

## **A Parental Abduction and the Aftermath A Case Study of an Abducted Child and Implications for Schools and Communities**

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**Author Note** *The subject of the case study, Scott, went missing for six years before being discovered and returned to his mother. As his teacher, I participated in the reunification process and reconnected with him 36 years later.*

### **Abstract**

Parental abductions occur when a child is wrongfully taken, retained, or concealed by a parent depriving the other parent custody or visitation rights. Though often dismissed as a parental dispute, the psychological consequences of victims can be significant and long-term. This case study examines the life of Scott, an abduction victim, over the span of 47 years. His adverse childhood experiences led to predictable mental health issues as an adult. A review of the literature underscores the importance of relationships and the correlation with physical and mental health. Schools are in a unique position to offer services supporting students and mitigating the effects of childhood trauma. Creating an inclusive, safe, trauma-informed environment requires a paradigm shift to a focus on the relational health and growth of students, staff, and parents.

### **Introduction**

Developmental trauma is pervasive in United States (Listenbee et al., 2012). Researchers document a strong relationship between childhood adverse experiences and mental health issues, substance abuse and other chronic health conditions leading to earlier deaths in adulthood (Felittie et al., 1998). Altered brain activity can also diminish self-regulation and reasoning. This case study is of a child abducted by a non-custodial parent and the impact during his childhood and throughout his life. It is a cautionary tale that parental abductions can be much more serious than simply a domestic dispute. Many victims of parental abductions suffer long-term mental and physical health issues as a result.

Schools are in a unique position to offer services supporting students and mitigating effects of trauma. A trauma-informed school has the potential to provide a safe community for staff, students, and parents that supports healing and growth.

### **Methodology**

#### **Participants**

The following people were interviewed: Scott, the formally abducted child, Martha, Scott's mother, Bill, the detective who solved the case, and Nancy, the Director of Child Find of

America, and the school principal.

### **Instrumentation**

A semi-structured interview format was used for recording experiences and reflections regarding Scott's abduction and aftermath. Consent was given by all to take notes of the responses and record occasional interviews. Consent was also given in all but one case to use their names in the publication. The interviews were conducted primarily by phone. Emails and texts were also used for follow-ups.

### **Artifacts**

Scott's deceased father's journal of the first 9 months of the abduction. A Child Find of America case file of the abduction and reunification. A holiday card from nine-year-old Scott and letter from Martha following their reunification. Personal notes and reflection of the reunification. Public records regarding Scott's father. Scott's podcasts.  
Chronological Format

This case study is organized chronologically to highlight cause-and-effect relationships in the life of a once abducted boy. This is a study about human connections. Storytelling is one way to build connections through sharing personal experiences. It also activates parts of the brain beyond language processing releasing chemicals like dopamine for anticipation and focus, oxytocin for empathy and cortisol for attention.

## **Literature Review**

### **Neuroscience Revolution**

In the 1990s, several technological and scientific advancements significantly impacted the understanding about the brain and trauma. Imaging of PET scans and MRIs developed through advanced physics and computer technology led to greater understanding of how the brain processes information. Scans showed that trauma activates the right side of the brain. At the same time the left side of the brain shuts down. It controls language, logic and analysis, sequencing, mathematics and numbers, writing, and body control. In a classroom setting anxious students may become unable to process information (Van der Kolk, 1998). Other neuroscience advances suggest trauma can alter brain activity where the frequent fight/flight/freeze responses become a default setting, diminishing self-regulation and reasoning. Furthermore, a limbic system set in overdrive takes an immediate and long-term toll on the body. Prolonged increase in stress hormones like cortisol, norepinephrine, and epinephrine leads to inflammation, gene alterations, and changes in brain networks. Regulating and coping with one's emotions can be a significant challenge (Dye, 2018).

### **Adverse Childhood Experiences**

In 1998, the Centers for Disease Control and Prevention (CDC) published a groundbreaking study on children who faced abuse, neglect, and household dysfunction from

birth through the age of 17. The study documented a strong relationship between these ten Adverse Childhood Experiences (ACEs) and medical problems leading to earlier deaths in adulthood, as well as correlations with mental health issues, substance abuse, and other chronic health problems. Children who had four or more categories of adverse childhood experiences were much more likely to have issues with substance abuse, depression, learning problems, and educational attainment compared to children with no adverse childhood experiences. The negative impact on child development is more likely with the increase of abuse categories experienced as well as frequency and intensity of occurrences (Felittie et al., 1998).

