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Reunification of Missing Children Training Manual



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Reunification of Missing Children

PROGRAM GOALS

Each year in the United States, more than 4,500 children disappear as a result of stranger and non-family abduction, more than 350,000 disappear as a result of family abduction, and more than 750,000 disappear as a result of a runaway event (NISMART, 1990). While the majority of these children are recovered, the process of return and reunification has often been difficult and frustrating. Less than 10% of these children and their families receive any kind of assistance and guidance in the reunification process (Hatcher, Barton, and Brooks, 1989). Further, the average length of time between the parents' appearance to pick up their recovered child and their departure to go home is only 15 minutes (Hatcher, Barton, and Brooks, *ibid.*). Professionals involved with these families, including investigating law enforcement officers, mental health/social service professionals, and victim/witness personnel, have all recognized the need for: (1) a knowledge base about missing children and their families, (2) a clearer understanding of the missing/abduction event and its consequences to child and family, and (3) guidelines and training to develop a coordinated multi-agency approach to assisting these child victims and their families.

The Reunification of Missing Children Training Program is designed to provide such a knowledge base about missing children and their families, and to assist interested communities in developing a coordinated multi-agency approach to assisting these children in their recovery and reunification with their families. This Program is the result of the combined experience of local and federal law enforcement officers, criminal justice researchers, district attorneys, U.S. attorneys, mental health/social service professionals, victim/witness personnel, and recovered children and their families. The research base of the Program includes two national studies conducted over a three year period and covering more than 4,250 missing child cases.

The Reunification of Missing Children Training Program is designed for law enforcement officers, criminal justice system staff, mental health/social service professionals, victim/witness personnel who will be involved in the recovery and reunification of missing children with their families.

As a result of this Training Program, attendees will:

- Understand the incidence of stranger and non-family abduction, family abduction, and runaways in the United States.
- Understand the characteristics of the child victim and abductor/exploiter experience in each of three missing child categories.
- Understand the characteristic of the recovery and reunification experience for the child victim and the family in each of the three missing child categories.
- Understand the specialized investigative and trial issues for cases where a crime is involved.
- Understand the specialized emotional and social adjustment issues facing recovered children and their families.

- Know how to effectively assist in the recovery and reunification process of missing child and family.
- Be able to begin development of a coordinated, multi-agency community approach to the recovery and reunification process of missing child and family.

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INTRODUCTION

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

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

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

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

Must it, then, be accepted as true that any of us are liable to have our children stolen from the public streets, and in open day? It is extremely unlikely that the child of any Philadelphia business shows that any of us is liable to such a loss; for what may be done in one instance, and in one place, may be done in another place. It seems that the crime can be committed with a considerable chance of impunity, and there are creatures ready and able to commit it upon sufficient inducement—that is prospect of gain. And the prospect of gain is, it must be confessed, very fair. In case of a stolen child, whose restoration is offered for a sum of money, how few parents, if the sum were within their reach would hesitate to pay it? How few men would have the firmness—say rather than the stoicism—to resist the pleadings of their own hearts, enforced by the cry of a frantic mother bereaved of her child? The history of brigandage from the remotest ages tells us how few... Kidnapping is sometimes resorted to in Europe. [sic] but of course it is one of the rarest means adopted; and as money is the only object of the kidnapers... none but the wealthy

are exposed to such attempts at extortions; and they are they who can most easily protect their children against all chance of such exposure...Of perils by night we are careful enough with our combination locks, burglar-alarms, and private watchmen; but that there are perils by day which also demand our serious attention this Philadelphia business is striking evidence." (*New York Times*, July 14, 1874, p. 4)

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

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

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

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

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

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

Close to the first anniversary of the Ross kidnapping, continued public concern was mirrored in a *Times* editorial of June 18, 1875, which stated: "It is time...that the people generally should

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

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

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

Today, some missing children are never found, just like little Charlie Ross, but many children who disappear due to non-family abduction, parental abduction, or runaway status do come home.

This manual is designed to assist law enforcement, mental health, social services, and victim/witness professionals in the recovery of these children and in the reunification with their families.

OVERVIEW OF THE CURRENT MISSING CHILD PROBLEM

In recent years, a dramatic societal change has taken place in this country's concern over the vulnerability of our children. (Howell, 1985). Three out of four American adults think the problems facing today's children are more severe than when they were growing up and even more are willing to pay higher taxes for better schools, drug treatment programs, and other services for children, according to a recent Louis Harris Poll commissioned by the Westinghouse Broadcasting Company (Associated Press, 1986). Within the context of this general increase in concern over

the children, the problem of the missing and exploited child has been the focus of considerable effort by both government and citizen's groups. Currently, it remains an area of significant concern as 86% of American adults are reported as willing to increase their taxes for programs to trace missing children.

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

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

Definitional Problems. The determination of accurate rates of incidence for missing children has been severely hampered by definitional and data collection problems. Definitional problems are related to different levels of specificity determined by the purpose of the definition. Definitions in social science research, or collection of information about incidence rates, differ from legal definitions because the purposes served by each differ. Legal definitions are highly specific descriptions of actions, which are limited to a specific jurisdiction. Because legal

definitions of child abduction vary from one location to the next, collecting information about incidence necessitates the use of general definitions for events which can be used to gather incidence information.

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

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

Within the category of family abduction, Broad Scope referred to situations in which family members took a child in violation of a custody decree/agreement, or failed to return a child following a period of visitation. Whether a custodial or non-custodial parent took a child, an event could be considered an abduction.

A Policy Focal family abduction included cases which were serious in nature and included one or more of the following features: (1) an attempt was made to conceal the taking or location of a child, (2) a child was taken to another state, or (3) evidence indicated that the abductor intended to keep the child or permanently change custody.

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

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

Estimated Number of Missing Children in 1988

Family Abduction

Broad Scope	354,100
Policy Focal	163,200
Non-Family Abductions	
Legal Definition Abductions	3,200-4,600
Stereotypical Kidnappings	200-300
Runaways	
Broad Scope	450,700
Policy Focal	133,500
Throwaways	
Broad Scope	127,100
Policy Focal	59,200
Lost, Injured, or Otherwise Missing	
Broad Scope	438,200
Policy Focal	139,100

The major conclusions of the NISMART study were that:

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

The rates of incidence reported in the NISMART study indicate that the problem is a significant one. Despite these significant rates of incidence, only a limited number of criminological or psychological studies that have specifically studied missing children and their families.

These have generally reported that there are profound negative psychological sequelae that result from the missing experience (Terr, 1979, 1983; Agopian, 1984; Hatcher, in press). More recently, U.S. Department of Justice supported national research studies conducted by the Center for the Study of Trauma at the University of California, San Francisco have found that over 60% of all families of missing children experience clinically significant levels of distress, and that over 80% of recoveries of all missing children are concluded in less than 15 minutes time with no psychological or social service support.

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

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

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

From a law enforcement and judicial perspective, psychological data regarding the social and emotional consequences of abduction/exploitation on the child victim can increase the knowledge level of judges, attorneys, expert witnesses and juries. Combined with clearer understanding of the personal characteristics, motivations, and methods of the abductor, and the quality of relationship with the victim, such information can be directly utilized in successful and appropriate adjudication of such cases. Since *U.S. v. Chesney*, (1981), it has proved to be quite difficult to obtain a kidnapping conviction when the victim has had the potential physical opportunity to escape. While psychological data has already demonstrated its utility in a series of several abduction cases (see *U.S. v. Melton*, 1986, *U.S. v. Garcia & Garcia*, 1986, *Cal. v. Hooker*,

1985, Cal. v. Coddington, 1887; FL v. Paige and Cokely, 1989), both juries, judges, and attorneys need an empirically based study of what goes on between abductor and victim during the kidnapping.

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

REUNIFICATION OF MISSING CHILDREN PROJECT GOALS AND OBJECTIVES

As a part of the government 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 to enhance the quality of law enforcement, mental health, and social service response to recovered, previously missing children and their families.

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 prototypes based on research and the assessment of selected operational programs (Stage II - prototype development); (3) develop a dissemination strategy and related training and technical assistance materials to transfer the prototypes to selected sites (Stage III - training and technical assistance); and (4) test program prototypes (Stage IV - prototype implementation.)

THE REUNIFICATION TEAM APPROACH

Consider the following questions:

- As a law enforcement officer, are you fully prepared to assume the case investigation of a stranger abduction or parental abduction of a child?
- As a law enforcement officer, are you fully prepared to interview and manage the parents in a stranger abduction or parental abduction of a child?
- As a law enforcement officer, are you fully prepared to interview and manage the on site recovery of a stranger or parentally abducted child?
- As a law enforcement officer, are you confident that you are returning the recovered missing child to an acceptable family environment?
- As a law enforcement officer, are your community mental health and social support

agencies knowledgeable and available to assist you in assuming their professional responsibilities in the reunification of recovered missing children with their families?

- As a mental health/social service professional, are you fully prepared to assist in the reunification of missing children with their families?

At present, due to limited availability of training and resource material focused on the recovery and reunification of missing children, it is difficult to answer these questions affirmatively.

To alter the present situation, under the authorization of the 1984 Federal Missing Children's Assistance Act, the Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice has contracted with the Center for the Study of Trauma, University of California, San Francisco to implement the Reunification of Missing Children Project goals and objectives, through community multi-agency team research.

Program Origin. The Reunification of Missing Children Project grew out of the experience of law enforcement officers and human service professionals across the U.S. who have experienced substantial difficulty and frustration with the absence of guidelines and training for: (1) returning a previously missing, now recovered child to his/her family in the best possible way, (2) understanding the criminal victimization circumstances, and (3) proceeding forward with relevant investigation/prosecution.

Current Tasks Facing Law Enforcement Officers. As is the case in many other social problems, it is law enforcement that must assume the primary responsibility for searching for the missing child, returning the missing child to the parents, and conducting relevant criminal investigations. Typically, this means that it is the individual law enforcement officer who recovers the child, provides initial comfort and reassurance to the child, obtains initial information from the child about possible crimes committed against the child, transports the child to the medical facility for medical clearance, notifies the parents of the recovery, notifies the district attorney's office of the child recovery and suspect arrest (if applicable), is present at the reunification of recovered child and parents, and assists in the continued investigation and collection of evidence.

The above tasks are complex, difficult, and interpersonally demanding. In the case of stranger abduction and parental abduction, the recovered child may have experienced significant psychological, physical, or sexual abuse during the period of abduction. The law enforcement officer must often make immediate decisions about the child's physical and psychological health, and integrate these decisions into the interview strategy surrounding child disappearance and possible crimes against the child. The law enforcement officer must notify the parents of the child's recovery, and direct them to a location where reunification of child and parents will take place. At the reunification location, the law enforcement officer frequently finds himself/herself in charge of the actual reunification, as other resources are unavailable or unwilling to assist in this responsibility. In cases where the child has received psychological, physical, or sexual injury, the law enforcement officer would like to have medical, mental health, or social service agencies smoothly assume such care. Yet, this does not always happen, due to limited interagency planning,

and limited professional knowledge in the treatment of abducted children and their families. Further, the law enforcement officer must conduct a prosecution investigation requiring interviews of the recovered child about events that may be sensitive and emotional for both the child and the parents. All of the above tasks may be demanded of the law enforcement officer, without provision for specialized training and education.

Current Tasks Facing Mental Health/Social Service Staff. Mental health, social service, and victim/witness staff also face obstacles to providing effective service to missing children and their families. These obstacles may include: limited availability of training and education in the psychological assessment and treatment of missing children and their families, limited clarity among agencies over who should do what in missing child cases, and limited channels of communication and cooperation with law enforcement on such cases.

Prior Interagency Problem Solving Models. In the past, similar problematic tasks and obstacles were faced by law enforcement and social service agencies with the issue of child abuse. The development of an interagency team approach, vertical investigation/prosecution units, and the availability of specific technical training on interviewing techniques, physical examinations, and requirements for prosecution combined to produce a significant level of change with government's response to child abuse. At present, law enforcement, mental health, and social service professionals frequently do not have access to such a team approach for recovered, previously missing children and their families, or to specific technical training for interviewing/case investigation.

Reunification of Missing Children Training Program. Recognizing these problems, the Reunification of Missing Children Program will conduct, in 1991, a field test of a newly developed training program for law enforcement officers and mental health professionals who will coordinate their efforts in the reunification of recovered, previously missing children with their families. Local child welfare and victim/witness program staff would be involved with the team when appropriate to the case.

Field test sites will be in approximately six metropolitan areas with populations of approximately one-half million. Large urban areas with populations in excess of this would be especially useful.

The Reunification of Missing Children Training Program is the result of the combined experience of local and federal law enforcement officers, criminal justice researchers, district attorneys, U.S. attorneys, mental health professionals, and recovered children with their families. A two year effort has been made to understand the relationship between victim recovery, victim/family psychological rehabilitation, and case investigation/prosecution. This has included the conduct of a national study of 4,020 missing children who were recovered and reunited with their families during calendar year 1987, as well as individual studies of abducted child case investigation/prosecution.

Training Program Description. The field test will consist of the on-site conduct of an intensive 3 day training program, a 200 page detailed training manual for participants, and a professionally produced reunification video for participants. This training program will provide

detailed technical training on: (1) stranger abduction, parental abduction, and runaway child victim and perpetrator/victimizer behavior, (2) investigative issues after child recovery, (3) family behavior, (4) psychological issues after recovery, and (5) team based reunification. The training program instructors come from law enforcement agencies and universities from throughout the U.S. All have backgrounds in law enforcement and psychology, with multiple years of experience in recovery, case investigation, interviewing child victims, and child/family psychological rehabilitation.

The on-site conduct of this training program and the provision of all training materials is entirely paid for by Federal funds. There is no cost in the conduct of this training program to the local agency.

Post-Training Field Test Period. After the training program, a field test period of approximately 8 months will take place. During this field test period, law enforcement and mental health reunification team members will assist in the reunification of recovered, previously missing children with their families. Typically, the law enforcement team member(s) will remain in his/her regular department assignment, serving in an occasional on-call capacity, responding to the scene when a missing child is recovered. It is likely that the enforcement team member(s) will respond to not more than 2-3 calls per month during the 8 month field test period, producing minimal diversion from regular duty assignments.

Field Test Period - On Site Law Enforcement Response. On a practical basis law enforcement team member(s) would typically respond to the scene when a missing child has been recovered or to a secondary location (such as police station, hospital, etc.) where the now recovered child has been transported. The law enforcement team member(s) would then use his/her specialized knowledge, acquired during the Project's training program, of abduction crimes/abduction victim behavior/abduction, victim interview techniques/family behavior to assist other on scene law enforcement officers in working with the recovered child and in the reunification process between child and family.

Field Test Period - On Site Mental Health Response. At this point, the mental health team member(s), who would generally be staff at local mental health agencies, would respond to the location of the child and family and assume responsibility for the psychological/emotional needs of the child and family. As with the law enforcement team member(s), the mental health team member(s) would remain in the regular job assignments, responding on an occasional on-call capacity to recovery cases. Upon arrival at the location of the child and family, the mental health team member(s) would be briefed by the law enforcement team member(s) on the recovered child and the family's status, and would then meet with the child and family. The mental health team member(s) would then assume responsibility for the psychological/emotional needs of the child and family, and would assist in the involvement of child welfare or victim/witness personnel as appropriate. The law enforcement team member(s) would then be able to return to their regular duties, or continue to assist in the investigation as needed.

Field Test Period - Follow-up Mental Health Response. After the initial reunification event, the mental health team member(s) would use specialized knowledge in child and family trauma acquired in this training program to: (1) assess the child and family, and (2) see the child and family in a structured series of six follow-up meetings. The mental health assessment plan is

based upon the ABCX Model of Family Trauma developed by Dr. Hamilton McCubbin at the University of Wisconsin. The follow-up plan is based upon the AIM model of family intervention developed by Drs. James Alexander and Cole Barton at the University of Utah. The clinical case material has been developed by Drs. Chris Hatcher, Cole Barton, and Loren Brooks at the University of California, San Francisco. While the training will specially prepare the mental health professional to deal with child and family trauma from abduction, the training will have significant carryover value in dealing with other child and family trauma from other causes. With regard to time issues, it is likely that the mental health team member will not carry more than two child reunification cases at any one time, producing limited diversion from other assigned responsibilities. With regard to funding issues, almost every state in the U.S. has victim/witness programs with existing mechanisms to pay for the mental health team member's meetings with the recovered child and family.

Field Test Period - Child Welfare, Victim Witness Response. Child welfare, and victim/witness agency staff may become directly involved in specific recovered child cases. For example, child welfare agencies may become involved when concerns have been raised about sexual or physical abuse in the family that the child is about to be reunited with. Victim/witness agency staff may become involved in assisting the child and family to understand their rights in the upcoming criminal justice proceedings, and their access to available community resources. With child abuse investigation teams currently in existence in many jurisdictions, child welfare and victim/witness staff become involved depending upon the individual circumstances of the case. The same principal is present in the Reunification of Missing Children Program, with child welfare and victim/witness involvement being consistent with their existing local agency mandates. For these reasons, the training program will brief staff in these agencies, so they will be knowledgeable about the Reunification Program, the function of the law enforcement and mental health team members, and the field test. This briefing will provide the foundation for increased interagency contribution/cooperation in such cases.

Program Evaluation and Future Development. To meet the U.S. Department of Justice's need for effectiveness evaluation of any program, law enforcement and mental health reunification team members would assist in the completion of evaluation forms on the reunification cases, and on the training program. At the conclusion of the field test at sites throughout the U.S., the training program will be revised according to the experience of the participating law enforcement and mental health team members. This input by team members will have a major impact as it is anticipated that this final revision of the Reunification of Missing Children Training Program would then be nationally disseminated through workshops and printed materials. Further, team members who participated in the field test will have the opportunity to be part of the potential instructor group for the anticipated national dissemination.

Summary. The Reunification of Missing Children Program provides an opportunity for training, for law enforcement officers and mental health professionals to acquire specialized knowledge in: (1) returning a previously missing, now recovered child to his/her family in the best possible way, (2) understanding the criminal victimization circumstances of abduction, (3) proceeding forward with relevant investigation/prosecution, and (4) increasing interagency contribution/cooperation in such cases.

REUNIFICATION OF MISSING CHILDREN PROJECT

TRAINING MANUAL PURPOSE

The Reunification Program is designed to build upon existing skills and knowledge. For law enforcement officers, knowledge about child abduction will have been acquired through:

- Conducting investigations and interviews about general forms of crime from a case investigation perspective.
- Conducting investigations and interviews about crimes against children from a case investigation perspective.
- Conducting investigations and interviews about stranger abduction, parental abduction, and runaway cases from a case investigation perspective.

For mental health professionals, knowledge about child abduction will have been acquired through:

- Conducting general clinical interviews about mental health from a psychological perspective.
- Conducting clinical interviews about mental health issues related to crimes against children from a psychological perspective.
- Conducting clinical interviews about stranger abduction, parental abduction, and runaway cases from a psychological perspective.

For social service professionals, knowledge about child abduction will have been acquired through:

- Managing cases and conducting general case interviews from a social service perspective.
- Managing cases and conducting interviews for cases containing crimes against children from a social service perspective.
- Managing cases and conducting interviews for stranger abduction, parental abduction, and runaway cases from a social service perspective.

Law enforcement officers, mental health professionals, and social service workers will have a substantial amount of knowledge about the first level of case involvement described. The second level represents experience in the area of crimes of against children. The third level includes experience with stranger abduction, parental abduction, and runaway cases, which is considerably more limited than experience described in the first two levels. Expertise in this area is rare due to the low frequency of cases in specific geographical areas and limited information available to professionals about missing child issues.

In order to increase the effectiveness of professionals involved with missing children and of the Reunification Team members, it is necessary to develop a common language and knowledge base. To begin this process case histories will be presented for each of the missing child categories: non family abduction, parental abduction, and runaway. Each case history is organized historically in a manner which will be familiar to criminal justice, mental health, and social service professionals. While a great deal can be learned from representative case histories of missing children and their families, it is also useful to look at the experience of large numbers of these families. In order to do this it is necessary to have a model which organizes the child and families response to the crisis. For example, such a model assists in understanding what pre-crisis events make children positive or negative copers when faced with the missing child experience. To accomplish this, the ABCX model of McCubbin and Patterson (1981) is utilized. Each case history is then summarized according to the ABCX model. Next, research results are presented for the missing child category which the case history represents. This is followed by a review of child trauma, child treatment, reunification of missing children research, and the AIM Model for family reunification.

The reunification manual, combined with the training program and audio-visual materials, are designed to provide the reunification team-member with the essential tools to assist recovered children and their families.

THE ABCX MODEL

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

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

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

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

The Double ABCX Model has been productively employed in family war-induced crisis studies (McCubbin, Boss, Wilson, & Lester, 1980). More recently, it has been used in studies of

families coping with chronically ill children (McCubbin, Nevin, Larsen, Comeau, Patterson, Cauble & Striker, 1981; Nevin, McCubbin, Comeau, Cauble, Paterson, & Schoonmaker, 1981).

In this model, which appears in Table 1, Factor A is defined as the stressor event, the crisis to which the family has been exposed.

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

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

Factor B is defined as the pre-event family coping resources. This includes the behavioral responses of family members, and the collective family unit, to eliminate stressors, manage the hardships of the situation, resolve intrafamilial conflicts and tensions, as well as acquire and develop social, psychological and material resources needed to facilitate family adaptation. In this model, coping refers to the families' efforts to strengthen, develop and draw upon resources from within themselves (e.g. leadership skills, role sharing, income, bonds of family unity, adaptability) and from the community (e.g. meaningful friendships, support groups, professional assistance) which can provide families with much needed information for problem-solving and confirmation that they are understood, accepted, valued, and appreciated.

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

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

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

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

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

Factors Aa, Bb, and Cc interact with each other to produce Factor Xx which is defined as the combination of Factor X (the immediate post-event stress experience of the family) and Factor

Double ABCX Family Crisis Model

COMPONENTS

A: stressor event + a: interact with additional life stressors=Aa

**B: pre-event family coping resources + b: post-event family coping resources=Bb
interact with**

C: pre-event family perceptions + c: post-event family perceptions of Aa and Bb=Cc

X: immediate post-event stress experience + x: intermediate/long term stress experience=Xx

Result in Adaptation/Maladaptation to Stress Experience

Table 2

Double ABCX Model

(Sample Operationalization)

Aa: Stimulus Components of Stress

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

Table 3

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

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

Double ABCX Model (Sample Operationalization)

Cc: Family Perceptual Definitions of Crisis

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

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

In utilizing the Double ABCX Model in this project, it is assumed that the child disappearance event is a trauma that represents a substantial crisis for the family. This a priori assumption about the traumatic nature of family abduction is in keeping with the description of a causal event in post-traumatic stress disorder. Post-traumatic stress disorder is a group of characteristic symptoms that occur following a psychologically distressing event that is outside the range of usual human experience (i.e., outside the range of such common experiences as simple bereavement, chronic illness, business losses, and marital conflict) (American Psychiatric Association, 1987, p. 247). The stressor producing the syndrome is characterized as an experience that would be "markedly distressing to almost anyone and...usually experienced with intense fear, terror, and helplessness" (American Psychiatric Association, 1987, p. 247). How disruptive, disorganizing the trauma becomes for the family is determined in part by pre-abduction factors. However, in addition, coping style plays a more central role, exercising its influence prior to, during, and following abduction.

Overall, the Double ABCX framework 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 crisis.

Next, each missing case category will be examined by case history, then critical factors will be summarized using the ABCX Model, which will then be followed by a review of known researchers.

NON FAMILY ABDUCTION CASE STUDY: STEVEN STAYNER

Family Background and Characteristics. Steven Stayner was the fourth of five children born to Kay and Delbert Stayner, a working class, California couple. Kay Stayner had been raised in a Catholic boarding school but there is little available information regarding her family life prior to marriage. The family lived near her father after marriage, but he was unsupportive of Kay and her family and was openly critical of Kay for having a large family.

Steven's father, Del, was a worker in a canning factory and assumed a traditional role in the household. He involved himself with projects around the house when he was not working, and became involved in the day to day domestic problems when his wife requested his help. Del was the sole breadwinner for the family and he and Kay had difficulty making ends meet. The Stayners had moved to Merced when they could no longer afford the house in which they were living. They were able to find a more affordable house which had less space, but was adequate, and there was an elementary school a short distance away.

Seven-year-old Steven had some difficulty adjusting to the family's change of residence. He showed his unhappiness by wandering from the house without his parent's permission and by staying on the school yard to play, in defiance of his parent's instructions to come straight home after school.

Even though the family had trouble making ends meet, they were, for the most part, a close and happy family. There was some tension between the parents about how strictly to handle the discipline of the children. When the children misbehaved, they were sent to their rooms or were threatened with a spanking. Both parents believed it was important for children to obey and show respect to adults and corporal punishment was used when the parents felt they needed to reinforce a lesson or control the children's behavior.

Background of the Abductor. In the fall of 1972, Kenneth Eugene Parnell, a convicted sex offender, began work in the lodge of Yosemite National Park as a night auditor. One of the men Parnell became acquainted with on his new job was the night janitor, Ervin Murphy. Over the following weeks, the men began spending time together during their off hours and a friendship developed. During the time they spent together, Parnell began to talk about his desire for a son. Parnell had been married at the age of 17, but the marriage lasted only for a short time and Parnell did not have contact with the child born of that marriage. Parnell explained to Murphy that he wanted a child, in part, to ease his loneliness.

