.
3. Will request assistance from DCS in cases involving protective custody, child-sexual/physical abuse or child neglect.
4. Will maintain contact with involved agencies until confirmation is received of on-site presence and/or problem resolution.
5. Will provide assistance to member agency staff to insure follow-through by member agencies and/or mobilization of other resources.
6. Will serve as the information repository for Team member agencies for information relevant to the case.

**Agency Responsibilities:**

- Will follow through with (Insert name of coordinating agency) to insure that the coordinating agency is full aware of decision made or actions taken with regard to the child recovery.
- Will respond to routine follow-up inquiries by (Insert name of coordinating agency) as coordinating agency about the case and will initiate notification of any knowledge of major status changes in the case.

**REUNIFICATION OF MISSING CHILDREN TEAM  
AGENCY PROTOCOL  
COORDINATING AGENCY**

**WHAT:** The Reunification of Missing Children Team is a multi-agency response team sponsored by the (Insert name of coordinating agency) and composed of representatives from 20 agencies including law enforcement, courts, and mental health.

**PURPOSE:** To provide effective and humane response to children who are recovered after stranger/parental abductions.

**COORDINATING AGENCY:** (Insert name of coordinating agency) has been designated as the coordinating agency, ( ), Executive Director.

**AGENCY NAME:** (Insert name of coordinating agency)

**Primary Agency Contacts:**  
Executive Director ( ), phone ( )

**Secondary Agency Contacts:**  
Answering service phone ( ) follow instruction, operator will assist in locating contact person.

**After Hour Contacts:**  
Answering service.

**(Insert name of coordinating agency) responsibilities to the Team:**

1. Will receive child recovery notifications from individual law enforcement officers or FBI agents.
2. Will immediately proceed to request mental health assistance from ( ) as the designated mental health agency.
3. Will request assistance from DCS in cases involving protective custody, child-sexual/physical abuse or child neglect.
4. Will maintain contact with involved agencies until confirmation is received of on-site presence and/or problem resolution.
5. Will provide assistance to member agency staff to insure follow-through by member agencies and/or mobilization of other resources.
6. Will serve as the information repository for Team member agencies for information relevant to the case.

**Agency Responsibilities:**

(Insert name of coordinating agency) has been designated as the coordinating agency. (Insert name of coordinating agency) will 1) receive child recovery notifications from individual law enforcement officers or FBI agent; 2) request mental health assistance from (Insert name of coordinating agency) as the designated mental health agency; 3) request assistance from DCS in cases involving protective

custody, child sexual/physical abuse or child neglect; 4) maintain contact with involved agencies until confirmation is received of on-site presence and/or problem resolution; 5) provide assistance to member agency staff to insure follow-through by member agencies and/or mobilization of other resources; 6) serve as the information repository for Team member agencies for information relevant to the case.

- Will follow through with (Insert name of coordinating agency) to insure that the coordinating agency is full aware of decision made or actions taken with regard to the child recovery.
- Will respond to routine follow-up inquiries by (Insert name of coordinating agency) as coordinating agency about the case and will initiate notification of any knowledge of major status changes in the case.

**REUNIFICATION OF MISSING CHILDREN TEAM  
AGENCY PROTOCOL  
VICTIM WITNESS ASSISTANCE PROGRAM**

**WHAT:** The Reunification of Missing Children Team is a multi-agency response team sponsored by the (Insert name of coordinating agency) and composed of representatives from 20 agencies including law enforcement, courts, and mental health.

**PURPOSE:** To provide effective and humane response to children who are recovered after stranger/parental abductions.

**COORDINATING AGENCY:** (Insert name of coordinating agency) has been designated as the coordinating agency, ( ), Executive Director.

**AGENCY NAME:** District Attorney Victim-Witness Assistance Program

**Primary Agency Contacts:**  
District Attorney Victim Witness Unit, phone ( )

**Secondary Agency Contacts:**

**After Hour Contacts:**  
After hours answering service, phone ( )

**(Insert name of coordinating agency) responsibilities to the Team:**

1. Will receive child recovery notifications from individual law enforcement officers or FBI agents.
2. Will immediately proceed to request mental health assistance from ( ) as the designated mental health agency.
3. Will request assistance from DCS in cases involving protective custody, child-sexual/physical abuse or child neglect.
4. Will maintain contact with involved agencies until confirmation is received of on-site presence and/or problem resolution.
5. Will provide assistance to member agency staff to insure follow-through by member agencies and/or mobilization of other resources.
6. Will serve as the information repository for Team member agencies for information relevant to the case.

**Agency Responsibilities:**

To respond and assist recovered child with immediate crisis intervention. To assist mental health personnel wherever possible, including the transport of child if necessary.

