Missing Children

The perceived epidemic of missing children has become a topic of much media attention and a serious source of parental anxiety. The true magnitude of the problem is uncertain, but it may be much less than the public has been led to believe. Local municipalities and state and federal agencies apply varying definitions and reporting criteria to cases of children reported to be missing from their home or family. As a consequence, accurate statistics are not available. Statistics cited to describe this problem are often inflated by conjecture or inappropriate extrapolation from limited data. The Missing Children's Act of 1982 provides access to the National Crime Information Center computer and enables local law enforcement agencies to track cases of missing children. The resultant data, although incomplete, offer the opportunity for partial quantitation of the problem.

Categories of Missing Children

There are three categories of missing children: (1) those who have run away, (2) those who have been abducted by noncustodial parents or relatives, and (3) those who have been abducted by a stranger. Children in each of these categories are at risk for physical and emotional abuse and exploitation.

Children Who Run Away

In the vast majority of cases, perhaps 95%, missing children have run away from home. Most of these children and adolescents are found or return home within several days. Runaway children, especially those for whom the behavior becomes recurrent or chronic, may be seeking to escape unhappy home situations, which often involve physical, emotional, or sexual abuse.

Children Abducted by a Family Member

Abduction of children is most often perpetrated by noncustodial parents or relatives. The abduction usually occurs during the process or aftermath of a hostile separation and divorce. Such abductions are rarely initiated with concern for the child's best interests but, rather, are subversive attacks on the custodial parent. Children thus used as pawns in the battle between their parents are potentially subject to abuse and neglect by their abductor. In cases in which divorce and child custody have not finalized in court, law enforcement agencies are not able to intervene when there is nonabusive parental abduction of children. Once custody has been assigned, that custody extends across state lines, and abduction may warrant involvement by federal officers.

Children Abducted by a Stranger

Abduction of a child by a stranger is the least frequent, although most odious, category of missing children. In 1984, the Federal Bureau of Investigation had nearly 350,000 reported cases of missing children, but only 67 of these missing children were kidnapped by strangers. Despite the relatively small number of children involved in such abductions, these cases have spawned increased public awareness and legislative response to the problem of missing children, perhaps due to the presumed relationship of these cases to black market adoption, child pornography, sexual abuse, and homicide.

Role of the Pediatrician

The pediatrician's role is twofold. Primarily, the pediatrician should stress prevention in counseling families perceived to be at high risk. The pediatrician should provide guidance regarding specific activities that might protect children. For those families whose children are missing, the pediatrician should provide support.
Teenagers, especially those who have emotional disorders, are delinquent, or are involved in substance abuse, are at risk of becoming “runaways.” Observation of teenagers exhibiting such behaviors should alert the pediatrician to the possibility of family dysfunction. Conversely, the pediatrician should focus on signs of personal and social stress in children who have run away and come to medical attention. It is incumbent upon pediatricians caring for children who have run away to explore the possibility that the children have suffered from some form of abuse in their home and that such abuse precipitated their running away.

During the time that they are without parental supervision, these children (most of whom are adolescents) may become involved with prostitution, drugs, sexual abuse, and crime. Their health care should address the medical and emotional problems that may arise from such circumstances. Although few pediatricians are likely to see runaway children visiting their offices, professional support for health programs for street children can be a valuable community service.

Pediatricians may be in a position to detect family situations that predispose children to a high risk of abduction. One example is marital dissolution in which a prominent feature is disagreement about child custody and visitation. Recognition of this risk should lead the pediatrician to warn the custodial parent and to review in a positive fashion the steps that may be taken to enhance child supervision. Preventive education should be handled in a matter-of-fact manner so as to reduce the possibility of unduly restricting the life of the child.

Pediatricians should offer practical precautions as a part of their routine anticipatory guidance. Young children should not be left unattended, and substitute caretakers should be responsible and known by the parents. Children should learn the full name, address, and telephone number of the person taking care of them. The children should be taught that they have the right to say “No” to adults who touch them or make them feel uncomfortable. Parents should know the whereabouts of their children and should know their children’s friends. Clothing that displays the child’s name should be avoided. Such “child-proofing” education can be effective in reducing the risk of both abduction and abuse, and thus it can be appropriately reassuring. Because the process of making these recommendations will inherently place additional stress on a parent already attempting to cope with numerous life changes, a supportive posture is essential.

Pediatricians are most effective when they focus on the prevention of abductions by raising parents’ awareness of their responsibilities in protecting their children from this hazard. Just as efforts have been made to create accident-free environments for children, so must action be taken to detect (1) unsafe parenting practices and (2) children’s behaviors that allow abduction. Of great concern are the “latchkey” children who are left to fend for themselves in unsupervised settings such as school yards, shopping malls, and empty houses and those who receive undependable child care.

In their regular encounters with the parents, pediatricians should review day-to-day aspects of child supervision and should offer anticipatory guidance including specific safety methods and techniques.

In their communities, pediatricians should work with law enforcement officers, school personnel, and other concerned individuals to increase public awareness of and attention to this problem. They should support resources such as after-school programs and day-care centers that recognize the needs of children and working parents.

Accurate medical records documenting physical findings may assist in the later identification of abducted children. Child identification programs are of limited value, and in some cases these programs may unnecessarily raise parental anxiety. For example, fingerprinting, although a “scientific” method of identification, will rarely be of help in locating a missing child. Such “after-the-fact” measures should be voluntary on the part of parents and children. If fingerprints are taken, to allay the possibility of misuse, parents should retain the only copy of the fingerprints produced. Identification programs such as fingerprinting and retaining sequential photographs of children may falsely reassure parents of their child’s safety, and such programs should not in any way replace education of the child.

Pediatricians may play an important role in the recognition of children who have been abducted. For example, when seeing children who do not have medical and immunization records, who have not been brought for health care when obviously in need, who have been abused or neglected, or who are brought to the office by someone other than a knowledgeable parent, pediatricians should be sensitive to the possibility that they may be encountering an abducted child.

SUMMARY

Changes within our society are contributing to the apparent increase in the number of missing children. The risks associated with child care in single-parent households and the hurried, inappropriate expectations of children’s social maturity are
two areas in which pediatricians can legitimately become involved. Pediatricians must be sensitive to the family and social circumstances that place children at high risk. Pediatricians should address the issue of missing children by concentrating on (1) enhancing public awareness of the problem and (2) integrating specific preventive strategies such as screening and parental education into their practices.

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SUGGESTED READING
Griego D, Kilcer L: Exaggerated statistics stir national paranoia. The Denver Post, May 12, 1985, pp 1,12A
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