# Analysis of Infant Abduction Trends Data
# Collected: 1964 through January 2025

## BACKGROUND ON THE INFANT ABDUCTIONS PROGRAM AT NCMEC

The National Center for Missing & Exploited Children® is a resource for law enforcement and the health care industry about the topic of infant abductions[1].

As the nation's clearinghouse about missing and sexually exploited children, NCMEC maintains statistics regarding the number and location of infant abductions and provides technical assistance and training to health care and security professionals in an effort to prevent infant abductions from occurring in their facilities. NCMEC also provides evidence-based guidance about how to respond when an infant abduction occurs and technical assistance to law enforcement during and after an incident.

## CHARACTERISTICS OF A "TYPICAL" INFANT ABDUCTOR

**This list of characteristics was developed from an analysis of 342 cases occurring from 1964 through January 2025.**

- Usually a female of childbearing age who appears pregnant.
- Most likely compulsive; most often relies on manipulation, lying and deception.
- Frequently indicates she has lost a baby or is incapable of having one.
- Often married or cohabitating; companion's desire for a baby or the abductor's desire to provide her companion with "his" baby may be the motivation for the abduction.
- Usually lives in the community where the abduction takes place.
- Frequently initially visits nursery and maternity units at more than one health care facility prior to the abduction; asks detailed questions about procedures and the maternity floor layout; frequently uses a fire exit stairwell for her escape; and may also try to abduct from the home setting.
- Usually plans the abduction but does not necessarily target a specific infant; frequently seizes any opportunity present to abduct a baby.
- Frequently impersonates a nurse or other allied health care personnel.
- Often becomes familiar with health care staff members, staff member work routines and victim parents.
- Often demonstrates a capability to provide care to the baby once the abduction occurs, within her emotional and physical abilities.

**In addition, an abductor who abducts from the home setting (is):**

- More likely to be single while claiming to have a partner.
- Often targets a mother whom she may find by visiting health care facilities and tries to meet the target family.
- Often plans the abduction **and** brings a weapon, although the weapon may not be used.
- Often impersonates a health care or social services professional when visiting the home.

**There is no guarantee an infant abductor will fit this description.**

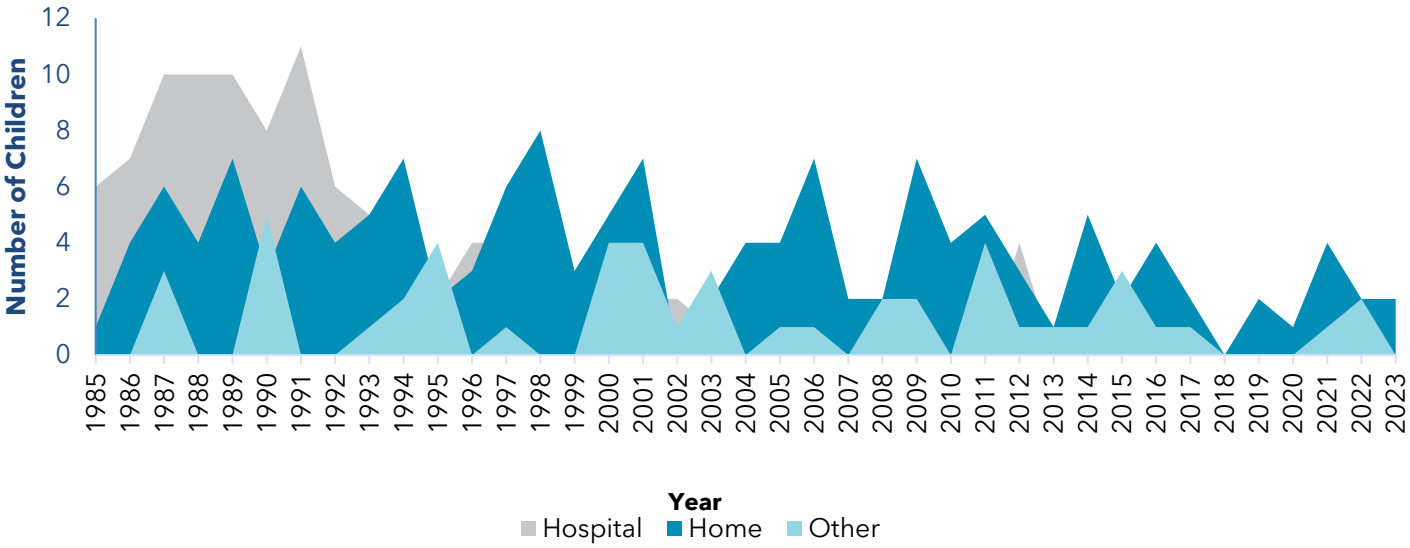
[1] These trends include only abductions associated with healthcare facilities, birth-announcements, home and public locations, and by ruse.

**SUPPORTING POINTS**

The data below includes nationwide cases concerning abductions by nonfamily members of newborns/infants (birth to 6 months) from health care facilities, homes and other places documented by NCMEC, the International Association for Healthcare Security & Safety and the FBI's National Center for the Analysis of Violent Crime. A nonfamily member is defined as someone who is not a parent or legal guardian.