- Will follow through with (Insert name of coordinating agency) to insure that the coordinating agency is full aware of decision made or actions taken with regard to the child recovery.
- Will respond to routine follow-up inquiries by (Insert name of coordinating agency) as coordinating agency about the case and will initiate notification of any knowledge of major status changes in the case.

**APPENDIX D**

**SAMPLE REUNIFICATION CASE INFORMATION SHEET**

**SAMPLE REUNIFICATION CASE PROTOCOL**

**SAMPLE PARENTAL ABDUCTION CASE PROTOCOL**

**SAMPLE FLOW CHART FOR ALLEGATIONS OF CHILD SEXUAL/  
PHYSICAL ABUSE IN PARENTAL ABDUCTION CASES**

**DRAFT**

**Reunification of Missing Children Team  
Child Recovery Information Sheet**

**I. Case I.D.** \_\_\_\_\_

Name \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_

DOB \_\_\_\_\_

Address \_\_\_\_\_

(Pre-abduction) \_\_\_\_\_

(Post-abduction - if different) \_\_\_\_\_

Family constellation (who lived with etc. at time of abduction) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**II. Abduction**

Date \_\_\_\_\_

Circumstances \_\_\_\_\_

**III. Recovery**

Location \_\_\_\_\_

Agency \_\_\_\_\_

Who Present \_\_\_\_\_

Returned to...(if not custodial parent, who and why?) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IV. Post Recovery Agency Contacts**

	<b>Agency Name</b>	<b>Action</b>
Law Enforcement	_____	_____
(include FBI)	_____	_____
DA	_____	_____
Victim Witness	_____	_____
DCS	_____	_____
Mental Health	_____	_____
Health	_____	_____
Other	_____	_____
	_____	_____
	_____	_____
	_____	_____

**V. Abuse Allegations (if any)**

**A. Investigation** \_\_\_\_\_

Narrative \_\_\_\_\_

\_\_\_\_\_

Medical (if done) \_\_\_\_\_

\_\_\_\_\_



# TABLE

## REUNIFICATION CASE PROTOCOLS

### Length of Time Child Missing:

- age at time of abduction
- no age at time of recovery

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### Siblings:

- no siblings
- also abducted
- left with non-abducting parents
- rationale for abduction

### Circumstances of Abduction:

- child taken by custodial parent
- child taken during normal visitation contact
- child taken from another location, e.g., school, babysitter

### 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

### 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, e.g., preparation of 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
- didn't want you/don't love you any more
- hurt you/abused you
  - physical
  - sexually
  - neglect
  - emotionally
  - deprivation
- are alcoholic/drug addicted
- want to take you away so I can never see you again
- will hurt you if they find you
- will hurt/kill me (abducting parent) if they find us
- have died
- bad person who hurt abducting parent

**Communications to Child About Abducting Parent:**

- I'm the better parent
- I can take better care of you than other parent
- I love you more
- I can't live without you
- You belong to me

**Circumstances During Abducted Period:**

- name change
- changes in physical identity, e.g., haircut, hair color change, change in clothing styles
- threats to child of non-disclosure, e.g., They'll take you away from me, we'll never be able to be together again. I'll hurt you if you tell anyone

**Living Conditions During Abducted Period:**

- frequent moves (list locations)
- lack of residence, e.g., travel trailer, hotel
- school denial
- social isolation/lack of peer relationships
- lack of financial resources
- medical neglect
  - preventive care, such as immunizations
  - diagnostic care, such as medical examinations and hospitalization
  - remedial care, such as surgery or regular medication
  - prosthetic care, such as eyeglasses
  - abuse during abduction

**CHILD'S PERCEPTIONS/BELIEFS**

**A. Perception of Abduction:**

- child aware that abducted
- child not aware that abducted

**B. Perception/Beliefs About Abducting Parent:**

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

**C. 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 parent

**D. Child's Memory of Recovering Parent:**

- no memories
- memories

- positive (list)
- negative (list)
- neutral (list)

**E. 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)

**F. 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 abducting parent again
- numbness or apathy
- they're dead, "I don't have another parent."
- anger, e.g., they abandoned me, they hurt abducting parent

**Strength of Child's Concept About Recovering Parent:**

- extreme, e.g., child retreats when discuss recovering parent
- very strong
- moderate
- ambivalent

**Recovering Parent's Actions During Abducted Period:**

- efforts towards recovery
- police contacts
- NCMEC contact
- private investigator
- media exposure
- legal advice sought
- other (list)

