



A Child Is Missing:

Providing Support for Families of Missing Children

A Child Is Missing: Providing Support for Families of Missing Children

By Duane T. Bowers, LPC

2007

**National Center for Missing & Exploited Children®
Charles B. Wang International Children's Building
699 Prince Street
Alexandria, Virginia 22314-3175
1-800-THE-LOST® (1-800-843-5678)
www.missingkids.com**

This project was supported by Grant No. 2009-MC-CX-K002 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

**Copyright © 2007 National Center for Missing & Exploited Children.
All rights reserved.**

National Center for Missing & Exploited Children®, 1-800-THE-LOST®, and CyberTipline® are registered service marks of the National Center for Missing & Exploited Children.

This publication is designed to provide accurate and authoritative information in regard to the subject matter covered. The publisher is distributing this publication with the understanding that neither it nor the authors are engaged in rendering legal or other professional services. If legal advice or other expert assistance is required, the services of a competent professional should be sought.

Contents

Message to the Reader...v

Introduction...vii

A Child Is Missing...1

Emotional Shock...1

Physical Shock...2

Accept the Temporary Absence...5

Fill the Roles of the Missing Child...7

Review Personal Beliefs About the Status of the Missing Child...9

Feel Through the Pain of the Absence, Uncertainty, Fear, and Guilt...9

Accept Dual Perceptions of Life...13

Create a Long-Term Coping Structure Integrating Both Perceptions...15

Assess Your Own Needs...16

If a Child Runs Away...17

If a Child Is Abducted by a Family Member...19

If a Child Is Abducted by a Nonfamily Member...21

Special Needs of Siblings...25

Reestablish Structure...25

Accept the Temporary Absence...26

Fill the Roles of the Missing Child...27

Review Personal Beliefs About the Status of the Missing Child...27

Feel Through the Pain of the Absence, Uncertainty, Fear, and Guilt...28

Create a Long-Term Coping Structure...28

Missing or Deceased? Establish a Permanent Relationship With the Sibling...29

When a Child Is Recovered...31

Additional Thoughts...33

Supporting the Spirituality of the Family...33

Supporting Friends of the Missing Child...33

Supporting Extended Family Members...33

Supporting the Person Providing Support...34

Supporting the Family Pets...35

Appendix A: Resource List...37

Appendix B: Reference List...39

Message to the Reader

It was my honor to write this message to the readers of *A Child Is Missing: Providing Support for Families of Missing Children*. It was written for the professionals who may be called upon to assist families with missing children. Most specifically this book is meant as a resource for both professionals in the mental-health field who may treat such families and professionals in agencies from law enforcement to missing-children clearinghouses to nonprofit organizations assisting these families.

We acknowledge this is a wide audience of which members will have different levels of expertise with families addressing trauma. This publication was specifically intended to assist professionals in agencies devoted to supporting families with missing children. Although some agencies do not provide counseling, this publication will assist them in providing needed referrals for more specific treatment to other mental-health professionals.

Being very distressed when a child is missing is a normal reaction to an abnormal event. Most everyone is upset, worried, or frightened. People have different ways of handling these emotions. Some find expressing emotions and talking with supportive others helpful. Others use distraction to lower the distress by focusing on other things. Yet others find comfort in becoming very involved in actions to find the child. These are all perfectly normal reactions, although it may be tough in a family when members have different coping styles.

There are many ways to manage psychological distress that do not require the involvement of a mental-health professional. Talking to family members and friends and relying on the usual sources of support during hard times, such as religion or spirituality, are the most typical ways families cope with a missing child.

In many communities there are legal advocates or programs that help crime victims by offering crisis intervention or support. NCMEC also offers assistance and guidance to families. In today's society families can often find information, resources, or others who have gone through the same situation via the Internet.

When going through this trauma it is helpful to know professional help is available. Some people are so distressed that medication or a consultation with an expert may be useful. Consultation with a specialized expert, such as a psychiatrist or primary care physician, would be needed to make the final determining factors for possible medications for the most common symptoms such as lack of sleep or anxiety.

Formal treatment is likely necessary when extreme distress persists over time and the informal ways of coping do not seem to be working or are insufficient. Professional help should be suggested when emotions are so overwhelming it is difficult or impossible to carry out ordinary tasks such as caring for other children, keeping the household going, and going to school or work. Drug and alcohol consumption should also be assessed.

If there are suicidal thoughts a treatment should be immediately sought. Call 911/the emergency service number in your area or consult with your local emergency room. A more detailed evaluation by a professional would be needed to determine the level of treatment.

And for those family members who may experience guilt, regarding aspects from the initial missing incident to a delayed recovery, the concept of regret might be suggested when providing support. We often do this to help victims and their family members live with actions they perceive contributed to the traumatic situation being experienced. When experiencing guilt over actions such as not watching closely enough, not anticipating danger, leaving a door unlocked, or making a poor decision, the feeling of regret is more helpful than self-blame or guilt. Such may allow the person experiencing guilt to separate his or her actions from those of truly culpable people who may be involved such as an offender.

Thank you for assisting families of missing children. They need the support of many caring people. Working together with other professionals and lay support people helping the family, you will be a part of a vital network supporting families during this difficult time.

Lucy Berliner
Director
Harborview Center for Sexual Assault & Traumatic Stress
Seattle, Washington
and Emeritus Director
National Center for Missing & Exploited Children

Introduction

“My child is missing!” When a parent utters these words, he or she sets in motion a process of physical, emotional, and mental activity incomparable to any other situation. As time passes and the child remains missing, the parent becomes more and more dependent on law enforcement, legal systems, and others who respond to the event, but who do not necessarily respond to the parent or other family members of the missing child. If the family has difficulty asking for support, family members may become emotionally, mentally, and even spiritually isolated. It becomes the duty of those around the parent and siblings of the missing child to provide the needed support despite the family’s inability to ask for help.

The purpose of this book is to guide those professionals who want to support the family of a missing child. Although much of the information in this book is focused on supporting the parent, this is in no way meant to indicate other family members are not also in need of support. Siblings often experience physical and emotional abandonment by their parents while effort is spent finding the missing child. Readers should keep in mind, however, the searching parent is also expected to provide support to others in the family at the same time. This expectation may be beyond the capacity of the parent. This guide offers suggestions for the support of others who are also depending on the parent.

The word **parent** in this guide refers to the adult who is responsible for the child’s rearing and nurturing as well as provision for the child’s basic needs. This person may not necessarily be a blood-kin member or even legally recognized as the guardian. **Parent**, in the singular, is used throughout this book to help the reader recognize each parent may respond to the situation differently. Each will need to be supported individually or as part of a couple if sharing this responsibility with someone else. The word **parent** also recognizes the possibility of a single-parent family as well.

The word **support** is used consistently in this book. When supporting the family of a missing child, we cannot cure, fix, heal, alleviate, or facilitate closure; we can only support the process this family must endure. Throughout this book are references to the **supporter** or **person providing support**. This refers to the law-enforcement personnel, medical personnel, mental-health workers, and others who are assisting the parent and other family members through this experience.

The chapter titled “A Child Is Missing” follows the needs of the parent and other family members from the time the child is determined to be missing through the following hours, days, weeks, and even years of the absence. It presents information about how to support the parent’s physical and emotional needs and structure and shows how providing healthy support at the beginning of the absence serves as a basis for healthy coping throughout. The chapter then shows how siblings may begin to fill the missing child’s roles. It also reinforces the importance of every family member being able to discuss openly his or her beliefs about the status of the missing child. The chapter discusses appropriate support for the uncertainty and fear the family may feel about the missing child’s fate and guilt each may carry about the absence. The parent may develop two different views of the future, and the chapter presents information about how this dual view becomes the normal perception for the parent of a missing child.

The chapters titled “If a Child Runs Away,” “If a Child Is Abducted by a Family Member,” and “If a Child Is Abducted by a Nonfamily Member,” address the missing child in the context of the three most common methods by which the child may be missing. They also discuss the challenges faced by the parent addressing an international abduction. It is essential to understand the differences in the way to support the family of each type of missing child.

The chapter titled “Special Needs of Siblings” discusses how the primary issue for siblings of missing children is safety in the family structure, which may now be in disarray. How siblings adjust to accept the temporary absence is presented, along with the danger of the siblings trying to become the missing child. The chapter titled “When a Child Is Recovered” briefly discusses both recovery concerns family members may have while still searching for the missing child and initial actions needed to be taken once a child is recovered. The chapter titled “Additional Thoughts” examines how the spirituality and belief systems of the family members may be affected by the missing-child experience. The chapter also discusses the effect of the child who is missing on the child’s friends, extended family members, people providing support to the family, and family pets.

A Child Is Missing

A parent whose child is missing is in a situation unlike any other. You should not approach providing support to the parent of a missing child as a long-term encounter. The parent may only be open to periodic support for a specific issue, at a specific time, and no more. It is important to remember these families, like any other, had a variety of dysfunctions and problems before the child was missing. Providing types of support that are traditionally long-term would bring some of these problems to the surface at a time when all the family's emotional, mental, and physical resources must be conserved to address the situation of the missing child. Support comes by following the parent's lead and focusing on his or her stated issue.

One of the first frustrations for the parent is often the legal system that appears or is expected to be in control of the situation such as law enforcement, social services, and the courts. No formal system or agency is capable of providing the immediate type of emotional assistance and support the family requires. Thus the parent may feel isolated, unsupported, vulnerable, angry, and impotent in his or her ability to come to the child's aid. As the minutes and hours pass, the parent may experience emotional and perhaps physical shock. The parent simply does not know what to do. Support comes through assisting the parent in establishing physical and emotional guidelines for his or her thoughts, feelings, and behavior.

Emotional Shock

By nature, emotional shock provides a numbing effect; however, the effect is not consistent and may be characterized by constant interjection of intense feelings followed by periods of numbing. This cycle of numbing, feeling, and numbing allows the parent to continue to function physically and not be overwhelmed by an onslaught of feelings. This experience is often so unique the parent has no context in which to address the feelings encountered. He or she eventually is able to temporarily shut down and deny those emotions. As a result of this emotional upheaval, a physical, hormonal reaction may interfere with the parent's ability to concentrate, negatively affecting short-term memory and, over time, limiting his or her ability to fight off illnesses.

Having no reference for how to think, feel, and act, the parent may withdraw and isolate him- or herself. Another common behavior is repetition. This may manifest itself in activities such as repeatedly picking up the telephone to see if it works, repeatedly going to the door to see if the missing child is there, constantly calling friends or family members in short periods of time to see if they have heard from the child, or repeatedly hunting the streets for the child. Not knowing what to do, the parent often creates activity. The activity is usually one the parent doesn't have to think about but can do repeatedly. Having something to do allows him or her to avoid feelings.

The parent may also attempt to control the situation by seeking information. The more a parent knows about what is happening, the better he or she is able to cope. Unfortunately, in missing-child events, information may be scarce and

sporadic. Law enforcement, unless specifically trained for this type of event, does not tend to have the resources of time or staff to be available to the parent in the way he or she may need. The inability to acquire information may create an adversarial relationship with law enforcement and cause the parent to speculate as to the facts about the missing child. If this occurs, support by helping the parent

- Determine which information is fact and which may be speculation.
- Maintain a balance in interactions with law enforcement. Regardless of the nature of the response of law enforcement, their work is essential in this situation, and their relationship with the parent must be fostered.

Most helpful in this situation is exposure to someone who has had this experience, such as the parent of a once or currently missing child. Several organizations in this country are made up of volunteers who are the parents of missing children. Information about how to contact these organizations is found in “Appendix A” on page 37. Team HOPE is one such organization. These volunteers have personally experienced a missing-child episode and provide telephone support, often in the form of normalizing feelings or the lack of feelings experienced by the searching parent. Knowing someone else has experienced, felt, and reacted as he or she has can greatly alleviate a layer of anxiety for the parent new to the situation.

