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## Parenting one's birth child after adoption plans dissolve

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Elise Trujillo  
Parenting One's Birth Child After  
Adoption Plans Dissolve

## **ABSTRACT**

I come to this work as someone who as a potential birth mother withdrew from an open adoption plan after giving birth. During my training as a clinical social worker, I have found little literature and research which speaks to the aftermath of the adoption process on the prospective birth parent. For the purpose of this thesis, I am interested in exploring the lasting impacts on birth mothers of creating and withdrawing from an adoption plan after giving birth. I hope through this thesis I will be able explore resources available to potential birth mothers and parents who sever their relationship with an adoption agency because they decide to no longer move forward with an adoption plan. I aim to shed light on the erasure of perspective birth parents & mothers' experiences from the adoption narrative. I intended to interview prospective birth mothers and parents, who withdrew from their adoption plans, but because of a recruitment failure, I phone-interviewed 8 private adoption agencies that support and work in voluntary adoptions, about the services they offer. Results underscored the dearth of resources available to prospective birth mothers and parents who withdraw, alongside stereotypes that only intensify the potential negative impacts that sudden termination of services and communication from the agency they were working with, and intensify feelings of isolation and abandonment. I hope the current study will assist in beginning a conversation between social workers and this often forgotten group of clients.

# **PARENTING ONE'S BIRTH CHILD AFTER ADOPTION PLANS DISSOLVE**

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work.

Elise Trujillo

Smith College School for Social Work

Northampton, Massachusetts 01063

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## **CHAPTER I**

### **Introduction**

For the purpose of my study, I seek to explore the lasting impacts—on prospective birth mothers and parents—of completing an adoption plan and withdrawing from said plan after giving birth. It is my hope that this research will inform and better equip social workers and adoption case managers as to what happens to birth mothers and parents, who are guided and supported by said service providers, after the discontinuation of services from their adoption agency. I am particularly interested in birth mothers/parents who raise their own child after deciding not to relinquish them for voluntary adoption.

I come to this work at the intersection of my lived experience and my emerging identity as a professional social worker. I am someone who, as a potential birth mother, withdrew from an open adoption plan after giving birth; I share the lived experience of those persons and clients. Through my training as a clinical social worker, I hope to elevate their voices in order to further interrogate the lasting impacts of our interventions and terminations on this group. I have found little literature and research which speaks to the aftermath of a terminated adoption process on the prospective birth parent. I began this study hoping to allow this often forgotten group to share their own stories as a pathway to help social workers better respond to the needs of prospective birth parents who withdraw from adoption plans. This paper will outline my process; however, this process is one in which I am finding more questions than answers.

My initial research method hoped to use unstructured interviews to give participants an opportunity to share their own story. Building on their own responses, I had hoped to explore

some of the following questions: What are the main challenges parents who withdraw from an adoption plan face after they change their minds? How did/do they navigate emotions including possible feelings of guilt and shame? What impact(s) does the end/ending of the relationship with the social worker or case manager have on the birth mother? Do birth mothers and parents who have changed their minds seek services? If so, what services? Do they find these services helpful? As part of my original plan, I had developed a recruitment strategy that relied heavily on word-of-mouth, snowball sampling, and some level of support from adoption agencies. I put out a call for participants through talking to colleagues/handing out flyers at a national reproductive justice conference, talking to fellow social workers, and communicating with various local adoption agencies. Unfortunately, I was not able to recruit any participants to tell their stories. In response to this circumstance, I was forced to regroup and think about what else might shed some light on this population and answer some of the aforementioned questions.

I chose to shift my method to collecting information from adoption agencies on what services they provide, whom those services are provided by, and how long contact persists after childbirth, with both birth mothers who relinquish their child and prospective birth mothers who do not complete their plan to place their child in voluntary adoption. Although this shift in focus allowed me to further my research and continue thinking about my initial questions, it also decentered the voices of birth parents that do not complete their adoption plan. By surveying some of the post-birth services offered by adoption agencies, I am able to postulate about some of the ways in which prospective birth mothers and parents who do not relinquish—ultimately withdrawing from the adoption plan—are held within the arena of voluntary adoption, and by extension the field of social work.



## **Thinking about Language**

I will be using the terms, “prospective birth parents and mothers”. I am intentionally broadening my language beyond birth mother, to not only include a second biological parent, but to also remember and center that not all persons who give gestational birth identify as mothers, women, or within the gender binary.