Parnell also reasoned that by taking a boy and raising him, he would be rescuing the boy from life in a bad family situation, similar to that which he had experienced while growing up. Parnell told Murphy that he would be a good "Daddy" for a boy, as he would indulge the child and would know how to give him a better life than most boys had growing up in their own families. Parnell revealed to Murphy that he wanted to have a son to share the Christmas holiday with, and that he intended to "pick up" a child.

Circumstances of the Abduction. Parnell tried to enlist Murphy's aid with the intended abduction and, at first, Murphy resisted becoming involved in the plan. After Parnell continued to pressure Murphy for his assistance, Murphy acquiesced and agreed to help. Parnell had devised a plan where he would drive to where a young boy was walking alone on the street and Murphy would attempt to entice the child to get into the car with the men. The pair's first couple of attempts at abduction were unsuccessful as the boys approached by Murphy offered some resistance. Not wanting to draw attention, Murphy released them.

On December 4, 1972, seven year old, Steven Stayner was taking his usual shortcut home from school. On the previous day, there had been conflict between Steven and his parents about his lingering on the school yard, instead of coming right home after school. Steven was being careful to comply with his parent's order to come straight home from school, as he had been threatened with a spanking if he did not come directly home.

On a street corner, a short distance from his house, Steven was stopped by Murphy who gave him some religious pamphlets and asked if he wanted to make a donation to a church. Steven told Murphy that his mother might be willing to help, but that they needed to go to his house to ask her. Murphy asked Steven if he wanted a ride and he at first refused, stating that his house was only a short distance away. Murphy continued talking to Steven and again offered him a ride. Steven accepted the offer and got into the car with the two men.

Parnell drove in the direction of Steven's house, but passed the road on which the Stayner family lived. When Steven pointed out that they had passed his house, one of his captors told him that they would call his parents for permission to have him spend the night with them. Steven wanted them to take him to his house to ask his parents, but Parnell continued driving until they reached a trailer camp in an area about 20 miles from Merced. Parnell had rented a cabin in this remote location. In the cabin, were newly purchased toys, placed in anticipation of the arrival of the abducted child.

As Steven had been punished the night before, for coming home late from school, Kay Stayner wanted to make sure Steven had learned his lesson. Therefore, on the afternoon of the abduction, she took the car, planning to go past Steven's school and offer him a ride if she saw him walking toward home. She stopped to do an errand on the way and was briefly detained. When Kay didn't see Steven on his way home she assumed that she would find him already at home. Upon arriving home and not finding Steven there, Kay expressed her concern to her husband, as she didn't think Steven would have forgotten that he had been punished, just the night before, for dawdling after school. Del reassured his wife that Steven was probably just playing somewhere and that he would deal with Steven's behavior when Steven returned home that evening.

As Steven's siblings returned home, their mother asked them whether they had seen Steven after school. When no one had, Steven's family went to look for him in the neighborhood and began asking friends if they had seen him. When it became dark and Steven was still not home, his father and brother began to search a wider area. They looked in empty lots where people discarded refrigerators and other debris. When Steven still had not been located, his parents became increasingly worried and called the local police.

The police came to the Stayner residence the same night and obtained a picture and description of Steven. They also tried to reassure the family that Steven's disappearance was not likely to be a serious matter.

Questioning of Steven's classmates revealed that he had been on the school yard after school and was seen leaving the school yard and walking toward his house. No one reported seeing Steven stopping on his way home or talking to any adults. The Stayners thought that Kay's father might have taken Steven without telling them, as he tended to be difficult in his relationships with the family, but that proved to be false.

The police began their investigation and suggested to the Stayners that a psychic be useful in locating Steven. At first, the Stayners did not believe a psychic could be of help, but yielded to the police recommendation. The police, the Stayners, and the psychic drove around the surrounding area. The psychic reported strong feelings related to the case in an area called Cathey's Vailey, about 20 miles outside of their community. The Stayners reported that Steven's grandfather lived in the immediate vicinity and that they had already found out from his that Steven was not there. The psychic was not able to specifically determine Steven's whereabouts, but assured the family that she was certain he was still alive and very frightened.

In the process of conducting their investigation, the police questioned Del Stayner about his punishment of Steven. Del vehemently denied that he had harmed his son. The police asked if he would be willing to submit to a polygraph and he agreed to do so. Kay Stayner requested that Steven's grandfather also undergo a polygraph, as he had been openly hostile toward the children in the past. Kay Stayner was also given a polygraph. No findings were obtained from any of the tested parties that indicated knowledge of Steven's whereabouts or involvement in his disappearance.

The first few nights following the abduction Parnell, Murphy and Steven stayed in a rented cabin in Cathey's Valley, the small community where Steven's grandfather lived and where the psychic had reported strong feelings related to Steven's disappearance.

Upon arriving at the cabin, Steven was given the toys assembled by Parnell and instructed to play with them while Parnell stepped outside with Murphy. Parnell reminded Murphy of his implication in the crime and that he would be prosecuted as an accomplice if he told anyone what had transpired.

As the evening passed, Steven became increasingly anxious about disobeying his parent's instructions to come directly home after school. Parnell reassured him that his parents knew where he was and had given their permission for him to stay with Parnell and Murphy overnight. That night after showering, Steven slept in a towel, as he had no clothes other than what he had been wearing at the time he was taken. During their stay at the cabin, Parnell lent Steven articles of his clothing to help keep Steven warm and shared the only bed in the cabin with Steven.

Parnell elicited information from Steven about problems his family was experiencing prior to the abduction and convinced Steven that he had called his parents and discussed the family's problems with them. Parnell then proceeded to convince Steven that his parents could no longer afford to care for him, making it necessary for Steven to continue to stay with Parnell for a period

of time. Before leaving the cabin, Parnell dyed Steven's hair so that he would not be easily recognized.

Steven later was told Parnell that his father was not too happy with him over something he had done at home. Steven confessed that he had written on the garage door. Parnell told Steven that his father thought that he should stay with Parnell for a while and that he didn't want to talk with him because he was angry about what Steven had done. Under Parnell's care, Steven was alternately forced to eat foods he did not like, under threat of spanking, and indulged with favored foods and special treats. Parnell continuously told Steven that he was the only person who cared about him, and who would give him special toys all for himself. He gave Steven a gift of a puppy, which provided Steven with a source of comfort and companionship. Parnell, however, felt slighted by the affection Steven showed the puppy and commented on Steven's lack of gratitude, and failure to give Parnell such affection.

Toward the end of their stay in the cabin, Parnell told Steven that he would not be going home, as the court had granted him custody of Steven. In order to help his parents out with their financial difficulties, Parnell would be keeping Steven and providing him with a home. Steven was told that his parents couldn't afford to take care for him and that they didn't want him any more. Parnell continued to reassure Steven that he had been in contact with his parents and that his actions were taken with his parent's knowledge and cooperation.

From the time of the abduction, Parnell addressed Steven in conversation as "son", instead of using Steven's name. Now he told Steven that he was going to be called, "Dennis" and ignored Steven's requests to be called by his real name.

While at a nearby convenience store, Parnell saw a picture of Steven which had been posted there by Steven's grandfather. Parnell became alarmed that the picture could lead to Steven's identification and made plans to leave the area as soon as possible.

Murphy and Parnell took Steven and returned to Yosemite Valley where they had been working prior to the abduction. Parnell worked at a night job and either had Murphy watch Steven or gave Steven sleeping pills so that he would not awaken until Parnell returned.

Post-Abduction Conditions and Adaptation. After a couple of weeks, Parnell quit his job and moved with Steven to the Northern California of Santa Rosa. Parnell enrolled Steven in school as his son and instructed him that he was to use the name, "Dennis Gregory Parnell," instead of his real name. Parnell told Steven that he was his son now, and threatened to spank him if he ever revealed his true identity to anyone.

In Santa Rosa, Steven tried to contact his parents from a pay telephone. He didn't know his home phone number and became confused when the operator gave him instructions for obtaining the number from directory assistance. The children in the Stayner family had not been allowed to use the telephone at home, and as a young and inexperienced child, Steven became confused by the operator's instructions for obtaining a long distance number.

Steven continued to look for his family whenever he was out in public but it always led to disappointment when the person who resembled a family member turned out to actually be a

stranger. Steven could not imagine why his parents did not come to get him and he had no realistic understanding of the geographical relationship between his new home and the one he had left behind.

On one occasion, Steven made an attempt to run away from his captor but returned to his home with Parnell when he realized that he did not know how to reach any secure or familiar destination. After Parnell and Steven became settled in Santa Rosa, Parnell began to sexually molest Steven, by committing acts of sodomy and involving Steven in acts of oral copulation. Parnell also kept nude photographs of Steven.

Following Steven's abduction, his family tried to conduct their lives as normally as possible. His parents felt it was important for the other children in the family to be able to celebrate holidays and engage in normal activities. Christmas and birthdays were observed and gifts were saved for Steven to open when he came home.

Del Stayner became discouraged and depressed and blamed himself for the abduction. He reasoned that Steven might not have been abducted if he had spent more time with Steven. As tension mounted in the family, Del found that he lost his temper easily. Kay never gave up hope of finding Steven alive. She found that seeing Steven's belongings in the house helped her to feel close to him, but also served as painful reminders of his absence. Del did not want anything of Steven's to be put away, but after Steven had been absent for some time, Kay realized that there was no sense in keeping his clothes, as they would no longer fit him. Over her husband's objections, Kay began to pack away the items that she knew Steven would never again be use. Kay even wondered if she would be able to recognize Steven, if she were to see him, as he would have changed over time.

Parnell and Steven became marginal members of the community in Santa Rosa. Parnell worked at night as a hotel bookkeeper/clerk and became a regular at a bar in town. Parnell presented himself to acquaintances as a single parent who was struggling to raise his son on his own. Steven attended school, and participated in field trips and overnight stays at the homes of school friends. He was often cared for by babysitters as Parnell usually worked at night, and was given freedom of movement during the day.

When Steven continued to ask about his family, he was told that his father had suffered a heart attack and died, and that his mother had moved away to an apartment in an unknown location. He was told that his mother had placed all of the children in situations similar to Steven's, as she could not afford to have them with her. Steven was reassured that his brothers and sisters would be calling him as soon as they were settled.

On one occasion, Steven's teacher became concerned that he seemed to be distracted in class and he was referred to a school counselor. He tried to inform the counselor of his situation by stating that Parnell was not really his father. Steven's plea was misinterpreted as the confusion of an adopted child who was curious about his biological parents. No follow up action was taken by the school to investigate or clarify Steven's statement. When Steven reached the fifth grade in school, Parnell took him to live in a Northern California coastal town. They remained in this area of the state for the next three years, with Parnell continuing to work as a bookkeeper and/or night clerk in hotels. Steven was fairly mobile during this period as he had access to bicycles and would

hitchhike from school to his residence, or to movies, or the homes of friends. He was not restricted from using alcohol or cigarettes, nor was he protected from witnessing sexual acts between Parnell and women brought to their crowded residence. Steven learned to cope with the most distressing aspects of his life by tuning out the external world and withdrawing into his own fantasies. He also spent a lot of time watching television and reading comics and adventure stories.

As Steven entered adolescence, sports became very important to him. He was a member of the junior varsity football team and wanted badly to make the baseball team his freshman year in high school. Parnell belittled Steven's athletic aspirations and attempts to participate in activities appropriate for his age. If Steven placed his own interests before Parnell's, Parnell would remind him that he no longer had a family to return to and that any other options open to Steven were much worse than his life with Parnell. Steven's other options were presented to him as living on the street or in juvenile hall, which Parnell described as a jail. Parnell graphically described what Steven's life would be like in a juvenile facility and contrasted that with the freedom and privileges he experienced with Parnell.

Much of the time at home, Steven was unsupervised, and there was a lack of pressure for him to perform academically. Due to the relaxed standards, lack of supervision, and the ready availability of cigarettes and liquor, the home was an attractive place for Steven's friends to spend time. Steven made excuses why friends could not be included in activities with him and Parnell, as he didn't want friends to find out that his life was not normal. He especially sought to hide the sexual abuse which was part of his life with Parnell. Steven discouraged friends from spending time at his house when Parnell was there as Parnell attempted to engage Steven's school companions in sexual acts.

On one occasion, a formal complaint of sexual molestation was made against Parnell, by the parent of one of Steven's school friends. When the complaint was investigated, Parnell presented himself to the investigating officer as a minister who had moved to the community after he lost his church, due to his wife's alcoholism and misconduct. He stated that he was trying to raise his son based on strict religious principles and that the boy who had charged him with sexual abuse had tried to entice his son, Steven, into using drugs. Parnell stated that he had confronted the boy about using drugs and had forbidden Steven to have any further contact with the boy. Parnell tried to convince the officer that the accusations were the boy's response to being rejected by Parnell because of his attempts to expose the boy's drug involvement. The allegations of the complaint against Parnell were reported as not substantiated.

In August of 1979, Parnell and Steven moved to Manchester, California, a small town near the Northern California coastline. Parnell began to talk to Steve of getting another boy and, at Times, used this as a threat to Steven that he could be replaced. Parnell tried to enlist Steven's help with the abduction of another child and had Steven approach children, but Steven would sabotage the attempt by "messing up" and then made excuses why he could not be available at the times Parnell suggested for making another attempt.

Six months later, using a 15 year old, high school student as an accomplice, Parnell abducted a second boy, 5 year old Timmy White. Steven returned from school one day to find Timmy asleep in the home. Parnell introduced Timmy to Steven as his new brother and put Steven in charge of Timmy while he worked at night. Steven listened as Parnell told Timmy the same stories he had

been told following his abduction. Steven could understand that Parnell had lied about contacting his family and that there was no factual basis for any of Parnell's explanations of why Steven had not been reunited with his family. Steven could see that Timmy was in the same position that he had been in 7 years earlier and felt certain that soon Timmy was likely to be abused by Parnell in the same ways that he had been.

Although Steven had been planning to make a break with his abductor for some time he decided to leave as soon as possible as he didn't want Timmy to become a victim of the abuse he had experienced with Parnell. Attempts to leave Parnell's home were delayed by heavy rains, which continued for a week and a half after Timmy was brought to the home. Steven was anxious to leave before Timmy was molested by Parnell and spent as much time as he could in Timmy's company playing with him.

Steven felt he would be able to get Timmy away from the house as Parnell commuted to work at night and routinely had a few drinks in a bar, before coming home in the morning. As soon as the weather improved, Steven fled with Timmy. The two boys hitchhiked, 40 miles, to the town of Ukiah.

Steven found the police station and instructed Timmy to go inside, while he waited at the corner. When the police noticed him, Timmy bolted from the building and ran down the street to where Steven was waiting. Steven feared that if the police became aware of him, he would be sent to juvenile hall. The police picked up both boys, in a patrol car, shortly after Timmy fled from the police station.

Steven was reticent about giving any information about himself to the police and was especially anxious about reporting any information about Parnell, whom, over the years, he had come to accept as his "dad." Steven had to be convinced by police officers that his parents wanted him back and still loved him. The Stayner household was awakened by the police at 3 a.m. with the news that after 7 years, 2 months and 30 days, Steven had been found alive.

Police Investigation of Steven's Abduction. The investigation was completed, over the 7 years Steven was gone, by Merced Police Lieutenant Bill Bailey. The investigation revealed that Parnell and accomplice, Ervin Murphy, were just passing through Merced on the day Steven was abducted. There were no clues linking the men to the crime, as neither man had any connections with Merced.

Massive searches were made in the central valley of California. Hundreds of leads were pursued, not just in the central valley, but throughout California and the entire U.S. Any time the body of a young boy was found in the U.S., the Merced police contacted the Stayners to ask them to assist in the identification of the remains. The Stayners were repeatedly asked to view photographs of bodies or personal articles found at the sites where bodies had been recovered.

About a year after Steven was abducted, a Bakersfield man confessed to the abduction and murder and told the police where he had buried the body. After extensive searches were conducted and no body was found, it was discovered that the man was a former mental patient. He was released without charge.

Previous History of the Abductor. After his arrest, information about Parnell began to appear in newspapers in California. Parnell's early years were marked by poverty and his father's desertion when he was 5 years of age. At the age of 6, he moved with his mother from his birthplace in Texas to Bakersfield, California. Parnell reported that he believed that his mother had wanted him to run away so she would not have to be responsible for him.

A report from a psychiatrist who treated Parnell over a period of several years, indicated that by the age of eight, Parnell had shown signs of emotional disturbance. On one occasion, Parnell was reported to have shone a light into his eyes to the point where he required medical attention. On another occasion, he reportedly tried to pull out all of his teeth and was also known to have made several attempts at suicide.

Parnell reported to his psychiatrist that at the age of 13, he was lured into a car and sexually molested. Subsequent to that incident, he became involved in several homosexual affairs. Parnell came to the attention of law enforcement when he faced charges of arson and car theft. He spent time in a mental hospital during adolescence. At one point, he escaped in order to visit a young boy for whom he described a liking. He was captured and returned to the hospital. Parnell was later diagnosed as a sexual psychopath.

Parnell married at the age of 17 and the couple had a daughter before separating. At the age of 19, Parnell was convicted of child kidnapping and molestation. Parnell had picked up an 8 year old Bakersfield, California boy by telling him that he was a police officer. Parnell then drove the boy to a canyon outside of the town where the boy lived. There the boy was assaulted, then driven back to town and released. Parnell was arrested and pleaded guilty to pederasty and fellatio, involving the abducted child, and served a prison term of 3 1/2 years.

Ten years later, Parnell was convicted of robbery and grand larceny and served 6 years in the Utah State Prison. He was released under a program of "conditional termination", the condition for his release being that he leave the state of Utah within 48 hours and never return.

Although Parnell was required to register as a sex offender, and to notify state authorities of any changes of address, the state of California had no record of his whereabouts for a 25 year period.

Psychological Effects Upon Steven Stayner and Stayner Family. Seventeen years after Steven's abduction and ten years after his return to his family, Kay Stayner described the Stayner family life as not back to normal. She acutely remembered her feelings during the time Steven was gone, recalling that it was worse, in many ways, than experiencing a death, as she never knew whether Steven was dead or alive.

Ten years after his reunification with his family, a newspaper account revealed that Steven was living in the central California town of Atwater, just 6 miles from the site of his abduction. Steven was working as a pizza delivery man. He was married and the father of two young children, a 3 year old daughter and a 2 year old son.

The story of Steven's abduction had been made into a television documentary and again public attention had been drawn to Steven. Although Steven's story had received much attention

in the California press following his flight from Parnell, the broadcast of Steven's story on network television, brought Steven's story to the attention of Americans in all regions of the country.

Steven's wife had not known many of the details of the abduction or Steven's life away from his family, until she saw them portrayed on TV. Steven rarely talked about the time with Parnell and she asked few questions about his experiences. It was hard to get Steven's attention at times and he would still answer to the name "Dennis" when it was used by his cousin, but she had not known the nature of the difficulties endured by her husband.

Steven felt uncomfortable with the celebrity that accompanied public interest in his story. He stated that he longed to have the conventional life that he assumed would be his, when the police assured him that his family was anxiously waiting for his return. Ten years after his return to his family and his community, Steven still had no friends and was able to trust only family members. He felt most comfortable around his children and was observed to be a gentle and caring father.

Steven stated that he learned to cope during his abduction by daydreaming, withdrawing and reading adventure fantasy books which he still enjoyed. He also developed the ability to build a psychological wall around himself that protected him from the awful reality of his life during his abduction.

Steven described trying to hide the truth of his experiences after returning to his community. He tried to be just another high school student and to blend into the general population. He disliked giving interviews and the publicity he received, as it made it hard for him to forget the things that had happened.

Steven did not undergo any therapy after returning home. He reported that he had dealt with his ordeal by talking about it, actively trying to forget, and by speaking before students at schools in the area. Steven felt that even though he was not happy about what had happened to him, he had faced it and now wanted to be able to get on with his life.

After his marriage Steven supported his family by working as a pizza delivery person, but had hopes of finding a better job. He seemed to have difficulty reconciling the expectations his own family had for him with the socially marginal life he had lived while in the company of Parnell. He aspired to continue his education in order to be able to improve his chances of obtaining a better job, but had dropped out of high school in his senior year.

Steven was disturbed by the short sentence Parnell received (3 years) and expressed a wish that his abductor would have been denied his freedom for at least as long as the 7 years Steven was kept away from his family and a normal life.

Steven Stayner died in 1989 on a highway outside of Merced, when the motorcycle he was riding collided with a car pulling onto the highway. The driver of the car left the scene of the accident without notifying authorities or rendering aid. He contacted his family from Mexico, and was persuaded by them to return to turn himself in to U.S. authorities. The driver surrendered to police at the U.S. - Mexico border and was returned to Merced on the day of Steven's funeral. He

pleaded not guilty to a felony charge of hit-and-run driving and a misdemeanor charge of vehicular manslaughter. There was speculation in the press, by the officer who investigated the scene of the accident, when he pulled his car out on to the highway.

Steven's funeral was attended by 300 friends and family members. The Bishop officiating at the service remarked on the effect Steven's resilience in life had on the lives of others. The inscription of Steven's casket reads, "Coming Home."

CASE STUDY: NON FAMILY ABDUCTION ABCX Model Outline

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

Factor A— Family Crisis Event

- Steven punished for loitering after school
- Steven takes shortcut home from school
- Mother misses Steven on route from school
- Steven does not return as expected
- Parents assume Steven is loitering
- Steven not located in neighborhood
- Police report made
- Family searches wider area

Factor a— Family Stressors Other Than the Abduction

- Ongoing financial problems
- Relocation to new area
- Problematic relationship with extended family
- Concern over Steven's adjustment to relocation

Factor B— Pre-Abduction Family Crisis-Meeting Resources

- Family cohesiveness

Factor b— Post-Abduction Family Crisis-Meeting Resources

- Immediate involvement of local police

Factor C— Pre-Abduction Perceptual Definition of the Family Abduction Crisis Event

- Assumption that Steven was safe walking to and from school
- Fault initially attributed to Steven
- Belief that Steven failed to mind parents

Factor c— Post-Abduction Perceptual Definition of the Family Abduction Crisis Event

- Police definition of disappearance as “not serious”
- Family members under suspicion
- Psychic’s report that Steven was alive
- Attempts to “normalize” family life
- Mother’s belief in Steven’s eventual return
- Father’s resignation to Steven’s probable death

Factor X— Immediate Experience of Stress Due to Abduction

- Parental guilt and self-blame
- Family members as possible suspects
- Limited financial resources
- Absence of clues and/or witnesses
- Emotional response to reminders of Steven’s absence (i.e., belongings in home)

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

- Intermittent police reports of child homicide victims
- Family role in identification of child homicide remains
- Father’s self-blame and depression
- Increased tension among family members
- Family changes in Steven’s absence
- Profound changes in Steven during 7-year absence
- Family in public spotlight
- Knowledge of abductor as sex offender and ex-convict
- Problems in post-reunification adjustment
- Short sentence for perpetrator

CASE STUDY: NON-FAMILY ABDUCTION ABCX MODEL NARRATIVE

Factor A — the Non-family Abduction Family Crisis Event

The circumstances of the abduction in the Steven Stayner case illustrate a sometimes overlooked point. Even though the event of a stranger abduction tends generate great public attention, it is an event that is embedded in the life of a family. Steven Stayner’s parents had punished Steven in the hope that the punishment would help instill in Steven behaviors that would bring him home from school each day. The Stayners were trying in the best way they knew how, to impress on Steven the importance of obeying his parents and of coming directly home after school. Their well-meaning efforts, however, could not protect their son from an encounter with a known sex offender.

It is often difficult to tell whether a specific stress to a child such as an administered or threatened punishment might result in the child altering or abandoning methods which might improve the child’s alertness or safety, thereby inadvertently increasing the child’s vulnerability. While there is some belief that children can be trained to increase their resistance to attempts at abduction, any child may fall prey to an abduction and parents need to be protected from guilt associated with the feeling that they should somehow have been able to prevent the abduction.

In the Stayner case, Steven's mother intended to pick him up at school, but was delayed. The retelling of this detail as an important part of the event may be a manifestation of the parents' guilt about not having been able to protect their child from the abduction. Details of the circumstances of the abduction which reflect the message, "If only I would have done this one thing differently, I could have prevented the abduction" are usually expressions of guilt that need to be processed with the parents so that they can acknowledge that they did not knowingly place their child in harms way and that all family members have been victimized by the event.

Factor a — Family Stressors Other Than the Abduction

The Stayner family was an economically vulnerable family which had relocated as an attempt to cope with their financial problems. The family's extended family network was a source of additional stress. There was concern on the part of Steven's parents that he was not handling the stress in the family as well as they would have wished.

Factor B — Pre-abduction Family Crisis-meeting Resources

In spite of the family's problems and limited financial resources, the Stayners were a closely knit family with a high degree of family cohesiveness.

Factor b — Post-abduction Family Crisis-meeting Resources

Although the local police responded immediately to the report of Steven's disappearance, the community at that time did not have any specialized resources for helping families with the immediate crisis. Since Steven's abduction and escape, a greater number of resources have been developed, primarily by prosecutors and specialized private non-profit agencies, to effectively aid families in the event that their child is involved in a stranger abduction.

Factor C — Pre-abduction Perceptual Definition of the Family Abduction Crisis Event

In a manner similar to many other parents, the Stayners were apprehensive that their child could be endangered on the journey to and from school. When Steven failed to appear at the expected time after school, his parents did not immediately make the association between Steven's absence from home and the possibility of an abduction. They were a family of modest means, not one in which a child was likely to be kidnapped for economic gain. Their first assumption, therefore, was that Steven had not learned his lesson about not playing instead of coming straight home from school.