**Recovering Parent's Beliefs Pre-Recovery About Recovery:**

- lost hope
- active pursuit of child

**Changes In Recovering Parent's Life Since Abduction Initiated:**

- residence change
- relocation to another city/region
- marriage
- new children
- losses/death, e.g., extended family
- education
- financial change
  - decrement
  - improvement
- job changes
- family/friends changes
- medical problems
- substance abuse

**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
- other

**Immediate Consequences of Abduction:**

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

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

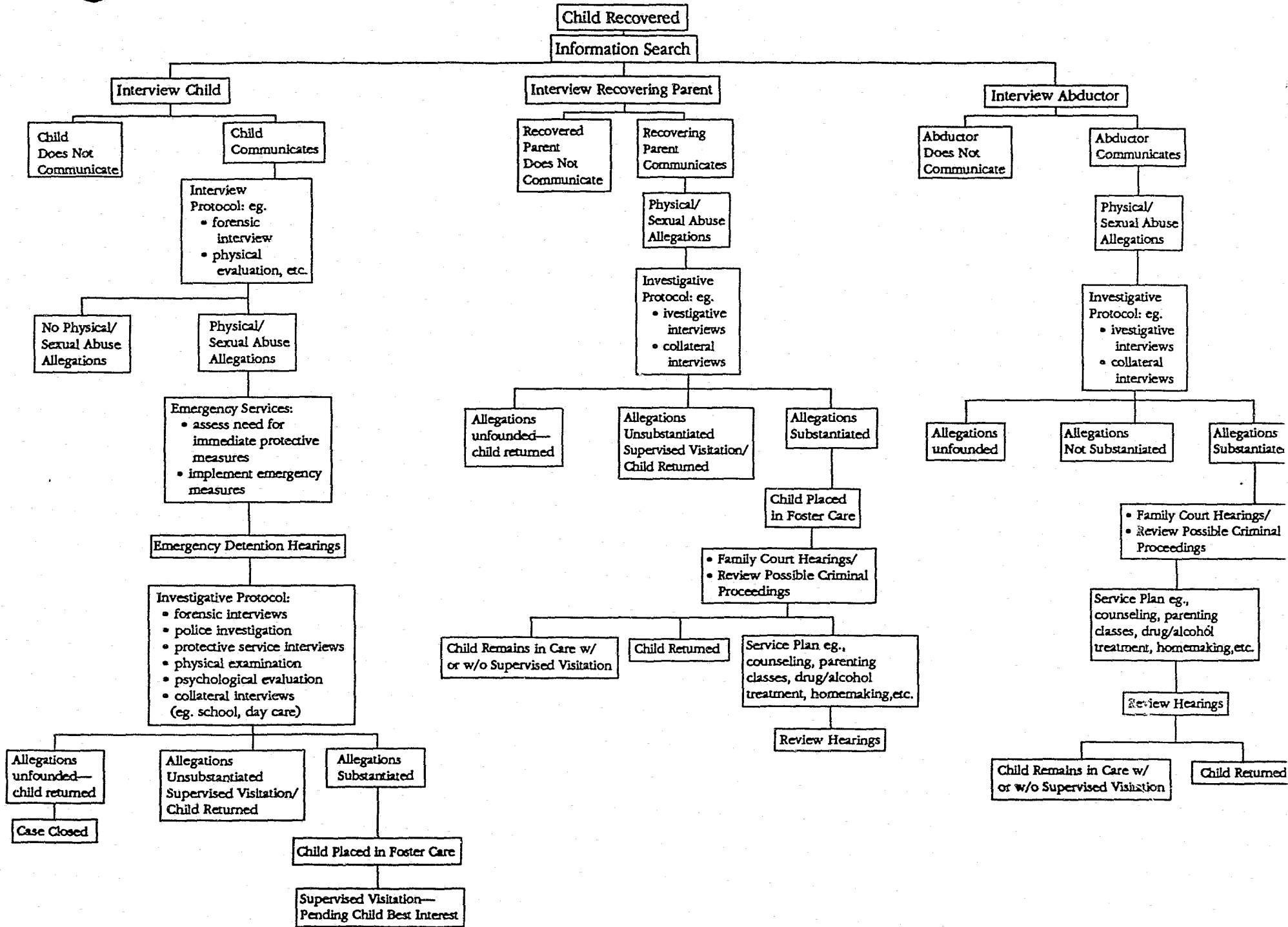
- anger (list)
- tearful (list)
- warns the child (list)
- other (list)







# ALLEGATIONS OF CHILD SEXUAL/PHYSICAL ABUSE IN PARENTAL ABDUCTION CASES





**APPENDIX E**

**SAMPLE REUNIFICATION OF MISSING CHILDREN  
PROGRAM ANNOUNCEMENT**