In lieu of finding a parent with similar experience, provide support by validating whatever feeling is expressed by the parent. Helping the parent compare the current feelings to similar feelings during other situations may also support the parent by reminding him or her of coping skills used in the past. Reflecting back to other crises also helps the parent identify the strengths and weaknesses in the family and its members. In the time period immediately after the child becomes missing, periods of talking about thoughts and feelings will be sporadic and brief in length following the numbing, feeling, numbing pattern. Providing a safe space for the parent to discuss these feelings and thoughts is essential.

Physical Shock

In addition to emotional shock, family members may experience physical shock. As the hours may turn into days, family members may forget or not be motivated to provide for their basic needs. Daily routines may be abandoned if they are too painful and difficult to maintain when one family member is missing. These routines, however, were created to assist in the provision of basic needs such as food, clothing, shelter, and safety. When daily routines are abandoned, basic needs may go unmet.

The parent may not be able to focus for extended periods of time, with his or her ability to concentrate coming and going. Help the parent identify the things that must be accomplished each day such as meals, personal hygiene, and medication. Then add to the list the things the parent feels are necessary to do to find the child such as calling law enforcement for updates, checking in with other family members, walking in the neighborhood to look for the child, and checking the telephone to see if it works. Help the parent create an easy-to-follow timeline or schedule to include all of these identified activities.

The purpose of this schedule is to provide structure. This structure may allow the parent to measure how effective he or she is in these day-to-day activities. It is important to emphasize this is a guideline, not an expectation. There is no judgment of good or bad for how well the schedule is followed. There will be days when the parent will closely follow the schedule and days when the parent will not be able to do so. The schedule helps the parent see where he or she is in relation to normal functioning, assists with short-term memory loss, and provides a sense of control over life. As time passes the parent will be able to see improvement in his or her ability to comply with the schedule. The activities on the schedule may be edited, changed, and adjusted as necessary. Eventually the schedule will lose its usefulness as the parent takes back more and more responsibility for the daily life of the family.

In this schedule it is essential to include time to spend with any spouse or companion, preferably without any other family members. Couple's time should be used to verbalize feelings, concerns, and fears regarding all topics not just about the missing child. Emphasize honesty is paramount in this time together. The schedule also needs to include family meeting time. If possible, this time should be separate from meals or other usual daily activities. Family meeting time is a time in which family members should feel free to discuss what they believe about the status of the missing child and how they feel about the situation today. Siblings of the missing child should not feel limited in what they say or by the parent's emotional reaction to what they say. After the siblings have discussed their missing brother or sister, time should be spent allowing them to discuss what else is going on in their lives.

Note: While a missing child may totally consume the consciousness and awareness of a parent, this may not necessarily be true for a sibling. Typically, children cannot developmentally deal with intense emotions or situations for extended periods of time and must have mental and physical activities, such as play, to provide breaks to process what is happening. This is not disrespectful of the missing child or the parent but a necessity for the sibling to survive the situation. Allowing siblings to talk about themselves and their activities, and ensuring the daily structure is followed, supports siblings' basic needs.

The schedule must also include outside activities of everyone in the household. When assigning the roles, tasks, and chores on the schedule, reassigning the chores of the missing child and those of the family members who are now focused on the child's recovery will allow the household to function more smoothly.

Support for physical shock is similar to support used for stress, with a focus on eating, resting, exercising, keeping up with personal hygiene, and taking medication, in addition to maintaining the daily structure. Monitoring these particular activities may fall to extended family members and friends. Doing so allows people who wish to be involved to feel they are contributing something while the child is missing. Using them for support often provides for family needs as well as their own. It is also essential to enlist the support of a medical doctor for the family. If at all possible, the doctor should make at least one home visit early in the missing period to evaluate the physical needs of the entire family. If this is not possible, a consultation with the doctor should be arranged.

Eating

Eating should be done on a regular schedule. Foods containing a large amount of sugar, fat, and caffeine must be avoided during this time. These substances require a considerable amount of energy for digestion, resulting in temporary emotional highs and subsequent lows as the body consumes the chemicals in the foods. Within the limits of the dietary needs of individuals, high-protein foods are best, as well as easily digested foods. During periods of high stress people tend to crave snacks or comfort foods. If allowed on someone's diet, items such as fruit, juice, protein bars, and protein drinks and shakes should be made available for these cravings. Water, along with decaffeinated teas, coffees, and sodas, should also be available. Well-balanced, pre-prepared meals ready for easy serving are helpful at this time. Preparation of these foods in advance may also be a responsibility given to those who wish to help in some way.

Rest and Sleep

Rest and sleep may well be impossible for a parent and other family members at this time. Many parents state nighttime is the worst part of the day. They find while lying in bed mental activity takes over due to the lack of physical diversion and their mind spins. A parent can be hesitant to use any kind of chemical sleeping aid for fear he or she may need to quickly respond to a call or knock on the door in the middle of the night. A parent may find him- or herself getting out of bed and engaging in some physical activity just to quiet the mind.

An alternative to sleep aids is teaching the parent to rest instead of sleep. Suggest to the parent that because his or her mind is already active at night, focus it for a time on relaxing the body. Focusing the mind on breathing in and out through every body part, beginning with the feet and working up to the top of the head, is an effective relaxation technique. Even if the parent's mind wanders, he or she can bring it back to the last body part relaxed and start again from there. The more the parent practices this technique, the better his or her body will respond and learn to relax. Telling a parent he or she must sleep may add to the anxiety and make sleeping even less possible. Teaching the parent how to relax is a skill he or she can use not only at night, but whenever a few moments are available to simply sit and breathe. With practice the parent will learn to rest the body and mind for increasing lengths of time. If, however, sleep, rest, and relaxation are not meeting the family member's needs, medical advice needs to be immediately sought.

Monitor the sibling's sleeping patterns as well. Siblings' dreams should be discussed in the daily family meeting time and monitored for possible traumatic effects. If family members are not getting adequate sleep, their bodies will become vulnerable to stress and illness. Due to the lack of sleep, the entire family may find itself suffering from recurring illnesses in addition to the situation of the missing child.

Exercise

Exercise is important not only as a physical necessity but as a mental one as well. While exercising we are forced to concentrate on our physical activity. Simple activity such as extra trips to the mailbox, extra trips up and down the steps, and walking an extra block with the dog not only changes behavioral patterns but

thinking patterns as well. These activities provide breaks from the intensity of the situation. Advise the parent to exercise outdoors or away from the usual environment to provide fresh sensory stimulation for the individual. Exercise may also be incorporated as part of the search such as walking to distribute fliers about the missing child, taking the stairs rather than the elevator at offices and agencies, and doing simple stretches when on hold on the telephone. Children attending school are provided with structure and opportunities for exercise, which gives them breaks from the intensity of the family.

Personal Hygiene and Medical Needs

Personal hygiene and medical needs may be difficult to address with the parent. Making the point that someone needs to take a shower, change clothes, or shave may seem like an invasion of privacy. These activities, however, are part of a daily structure of behavior and may need to be included on the schedule.

In addition monitoring an individual's medication may help reduce the amount of stress and shock experienced by the body along with helping the body maintain needed chemical balances. In situations of stress it is easy to forget to take medication or have prescriptions refilled. If the medication affects blood pressure, hypertension, or sugar levels, inconsistent compliance may have dire or even fatal consequences. If the medication affects moods or emotion, such as antidepressants or anti-anxiety medications, noncompliance can lead to an increased risk of suicidal thinking and behavior. Monitoring medication compliance of the entire family is an important support that may be best assigned to an extended family member or close family friend.

Accept the Temporary Absence

As time passes and the child remains missing, the parent begins to cope by accepting the child's **temporary** absence. This acceptance begins in short, barely noticeable increments of time. The parent will begin to speak of the short-term future without including the missing child. This future may be minutes or hours into the future, but this indicates short-term acceptance that the child is not present. Another indication of the acceptance of temporary absence is discussion about when the child will return. The parent is shifting from the hope of immediate return to the hope of future return. This is a significant shift in the parent's perspective and must be honored. The support person should make a similar shift in reference to the situation.

One difficulty in accepting the temporary absence of the child is in having to face the cues and triggers that remind the parent the child is missing. These cues come from tangible items, from behavior patterns, and in speech patterns. It is not unusual in a preoccupied moment for a parent to call out the missing child's name, expecting to see the child bounce around the corner. The parent making breakfast and setting a place for the child out of habit is another example of a cue. Each cue or trigger is a painful reminder the child is not currently present that needs to be "felt through." One way of describing this is as a time of "firsts." These are the everyday activities done for the first time since the child has been missing. Each "first" snaps the parent's awareness back to the reality of the situation and raises feelings that cannot, for the moment, be ignored. Accepting the absence

as temporary is one way the parent is able to cope with these cues and the resulting feelings.

As the parent accepts the temporary absence of the child, the emotional shock and numbing, feeling, and numbing cycle begins to diminish. The parent is now more capable of coping with the details of the situation and does not need to shut down emotionally as often. The numbing-feeling cycle tends to be less extreme, moving to a more constant but less volatile emotional pattern. This is a new emotional pattern for the parent. The parent is moving from emotional shock to emotional stress. This condition may be characterized by occasional emotional outbursts, lack of patience, bouts of panic sometimes resulting in difficulty breathing, and quickness to anger.

A sibling, recognizing a change in the parent's behavior and emotional pattern, may then change his or her own emotional pattern while staying on guard to avoid being the focus of a parent's emotional outburst. These children may come to view interaction with a parent during this time as walking through a minefield, with the climate being less intense but more volatile. A sibling will tend to experience a reduction in his or her own stress level in response to the reduced intensity of the parent's reactions. The parent may vacillate between over-protectiveness of and withdrawal from the family's other children. The parent may recognize this vacillating behavior but feel he or she has limited ability to control it.

In summary, within the first few days following the missing episode, the parent faces accepting the temporary absence of the child and reinforcing the new structure. Family time should continue, acknowledging the missing family member, noting the activities of the siblings, and discussing feelings and information about the situation. Family members should continue to discuss what they believe has happened to the missing child. Family time may now also serve as a place of education about stress and emotional responses. The more the family is aware of and can normalize stress, the less those reactions can result in alienation and hurt feelings. Couple's time should continue on a daily basis as well.

As the parent begins to accept the temporary absence of the child, he or she may be more open to support. At this time

- Encourage structured emotional support with a mental-health professional, members of a faith or spiritual community, a variety of peer-support mechanisms and peer support groups, or buddy programs.
- Help the parent review how well he or she is currently coping and how coping could be improved.
- Ask the parent to compare him- or herself today to perhaps two days earlier, which helps the parent recognize change and improvement in coping with the situation. On a scale of 1 to 10, where was the parent then, and where is the parent now emotionally? What has helped to get the parent this far? Is it still working? What might work better? What is the strongest or longest-lasting feeling the parent is having today? How is he or she addressing it?
- Help the parent understand how he or she has been and currently is coping with this situation. Recognizing this fact can be a motivation to continue.

The new physical structure is reinforced by editing and revising the family schedule. Continue family and couple's time. At this point the schedule should include more of the household tasks, errands, and chores; however, it still must

reflect the tasks associated with locating the missing child. The repetitive behaviors will begin to diminish as the parent's knowledge of and exposure to the agencies involved with locating a missing child expands. Furthermore the schedule should now include activities to help alleviate the family's stress. Special events promoting exercise, rest, and relaxation for the entire family should be added to it. Self-care activities for the parent should include activities that will provide comfort. Possible options include massage, yoga, and meditation. The schedule now takes on a more functional role. The entire family is aware of the structure and should begin to accept the responsibility for assisting each other in complying with it.

All of these suggestions help support the parent's coping by providing a structure to analyze the situation as short-term, be able to gather information, create and revise a plan of action, and have the ability to talk about and address feelings in a healthy way. These elements should remain intact regardless of the length of time the child is missing. If days change to weeks or months there should be little need to revise this new structure. The longer the physical and emotional structures are in place, the more they become integrated as normal. Therefore these structures must be as healthy as possible.