As a family searches for an explanation for the child's absence there is a tendency to explain the event in terms of the most immediate issues operating in the family. It is difficult for a family to make the leap to thinking "the unthinkable." At some point it is necessary for parents to face the terror of thinking "the unthinkable": that a stranger may have taken their child. It is important for those assisting families to know when it is in the best interest of the family to take this step, as crossing that threshold will forever change the family's sense of vulnerability. By letting families know what they can do to assist in the search for their child, professionals in contact with the family during this time can be extremely helpful in aiding families to face a difficult reality without becoming immobilized.

Factor c — Post-abduction Perceptual Definition of the Family Abduction Crisis Event

The Stayner family's post-abduction definition of the crisis event shows how a family's perceptions are formed when there is an absence of factual information. There is a temptation for those in contact with a family in crisis to want to reassure the family by downplaying the seriousness of the event. This is especially true if the event is not as serious as other situations one typically sees in a professional role. The event should be responded to in a way that is compatible with the family's perception of the event.

While all families want reassurance that the event is not serious and can easily be remedied, giving false reassurance may prevent a family from responding in a way that will allow them to mobilize the family resources to effectively cope with the crisis. Families need to be presented with the facts in a humane, but open manner and need to be protected from false or overly pessimistic information.

Some families will attempt to "normalize" family life as a method of warding off the painful knowledge and powerful emotions associated with the disappearance of a child. While it is true that some basic family functions still need to be carried out, the family's situation is not normal and a forced attempt to make it so may only make it more difficult for family members to acknowledge the reality of the event and to be able to share their feelings with each other.

In families that have not developed ways of sharing feelings with each other, individuals may become increasingly isolated and hide their grief or ways of coping the stress of the abduction. Some family members who seem to be strong throughout the ordeal may only cry or grieve when alone. Individuals may feel that by showing their emotions or pain, they may risk appearing weak or be seen as "pulling everyone down", especially if they feel that other members of the family are better able to control their feelings and this is seen as an indication of strength.

Factor X — Immediate Experience of Stress Following Non-family Abduction

The level of stress generated by the abduction of a child is extreme by almost any definition. The experience of stress, however, may be mitigated by factors such as the coping style of the family and the family's available resources. Immediately neighbors and family members are willing to search for the child if there is no knowledge of the child's whereabouts and if the child is presumed to be lost. A community can be galvanized around the search for a missing child and parents report feeling supported by these efforts. When there are witnesses to the child's disappearance, parents have the hope that the information provided by witnesses can be used to locate the child. Hope and the ability to take some constructive action seem to be elements which enable families to cope with the high levels of immediate stress.

Parental guilt and self-blame may increase the experience of stress. Parents need to be able to acknowledge these feelings when they occur without becoming overwhelmed or immobilized by them. Professionals working with families at the time of the crisis event can help to keep the experience of stress at a manageable level by redirecting guilt and self-blame into positive actions that can be taken to assist in locating the child. Organizations and professionals who have assisted other families facing similar situations can be especially helpful at this time.

Factor x — Intermediate and Long-Term Experience of Stress Due to Non-family Abduction

The abduction of a child from a family is an event that changes each family member individually and the family system as a whole. The long-term outcome for the family, family members and the child victim is determined by a number of factors including the circumstances of the abduction, family stresses other than the abduction, available crisis-meeting resources and how the abduction is perceived by the family. Children who have pre-existing emotional problems seem to have greater difficulty coping with a traumatic event and may constitute a subgroup especially vulnerable to long-term problems following an abduction. Sexually exploited children are also likely to be at increased risk.

Families are also not likely to have information about what actually occurred during the abduction until some time after the reunification. The revealing of information about deprivation or sexual abuse can be a traumatic event for parents when they are celebrating the return of their child.

It is often not until life has regained some semblance of normality that parents begin to report difficulties the child may be having following the reunification. One reason for the delay is that these difficulties are unanticipated by parents who may be lead to believe that just having the child home will remove the effects of the child's experience. A second reason is that a child will begin to deal with the effects of the trauma only when he or she feels safe enough to do so. While some of the effects of the abduction can be expected to subside over time, other effects such as a heightened sense of vulnerability and fearfulness may persist. Family members may also have very different ways of coping with the event of the abduction and unless resolved, these differences themselves may become a source of ongoing family conflict.

Summary Statements/Non-Family Abduction

- (1) Parents may feel enormously guilty about not having been able to protect their child from the abduction.
- (2) Parents must allow themselves to think "the unthinkable", while still retaining hope, in order to be able to cope effectively with the crisis of a stranger abduction.
- (3) Giving false reassurance to families may prevent them from mobilizing resources needed for coping with the crisis situation.
- (4) Families need to acknowledge the "abnormalness" of their situation and develop contacts with organizations which can put them in touch with other families who share their experience.
- (5) Families can be helped to keep stress at a manageable level by redirecting guilt and self-blame into positive actions that can be taken to help locate their child.
- (6) Parents need to anticipate that children may need professional help to cope with the experience of abduction and to recognize that all family members are victims of the trauma.

NON-FAMILY ABDUCTION RESEARCH

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

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

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

The section on Factor B summarizes what is known about the family's pre-abduction family crisis meeting resources including the social support available to the family. Factor B summarizes what is known about post-abduction family crisis-meeting resources, including help-seeking behavior and outside family support.

The section on Factor Bb summarizes what is known about the family's pre- and post-abduction crisis-meeting resources. The section on Factor C summarizes what is known about the pre-abduction perceptual definition of the family abduction crisis event. Factor C summarizes what is known about the post-abduction perceptual definition of the non-family abduction crisis event. Factor Cc summarizes what is known about the combined perceptual definition of the family abduction crisis event including the perceptual definition of the non-family abduction crisis which the family brings to the event and the perceptual definition of the non-family abduction crisis which the family acquires following the event.

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

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

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

disturbance in child victim of family members, extended family and community support, and psychological intervention.

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

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

Factor A — The Non-family Abduction Crisis Event

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

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

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

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

Characteristics of Abductors. While there has been no quantitative study of the characteristics of child abductors who are not related to their victims, the following description of the

abductors in the Hewitt, Beaudry and Moran study fits closely descriptions of abductors obtained from other anecdotal accounts.

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

Factor a — Family Stresses Other Than the Abduction

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

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

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

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

Factor Aa — Combination of the Crisis Event & Pile-up of Family Stressors

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

Factor B — Pre-abduction Family Crisis-meeting Resources

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

Factor b — Post-abduction Family Crisis-meeting Resources

Terr (1983) observed that parents of children taken in the Chowchilla kidnapping were

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

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

Factor C — Pre-abduction Perceptual Definition of the Crisis Event

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

Factor c — Post-abduction Perceptual Definition of the Crisis Event

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

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

Two children reported both visual and auditory hallucinations during the abduction event. For example, one boy who was primarily responsible for digging the children out, hallucinated several times while digging and was convinced that this would result in his mind being permanently damaged.

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

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

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

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

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

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

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

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

Child Hostage Stage 5. In the last stage, the rescue is accomplished. Supportive physical exchanges are common between the child hostage and police officers. The child usually has a lot to say and is quite willing to talk to police at length about the incident. In fact, much greater willingness demonstrated to talk openly and at length with unknown police officers than with parents may be related to a child's fear that he has not lived up to parental expectations. Further,

since the reuniting process involves a great deal of parental emotion, some children may assume responsibility for this parental emotion, feeling that the whole event was somehow their fault.

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

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

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

Factor Cc — Combined Perceptual Definition of the Family Crisis Event

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

- (4) Three major fears developed amongst the group as a whole:
 - (a) Fear of separation: Five children remembered worrying that they would never see their parents again, while 2 others were preoccupied with separation from their siblings.
 - (b) Fear of death: During their initial capture and transfer, many children (particularly those 8 and older) reported experiencing great anxiety about what would happen next. These fantasies included being shot, smothered, asphyxiated, or burned to death. Eight children remember being aware that they might die at any moment.

- (c) Fear of further trauma: Several children actively misperceived the abductors return at some point during their captivity, despite the fact that this never occurred.

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

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

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

Factor X — Family's Immediate and Short-term Experience of Stress

In her book on the Chowchilla kidnapping, *Too Scared to Cry*, Terr describes the growing realization on the part of parents that something might have happened to their child, when the expected child did not arrive home on time. In terms of the family's immediate response to the trauma of their child's abduction, Terr describes an initial sequence of: (1) confusion giving way to (2) severe apprehension, followed by (3) a tendency to feel guilty for not having prevented the abduction.

Factor x — Family's Intermediate and Long-term Experience of Stress

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

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

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

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

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

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

Post-trauma Performance Decline. Some children showed declines in cognitive functioning and school achievement. Terr reported that there was a worsening in school performance in one-third of the children in the Chowchilla kidnapping, and 2 children showed improved performance. The decrements in academic performance were felt to be secondary to misconduct in the classroom, school avoidance, or the inability to concentrate.

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

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

Continuing Sense of Vulnerability. One new finding in the Terr's follow-up study was the presence of profound embarrassment and shame in many of the children. It was described as a feeling of being naked, humiliated, or totally exposed when anyone knew how vulnerable they had been during the kidnapping. They preferred for no one to find out that they had been victims. Their temporary losses of personal autonomy still affected them 4 to 5 years after the trauma (Terr,

1983). It appeared that the children were not "toughened" at all by their experiences, and what most often occurred was a narrowing of their concern with outside events.

Factor Xx — Combined Immediate, Short-term, Intermediate and Long-term Experience of Stress

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

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

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

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

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

Eleven of the kidnapped children reported that they frequently "played" the kidnapping

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

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

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

Summary of the Effects of Non-Family Abduction on Children.

1. The abduction experience results in adverse psychological consequences particular to children, and can be observed both in their immediate responses as well as up to 4 to 5 years post trauma. Such responses include: hallucinations, specific fears that can reach panic proportions, misperceptions, belief in omens, recurrent dreams of terror and personal death, compensatory fantasies, time skew, time distortion, repetitive monotonous play that fails to relieve anxiety, school decline, survivor guilt, and psychophysiological disturbances. Fantasy of taking action has been found to be an important defense mechanism both during and after the event. Dreams of vulnerability and mastery are very common among child victims.
2. Symptoms range in frequency and severity, with the more severely disturbed children: (a) having preexisting physical or emotional disturbances, (b) coming from families with preexisting psychopathy, and (c) having fewer extended family in the community
3. No specific age differences emerge relative to the presence, type, or degree of post-traumatic stress symptoms in child abduction victims. Sex differences appear to be a function of the degree of community bonding rather than representing inherent increased vulnerability among boys.
4. Long-term traumatic effects in children may not be observed by parents for six months to one year post trauma.

5. The interpersonal relationship between victim and abductor has been shown to be a key variable in establishing psychological control during the abduction. The process by which this relationship develops may be critical in terms of understanding the child's psychological response post abduction.
6. Families of abducted children do not perceive themselves as "sick" and therefore do not actively seek the help of mental health professionals.
7. Families themselves experience post-traumatic stress symptoms similar to the child victim, although frequently of lesser intensity.
8. The child victim's post-traumatic symptoms may be uniquely different from those of adults. These differences include: (a) event amnesia not observed, (b) psychic numbing not observed, (c) voluntary recollections of the event rather than intrusive flashbacks, (d) the presence of post-traumatic themes in child play, (e) time skew and distortion, and (f) a pessimistic view of the future.

PARENT ABDUCTION CASE STUDY: FRANK FAMILY

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

She describes her father as authoritarian and remembers him as angry and having had difficulty relating to his wife and daughter.

She describes her mother as caring, but passive and unable to solve problems effectively.

Beth attended public schools and describes herself as having been an average student who did well in the classes she liked. Her special interests were art and athletics and she excelled in these areas. During elementary school, Beth had a best friend who lived in her neighborhood. In junior high school, her friends were primarily other students her age, who also attended her church. In high school, she had friends from many social groups in the large urban high school she attended, but didn't belong to a clique or closely knit group. This caused her to feel like an outsider at times, but she was active in school clubs and activities and got to know many students from various socioeconomic levels. Beth belonged to a group of top art students in the school that did art work for school activities. She would have liked to compete in women's athletics, but found that opportunities for girls in competitive sports were limited in comparison to those which existed for male students at that time.

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

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

As an adolescent Beth both dated and participated in group social activities such as church and sports events. Her father had difficulty allowing her to date and would have preferred that she not go out with boys. He was strict, vigilant and had difficulty accepting her friends, or behavior that Beth considered to be appropriate for her age. There was a great deal of conflict between Beth

and her father around these issues. Her mother was seen as taking a middle position in this conflict. She was more accepting of Beth's behavior and friends, but did not intercede with Beth's father on her daughter's behalf.

Following high school, Beth attended an extension program of the state university. She planned to enter teaching or human services, but only completed 2 years of college before terminating her education to marry a fellow student, Otto Frank.

The Courtship of Beth and Otto. Beth and Otto first met in the student lounge of the extension program they were both attending. Beth was 18 at the time and Otto was 19. Both were living at home with their parents. Beth had a male student friend who encouraged her to join the chess club of which Otto was a member. She remembers that Otto was an accomplished chess player and soccer player and that she initially found him both charming and handsome. Otto had a self-confident manner and an "Old World" quality that set him apart from the other young men at the school. On the other hand, Beth found Otto to be arrogant and aloof, but she remembers that this only made him seem like a greater challenge to her. Beth responded to this challenge by arranging her schedule so that she and Otto would have some classes lose relationship and attend to school demands at the same time. Otto's interest in Beth became more apparent after she asked him to take her to a chess club meeting on an occasion when she didn't have the use of a car. She remembers having a long conversation when he brought her home. After that encounter, they began spending more time together. Their first formal date followed when Otto asked Beth to a school athletic event.

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

Initially both sets of parents responded negatively to the couple's engagement. Beth's parents had hoped she would marry another boy whom they saw as a better "catch" for their daughter, as his family was more acculturated and prominent in the community. Beth's mother initially voiced her objections and then acquiesced to her daughter's wishes. The response from Otto's family was also not supportive, as Otto's father offered to send his son back to his country of origin, in order to get him out of the impending marriage. Otto's mother acquiesced to her husband's authority in family matters.

During the engagement period, the two families began to adjust to the situation and met socially on occasion. Otto, however, had difficulty coping with both parental pressure and the impending marriage. He arranged to take a trip to California with a close male friend and was gone for six months, returning four weeks before the wedding. Beth understood Otto's need to distance himself from his close relationship with his mother, and tried to accept the fact that he chose to spend their period of engagement at such a distance from her also. Since Otto always traveled with a passport, Beth had some concerns that he might bolt and not return for the wedding. She was

relieved when he returned to the Midwest and took it to be a sign of commitment to their relationship, diminishing the doubts that she had let build up in her during his absence.

During Otto's absence, Beth had busied herself with the plans for the wedding. She came to an agreement with her father about the expenses she would assume and those her family would pay for. It was a formal wedding with a full component of attendants.

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

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

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

The couple had a dream of beginning a life for themselves in the West. Otto contacted a personnel recruiter for assistance in locating a position in that part of the country, but instead, was told of a good opportunity with a company in another Midwestern community. Otto interviewed for the job and the couple liked the area (a college town), and they quickly made the decision to take the job and remain in the Midwest. They bought an old house and moved in with plans to remodel it. The house remodeling became the focus of their time together. They went out rarely and had few married friends. Otto began to use alcohol regularly and Beth describes shutting down emotionally to cope with the ongoing marital tension.

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

Even though Beth did not feel enthusiastic about the pregnancy, she decided not to worry a great deal about it, as, at the time, she and Otto had a house and financially could afford to have a child. Beth broke the news of her pregnancy to her parents first as her father was ill and she knew that he wanted very much to have a grandson. Her father's condition rapidly worsened and he died during Beth's fifth month of pregnancy. Beth spent the month following his death managing the details of his death and funeral and providing emotional support for her mother. She saw herself as much stronger during this period than her brother and felt she had to handle this responsibility alone.

Beth was disappointed with Otto's response to the pregnancy and describes him as not wanting to be involved. He continued to work long hours and Beth described him as a workaholic. He attended child-birth classes and the labor and delivery, but Beth had the sense that he was not really interested. Preparations for the baby were not complete when Beth went into labor. The labor progressed slowly, and for a time, there was question of the need for a Caesarean section, as Sean was a large baby and difficult to deliver. Otto's interest seemed to be engaged only at the time of the actual birth and then he seemed to be fascinated by the process.

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

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

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

Beth reported that Otto continued to contact the woman he was involved with, and she came to feel that the situation was intolerable. She talked with an attorney and decided upon a separation. She eventually was able to obtain a court order which required Otto to vacate the house. Beth stated that the affair served as a crisis which made it easier for her to make the decision to end her marriage to Otto. Rather than hire an attorney of his own to fight the injunction, Otto moved out into an apartment.

Custody and Visitation. After the separation, Otto was seeing Sean on an informal basis, usually in the evenings while Beth was working part-time. Otto would come to the family residence where Sean and Beth continued to live and would spend the evening with Sean while Beth was at work. This usually occurred on Tuesday and Thursday evenings with some weekend visitations. The arrangement was described as working in the beginning. Otto brought up the subject of joint physical custody, meaning a 50/50 sharing of time. Beth rejected the proposal, as she did not feel it was a workable arrangement. Communication between Otto and herself was not good and she had heard many of her friends talk about the difficulties of trying to work out joint custody arrangements.

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

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

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

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

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

Following the custody hearing, Otto had Sean every Tuesday and Thursday evening and every other weekend, as well as alternating holidays. Beth describes these visitations as very

difficult. When Otto brought Sean back to the house Sean would have extreme difficulty handling the transition. Sean would tell Beth that his dad said that she was a bad mom, that she was sick, that the judge had made a mistake and he was supposed to be with his dad. During this time, Beth reported, Otto told Sean that he was actually living with him and only visiting Beth.

Sean began calling his mother "Beth" and calling Otto's girlfriend, Shirley, "Mom." He had already been instructed to call Shirley, "Mom", whenever he was with Otto for visitation. Beth felt that these maneuvers were, in fact, efforts to prepare Sean for being away from her permanently. During the periods that Sean was with her without a visitation, he would calm down, but the transitions were always stormy. Beth describes herself as suffering enormously during this time as she knew that all of this was painful and confusing for Sean as well.

Twice Sean had been taken for medical care for injuries Otto claims were inflicted by Beth. In both cases, reports were filed and the complaints were investigated, but were unsubstantiated.

Beth felt that Otto never seemed to understand how harmful all of this was for Sean. Her perception of Otto's motive is that Otto was more concerned with destroying her, controlling her, and having power over her than he was about hurting his own child. Beth remembers this period as a terrible time in both her life and Sean's. During this time she began to believe that Otto was trying to break her emotionally and that the legal system would not be able to protect her or her child.

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

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

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

When Otto did not show up with Sean at the agreed upon time for the end of the visitation, Beth remembers thinking that, this time, he might not bring him back. The first thing Beth did was call Otto's parents to find out if Otto and Sean were still there. She was told by Otto's mother that they hadn't been there and it immediately became clear to her that Otto had abducted Sean.

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

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

Beth continued to work with the police and informed them the letter sent to Otto's company, documenting that he did not plan to return with Sean. Beth called the head of the company and told him not to destroy anything, as the documents were needed in the investigation. The police went to Otto's former place of employment that same day and obtained the letter and recent telephone records.

During this period of initial contact with both the police and private investigator, Beth recalls her feelings as a combination of anger and helplessness. Her thoughts were that Otto had a 2 1/2 week head start and therefore, there was a chance that she might not see Sean again. Beth considers the most important factor in her being able to regain confidence that Sean would be recovered was the private investigator's record of success in other cases. The private investigator would talk with her about other cases he had investigated and kept her well informed regarding the progress of their search effort on behalf of Sean.

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

Beth perceived federal law enforcement to be less responsive in the search. Her perception was that they did not place a high priority on the investigation of parental abductions and also showed some resistance to working with a private investigator. Beth related the following incident as the basis of her belief. In tracking down phone calls made by Otto's girlfriend prior to the abduction, the private investigator obtained information that led him to believe that Otto, his girlfriend and Sean might be in Mexico. Beth and the investigator requested the assistance of the FBI case agent to obtain an address to go with the phone number. The agent took several months to respond. By the time the information was received, it was clear that the parties had left Mexico and were then traveling under assumed names, which would make it more difficult to locate them.

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

During the time Sean was missing, Beth's financial support came from her job and money received from a prior business investment. As her husband was still a fugitive, the court allocated part of the investment income to Beth. In this way she was able to meet her living expenses and finance the search. She estimated the dollar cost of the search to be \$50,000, including the bill for the services and expenses of the private investigator, which amounted to \$30,000.

Beth was always able to maintain hope as new leads and resources continued to appear that she felt might lead to recovering Sean. The private investigator persisted in tracking down leads developed from phone calls made by Otto prior to the abduction and other information left behind by Otto and his girlfriend, Shirley. She also believed that sooner or later Otto would do something to call attention to himself and that was likely to be the mistake that would bring Sean home.

Several clues uncovered during the investigation turned out to be significant. First, it became known that Otto and Shirley had auctioned off their belongings prior to the abduction, indicating that the abduction had been thoroughly planned in advance, and that the couple could afford to move frequently, if necessary, to avoid detection. Second, before the school year ended, Shirley sent her son to be with her parents in Atlanta where the couple and Sean would soon join him. Third, the couple had moved into a hotel during the period immediately prior to the abduction. When Otto picked Sean up for the beginning of what was supposed to be a brief vacation, Beth was not aware that Otto had already given up his permanent place of residence and that his plan to abduct Sean was under way.

Upon leaving Shirley's parent's home in Atlanta, Otto, Sean, Shirley and her son preceded to travel through the Southern and Southwestern United States, Central America, the Caribbean and Canada, eventually settling in Ottawa.

Recovery and Reunification Events. At the time Sean was recovered, Otto, his former girlfriend and now, newly-married wife, her son, and Sean were living in Canada. Beth reported that almost two years after Sean was abducted, an anonymous phone call came in to her local police department, asking to speak to the Sergeant who was assigned to investigate her case. When told that the Sergeant was not in, the caller asked whether the department had an ongoing case with the name Frank and when told that they did, the caller said that Otto could be found living in Ottawa, Canada. The caller also revealed the fictitious name Otto was using and the address where he was residing with Sean. The dispatcher asked the caller if he wanted to call back and talk to the Sergeant, or leave a number. The anonymous caller declined and hung up.

With the information from the anonymous tip, the Royal Canadian Mounted Police (RCMP) began surveillance on the house and verified that Otto and Sean were living there. They knew from Beth that Otto's gun was not listed among the items the couple had sold at the auction of their belongings and so assumed that he might be armed. The RCMP then assembled a SWAT team and a K-9 unit to approach the house.

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

Late at night, the RCMP approached the house and the door was answered by Otto. They addressed him by his assumed name and also asked him if he was Otto. When they knew they had the right parties, the RCMP arrested Otto and Shirley and took the children into protective custody.

A social worker was present with the team at the recovery and arranged to have the children transported together to a foster home that night. Shirley's son was soon released to his grandparents and left Canada. Sean was then transferred to another foster home, as Shirley's son knew the location of the foster home in which Sean was placed, and could have disclosed information regarding Sean's whereabouts to members of Shirley's family.

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

Beth also consulted with Sean's therapist to let him know that Sean had been found and discussed ways of approaching the reunification with Sean in order to make it as easy as possible. The therapist agreed that it would be a good idea to take along someone Sean had known before the abduction and was likely to trust. Beth had some ideas on how to approach Sean, such as letting him take the lead, not rushing him or expecting too much too soon, as she had met with the therapist several times while Sean was gone to keep him apprised of the case and discuss her thoughts and concerns about preparing for the reunification.

Beth, the person from Sean's day care, and the private investigator got on the plane for Canada the day after Sean was recovered by the RCMP. They went directly to the Social Services office to meet with the social worker who had been assigned to Sean's case. A meeting was arranged at which Beth would finally see Sean. She described herself as being very nervous, afraid of saying or doing the wrong thing.

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

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

The third visit was at a restaurant and Sean let his mother put her arms around him to have a picture taken. This was the first time he actually let her get close to him. On the fourth visitation,

they spent time in Beth's hotel room, and had five hours together which Beth remembered as wonderful. By that day, Sean was comfortable enough to crawl underneath the blankets on the bed and to snuggled up against his mother, while they read books and played games. When it was time to leave, Sean became very upset because he didn't want to leave.

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

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

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

The motivation for the caller revealing information leading to Otto's arrest stemmed from Otto's attempts at a hostile takeover of the company where he and Shirley were employed. His actions angered the members of the Board of Directors and they began looking for a way to get him out of Canada. A director reported Otto to Canadian Immigration authorities and placed the call to the police. The bottom line to Otto's arrest says Beth, was money.

The anonymous caller turned out to be someone who had been contacted very early on in the abduction, and questioned, by the police because his telephone number was on a list of calls Otto or Shirley had made. At that time the person had denied that he had any information. The same person had called Beth anonymously some months after Sean's abduction and said that he was going to mail her some information. Although the caller had promised to mail Beth some information, she never received anything. The caller was not heard from again until he contacted the police to report Otto's whereabouts.