## **Voluntary, Domestic U.S. Adoptions**

A critical aspect of my revised method was to get a sense of just how many children were adopted in the U.S. domestically. The U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, & the Children's Bureau (2015) offers a breakdown of the total number of U.S. domestic adoptions by state. The U.S. Department of Health and Human Services, et al. (2015) names the total number of children domestically adopted in each U.S. state, and then breaks those adoptions down by the prior relationship of adoptive parents to those children adopted. The five categories of prior relationships that this chart identifies are: “Non-Relative”, “Foster Parent”, “Step-Parent”, “Other Relatives”, and “Missing or Unable to Determine” (The U.S. Department of Health and Human Services, et al., 2015). For the year of 2014, The U.S. Department of Health and Human Services, et al. (2015) states that there were 50, 644 children adopted domestically. Most of those children were adopted through the foster care system, or a non-voluntary termination of parental rights, yet a small percentage (range of ~0% to ~20% of each state) of children adopted were done so through voluntary domestic U.S. adoptions, in that prior relationships fell in the “Non-Relative” category, which is the category with the highest probability of marking mostly voluntary adoptions. This additional information is significant, as

it allows a focus on states with the highest probable number of U.S domestic adoptions that were voluntary.

**Defining voluntary domestic U.S. adoptions.** Voluntary adoptions are those in which “the birthparents of a child voluntarily (of their own desire and choice) make an adoption plan for a child and relinquish their legal rights to the child. Whether termination of parental rights is voluntary or not, it must be done by a court of law” (National Center for Adoption).

Voluntary adoptions can be either domestic (children born in and relinquished to the same country) or international (children born in one country, and relinquished to different country) (Hicks, 2005). Domestic adoptions in the U.S. are arranged through either private (administered by independent, for profit or non-profit agencies) or public (administered by state) agencies (Hicks, 2005). Each arrangement has its own processes and regulations, and U.S. states have different laws that regulate various aspects of the adoption process. Some of these aspects are: the amount, duration, and types of financial support an agency can give a prospective birth mother; the length of time between childbirth and when a child can be voluntarily relinquished; and how long until mothers are no longer able to change their mind, end the relinquishment process, and maintain custody of their child. For example, in states like Massachusetts, a prospective birth mother can complete the paperwork to relinquish their child and send their child home with the prospective adoption parents, and still have up to three days to withdraw that consent; during that time, relinquishment can be revoked. The state of Massachusetts, alongside states with similar laws, only allows permanent, virtually irrevocable relinquishment and termination of parental rights, on and after “the fourth calendar day after the birth of the child. G.L. c. 210, § 2” (Girton, 2008).

**My focus on voluntary, domestic U.S. adoptions.** I focus on voluntary, domestic U.S. adoptions because adoptions that are not voluntary are often forced, in that the decision to relinquish is not made by the birth parent/mother, but instead a third party like a US judge or court (Child Welfare Information Gateway, 2016). The focus of my study is what happens to birth parents/mothers after they decide to withdraw from a voluntary adoption plan, and widening my lens to include non-voluntary adoptions is not applicable. Birth parents/mothers in non-voluntary adoptions plans do not make that decision, and so are not dealing with the complexities of withdrawing from a process they initiated. Furthermore, most birth parents and mothers in non-voluntary adoptions do not have the choice or legal ground to end the relinquishment process even if they do not want to relinquish, hence the non-voluntary aspect (Child Welfare Information Gateway, 2016).

**Focusing on the effects of ending a U.S. domestic voluntary adoption plan.** Given my own experience of withdrawing from my adoption plan, I found myself questioning what support birth parents and mothers are left with after making this same decision. If support is provided, I also wonder how that support was/is structured and how long it was/it is available. I believe it is important for social workers—who support birth mothers and parents through the adoption process, and social workers who receive these clients in future referrals—to grapple with how this group is dealing with the various implications inherent in needing to raise a child that was initially planned to be relinquished.

## **CHAPTER II**

### **Literature Review**

I found very little literature concerning how potential birth mothers and parents move forward after terminating an adoption plan. Through an extensive “key word” search, I was unable to locate any empirical research addressing this population directly. Information about this population appears limited to tabloid-like news stories that demonize and question the motives of people who initially say they will “give” a child to a couple eager to adopt, only to ultimately change their mind. These narratives position the prospective adoptive parents as the victims of deceiving prospective birth mothers and parents.

Given this sort of pop culture reference to this population, I began to look for more nuanced portrayal concerning the experiences of prospective birth mothers and parents to see who was writing about the complexities of entering and exiting an adoption plan. I was interested in overall themes and ideas around choice, agency, and access. I found no such articles or mention of prospective birth mothers and parents; I found no mention of expectant parents and mothers who are served by adoption agencies and do not come to inhabit the identity of birth mother or parent because they do not complete the adoption plan.