Friends and extended family members may be needed less as the family regains its ability to care for itself. Extended family members and friends, however, should still be reflected in the schedule by

- Assisting with pet health, grooming, and long-term maintenance; however, this does not include day-to-day pet care, which is part of the family's physical structure and may be included on the family's daily schedule
- Continuing the process of searching for the child and disseminating fliers, which provides diversity for the family as well as a continuation of accepting help from others
- Providing assistance such as cooking an occasional meal, taking the siblings to appointments or on an outing, and coordinating yard work or car care

Fill the Roles of the Missing Child

Another indicator the parent has accepted the temporary absence of the missing child is by temporarily reassigning and filling the roles and expectations of that child. This begins out of the necessity to reassign basic chores around the house to other family members. As time passes the reassignment of physical roles may expand. Once these roles are reassigned they become the norm over time and serve as one of the agents of change to help the parent and entire family adjust to the continuing absence.

More difficult for the parent and other family members is the filling of the nonphysical roles of the missing child. The child's personality is unique and distinct. It fits into an intricate pattern with the other personalities in the family. The removal of that personality leaves a void in the interrelationships of the other personalities. Think of the family as a hanging mobile in which each personality in the family balances the others. Cut the string of one of the mobile's pieces, and the mobile spins out of balance. The family relationship pattern will need to achieve a new balance to compensate for the missing child.

The process of achieving this new balance is a subtle one. Family members will slowly begin to assume characteristics, habits, behaviors, and the interaction

patterns of the missing child. The majority of this change may be unconscious and subconscious. Parents may start to recognize siblings are taking on gestures, responses, and characteristics of the missing child. If the missing child is seen as a “favorite child” to his or her brothers and sisters, an active competition to assume that role may occur. If the missing child is the oldest, the next in the birth order may feel it necessary to fill the older brother or sister role. Even characteristics viewed as negative by the family, such as cursing or throwing tantrums, may be adopted by another child to restore the balance of the family.

These shifts in role and position may not always be healthy for the individual child or entire family. A sibling may attempt to assume the identity of the missing child at the expense of his or her own identity. Filling the role of the missing child may be necessary, but taking on the missing child’s identity is harmful. It is never healthy for a sibling to attempt to assume or fill the expectations of the missing child to ease the parent’s pain or make the parent feel better. A child who changes his or her own future to take on the expected future of the missing child is thwarting his or her own development. Examples of this would be the sibling attempting to play a sport or pursue the talent of the missing child. If the sibling has no ability at these activities, he or she is setting him- or herself up to fail. Not only is the present child losing his or her identity, but a sense of self-worth as well due to these failures. Other examples might be a sibling changing his or her choice of which college to attend or what type of friends to have to match those of the missing child. To support a sibling

- Explain to the child he or she is behaving like the missing child, not like him- or herself and, as a result, the family is now missing two children.
- Express to the sibling how important he or she is to the family. This can and should be accomplished by the parent under normal circumstances. Unfortunately the parent may be so absorbed in the missing child that he or she does not recognize the shift in roles of the other family members, or the parent may remark how much better the family seems to be functioning and even reinforce and praise the newly acquired behaviors of the other children without understanding exactly what has taken place.
- Make every effort to assist the child in understanding what he or she is doing, defining his or her own identity separately from the missing child’s, finding value in that identity, and establishing his or her own idea of the future.
- Point out to the sibling the things making him or her unique.

This, again, provides an opportunity for extended family members or other support persons to observe the changes in family members and bring them to the parent’s attention. If the changes exhibited by the child are healthy, they need to be openly acknowledged as well stating things such as, “I’ve noticed you seem to be studying more, like your missing brother. I’m glad you are working to improve your grades, Susie. This will help you get into the college you want to attend.” Those supporting the family can provide a valuable service by making the parent aware of any changes in roles they may observe in the missing child’s family.

In summary, many of the physical roles of the missing child need to be reassigned or assumed by other family members. This can be done in a healthy way without endangering the identity of other family members. When a family member attempts consciously or unconsciously to become the missing child,

however, intervention is necessary. Appropriate support would be to help the person define his or her own identity, value that identity, and establish some sense of future for that identity separate from that of the missing child.

Review Personal Beliefs About the Status of the Missing Child

It is difficult for a parent who believes his or her child is all right and will soon return to hear one of the child's siblings say he or she believes the child is deceased. The parent, however, does not have to accept the belief of the other family member; he or she just needs to hear it. It is extremely important for each family member to be honest about his or her beliefs about the status of the missing child. Each person's belief comes out in the way he or she interacts with other family members. If family members cannot be honest about their beliefs about the missing child, they may control their behavior in the view of the family and overreact outside the family's presence. The overreaction may even become self-destructive such as in the use of drugs or alcohol or participation in high-risk behaviors.

Having to hide one's feelings and acquiesce to those of others will eventually result in resentment. If this resentment is not apparent and continues to be fueled for some time, relationships in the family will eventually be destroyed. Family members will replace these relationships with others outside the family. Siblings may find surrogate families, and parents may find extramarital relationships. Regardless of how painful honesty may be, the consequence of not encouraging honesty may be far more painful. Discussing individual beliefs must be continuous. Beliefs change over time as a result of physical, emotional, and even spiritual experiences of family members.

Feel Through the Pain of the Absence, Uncertainty, Fear, and Guilt

We have not yet addressed the most difficult aspects of a child who is missing as experienced by the parent. These are addressing the emotional pain of the absence of the child, uncertainty and fear about the child's fate, and guilt about not protecting the child from that fate. Because these issues are so intense and emotionally powerful, it is often difficult for anyone in or around the family to discuss them. Although it is helpful to discuss these issues, it should only be attempted when the parent is ready. Forcing a premature discussion of any of these topics will do more harm than good.

These discussions are done in small pieces over a period of time. No parent is capable of fully disclosing all of the emotions involved at one time, and normal coping skills cannot accommodate that level of intensity. Confronting the parent with probing questions is inappropriate. The best support for these feelings is to be available to the parent when he or she needs the support for as long as the parent is willing to share the feelings. Silence may be the most effective support tool as it holds no expectation, conveys no judgment, and offers only your presence.

Pain of the Absence

For parents there is no end or resolution to the situation of a missing child. The resolution, as long as the child is missing, must stay open-ended. No matter how many years pass the parent will nearly always have a “back door” for the possibility the child will be found or return.

Those who provide support need to avoid any reference to loss or grief and must be aware of their vocabulary. Any use of words related to death, such as **grief** or **loss**, will definitely block attempts to provide support. Only terms such as **missing** and **absence** are appropriate. In addition it is essential to use the present tense when referring to the child, even if the parent uses past-tense references. For example use phrases such as, “Does Johnny like ice cream?” as opposed to “Did Johnny like ice cream?” The parent using the past tense does not give you, the person providing support, permission to do the same.

There are many triggers for a parent’s emotional response to the absence of the child, as discussed previously. They may be physical or nonphysical. One of the best supports you may provide is to help the parent identify the three most frequent emotional triggers. This may be items such as the empty place at the dinner table, the full trash can that is the missing child’s chore to empty, or the missing goodnight kiss. If the parent can identify the three triggers occurring most frequently and providing the most emotional pain, the support person may be able to help the parent find better ways to cope with them. An example might be for the parent to rearrange everyone’s place at the dinner table so the empty place will be in another location. Another possibility would be to move the table against a wall so the empty space is no longer as obvious. The important thing is that the place for the missing child is still maintained, but the emotional intensity of it being empty is lessened by the new positioning.

One of the best ways to help the parent cope in a better way is by asking him or her, “What would make the empty place at the table easier to tolerate?” Asking the parent to suggest possible solutions, choosing one, and creating a plan to implement the solution is helpful. The parent, however, must make the decisions, not simply go along with what the supporter suggests. The parent must actively be part of the process for it to have value to him or her. As the parent improves his or her ability to cope with these triggers, emotional strength follows and a sense of control may emerge. The parent begins to understand he or she can control feelings and not be controlled by them by managing these emotional triggers. The parent can then apply this process to other triggers in his or her life and even help other family members address emotional triggers.

One caution for the supporter in this process is to be sure the parent wants to cope differently. Verbal agreement does not ensure the parent is emotionally committed to change. Furthermore the parent may consciously believe he or she wants to cope in a different way emotionally, but resist all efforts to establish new coping patterns. In this situation the parent needs to explore the question of, “What am I afraid will happen if I no longer feel pain?” Another approach might be to ask the parent, “What do you lose if you learn to handle the pain?” What may surface is the belief, on the part of the parent, that pain is a necessary part of this experience and the reduction of that pain would indicate a lack of caring or continued concern for the missing child. Another belief may be the parent feels he or she must suffer as long as the missing child is suffering. If the parent holds these beliefs, he or she is not going to be motivated to cope in a better way. This,

of course, is the parent's choice. Although the choice is not a healthy one, helping the parent verbalize these beliefs can be supportive. The most important support is a safe place for the parent to explore and discuss his or her emotional reactions about the child's absence, free of expectations or judgment. It must be a place that understands there are no answers, cures, or fixes for these emotions and in no way attempts to provide them.

Uncertainty

Uncertainty as to the fate of the missing child may, without doubt, be a parent's primary emotional issue. Throughout the missing period the parent may create a variety of scenarios about where the child is and what is happening to him or her. Most of these scenarios are within the realm of possibility, and all should be discussed seriously with the parent when presented. One of the reasons for mentally changing the scenario of the child's fate is the parent preparing for or rehearsing each possibility. The parent is "trying on" each scenario to see how he or she reacts to it physically, emotionally, and spiritually. The parent needs to discuss and process each scenario created without fear of judgment, ridicule, or dismissal due to the discomfort of the listener. The parent also needs the opportunity to express the emotions accompanying each scenario, even though it is only a possibility.

Fear

Uncertainty by nature brings with it a sense of fear. This includes fear of the unknown and fear of the possibilities. People become afraid of a situation when they are not able to find acceptable alternatives to the apparent outcome. In short they fear situations in which they can find no hope; however, hope can be used as an antidote for fear. Helping the parent find some point of hope helps reduce fear. Believing the missing child is unharmed, will return, and is remembered by family and friends are common expressions of hope. The parent's hope may also be for the family such as believing the family will get through the situation or is strong enough to survive it. Balancing the fear for the missing child with hope for the accomplishments of a partner or other family members may also be possible. This may well be the only way in which this parent can achieve some sort of hope/fear balance. Furthermore hope in an event or expectation of the future, whether or not it is associated with the missing child, may also serve to balance feelings of fear. Examples of this could include a wedding, birth, or college graduation. Unfortunately hope may not always be possible for the parent in this situation. When an effort to find a point of hope fails, providing a safe space for the parent to discuss and reduce the intensity of the fear is the alternative support.

Note: A parent who is unable to find some element of hope in his or her life is at risk and needs to be monitored by a mental-health professional. This support professional must assess suicidal ideation and perhaps even create a contract with the parent against self-destructive behavior. That contract may include the arranging for family members to serve as buddies or monitors. The parent should be fully aware of this arrangement.

For a sibling of the missing child, the fear and uncertainty of the situation is usually expressed in fear for his or her own personal safety. This can be expressed in a number of ways such as aggressive and defensive behavior; carrying weapons to protect oneself from being "taken"; withdrawal and social hiding to avoid being

taken; and regression to behaviors of an earlier age when he or she felt safe such as thumb sucking, bed wetting, and using baby talk. Like parents, children can also create traumatic scenarios and mental pictures affecting their imagination, resulting in dreams and nightmares.

Support for children should focus on their personal safety. If they are afraid harm may come from outside the family, they need increased reassurance and stability from the parent. Of course, during this time, the parent may have withdrawn from the siblings in an effort to focus on the missing child. The siblings view this withdrawal during their time of greater need as abandonment. Feelings of abandonment affect a child's sense of self-worth, his or her ability to trust others for support, and his or her ability to provide support and love to others. It is strongly suggested the parent be involved to the extent he or she is able to do so. Helping the child name where, what, and who are safe helps him or her understand. By turning to what is safe, the child then has some control over the situation. This helps reduce fear. Knowing where to find safety also contributes to the child's sense of belonging and reduces any feelings of abandonment.

