



Complete Summary

GUIDELINE TITLE

The pediatrician's role in the prevention of missing children.

BIBLIOGRAPHIC SOURCE(S)

Howard BJ, Broughton DD. The pediatrician's role in the prevention of missing children. *Pediatrics* 2004 Oct;114(4):1100-5. [25 references] [PubMed](#)

GUIDELINE STATUS

This is the current release of the guideline.

American Academy of Pediatrics (AAP) Policies are reviewed every 3 years by the authoring body, at which time a recommendation is made that the policy be retired, revised, or reaffirmed without change. Until the Board of Directors approves a revision or reaffirmation, or retires a statement, the current policy remains in effect.

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SCOPE

DISEASE/CONDITION(S)

- Child safety
- Missing children, including runaways, throwaways (children forced to leave their homes), family and nonfamily abductions, and children missing with benign explanations

GUIDELINE CATEGORY

Counseling
Management
Prevention
Risk Assessment
Screening

CLINICAL SPECIALTY

Family Practice
Pediatrics
Preventive Medicine
Psychology

INTENDED USERS

Advanced Practice Nurses
Nurses
Physician Assistants
Physicians
Psychologists/Non-physician Behavioral Health Clinicians
Social Workers

GUIDELINE OBJECTIVE(S)

- To describe the categories of missing children and prevalence of each
- To recommend prevention strategies that primary care pediatricians can share with parents to increase awareness and education about the safety of their children

TARGET POPULATION

Infants, children, and adolescents and their parents or caregivers

INTERVENTIONS AND PRACTICES CONSIDERED

Prevention/Screening/Risk Assessment

1. Advising parents or caregivers:
 - Teach children safety principles, including memorizing name, address, and phone number
 - Supervise children; screen potential caregivers
 - Teach children to not accept unwanted physical contacts.
 - Keep recent photographs
 - Supervise and monitor Internet use
2. Monitoring family situations for
 - behavior problems
 - coercive interactions and inappropriate discipline
 - marital difficulties
 - substance abuse

and providing appropriate counseling and referrals

3. Supporting community shelter and hot-line programs for runaways (e.g., the National Runaway Switchboard at 1-800-621-4000)
4. Hospital security measures, including video cameras and alarm devices, and education of staff and parents to prevent neonatal abductions
5. Education programs in K-12 curricula
6. Not recommended: placement of microchips in the teeth and fingerprinting.

Response to Missing Child

1. National Crime Information Center logs.
2. National Center for Missing and Exploited Children (1-800-THE-LOST or www.missingkids.com) for abductions
3. Runaway and Homeless Youth Program hot line (1-800-621-4000) for runaways.
4. AMBER (American's Missing: Broadcast Emergency Response) Plan.

Management

1. Medical treatment: skin, respiratory, gastrointestinal, and genital infections; dental disease; accidental or inflicted trauma; lack of immunizations; poor nutrition; and learning and psychological disorders.
2. Follow-up care to monitor psychological and family adjustment and long-term sequelae

MAJOR OUTCOMES CONSIDERED

- Risk and incidence of missing, abducted, runaway, and throwaway children
- Risk and incidence of physical and psychological harm to missing, abducted, runaway and throwaway children
- Effectiveness of strategies at preventing and recovering missing children

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

1. Help parents and children put the risk of becoming missing in perspective.
2. Encourage families to teach children self-identifying information without connecting it to a threat of becoming missing.
3. Encourage families to keep a high-quality and current photograph of each child.
4. Encourage families to teach children to accept only touches that are comfortable to them regardless of the toucher's relationship to them.
5. Encourage families to teach older children, especially girls, to "know the rules":
 - When going out, don't go out alone.
 - Always tell an adult where you are going.
 - Say "no" if you feel threatened.

6. Consider advocating for an appropriate personal- safety curriculum to be taught in schools and check its approach.
7. Continually screen for risk factors for missing children (i.e., family discord, divorce, coercive parenting, substance abuse, school failure, deviant peer group, etc) and intervene early with appropriate work-up and referrals.
8. Assess whether adolescents consider themselves to have several sources of support, including the pediatrician, so that they need not resort to running away.
9. Be skeptical of new patients presenting with vague stories about absent parents or children who report mysterious parent deaths or separations without contact, because they may represent abductions.
10. Insist on prompt transfer of medical records as a routine practice.
11. Support programs that serve runaways.
12. Consider providing or coordinating comprehensive care to any families who have just had a missing child returned.
13. Expose programs spuriously generating fear of abduction.
14. Look at and encourage others to look at pictures of missing children.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting each recommendation is not specifically stated.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Increased parental awareness and education about the safety of their children
- Prevention of child abductions, runaways, and throwaways (children forced to leave their homes) and the subsequent physical and psychological harm
- Successful location and safe return of missing children

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

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The guidance in this report does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2004 Oct

GUIDELINE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society

SOURCE(S) OF FUNDING

American Academy of Pediatrics

GUIDELINE COMMITTEE

Committee on Psychosocial Aspects of Child and Family Health, 2002-2003

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Committee on Psychosocial Aspects of Child and Family Health, 2002-2003
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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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GUIDELINE AVAILABILITY

Electronic copies: Available from the [American Academy of Pediatrics \(AAP\) Policy Web site](#).

Print copies: Available from American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on November 18, 2004. The information was verified by the guideline developer on January 3, 2005.

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