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

Upon returning to his home in the Midwest, Sean responded immediately to a picture of himself with his mother, taken before he was abducted and to the objects which had remained untouched in his room. Beth feels that these familiar objects helped Sean to recall memories from

his life before the abduction. Beth also realized that it was important not to say anything negative about his Otto, or Shirley, or her son, as regardless of her feelings about any of them, they had been Sean's family for nearly two years.

When they came back to the Midwest, Beth took two important actions to help Sean adapt to his life back in his community. First, she contacted Sean's therapist so that he would be available to see Sean right away. As Beth had met with him several times during Sean's absence, he was familiar with the details of the case and could avoid having to obtain the information from Sean. Secondly, Sean was enrolled in school, as soon as possible, in order to get Sean back into the life of a normal eight year old.

Now that she and Sean have been back at home for several months, Beth rates the reunification process as exceedingly good. Even though she would have liked to bring Sean home as soon as possible, she feels there were benefits to the extra time they spent in Canada together. The time it took to obtain permission to return to the U.S. with Sean, gave her and those who came along to assist, some time to visit some places that were familiar to Sean. This gave them a shared sense of what Sean's life was like while he was living with his father in Canada. Upon returning home, Beth and Sean were then able to talk about the places he remembered, as places to which they both had some positive associations. Having visited the location of the house where Sean had been staying, his school, and other sites familiar to him, made her a part of his experience there. She feels that this has aided in the reunification process which continues now that Sean is home.

Beth feels that the child care worker who accompanied her as a support person functioned well in that role. When things looked like they were getting tense between Beth and Sean, he was there to give Sean some relief, and when Sean and Beth seemed to need some time to be together, he would disappear for a while. As Beth sums it up, having someone along that she and Sean both knew and trusted, worked wonderfully. The only thing that Beth feels might have made the reunion better would have been to have Sean's therapist present.

Post Abduction Adaptation. The period of adjustment following Sean's return home has been stressful at times. Beth's mother had been living with her during the period just prior to Sean's recovery, but left following Sean's return, as she found it difficult to deal with Sean's aggressive behavior toward Beth. Beth related that Sean also still shows signs that he does not trust what people tell him. She feels that this is the result of the lies he was told by his father and was then forced to live, as if they were true. Sean frequently asks his mother if she really likes him, and still questions what she tells him. When this happens, Beth encourages Sean to call other adults to verify what he is being told, and he usually seems satisfied after he does this.

Sean also continues to make claims of having been abused by his mother. Sean believes that he was locked in the closet by his mother while living with her, although Beth has pointed out to him that it could not have happened, as there were no doors on the closets at that time. Beth continues to provide Sean with evidence that these events, that he claims to remember, could not have happened.

With regard to her current financial situation and living arrangements, Beth is presently living off invested income from the stock dividend and is able to stay at home, temporarily, in

order to provide a more consistent and stable environment for Sean. She plans to go back to work, but anticipates difficulty in finding a day job in her community. This may eventually lead to the necessity of eventually moving to a larger community.

Beth would like to remain in her present community as she reports feeling safer where she knows the police and where they know Sean and Otto. She anticipates she would feel less secure if she had to trust the police in another community as she still feels that Otto would be capable of abducting Sean again.

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

Beth describes her concerns about being a single parent and her desire to meet someone with whom she can have a permanent relationship. During the time that Sean was gone, she wasn't emotionally available to meet anyone as she was preoccupied with bringing about his return. Now that Sean is home, Beth feels that a man would have a lot to deal with coming into the situation, as she feels that there are still three major sources of stress in her life: (a) the psychological aftermath of the abduction still felt by Beth and Sean, (b) the reentry of Otto into her life, with the upcoming trial and anticipated ongoing custody dispute, and (c) Sean's need for services to assist with his present learning, behavior and emotional problems.

Beth has not sought professional help for herself as she claims that she is functioning well enough. She has been warned by Sean's therapist that she may yet have a delayed stress reaction. As she has been continually drawing on all of her coping resources since she first began to feel that Otto wanted to take Sean away from her, she sometimes wonders if she might experience a crisis after Otto's trial is over. She also is aware that she did not have time to recover from the stress of Sean's abduction before having to deal with his recent diagnosis of Gilles de la Tourette's Syndrome, a neurological condition marked by tics, involuntary movements, and verbal outbursts. She has received information about a support group for parents of children with Tourette's Syndrome and is considering attending in the future.

In regard to Sean's adjustment, the aggression and behavior problems shown by Sean after his return to his mother's custody, have been related to Tourette's Syndrome. He has recently been put on medication and his symptoms have shown improvement. Prior to the abduction, Sean had been identified by his school as needing special education services for ADD (attention deficit disorder). He will continue to receive special education services with the more recent diagnosis.

Sean is now in the 3rd grade and is mainstreamed for most of the school day, with special instruction given on a pull-out basis. Next year he will move to a school with 4th and 5th graders. As the district is small, Beth expects Sean to be able to handle this change of schools when it occurs. She expressed a willingness to move to a more metropolitan area, if there would be better educational services in a larger district, but is not anticipating such a move in the immediate future.

So far, Beth is satisfied that the school is able to handle Sean's academic and behavior problems, with ongoing psychotherapy and monitoring the medication recently prescribed for

symptoms associated with Tourette's Syndrome. Sean sees his therapist on a regular basis for psychotherapy and is monitored by a pediatric psychiatrist for dosage and side effects of the medication. Considering all that he has been through, Beth states that she is amazed that Sean has done as well as he has.

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

Alex's father has decided to plead guilty to the charge of abducting Alex. He agreed to enter a guilty plea with a recommendation of no jail time and no prosecution of his wife. The county probation officer will recommend that he receive a 6 month prison sentence, perform community service, serve 3 years probation, and make restitution for the cost of the search and recovery, which Beth reports is in excess of \$50,000.

Otto is requesting visitation in family court, but the court order on visitation stands. Under the current court order, Otto will be allowed to see Alex only with the recommendation of Alex's therapist. Supervised visitation will be conducted only in the presence of Alex's therapist.

Beth is hoping that something positive will come out of the case. Her attorney is proposing legislation to restrict the defense of a parent that he/she took the child to protect the child from abuse by the other parent. The abducting parent will be required to more thoroughly document a history of abuse. Penalties will also be proposed for parties who withhold information regarding the whereabouts of the child or who purger themselves before investigating parties.

CASE STUDY: PARENTAL ABDUCTION

ABCX Outline

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

A— Family Abduction Crisis Event

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

a— Family Stressors Other Than the Abduction

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

B— Pre-abduction Family Crisis-Meeting Resources

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

b— Post-abduction Family Crisis-Meeting Resources

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

C— Perceptual Definition of Family - Crisis Event

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

c— Perceptual Definition of Family - Following Abduction

- Knowledge of other successful recoveries
- Otto's history of attention-calling behavior
- Constant discovery of new leads
- Media interest in case

X— Experience of Stress Due to Abduction

- Fear child taken from U.S.
- Time to recovery = approx. 2 yrs.
- Concerns for Sean's welfare
- Uncustomary public visibility

x— Experience of Stress - Intermediate & Long term

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

Parental Abduction Case Study and the ABCX Model

Factor A — The family abduction crisis event

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

Although Deborah was often suspicious of Otto's motives or behaviors, she tended to

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

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

Factor a — Family stressors other than the parental abduction

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

Factor B — Pre-abduction family crisis-meeting resources

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

Factor b — Post-abduction Family crisis-meeting Resources

Deborah was fortunate to live in a community in which there was a high level of awareness of specialized resources for families of missing and abducted children.

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

Factor C — Perceptual Definition of the Family Crisis Event

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

Sean's physical well being as Otto had sufficient resources with which to provide for Sean's physical needs.

Factor c — Perceptual Definition Following the Crisis Event

The perceptual definition following the crisis event was consistent with Deborah's view of herself as an effective crisis manager. This positive belief in her ability to deal effectively with the crisis was sustained by the assurances she received from the individuals and agencies involved with Sean's case, that children were recovered even after long absences.

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

Factor X — Immediate Experience of Stress Due to the Crisis Event

Although Deborah's style of actively coping with crisis situations and the continued support from family and community resources allowed her to mount an effective search effort, she was not prepared for the length of time it would take to recover Sean. Deborah assumed that her immediate response to Sean's abduction would bring him home quickly. The frustration and grief that a family experiences when their child is not recovered immediately contribute greatly to the family's experience of stress. The longer the child is missing the more anniversary events there are that occur in the child's absence, such as the child's birthday or the anniversary of the date the child was taken.

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

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

Factor x — Experience of Stress —Intermediate and Long-term

The Frank case illustrates many of the stresses faced by families experiencing a parental abduction, such as the absence of knowledge of the child's whereabouts for a period of many months or years. The emotional and financial cost of sustaining an effective search is an ongoing stress for the remaining family members. Reunification, while joyful, can be stressful for the family and child as well, as the child has not only experienced the trauma of the abduction, but may have adapted to the new situation and changed so that he or she seems to be a different child from the child the remaining parent remembers. Often the abducted child has been told that the left-behind parent does not want the child or is dead. For a child such as Sean who may already be psychologically vulnerable, the additional trauma of the abduction may alter the child's basic

sense of trust and safety. Such children may continue to mistrust their parents for extended periods of time after reunification and the family may need professional help in order to be able to function well as a unit.

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

In the Frank case, the process of recovery from the abduction was further complicated by Sean's subsequent diagnosis with a serious mental disorder. The family was confronted with a new crisis event before its members could resolve the issues of the abduction to any degree of satisfaction. This underlines the importance of evaluating a family crisis event in light of the coping resources and style of its members. The life of the family does not end or even pause significantly with the recovery of the abducted child. The family must be able to confront any additional challenges as they arise, while simultaneously recovering from the abduction. Effective assistance given at the time of the reunification can help families keep from being overwhelmed by the magnitude of the stresses in their lives and allow them to proceed with an adaptive recovery.

Summary Statements/Parental Abduction Case Study:

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

PARENTAL ABDUCTION RESEARCH

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

The section on Factor A summarizes what is known about the family abduction crises event including the age of the child, sex of the child, numbers of children abducted/incident, ethnicity

of the child, age of the abductor, sex of the abductor, ethnicity of the abductor, the marital status of the parents, the type of abduction (by severity), and the motivation of the abducting parent. Descriptions of the circumstances of the family abduction will also be included for site and time of the abduction, the use of an accomplice and the length of the abduction.

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

Factor B summarizes what is known about pre-abduction family crisis meeting resources, including the psychological, social, interpersonal and material resources available to the family. Factor B summarizes what is known about post-abduction family crisis - meeting resources, including post-abduction earned income, help-seeking behavior, outside family support, drug and alcohol use as coping mechanisms, and parental perceptions of agency response to family abduction.

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

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

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

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

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

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

Child Characteristics

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

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

Ethnicity of the Parentally Abducted Child. Information on the ethnicity of abducted children has been reported only by Agopian (1984) and Finkelhor, Hotaling, and Sedlak (1990). Agopian, using data from Los Angeles, reported that 74% of the child victims were Caucasian, 11% were Black, 11% Mexican-American, and 5% Asian. Finkelhor, Hotaling, and Sedlak (1990) reported that 80% of the abducted children in their nationwide study were Caucasian, 17% were Black, and 3% were Hispanic. There were no reports of abducted children in their sample which fell outside of these three groups. The significantly lower than expected rates for Hispanics and the absence of Asians in the sample, indicate that Hispanics, Asians, and possibly other non-specified ethnic groups may be under-represented as victims of family abduction.

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

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

Characteristics of the Abductor

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

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

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

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

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

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

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

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

Marital Characteristics

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

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

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

Circumstances of the Abduction

Type of Abduction. As it is often unclear when an unauthorized extension of visitation or the minor violation of a custody agreement becomes a family abduction, there has been interest in classifying abductions as intent and duration. There have been two formulations of type of abduction based on anecdotal observations. Terr (1983) gave an anecdotal accounting of violations of custody agreements in which there was an intent to return the child, calling them "vacations," compared with situations in which children were successfully snatched and hidden. Terr (1983) reported psychological consequences to the child regardless of the legal issues raised by the intent of the abducting parent or the duration of the child's absence. In contrast, Agopian (1984) listed the length of time the child was under the control of the abducting parent as a factor related to the severity of harm to the child.

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

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

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

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

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

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

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

Physical force was rarely a factor, and was usually limited to restraint. Threats of force were reported in an additional 8% of the abductions studied by Agopian and Anderson (1981). Using information from a national sample, Finkelhor, Hotelling, & Sedlak (1990), reported force used in 14% of family abductions, and the use of coercive threats or demands in 17% of the situations. No physical harm to the child was reported by 89% of the interviewed parents and physical abuse

was reported to have occurred in less than 5% of the cases. Not more than 1% of the abducted children were reported as sexually abused by the abducting parent. Family abduction appears to be a crime of convenience, not a crime of violence.

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

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

Short-term retention of the child may be unimportant, however, as they may serve as a means of "testing the waters" before an abduction, whose goal is the permanent retention of the child by the noncustodial parent. Custodial parents may then become "desensitized" to violations of visitation agreements and less vigilant about the possibility that their child has been taken. This conclusion is supported by the finding of Janvier, McCormick, & Rose (1990) that prior threats of abduction had been made in 46-48% of abductions in their study.

The Use of an Accomplice. Extended family members have been described as playing an active role in facilitating an abduction (including acting in the role of an accomplice) or offering support to the abducting parent. Janvier, McCormick, & Rose (1990), found that aid by an accomplice was present in 76% of the international situations and 84% of domestic family abduction situations studied. This infers that abduction in both domestic and international situations may be more premeditated than an impulsive act.

The NISMART study reported that 25% of the abductions were perpetrated by persons other than the former or current husband/boyfriend of the respondent or the former or current wife/girlfriend of the respondent. Other relationships designated for abductors included the husband/boyfriend of the ex-wife, the wife/girlfriend of the ex-husband, in-laws and unrelated persons. It is now known how often these individuals were acting of their own accord and how often they may have been acting in the role of an accomplice carrying out the wishes of the child's parent.

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

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

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

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

Agopian (1982) listed four primary motives for child abduction by a parent: (1) belief that the child is subject to neglect, (2) a desire to blame and punish the other parent for the failure of the marriage, (3) a desire to continue in a full-time parenting role, and (4) an effort to initiate a reconciliation or effect a withdrawal of the divorce action. In adversarial divorce proceedings, custody can be viewed as a "prize" awarded to one parent, with the other parent defined as the "loser" in the battle for custody. Anger from the loss of a custody battle may be a primary motivating factor for fathers who may feel cheated and resent losing control over their children. Non-custodial fathers may use child stealing as an "adjustment" to the divorce decree, especially when they think the mother was favored in the custody determination (Agopian, 1981).

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

There is virtually no information on the overall quality of family life or stresses prior to the

abduction of their child, other than the pre-existing mental health problems in the abducting parent (Schetky & Haller, 1983) or problems of substance abuse or domestic violence (Janvier, McCormick, & Donaldson, 1990).

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

Factor a: Family Stressors Other than the Abduction

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

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

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

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

Summary

Family Stressors Prior to Abduction:

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

Factor Aa: Combination of Family Abduction Crisis and Other Family Stressor Events

Factor Aa is a combination of the family abduction event and the additional stressors experienced prior to and during the abduction. As it is known that the majority of families in which there is a family abduction have also experienced a divorce or marital separation, it is likely that these families have experienced the stressful psychological, social, and financial changes associated with a divorce (Bloom, Asher, & White, 1962; Goode, 1956; McDermott, 1970; Weitzman, 1985).

Summary

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

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

Factor B: Pre-Abduction Family Crisis Meeting Resources

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

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

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

Summary

Pre-Abduction Family Crisis Resources Study Indicated That:

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

Factor b: Post-Abduction Family Crisis Meeting Resources

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

enforcement and/or specialized resources for assistance with international abductions, they have reported high rates of dissatisfaction.

Summary

Post-Abduction Family Crisis Resources Study Indicated That:

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

Factor Bb: Combined Family Crisis Meeting Resources

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

Factor C: Pre-Abduction Perception of the Family Abduction Crisis Event

Factor C is defined as the family's perception of the abduction crisis. The family's perception of the crisis is colored by two major factors: (1) the underlying beliefs of family members about the abduction; and (2) the family's underlying belief about their ability to deal with stresses (prior and current) (McCubbin & Patterson, 1981). There is no information at the present time regarding family members' pre-crisis perception of family abduction other than the reported finding by Janvier, McCormick, & Donaldson (1990) that in 48% of the domestic situations and 46% of the international situations, threats of abduction had been made prior to the completed abduction. Some parents, therefore, may have an awareness that an abduction may be possible.

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

Likelihood of Return. Higher rates of recovery have been found in international abductions than in domestic abductions (Janvier, McCormick, & Donaldson, 1990). The children had been recovered in only 8% of the domestic cases and in 19% of the international cases. The authors account for this discrepancy by proposing that parents in an international abduction may be more

likely to return to the family's country and community of origin. Consequently, the location of the child might be more readily determined. In domestic abductions, the remaining parent is less knowledgeable as to the whereabouts of the abducting parent and child(ren).

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

Summary

Pre-Abduction Perception of the Parental Abduction Crisis Event:

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

Factor c: Post-Abduction Perception of the Family Abduction Crisis Event

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

When left-behind parents were asked to select characteristics from a list of 125 traits describing both the abducting parent and themselves, positive and negative traits were identified for both parents (Janvier, McCormick, & Donaldson, 1990). Abducting parents were viewed by left-behind parents as impulsive, revengeful, manipulative, controlling, and unpredictable. 80% of the domestic abducting parents were seen as coming from dysfunctional families with 60-70% for international abductors. Over 50% of the abducting parents were described by left-behind parents as having "undiagnosed emotional problems."

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

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

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

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

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

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

Methods of Recovery

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

Summary

Post-Abduction Perception of the Parental Abduction Crisis Event:

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

Factor Cc: Combined Perceptual Definition of the Family Abduction Crisis Event

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

Factor X: Experience of Stress Due to Family Abduction

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

The Family Experience of Stress and Parent/Child Reactions to Child Abduction

Most of what is known about the immediate and short-term response of families to the abduction of a child has been learned by asking left-behind parents about how they coped with the experience of having their child abducted.

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

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

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

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

Psychological Consequences of Family Abduction for Child Victims

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

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

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

Clinical case studies have described a variety of reactions shown by children following an abduction. Following reunification with her mother, one child studied experienced frequent nightmares with visions of monsters. She was fearful of another abduction and did not like being left alone. She was suspicious and fearful of strangers, but with regular psychotherapy and supportive maternal care, she was described as able to return to being a relaxed and happy child (Agopian, 1984).

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

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

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

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

Summary

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

- (1) Children may perceive the left-behind parent as having failed to protect them.
- (2) Children may react to the left-behind parent with anger/rejection.
- (3) One-half of left-behind parents report needing mental health services.
- (4) Experience of stress may be related to abduction motives, including need to possess child, and need to protect child.
- (5) Mild to moderate psychological trauma symptoms have been reported for left-behind parents.
- (6) Significant psychological trauma symptoms have been reported for the recovered child.

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

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

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

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

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

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

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

In another case study, a child was brought to a mental health clinic for evaluation after her adoptive mother's separation from her second husband, who had been psychologically abusive to both mother and daughter during the course of the marriage. Treatment was recommended to help the child deal with the divorce. During the course of her treatment, her adoptive father reentered the picture and arranged to take her for a weekend visit. He kept her for 7 weeks during which time he petitioned the court for custody. During the time the child was with the adoptive father, he refused to let the child contact her mother and hired a security guard to protect the house.

The father's attempts to gain custody were unsuccessful and the court ordered the child returned to her mother. A prolonged battle ensued in which the therapist assumed the role of advocate for the child's interests. The custody issue was resolved with the mother retaining

custody and the adoptive father having regularly scheduled visitation. There was no punitive action taken against the father in response to the abduction. Following reunification with her mother, the child was treated for fears and emotional problems seen as resulting from the abduction.

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

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

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

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

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

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

Summary

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

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

Factor Xx: Combined Immediate, Short-Term, Intermediate, and Long-Term Experience of Stress

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

Evidence of emotional distress may not be immediately apparent, as there is indication of an "incubation period" of symptoms among traumatized children. When symptoms are present, they have been shown to be persistent and long lasting (Terr, 1991).

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

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

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

Summary

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

- (1) No reliable data available on combination stress effects on children and families coping with parental abduction and its aftermath.
- (2) Data on combination stress effects on children and families coping with other severe traumas indicate that:

- (a) Significant psychological and behavioral reactions exist in both following and long after the trauma.
- (b) Some reactions may not be immediately apparent, but appear over time.
- (c) Previous life experiences can increase or reduce risk of adverse reactions.

Conclusions

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

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

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

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

RUNAWAY CASE STUDY: ELIZABETH

Elizabeth is an adolescent who told her story as part of a research study of survivors of child abuse, conducted by the STAR (Statewide Teamwork for Abused Runaways) project, a federally funded research and demonstration project concerned with improving services to maltreated adolescents. Her story was published in Powers, J. L. and Jaklitsch, B. W. (1989). *Understanding survivors of abuse: Stories of homeless and runaway adolescents*. Lexington, Ma.: Lexington Books, pp. 104-128. The case material utilized here has been excerpted with the permission of the author and the publisher. It is reported in the first person as runaway behavior is more of a voluntary act than the other categories of missing children, and it is therefore most important to view the act from the runaway's own perspective.

Elizabeth's name has been changed, but she tells her story in her own words. The following is a condensed version of her experience as a runaway. She was nineteen years old at the time she told her story.

Family Background and Characteristics. I was born in 1969 in a small city. I was told that my parents met in high school and that my mother ended up pregnant when she was eighteen. It was one of those things girls don't do and my parents got married because they were having a child. My father was only nineteen.

When I turned four two of my brothers had been born and we moved to the area where we now live. My parents set up their trailer on my grandfather's land. I spent a lot of time with my aunts. They weren't much older than I was and they used to baby-sit me a lot. I also spent a lot of time with my grandmother. My relatives tell stories of how frightened I was of my father.

Family Stressors Other Than the Crisis Event: I'm still afraid of him now. Because he drinks; he's very violent when he drinks. He's verbally abusive now as he was then and basically that is the reason he really scares me. He would come home and be loud and aggressive and very violent. I remember many times I just would sit in the corner and cry because he would hit my mother. I think that's why I was so afraid of him. I don't understand a lot of the things my father does.

I started school when I was four. I went into kindergarten and I was afraid. I don't remember elementary school very much other than that I was sick a lot in the fourth grade.

My dad would go to the bars after work and would come home intoxicated around 9:00 in the evening. When he came home, he would fight with my mother. He would come home and start yelling and screaming. My brothers and I used to run in our bedrooms and hide and we'd cry.

My mother would make dinner and sometimes my father would eat it and sometimes he would just throw it across the room. I was always the aggressive one who wanted to go out and help Mom, but my brothers would never go. They were younger and didn't feel the need to deal with it like I did.

My dad worked for a company that paved driveways for a long time. Then he hurt his back and he's been out of work ever since. My mom always did things to make extra money. If my dad

didn't know exactly what she was doing, he'd get very uneasy and he'd become verbally abusive. He was very paranoid. When he was intoxicated it would turn into the extreme, something that he wasn't when he was sober.

Mom cried a lot. She tried to leave so many times but she just never could do it. She was so afraid of him. She was petrified of him to the point where she didn't want to breathe unless he said it was okay. I remember times when she had black eyes and bruises and handprints on the throat for days. Whenever I tried to ask my mom, "Why is he hitting you," she would say, "Don't worry about it. It's none of your concern." Or, "It'll be okay, it's over with now."

I remember one time when I was about four years old. I was eating dinner and he walked in the door and the next thing I knew I just hit the wall. He picked up my chair and he threw it at the wall. I didn't know what hit me, I just know I hit the wall and the chair hit me. I fell on the floor, and my mom was crying at the time and all I did was cry. I didn't know why he did it, or what I did wrong. I was simply eating. So I went into my room and I hid under the bed.

As I got older, he would verbally abuse me, as well as my brothers and my mom. He doesn't hit anymore, because...I really don't know. I really have no clue as to why he doesn't hit my mom any more. Part of it has to do with the fact that I ran away from home.

It got harder and harder for me to deal with my dad. I told myself that I had to love him because he's my father and whatever he does is okay. I began to realize that my friends were never abused and that he didn't deserve to be treated that way. My friend's dad never drank to the point of just getting drunk just for the effect. When I questioned my mom about that, she'd say, "don't talk about it. Just don't say anything or your dad will get mad." So I would shut up and leave it alone. After I got to be about fourteen, I couldn't deal with it any more.

I've realized that all through my childhood I was verbally abused. My dad would come home and he would get me out of bed and make me sit on his lap and he would tell me stories about if I did this or that with boys, I would end up pregnant, or I would end up in the streets or I'd be raped. He would tell me that I was bad because I had talked to boys. He would always tell my mom to leave the room and then he would do things to me, like say if I ever did bad things with boys he would kill me. He would say really cruel things to me. He was heartless in the way he spoke to me.

My dad has never sexually abused me, but he frightened me because of the fact that he would say those things to me. Fathers don't say these things to their daughters. My dad intimidated me and frightened me, and I couldn't trust him.

I was to the point where I couldn't be in the same room with him alone. I would make my brothers stay with me. I would tell my mom, "I am not staying here alone, I will leave." Many times my mother would go someplace and I would be stuck in the house by myself with my dad. I would crawl out the window and go for a walk or I would go to my grandmother's and stay there.