A follow-up ACE study identified a relationship between adverse childhood experiences and the risk of a teen pregnancy. The likelihood of teen pregnancies increased with the number of ACEs. Other variables involved included having the first intercourse experience at a younger age, increased number of sexual partners, drug and alcohol abuse, unprotected intercourse, and having an STD (Anda, 2002).

In the United States, 46 million children are annually exposed to physical or psychological trauma (Listenbee et al., 2012). Childhood adverse experiences occur across all racial, ethnic, and social strata in our society. The initial ACE study published in 1998 interviewed families enrolled in the Kaiser Permanente Health Care System in San Diego, California. The middle-class group of subjects were overwhelmingly white, changing previously held stereotypes regarding child abuse, neglect, and household dysfunction.

Low-income children are more likely to face abuse, loss, and violence (Wade et al., 2014). Other adverse experiences associated with poverty, such as, unsafe housing, inconsistent caregiving, and poor access to mental and physical health care results in higher stress levels that can become toxic over time (Cronholm, 2015). Toxic stress is particularly harmful to the development of children and adolescents due to excessive amounts of stress hormones (Blair et al., 2011).

## **Relationships**

The emotional impact of children abducted by a parent is “greatly influenced” by the length of time separated from the left-behind parent (Agopian, 1984). Children abducted at a younger age may not remember their left-behind parent. Older children are upset with both parents for being abducted and not being rescued for a long time (Terr, 1983).

Many parental abduction survivors report that as adults they have experienced difficulties with intimate relationships and connecting with people. They also mention that ongoing friends and relationships are difficult to keep after their childhood experience of having the most important people in their lives abruptly taken away (Freeman, 2015).

Fear of emotional intimacy leading to avoidance or sabotage in personal relationships is predictable. In fact, it is “one of the most common but least appreciated effects” of being abused by a close family member. Adults with a history of child abuse often have immense challenges with intimate relationships and engage in high-risk, unpleasant sexual encounters (Perry & Winfrey, 2021).

Whereas adverse childhood experiences and relationships negatively impact young adults’ mental health, positive childhood experiences and relationships may be the antidote. Parents’ unconditional love and acceptance of children’s unique qualities and identities strengthen the emotional bonds between children and their parents. Resilience is a likely outcome undergirded by a sense of belonging. Children having at least one stable relationship

with an adult during childhood is significant in decreasing the mental and physical health problems. Such relationships help develop resilience by buffering children from adversities (Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience, 2015).

Early childhood adverse experiences from 0 to 2 months are a much stronger predictor of negative outcomes than adverse experiences later in childhood and adolescence. Early life adversity may increase negative outcomes later in life. However, the strongest predictor of positive outcomes is present relational health. In other words, healthy relationships are essential for mental and physical health (Hambrick, et al., 2019).

Communities play a critical role in promoting and actively supporting environments where all children, youth, and families can experience safe, loving, and healthy relationships (Martevia et al.). One example is the Mobilizing Action for Resilient Communities initiative that organizes community-based networks to address adverse childhood experiences and foster resilience (Rog et al., 2021). Foundational for youth well-being are positive relationships with parents and caring adults. High-quality mentoring includes positive academic and social outcomes as well as lower sexual risk levels and appropriate health related behaviors. (Sieving et al., 2017).

### **Trauma-Informed Schools**

Trauma-informed schools are relatively new and evolving. Though there is “rising interest” in a school-wide approach for addressing childhood trauma (Avery et al., 2020), a systematic review of school-wide trauma-informed practices report a lack of agreement and quality evidence-based research regarding effective practices and components of a successful program (Berger, 2019).

SAMHSA’s “4 Rs” of trauma-informed practices is referenced in the literature:

- Realizing the widespread impact of trauma and pathways to recovery
- Recognizing traumas signs and symptoms
- Responding by integrating knowledge about trauma into all facets of the system
- Resisting re-traumatization of trauma-impacted individuals by decreasing the occurrence of unnecessary triggers (i.e., trauma and loss reminders) and by implementing trauma-informed policies, procedures, and practices (SAMHSA, 2014).