If professional support can be provided for a sibling, play therapy is an excellent vehicle to assist the child in addressing the fears and issues of personal safety and abandonment. Being able to act out situations and fears and manipulating their outcomes provides an enormous sense of control over the situation. Play therapy also allows a child to play an event into the future and play out scenarios. This is similar to the parent "trying on" scenarios to test his or her own response to them. In play a child can enact how he or she wants to react to a situation and then explore other, perhaps more acceptable reactions. Introducing the idea in play that family members other than the parent can provide for the child's needs also helps the child cope.

Guilt

Guilt is an emotion with which we are all familiar. It is often used as a tool for behavior modification in parenting, in religion, and by society in general. Although guilt is uncomfortable, it is familiar. Guilt, for the parent, may be a safe emotion for avoiding the onslaught of intense emotions accompanying this situation. Guilt may well serve as a defense mechanism against those emotions and feelings and may be necessary for the parent to function. Over time the parent should face more of the other feelings and move away from the talk of guilt.

For a sibling, guilt is often the result of what is sometimes called "magical thinking." The sibling may blame him- or herself for what has happened to the missing child as a result of an argument, statement, or thought. Children and even adults can question whether their hurtful thoughts or words toward someone actually resulted in the harm that befell the person. If this guilt is not discussed, the sibling may seek situations in his or her environment to prove this myth is true. For example the "guilty" sibling may view the parent withdrawing from the children who are present to focus on the missing child as punishment for having hurt the brother or sister in his or her thoughts. For many of the issues previously discussed, other family members have been encouraged to fill the parental role with the siblings when the parent is unable to do so. In the case of the myth of guilt, it is essential for the parent to work directly with the sibling to explain exactly what has happened to the missing child in age-appropriate terms,

provide reassurance the sibling is not responsible, and affirm that the parent still loves the sibling. This is the type of issue that can be addressed in the family time described earlier.

In summary, to support the parent around issues of guilt

- Determine the function of the guilt. Does it serve as a defense against other emotions or as a filter?
- Accept the parent's "if only's" as valid and offer the parent the opportunity to talk them through.
- Reframe the situation so the parent may see his or her perceived failure to protect the child as a single incident of normally accepted behavior rather than guilt and the offender's behavior as harmful. Through this process the parent may come to a place of forgiving him- or herself.
- Support the parent as he or she addresses the issues of guilt that may be experienced by the siblings of the missing child.

Accept Dual Perceptions of Life

As time passes and the fate of the missing child remains unknown, the parent begins to compartmentalize beliefs about life. The parent creates a dual system of values through which to perceive life. One contains the values and beliefs about the world as held prior to the missing episode. In the other the beliefs about the world change as a result of the missing episode. The ultimate example would be, "My child will return and everything will be all right" versus "My child will never return and life will forever be unbearable." The parent switches between these two sets of beliefs, which can create a situation of unresolved internal conflict.

The parent is usually able to address the present moment of the child being temporarily missing with no conflict. The conflict occurs in the realm of the future. Our beliefs about the future provide us with the context in which to make decisions about the future. When beliefs about the future are in conflict, however, it becomes difficult to make decisions. As these conflicts cannot be resolved until there is a resolution of the situation, it is necessary for the parent to accept two perceptions of the future with two sets of decisions and expectations. The parent will have a view of one future that includes the missing child and one that does not. This may be considered unhealthy from the viewpoint of many mental-health models. It is, however, the coping mechanism necessary for the parent to continue to function in the current situation and maintain any sense of future.

Acknowledge the Child Who Is, and Release the Child Who Was

The view of the future that includes the missing child is based largely on the expectations about the child as held before he or she was missing. These expectations are usually rooted in the developmental stages of the child as he or she grows. As children grow in the family structure, the family itself grows to accommodate the child's development and anticipates that growth. Certain events mark these developmental stages such as playing on a team, committing to a spiritual path, learning to drive, dating, and graduating from high school. The family expects and anticipates these events to occur as the child develops. The family must adjust to the event **not** happening if the child is missing.

These expectations should be acknowledged and verbalized, particularly when it becomes apparent the expected event will not occur. Visualizing the event as it would have been and verbally discussing that vision are supportive. Just as the parent may review memories of activities of the missing child, he or she must also review the expectations held for that child.

As time passes and the appropriate time for a particular expectation has passed, it is important for the parent to accept that development has occurred. As long as the parent expects the child's return, he or she must keep up with the growth of the missing child. Therefore not only is visualizing the events supportive, but visualizing the child as he or she has developed is necessary as well. Holding onto the image of the child as he or she was does not acknowledge the child's growth. Formal information about child development may help to strengthen this process.

Acknowledge a Future Without the Missing Child

The newest set of beliefs for the parent is that the child is not and will not be present for some period of time. This is not an acceptance of the belief the child will not return, but an acceptance that the child's return will not be in the short-range future. This set of beliefs allows the parent to make plans for the immediate future without considering the presence or return of the child. What makes this tolerable is the parent has accepted delayed gratification in accepting the child's return will be delayed.

Holidays, birthdays, and other annual family events can be difficult times for the family of a missing child. In addition the anniversary of the date when the child was last seen can be an extremely difficult time. For holidays the absence of the child may be addressed in extremes. The parent is either so consumed that the holiday is avoided or ignored, or the holiday becomes another missing-child-centered event. Although adult family members may be able to accept these options, siblings of the missing child may find the holidays to be one more situation in which his or her needs are secondary to those of the missing child. Afraid of the pain of facing a holiday without the child, the parent may announce the holiday is canceled this year. Conversely the parent may go all out for the holiday, just in case the child returns at the last moment.

One healthy approach to the holidays is for the family to have a present or memento for the missing child at each event and save it. In this way when the child does return, the family can show the child how he or she was included in every family holiday while missing. As time passes the memento may become an item or activity that is donated, in the child's honor, to a family or child in need. Photographs of the item or event can be kept to show the missing child when he or she returns. In addition, during the holiday period, the parent and person providing support must agree to monitor the amount of time the parent focuses on the missing child and balance it with time spent on the family members who are present. The parent will need this support, as he or she may not be able to change the focus of attention on his or her own.

The parent often views the anniversary date of when the child was last seen as a reminder of his or her perceived failure to protect or find the child. The parent's emotions can be volatile at this time. Support comes in helping prepare the parent in advance for this day. Suggesting an event or activity to honor the child may serve as a way the parent can effectively focus and stabilize emotions. An activity also provides a platform from which hope for the future can be verbalized. Again,

the parent and support person must ensure a balance in the amount of time focused on the missing child and the time focused on other family members when hope for the future is being discussed. The specific hopes for each family member's future, including the missing child's, should be presented at this activity. Over time the anniversary of the child's missing date may become the vehicle by which the parent renews his or her quest to find the child and ensures the child has not been forgotten by family, friends, the community, and law-enforcement officials. The one way the parent can be sure the child lives on is in ensuring his or her memory is not forgotten.

Create a Long-Term Coping Structure Integrating Both Perceptions

As long as the parent believes the child will return, he or she may hold onto the dual belief system presented previously. As time passes it will become the norm for the parent to picture two possible futures and discuss the child alternating between the two perspectives of the future as "still missing" or "when he or she has returned." Although this allows the parent to function, make decisions about the future, and perhaps even move ahead with the life of the family, the more comfortable the parent becomes with this way of thinking, the more difficult it will be for that parent to accept the possibility the child will not return, even in the face of evidence the child is not likely to return.

One way a parent formulates this long-term coping structure, especially in cases of abduction, is by accepting the belief that when the child becomes an adult, he or she will seek out and return to the parent. This belief is usually formulated after many years have passed with no new word or information about the missing child. The parent believes once the child attains adulthood he or she will have the legal authority to make decisions for him- or herself and will decide to find his or her "left-behind" family. Encourage the parent to maintain a balanced perspective of the possible status of the missing child. In adopting this belief the parent is able to function effectively on a daily basis. This does not appear to be unhealthy until the time comes when the child would reach legal age, and he or she still has not returned. By this time the parent may now be middle aged and his or her other children may be grown and no longer living with the parent. As the post-legal-age years of the missing child pass, still with no word of the child, the parent again has to confront the question of why the child has not returned.

The process of answering this question puts the parent in the position of having to consider four possible answers. The child

- Has forgotten the parent
- Is angry at the parent for not protecting or finding him or her
- Is deceased
- Is in some way still physically restricted or confined

The likelihood the child is still physically restricted or confined after all of this time is small, even to the parent. If the child was 6 years old or younger at the time of the disappearance, forgetting a parent is a credible possibility. If the child was older, however, this answer is no longer valid, and the possibility of having been forgotten by the child becomes painful for the parent, who has spent a

lifetime trying to ensure the child is not forgotten. Forgetting the parent may be seen as weakness on the part of the child and places the child in a negative light, which is difficult for the parent to do. Placing any responsibility on the child for the situation does not fit into the thinking pattern. The possibility the child is angry at the parent is the answer often easiest to accept for those parents who believe they failed to protect the child. In such a case the parent believes the child has every reason to be angry.

The possibility the child is deceased is not an option a parent will consider in this situation. The parent has spent years trying to keep the child alive, at least in everyone's memory. With no new information to support a fact the child is deceased, the only thing to make that a reality now is what the parent chooses to believe. Therefore, on some level, by choosing to believe the child is deceased, the parent has killed the child. This would fit into the established pattern of the parent, who thinks he or she did not protect the child from being missing in the first place; failed to find the child; and, if the child is deceased, killed the child through these failures. Without some tangible proof of the child's death, however, this option presents too much pain for the parent to accept.

Believing the child is angry at him or her is the most comfortable option for the parent. In this way the child is not guilty of forgetting the parent and is justified in his or her behavior. Unlike the death option, this option allows for the child to walk back into the parent's life at any time. Unfortunately this choice results in the parent spending the rest of his or her life believing the child is punishing the family. This is not healthy physically, emotionally, or mentally, and professional support for the parent is the most effective in this case.

Assess Your Own Needs

It is important for the person providing support to understand his or her own needs and limitations. A support person who gets involved beyond his or her capacity is no longer a support, but another casualty of the missing-child episode. A person providing support should remember that support for the family must come from a variety of sources and is not the responsibility of just one person. One of the best ways a person providing support can support him- or herself is to encourage the parent to use several different avenues of support.

If a Child Runs Away

When a child runs away we assume he or she has not been the victim of an offender, and we can place the responsibility for the child's decision, in part, on the child. These assumptions, however, are not always accurate. Children tend to run away for the two reasons of going to something or getting away from something. What the child is running to or from is most often an adult who has a great deal of influence over that child. Although **predatory** may not be the appropriate term, the adult in these cases certainly can be viewed as having power and control over the child's thinking and behavior.

The family of a runaway should seek professional counseling. The family structure has to adapt to a new form. Having a neutral person such as a professional assist in this adaptation allows for the setting of rules, boundaries, and guidelines for everyone involved. The parent may be reeling with uncontrolled emotions of anger, fear, love, frustration, humiliation, and powerlessness. Having a child run away may make the parent feel embarrassed along with all the other powerful emotions that come with having a missing child. The family structure will change while the child is missing. If there is a possibility the child may eventually return, the child will need to fit into the new "normal" for the family, rather than the family trying to return to its former patterns.

For the parent and entire family the pain of the absence can be augmented by anger if the child is believed to have chosen to run away. The fact the child has not returned by his or her own choice may be further indication of the child's "lack of concern" for the family. Anger is a natural reaction and should be validated. This anger, however, is based on the assumption the child purposely set out to hurt and manipulate the family. This may not be true, especially if the child had not yet developed the capacity to understand or even consider the feelings of others. If so, the child's thoughts would primarily be about his or her own wants, needs, and feelings. In those cases assumptions the child planned the family's emotional pain are erroneous. Because of the family's anger, the child is perceived as a villain. If the anger goes unchecked, it may grow and expand to the point that the siblings and perhaps even the parent decides the child should not return to the family in the future.