Though I speak to many critical aspects of a voluntary adoption plan in this literature review, I cannot speak to overall trends in studies concerning how prospective birth parents/mothers are impacted by, and navigate the termination of their adoption plan, since this information is not available. Through my keyword search, after finding a variety of articles

speaking to voluntary adoptions, and scanning their content, I was still not able to find any literature on birth parents/mothers that terminate adoptions plans after giving live childbirth. I also scanned the articles and books cited by these authors in the hopes of coming across an article, book, or report focused on these parents.

This apparent gap in the literature highlights a challenge in naming the persons in this situation, and therefore limits my efficacy in obtaining information on and conceptualizing this group. So, I began to read for their experience between the lines and in the shadows of the persons who *are* discussed within adoption literature. Based on this idea of examining the shadow, I decided to explore how voluntary adoption is held and thought of within the field. I will be looking at how the adoption triad, the role of social workers/adoption workers, and privilege and access are noted in the literature. I will pay special attention to the absence of prospective birth mother and parent experiences, and I will generate questions and theories through my attempts to make sense of this absence.

### **Adoption Triad**

Sidun (2010) highlights three critical points to understanding the field of voluntary adoption, namely the adoption triad, the role of the adoption worker, and the importance of training. Sidun (2010) defines the adoption triad as including an adoption caseworker, an adoptive family, and a birth mother. This triad is discussed with the assumption that the adoption always moves forward (Baxter et al., 2012; Sidun, 2010). Interestingly, Sidun (2010) marks adoptive parents as “prospective adoptive parents”, when assessing families that are interested in adopting a child; Sidun never refers to birth mothers as “prospective”. This discrepancy in language highlights that adoptive families can be prospective, and are given the space to be considering adopting, thinking about the appropriateness, and ultimately may not

adopt/complete their initial plan or desire to adopt. On the other hand, birth mothers appear not to be given the same space, in that long before childbirth, before relinquishment occurs, birth mothers are simply birth mothers, *never* prospective. This framing speaks further to the difficulty in even marking a group of prospective birth mothers. The term birth mother itself supposes completion of an adoption process, while rendering insignificant or invisible those birth mothers who do not complete the adoption process, and who are, in essence, prospective birth mothers.

The adoption triad is discussed across multiple articles (Baxter et al., 2012; Sidun, 2010). This literature continues to highlight adoption completion through relinquishment when thinking about who is involved in adoption, and rarely refers to the shifting role of prospective birth mothers (Baxter et al., 2012; Norwood & Baxter, 2011; Sidun, 2010).

Baxter et al. (2012) outlines adoption stories in which adoptive *parents* had previous adoption plans fall through. These stories inadvertently highlight the shifting role of the “birth mother” or rather the prospective birth mother; on the journey to adoption, these adoptive parents ultimately had more than one and occasionally several, prospective birth mothers before arriving at the birth mother they ultimately received a child from. Baxter et al. (2012) centers the stories of adoptive parents and their journey to adoption; however, it is still noteworthy, that the experiences of these prospective birth mothers, and how they move forward after termination of the shared adoption plan, are never discussed within this piece. This absence left me as the reader wondering how these prospective birth mothers process their relationships with potential adoptive parents after the adoption plans dissolved.

Baxter et al. (2012) also illustrates the ways in which prospective birth mothers are talked about as a bump on the road to an adoptive family’s successful adoption of a child. The

prospective birth mother in this context only exists as one of the emotional challenges; according to this narrative, a prospective birth mother raises an adoptive family's expectations of adopting a child, only to ultimately not provide the adoptive family with a child, leaving the prospective birth mother situated as the one doing harm in preventing adoptive families from their ultimate goal of having a child of their own.

Norwood and Baxter's (2011) analysis of "Dear Birth Mother" letters again illustrate the focus on adoption completion; their findings take the assumption one step further when they highlight a shared meaning of the adoption process:

The DBM [dear birth mother] letters in [this] current sample were strikingly similar in their meaning construction: Adoption is a scenario in which all parties gain something, adoptive parenting is not inferior to biological parenting, birth mothers are good parents (equal to adoptive parents), and adoption can be open with ongoing contact with the birth mother. (p. 212)

The assertion that all parties gain something again rests squarely in the assumption that the adoption is complete. The assumption of completion only highlights the final members of the adoption process when asserting that all parties gain something; "all parties", in this instance, only refers to the birth parent, who relinquished their child, and the adoptive family, who adopted said child.