Creating a safe environment for all students is a key principle for trauma-informed schools. Safety is particularly critical for students who have experienced trauma. Common expectations throughout the school address the need for consistency. Structured routines along with prompts before transitions and changes contribute to a sense of safety (Pappano, 2014).

Positive interactions are a proven practice that increases student engagement and reduces student misbehavior, particularly with those who have experienced trauma (Fisher et al., 2000). Examples of positive interactions include creating a welcoming environment and high rates of behavior specific praise statements.

Culturally responsive teaching is a necessary component of trauma-informed schools. Teachers' relationships with students include treating students as both individuals and recognizing their cultural backgrounds. It involves giving students personal attention that might involve matters beyond the classroom. Teachers take an asset-based approach that builds on students' strengths and strengths of their families and communities (Gay 2014).

Changing school discipline policies that reduce or eliminate a punitive approach result in significant improvements in attendance, time on task and student learning (Dorado et al., 2016). Alternatives to punishment include restorative justice and teaching self-regulation, empathy, and conflict resolution skills. It is critical to teach "nonviolent conflict-resolution skills explicitly and continuously," recognizing that growth for dysregulated students will require ongoing practice over time (Pawlo, 2019).

A safe school environment is important for staff as well as students to counter the impacts of trauma. Staff well-being is necessary for a successful trauma-informed program to function and be sustainable (Cole et al., 2013). Staff members may experience secondary trauma or vicarious trauma while working with children exposed to trauma and may experience similar trauma symptoms. Unaddressed secondary trauma may lead to burn-out and leaving the profession (Cavanaugh, 2016).

Common barriers for implementation of a trauma-informed approach in schools include staff inflexibility, unengaged parents, competing priorities, the stigma of mental health problems, and lack of a supportive implementation climate (Langley et al., 2010), (Fixsen et al., 2009). Leaders who empower staff through collaborative inquiry and co-designing trauma-informed practices results are likely to establish staff "buy-in." Creating partnerships with parents and community also increases interest and support (Haines et al., 2015).

### **Findings (The Chronology)**

December 1978, David, a non-custodial father, abducts his 3-year-old son, Scott, under the guise of a pre-arranged holiday weekend visit. His plan includes creating false IDs, a new birth certificate, planting false leads, and purchasing a van with cash. He flees from the Cleveland area to Seattle with Scott in tow. Along the way, he calls Martha from a pay phone and tells her she will never see her son again.

Martha, Scott's mother, alerts the local authorities regarding Scott's disappearance. Her search continues unsuccessfully for six years without the aid of a National Center for Missing and Exploited Children, an electronic database, Amber Alerts, or a milk carton campaign.

Upon arriving in the Seattle area, David establishes his own business and Scott attends preschool. They settle in a newer neighborhood filled with young families and potential playmates. David's parenting is abusive and neglectful, both physically and psychologically. He keeps a journal of the first nine months of the abduction. The nine entries below are a sample of his mindset:

*12/29/78, I picked up Scott on time. Martha knows nothing. Today is the day...! have reached the point of no return.*

*12/30/78, Scott woke up and won't let go of me. He seems terrified without me. He wants his mommy.*

*1/11/79, Scott and I slept in the van at a truck stop. He woke up scared in the night, but I*

*explained, and he went back to sleep. Scott knows his new name now. He seems to have forgotten Martha. Too bad.*

*1/17/79, I had to hit Scott twice today. I tell him to do something. He says no. I don't feel bad about what happened in our situation. I still love having him. Maybe I'll change my mind when I start working.*

*2/15/79, I tried to cut his hair, and I really got mad at him. Took him out of the bathtub and threw him in bed. I then got him up and apologized and then we had ice cream.*

*2/23/79, Went to a dance. Drank half a gallon of wine. I was smashed and fell asleep on the couch. Scott woke me up on the couch at 7:00 a.m. then he let me sleep until noon.*

*3/21/79, I got so mad at him because he threw up on my newly washed bed. I told him he was going to sleep in the bathtub. He couldn't help it, I'm sure. I feel anxious and frustrated at my situation not having any help in this crisis.*

*3/30/79, Scott woke me up at 7:00 a.m. saying, "pee in the bed." I dressed him and put him in bed. That really ticks me off because I feel like he did it on purpose since this is the second time he messed up a brand-new bed.*

*5/9/79, Scott is not better he's throwing up 30 to 40 times...I finally had enough and hit Scott when he threw up with a bowl a foot away and he threw up on the couch. I'm beginning to believe he's doing it on purpose.*