My grandparents don't have a sense of what's going on even now. They knew that my dad abused my mom but they don't know about the things he said to me. My grandmother knew why I ran away, but my grandfather didn't know. My grandfather is very concerned about our well-

being. He would be at my dad's throat if he knew any of these things. I don't believe in violence so I don't want to harm my dad even though he may deserve to be hurt.

My dad abused me as well as my brothers. When my brother was about a year and a half old, he knocked him down in the crib and knocked the wind out of him. He would spank my brothers with a belt, not for punishment, just to spank them in case they did something. He never used to spank me with a belt. He always hit me with his hands. Just his hands or throw things at me just to frighten me. I can't remember when it stopped, I'd say around ten. He no longer hit me, until I was fourteen...when I was fourteen, he beat me up.

The First Runaway Crisis Event. My dad had come home and was very intoxicated. He began accusing my mother of being involved with the next-door neighbor. I told him my mom was with me all day long, she was not out of my sight. My father just looked at me with this evil, evil look. He turned around and punched me in the face, knocked me on the couch and I don't remember what else happened. He tore my shirt off, my clothes were ruined. He hit me all over. I also hit him back, which was the first time I had ever struck my father.

Perception of the Crisis Event. Just the fact that my dad would punch me in the face, he couldn't love me. That's how I felt. I ran out of the house and went to a neighbor's house which was about five houses up the road. I stayed overnight there.

Reunification with the Family. My mom came up to see how I was doing. I didn't want to go home. I wouldn't talk to anybody; I just sat behind the couch and cried.

Elizabeth's Experiences Immediately Following the Runaway Event. The next day my mother made me go home. I cried for two days. My dad tried to come in and talk to me, but I wouldn't talk to him. He touched my arm and I became very violent. I began hitting him and said, "Get out of my life." I was very upset and I told him that I hated him, that I didn't love him anymore and I couldn't believe that he hit me. He was trying to apologize, but at the time I didn't want his apologies. I just wanted for him to leave me alone. I always made sure that he was on one side of the house and I was on the other. Anything to stay away from him.

I wasn't doing well in school, I couldn't concentrate, I was very emotionally unstable. I would cry all the time. I couldn't trust anybody. I wouldn't let anybody near me. I always told them, "I'm not going to stay here, I am going to get out of here, I am going to go away."

I told them, "You guys don't understand, you won't listen to me." They wouldn't sit down and talk to me. All I wanted from them was their understanding, which they couldn't give.

The Second Runaway Crisis Event. When October came I had had enough. The abuse continued a whole month and a half after the summer incident; the alcoholism, the fighting with my mom, the verbal and physical abuse of my mom had all built up. My dad even threw the TV out the window. I remember once during that time he tried to choke my mom to death, and she was very sick for some time.

In my Freshman year, I was on the volleyball team. It was the first thing I had ever done. I couldn't continue my sophomore year as my dad refused to let me do any extracurricular activity.

He didn't feel that I deserved to do it. My father never tried to control my brothers at all. They could have friends over. I was never allowed to do that.

Pre-Runaway Family Coping Strategies. The first time I had a friend was when I was fourteen. She was the first and only friend I had over. It was a one-time thing. I have always gotten along with people. I never really had any close friends, just because of the fact that I always felt that I was different, which, in fact, I was. They didn't understand a lot of the things I was going through. I never talked to anyone about what was going on at home. I never told anyone that my dad hit us. My friends would always tell me how they went rollerskating and out to dinner with their families and I wondered, why I can't do those things.

We would never do anything as a family. We wouldn't even eat dinner together. My mom, my brothers, and I would eat in the living room, or in the bedroom. My dad would never be a part of us.

For fun my brothers and I would fight. We would literally beat each other up. We thought that was okay, when my brothers hit me I thought it was okay because my dad had hit me. I thought that was what boys were supposed to do with girls.

Over the summer when I was fifteen, we had new neighbors who had a son about my age. I became very good friends with him. I spent a lot of time with him and my dad didn't like that. He thought that Mike was taking his place and that I didn't need a father in my life anymore.

My father would go up to Mike's house when he was drunk and he would say nasty things to him about me. He would say he didn't want him around his daughter anymore and if he ever came to the house again he would shoot him.

My dad would tell me all these bad things that I was going to do with this boy and those talks started again. He always told me, "If anybody ever gets you pregnant I'll kill him." He frightened me and I believed him. Then at the end of the summer, Mike moved away and, of course, my dad was happy to get rid of him.

When I went back to school I started growing up and filling out, and that really irritated my father because I was getting older. He wouldn't allow me to go to school. School was my only outlet, so I would promise not to talk to boys. I wanted to be on the volleyball team but my dad wouldn't allow me to do that. I had to stay in the house and do housework. I had had enough. I decided to do something about it.

I tried to run away once before. I tried to go out my bedroom window with some of my clothes but my dad caught me. I started walking down the road and he came out and grabbed me. He brought me to the house and threw me in my room and he told me if I ever did that again that I would really be sorry. I kept telling him all along that I was not going to stay there and that I was going away.

Factors Leading to Second Runaway Crisis Event. I talked to a friend in school because I was really upset. I knew that she was having problems with her parents and I asked her how she

was doing. She told me that she was in a runaway program. I asked her what kinds of things they did. She said they help you try to talk to your parents and understand them better. She told me about a few of the things that had happened in the sessions with her parents. I asked her for the number.

I called and talked to Donna. I asked some questions and told her that I was having some problems that I couldn't deal with and I just needed somebody to talk to. She told me that the program was really busy and offered to come to school to talk with me in a few days. I said I could wait until next week to meet with her. I couldn't wait to talk with her.

Things had gotten worse and worse. On Thursday my dad had come home and beat up my mother and I just couldn't deal with it any more. I packed my clothes in a bag when I went to school on Friday. I really needed to get out of the house because I knew that when my dad came home Friday night he would be totally plastered.

The Second Runaway Crisis Event. I didn't go home from school. I went with my friend's house and then we went to the Arcade. I wanted to get out and relax and do things. When a cop car pulled up, I knew they were there for me. I hid in the bathroom. My friend Erika came in and said, "Elizabeth, your dad is out here with the police. They need to know you are here."

Family Reunification. I walked out of the bathroom. My father just looked at me and he said, "You're going home." I told him no, and he grabbed my shirt and yanked it.

I wouldn't get into the cop car because he was going to make me go home and stay with my parents and there was no way that I was going home with my father. My dad was drunk. He was staggering all over the place. My dad hit me and I said to the cop, "Are you going to let him hit me?" I was crying. the cop said, "I didn't see it." The cop opened the door of the squad car and tried to push me in and I said, "I'm not going." I was fighting with the cop because I was afraid that if I went home, I wouldn't wake up in the morning. My father is really going to kill me, is what I thought. I was pushing the cop away and all my friends were standing in front of the building watching this. It was so humiliating for them to see my dad come in drunk and this cop taking me away.

In the car, my dad punched me in the side of the head. I don't know how he did it because he was in the back, but he hit the side of my head with his fist. Thud! When my father smacked me up the side of the head again, the cop had to say something about it. He said, "Keep your hands to yourself." I said, "Is that all you are going to say to him?"

The cop took me to the police station and locked me in a room because I was hysterical. I said, "I'm not staying here...I know my father is going to harm me in some way...he is probably going to kill me." He just kept telling me to shut up and to be quiet.

He didn't make me go home with my father. He said we would drive around for a while. Before he got me back in the car, I told him that I wanted to call this number. I just called it the runaway program. He called the number and talked to Donna.

Family Perception of the Runaway Event. I don't know what was said but we met Donna at a different police station. I got to the police station and my dad and mother were there. My mom

just looked like I killed every feeling she had inside her body. She just looked at me like I was taking the only thing she had away from her.

Immediate Experience of Stress from Runaway Event. Donna went into a room with my parents and they talked. She took me someplace where I spent the night with a lady. In the morning she came to get me and we went to Darlene's. Darlene gave me the biggest hug and made me feel so secure.

When I came to the runaway program, people who didn't even know me cared about me. They were there for me. I thought, there are actually people in the world like this? My host family was totally different than mine. I could talk to them and they would try to understand. They were like a family to me. They were the family that I never had, something that all of my friends had and that I could never have.

Darlene and Tim told me how they had gone to college. They have a beautiful home, they are well-off in society, and they have things that they want. Their attitude is relax and enjoy your life, it's what you make of it. I was there for two and a half months.

I had sessions with the staff and my parents, but my dad only came a few times. I felt like I was fighting a battle that I could never win. My mom said his attitude changed a tremendous amount and that he had stopped drinking. I thought everything was going to be okay.

My dad would ask, "Are you ready to come home yet?" I would say, "No, Dad, you don't understand. I'm not ready." So he would get up and leave. And he wouldn't come back for two or three sessions.

I learned a lot of things about my parents that I never knew. I learned a lot about myself that I never understood before. I understood that I was there because I wanted the home life that I deserved. I wanted my mom to be happy and be loved and I wanted them to love me and respect me as well as me respecting them. My dad never learned to love anybody, he just didn't know how to deal with feelings.

While I was at the host home, I went home for a day. We had a good day. We had fun together for once. Then at the next session we just blew up at each other.

Things at the host home were terrific. I got along well with Tim and Darlene. We did a lot of things together. They were very supportive of me in everything I wanted to do. We did a lot of fun things together. Darlene was like a big sister to me. I could also talk to her and I could confide in her because she was very trustworthy. She gave me a lot of good advice about how to deal with things. She told me I would be okay.

Then my grandmother died a few days before my fifteenth birthday. I had spent a lot of time with her when I was younger. When she died, I felt very guilty because I was supposed to see her three days after she died. I had run away and she didn't know why. My grandmother was a very important person in my life. When she died, it was very hard because she was somebody who always understood the way I felt.

When my dad was three he was eating breakfast and his dad had a heart attack and died. He had witnessed this and he loved my grandfather so much. He felt that his dad was taken away from him so he never learned to love anybody else or anything else because he felt that they could be taken away. So he treated my grandmother as badly as he treated my mom and I.

I left the host home right before Christmas. Leaving was very hard. Just the fact that Christmas was coming up. that was the only reason why I went home. I didn't feel secure but I just did it because holidays were coming up and my mom always talked to me about coming home for Christmas. So I said okay.

I went back to Darleen's house. I didn't know how to tell her. I went in to Darleen's room and I started crying and I said, "I'm going home tomorrow." She was very sad and happy for me. She was crying and she said that I am going to miss you. It was very hard to say good-bye. When I went home I cried.

I was going back into a house where I could never do anything before I left, why should I think that I am going to do anything now. My father and I got into a big fight the day of my grandmother's funeral. He called me a few names and he was accusing me of leading on my own cousin. I knew from experience that things were not going to change this time. I knew that my father would never change. He would always be the same. Darlene gave me the biggest hug and made me feel so secure.

I learned a lot of things about my parents that I never knew. I learned a lot about myself that I never understood before. I understood that I was there because I wanted the home life that I deserved. I wanted my mom to be happy and be loved and I wanted them to love me and respect me as well as me respecting them. My dad never learned to love anybody, he just didn't know how to deal with feelings.

I knew that my father would never change. He would always be the same.

Intermediate and Long-Term Experience of Stress Due To Runaway Event. After I was home for a month, my dad picked up drinking again. I was again in a very unstable home, my parents would fight, my dad was drinking. I couldn't deal with it because all I kept thinking was that he was going to hit me again. He released all his bad feelings on me because he wanted me to be as unhappy as he was. I stayed with my parents until April when I moved into my other grandmother's house. During this time, I had no contact with dad; we were not on speaking terms.

When I lived with my grandparents, I went through a rough time, because my grandfather did not understand the way I was. My grandfather is a very hard person. He is not emotional, but he is a lot like my dad and he was also an alcoholic.

I fought with my grandfather a lot. I argued with him all the time. He would always tell me that I would never make anything of myself. He told me all the things my father told me. He would say, "Get out of my life. I don't want to hear about you, just get out of my house."

The only thing I was involved in was Keith, my boyfriend. He got hit by a car, so I was liked pushed into this relationship without warning. I spent all my time with him. I really cared for Keith

a lot until he started treating me like my father did. I didn't trust anybody not even Keith.

I looked down on myself. I was so negative about myself and I was so unhappy. I wouldn't smile or anything. I would complain all the time; I would cry. I would just give up on everything that I started; I would not finish anything. Except in school. I did very well in school. I kept my work up and I got good grades.

My father and I went through periods where we would talk for two or three weeks, we'd get into a fight, he'd come home drunk, and he'd start swearing at me and we wouldn't talk for six months at a time. He would sometimes try to do things, like for my sixteenth birthday he gave me a surprise birthday and lots of presents.

On my prom night, my dad was not there. He went out drinking that day and he never came to see me. It really made me sad because I really wanted him to be there and see me. For my seventeenth birthday my mom gave me a party; my dad never came because he went out drinking. That incident made me feel very unhappy and unimportant.

We had a terrible Christmas; my parents fought all day long. I went to bed hearing them screaming at each other. It was a terrible day. My father ate dinner in his bedroom. My mom and my brothers and I sat around and ate Christmas dinner together.

Keith was still in my life. He had a violent temper. He filled the role of my father and I expected him to treat me like that because my father did. So I let it go. I learned to dislike him as much as I disliked my father. As a person, I don't like my dad. I mean he is human and he does have some good qualities, but as a person, I totally despise him.

When Keith filled the role of my dad, I told him that he either had to change or I was going to get out of his life because I didn't deserve to be treated like that. He didn't change and I broke up with him a week before graduation.

Long-Term Adaptation and Outcome. That's when all of these changes started taking place. I had a good summer, and then I went to college. My dad always told me that I would never make anything of myself. The day they took me to college, my dad said, "You know, you told me a long time ago that your were gonna go; I could just never see you going. I'm really proud of you." I walked in the door and cried.

The first week of college I was very homesick. The people were different than I was. Then I started to adapt and I began to like it more and more.

My feelings continued to haunt me. I would talk to my mom on the phone and my father would get on the other phone and he would be totally smashed. I went and talked to a counselor. I told him how I couldn't concentrate, I couldn't study. Subconsciously I was thinking about my mom at home. She was so unhappy and I was happy at school. I felt as though I was letting her down. I felt bad because she was not happy and I was.

I had a hard time dealing with intimate relationships. I felt all guys would be like my father. I just couldn't trust anybody. The only person I could trust was myself. My father's alcoholism

was affecting me too. I was loyal to people who didn't deserve it, I wouldn't believe anything anybody said.

I trust my boyfriend, Jeff, now. We are on the same wavelength and are interested in the same things. He told me he was proud of me for dealing with my problems.

When I think about my home life, I think about all those bad things that happened to me and it interferes with all the good things I do now. So I am trying to deal with that and I have a lot of good friends who are very understanding, which helps.

I decided I want to go into special education. I love kids and I want to help them. Many people have helped me along the way. I feel that other people deserve my help, and since I am willing to give it, well, here I am.

CASE STUDY: RUNAWAY ABCX Outline

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

A— Runaway Crisis Event

- Elizabeth defends mother from father's verbal abuse
- Father's physical assault of Elizabeth
- Elizabeth hit father
- Elizabeth runs to neighbor' house
- Mother talks Elizabeth into coming home

a— Family Stressors Other Than the Runaway Episode

- Teen age parents marry because of pregnancy
- Arrival of additional children not planned for
- History of financial problems
- Father's unemployment due to injury
- Father's abuse of alcohol
- Father's violence when drinking
- Father's physical abuse of children
- Father's physical and verbal abuse of wife

B— Pre-runaway Episode Family Crisis-Meeting Resources

- Grandparents share resources with family
- Grandparent's interest in grandchildren

b— Post Runaway Episode Family Crisis-Meeting Resources

- Participation in runaway program
- Extended respite care for Elizabeth

- Involvement of family in counseling
- Social support from family members

C— Perceptual Definition of Family - Crisis Event

- Elizabeth shocked by father's assault
- Elizabeth's behavior as family focus
- Collusion of police with family violence

c— Perceptual Definition of Family - Following Runaway Episode

- Parent's denial of family problems
- Runaway episode seen as "the problem", not symptom
- Pressure on Elizabeth to restore family equilibrium
- Elizabeth resigned to inability to change family problems

X— Experience of Stress Due to Runaway Episode

- Father's need for control of family threatened
- Concerns for mother's welfare
- Uncustomary involvement of "outsiders" in family

x— Experience of Stress - Intermediate & Long-term

- Temporary improvement in family relationships
- Elizabeth's more realistic view of family problems
- Elizabeth's emancipation from family problems
- Elizabeth's ongoing guilt about mother's unhappiness
- Elizabeth's adaptive use of mental health services

THE RUNAWAY CASE STUDY AND THE ABCX MODEL

Factor a: Family stressors other than the runaway episode

Families of runaway youths have been characterized by the presence of high levels of conflict within the family. In contrast to non-family abduction families, the family stressors have usually been present for significant period of time prior to the crisis event which occurs when a child leaves the family without parental permission.

Factor A—The Runaway Crisis Event

The runaway crisis event represents a change in the pattern of family violence that occurred over many years in this family. As Elizabeth reached adolescence, she felt she could protect her mother from the father's violence by verbally defending her mother. Instead, she became the father's victim. Her mother was spared a beating only by having Elizabeth substitute herself as a target for her father's anger. Clearly, this is a family that has few, if any, constructive ways of dealing with stress.

Elizabeth equates her father's willingness to hit her with a lack of love and flees to a neighbor's house. Her mother comes and talks her into coming home as Elizabeth may be her only line of defense against a violent spouse. The crisis event in this family comes not from an

encounter with an outside perpetrator who steals the child from a protective parent, but from a family system that allows the victimization of its own members.

Factor a—Family Stressors Other Than the Runaway Episode

Elizabeth's family was formed in response to a crisis event: her mother's pregnancy and has operated in a crisis mode since its inception. The family has moved from one crisis event to the next including unplanned pregnancies, financial problem, unemployment, injury, disability, alcohol abuse, domestic violence, and psychological abuse. This is what is commonly referred to as a multi-problem family and the runaway episode may be a youth's statement of the inability to cope with the overwhelming number or magnitude of stressors in the family.

Factor B—Pre-Runaway Episode Family Crisis-Meeting Resources

This family has few resources for meeting the crisis event in a constructive manner. While the grandparents are willing to help out and have an expressed interest in their grandchildren, there is a family sanction against talking about problems openly or asking directly for help.

Factor b—Post-Runaway Episode Family Crisis-Meeting Resources

The crisis event allows Elizabeth to violate the family's system of denying its problems and to seek outside help. Elizabeth at first expects a law enforcement agency (the police) to protect her and to control her father's violence. When the police fail to do so, she turns to a specialized resource recommended to her by one of her peers. Adolescent-oriented agencies and agencies experienced in assisting runaways can provide out of home shelter until a decision can be made regarding the safety and appropriateness of reunifying the family. Most programs are community based and involve the family in counseling with a goal of reunification.

Factor C—Perceptual Definition of Family-Crisis Event

In spite of the long history of intimidation and domestic violence in Elizabeth's family, Elizabeth continued to believe that the problems in her family could be worked out by the family members themselves without outside intervention. Her initial runaway episode resulted in an apology from her father for his violence as if he interpreted her leaving the household to mean that he needed to extend a verbal apology to her. In this family there is confusion about the meaning of what family members say to each other as well as the meaning of their actions toward each other. Each member of the family acts out their own individual emotional pain on the other family members, and defends against feeling the pain of the other family members. The crisis event is redefined by each family member in a way which protects them against facing the shared pain of the family. There is no shared family perceptual definition of the crisis event.

Factor c—Post-Runaway Perceptual Definition of the Family Crisis Event

In spite of Elizabeth's reluctance to return home at the conclusion of her stay in, (the respite care home), the family clings to the myth of Elizabeth's behavior as "the problem," not a symptom of family stress and inadequate coping resources. The one change that occurred in the family system is Elizabeth's willingness to recognize that she may not be able to change the behavior of her parents. Her inability to reconcile her father's abusive behavior with the model of personal communication and emotional support she experienced in respite care helped her to accept the limitations of her family and to accept that she wanted more for herself than her family could offer.

With the help of the runaway counseling program, the crisis event served as a springboard

for Elizabeth which allowed her to perceive and distance herself from the destructive interaction in her family.

Factor X—The Immediate Experience of Stress Following the Crisis Event

Elizabeth's action of leaving the family introduced new sources of stress into the family system. Family problems were revealed to outsiders. Elizabeth's mother was left with no defender in the family system unless another child was recruited to fill the vacant role in the family. This contributed to Elizabeth's anxieties as she was concerned for her mother's safety. Both parents pressured Elizabeth to return to the family, based on their own individual need. Elizabeth's mother's need for protection and her father's need for control of his family and his environment.

Factor x—Intermediate and Long-Term Experience of Stress

While Elizabeth's emancipation from a destructive family system resulted in an increase in stress over the short term, it resulted in an overall decrease in stress over the long term. Anytime a family member becomes healthier, there is likely to be resistance from the family system followed by some improvement in the overall functioning of the system. In order for this to happen, Elizabeth had to give up her belief that her family would solve its problems on their own and to live with the guilt of abandoning her crisis-ridden family.

Elizabeth's adaptive use of mental health response allowed her to not only withstand the crisis of the runaway event, but to continue to grow and to confront her problems in an adaptive manner.

Summary Statement/Runaway

1. The runaway youth may have filled a role in the family system which the youth is no longer willing or able to fulfill.
2. A runaway episode may be a youth's statement that he or she is unable to cope with the number or magnitude of stressors in the family.
3. Families of runaway youths may have difficulty talking about problems openly or asking directly for help.
4. The runaway youth may have an unrealistic view of the family's ability to make positive changes without outside intervention.
5. In families with poor communication and limited coping resources, there may be no shared perceptual definition of the crisis event.
6. Runaway youths may need help in distancing themselves from family problems and in learning more effective ways of solving problems.

Runaway Research

The Runaway Problem. Youths who are away from home without parental permission constitute the largest group of missing children in the United States. Estimates of the number of

youths who leave their homes each year range from a low of 450,000 to a high of 700,000 - 1 million (Finkelhor, Hotaling & Sedlak, 1990; Shane, 1989).

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

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

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

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

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

While recognition of the plight of runaway and homeless youth in the U.S. has resulted in a body of research on this topic. Research reports have largely provided descriptive data and anecdotal reports. There is little applicable theory in the field to guide those who are interested

in finding more effective ways of helping these families. A summary of some of the research findings on runaway youths can assist us in the understanding of the needs of these families.

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

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

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

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

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

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

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

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

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

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

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

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

Search for Fun and Adventure. In the early 1970s, it was a popular belief that most runaways were suburban kids who ran away to major urban areas to escape the sterility and boredom of suburbia.

Cities like New York and San Francisco became urban Mecca's for youths who gravitated toward a life free of the middle class values of their suburban parents. While much media attention was given to the social phenomenon of "Hippies" and "flower children" during the decade of the 1970s, running away has been and remains a premature and abrupt severing of family ties.

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

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

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

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

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

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

While there seems to be an association between runaway behavior and delinquency, the

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

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

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

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

Factor A: Runaway Family Crisis Event

Circumstances of the runaway episode

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

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

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

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

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

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

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

The Runaway Event: Youth Perspective

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Companionship. While a 1978 study indicated about half of the runaways ran alone, a more recent survey showed that more than 80% of runaways were accompanied (Finkelhor, Hotaling & Sedlak, 1990). This may reflect a greater number of female runaways as girls are more likely than boys

to run away with a companion (Shellow, Schamp, Liebow & Unger, 1967). Those who did not go alone most often left with one friend of the same sex (Brennan, Huizinga & Elliott, 1978).

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

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

Parental Response to Runaway Episode

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

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

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

Runaway Behavior and the ABCX Model of Family Stress

Factor a: Family stressors other than the runaway episode

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

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

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

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

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

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

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

Female runaways reported strong feelings of parental rejection. They also report high levels of physical punishment and low levels of nurturance (Brennan, Huizinga & Elliott, 1978).

Higher social class runaways were indulged more by parents but spent less time with parents. Minority runaways reported spending little time with parents and were rarely indulged.

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

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

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

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

Factor Aa: The pile up of stressors

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

In a comparison of the numbers and types of stressful events occurring in the lives of runaways and non-runaways over a 4 year period, it was to call relatives and friends or to go out looking for the child (Brennan, Huizinga & Elliott, 1978). One survey indicated that almost two-fifths of parents or guardians knew the whereabouts of their runaway youth (Finkelhor, Hotelling & Sedlak, 1990).

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

Factor B: Pre-Runaway Family Crisis-Meeting Resources

Individual Resources. Some psychological traits have been found to be more characteristic of runaways. Including: (1) Low Self-esteem, (2) Estrangement from society and a weak sense of belonging to institutions such as school or the family, (3) Feelings of Powerlessness and a sense of a loss of control over their lives, and (4) A "failure" identity and loss of aspirations for success (Brennan, Huizinga & Elliott, 1978).

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

Research has indicated that the social support systems within runaway families may be dysfunctional. When asked to name the 3 most likely persons they would seek help from if they were in trouble, only one half of runaways named parents, while four fifths of non-runaways said they would turn to their parents for help.

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

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

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

Independent Living Arrangements. Runaway youths requiring services after a runaway incident can be divided into 2 major groups: (1) those who can be reunified with their families, and (2) those who will not, or should not return to their families because of safety issues or because they no longer have a home situation to which they can return (Shane, 1989). There is presently no accurate

information available on the success of independent living arrangements for runaway youths, as many of these youths are in informal arrangements and do not come to the attention of authorities.