Norwood & Baxter (2011) do not highlight any DBM letters in which the prospective adoptive parents highlight the possibility that the plan will not be completed; one might consider that this is because the purpose of the DBM letter is to draw a prospective birth mother into choosing that adoptive family for the adoption plan. While this is in some ways a logical omission, as the DBM letter's mission is to move toward successful adoption, the authors' critique of the content and themes of these letters do not grapple with the impact that reading these letters—and the themes of good parenting embedded within them—has on prospective

birth mothers who withdraw from adopting with a prospective adoptive family they chose, *after* reading a DBM letter.

This article leaves me wondering: if one benefits and is seen as a good parent when situated as a birth mother on the road to completed relinquishment, and DBM letters promise “a great life” for the child and for the birth mother when they complete said plan, what happens when one withdraws from said plan?

Given some of the vilified portrayals of prospective birth mothers and the absence of literature directly highlighting and speaking into their experience, I wonder in what ways prospective birth mothers have to formulate how they should and may think of themselves in ways that contradict the messages of who they would've been if they were the birth mother. For example, a prospective birth mother may have thought that becoming a birth mother to this prospective adoptive family would be the greatest gift to them, allowing the greatest life for their child, and being the ultimate selfless act. In this case, what does it mean to raise one's own child when one has considered an adoption plan position, and then does not relinquish that child? In relation to the aforementioned benefits, after and/or during this scenario, some questions that may come up for prospective birth mothers and parents are: have I caused some great harm? Have I deprived my birth child of a “great life”? Am I committing a *selfish* act?

### **Role of Social Workers**

Sidun (2010) emphasizes the importance of adoption workers being informed members of the adoption triad in order to better support the many transitions that happen within that triad. Again, these transitions are situated from the perspective of the adopted family; Sidun does not reference prospective birth mother transitions in and out of adoption plans.



Sidun (2010) goes on to highlight the impact of in depth training provided to adoption workers (in Sidun's case, psychologists, and in many cases licensed social workers) to aid them in tending to the complexities of working with both prospective adoptive parents and advocating for the client. Sidun (2010) references one instance in which a prospective adoptive family had to be informed that they were not approved in order to do what is in the best interest of the child, whom Sidun marked as the client. Sidun (2010) does not mark how adoption workers are to situate or work through the best interests of the birth mother or prospective birth mother. The reader, and perhaps the adoption worker, is left to discern how to conceptualize advocating for the best interests of an unborn child situated through the prospective birth mother or gestational parent. For the purposes of this study, I am left to wonder how the social worker is trained to consider a prospective birth mother. What is the possibility that within the adoption triad, which supposes completion of an adoption, the social worker would postulate that withdrawing from the plan could be in the best interest of the child? Furthermore, what aspects of voluntary adoption have evolved in contemporary practice? Further study can consider the role of the adoptive family emerging as the primary client and the role of the nonprofit industrial complex and funding streams in identifying which populations are served. In these contexts, how might the prospective birth mother's emotional needs become secondary to the best interest of the adoptive family, who are the funders and financial backers of much of the voluntary adoption business?

In their discussion, Turkington & Taylor (2009) focus on the historical shifting away from "secrecy and towards greater openness", placing an emphasis on face-to-face contact between adoptive parents and birth mothers, and the social workers involved in that process. Again, this framework for communication only considers the birthmother within the presumptive

framework that the birth mother ultimately goes through with the adoption, successfully relinquishing her child to the adoptive family.

The Turkington & Taylor (2009) article holds some implication for my study, as it focuses on a little discussed aspect of open adoption: face-to-face contact and its legal/policy aspects. This may prove as a starting point for my own understanding on how face-to-face contact impacts how birth mothers feel after terminating an adoption plan. While Turkington & Taylor (2009) discuss the benefits for an adopted child and family of face-to-face contact, it is not mentioned how face-to-face contact might impact parties involved when adoption plans fall through. Furthermore, the article does not denote if the social worker, or adoption worker, has a role in facilitating any face-to-face contact after adoption plans dissolve. This raises the question if it is within the role of the adoption social worker to facilitate closure of the open relationship, and if not, what is the impact of a relationship designed to create openness, ending after one party withdraws from previously mutual goals?

I am also left wondering about what internal policies and legal impacts agencies take into consideration when an open adoption plan is terminated; how do agencies facilitate the discontinuation of communication, and why? I imagine that there are instances in which either the prospective birth mother or prospective adoptive family might be inclined to reach out to each other, even after an adoption plan has dissolved, if they had cultivated open lines of communication beforehand.