Help all family members focus on what the child was running to or from rather than his or her intention to hurt the family. This motivation may never be known without input from the child, but even speculation helps family members reframe the child's behavior into a more age-appropriate context.

The parent, in probing why the child may have run away, may experience guilt. This guilt may be legitimate and should always be discussed with the parent. Should the parent believe the child is currently in danger, the guilt experienced by the parent may still serve as a filter or defense. If the child's current environment is viewed as extremely dangerous, the parent may well continue to use guilt as a defense mechanism to avoid the feelings of anxiety and anticipation about the impending harm to the child.

Note: If the child has a history of running away, the parent will most likely develop a sense of future with little difference whether the child is present or not. Over time and multiple experiences of a child running away, the parent tends to develop this more flexible perspective as a means of coping.

If a Child Is Abducted by a Family Member

When a child is abducted by a family member or a close family friend, the motivation is not often about the welfare of the child. Unfortunately issues of custody are often more about issues of control between the adult family members involved. The person providing support may be doing so for either party involved. Providing support for an adult who is in violation of legal custody, however, may place the supporter in legal jeopardy. It does not matter what reason this adult uses for having the child, even accusations of abuse of the child by the legal party; the parent without legal custody is breaking the law. The only ethical support to provide is assisting that parent in working within the legal system to resolve these issues. Support should focus on how to accept the situation in a healthy way until change within the legal system can be made. In some cases the parent without legal custody may have to wait until the child reaches legal age and is able to make his or her own choices.

Beyond these legal issues, providing support to either adult often causes the support person to take sides between the adults involved. Remember, in this situation, there is only one victim — the child. Child welfare is an issue of well-being under the jurisdiction of human or protective services. Child custody is an issue of control under the jurisdiction of the legal system. No matter how clear-cut the situation may appear to be, both adults have contributed to it. Thus the best support is that which can be provided without judgment and without taking sides. If possible provide support for the parent out of your concern for him or her without being involved in who is right or wrong.

One question the support person should keep raising is, “How will this be resolved when the child is old enough to make his or her own decisions?” This question forces the parent to realize the situation may not be over until the child reaches legal age. It also reframes the situation into one of adult issues versus child issues. Usually, if the issue and feelings around it could continue to exist after the child is of legal age, the issue is not about the child, it is about control. Being able to break this situation down into two sets of issues provides the parent with a sense of control and the ability to address each set individually — the issues between the adults versus the issues specifically about the child. Once separated, there is no longer one large, overwhelming situation.

One major support to the parent is to assist him or her to learn about the law-enforcement and legal system and how to use it to help in this situation. These systems often frustrate the parent due to its perceived slowness or inability to solve or remedy the situation. It may involve large expenditures of money and time on court cases and legal battles. Even if the law is in favor of the parent, the law-enforcement or legal system may prove unable to enforce a decree. The parent may be told his or her situation is a low priority or in some way is not as important as other tasks needing to be enforced. The supporter should know these systems and how they work to provide the information needed to support the problem-solving efforts and increase the patience and tolerance levels of the parent.

If a child is suspected of having been **abducted internationally** by a family member, a parent's frustrations may feel even more overwhelming than those of a parent whose child is abducted by a family member domestically. International family abduction may involve a parent who is a U.S. citizen and a parent who is not. These abductions are the result of one parent taking the child to another country, possibly the parent's own homeland, without the permission of the U.S. parent. The cost in time, money, and energy to pursue legal avenues in these cases can be extreme.

Parents who have experienced a child's international abduction may have also experienced the smuggling of their children out of the country or being divorced from their spouse by a foreign government with no participation. Parents who work through these systems may find themselves looking for advocates in the United States, attempting to work through legal systems in a foreign country, and seeking civil remedies under the Hague Convention on the Civil Aspects of International Child Abduction or criminal remedies under the International Parental Kidnapping Crime Act.

In a case of the international family abduction of a child, it is rare for any one person providing support to fully know the legal system in the country to which the child was taken. In this type of case, the best support to be offered is to provide a place for the parent to vent, explore possibilities, explore scenarios about the fate and well-being of the child, discuss any parental fear the child will forget him or her, and find sources of information to learn more about the situation and positive remedies. The person providing support should also

- Assist the parent in "reality testing" the resources and costs of the recovery activity. It is important for the parent to be aware of all of the consequences of pursuing the course of action he or she is taking monetarily, physically, and in terms of other relationships. The support person may raise the discussion of these costs but should in no way attempt to influence the parent's choice. The trust in this relationship is based on the supporter's ability to accept the choices made by the parent and provide support for the results of those choices.
- Review the current and future developmental level and skills of the abducted child so the parent keeps up with the child at the age he or she is now, not the age at the time of the abduction.

If a Child Is Abducted by a Nonfamily Member

If it is known a nonfamily member abducted the child, it is probably an indication there is a witness to or physical proof of the abduction. In these cases the family and abductor may or may not know one another. The level of relationship is important, as it affects the parent's perception of the abduction and leads to questions about whether the child was a random victim, stalked, or the victim of a planned abduction. Furthermore, abduction by a nonfamily member does not tend to be about control but exploitation of the child. All of this information significantly affects the traumatic scenarios the parent may mentally create to picture what his or her child is experiencing.

If the abductor is not apprehended or held accountable, issues of personal safety will need to be addressed for every family member. Family members, particularly the child's siblings, may fear for their own safety at the hands of the perpetrator. They may also fear for other potential victims of this perpetrator. Support comes in helping the family establish what, who, and where is safe and talk about ways of making themselves safer. The more involved family members can become in this process, the more they feel they have control over their safety. This will reduce anxiety levels. Safety includes not only physical security, but emotional and spiritual security as well. Involvement in a faith community can be supportive at this time. Maintaining a relationship with local law enforcement and professional mental-health support may be considered as well.

The parent of a missing child will often spend time talking about what he or she should have done differently to avoid this situation. The person providing support can help the parent identify the parts of the child's experience for which the parent is actually responsible and those for which the parent was not responsible. This will be a process of separating the parent's behavior from the abductor's behavior. A positive intervention for the reduction of guilt is to be a vehicle of healing.

Guilt may serve as a filter in the process of creating possible scenarios of the fate of the child. By exploring a variety of situations that may have avoided the absence, the parent is setting the mental stage for beginning to consider the possible fates of the child. Again, this is not unhealthy. These discussions should slowly move from what could have been done differently to what may have happened after. The timing of the discussion of guilt is up to the parent and may not be considered until after the "resolution" of the situation. Offer to talk it through, which allows the parent to know you are available whenever he or she is ready to discuss the situation.

If a parent can find something he or she could have done differently that would have brought about a different result, it provides the feeling he or she could have had some control over the situation. "If onlys" presented by the parent are usually valid and very possibly would have changed the outcome of the situation. To disregard these statements with platitudes of, "You can't blame yourself" or "You couldn't have known" is not only inappropriate but actually disrespectful of what the parent is experiencing. The best response to the "if onlys" is, "You're right. Perhaps it could have been different. Do you want to talk

this through?" Help the parent create a realistic plan or behavior pattern to help ensure the issue of guilt does not resurface if the child is found. Points of discussion that may benefit the parent are

- Guilt is not necessary when one's behavior is accepted without judgment
- Guilt is useful as an indicator things must be different in the future
- He or she cannot change the past, but may be able to influence the future

When the parent is ready to work through the guilt of not protecting his or her child from this situation, a number of supports may be helpful. The most important concepts to explore with the parent include what does this event say about him or her as a parent, to what extent is he or she actually responsible for the event, and is the parent capable of forgiving him- or herself?

As the parent attempts to address feelings of guilt, the supporter may be able to play the devil's advocate or introduce another perspective about the situation. One way to do this is to

- Ask, "What does this event say about you as a parent?"
- Introduce a scale of 1 to 10, with 1 being "You are a lousy parent" and 10 being "You are a super parent"
- Ask the parent to rate him- or herself on that scale
- Have the parent rate him- or herself on the scale one year before the child was missing
- If the parent has other children, ask how he or she thinks the other children would rate him or her as a parent today
- Ask the parent to project forward and rate him- or herself on that scale a year from now

This approach helps the parent see his or her failure to protect the child in light of a history of parenting, rather than as a result of one incident. It brings the parent to the reality that he or she is continuing to parent the other children in spite of the perceived failure. It serves as a vehicle to support the parent in understanding his or her rating has the potential to change in the future.

If a perpetrator is involved, help the parent separate his or her perceived failure to protect the child from the harm done by the perpetrator. If the parent sees his or her action or inaction as being the sole reason for the event, helpful questions may include, "How many parents do what you did on any given day?" "Do all of those children end up missing?" "So if what you did caused your child to end up missing, it would happen to all of those other children as well, correct?" "Did you take your child against his or her will?" "Who is responsible for doing that?" "Which was more harmful to your child, what you did or what the perpetrator did?" "On a scale of 1 to 10, with 10 being very harmful and 1 not at all harmful, where do you rate what you did? Where do you rate what the perpetrator did?" This approach helps the parent see a larger picture than the one focusing on his or her perceived failure. It presents the parental behavior as acceptable and most often nonharmful. It places responsibility for harm on the perpetrator.

The supporter must not expect that, having gone through this process, the parent will immediately let go of his or her guilt. In fact the parent will most often accept some level of guilt or responsibility for this situation even if it is irrational. Although not altogether healthy, this is normal. If after taking the parent

through this process, however, he or she still holds on to the guilt as strongly as before, the guilt is probably being used as the defense against other feelings, as discussed previously. Efforts to confront and reduce the level of guilt will be ineffective if the guilt is protecting the parent from more intense feelings.

Forgiving oneself may be possible after a period of time of going through the process discussed here. Keep in mind that the parent may continue to hold him- or herself responsible for the situation to some degree. Forgiveness then becomes a task of learning to accept the total self, which includes having failed in protecting his or her child. To accept him- or herself totally, the parent needs to review who he or she is as a person and as a parent as a result of this situation. This includes reviewing his or her belief system and then fitting the perceived failure into those beliefs. Then the parent needs to see how he or she can accept him- or herself in the future. This is a long-term process that is usually initiated by the parent after the “resolution” of the situation; it may be better focused if assisted by a mental-health professional.

Self-forgiveness is a difficult task. The parent must define forgiveness, identify the criteria necessary for self-forgiveness in this circumstance, and then measure him- or herself against that criterion. This can be easier if the parent projects onto others asking questions such as, “What would self-forgiveness look like for others?” “What steps could they take to forgive themselves, and how will they know when they have forgiven themselves?” Once the parent has created an idea of self-forgiveness in general, he or she may then be able to use it for him- or herself. The person providing support must offer the time and safe place to discuss these issues.

There are two approaches to forgiveness that may be helpful. The first is for the parent to separate him- or herself from the behavior. For example you can love someone while hating a certain behavior of that person such as drinking. The second is to be able to accept someone as a whole person despite — and including — one unacceptable characteristic or event. For example someone can be respected for his or her career, community involvement, and personality, which may include the fact the person was unfaithful to a spouse. Through these approaches the parent may discover this “offense” does not define him or her and is not his or her only quality. The parent may come to discover he or she is human and has made mistakes, as all humans do. From this point the parent may become able to accept the “offensive” behavior and move on, striving to never repeat it.

Note: One way a parent may choose to address guilt is to be entirely motivated by the capture, prosecution, and conviction of the perpetrator. This becomes the parent’s mental and emotional focus. The perpetrator “getting what he or she deserves” becomes the affirmation helping the parent function on a day-to-day basis and appropriately assigning guilt and blame. The parent must be encouraged by the person providing support to not depend on this single outcome. Questions such as, “What if he or she is never caught, tried, or convicted?” are appropriate to help the parent maintain balance. If the perpetrator is never captured or not convicted and the parent has never considered this possibility, his or her reaction may be one of defeat, anger, or even retribution. What appears to be a healthy process of reassigning guilt may have harmful consequences when justice is not served. In this event the parent should be monitored for behavior that is self-destructive or harmful to others.