*6/23/79, Scott and I had another long discussion about Martha. He wants to see her and it's getting hard to be neutral discussing her. I stopped by the curb and told Scott to get out and walk to Martha's house, but I posed some questions, and he decided he needed me.*

In 1980, Scott enrolls in kindergarten at age 5. His first day of school includes a trip to the principal's office where he throws a large chair across the room. His struggle with emotional dysregulation is unpredictable and continues in grades 1-4. Though disruptive, he internalizes his emotions, does not pose a threat to fellow classmates or teachers and eventually calms down. Counseling services are unavailable. Scott is not referred for special education services.

In 1984, Martha registers with Child Find, a group that helps find missing children. Child Find arranges for Martha to share her story and a photo of Scott on The Dave Patterson Show in Cleveland. One viewer relocates to Seattle, and against all odds, meets David and moves in with him and Scott. One day she notices a photo on Scott's nightstand of Martha and a younger Scott, vacates the house, and notifies Child Find about Scott on the telephone. She does not share her name in fear for her safety.

Martha is notified by Child Find who direct her to contact a detective in Seattle. Though hesitant to call after so many false leads over the past six years, she eventually contacts the detective and flies to Seattle to bring Scott home.

The principal is notified by the detective that Scott is a missing child. The father is considered armed and dangerous, so the detective requests permission to reunite Scott and his mother at the school. The principal agrees to cooperate.

The principal notifies me, Scott's 4th grade teacher, that Scott is a "missing child." She explains my role of meeting first with Martha to share how he is progressing in class. Then Scott will be ushered in to meet his mother. The plan nearly goes awry when the detective and Martha fail to arrive before an early dismissal. I am tasked with keeping Scott after school. At dismissal as the students file out the door; I ask Scott to stay for a while and help me clean up. He is fine with occasional opportunities to remain behind after school and receive the one-on-one attention. Eventually he states that he best be off. I ask if he can stay a bit longer. He becomes agitated, but before I'm forced to restrain him, a friendly detective arrives to speak alone with Scott. I adjourn to the principal's office to meet Martha.

After a while, the detective walks into the principal's office encouraging Scott to follow. Believing his mother is dead, Scott is confused when meeting someone who is a stranger to him. Martha remains in her chair and calmly asks Scott if he would like to see pictures when he was a very young boy. The meeting goes as well as it could with everyone's emotions held in check. Scott flies back to Cleveland with his mother. Over the coming days, Scott calls me twice and mails a card. Later in the year, Martha sends a letter stating that Scott is adjusting well. I assume staying in contact with Scott may not be in his best interest.

Scott's adjustment does not go well. Moving back with his mother, seemingly a stranger, also includes a new family with a stepfather, a 4-year-old half-sister and 2-year-old half-brother. He feels he does not belong. He describes himself then as being extremely angry, closed off and distrustful of anyone. Yet Scott makes friends and has fond memories of playing with his neighbors.

When Scott is 15, his stepfather's job is transferred to a new location, and he makes plans to relocate the family. Feeling more connected to his friends than his family, Scott demands to move back with his father. In Ohio during that time children aged 12 and older were allowed to make the decision of where they would like to live. Scott does not remember the abuse of his early childhood and imagined he would have friends from the past.

Scott describes his father's home as both shelter and prison. He is abused both physically and psychologically. High school represents a safe place where he belongs to a community. He graduates on time. His JROTC high school drill team wins the National Collegiate Championship and Scott places fourth in an individual skill contest.

In 2020, after wondering over the years how Scott is doing, I manage to reconnect with him after an online search. He talks openly about his recent road to recovery from childhood trauma. He believes that sharing his story is part of his healing process, including participating in a case study.

From all outward accounts, Scott's life is full of success. He is married with two children. His four-year stint in the Marines following high school includes graduating first out of a class of 300 in basic training. His career in law enforcement includes a patrol commander appointment. However, Scott suppresses the emotional baggage of his challenging childhood.

His self-sabotage in relationships first plays out soon after high school before joining the Marines. After arranging to marry his girlfriend, who is pregnant, he freezes at the courthouse steps. He does not feel worthy of love and he runs. His girlfriend's parents convince their daughter to give up the baby for adoption.