Factor C: Pre-Runaway Perceptual Definition

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

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

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

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

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

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

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

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

Factor c: Post-Runaway Perceptual Definition

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

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

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

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

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

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

Factor X: Immediate Experience of Stress

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

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

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

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

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

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

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

Youths who are out of the home for more than 1 year, have a greater chance of being arrested or of participating in physical violence (Burgess, 1986). Entrepreneurial youngster who had been out of the home for an extended period were found to function as Fagins or Madams who introduced the newer runaways to lucrative, illegal activities. The success of these more assertive youngsters in providing a sense of security and protection to new runaways, led the new runaways to aspire to become the Fagins and Madames for the next generation of runaways.

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

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

Factor x: Intermediate and Long-Term Experiences of Stress

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

Court. For one group of runaways studied, about one in five went to court. Rates of court appearance were higher for minority and lower social class runaways (Brennan, Huizinga & Elliott, 1978).

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

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

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

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

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

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

Factor Xx: Immediate, Intermediate and Long-Term Experience of Stress

Long-Term Vulnerability of Runaways. Studies of runaways indicate that they remain vulnerable to physical, sexual and verbal abuse that occurred in their families, shelters, and institutions and informal social settings to which they ran (Hartman, Burgess & McCormack, 1987). While there is little information on the long-term effects of a runaway experience, the

additional traumas encountered by many of the runaway youths on the street, may increase their vulnerability and limit their chances for a successful adaptation to adulthood.

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

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

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

CHILD TRAUMA REVIEW

The Repercussions of Trauma for Children

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

Historical Observations of Childhood Trauma

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

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

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

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

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

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

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

sexual abuse). Trauma may be personally experienced or witnessed, and it may involve physical injury or solely psychological damage. It may include family members or strangers. Further, children may experience combinations of trauma types, for example, a child may experience long-term deprivation and then witness the homicide of a parent. The age and the individual resilience of the child must also be considered.

Contemporary Research on Child Trauma

Contemporary research on childhood trauma is still in the descriptive phase. There has been no systematic exploration of the differential effects of various types of trauma, or of the innate constitutional and psychological resilience that particular children may possess. The absence of a theoretical framework with which to study childhood trauma, has made it difficult to obtain an integrated understanding of trauma impact. Even without such a framework clinicians have recently begun to consider modes of treatment which may be helpful to children following trauma. Clinical studies in response to a variety of stressors has shown that children's reactions to stress are developmentally related, children's methods of coping may have unique characteristics, and a few milestones in long term therapy with traumatized children can be identified. With these limitations of knowledge in mind, the following sections will review what is known about: 1) how children experience trauma, 2) the consequences of trauma, and 3) existing treatments.

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

Some of the events which are more commonly experienced by children as traumatic are divorce, illness, hospitalization, and surgery. In a review of adjustment disorder and post-traumatic stress syndrome in children, Turkel and Eth (1990) discussed the impact of these life events.

Post-traumatic stress disorder (PTSD) was introduced as a psychiatric and psychological term in the third edition of the Diagnostic Statistical Manual in 1980 (DSM-III) (APA, 1980). In this edition, there was no description of PTSD in children. References to PTSD in children appeared in the revised DSM-III-R (APA, 1987).

PTSD refers to a set of symptoms which follow an extremely disturbing event which is outside the range of usual human experience and which would be seriously distressing for most people. The traumatic event usually involves a life-threatening disaster of which the individual may be a victim or witness. The response involves intense fears and helplessness, and is followed by the critical symptoms of re-experiencing, psychic numbing, and increased arousal, as described by DSM-III-R. Pynoos, et al. have noted that there appears to be a relationship between degree of exposure to a traumatic experience and the risk of developing PTSD, in that higher direct exposure increases PTSD risk. (Pynoos, Frederick, Nader, Arroyo, Steinberg, Eth, Nunez, & Fairbanks, 1987). Eth and Pynoos (1985) have summarized how children respond to trauma differently depending upon age the age categories of (1) infants, (2) preschoolers, (3) school aged children, and (4) adolescents.

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

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

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

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

Reports about the well-being of children following trauma have occurred as a result of: (1) common ongoing childhood traumas, such as, divorce illness, hospitalization, and surgery, (2) natural disasters and war, (3) witnessing violence, (4) physical abuse, (5) sexual abuse.

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.

Trauma Effects by Type of Event

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

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

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

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

Natural Disasters. Research on children's reactions to naturally occurring disasters is more limited than research on adult reactions. Prior to 1953, for example, not a single investigation of childhood responses to this type of traumatic experience appears in the literature. Since that time, however, several select studies have been undertaken (Young, 1953; Block et al., 1956; Perry & Perry, 1959; Perry et al., 1959; Drabek et al., 1971; Krim, 1976; Milne, 1977; Blaufarb & Levine, 1977; Burke, et al., 1982), some of which deal exclusively with children's reactions, others dealing more primarily with family and community reactions which directly or indirectly influence the individual child.

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

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

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

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

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

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

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

In a companion study which focused primarily on family response to the same tornado disaster (Perry, Stuart, Silber & Bloch, 1953), it was reported that consistency in parental behavior toward children, was the most important factor in child positive adjustment following the disaster. Preexisting emotional problems in the parent were also related to child's problems after the traumatic event. Unfortunately, no long term follow up of these children or their families was conducted in either of these studies, and therefore, it is uncertain as to what problems persisted or why.

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

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

The authors' conclusion was that child disaster problems are not only determined by the

parents' own disaster reaction, but also by extended family willingness to help, and direct re-involvement of the child in family recovery tasks.

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

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

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

In a multiple-week period following the earthquake, eight hundred families telephoned the clinic for assistance. Of this group, 300 came in for appointments. The families were seen in small groups over a 5 week period, with most families (85%) attending only one session. A central reaction in the 3-12 year old group was fear of going to sleep in their own rooms, accompanied

by persistent demands that they sleep with their parents. For those that could sleep in their own rooms, insomnia was very common. A younger group of children (3-6 years old) expressed fear of being alone in their house, even though their mothers were in the next room. These children were afraid of playing with children, preferring to be with their mothers to whom they clung. Additionally, there were infrequent problems in toilet training and eating. Overall, the children's reactions were viewed as an attempt to hold on to parents' attention for security and safety.

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

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

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

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

- (1) The aggressive conduct score among these children (i.e., "bullying," "mean," "fighting constantly" and "picks on other children") increased significantly after the blizzard.
- (2) School Problem Behavior scores (i.e., "does not like to go to school," and "will not obey school rules") decreased significantly. For the 43 younger children, Anti-Social scores (i.e., "stealing from parents" and "stealing at school") increased significantly.

- (3) In a separate analysis (special needs" children behavior showed a significant worsening overall. Anxiety scores (i.e., "afraid of people;" "shy;" "afraid of being alone") decreased for girls and increased for boys.
- (4) Parents denied that their children's behavior had worsened since the disaster.

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

Several researchers investigating child responses to natural disasters have focused on reactions of the immediate and extended family. Young (1954) studied the role of the extended family following the 1953 flooding of two English towns. In describing the reluctance of victims to evacuate and take refuge in official aid centers, the author found that, not surprisingly, evacuees were much more likely to seek out safety in the homes of relatives. Of a total of 10,000 evacuees, 6,000 had found refuge independently with relatives. These results were consistent with those of Drabek and Boggs (1968) who interviewed 178 of 3,700 families evacuated from their homes during a massive flood in Denver, Colorado. Results indicated families most often evacuated as units, and showed a strong tendency to take refuge in homes of relatives, rather than in official centers. In a related study, Drabek, Key, Erikson, and Crowe (1975) found that not only do disaster families count on each other for physical protection and safety, but also their extended family relationship patterns are strengthened over the long term. Victim families, when compared to non-victim families, reported more frequent contact with immediate kin, more often sought help from these sources, and visited more frequently with extended family members. These results underscore the central role the extended family plays for both child and adult victims of natural disaster.

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

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

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

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

Brander (1943) reported on the psychological effects among Finnish children during and after the Russo-Finnish War of 1939-1940. While failing to cite the actual number of children observed, the author described six immediate and long term responses that were most directly related to evacuation experiences and air raid alarms, both with and without subsequent bombing.

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

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

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

- (1) Children separated from their parents and evacuated under good conditions, placed in child residences protected from bombing, hunger, and unrest showed no signs of psychological disturbance.

- (2) Children evacuated with their families and living in refugee camps distant from bombing showed frequent, mild, psychic disturbances, including anxiety, depression and delinquency.
- (3) Children not evacuated and living with family in bombed areas showed an increase in similar problems.
- (4) Children who were less than 2-1/2 years of age, not separated from their mothers, including those in bombed zones, showed no problems.
- (5) The preschool age children had the most frequent problems. The symptoms noted were a decrease in aptitude for play, a general sadness, isolation and frequent bedwetting.
- (6) War game simulation and play was observed, particularly in older boys.

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

- (1) Overall, the children demonstrated remarkable adaptability.
- (2) Preexisting child problems were made worse by war stress (Mercier, 1942).
- (3) Family attitude and response had considerable influence on the immediate reactions of the child.

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

- (1) Anxiety test used was not effective.
- (2) Children do adapt to what becomes a routine, everyday occurrence in their life experience.
- (3) The level of care offered by concerned experienced adults.
- (4) Close kibbutzim community spirit reduces child anxiety.

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

- (1) The stress group of children exhibited more aggression as well as a greater degree of appreciation for courage behavior by others.
- (2) No differences were found between the two groups on their attitudes toward war.

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

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

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

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

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

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

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

- (1) Common problems were insomnia, eating disorders, regressed behavior, aggressiveness, and somatic complaints.
- (2) Excessive dependence on parents, particularly when the child was directly exposed to violence, was very common.
- (3) The most persistent problems over time were dependency and aggressiveness.
- (4) Irritability and aggression were only reported for older children or as a later problem for the younger age group.
- (5) All these symptoms were related to the loss of parent attention or protective home environment due to parental preoccupation, distress, or absence.

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

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

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

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

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

- (1) Repeated thoughts of the central violent action when physical harm was directed at the parent.
- (2) Frightening fantasies or dreams of revenge.
- (3) In the rape situation, disruption of the child's sense of security and vulnerability. Girls became terrified by identification with the mother as victim. Boys, too, felt more vulnerable, but several of them noticeably identified with the rapist rather than their helpless mother. Children of both sexes often feel extreme guilt. Subsequent discussion of the sexual component of the act often became taboo within the family, confusing the child.
- (4) In the suicide situation, disillusionment, distress, continued reenactment of the violent act in play, repeated thoughts, denial, and vulnerability. Long-term follow-up on this group was not available.

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

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

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

As is true with most research on the psychological problems from childhood trauma, the majority of studies on the effects of childhood sexual victimization have been descriptive and anecdotal. These studies often utilize subjective judgments of mental health professionals formed during evaluations and treatment of sexually abused children, and retrospectively with adults, predictably resulting in contradictory findings. Some investigators concluded that sexual abuse

has little or no adverse psychological impact on the child (Bender & Blau, 1937; Binder & Grugett, 1952; Weiner, 1962; Henderson, 1975). Yorukoghu & Kempf (1966) for example, described two children involved in long term incestuous relationships, who failed to demonstrate any serious or significant psychological problems. The authors hypothesized that the lack of problems was probably the result of adequate psychological development prior to the incest experience. It was suggested that these children were able to see the parent offender as seriously disturbed, and were able to effectively defend themselves psychologically against frequent and prolonged sexual intrusion. Consistent with this position, Rasmussen (1934) reported on 54 children who had sexual experiences with adults. 80% were evaluated as having normal adult adjustment.

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

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

DeFrancis (1970), for example, in a study of 263 victims of sexual abuse, judged 66% of them as being emotionally damaged. Fredrick (1985) reported on a sample of 150 children under the age of 18, who presented to various agencies following a traumatic event. Evidence showed post traumatic stress disorder at a high frequency in three groups of children who experienced various types of traumatic events. Of the 50 children who had experienced physical assault, all 50 were diagnosed as having PTSD, more than any other group. The author also found that of a total of 300 cases of child molestation, he had never seen a case where symptoms of Post Traumatic Stress Disorder were not present if the child was over six years of age.

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

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

- (1) The greater the age difference between the child and the individual with whom the child is engaged in sexual activity, the greater the trauma. This was especially true for girls.
- (2) The older the child, the more traumatic the experience.

- (3) The trauma associated with sexual involvement is greatly increased when there is force and/or coercion involved in the act.
- (4) The closeness of the relationship between child and partner increases the trauma experienced by the child. Father/daughter incest was most traumatic. Incest with fathers and stepfathers was more traumatic than sexual contact with uncles or grandfathers. Additionally, it was found that sexual involvement with grandfathers or uncles was equally as negative as with strangers.
- (5) Children's sexual experiences with male partners were consistently experienced as more negative than with female partners.
- (6) The extent of sexual activity does not appear to be related to greater levels of trauma in children. Simple fondling was the most negative of any actual physical contact.
- (7) The duration or repetition of sexual experience was unrelated to the extent of trauma.
- (8) The revealing or keeping secret their sexual activity does not increase the extent of trauma for children.

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

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

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

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

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

- (1) No conscious awareness of emotion, but evidence that it is present. At this level, a victim may have the awareness that an emotion should be present, but does not experience the emotion.
- (2) Tentative movement toward awareness of emotion. At this level, a victim's behaviors may be driven by emotions which are not verbally expressed. For example, a person might avoid reminders of the traumatic event, such as television programs focusing on similar subject matter, or individuals resembling those involved with the event.
- (3) Awareness of emotion not directly associated with the trauma. For example, a victim of abduction might acknowledge fear of being alone, but not connect it to the abduction.
- (4) Awareness of emotion directly associated with the trauma. At this level, a victim might admit that he/she had feelings about the traumatic incident.
- (5) Attempt to deal with negative feelings. For example, a victim might decide to talk to a family member or counselor in order to deal with feelings about the incident.
- (6) **Resolution.** At this level, a rape victim might realize the rapist no longer has power over her or that her new knowledge of self-defense methods make her less helpless.

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

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

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

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

The second category is: Type II (Outward directed, aggressive, attacking response). Anger and hostility have been frequently reported symptoms of sexually abused children. The Tufts University study (1984) reported that almost half of the 7-13 year old group demonstrated increased hostility. 35% had hostility and outward directed anger were less for the 4-6 year olds and adolescent groups, but still higher than normal scores for those age groups.

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

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

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

Child Trauma and Developmental Theory

Most of the work on child responses to trauma have been examinations of children following specific events. Terr's work with the children of Chowchilla is one of the most in depth explorations of trauma response and sequelae. Terr used the psychodynamic framework as a context for her observation of children. Her work is one of the few which is undergirded by a

theoretical perspective. In contrast, Mowbray (1988) took an atheoretical approach and surveyed reports of child trauma, placing them in a child development research perspective.

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

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

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

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

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

Mowbray suggested that guilt may be more prevalent in older children due to the development of conscience, and that fantasy may act as substitute to the restitutive play of younger children. Older children are reported to more frequently display apathy, personality change, intellectualization, anxiety, and acting out behavior. Due to disagreement about the existence of regression and denial,

these were not included in the table. Terr (1979, 1981, 1983) has reported that these defenses were not present in the children she studied, while Pruett (1977) indicated that when there is significant object loss, the object's internalization may be repressed into "non-existence."

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

Treatment of Childhood Trauma

Although models of treatment for adult trauma victims have been considered unapplicable to children (Mowbray, 1988), they have provided a context which has been used in initial approaches with children. Ochberg's (1988) post-traumatic stress therapy (PTT) is representative of general approaches used with adults.

Conclusions From Adult Trauma Treatment

Ochberg (1988) introduced a post-traumatic stress therapy which calls for the therapist to "respect the dignity and potential strength of the client" and omits any focus on prior weakness or failure in coping. The treatment consists of five "paradigms" or functions which reflect a victim's distress and suggest a path towards health. The five paradigms are: bereavement, victimization, autonomic arousal, death imagery, and negative intimacy.

Bereavement. Bereavement, of course, involves mourning the loss of a loved one and frequently, as Ochberg points out, mourning the loss of a part of oneself, hopes for the future, and a sense of stability. While bereavement over loss is a normal process, it may be complicated by previous losses. The process of grieving is assisted by the expression of emotion, understanding the significance or meaning of the loss, clarifying any mixed feelings which existed in the relationship, and ultimately the ability to trust and attach to significant others.

Victimization. Ochberg explains that while bereavement involves sadness, victimization involves feeling humiliated, invaded, like a loser, and put down in terms of the dominance hierarchy. He believes that we have few words to explain this sensation and that it is useful to help the victimized individual to understand how this state differs from bereavement.

Autonomic Arousal. Autonomic arousal as a physiological response to danger which has been described by Seyle (1976) as part of the general adaptation syndrome. This response is often experienced as fear or anxiety and may become generalized to other situations. Ochberg points out that physiological reaction is a logical part of traumatic experience and that is beneficial for victims to understand this.

Death Imagery. As explained by Ochberg, death imagery is not only the vision after trauma but the image of one's own mortality. Trauma weakens the defenses which normally protect people from thinking about death. Post-traumatic therapy can assist in fortifying defenses and the ability to avoid uncontrollable fears and memories.

Negative Intimacy. Ochberg uses the term negative intimacy to refer to episodes of rape, kidnap, and assault. These incidents involve personal invasion and are accompanied by feelings of disgust, self-loathing, or loathing of others.

PTT is aimed at helping the trauma victim obtain mastery over events and feelings. While Ochberg does not believe that these paradigms comprise a complete list of problems and treatment dimensions, he does introduce these as critical components in successful treatment.

Ochberg's model is for adult post trauma treatment. It is not clear how it could be adapted for the treatment of children, or if the paradigms he has introduced would be useful in this regard. This is not surprising since there are only a handful of treatment recommendations which have been made for children attempting to cope with trauma, which will not be reviewed.

Child Trauma Victim Treatment

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 six 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.

Based on her work with the children abducted in Chowchilla, Terr (1979) made several treatment recommendations for children who had experienced such group violence. As described by Manglesdorff (1990), these included:

- (1) Families should be contacted immediately by mental health workers, prior to know the outcome of traumatic events. This should be done in an effort to establish a supportive relationship as early as possible.
- (2) Mental health evaluations should be conducted immediately upon availability of victims.
- (3) Ongoing contact with children and parents is recommended. Individual interviews, as opposed to group meetings, allow families to express anxiety and hostility to mental health professionals, as opposed to the media and members of the community.
- (4) It should be noted that the effects of trauma on children may not be observed by parents for six to twelve months following the trauma.

Recognizing the paucity of information about treatment of children following trauma, Terr (1988) reviewed the most commonly used treatment modalities. While she does not outline a model of treatment, her review presents a range of interventions used with children. She begins by noting that in addition to the importance of mental health professionals in the treatment of children, parents, teacher, and news broadcasters have a critical role in how children experience trauma.

In terms of professional assistance available, Terr listed the traditional modes of group therapy, family therapy, behavior therapy, psychodynamic therapy, play therapy, and pharmacological treatment.

Terr cited Zimmerman's (1983) use of debriefing groups with hostages, following release by terrorists, as an example of the successful use of group psychotherapy. Although groups may be useful for individuals who have experienced the same trauma, an experienced clinician may be needed when there are victims of different ages involved. When using groups with children who have been sexually abused it is important to be mindful that children can inadvertently "catch" anxiety and symptoms from the experiences of others.

Although there is little information on the effectiveness of behavior modification with children, Terr reported that systematic desensitization is often used immediately after a trauma to help children to move through their daily life. Similarly, there is no systematically reported information on the use of psychodynamic techniques with children. Terr (1985) suggests that children may be helped by expressing thoughts and feelings related to the trauma and subsequent fantasies generated by the experience. She describes that it is important for the therapist to listen openly to the child, and to clarify, and interpret when appropriate. The therapist can additionally teach parents to help children at home to further support the gains established in treatment.

Terr reported that play therapy was useful in helping children work through their feelings related to trauma. She suggested that specific guided forms of play, as well as, play with typical toys was useful. She suggested that, more than the recall of the traumatic event, it was important for children to rediscover the painful emotions, shifts in "life philosophies", and "cognitive distortions" which they can acquire following trauma. Play can be used to recover and alter the course of these perceptions before they become buried and ingrained in a child's personality.

Terr reported no awareness of published studies which addressed the use of tricyclic antidepressants, monoamine oxidase inhibitors, or adrenergic agonist in the treatment of traumatized children, although she did report that antidepressants are being prescribed.

After reviewing the limited information which describes the process and results of these interventions, she made several conclusions. She suggested that family therapy was useful if all members of the family had experienced the same trauma, as is frequently the case with natural disasters. Interfamilial sexual abuse was an exception to this to this general observation. She reported that family treatment was helpful in preventing long term personality change and fears, but least useful in approaching internal trauma related fantasy.

While Terr has summarized the small amount of information which addresses interventions with children following trauma, she has not presented a model or course of treatment. James' (1989) recent work describes a treatment model for traumatized children which integrates interventions previously used in general child psychotherapy.

James maintains that treatment of the victimized child should broadly include:

- (1) The child's exploration of painful feelings.

- (2) A treatment sequence which occurs over a period of time which is responsive to the developmental needs of a child.
- (3) The active participation of caregivers in the child's life.
- (4) The accessing of information from the child which would not be elicited spontaneously and communicating to the child that these feelings are not shameful and can be dealt with directly.
- (5) The communication of positive clinical messages to the child which are transferred in a playful manner in order to balance difficult personal and clinical work.
- (6) Attention to "physical, cognitive, emotional, and spiritual" parts of the child.
- (7) Uncovering of any secret, dysfunctional, and deviant behavior.
- (8) Awareness on the part of the therapist that treatment may involve dealing with repulsive and painful situations which may have an impact on the clinician.

James points out that if the traumas of children are not addressed they can lead to a continuation of confused emotions and incorrect information. This may result in the acquisition of incorrect information, a fear of playing, dreaming, and an inner sense of worthlessness. In terms of incorrect information, she gives an example of one young boy who believed that his mother's body was still inside the crushed car in which she had died six months earlier.

James recommends that the treatment of victims of childhood trauma, include a thorough assessment, caregiver participation, and an evaluation of, what she refers to as, traumagenic states. She suggests that the assessment include:

- (1) The child's past and present functioning.
- (2) The specific traumatic events leading to the child's current condition.
- (3) The experience and meaning of the event for the child.
- (4) The child's strengths and areas of difficulty.
- (5) The resources available to the child.

One aspect of treatment which differs from a more classic model of psychotherapy, is James' approach to the sequence of treatment. She conceptualizes treatment more like that administered by a family physician. This prescribes an on-going relationship between the therapist, family, and child, in which the therapist is available, when needed, as the child passes through different stages of development. She contends that it is unrealistic to believe that remnants of the trauma will not emerge during later stages of development.

The involvement of caregivers is central to James' model and is used to promote the child's self-acceptance. At different points during treatment, the therapist deals openly and directly about the events of the trauma with both the child and the parents. This models mastery of the event. The treatment does make allowances for differences in the amount and ability of caregiver participation. James outlines alternative modes of intervention for minimally, medium, and maximally involved caregivers. For example, maximally involved parents would meet with the therapist bimonthly to discuss the child's progress and make plans for what can be done to help at home. Maximally involved parents would additionally play an active role in the child's treatment, sometimes, leading parts of clinical sessions with the assistance of the therapist. Conversely, minimally involved parents might meet with the therapist for an hour a month and participate in approximately ten minutes of each clinical session.

James suggests that treatment should explore the "traumagenic", or "emotional conditions" which have their origins in traumatic experiences. She has expanded upon those suggested by Finkelhor and Browne (1986) related to child sexual abuse. Finkelhor and Brown identified four emotional conditions with accompanying psychological dynamics, impact, and behavioral characteristics. James' traumagenic states include: self-blame, powerlessness, loss and betrayal, fragmentation of bodily experience, stigmatization, eroticization, destructiveness, dissociative/multiple personality disorder, and attachment disorder. She suggests that these along with the child assessment can be used to develop a treatment plan.

Using James' model of treatment, traumagenic states can be explored and altered through specific "techniques and exercises" useful in helping children deal with their thoughts and feelings. Although James lists numerous exercises, three of these are: 1) the basket of feelings, 2) affirmations, and 3) movement and music. The basket of feelings exercise is useful for children with contradictory, or hard to express feelings. In this exercise, a child is given a basket of colored ink pens asked to write down different feelings people have. The exercise is aimed at helping the child understand that it is all right to have conflictual and painful feelings. In the affirmations exercise, children are helped to internalize a positive message about themselves by saying or writing certain phrases, such as, "I am loving and kind", or "I have a rainbow of feelings." During the movement and music exercise, a child can be helped to gain a greater sense of body integrity. The child and the therapist can engage in different types of movement to the pace of a range of music including environmental sounds, new age, or Sesame Street. Movements may include pretending to ski, explore underwater, act like a snowflake, etc.

Although James' model is not based on a specific psychological orientation or theoretical position, it stands out as coherent treatment plan containing creative and useful intervention techniques. It was formulated for the treatment of general trauma in children and could have applications with the subcategory of sexually abused children.