### **Considerations of Privilege, Power, and Social Influences**

International adoption scholarship is engaged in the work of questioning the influence and ethical dilemmas posed in a system in which prospective adoptive parents are paying high fees, essentially “purchasing” children from poorer countries and families (Kathryn, 2009; Sidun,

2010; Tan, 2014). I believe that some of the impacts, themes, and ethical dilemmas—interracial, cross-cultural, and cross-socioeconomic dilemmas—expressed in some of the literature concerning international adoptions (Sidun, 2010), also exist domestically, within the voluntary adoption process in the United States.

Kathryn (2009) outlines one of these ethical dilemmas—adoptions that occur across difference—and the coercive practices of some crisis pregnancy centers. Kathryn (2009) first examines the story of one woman, referred to as Jordan, who gave up her baby for adoption after receiving financial assistance during her pregnancy. The Christian Crisis Pregnancy Center, that guided said woman through the adoption process, is described as having used shaming tactics; they drew attention to her poverty and inability to provide for her child, while pointing out how guilty she would feel for letting down the family who had come to the hospital to take "their baby" home (Kathryn, 2009).

The story of Jordan also describes a stark ending of services after the baby is given to the adoptive parents (Kathryn, 2009). This stark ending of services from the adoption agency highlights a critical component to my research on what happens to prospective birth mothers once adoption plans dissolve. If birth mothers, who complete the objective of relinquishment, are abruptly left without services, how likely is it that appropriate services are rendered to those prospective birthmothers who withdraw from adoption plans and do not relinquish? While Jordan ultimately relinquished their child for adoption, given the aforementioned description of the tactics used by the Christian Crisis Pregnancy Center, it is not difficult to imagine how harshly they would have treated Jordan if Jordan had ultimately gone against the Center's wishes. For those who do choose not to complete the adoption plan, what is the lasting impact of the messages of inability to provide for one's child and "taking their (a prospective adoptive family's) baby?"

Underscoring the potentiality of harsh treatment, and looking again at cross-socioeconomic dilemmas, Tan (2014) highlights a popular news trend focusing on prospective adoptive parents who are “tricked” by potential birth mothers. For me, and for the purposes of this study, *especially* since I was not able to garner interviews, it is important to consider how this type of public discourse may affect persons who decide not to move forward with adoption plans. This article highlights an important narrative around prospective adoptive parents not receiving a refund for the money they provided to prospective birth parents, after not having the child relinquished to them (Tan, 2014). The article weaves a narrative which places the prospective birth mother in question. It tells the story of an expectant mother who entered an adoption plan as a prospective birth mother, received aid from a prospective adoptive family with an initial plan to pay back the parents should she not move forward with the adoption. However, when she withdrew, and those prospective adoptive parents asked for a refund, she stated that she did not have the money. Tan (2014) notes that this money is often provided in order to cover basic expenses that are not within the means of a prospective birth mother. It may stand to reason that this inability to pay money back is the common experience in an adoption plan (Tan, 2014).

The scenario highlighted in this article questions the birth mother’s ability to pay back money that is provided to her without obligation. It is illegal to provide compensation in exchange for a child in the U.S. (Legal Information Institute). By focusing on this prospective birth mother's inability to pay back the money, this article glosses over the parameters under which a prospective birth mother receives aid with no obligation to relinquish the child or pay back the aid they have received. This framing puts the onus on the prospective birth mother for

not having the funds rather than looking at the larger structural issues of a potential socioeconomic coercion at play.

There are at least two ethical dilemmas existing here. First, within the adoption process itself, the frame of aid in voluntary adoption as being non-obligatory, is ignored when conceptualizing the prospective birth mother. By ignoring the policies and rules that mediate and regulate that process, the prospective birth mother is vilified even when they are well within their right to receive aid and still have the freedom to not relinquish their child, ultimately deciding not to go through with the adoption.

Secondly, the tone of this accusation—a tone that underscores the prospective birth mother owing something to the prospective adoptive parents—highlights an underlying message that this money was given in order to secure—in essence, purchase—the child in question. This raises questions concerning how financial arrangements, in which a prospective birth mother or parent receives financial support beyond their means, impacts a birth mother's decision making and their experiences after a deciding not to relinquish the child.