Special Needs of Siblings

In previous chapters some of the needs of the siblings of the missing child have been discussed in the context of what was being presented. This chapter presents other important needs siblings experience, not only as children but throughout their lives. The ideas suggested in this chapter are offered for siblings who are currently children and for adult siblings whose brother or sister was last seen when they were children. For many adult siblings, these needs still have not been met.

Reestablish Structure

To help a family achieve normal functioning the support person must understand what the sibling considers normal functioning, because his or her perspective may differ from that of the parent. Asking questions of siblings about the family's communication patterns, internal relationships, and siblings' sense of belonging to a family unit will provide this information. If the family structure was weak before the child was missing, introduction of a strong sense of structure will be beneficial to this family beyond the context of the missing child.

Emotional Structure

Depending on their age and development, children may not have the capacity to label and describe their feelings. Their perception of the family's emotional structure may be expressed more through their reactions to people than through verbal communication. One example is the feeling of being totally disconnected from the family. The sibling may feel left out, ignored, or emotionally abandoned. The expression of this feeling may be physical withdrawal and isolation from the family or acting-out behavior to gain attention. Another example is the need on the part of the child to find a safe place amid the chaos of the family. Safety usually involves another entity, such as a real or imaginary person, pet, or toy that becomes personified as human. Safety with this entity is usually initially established in private play, then exhibited more and more openly as this newfound safety begins to balance the child's fear. Also, as the parent appears ineffective at protecting or finding the missing child, the sibling may seek out some other entity for whom he or she may play out the role of protector.

It is important to understand that all children, from infancy to adulthood, react in some way to the family's response to a missing child. A preverbal infant reacts to the physical changes of his or her caregiver as a result of the situation. These reactions may include an increased heart rate, change in body taste and odor, change in pitch of voice, and change in nurturing and holding behavior. The infant may become fussy or act out until he or she feels overwhelmed, at which point the infant may become lethargic or withdrawn. A toddler may become clingy by demanding attention and then isolating him- or herself when feeling rejected or ignored. The toddler is reacting to what is happening environmentally more than to the event of the missing sibling. A school-age child may begin to express awareness of the event through his or her limited vocabulary and play. For a child of this age, play is the way to process high-intensity situations, as he or she can play out as many different endings to an event to process what is actually

happening. The play may become aggressive or isolated; however, a school-age child who refuses to play is in great emotional jeopardy and needs immediate professional assistance.

The parent's reaction to a child who is missing becomes the basis of the siblings' learned response to crisis. The parent's reaction also provides a sense of assurance or fear to the siblings. When a parent begins to seek inappropriate support outside of the family or turns to self-destructive behaviors, such as drinking, drugs, or over- or under-eating, siblings will withdraw, as the parent no longer seems safe. If the parent stops showing support to the missing child's sibling or stops providing basic care for a sibling, the child will begin to care for him- or herself and any other siblings while at the same time beginning to exclude the parent from the family structure.

The key emotional support for a sibling in all of these instances is the establishment of safety. If the parent is unable to provide a sense of safety, an extended family member or close family friend must fill that role. Interaction with the children should be in the sibling's own home, and play must be encouraged and monitored. The mental-health provider must be able to explain to the child in age- and developmentally appropriate language why the parent and environment are in turmoil. The support person must also encourage the parent's interaction with the siblings. Without the parent's interaction, the relationship between the siblings and person providing support may begin to replace the former family unit.

Physical Structure

All families have some level of dysfunction. This is normal. When a child is missing these dysfunctions become exaggerated. Without corrective action, these dysfunctions begin to grow and create other dysfunctions. When the dysfunction in a family begins to outweigh the family's ability to function, a sibling may see this as losing his or her entire family. To the sibling this new normal — the new purpose of the family — is the event of the missing child. There is nothing else to do at home but the activity of finding the missing child. The siblings may then begin to blame the missing child for "messaging everything up."

Daily routines are vital. A sibling who is in school should continue attending school; however, the child's teachers and counselors must have relevant information so they are able to provide appropriate support for the child at school. Even so schools cannot be expected to have the capacity to provide for the specific mental-health needs of the siblings. These needs are best met by a professional with experience in working with children and families. Siblings should also be granted access to the adults they most trust within the school to provide an extra sense of security.

Accept the Temporary Absence

For the sibling the chaos created when adults react to the absence of their brother or sister may be more difficult to experience than the absence itself. Exposure to law-enforcement personnel, from their uniforms to their guns and handcuffs to their personalities, may be extremely jarring to a child. If law-enforcement personnel appear to be a threat to the child's home security, a distrust may begin to develop that may well follow the child into adulthood. If law-enforcement

personnel do not include the siblings when interacting with the family, the child may feel alienated.

The attitude of law-enforcement personnel is also observed and reacted to by a sibling. For instance if law-enforcement personnel assume the missing child is a runaway, this may lead to a less intense response on their part. A sibling may see this as a lack of concern. Conversely it may be protocol for law-enforcement personnel to treat everyone, including family members, as suspects until proven otherwise. A sibling may see this as being threatening. This threat comes from the people a sibling may have been taught to trust. Although these personnel are doing their job, they may not realize how their behavior and questions are interpreted by a child whose brother or sister is missing. Whenever possible encourage law-enforcement personnel to interact directly with each sibling of the missing child.

Another way the sibling may react to the temporary environment is with a desire to help. A sibling needs to do something to feel included and have a sense of control over the situation and his or her environment. By being included in the activity, the child will have a sense of what to expect rather than being unprepared for the changes that will continue to occur in the family and environment.

Fill the Roles of the Missing Child

If the sibling is younger than the missing child, he or she may have difficulty when turning the age of the child when the child was last seen. This difficulty may be a reaction to fear. It may also be the result of the sibling having no idea of what is appropriate behavior for this age because the sibling's role model — the missing child — and family did not exhibit normal behavior as an example for the sibling. Special attention should be given to encouraging the sibling to continue to grow as an individual and interact with others of his or her age to provide appropriate modeling.

Review Personal Beliefs About the Status of the Missing Child

A sibling should be encouraged to talk about what he or she believes has happened to the missing child. Open communication allows the sibling to normalize and understand the behavior of the parent. This is a healthy thing for the sibling and may provide insights into the disappearance and information helping to lead to a recovery. A sibling may, however, try to protect the parent's feelings by not expressing what he or she truly thinks or feels. A sibling may also react to and be influenced by the attitudes outside the family. The community may have its own opinion about the missing child, often based on how the event has been presented by the media. The family may receive overwhelming support from the community or critical judgment. The attitude of the adult community is mimicked by the children who interact with the missing child's siblings. Whether positive or negative, it is impossible to protect a sibling from these community attitudes. It is important to help the sibling understand these attitudes and have a safe place to talk about his or her reactions to them.

Siblings of all ages benefit from peer-support groups with other siblings of missing children to compare and normalize experiences and reactions. If formal support groups are not available in the area where the sibling lives, Internet chatrooms and telephone buddies are available; however, it is **imperative** a responsible adult check out these contacts and question their security procedures to help ensure the safety of participants, especially from exploiters masquerading as siblings. Reputable agencies such as the Association of Missing and Exploited Children's Organizations (1-877-263-2620) and National Center for Missing & Exploited Children® (1-800-THE-LOST®/1-800-843-5678) are excellent places to find appropriate support activities.

As time passes and the child remains missing, a sibling's beliefs about the status of the missing child changes. As the sibling grows and moves on with his or her life, he or she may feel some guilt for not including the missing child in his or her future. Although a sibling may believe he or she will see the missing child again, at some point, the sibling accepts the fact he or she will not know the brother or sister at that time. Support comes from interacting with other siblings of missing children to normalize and process these thoughts and feelings.

Feel Through the Pain of the Absence, Uncertainty, Fear, and Guilt

A sibling of a missing child may adopt behaviors to help avoid feeling the pain of the absence. These siblings could be at high risk for alcohol or substance abuse later in life. These siblings may also engage in workaholic behavior and attempt to block memories of the missing child. A sibling may learn these behaviors from a parent or may participate in these behaviors as self-medication. Appropriate role modeling by a parent, as well as providing a sibling opportunities to talk honestly about his or her thoughts and feelings during the event, teaches the sibling how to work through the pain of the absence in a healthy way.

Out of the experience of the missing brother or sister, a sibling may develop an uncertainty about those to trust because the parent appears to be unable to protect or locate the missing child. The sibling may begin to lose trust in the primary caregiver. When this basic level of trust is eroded, a sibling may find he or she is unable to establish trusting relationships throughout life.

Perhaps, surprisingly, feelings of guilt are not common among the siblings of a missing child once they've become adults. Unless the sibling was directly involved in the missing-child event, as an adult the sibling will probably not blame him- or herself for the situation or resulting chaos it may have caused.

Create a Long-Term Coping Structure

Although a sibling may not maintain the same dual sense of the future a parent holds, he or she may create patterns of thinking to assist with coping into the long-term future. These patterns begin in childhood and continue into adulthood, if the brother or sister is still missing.

A sibling may create a coping structure through adapting the relationships he or she has with the people affected by the missing child. The first of these relationships is the one with the missing child. A sibling may move between

believing the missing child is alive or deceased. This is different than the parent coping through use of a dual sense of future. A sibling does not tend to be concerned with the possibilities of the future as much as how to perceive the child in the present moment. He or she may continue to count the child as a current member of the family saying things such as, "I have a sister/brother." A sibling may also hold onto personal items of the missing child for as long as the child is missing, even if the sibling attempts to block out all memories of the missing brother or sister. On the other hand a sibling may maintain relationships with the close friends of the missing brother or sister as a means by which to keep the memories of the child alive.

Siblings of all ages become aware of the effect the missing child has on their own sense of self. Searching behavior may become part of who the sibling grows to be and a part of his or her life. For some there is a continued need for resolution of the case. One of the struggles occurring with this need is seeing how current missing-child cases take priority over the case involving his or her sibling. A sibling may even come to believe his or her family's case is not as important as current ones. This sibling may find him- or herself absorbed in the information about current cases to compare it with his or her family's case or ignore these cases completely to avoid the feelings that might be uncovered.

Another long-term concern a sibling may have as he or she ages and prepares for the future is the possibility of projecting this fear onto his or her own children. Adult siblings talk about their desire not to be overprotective of their children while at the same time wanting to ensure their children's safety. The effect of the missing child has the potential of generational effects.

Regardless of the sibling's relationships with the missing child and him- or herself, the sibling must develop coping skills to develop these relationships in healthy ways. The parent may not be the healthiest role model for the sibling. Siblings may end up seeking therapy for these issues later in life or simply take on maladaptive behaviors. Such a sibling may be able to verbalize characteristics of him- or herself that are directly attributable to the missing situation such as a lack of confidence, an inability to trust, and an inability to establish intimate relationships. Providing mentoring, life-skill coaching, or counseling for the sibling as he or she grows through childhood are excellent resources to mitigate these outcomes.

Missing or Deceased? Establish a Permanent Relationship With the Sibling

A sibling may struggle with the issue of whether his or her brother or sister is alive or deceased. A common feeling among siblings is the idea of "Missing is always there; deceased is something from which you can move on." If the child is still considered missing, there is nothing to validate that child's existence and no symbol for remembrance. If someone is deceased, there tends to be a marker, headstone, or some other recognized place for remembering. A mental-health professional may help the sibling create these symbols. For example request a periodic written statement from law enforcement noting the case is still open and child is still considered missing, which provides documented status of the child. Annual birthday celebrations, rather than memorial services, acknowledge

the life of the child without suggesting that life is over. A public plaque, garden, bench, or tree placed in honor of the child provides a symbol of his or her life without implying the child is deceased. Whether the child is alive or deceased, the sibling also needs his or her brother's or sister's life to have value or meaning at this point. There are a variety of ways for this to be accomplished, such as through scholarship funds and development of programs and organizations to support other families.