As opposed to focusing on a complete model of treatment, Pynoos and Eth (1986) developed an interview technique aimed at engaging a child in treatment and working through critical features of the traumatic event. This is based on interviews of over 200 children who witnessed traumatic, violent events, such as the homicide of a parent. The interview was designed for children between the ages of 3 and 16 years of age and begins by letting or assisting the child to play or fantasize. This helps the clinician to understand the defenses utilized by the child during

the trauma. In the second phase of the interview, the interviewer follows the child's leads and focuses on the actual traumatic incident. This portion of the interview is used to allow the child to vividly relive the event and release emotions related to the experience. The details of the violence and are discussed and, according to the authors, it is frequently useful to ask the child when the worst moment for him/her occurred. At this phase, it is useful to talk with children about their inner plans of action, or what they wanted to do, their desire to retaliate, and their fears of counter-retaliation. During the closing phase of the interview, the clinician works with the child to summarize what was discussed, the clinician shares expectable traumatic reactions with the child, and the child's courage in facing the trauma is acknowledged. Upon termination, the clinician always gives the child a professional card to let him/her know how the clinician can be contacted. In cases where further treatment is necessary, this procedure has appeared beneficial in facilitating treatment.

Expanding upon the interview technique introduced by Pynoos and Eth (1986), Pynoos and Nader, as reported by Manglesdorff (1990, pps. 27-28) developed a treatment for child victims of community violence. Based on their observations of children exposed to community violence the authors described the following symptomatology in children:

- (1) Children reliably identify traumatic events.
- (2) Children do not experience flashbacks, as described by adults, but do re-experience the trauma. Children are most likely to re-experience images or sounds related to violent events. This is most frequent for children who observed people being killed or heard cries for help.
- (3) Children have traumatic dreams which frequently make it difficult for them to sleep soundly.
- (4) Children experience a diminished interest in activities and play. They are more apt to be detached, distant from friends, and anxiously attached.
- (5) Children display an increased startle response, nervousness, and avoid reminders of the trauma.
- (6) While children grieve following community violence, they may not tell anyone about their grief reactions.

Pynoos and Nader concluded that the severity of symptomology is related to the extent of exposure to life-threatening events. Their observations regarding how children respond to community trauma have led them to recommend the following interventions:

- (1) Plan for services immediately after the violent incident.
 - (a) Triage and screen by degree of exposure. Identify the degree of exposure to violence (i.e. proximity, first-hand observation).

- (b) By other risk factors: Individual response may seem out of proportion to the incident -indicates presence of other factors.

(2) Provide on-site psychological first aid.

- (a) Liaison with leaders in the community and be prepared to deal with hesitation, lack of knowledge, politics, and trauma-related anxieties.
- (b) Find a location on or near the site of the incident. Churches and schools provide better sites than do mental health centers due to those sites providing fewer psychological barriers.
- (c) Whether or not the violence has occurred on a school campus the school setting can be an ideal place for screening, classroom consultation and individual treatment. Major points to consider include:
 - (i) Restore the school community by encouraging group sharing of experiences; maintain normal school functions.
 - (ii) Provide specific help to individuals and groups. Administrators should meet with mental health professionals to review what happened, reactions, future actions.
 - (iii) Students should be provided access to the counseling and nursing offices. These visits will provide temporary relief and serve as the foundation for more thorough work. After the first week the classroom is ideal for group consultation. The classroom is the best place to address children's fears of recurrence and related cognitive distortions and help children develop coping skills.
 - (iv) Teachers need to be provided psychological support. Children often take cues from their teachers and will be especially aware of their teachers' reactions after a violent incident. Teachers will be especially helpful in screening and referring students who need help. They must be informed of common child reactions to violence. Typically, teachers most often notice unexpected aggressive behavior, but withdrawn and inhibited behavior also may result. They also must be encouraged to allow students to express their feelings and concerns.
 - (v) School support staff need to work closely together to ensure that children and their parents receive help if they need it.
- (a) The school nurse plays an important role because children often report somatic complaints after a traumatic event. Additional nursing services may be necessary as referrals to the nursing office can be expected to increase.

- (b) The mental health staff may be seeing a large number of traumatized children in a short period of time. They should maintain a list of individuals referred to them, their symptoms, and risk factors. The staff should also assist other school personnel in expressing their feelings and reactions to the traumatic event and its aftermath.
- (3) Parents and families should be allowed to express their concerns and to learn and about common post-traumatic reactions. Initial meetings might be school-wide; subsequent meetings are probably more helpful if organized by grade, classroom, or degree of exposure to the traumatic event. Parents should be encouraged to allow their children to verbalize their concerns and feelings and to understand their children's responses to the trauma. Regressive behavior, for example, should be tolerated for a limited time rather than punished. Some parents will need individual consultation.
- (4) Provide age-appropriate psychological first aid for children. Design treatment for four major symptom groupings:
 - (a) Post-traumatic stress disorder. Treatment foals include addressing fears of recurrence, normalizing the recovery process, helping the child understand his reactions, and restoring a sense of security.
 - (b) Grief. Treatment goals include dealing specifically and concretely with issues related to death and loss, providing a supportive environment for the grieving process.
 - (c) Worry about another. Treatment goals include legitimizing the child's concern, weaning them from any continued worry.
 - (d) Exacerbation or renewal of symptoms related to previous life experiences.

The intervention model for children exposed to community violence proposed by Pynoos and Nader, is one of the few models that presents an integrated strategy for child, family, school, and community members. Additional treatment models which include family members will be reviewed.

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 (Kelman and Koocher, 1988), 2) The Family Trauma Treatment Program (Figley, 1989), and 3) The Rape Trauma Treatment Program (Erickson, 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) re-involvement, 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, re-involvement, 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.

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. 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' eccentric 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 discussible 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.

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 wholly applicable to child victims, the Program does incorporate a subsequent assessment and treatment process for the family. For this reason, it is worthy of description.

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. Organizational 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 adaptation 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, characteristic 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 functional 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.

It is noted, however, that above described family trauma treatment programs do share nine common features: (1) emphasis upon the unique experiences 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 mobilize 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.

Treatment of Child Sexual Abuse. Of all types of child trauma, sexual abuse has received the greatest amount of attention to date. As a result of the Kinsey report, conducted in the early 1950s, people learned that female children were frequently confronted by sexual approaches by adult males. Based on a survey, which included 4000 women, 25% reported a sexual encounter with an adult male prior to the age of 12. A 1984 survey by Russel indicated that of women who reported a history of sexual abuse by a family member, only 2% of those cases were reported to the police. Reports also indicate the majority (94%) of interfamilial sexual abuse occurs between fathers and daughters (Justice & Justice, 1979; Lukanowicz, 1972; Maisch, 1972; and Weinberg, 1955).

There are currently laws and guidelines aimed at preventing sexual abuse which are utilized by the public, law enforcement, legal, and social service providers. Clinicians are becoming

increasingly aware that the treatment of sexual abuse requires cooperation between therapists and state agencies (Summit, 1981).

Herman's (1988) has reviewed treatment strategies for victims of father-daughter sexual abuse. She has reported that treatment of perpetrators is not successful unless it is required by law. In general, most therapists agree that the initial focus of treatment, for a family in which sexual abuse occurred, should be on stopping the abuse. Removing the father from the home prevents the child from being displaced and feeling punished. During the initial crisis period, the child should be reassured that there are adults outside of her home who believe her story and will not allow her to be further abused.

Once sexual abuse within a family has been disclosed, the emotional intensity contraindicates family therapy as a treatment of choice, although it can be used in later stages of therapy (Giarretto, et al., 1978). At the initial point of crisis, group therapy for individual family members has been useful. Herman reports that one of the critical features which prevents further abuse and promotes recovery in the child, occurs when the mother in the family is able to protect her children.

In addition to the community focused treatment model proposed by Pynoos and Nader, the Federal Emergency Management Agency (FEMA) and the American Psychological Association have proposed preventive coping strategies which people can implement on their own in order to reduce the effects of trauma, which will now be reviewed.

Intervention Strategies Proposed by Federal and Professional Organizations. Due to a series of natural disasters and military incidents which have occurred in the United States in the last twenty years, the National Institute of Mental Health (NIMH), the Federal Emergency Management Agency (FEMA) (1986) and the American Psychological Association (APA) (1991) have distributed a number of specific and useful guidelines for individuals, parents, schools, and employers to use when coping with crisis and trauma. FEMA has produced a pamphlet for parents to use when coping with their child immediately following a large scale man-made or natural disaster. They initially emphasize the importance of understanding the child, encouraging him/her to talk, listening, explaining the incident, and keeping the family together during the time of crisis.

This booklet explains the child will likely have problems going to bed or sleeping, and that while it is natural for the child to desire closeness with the family, parents can firmly but supportively try and get the child to go to sleep. While attending to the needs of the child, life should be allowed to return to a normal level. If sleep problems, clinging behavior, and fears continue, professional assistance should be sought.

In response to the anxieties raised by the invasion of Kuwait and recent Desert Storm initiative, the American Psychological Association (1991) has published a brochure titled, "How to Find Calm in a Time of Conflict." The brochure is aimed at assisting adults, parents, children, schools, and employers in dealing with generalized anxiety or fear of trauma, rather than actual war related loss.

To assist adults, APA suggests:

- (1) Engaging in relaxing activities, such as, walks, baths, and listening to music can be helpful.
- (2) To release anger, building something, exercising, or writing a political representative is recommended.
- (3) Physical signs of stress, such as, stomachaches, rashes, inability to concentrate, changes in eating and sleep patterns are described.
- (4) When adults are "feeling down" about circumstances, the information suggests that being activity oriented, relying on relationships, assisting others, and thinking in an affirmative manner.

To assist adults with children, the following suggestions were made:

- (1) Children frequently experience changes in the world as threatening to their safety. They can be helped if situations are discussed openly so that they are assured nothing is being kept secret from them. They also need to know that they are safe.
- (2) In the recent period in which Desert Storm was in operation, children may have needed to know that, they were not going to need to wear a gas mask, or that the United States was not going to be invaded.
- (3) Younger children will be reassured by being allowed to be close to parents, and by being told that, it is all right to be frightened. Older children also need to know that their fears are appropriate.

To assist schools with children, the following suggestions were made:

- (1) Schools may assist children by scheduling time for discussion of traumatic events, encouraging cooperation and friendly behavior, and by involving them in an activity which may develop coping strategies, or assist others.
- (2) Related to the recent middle eastern conflict, children might have gathered supplies for the Red Cross, written political officials, or provided support for school staff directly effected by Desert Storm.

The brochure provided by the APA describes that the family of an employee is like a "silent" business "partner." Employers may help employees by:

- (1) Identifying those most effected by a crisis and providing them with additional support.
- (2) Employees should also feel they have access to news reports and that they may express their opinions freely and safely. Stress management seminars may be useful for employees.

Summary

Although the prevalence of childhood trauma has been increasingly recognized as a serious problem, there are currently only a small number of treatment models, and these have not been founded in theory. The works of Terr (1985, 1987, 1989), James (1989), Pynoos and Eth (1986), Schaer (1990), Pynoos and Nader (1990), and those discussed by Herman (1988) are among the few intervention strategies which have focused on the posttraumatic reactions of children. While Terr's work has largely been based on the psychodynamic perspective, she has not offered a complete model of treatment. While definitely useful, the strategies introduced by James, and Pynoos and Eth, and Pynoos and Nader are without a conceptual structure, making them difficult to interpret and replicate. The preventive strategies proposed by FEMA and APA are part of a growing recognition about the serious and lasting effects trauma can have on children, and also point to the role of the community at large.

Protective Factors for Children

Kimchi and Schaffner (1990) have said that "what is a stressor for one person is an episode of zestful living for another" and that this can also be true for children. The recognition that not all children react the same way to trauma or psychological stress led to a great interest in the study of invulnerability, resilience, and protective factors in children. As part of their review of protective factors, Kimchi and Schaffner (1990) differentiated the various features which contribute to a child's health in the face of adversity.

Kimchi and Schaffner define protective factors as "persons, environments, situations, and events that appear to temper predictions of psychopathology based upon an individual's at-risk status." This is contrasted with resilience, which specifically includes an individual's characteristics or attributes. The possession of resilience indicates that an individual is consistent in successfully adapting to biological and psychological risk factors and stressful events due to his/her innate qualities. Invulnerability is conceptualized as competence displayed in difficult circumstances.

Garnezy, Masten, and Tellegen (1984) described three models of the functioning of protective factors. In the compensatory model, "stress factors and individual attributes are seen as combining additively in the prediction of outcome." Within this model personal attributes of resilience can counter balance the impact of stress. In the challenge model, moderate stress may enhance coping abilities in a preventative fashion. In the immunity-versus-vulnerability model, protective factors act to modulate or dampen the impact of stress, thereby functioning as a type of limited immunity against stress.

Garnezy (1984) asserted that protective factors fall into three general categories: (a) positive personality of the child, (b) supportiveness of family, and (c) an external support system which fosters coping strategies.

Kimchi and Schaffner (1990) have summarized the nine primary protective factors as evidenced by the literature:

- (1) Temperament and constitution: Temperament in infancy appears to be related to resilience (Werner, Bierman, & French; Werner & Smith, 1977, 1982, 1989). Data

gathered on individuals over a 30 year period shows that resilient infants were characterized as easy to deal with by their caregivers and generally received substantial amounts of affection from caregivers.

- (2) Genetics: Numerous studies of the etiology of psychopathology have shown that there is hereditary factor involved in the development of many psychological disorders. It appears that heredity, environmental factors, and innate aspects of the individual interact in the development of disorder and stress response (Farber, 1982). The diathesis stress model has been used to describe the interactive process in which the larger the innate predisposition, the lower the amount of external stress needed in the development of symptoms.
- (3) Birth order: First-born boys appear to be more resilient than later-born boys (Werner, 1985). It is believed that having the attention of both parents during the early stages of development augments resilience.
- (4) Gender: At birth, boys appear to be at greater risk for perinatal stress, congenital defects, and death than girls. While boys reported a greater number of stressful life events in childhood, girls reported more stress in adolescence (Werner, 1981). Resilience in girls was fostered by households with an absence of overprotection, emphasis on independence, and consistent support from a primary care giver. Resilient boys, on the other hand, came from families which provided structure, emotional expression, and a positive male role model (Block & Gjerde, 1986).
- (5) Intelligence: Intelligence appears to have a positive impact on stress resistance. Rutter (1987) has reported that academic achievement and social competence are reliable predictors of stress resistance. In a comparative study of 168 middle-class school children, those with high levels of achievement improved under high levels of family stress, while similar levels of stress caused children with less academic success to decompensate.
- (6) Caretakers and family: The establishment of a "secure attachment" to at least one caregiver was present for all resilient children studied (Werner, 1988). Jenkins and Smith (1990) also reported good relationships between siblings was related lower psychiatric symptom scores.
- (7) Friends: Resilient children establish and maintain friendships over time (Garmezy, 1981; Werner & Smith, 1982, 1989). Friendships with children from stable homes appear to be particularly useful in helping resilient children gain a deeper understanding of their own family life (Werner & Smith, 1982, 1989; Wallerstein & Kelly, (1980).
- (8) Societal Protective Factors: Factors, such as, positive experiences with school, teachers, and religious affiliation have been shown to increase the resilience of children (Rutter, 1979; Werner & Smith, 1982; and Anthony 1987a). Exercise has also been shown to assist in the ability to manage stress (Kobasa, Maddi, & Puccetti, 1982; Morgan & O'Connor, 1988).

(9) Hardiness: Based on existential personality theory Kobasa and Maddi (1977) introduced the concept of hardiness. Hardiness is comprised of commitment and involvement in one's life, the belief that one can control and influence events, and that life will present challenges which will lead to further development. Hardy individuals appear to have less illness than non-hardy individuals when under stress.

REUNIFICATION OF MISSING CHILDREN ASSESSMENT STUDY RESULTS

Status of Current Literature

As previously reviewed at length in the original grant proposal, the literature contains few direct references to the reunification of missing children.

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 clearing-house 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. 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; percent effective agreements were all greater than .9.

Data have been analyzed and reanalyzed twice in our shop. Hard copy has been groomed twice, and complete analyses of these data have been done four times. Hard copy from NCMEC has been checked against project hard copy, and project hard copy files have been compared to the printout from our electronic files twice.

Overall Analytic Strategy. When differences are in the data in the tables, these assertions are supported by statistical tests which account for the skewed distributions of the data (e.g., loglinear analyses of contingency tables) and interdependencies among the many 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 category. With regard to size, the runaway category had largest number of missing children in the total reunified sample. With regard to characteristics, the runaway category had twice as many female as male children, and an older average age than children in the stranger abduction or parental abduction categories. This group, therefore, accounts for many of the statistical differences in these data when one looks at the total recovered sample.

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).

With regard to the issue of child recovered alive/recovered deceased, recovery status is compared with type of disappearance, over 77% of all missing children in the sample were recovered alive, and slightly more than 1% of all missing children in the sample were verified as recovered deceased. However, one important issue emerges when the data are examined by individual category. When the stranger abduction category is examined by itself, it is highly significant to note 35% of the stranger abducted children were recovered deceased.

With regard to the issue of sex of missing child, it appears that within the total sample of all missing children, male and female children were recovered deceased in equal numbers. However, 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. With regard to the issue of race of missing child, recovery rates for Caucasian and Black missing children are not the same. Relatively more Caucasian children are recovered alive than black children. The ratio of Black to Caucasian missing children in the NCMEC 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 missing child data registry.

With regard to time from disappearance to recovery, approximately 50% of all cases are reunified with their families within 90 days, and approximately 75% are reunified with their families within one year. Recovery continues at a significant rate beyond the one-year period, with about 15% of reunifications taking place after two years time from the date of disappearance. Within the sample of recovered runaway youth, the majority had been recovered within 90 days from the date of disappearance and 90% youth had been recovered within one year from the date of disappearance.

Age of Child at Time of Disappearance. With regard to the issue of the child's age at time of disappearance, 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 more independent and socially aware than younger children, one would predict that the circumstances of these parental abductions would have unique characteristics. In a similar way the results confirm to the commonly held impression that adolescents constitute the majority of runaways. However, there is a significant minority of very young children who were reported to have run away or disappeared from their parents. And the circumstances of both of these type of cases is not yet understood.

Sex of Child. With regard to the child's age at time missing and sex of child, the results indicate that at younger ages, when presumably children have less control over their lives, the numbers 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. With regard to race of child and 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) and 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 systemic difference in these data. None were statistically significant.

Executive Summary-Stage I-Assessment (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 stranger 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 stranger 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 stranger 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 stranger abducted, recovered alive cases, the following conclusions are noted:

- Stranger abducted, recovered alive female children are significantly older (average

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

For stranger abducted, deceased cases, the following conclusions are noted:

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

Stage I-Assessment (Data Collection B)

The project next 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 reunified families who were recorded as reunified by NCMEC 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 stranger 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 65 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.

The interview begins with a confirmation of identifying data and demographic variables. Three sections were then constructed, consistent with the ABCX Model, to include pre-missing events/response/attitude, disappearance events/responses/attitudes, and post reunification events/responses/attitudes. Five topic areas were covered within each 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.

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.

Results of Intensive Interview of Reunified Families—Reunification Meetings. The following data were derived from interviews of 65 reunified families (15 stranger abduction, 30 parental abduction, and 20 runaway families).

For reunified stranger abduction families, the actual reunification meeting was conducted at a police station in 50% of the cases. With regard to length of stranger 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 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.

Ninety percent of family members experienced a severe 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: stranger 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 stranger 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 stranger 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 stranger abducted, or runaway, child than for parents of a parentally abducted child. Alternatively, the presence of a recovered, runaway child in the family may lead to a return of rep-runaway family conflict and disruption.

Most significantly, two years after the recovery and reunification of the missing child with the family, approximately 40% of the parental abduction families and approximately 50% of the stranger abduction and runaway families continue to report marked negative impact from the missing child experience.

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 stranger 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 reduced 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 portion of the study inquired about guidance received by families of missing children prior to reunification with their child, as well as the extent to which such guidance was helpful. 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, stranger 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.

From these results, the following conclusions can be drawn. First, reunification meetings are extremely short, with most being concluded in 15 minutes or less. It is highly probable these very short meetings are 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, adding to the ambiguity and anxiety of the process. While there is no 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 entire 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 stranger abduction reunification meeting to assist the families and recovered child. Further, social service workers were present at only 14% 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.

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 or social service professionals with specific reunification training.

Executive Summary Assessment (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 stranger abduction reunification meetings, the following conclusions are noted:

- 50% of the stranger abduction reunification meetings occurred at police stations.
- 33% of the stranger abduction reunification meetings were less than 15 minutes in length.
- 60% of the stranger abduction reunification meetings were less than 30 minutes in length.
- Police officers were the most common non family member present at stranger

- abduction reunification meetings, being present at 50% of the meetings.
- No mental health professional was present at any of the stranger 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
- 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.

Interview Study of Reunification Experience of Missing Child Clearing Houses and Agencies. Phase 2 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 estimates indicate that a significant number of recoveries of missing children occur each year:

- For 1988, NCMEC professional staff indicated case work contact with 35 stranger abductions and 59 stranger 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 by design to telephone contact:

- 89 % of NCMEC staff have participated in telephone contact associated with missing child reunifications and their families.
- A specific program for organizing and structuring reunification assistance is not yet available for use by NCMEC staff.

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 time of this study, there were 39 such programs. Organizationally, 37 programs are located within state departments of justice or law enforcement agencies. At the time of this study, there was 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 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: stranger 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 the clearinghouse data system 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 stranger abductions were noted, and 926 stranger 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 stranger abduction reunifications with their families.
- 1% of the state clearinghouse agencies have had a program for missing child reunifications with their families.

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 stranger abduction reunifications from 1983 to 1988, (2) Child Find of America directed by Carolyn Zogg, and assisting in parental abduction reunifications from 1980 to the present, and (3) the I-SEARCH unit of the Illinois State Police, assisting in stranger 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 stranger abducted children, and to recovered stranger 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 does 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.

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.

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.

Mr. Hewitt's reunification experience is worthy of recognition on the following points: 1) he has obtained a significant amount of clinical experience with families of stranger abducted children prior to the recovery of their child, 2) he has obtained a significant amount of clinical experience with stranger abducted, recovered alive children, and 3) he has organized his clinical interventions into a sequential structure.

His experience with families of stranger abducted children is consistent with that of other therapists and researchers. Family response to a child stranger 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 stranger 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 stranger 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 abduction behavior.

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 the present date, the program has received 46 requests for information from In-Flight Parents. Fifteen of these cases have chosen to actually participate in the Mediation Program. Nineteen 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. 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, the program indicates that approximately 50% of the cases with which they have mediated could be rated as successful. Successful mediation is defined as cooperation in the completion of custody and visitation arrangements.

No empirical follow-up of cases has been performed. 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 Childfind 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 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 stranger 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.

The I-SEARCH Reunification Program is worthy of recognition on the following points: 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.

Final 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 stranger abducted, parentally abducted, and runaway children are recovered and reunified their families each year.
- Stranger 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 stranger abducted, parentally abducted, and runaway children report severe negative impact beginning with the child's disappearance, extending through reunification, and continuing for at least two years after reunification.
- 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.

AIM MODEL FOR REUNIFICATION

Every culture has individuals who assist others in need. Individuals providing assistance to others possess three common characteristics: (1) identity as helper, (2) credibility as helper, and (3) the practice of standard behaviors or rituals between helper and consumer.

With regard to their identity as a helper, individuals may have their roles assigned to them by society, as with law enforcement officers, mental health professionals, or physicians. Other individuals may gain their role by assignment from organized, non-governmental groups, as with ministers, or private missing child agency staff. Still other individuals may gain their role by assignment from less organized community, ethnic, or religious groups, as with Native American medicine men, shamans, or brujeros.

With regard to their credibility as a helper, identity represents the first step. For law enforcement officers, the presence of a badge or uniform may serve to provide an initial, formal level of credibility for the general population. Similarly, for mental health and social service professionals, the presence of a state license or government employee identification may serve to provide an initial, formal level of credibility for the general population as well. However, this initial, given level of credibility can be substantially influenced by the second step of prior/ and current behavior of helpers. Prior behavior, as exemplified in failure to provide assistance or exploitation of position for self-gain, may have resulted in a value judgement which still formally acknowledges a person's identity as a helper, but which informally assigns low credibility to that person as helper. Current behavior of the same type can have a similar or even more pronounced result. This is especially true if the consumer population has a history of respect for a person's identity as helper, has had little occasion to need assistance from helpers in general, and now finds, in a period of extreme need that expectations of help are not met. To be effective as a helper, then, a person generally requires both formal identity as helper, and informal credibility as helper.

A third step in credibility involves attributions by the consumer population in the areas of: (1) initial judgements based upon physical appearance and presentation, (2) sex role stereotyping, and (3) disclosure of intimate information.

With regard to initial judgements, there is a substantial body of social psychological literature which indicates that people make rapid first impressions and also assigns a high degree of accuracy and confidence in these first impressions. In most western societies, effective helpers are generally expected to have a culturally formal, and traditional, presentation, dress, and demeanor, when interacting with others. Disorganization, confusion, and other evidence of the absence of understanding of knowledge or confidence in a given situation will generally result in a negative first impression of a helper. Such first impressions have been shown to be extremely resistant to change, even when subsequent behavior is very contradictory.