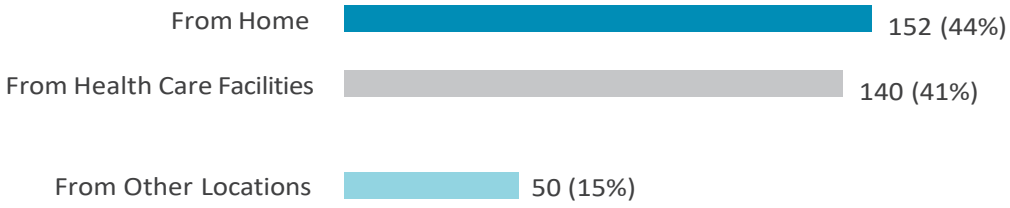
| | |
|---|---|
| **Total abductions of infants confirmed by NCMEC from 1964 – January 2025**<br>*includes 3 separate sets of twins who were abducted | **345*** |
| **Total abducted from 1964 – January 2025 and still missing** | **16** |

**Infant Abduction Missing Locations by Year**




**General Location of Abduction**

**Total**




**Still Missing**

From Home – 7

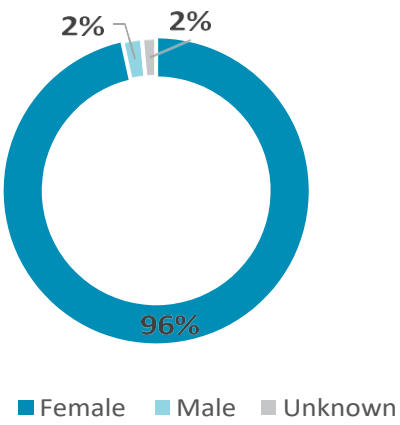
From Healthcare Facilities – 5

From Other – 4

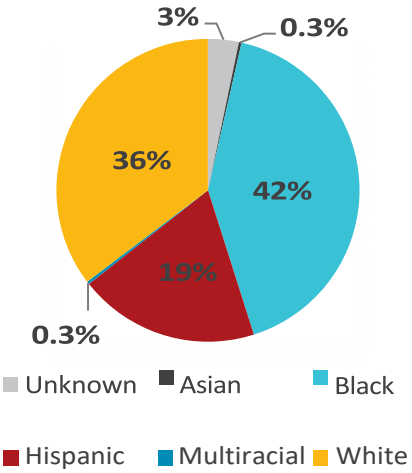
**Specific Location within Health Care Facilities**

| From Mother's Room | From "On Premises" | From Nursery | From Pediatrics |
|---|---|---|---|
| 82 (59%) | 22 (16%) | 19 (14%) | 17 (12%) |

### Abductor's Gender




### Abductor's Race/Ethnicity




### Abductor's Age and Gender

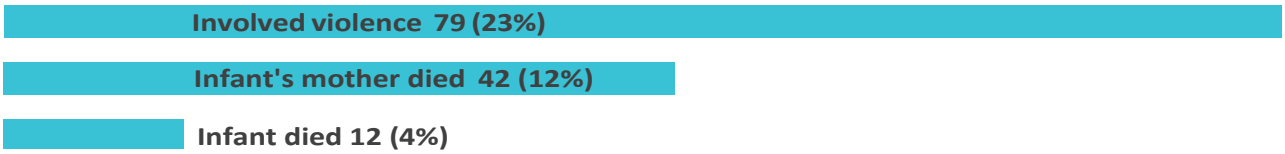
| Abductor Age | Abductor Gender | | | Total |
|---|---|---|---|---|
| | Female | Male | Unknown | |
| **14-19** | 66 | 0 | 0 | 66 |
| **20-29** | 111 | 2 | 0 | 113 |
| **30-39** | 92 | 2 | 0 | 94 |
| **40-49** | 31 | 1 | 0 | 32 |
| **50 and Older** | 5 | 0 | 0 | 5 |
| **Unknown** | 25 | 2 | 5 | 32 |
| **Total** | **330** | **7** | **5** | **342** |

### Abduction Location and Abductor's Impersonation

| Abductor's Impersonation | From Health Care Facilities | From Home | From Other Locations | Total |
|---|---|---|---|---|
| **Nurse or other health care worker** | 66 (71.7%) | 6 (9.0%) | 0 (0.0%) | 72 (40.4%) |
| **Babysitter or childcare worker** | 0 (0.0%) | 24 (35.8%) | 3 (15.8%) | 27 (15.2%) |
| **Relative, friend, or acquaintance** | 14 (15.2%) | 20 (29.9%) | 6 (31.6%) | 40 (22.5%) |
| **Involved in business-related interactions with mother (i.e. advertising, selling, or purchasing)** | 4 (4.3%) | 7 (10.4%) | 4 (21.1%) | 15 (8.4%) |
| **Social worker, INS, or other government entity** | 2 (2.2%) | 9 (13.4%) | 3 (15.8%) | 14 (7.9%) |
| **Other methods** | 6 (6.5%) | 1 (1.5%) | 3 (15.8%) | 10 (5.6%) |
| **Total Incidents** | **92** | **67** | **19** | **178** |