I am left wondering how prospective birthmothers and parents reconcile receiving particularly large amounts of aid. Do they feel obligated to pay back the funds? How did they make meaning of not being able to pay back the funds? When they have received funds, and decide to raise their own child, do they feel like they owe something to the prospective adoptive family? How do they make meaning of this process, and how does their own internalized sense of class & classism impact the way in which they make meaning of these events?

Above, I examined two articles referring to a stereotype which demonizes potential birth mothers who were thought to have been scamming potential adoptive parents (Kathryn, 2009; Tan, 2014). Both articles explore the question of whether or not a potential birthmother ever

intended to relinquish their child to the prospective adoptive parents. Although the outcomes in both situations are different—one in which the birthmother ultimately relinquishes and the other in which she does not—birth mother doubts concerning whether or not they want to go through with the adoption plan are scrutinized and suspiciously questioned. Are these birth mothers actually changing their mind or have they deceptively never intended to go through with the adoption plan in the first place? Again, there is no mention that it is well within a prospective birth mother's right to change their mind and not move forward with the adoption, even after aid is given. The presumptive nature under which the accusation of deception occurs demonstrates how quickly prospective birth mothers can be vilified when they move away from the goals of the other members of the adoption triad, especially after aid is given.

These news articles also illuminate and cultivate what I believe to be the current status quo in which there is sympathy and shared communal understanding of the impact, sadness, and grieving that potential adoptive parents go through when an adoption plan dissolves. There is no aforementioned sympathy and understanding for said birth mothers and parents. I hope that my research, even without birth parent/mother interviews, may begin to uncover and unpack the narratives of potential birth parents and mothers and some of the ways in which they are similarly and differentially impacted when an adoption plan dissolves, even though the onus of that devolvement is placed with them.

### **Impacts of Circumstance**

Seymore (2013) explores the connection between societal judgment around teen mothers and raising children out of wedlock and how that might contribute to a teen's decision to move forward with an adoption. This article is relevant because it raises the issue of how unfavorable child-rearing circumstances propel some birth mothers into considering adoption. Seymore

(2013) provides some insight into why some low income mothers and those out of wedlock, without the support of the birth father, might initially consider adoption and why they may find it more difficult than others to feel as if they will be able to adequately raise their own child if they do not move forward with an adoption plan. Seymore (2013) looks at these two “othered” groups, and raises the question of how prospective birth mothers and parents’ own internalized oppression—stemming from being a member of socially marginalized groups—may present an ethical dilemma in which members of groups which are marginalized within a society may end up placing their children in adoption plans across marginalized and dominant culture for reasons other than their desire to.

## **CHAPTER III**

### **Methodology**

I'm going to be walking through a detailed account of my initial methodology followed by an analysis and critique of what went wrong with my initial plan. I think it is important to include this for two reasons. One, to honor the work that I did, as I believe it is important to highlight and be transparent about what research looks like when one, like myself, does research from their own lived experience within a community in which they belong to. Despite my diligent efforts and the fact that I am from this community, what my experience with this initial method highlights, is how difficult it is to bring forward the voice of such a stigmatized population.

Two, I believe that the method I developed, with particular regard to how I would have conducted interviews, is an important offering to the field. It is my belief that by outlining this process, I am contributing to the critical aspects of completing this work.

#### **Initial Methodology**

Initially, my goal was to interview 12-15 birth mothers about their experiences after withdrawing from their prospective adoption plan. Using a purposive non-randomized sampling method, I had hoped to conduct a qualitative analysis through the use of an initial survey tool and an interview geared to collecting both demographic and narrative information. I included a brief survey option which allowed participants to have their experience counted without having to complete an interview.



There were two ways to participate. First, participants were invited to complete a short, 15-minute survey that helps clarify who has the experience of entering adoption plans and withdrawing from this plan after giving birth. Second, interested participants would have been contacted to set up an in-person audio interview that would take approximately 1-2 hours. There was no compensation for participation available.

**Initial participant eligibility criteria.** In order to participate in the originally planned study, participants needed 1) to be a birth parent (including gestational and non-gestational parents) involved in the original adoption plan; 2) to have given live birth; and 3) to have withdrawn from their prospective adoption plan (open or closed) after giving birth. Additionally, participants needed to be 18 years or older at the time of the interview and able to navigate an online survey in English.

Parents who have terminated their parental rights through agencies like Department of Children and Families (DCF) would not have been included because this research seeks to focus on parents who electively sought out an adoption plan. For the purpose of this study, as exclusion criteria, I included the termination of parental rights without the choice of choosing adopting parents, and in cases where DCF has evaluated and terminated someone's parental rights.