During Scott's military service, he meets a woman soon to become his wife. Ill-equipped to address his emotions, he struggles with infidelity and intimacy. The marriage endures for 22 years until 2017. His wife learns he is having an affair, then subsequently learns about previous affairs and kicks him out. Finding himself unable to sleep or work, Scott seeks relief through

medications and, eventually, therapy. Scott's wife ultimately agrees to reconcile, build a healthy relationship together, and join support groups focused on challenges of marriage and trauma.

Following a few months of therapy with a new psychologist, Scott completes a battery of psychological assessments. The result is a diagnosis of anxiety, depression and complex PTSD, a consequence of repeated traumatic exposures that can cause diminished well-being. He texts me: 25 years of trauma on the job on top of the Marines on top of childhood have taken their toll. No more sucking it up and driving on."

He enters inpatient treatment. Following the inpatient care, the doctors determine that working in law enforcement would be detrimental. Negotiations with the department for a medical retirement and his departure are disheartening and upsetting.

Scott and his wife are now doing well. They live in Florida and work with an organization that helps couples suffering from betrayal and trauma heal. Scott's path towards wholeness includes facing his past. He willingly shares his story on podcasts and various group settings. Participating in the case study and a published account of "A Missing Child of the 1980s, All Grown Up" is both difficult and affirming. Combing through artifacts such as his deceased father's personal effects, including a journal describing the first nine months of his abduction, and Child Find's file help make sense of past emotions and behavior. He co-presented with me, at a national conference of educators as a cautionary tale regarding the need and roadmap for trauma-informed practices.

## **Discussion and Analysis**

### **Aftermath of a Parental Abduction**

Reunification with the left behind parent does not end the challenges from an abduction and in most cases evolves into other complicated issues. Expectations of returning to normalcy do not take into account that people change over time. A returning child may encounter a very different family with a stepparent, stepsiblings, and half-siblings. Many children, when reunited, are confused, lost, and don't feel they belong making it sometimes impossible to re-build a trusting relationship. They sometimes choose to return to live with the abductor. (Freeman, 2015).

After moving back with his mother Scott described himself as extremely angry, closed off, and distrustful. Scott's mother admitted in a letter to the principal that her confrontational approach with Scott only inflamed the situation. She tried to change the approach, though her well-intended efforts to help him "conform and succeed" were met with resistance, dysregulated emotions and defiance. Telling dysregulated children to get a hold of themselves is not helpful. Adults can respond by being present, listening reflectively while staying regulated, and providing opportunities to regulate rhythmically together through deep breathing, coloring, playing catch, walking, or rocking in a chair. (Pandey et al., 2018)

Adolescents abused and neglected in childhood are more likely to engage in alcohol, drugs, and smoking (Anda et al., 2002). Scott did not succumb to the temptations. He reported that his father's alcoholism was deterrent enough. Graduating high school on time was also no minor achievement, given his circumstances and the likelihood of truancy. What prompted him to attend school every day? According to Scott, it was life outside the classroom, in the extracurricular activities, the quality of peer relationships, and caring adults that motivated Scott to keep showing up. School represented a safe place where he belonged to a community.

One adult stood out as a mentor - his Junior Reserve Officers' Training Corps (JROTC) instructor. He demanded a high level of commitment, promoting teamwork, perseverance and resilience. Before dawn each day, he drove his jeep around the neighborhood, picking up students before their 6 a.m. practice.

"He for sure cared," Scott recalls. He "was always present and steady - somebody who made you feel seen and respected. He was someone you didn't want to disappoint."

Scott's abusive abduction experience affected his mental health and personal relationships. It greatly affected his marriage. Believing he was not worthy of love and fearing rejection, he closed himself off from emotional intimacy with his wife. His private life involved a series of affairs that shattered their relationship. His experience was not only predictable; it is in fact "one of the most common but least appreciated effects" of being abused by a close family member. (Perry & Winfrey, 2021). Not addressing trauma from the past "can take a terrible toll on relationships" (Van der Kolk, 2015).

Finding himself unable to sleep or work, Scott sought relief through medications and then, eventually, therapy. His therapist challenged Scott to begin doing "the work." Even though Scott greatly feared making himself vulnerable by exploring his inner self, he took on the challenge. Eventually, his wife agreed to reconcile and work on building a healthy relationship together. They recognized their need for support beyond therapy. Scott and his wife discovered a faith community with a robust ministry and support groups focused on the challenges of marriage, trauma, and addictions. It was a place where hope and healing were offered by others in the group. Perry (2021) suggests that most healing "happens outside formal therapy. Most healing happens in community." Community promotes recovery from shame and isolation (Herman, 2023).