**Note 1**: Percentages derived from column totals
**Note 2:** Abductor impersonation known in 178 out of 342 individuals

## Outcome of Abductions




## Fetal Abductions (Cesarean Abductions)

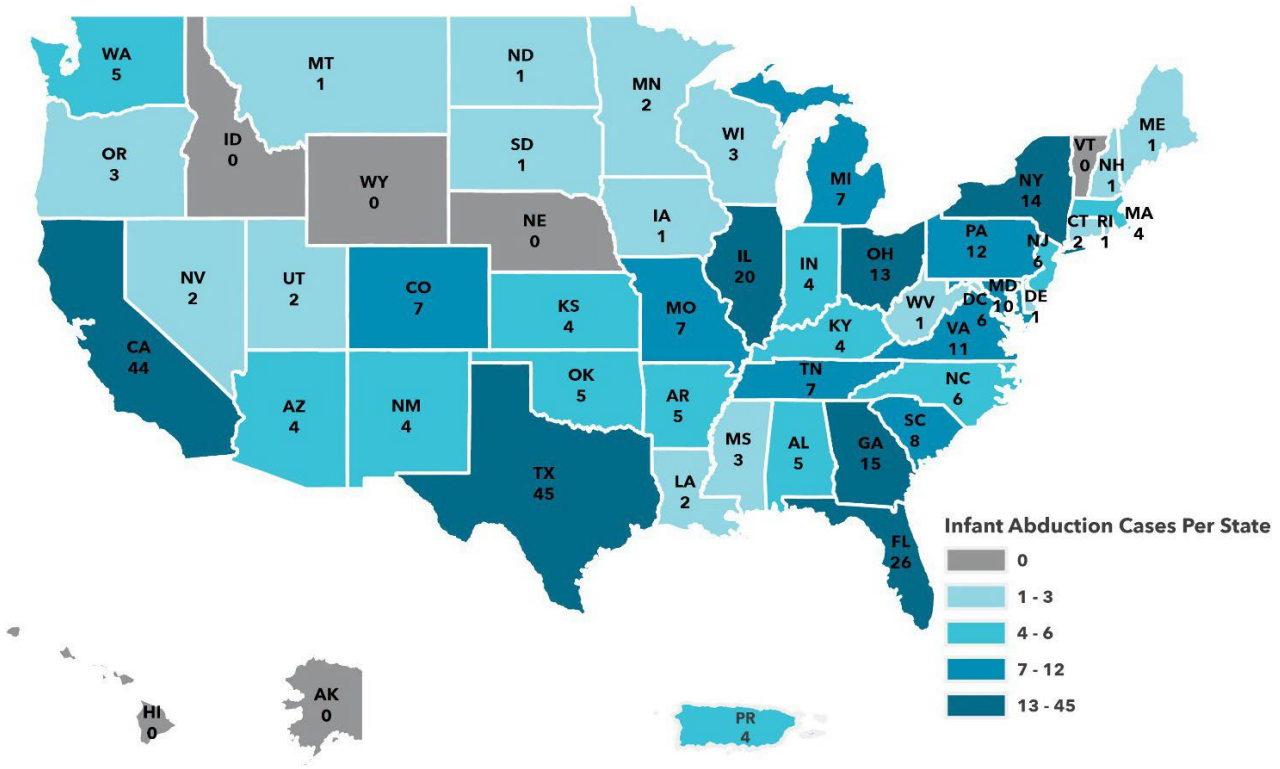
Fetal abductions make up **7%** of all infant abductions reported to NCMEC

There have been **23** cases of fetal abductions reported to NCMEC since 1974

Out of the 23 cases, **21** mothers were killed or died as a result of the attack and/or cesarean abduction

Out of the 23 cases, **10** fetuses died as a result of the cesarean abduction

## Infant Abduction Cases per State




Source: National Center for Missing & Exploited Children
Mapping software donated to NCMEC by Esri, Redlands, California
August 21, 2024

## ADDITIONAL Q&A

**Q. Can you tell us more about the analysis you conducted?**

**A.** First and foremost, this is not a scientific research study. Given timing and relevancy, we believe it's important to share the trends and patterns seen within this analysis with parents/guardians and healthcare professionals. This analysis includes data compiled from 1964 through January 2025.

**Q. How do you collect infant abduction information?**

**A.** NCMEC's Team Adam program works with local law enforcement, healthcare facilities and the media to secure information on infant abductions. The data includes information from confirmed incidents NCMEC staff can locate through media, voluntary reports from law enforcement and healthcare professionals. Team Adam is a free resource provided by the NCMEC to law enforcement. Team Adam consultants are retired law enforcement professionals with years of experience at the federal, state and local levels. The program's unique access to NCMEC's resources, coupled with years of law enforcement experience provides departments with the added tools needed to help address complex, media-intensive cases.