**Initial recruitment.** I employed three primary recruitment strategies. I recruited in person at the Civil Liberties and Public Policy Conference. This reproductive justice based conference held sessions specifically focused on both adoption and social workers. I connected with adoption agency social workers and other service providers who work with mothers and parents who agreed to pass along my call for participants, including hanging posters in their local agencies. Secondly, I sent a letter requesting assistance in recruitment to adoption agencies,

primarily targeting New England, so as to increase the likelihood of being able to conduct in-person interviews. The letter gave a brief explanation of my study and its goal of illuminating the narratives of what happens after prospective birth mothers and parents do not go through with their adoption plans. Lastly, I asked friends and colleagues to forward a Facebook message that contained a link to my Qualtrics survey page, for interested parties. All data collection and recruitment strategies received approval from the Human Subjects Review Committee (See Appendix A, B, C).

**Initial procedure.** Persons were first to be directed to a Qualtrics survey page that provided: an outline of what participation entailed, options for moving forward or exiting, and also took interested parties through an online consent form. The survey questions included key demographics (e.g., race and socioeconomic status), questions regarding their adoption process (e.g., if the adoption was open or closed), and one additional question asking each person if there is anything they wanted to share regarding their experience.

For some participants this could have been their entire involvement, should they have chosen to be counted but were not willing or able to complete an in-person audio interview. Upon completion of the online survey, if they included their contact information for an interview, I would then have contacted them to schedule said interview, to begin a dialogue with them about the feasibility of an in-person interview, given geographical distance and scheduling alignment.

In the consent form, I acknowledged how upsetting it may be to tell their story. Recognizing this, I provided a list of potential resources should participants experience dysregulating, triggering, and/or overwhelming feelings before, during, or after the process. I

also offered to provide child care if a participant identified that they needed someone present to engage their child while in the interview.

Given that birth mothers and parents are a highly stigmatized and misunderstood population, participants would have had the option to have a follow-up call to clarify or to add to their narrative, and, in reviewing my notes and analysis, decide if they feel as their experiences are inaccurately captured. I planned to e-mail participants with any examples of how I planned to use their individualized content within my research and grant them one week to respond with feedback. This was not to serve as a second interview, but rather as an approval process which would give participants a chance to make sure that they are being offered the opportunity to consent to how their story was being used and to truly center *their* narrative.

**Initial data collection plan.** My research was initially centered on those in-person interviews. Every effort was made to invite participants to a safe holding environment, to promote flexible conversation, and work with complex themes. I hoped to begin my interviews with a general “grand tour” type question inviting participants to tell me their story of their prenatal decision to pursue adoption, their adoption plan, their birth story, and how their adoption plan came to an end. Where appropriate, clarifying questions would have asked in order to assess possible themes and foci such as: how many months the plan was in place, how much contact the birth mother or parent had with the potential adoptive parent(s), and what other persons or family members might have been involved before or after the plan was ended. Each interview would have been recorded using an audio recorder and transcribed in its entirety. The interviews were designed to be the measure.

In an effort to address accessibility for participants, I was willing to conduct online video-conferenced interviews. This was added to allow me to include mothers and parents for

whom travel might be inaccessible due to geographic location, childcare, or other barriers.

Given that the video interviews would not provide as much of a holding environment, I intended to make every effort to conduct in-person audio interviews. If on-line video was the only option, I would have discussed the limits of a video interview with potential interviewees beforehand in order to allow them to make an informed decision and give informed consent.

### **Analysis and Critique of What Went Wrong with Initial Plan**

I was not able to complete my initial study plan after my recruitment efforts yielded zero participants. In reflection and with the benefit of hindsight, I believe that I faced two primary challenges that impacted my ability to find participants for my study. One general challenge is the multiple ways in which my recruitment method could have been tweaked. The second challenge is one I did not fully conceptualize until after I had embarked on my recruitment attempts. When I was later researching a way to choose agencies to interview, I found a source I had not been able to locate before from The U.S. Department of Health and Human Services, et al. (2015); this provided numbers concerning how many domestic adoptions occurred in the U.S. in 2014 (the most recent year for which this particular chart is available). Knowing these numbers now, it is difficult for me to conceive that even the tweaks to recruitment would have made a difference. In reflection, I can see the ways these two challenges overlapped and made my recruitment a miss.