## **Implications for Schools and Communities**

Children who suffer from trauma need social services and law enforcement that are fully trained in trauma-informed practices. In some cases, it is a matter of life and death. When first responders inflame emotions and behaviors rather than de-escalate, the situation can go from bad to worse.

Social services and law enforcement can no longer dismiss parental abductions as "civil in nature" and best addressed outside of the criminal justice system (Girdner, 1994a). They need to be informed of the possible long-term consequences that can occur. Nancy Rider, executive director of Child Find of America, states, "One of the things we run into a lot is that people, especially law enforcement, don't take parental abductions seriously enough because if it's a dad or mom, that's fine."

Bill Henne, the Seattle detective who solved Scott's case as well as 130 other parental abduction cases says, "For the most part, the abducting parent would tell the child their other parent was dead. How mean can that be? It just tore me up when I saw it. Child stealing is child abuse."

Schools are in a unique position to offer services supporting students and mitigating the effects of trauma. Teachers and school staff are increasingly placed in the role of front-line trauma workers, particularly for children not receiving therapy. They are tasked with the immediate challenge of students' emotional and behavioral needs, as well as facilitating learning opportunities for growth and resilience.

Increasing numbers of educators have relied on social emotional learning (SEL) as a

support for students dealing with trauma. SEL programs promoting healthy emotional and social skills may not meet all the needs of students suffering from trauma. Many students in SEL have limited intellectual and social-emotional capacity and struggle developing new skills to address emotional dysregulation (Pawlo et al., 2019.) Emotions and intellect are inextricably linked. Anxious or fearful children are unlikely to process information and concepts (Brunzell et al., 2016).

Trauma-informed schools are equipped to respond empathetically and effectively to trauma-responsive behaviors as well as teach students how to self-regulate. Improving a trauma-informed school climate includes establishing highly predictable routines that promote feelings of safety and emotional stability. Trauma informed schools build on students' strengths. An asset-based approach should include electives and extracurricular activities for students to explore, building self-confidence, and positive identities.

A strong focus on inclusion establishes a caring, supportive community where all students and families are genuinely welcomed and valued. Changing attitudes, beliefs, and practices of school employees requires opportunities for professional learning of culturally responsive practices and personal growth in cultural competency. (Madsen & Mabokela, 2005).

To make this paradigm shift in thinking about mental health and how we address trauma requires extensive and ongoing training for all adults including administrators, teachers, and support staff. The challenge is formidable considering the history of failed school reforms. Top-down mandated initiatives often result in a resistance to change or half-hearted compliance at best (Fullan, 1997).

Buy-in is achieved when leaders involve the entire school community in decision-making. Collaborative inquiry taps into collective knowledge and perspectives. It asks teachers to interrogate the status quo and engage in staff problem solving. Bottom-up changes produce a sense of agency and trust. Engaging teachers' moral purpose is a pathway to commitment (Glickman et al., 2013).

Finally, staff wellness should not be taken for granted and leaders should consider preventative and supportive measures for self-care. A couple areas of focus could be emotional regulation and self-compassion. What are some personal triggers, ineffective coping strategies, and healthy adaptive alternatives? What are kind ways of relating to yourself in instances of: perceived failure, inadequacy, and personal suffering (Moore et al, 2019)? We are all works in progress. Adults modeling growth and learning is a powerful leadership quality.

## **Conclusion**

Scott's life story serves as a cautionary tale for our communities and society. His numerous and intense adverse childhood experiences negatively impacted his relational health. He demonstrated how healing is possible. Establishing and sustaining caring relationships is a pathway to healing and a preventative measure for children experiencing trauma.

Schools prioritizing a relational approach can play a critical role in children and adolescents' development. Such a worthy endeavor will require a commitment to continuous growth for students, staff, and parents. Leveraging community partnerships can increase opportunities and relationships for children and adolescents.

Public health played a significant role with groundbreaking ACE study regarding the possible outcomes of child abuse, neglect, and household dysfunction. It could further the work by continuing to identify and promote preventive measures for families and communities.

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