When a Child Is Recovered

While the focus of this book is to provide assistance to families with missing children, this chapter briefly discusses the steps needed to be taken when a child is recovered. This information may also assist a parent who voices concerns during the search about what will happen once his or her child returns home. The time of a child's recovery is overwhelming. Plan for support during this time in advance. Identify a trusted and close family member or friend who will accompany the parent throughout the initial period of the child's return. This trusted person should keep a record of names, telephone numbers, dates, and important information discussed during this time as the parent may be incapable of managing this information.

Family-member adjustment begins at the first interaction between the child and parent after the child is located, or located and returned. When a child is located the only words the parent should speak, and repeat, for at least the first 30 minutes are, "I love you. I'm glad you're back."

The parent and child, at the time of this first interaction, may both be reeling with uncontrolled emotions of anger, fear, relief, love, frustration, humiliation, and powerlessness. The first few moments of this encounter will set the tone for the new relationship. As an adult the parent is the one expected to set the appropriate, healthy tone. The previous phrases will help the parent do that. Help the parent practice saying these phrases and controlling emotions in advance of and during this interaction.

While it is natural for a parent to want to ask the child about his or her time away from the family, it is critical to let the child share that information in his or her own way and time frame. Remember you now know where your child is. Stay focused on your child's welfare. Determine his or her needs from medical examinations/treatment to reintegration into the family to psychological support.

In cases in which a child is recovered deceased and/or strongly believed to be deceased, the family must undergo an almost impossible emotional shift. This belief has a bearing on the parent's ability to change from the dual sense of future in which he or she had believed the child would have returned or will still be missing to one future in which the child will never be physically present. When a child is recovered deceased, assist the family through any ceremony held to honor the child's life and emotional loss in the same way you provided assistance while the child was missing. If the child's body is not found or the child must be identified through scientific or forensic means, the parent does not have observable evidence on which to build his or her acceptance of the death.

If forensic and other evidence strongly suggest the child is deceased, but there is no body or remains, the parent may or may not accept the death. If the parent does not accept death in this situation, he or she is accepting not knowing over resolution, and the only support is in assisting the parent in whichever choice he or she makes. Only the parent knows what is best for him or her in this situation. The practitioner must trust and support the parent in that choice.

Additional Thoughts

Supporting the Spirituality of the Family

Spirituality may play a significant role in the family's reaction to the child who is missing and may be the least obvious. When a child is missing, family members may express their concern by being angry at, actively rejecting, and/or blaming something within their spirituality and faith-belief system; stating this system has given them the strength to get through this ordeal; or never speaking of this belief system.

If the family does not wish to discuss spirituality or their faith-belief system, they will probably make that wish clear. The person providing support must honor that wish. In those cases, if the family at some point does become more comfortable with such a discussion it would be appropriate to suggest including a spiritual professional in the discussion — one who will support and advise rather than preach or attempt to convince.

Supporting Friends of the Missing Child

It is important to remember the family members are not the only ones affected by the missing child. The child's friends are significantly affected as well. A missing child's best friends often react in the same way as siblings react. Friends can experience the fear of the same event happening to them and also react to the child's parent's inability to help the missing child. Their own parents may not understand the depth of their fear and therefore may not realize how much their child has been affected by this event. These parents' feelings of fear and futility at watching the family of the missing child may keep them from communicating effectively with their own child. Members of the missing child's family are so focused on their own needs at this time that interaction with friends is not a priority. Interacting with the missing child's friends may be another painful reminder of the situation.

If the friend's needs are not met at the time the child is last seen, he or she may experience the same symptoms as the siblings later in life. Friends report their lack of respect for authority and difficulty establishing trusting relationships. As adults, friends have expressed that reconnecting with the missing child's family has a significant positive effect on them. Being recognized as significant to the missing child and discussing feelings about the event with others of the same experience provides much support, even as an adult.

Supporting Extended Family Members

Throughout this book we have shown the importance of extended family members in supporting the family of the missing child, particularly siblings. Although they are important supporters, little thought may be given to them. The focus of everyone's concern tends to be the immediate family. As such the feelings and needs of the extended family may not be considered. Extended family members have a unique

perspective on the situation. They not only experience their own reaction to the missing child but also react to watching the effect of the event on the core family. A grandparent experiences a missing grandchild and witnessing his or her own child's pain. Aunts and uncles experience these same layers of emotion for the missing niece or nephew and their own sibling. If the extended family member takes on responsibility for the missing child's family, all of his or her attention is on caring for others, not his or her own needs.

Providing support for extended family members who have taken on responsibility for the core family begins with acknowledging their efforts. This is not to be confused with praise or adulation. The family member simply needs to have his or her efforts recognized. Providing the opportunity for the extended family member to verbalize the frustrations, concerns, disappointments, and even criticisms they have felt while filling this role is essential. They may have significant reactions to the way the parent is handling the situation. The person providing support must provide a safe place in which the extended family member may express these thoughts and feelings, because verbalizing them anywhere else may be inappropriate. The extended family member may also need to verbalize what he or she believes the status of the missing child is, get assistance with boundary-setting with the family, and establish a self-care schedule.

Supporting the Person Providing Support

Those providing support to the family of a missing child may find it difficult to find support for themselves. It is important for more than one person to provide support to the family. One person cannot provide for all of the needs of a family of a missing child. If anyone is attempting to do this alone he or she may not accomplish any one task to the best of his or her ability. That support person will likely "burn out" in a short period of time. Taking care of one's self may be more difficult than providing support for the family. Acquiring additional support for the family should be considered. All those providing support to the family should schedule physical activities to help process what they are encountering. Activities such as walking, yoga, tai chi, meditation, drumming, or journaling may help. A journal may also serve to validate the support being provided to the family. In addition any creative activity or hobby can be a great asset. A support person should schedule one of these activities into each day.

A support person must also be able to set boundaries with the family and him- or herself. When a support person says yes to a family's request, he or she needs to make a commitment and see the commitment through. Alternatively the support person needs to be sure when saying no it means no; say no to things that make him or her physically, emotionally, or spiritually uncomfortable; say no to things that may interfere with his or her well-being; and be sure to say no to things that may interfere with his or her daily self-care schedule. Suggest to the family other people or resources that can assist them with the needs one support person cannot provide.

Supporting the Family Pets

If the family of the missing child includes pets and the pets are considered members of the family, then they must be treated like the other members of the family and supported. Pets play a unique role in families, as they provide their own type of support to the human family members. Interacting with pets, such as talking to, petting, and caring for them, can help reduce stress levels in humans. Encouraging family members to interact with their pets can be a tool in providing support to the family.

Pets, however, also need support. The change of routine and structure of the family when the child is missing may cause changes of pet behavior such as increased aggressiveness, possessiveness, change in discipline, change in eating or sleeping patterns, and acquiring searching behavior. Support for pets begins with ensuring routine and structure in their daily lives. The establishment of the physical structure for the family must include pet care and pet activity as well. Pets should be physically included in family meetings. Aggressiveness, discipline problems, and searching behavior should be tolerated for a time and should be considered temporary adjustment behavior. The pet's previous normal behavior, however, should be encouraged and reinforced. If the missing child was consistently responsible for some part of the pet's care, that task must be assumed by another person. The task should continue to be performed as closely as possible to how it was performed by the missing child.

Appendix A: Resource List

For information and additional resources contact

Family Advocacy Division
National Center for Missing & Exploited Children®
1-800-THE-LOST® (1-800-843-5678)
www.missingkids.com
and
Team HOPE
National Center for Missing & Exploited Children
1-800-THE-LOST (1-800-843-5678)
www.missingkids.com

For information about nonprofit organizations located throughout the United States and Canada contact

Association of Missing and Exploited Children's Organizations (AMECO)
PO Box 320338
Alexandria, VA 22320-4338
1-877-263-2620
www.amecoinc.org

For information about state and territorial missing children's clearinghouses

Visit www.missingkids.com and follow the links to "More Services" and "Missing-Child Clearinghouse Program."

Appendix B: Reference List

- Almedom, A. (2005). Resilience, hardiness, sense of coherence, and posttraumatic growth: All paths leading to “light at the end of the tunnel”? *Journal of Loss and Trauma, 10*, 253-256.
- American Counseling Association. (n.d.). *Play therapy: An overview—Part 1*. *ACAeNews, 1*(22).
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental health* (4th ed., text rev.). Washington, DC: Author.
- American Psychological Association. (2004). *Resilience in a time of war*. Retrieved December 29, 2009, from <http://www.apa.org/helpcenter/homecoming.aspx>.
- Anderson, M. (2001). *Sacred dying*. Roseville, CA: Prima.
- Arizona Board of Regents. (2001). *Building your resiliency*. Retrieved October 20, 2009, from http://lifework.arizona.edu/ea/building_your_resiliency.
- Asante Health System. (2002). *Lavender book*. Medford, OR: Rogue Valley Medical Center.
- Awakenings. (1999-2005). *Resiliency: Assessing and developing your resources*. Retrieved February 20, 2007, from <http://www.lessons4living.com/resiliency.htm>.
- Biscoe, B., & Harris, B. (2005). *Resiliency attitudes scale*. Retrieved February 20, 2007, <http://dataguru.org/ras/index.asp>.
- Bittman, B. (2000). *Deep within: Drumming as a healing strategy*. Retrieved February 20, 2007, from <http://www.healthy.net/scr/column.asp?Id=36>.
- Boelen, P. A. (2006). Cognitive-behavioral therapy for complicated grief: Theoretical underpinnings and case descriptions. *Journal of Loss and Trauma, 2*(1), 1-30.
- Borysenko, J. (1994). *Pocket full of miracles*. New York: Warner Books.
- Boss, P. (1999). *Ambiguous loss: Learning to live with unresolved grief*. Cambridge, MA: Harvard University Press.
- Bowers, D. T. (2002). *Communicating with someone who is grieving*. Retrieved February 20, 2007, from http://www.aarp.org/griefandloss/articles/103_a.html.
- Bowers, D. T. (2005). *Guiding your family through loss and grief*. Tucson, AZ: Fenestra Books.
- Bowers, D. T. (2005). *Just in case...Information for families grieving after the loss of a child, and the professionals who support them*. Retrieved October 20, 2009, from http://www.missingkids.com/missingkids/servlet/ResourceServlet?LanguageCountry=en_US&PageId=880.
- Bradley, E. H., Prigerson, H., Carlson, M. D. A., Cherlin, E., Johnson-Hurzeler, R., & Kasl, S. V. (2004). Depression among surviving caregivers: Does length of hospice enrollment matter. *American Journal of Psychiatry, 161*, 2257-2262.
- Brener, A. (2001). *Mourning and mitzvah: A guided journal for walking the mourner's path through grief and healing*. Woodstock, VT: Jewish Lights.
- Brigham, D. D. (1994). *Imagery for getting well*. New York: Norton.
- Callahan, R. J., & Callahan, J. (2000). *Stop the nightmares of trauma*. Chapel Hill, NC: Professional Press.
- Canetto, S. S., & Hollenshead, J. D. (2000). Older women and mercy killing. *Omega, 42*, 83-99.
- Ceridian Corporation. (2002). *Coping with the “new” normal: Life after 9/11*. Boston, MA: Author.
- Chopra, D. (1989). *Quantum healing: Exploring the frontiers of mind/body medicine*. New York: Bantam Books.
- Cohen, J. A., Deblinger, E., Greenberg, T., Mannarino, A. P., Padlo, S., Shipley, C., et al. (2001). *Cognitive behavioral therapy for traumatic bereavement in children: Group treatment manual*. Pittsburgh, PA: Center for Traumatic Stress in Children and Adolescents, Department of Psychiatry, Allegheny General Hospital.
- Corr, C. A. (1995). Children's understanding of death — Striving to understand death. In K. J. Doka (Ed.), *Children mourning, mourning children* (pp. 3-16). Bristol, PA: Taylor & Francis.
- Corr, C. A., Nabe, C. M., Corr, D. M. (2003). *Death and dying, living and life* (4th ed.). Belmont, CA: Wadsworth/Thomson Learning.