With regard to sex-role stereotyping, family members have different beliefs about what is appropriate behavior for male and female mental health professionals (Barton, Smith, & Barron, 1984). Styles which are directive, focused on performance of overt behavior, and which are relatively assertive are positively valued as male attributes (Broverman, Broverman, & , 19). Styles which express feelings, are warm and supportive, and encourage participation by everyone

are positively valued as female stereotypes (Broverman, et al., 19). This results in general cultural expectations that male mental health professionals will tend to be more directive and expert in the style of their interventions, while female mental health professionals will tend to be more supportive and affiliative. There is also a systematic bias when male and female therapists do not perform in sex-role stereotyped styles. Specifically, female mental health professionals tend to be judged negatively when their behavior is not in the stereotypic supportive and affiliative style and they are more likely to hear about this directly than are their male colleagues (Warburton, Alexander, & Barton; Mas, Alexander, & Barton; and Newbery, Alexander, & Turner, 1988). Such sex-role stereotyping can be even more evident in other professions, such as law enforcement which characteristically devotes a substantial amount of training time to assisting the female officer to obtain the desired level of identity and credibility in her interactions with the general population. While significant advances have been made in reducing sex-role stereotyping in recent years the phenomenon still exists, and may become more prominent in moments of crisis and stress such as the reunification of the previously missing, now recovered child with the family.

With regard to rituals, individuals who function as helpers in a society tend to provide rituals or repetitive behavior as a part of their interaction with the general consumer population. Law enforcement officers operate by a complex system of laws and procedures governing arrest and detention of citizens. Mental health and social service personnel operate by an equally complex but less governmentally determined, system of assessment and case management procedures in dealing with emotionally distressed populations. While it is possible to have both identity and credibility as helper without any rituals, it is far more common to see the presence of all three together. Rituals, then, serve to provide standards for the level of service to be provided and safeguards against the helper's exploitation of his identity and credibility for personal gain. A major belief on the part of the general population is that successfully providing a particular type of assistance has led to the development of these rituals. Deviation from accepted rituals generally results in concern and distress on the general population, which can be overcome only by extraordinary effort by the individual helper.

With regard to disclosure of intimate information, most people disclose relatively little intimate information about themselves to relatively few people. Further, the process of disclosing unfolds over a long period of time, most frequently in relationships with an extended history (Morton, Alexander, & Altman, 1976). Individuals in crisis are both hypervigilant and vulnerable. The hypervigilant state is present to guard against new intentional or unintentional injuries by others, while the vulnerability state creates a potential window of accessibility that is not ordinarily present. Law enforcement officers involved in the investigation of a crime are aware of this process as it affects the completeness and truthfulness of statements of victims and victimizers. Mental health and social service professionals are aware of this process as it affects the beginning of trust in the helping relationship. For all three categories of professionals, the strategic shift of the interaction from the more detached factual disclosure to the more intimate emotional disclosure is essential to effectiveness. Failure to shift the interaction during the first interview with crime victims especially can be difficult to overcome in later meetings. For example, with recovered children and their families, a fixed focus upon acquiring factual information about the crime and arranging for the stabilization of the social situation usually results in feelings of isolation, distance, and loss of control by family members. This not only impacts upon the families ability to recover from the disappearance event, but also significantly restricts their cooperation in subsequent legal actions.

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

Stages	Goals	Skills Needed	Therapist Tasks
IIA. Family/Child assessment and on site contact	<ul style="list-style-type: none"> • Develop preliminary understanding of dimensions of family/child behavior/affect/cognition • Stabilize situation • Establish future oriented expectations 	<ul style="list-style-type: none"> • General education in family/child assessment • General education in family/child change potential • Specific education in SA, PA, RA behavior, thought, emotion • Specific education in coping behaviors of recovered child/families of missing children • Equal therapist attention to all family members • Listener • Understand and utilize diagnostic model (ABCX) • Stabilizing influence 	<ul style="list-style-type: none"> • Assess as necessary graduate training in family/child assessment • Assess/enhance as necessary graduate training in family/child change potential • Acquire post graduate training in SA, PA, RA behavior, thought, emotion • Review NCMEC publications • Review recent research in trauma adaptation • Support expression by all family members • Reflect back family member statements to indicate reception of members • Categorize pre-trauma, disappearance, post trauma events (ABCX model) • Attend to prior and current physical, emotional, social services care of pre-disappearance family member problems • Assess family/child coping resources (ABCX model) • Assess family/child coping styles (ABCX model) • Assess level of parent/child integration • Contribute to child/home alternate placement decision

(continued next page)

Stages	Goals	Skills needed	Therapist Tasks
I. Therapist Credibility	<ul style="list-style-type: none"> • Maximize family expectation of positive change 	<ul style="list-style-type: none"> • Flexibility for on site response • Knowledge of missing child issues • Knowledge of law enforcement/civil/legal functions • Knowledge of other community agency functions • Ability to apply therapeutic skills outside office setting • Ability to deal with displaced anger, other emotions • Ability to cope with limited situational control • Ability to reflect expertise 	<ul style="list-style-type: none"> • Establish commitment to reunification team concept • Acquire training in missing child issues • Acquire discussion comfort with missing child issues • Establish understanding of local law enforcement capabilities and limits • Establish knowledge of other community agency functions • Assess level of functional ability outside office setting/ increase experience to achieve comfort level criteria • Assess level of functional ability outside office setting/ ability to deal with displaced anger, other emotions • Establish understanding of different interest groups at reunification. Define role of self • Know role within reunification team. Communicate role to child and family • Communicate intervention plan as decision maker in intervention process

Therapist Tasks (continued)

- Identify feelings
- Validate most feelings
- Provide present structure
- Predict adjustment difficulties first night home
- Identify emergency contact plan
- Identify longer term change plan
- Manage personal reaction

Stages

IIB. Family/child assessment and follow up contacts

Goals

- Develop advanced understanding of dimensions of family/child behavior/affect/cognition
- Understand family by coping behavior since on site contact
- Understand family use of support resources since on site contact

Skills Needed

- General and advanced education in areas cited in IIB
- Ability to organize and document behaviors/perceptions
- Acceptance of benefits/limits of short term intervention
- Ability to utilize both family and child focused assessment

Therapist Tasks

- Assessment of family type
 - Hi Parent/Hi Child
 - Hi Parent/Low Child
 - Low Parent/Hi Child
 - Low Parent/Low Child

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

Stages	Goals	Skills Needed	Therapist Tasks
IV. Family Change	<ul style="list-style-type: none"> • Match intervention with assessment results • Create acceptance of family change self assessment • Create acceptance of family sequential adaptation to change 	<ul style="list-style-type: none"> • Ability to utilize ABCX model information • Ability to understand primary therapeutic themes <ul style="list-style-type: none"> • Disorganization of family • Numbness • Hypervigilance • Attributions/perceptions of abductor • Denial • Reassessment of performance • Sense of abandonment • Ability to utilize parent/child integration information • Ability to tailor family change self assessment to family level • Ability to tailor family sequential adaptation to change to family level 	<ul style="list-style-type: none"> • Identify patterns of positive and negative family coping likely to reoccur at present • Identify patterns of parent/child integration likely to be sustained at present • Assist in operationalization of each family change task • Assist in identification of family member role in each task • Reinforce family efforts for change • Support concept of sequential, progressive change over time

Stage 1 - Goals. The goal of the Therapist Credibility Stage of the AIM Model is to maximize the family expectation of positive change.

Stage 1 - Skills Needed, and Therapist Tasks. There are six categories of skills needed and accompanying therapist tasks.

The first Skill Category is Flexibility for On-Site Response. The missing child is characteristically recovered by law enforcement officers on patrol or functioning on assignments unrelated to the on-going investigation of this particular case. The now recovered child is then transported to a hospital for medical clearance or to a police station for further interviewing. Reunification law enforcement team members will then respond to this site and assume responsibilities for dealing with the child, family, and other individuals as required, thereby freeing the law enforcement case officer to focus upon the investigation. Reunification mental health team members need to be available for on-site response to provide the initial psychological intervention with family and child and to provide for a transition to the subsequently scheduled office visits. The Therapist Task which accompanies this skill category is to establish a commitment to the reunification team concept and to adjust personal and professional schedules to accommodate to on-call status for reunification meetings.

The second Skill category is knowledge of missing child issues. Most families of missing children have never previously been in a position that required such extreme dependence upon law enforcement response. While significant advances have been made in recent years in that law enforcement response, there is still a lack of national consistency in that response. This means that families may develop a degree of frustration and anger at what they perceive to be lack of knowledge and speed of competent response to the crisis of their now missing child. As previously addressed in our discussions of the ABCX Model and coping styles, families respond to the child disappearance along a resilience -vulnerability dimension. Resilient families may actively pursue all independent avenues of new investigation and information, reinforcing a vigilant, self-reliant, independent position toward a world in which they have succeeded in the past through the strength of their own efforts. While vulnerable families may find themselves less able act, reinforcing a withdrawn, resentful position toward a world in which they have struggled in the past and now allows them to continue to struggle in the present. Whatever the families' position upon this dimension, the well intentioned, but less informed, law enforcement or mental health professional is likely be the recipient of significant, overt or covert, anger and hostility. This behavior is motivated by the families' strong belief that these professionals should know at least as much about missing child issues and search alternatives as the families themselves do. While all families in crisis share certain broad similarities, recent research, (Hatcher, Barton, & Brooks, 1990, 1991) has confirmed that families of missing children do in fact experience unique practical, legal, and emotional consequences. The Therapist Task which accompanies this skill category is to then acquire training in missing child issues, including participation in the Reunification of Missing Children Training Program, NCMEC publications, and other publications as referenced in the reading list provided with this manual.

The third Skill Category is Knowledge of Law Enforcement/Civil Legal Function. With regard to child stranger/non family abductions, law enforcement investigators will commonly agree that such cases represent landmarks in their careers, due to concern for potential harm to a

child victim, the labor and time intensive nature of the child kidnap investigation process, and the high level of public attention to the case. Law enforcement investigators will also commonly agree that the difficulty of such cases is increased by the absence of training resources, which can be easily found when preparing for major case investigations in areas such as homicide and rape. Despite these stresses, law enforcement investigators must proceed. As stranger the abductor is rarely directly observed, the investigating officer must look at all possible suspects, a process which may well include the parents themselves. While the incidence of parental homicide of a child falsely presented as a stranger abduction is extremely low (Hatcher, Brooks, & Barton, 1990), it does occur. The process of excluding parents or other family members as suspects may be intellectually understandable to families, but it is rarely emotionally understandable and becomes a frequently referenced event. As the investigation proceeds, there will always be a series of case developments which law enforcement can not disclose immediately to the family. However, since the media are actively investigating the case in a parallel manner, it is not unusual for the family to learn of a significant case development through a reporter or a public news broadcast, rather than through the investigating officer. Once again this is a process intellectually understandable, but tends to strain the degree of trust between family and investigating officer. In the more desirable circumstance, the investigating officer would be able to notify the family first of child recovery, arrest the abductor, arrange for a unhurried and sensitive reunification between child and family, complete evidence collection, and complete required case reports. It is almost never possible to successfully accomplish all of these tasks. While the addition of the reunification law enforcement team member should be of significant assistance to the investigating case officer, it is still probable that the demands of the situation will still preclude the family from fully understanding all of the law enforcement functions taking place. As a result, subsequent contact with the family and child by the reunification mental health team member will inevitably involve questions and associated emotional reactions about law enforcement actions and procedures. In cases of severe child illness, such as leukemia, it is not necessary for the mental health professional to acquire the physician's training in medical treatment of the disease. Nor, in cases of stranger/non family abduction, is it necessary for the mental health professional to acquire the detectives training in all phases of investigation. It is necessary, in both cases, for the mental health professional to thoroughly understand the normative course of events, as well as, the implications of negative developments.

With regard to parental abduction, there is a substantial lack of agreement about the role and priority of response by law enforcement. Depending upon the family's residence, the parental abduction may be investigated primarily by local law enforcement, the FBI, or the district attorney's office. The priority of response assigned to a specific case may then depend upon the decision of the local head of the primary law enforcement agency. Further, a number of law enforcement investigators still view parental abduction as primarily a civil dispute or as a crime of lesser proportions, rarely resulting in sentences involving confinement to county jail or state prison. For the families, the level of investigative effort obtained may therefore vary considerably. It is also rarely possible to proceed in such matters without the active participation of family law attorney. Expertise among family law attorneys in the civil response to parental abduction is still quite limited. As the abduction may cross state or international boundaries, additional attorneys licensed to practice in those areas may become necessary. This usually means that families will consult multiple attorneys, be involved in multiple court actions, and spend considerable sums of money from both family and extended family resources. Following recovery, allegations of

sexual or physical abuse by the abducting parent against the left behind parent may result in the placement of the child in foster care pending new legal action. After the return of the child to the left behind parent, it is most likely that the abducting parent will have supervised visitation with the abducted child within six months of the recovery and unsupervised visitation within 12 months of the recovery. While the incidence of parental reabduction following initial recovery is quite low, it does indeed occur. As with stranger/non family abduction, the Therapist Task of the reunification mental health team member is to acquire training in parental abduction issues with the previously list resources.

With regard to runaways, the incidence in most areas is so high that proactive search by law enforcement is rare unless there is reason to believe that the runaway child has become sexually exploited or is the victim of criminal activity. In addition, the level of proactive search by the family itself may be limited by existing family dysfunction and or limited interest due to multiple runaway attempts. This limited government and family search response can serve to reinforce the runaway's perception that he or she is better off on the streets. General family therapy training for mental health professionals routinely deals with youth runaway and similar adolescent-parent conflict issues. The specific requiring additional training focus upon runaways who become the victims of sexual exploitation and criminal activities. As with stranger/non family and parental abduction, the Therapist Task of the reunification mental health team member is to acquire training in parental abduction issues with the previously list resources.

The fourth Skill Category is Knowledge of Other Community Agency Functions. The contemporary history of the missing child movement, which began in the early 1980s was substantially a result of the efforts of private, voluntary missing child community agencies. Typically, these missing child agencies were created as a result of parental loss of a child. Resource lists maintained by NCMEC indicate that such agencies are geographically distributed throughout the United States, but with a focus upon metropolitan areas. Public awareness, state legislation, federal legislation, and other changes in governmental response are frequently credited to the influence of these agencies. Although missing child agencies may offer a similar range of services, actual delivery of services to an individual case may vary. As in the development of other self-help groups in offer of assistance from a group that has coped with similar case problems previously is likely to be accepted. As time passes more permanent factors that characterize the family may draw them away. Differences in social class, ethnicity, values, or attitudes toward government response will contribute to this withdrawal process. With other self-help groups such as Alcoholics Anonymous a number of AA groups have been developed in each metropolitan area, and alcoholics are specifically encouraged to seek out the group with which they feel most comfortable. Missing child agencies are rarely present in sufficient numbers to permit such a choice process by families. In examining coordination between private and government agencies, the current state of development of a multi-agency approach to the problem of missing children can be compared to the level of development of a multi-agency approach to the problem of child sexual abuse fifteen years ago. While the value of multi-agency approaches to newly identified social problems is well accepted, the implementation of such approaches requires time and substantial resources. Reunification team concept as expressed in this training program is one such step. The M-CAP program is another such step. At present, the Therapist Task is to become aware of local agency capabilities and limits, while assisting in promoting local multi-agency adaptation of the reunification team concept and other approaches.

The fifth Skill Category is the Ability to Apply Therapeutic Skills Outside the Office Setting. In addition to the reunification mental health team members response to the on-site reunification, it is important to note that home or other outside the office visits may be quite useful. In stranger/non family and parental abduction cases, the missing child's room will be carefully maintained and given new, special emotional status within the home. Similarly, a specific area of the house normally available for other family activities will become assigned primarily to paper work associated with the search process. This designation also means that physical space will have new, special emotional status. Intervention effectiveness with the family may be enhanced by the strategic use of home or outside the office visits. The Therapist Task is to assess his or her personal level of functional ability outside the office setting and to increase experience as necessary to achieve comfort level criteria.

The sixth Skill Category is the Ability to Deal with Displaced Anger and Other Emotions. The missing child search process is dependent upon government response. Families of missing children may experience varying levels of satisfaction with government response, but quickly learn that the expression of anger and frustration directly to government agencies can result in reduced responsiveness. The reunification mental health team member may well be the individual who is, by training, most supportive of free expression. Even if the family has a degree of intellectual awareness of this displacement process, it may not be possible for them to continue to suppress the expression of such emotion. The Therapist Task is to assess the personal level of functional ability to deal with such displaced anger and to maintain sufficient professional reserve of energy and patience for such events in their overall professional practice.

The seventh Skill Category is the Ability to Cope with Limited Situational Control. Most missing child cases are accompanied by involvement in the criminal justice or civil legal system and on occasion with a number of other social service and private missing child agencies. These systems have a case trajectory of their own which can place the family, the recovered child, and the reunification mental health team member in a seemingly, constant reactive position. Clinical experience with families involved in other types of crises indicates that constant reaction to external events produces loss of mastery and control on the part of both the family and the therapist. Senior clinicians have learned to identify, even in demanding reactive situations a single task which can be reasonably accomplished, providing a small but concrete example of mastery for the family to hold on to. The Therapist Tasks are to establish and understanding of the different interest groups and their agendas which may involve the family during reunification, and to clearly define the limits of their own role in this process to themselves and the family.

The eighth Skill Category is the Ability to Reflect Expertise. As previously discussed, families of missing children are currently likely to experience variations in the level of government response to their problem. In the midst of this type of ambiguity, families will feel supported and reassured by a reunification mental health team member who is able to demonstrate a degree of professional knowledge and comfort with other involved personal during the initial on-site reunification meeting, and subsequent follow-up meetings. The Therapist Tasks are to know the role of the mental health professional within the reunification team, to be capable of communicating that role to family and recovered child, to communicate the intervention plan that will be implemented in the on-site and follow-up meetings, and to define the family as the decision maker in the intervention process.

Stage 2 - Goals. The goals of the Family/Child Assessment and On-Site Contact Stage in the AIM Model are to develop preliminary understanding of the dimensions of family/child behavior, affect, and, cognition, stabilize the situation, and establish future oriented expectations.

Stage 2 - Skills Needed, and Therapist Tasks. There are ten categories of skills needed and accompanying therapist tasks.

The first Skill Category is General Education in Family/Child Assessment. This current training program for the reunification of previously missing, now recovered, children with their families assumes that a general in family/child assessment has already been obtained in graduate school and continuing education settings. This training program approaches the issues of reunification from a systems view point, recognizing the importance of intrapersonal issues (thoughts and emotions which occur within the individual), interpersonal family issues (behavior, thoughts, and emotions which occur among family members), and interpersonal community issues (behavior, thoughts, and emotions which occur between family members and the community). The experienced mental health professional recognizes that each of the above view points contributes to complete understanding.

General Systems Theory. A systematic orientation toward families is distinguished from individual intrapsychic approaches in several ways. Family members are viewed as interrelated. In other words, one family member can not be understood in isolation from other family members. Additionally, behaviors within the family are viewed as determined by family structure, organization, and patterns of communication (Epstein & Bishop, 1981).

Homeostasis. Central to the systems approach to families is the concept of homeostasis which is based on laws of thermodynamics and states that a system will act in a way which will maintain equilibrium. Bateson (1972), an anthropologist, applied the concept of homeostasis to families contending that systems maintain stability through self-regulation during shifting needs for change and the control of change.

Symptoms as Failures in Adaptation. From a systems perspective the development of a symptom frequently represents an exaggeration of the mechanisms which maintain family balance. Symptoms emerge as a system is unable to adapt to shifting levels of stress. If stress is substantial and a system's reserve for handling stress is low, the imbalance can derail adaptive behaviors and lead to symptom development.

Central to the systemic understanding of families are several dimensions used by family therapists to understand family structure and organization. Bowen (1971) suggested that relational systems were driven toward both individuality and togetherness and that these processes were dependent upon each other. Much like cells in the human body, which differentiate only when associated with other cells, Bowen proposed that human individuation was shaped by the nature of family relationships. The ability to differentiate oneself is also based upon a person's capacity to distinguish between intellectual and emotional processes at any given point. This distinction allows people to choose whether they will be guided by thoughts or feelings. Individuals easily influenced by the emotions of others have a greater need for approval and closeness. This is frequently accompanied by poorly defined boundaries between self and other. Individuals may feel responsible for the well-being of others and in turn, feel as though their needs

must be met by other people. Those easily influenced by feelings around them will more quickly become dysfunctional when confronted by stress, while those with greater emotional control will adapt more easily. Although individuals appear to be either generally high or low on their degree of differentiation, high levels of on-going anxiety and situational stress can alter differentiation.

Bowen maintains that when people choose mates, they select people with similar levels of differentiation. While one partner may appear more independent and unemotional, both have equivalent needs for closeness. Within relationships spouses are continually balancing their needs for closeness and individuation. This can give rise to anxiety which causes the more uncomfortable individual to move toward a third person in an effort to lower the discomfort in the existing relationship. For example, mother may direct a considerable amount of energy toward a child if she is feeling distant from her husband. While the husband may initially feel relieved at not having to deal with the emotional problems between he and his wife, if the over-involvement between mother and child continues, it will become dysfunctional.

When tension becomes too great in a family, people generally respond in one of four ways. They can: (1) become more distant, (2) get into conflict, (3) an individual can compromise their own functioning, or (4) they can pull together out of common concern.

Assessment of Children

In diagnosing developmental and psychological disorders in infants and children it is important to distinguish them from the following, as outlined in the Textbook of Psychiatry (Call, 1985): (1) Normal maturational crises, (2) Transient maturation crises, (3) Short-term reactions to interpersonal and situational stress, (4) Regression in psychological functioning due to physical illness or injury, and (5) Normal plateaus in the course of development.

The prior manual section on Child Trauma provides a beginning reference point for Child Assessment subsequent to a traumatic event such as abduction. This reference point can enhance the mental health professional's skills previously acquired in graduate training. If the mental health professional on the Reunification Team has not had child assessment graduate training, an appropriate consultation should be sought.

Family focused assessment and child focused assessment are not necessarily mutually incompatible, if care is employed to insure that professional training or theoretical belief systems of the mental health professions working with the family and recovered child do not assume priority over providing the best care to each member of the family.

The second skill category is general education in family/child change potential. Mental health professionals, again, need to assess their graduate training in family and child therapy. In this reunification assistance program, family sessions are always involved. Individual child focused therapy, however, may be necessary, depending upon the assessment results. For the mental health professional with child focused therapy skills who may be called upon to assist the Reunification Team, it may be necessary to seek specialized consultation in child trauma specific treatment, as graduate and post graduate training in this area is not yet a standard part of all university child treatment training programs.

The third skill category is specific education in missing child and family behavior, thought, and emotion. The primary reason for this training program is that education resources in this area are so limited in addition to this training program, each mental health professional team member should ensure that his/her name is on the mailing list of the National Center for Missing and Exploited Children, and to regularly review trauma focused journals, such as the Journal of Trauma Stress Studies.

The fourth skill category is specific education in coping behaviors of recovered children and their families. In addition to the resources listed above, most metropolitan areas have one or more private voluntary organizations, or PVO's, who assist missing children and their families, and most states have a State Missing Child Clearing House. The National Center for Missing and Exploited Children can provide you with the names and addresses of such organizations near you. Such organizations may be willing to place you in contact with families whose children have previously been recovered. These families may be willing to allow you to conduct in home interviews if they feel that such an interview would enhance services to other families. This direct contact will serve as a most useful complement to traditional education and written material.

The fifth skill category is equal attention to all family members. The mental health professional needs to support expression by all family members. Reflecting back the statements of each family member is a basic, but crisis situation effective, beginning for indicating to each family member that you are giving close attention to their feelings and concerns.

The sixth skill category is understand and utilize the ABCX Diagnostic Model. The ABCX Model will provide a means for Reunification Team discussion and planning for family needs and services, and will assist in beginning to understand what rare prior trauma and prior coping history have in the family's post reunification concerns and needs.

The seventh skill category is to provide a stabilizing influence. The mental health reunification team member needs to actively assess family/child coping resources, and the current level of parent/child integration. Most reunifications are happy events. In selected cases, however, the family environment may be too disorganized, neglectful or abusive for immediate return to the home to be accomplished. If alternate home placement is indicated, the mental health reunification team member should continue relationships with child and family. Initiate a relationship with adult caretakers in the alternate home placement, and assess the proper court/child welfare agency in understanding the clinical need for a complete, but expedited child/family evaluation.

Stage 2-B - Goals. The goals of the family/child assessment and follow up contact stage in the AIM Model are to develop advanced understanding or dimensions of family/child behavior, affect, and cognition, to understand family coping behavior since on site contact, and to understand family use of support resources since on site contact.

Stage 2-B - Skills Needed, and Therapist Tasks. There are four categories or skills needed and accompanying therapist tasks.

The first skill category is to utilize trauma and missing child/family specific knowledge to more comprehensively assess the current child/family situation, with special attention to pre-reunification and pre-missing family history and level of parent/child integration.

The second skill area is the ability to organize and document family behaviors and perceptions. While this skill is important for every clinical intervention, it is especially relevant for cases involving recovered children and their families, as the external realities of criminal and civil legal events are not within the professional or personal experience of almost all mental health reunification team members. These external realities can have profound effects upon post reunification family/child behaviors and perceptions.

The third skill category is the acceptance of the benefits and limits of short-term intervention. Mental health professionals vary in their degrees of belief in the utility of short-term intervention. Selected professional may have made a career and theoretical commitment to long-term therapy or at least to therapy without time limits due to funding or other service agency limitations. While neither the AIM Model nor the reunification project itself excludes post intervention follow-up, professionals with career and theoretical reservations about short-term intervention will probably not be comfortable as a reunification team member.