- Davies, B. (1997). Fading away during terminal illness: Implications for bereavement in family members. In K. J. Doka & J. Davidson (Eds.), *Living with grief when illness is prolonged* (pp. 17-32). Bristol, PA: Taylor & Francis.
- Day, N. (2005, April). *Emotional first aid: Emergency remedies for the soul*. Paper presented at the Association for Traumatic Stress Specialists conference "Staying Balanced in a Merry-Go-Round World," Dallas, TX.
- Dietrich, M. A. (2000). A review of visual/kinesthetic disassociation in the treatment of posttraumatic disorders: Theory, efficacy and practice recommendations. *Traumatology*, 6(2), 3.1.
- Doka, K. J. (Ed.). (1996). *Living with grief after sudden loss*. New York: Taylor & Francis.
- Doka, K. J. (2003). What makes a tragedy public. In K. J. Doka & M. Lattanzi-Licht (Eds.), *Coping with public tragedy* (pp. 3-13). New York: Brunner-Routledge.
- Eden, D., & Feinstein, D. (1999). *Energy medicine*. New York: Tarcher/Putnam.
- Fazio, R. J., & Fazio, L. (2005). Growth through loss: Promoting healing and growth in the face of trauma, crisis, and loss. *Journal of Loss and Trauma*, 10, 221-252.
- Figley, C. R. (2005, April 7). *Staying balanced 101: Living with resiliency and creating resilience*. Paper presented at the Association for Traumatic Stress Specialists conference "Staying Balanced in a Merry-Go-Round World," Dallas, TX. Retrieved February 21, 2007, from http://mailer.fsu.edu/~cfigley/documents/ATSS2005 Keynote_Outline.doc.
- Figley, C. R. (1996). Traumatic death: Treatment and implications. In K. Doka (Ed.), *Living with grief after sudden loss* (pp. 91-102). New York: Taylor & Francis.
- Gilbar, O., & Eden, A. (2000). Suicide tendency in cancer patients. *Omega: Journal of Death and Dying*, 42, 159-170.
- Golden, T. R. (2000). *Swallowed by a snake: The gift of the masculine side of healing* (2nd ed.). Gaithersburg, MD: Golden Healing.
- Goldman, L. (2005, April). *Providing rituals for grieving children in today's world*. Paper presented at the Association for Death Education and Counseling conference "Rituals: Something Old, Something New, Something Borrowed, Something True," Albuquerque, NM.
- Hartwell, S. (2004). *When cats grieve*. Retrieved February 20, 2007, from <http://messybeast.com/cat-grief.htm>.
- Hopkins, E., Woods, Z., Kelley, R., Bentley, K., & Murphy, J. (1995). *Working with groups on spiritual themes*. Duluth, MN: Whole Person.
- Jackim, L. W. (2005, October). Entering the diagnostic debate. *Behavioral Healthcare Tomorrow*, 14(5), 12-17.
- Jahnke, R. (1996). *Gentle movements and postures*. Retrieved February 20, 2007, from <http://www.healthy.net/scr/article.asp?ID=1258>.
- Joseph, S., Linley, P., & Harris, G. (2005). Understanding positive change following trauma and adversity: Structural clarification. *Journal of Loss and Trauma*, 10(1), 83-96.
- Kabat-Zinn, J. (1990). *Full catastrophe living*. New York: Bantam Doubleday Dell.
- Kapleau, P. (1997). *The zen of living and dying*. Boston, MA: Shambhala.
- Kessler, D. (2000). *The needs of the dying*. New York: HarperCollins.
- King, J. (2005). Pain and the mind-body connection. *Advocate*, 28(9), 10.
- Kubler-Ross, E. (1969). *On death and dying*. New York: Touchstone Books.
- Lindemann, E. (1994, June). Symptomatology and management of acute grief. *American Journal of Psychiatry*, 151, 6. (Original work printed 1944.)
- Martin, T. L., & Doka, K. J. (1998). Revisiting masculine grief. In K. J. Doka & J. D. Davidson (Eds.), *Living with grief: Who we are, how we grieve* (pp. 133-142). Philadelphia: Brunner/Mazel.
- McTaggart, L. (2002). *The field*. New York: Harper Perennial.
- Mejia, X. E. (2005). Gender matters: Working with adult male survivors of trauma. *Journal of Counseling and Development*, 83(1), 29-40.
- Mercer, D. L., & Evans, J. M. (2006). The impact of multiple losses on the grieving process: An exploratory study. *Journal of Loss and Trauma*, 11, 219-227.

- Nader, K. (1997). Childhood traumatic loss: The interaction of trauma and grief. In C. Figley, B. Bride, & N. Mazza (Eds.), *Death and trauma* (pp. 17-41). New York: Taylor & Francis.
- Naparstek, B. (1994). *Staying well with guided imagery*. New York: Warner Books.
- National Center for Children Exposed to Violence. (2003). *Parents' guide for talking to their children about war*. New Haven, CT: National Center for Children Exposed to Violence.
- Neria, Y., & Litz, B. T. (2004). Bereavement by traumatic means: The complex synergy of trauma and grief. *Journal of Loss and Trauma*, 9(1), 73-87.
- Osho. (1993). *The everyday mediator*. Rutland, VT: Tuttle.
- Pearce, L. (2005, April). *Interventions for youth and children: A different perspective*. Paper presented at the ATSS conference "Staying Balanced in a Merry-Go-Round World," Dallas, TX.
- Pert, C. B. (1997). *Molecules of emotion*. New York: Scribner.
- Pfizer. (2002). *Moving past trauma*.
- Powell, B. (2004, December). Iraq veterans face long-term mental health issues. *Advocate*, 27(11), 2.
- Rando, T. A. (1997). Living and learning the reality of a loved one's dying: Traumatic stress and cognitive processing in anticipatory grief. In K. J. Doka & J. Davidson (Eds.), *Living with grief when illness is prolonged* (pp. 33-50). Bristol, PA: Taylor & Francis.
- Rosick, E. R. (2005). *Keeping levels of the stress hormone cortisol in check may help prevent illness and slow aging*. Retrieved October 20, 2009, from http://www.lef.org/magazine/mag2005/dec2005_report_cortisol_01.htm.
- Sanders, C. M. (1998). Gender differences in bereavement expression across the life span. In K. J. Doka & J. D. Davidson (Eds.), *Living with grief: Who we are, how we grieve* (pp. 121-132). Philadelphia: Brunner/Mazel.
- Schupp, L. J. (2004). *Assessing and treating trauma and PTSD*. Eau Claire, WI: PESI HealthCare.
- Shapiro, E. R. (1994). *Grief as a family process*. New York: Guilford Press.
- Shapiro, F. (2001). *Eye movement desensitization and reprocessing* (2nd ed.). New York: Guilford Press.
- Shear, K., Frank, E., Houck, P. R., & Reynolds, C. F., III. (2005). Treatment of complicated grief: A randomized controlled trial. *Journal of the American Medical Association*, 293, 2601-2608.
- Siegel, D. (2005, March). *Psychotherapy and the integration of consciousness*. Paper presented at the Psychotherapy Networker Symposium, "Beyond Psychology: Expanding Our Models of Relationship, Change & Consciousness," Washington, DC.
- Singh, K. D. (1998). *The grace in dying*. San Francisco: HarperCollins.
- Sobel, D. S. (2005). *Good humor, good health*. Retrieved February 20, 2007, from <http://www.healthy.net/scr/Column.asp?Id=187>.
- Sogyal, R. (1992). *The Tibetan book of living and dying*. San Francisco: Harper San Francisco.
- Spring, J. (2005, March). *How can I forgive you? A radical approach to healing*. Paper presented at the Psychotherapy Networker Symposium, "Beyond Psychology: Expanding Our Models of Relationship, Change & Consciousness," Washington, DC.
- Sternberg, E. M. (2000). *The balance within: The science connecting health and emotions*. New York: W. H. Freeman.
- Strohl, J. E. (1998). Transpersonalism: Ego meets soul. *Journal of Counseling & Development*, 76, 397-403.
- Tedeschi, R. G., & Calhoun, L. (2004). Posttraumatic growth: A new perspective on psychotraumatology. *Psychiatric Times*, 21(4). Retrieved February 21, 2007, from <http://www.psychiatrictimes.com/p040458.html>.
- Trippany, T., Kress, V., & Wilcoxon, S. (2004). Preventing vicarious trauma: What counselors should know when working with trauma survivors. *Journal of Counseling & Development*, 82(1), 31-37.
- Ward-Wimmer, D., Napoli, C., Brophy, S., & Zager, L. (2002). *Three dimensional grief: A model for facilitating grief groups for children* (2nd ed.) Washington, DC: Wendt Center for Loss and Healing.

- Westefeld, J. S., Sikes, C., Ansley, T., & Yi, H. (2004). Attitudes toward rational suicide. *Journal of Loss & Trauma, 9*, 359-370.
- Williams, W. I. (2006). Complex trauma: Approaches to theory and treatment. *Journal of Loss and Trauma, 11*, 321-335.
- Worden, J. W. (2002). *Grief counseling and grief therapy* (3rd ed.). New York: Springer.
- Worden, J. W. (2005, April). *Bereavement and trauma*. Paper presented at the Association for Death Education and Counseling conference "Rituals: Something Old, Something New, Something Borrowed, Something True," Albuquerque, NM.
- Worthen, L. T., & Yeatts, D. E. (2000). Assisted suicide: Factors affecting public attitudes. *Omega, 42*, 115-135.
- Young, M. A. (2002). *The Community Crisis Response Team training manual* (3rd ed.). Washington, DC: National Organization for Victim Assistance.

National Center for Missing & Exploited Children

The National Center for Missing & Exploited Children® (NCMEC) was established in 1984 as a private, nonprofit organization. Per 42 U.S.C. § 5773 and other federal legislation NCMEC fulfills 20 core federal mandates including the operation of a national, 24-hour, toll-free telephone line by which individuals may report information regarding the location of a missing child and request information about the procedures necessary to reunite a child with his or her legal custodian; operation of the national resource center and information clearinghouse for missing and sexually exploited children; coordination of programs to locate, recover, or reunite missing children with their families; provision of technical assistance and training in the prevention, investigation, prosecution, and treatment of cases involving missing and sexually exploited children; and operation of a CyberTipline® for reporting Internet-related, child sexual exploitation.

A 24-hour, toll-free telephone line, **1-800-THE-LOST® (1-800-843-5678)**, is available in Canada and the United States for those who have information regarding missing and sexually exploited children. The “phone free” number is 001-800-843-5678 when dialing from Mexico and 00-800-0843-5678 when dialing from many other countries. For a list of other toll-free numbers available when dialing from specific countries visit www.missingkids.com, and from the home page respectively click on the “More Services” and “24-Hour Hotline” links. The CyberTipline is available worldwide for online reporting of these crimes at www.cybertipline.com. The TTY line is 1-800-826-7653. The NCMEC business number is 703-224-2150. The NCMEC facsimile number is 703-224-2122. The NCMEC website address is www.missingkids.com.

For information about the services offered by NCMEC’s other offices, please call them directly in California at 714-508-0150, Florida at 561-848-1900, Florida/Collier County at 239-566-5801, Kansas City at 913-469-5437, New York/Buffalo at 716-842-6333, New York/Mohawk Valley at 315-732-7233, New York/Rochester at 585-242-0900, South Carolina at 803-254-2326, and Texas at 512-465-2156.

A number of publications, addressing various aspects of the missing- and sexually exploited-child issue, are available free-of-charge in single copies by contacting the



Charles B. Wang International Children’s Building
699 Prince Street
Alexandria, Virginia 22314-3175
U.S.A.
1-800-THE-LOST (1-800-843-5678)
www.missingkids.com

Message to the Reader

Introduction

A Child Is Missing

If a Child Runs Away

If a Child Is Abducted by a Family Member

If a Child Is Abducted by a Nonfamily Member

Special Needs of Siblings

When a Child Is Recovered

Additional Thoughts

Appendix A: Resource List

Appendix B: Reference List