I also offer several additional critiques. First, when I start to think critically about whether or not I captured the attention of my audience, I think I fell short in how I grabbed the attention of prospective birth mothers who withdrew from their adoption plans. Second, my recruitment materials and distribution may have spoken more to adoption professionals than it did to those persons I was trying to recruit and center. Third, my attempt to create a study that

reflected openness and gave space for participants to fill in their own story may have left participants with a sense of uncertainty after reading my materials. For instance, I would have included any participant who withdrew from their adoption plan after giving live childbirth, even if they later reconsidered or re-entered the previous adoption plan or started a new one. I am not sure if this was made clear enough. If this was not clear to persons with this experience, it may have prevented one from engaging in the study despite desire. In this regard, I wonder if my materials did end up in front of people who met my eligibility criteria, and if they would have recognized themselves as the target participant.

I believe, in some ways my materials were geared too much towards trying to convince adoption agencies to help me recruit rather than trying to explain myself in a way in which I was talking directly to the potential prospective birth mothers who might have come across my materials. After doing my second methodology in which I performed cold calls to adoption agencies, I can reflect that the letters I sent to adoption agencies would've understandably fallen flat. Even when calling agencies, it was very difficult at times to find the right person to speak with, and there was often at least some resistance. In this way, I think I missed really engaging with either group. I believe I would need to make a strategy that was more differentiated and particular.

I focused on the state of Massachusetts and surrounding areas, in order to increase the likelihood of performing in-person interviews. Reflecting on The U.S. Department of Health and Human Services, et al.'s (2015) data, it turns out that the state of Massachusetts, alongside surrounding New England states, hold some of the smallest numbers of children adopted by non-relatives, which is the category that most likely reflects the amount of prospective birth mothers and parents that would have fit my eligibility criteria. Overall, the chart also underscores just

how small the population of birth mothers and parents who engage in voluntary adoptions, are (The U.S. Department of Health and Human Services, et al., 2015).

Ultimately, I could find no source or guiding point to better understand how the number of actual adoptions, correlates with the number of people who consider adoption. Still, the data from The U.S. Department of Health and Human Services, et al. (2015), did give me a better understanding of just how small of a group I was looking for. In knowing this information earlier, and critically reflecting on this information more intentionally, I may have decided to focus on long distance video or audio interviews, and to employ an outreach strategy that was far more focused on locating a small and geographically spread out group of currently invisible prospective birth mothers and parents who have withdrawn from a voluntary adoption plan, after live child birth.

This focus would have meant less of an emphasis of reaching out to local agencies, spaces, and organizations, and less flyering/advertising. It would have meant more calls to agencies in states with the highest potential number of participants fitting my eligibility requirements, and working with those agencies one-on-one, to locate participants.

### **Current Methodology**

Since I was not able to recruit any interview participants to my survey, I shifted my focus to private adoption agencies, and the services those agencies provide in order to grapple with some of the initial goals of this study. Because I was not able to interview prospective birth mothers, I decided to address my initial research questions from a different angle by looking at adoption agencies with the most non-relative adoptions and surveying what support those agencies provide and how long the relationship and services continued after childbirth. Via phone interviews with adoption agency staff, I obtained descriptions of the services available to

birth parents/mothers, to garner what, if any, services and support those agencies offer birth mothers who withdraw from their adoption plan after giving live child birth.

**Participants.** In thinking about what agencies to include, I centered a particular goal. That goal was to contact agencies that served large numbers of birth mothers, and, in effect, potentially hold larger and more significant impacts than agencies that served far less birth mothers. In doing so, I sought to obtain and communicate a description of practices which could be considered standard and could be assumed to speak to the largest amount of prospective birth mothers and parents' experiences. Because agencies do not list the amount of clients that they work with, I deduced that the agencies in states where domestic U.S. based adoptions were the highest, would underscore the practices and services which are most available and delivered to birth mothers and prospective birth mothers and parents. I chose to interview staff at 8 adoption agencies.

**Participant eligibility criteria.** My first eligibility criterion was that these agencies were private adoption agencies. This was because those agencies, which include both for-profit and nonprofit entities, facilitate voluntary adoptions. My second eligibility criterion was that these states have an online website, which can be located via a "Google" search engine search. My third eligibility criterion was that these agencies resided in states with the highest likely voluntary domestic adoptions, based on the totals for the year of 2014, as collected by The U.S. Department of Health and Human Services, et al. (2015).

**Recruitment.** I placed cold calls to the agencies that I had selected. Once contacted I identified myself as a clinical social work student conducting research and asked if there was someone available to speak with me for 15-20 minutes to answer a few questions regarding the services the agency offers. If someone was willing to talk with me right then, that agency's

services were captured. On occasion, an agency representative took my information and stated that a staff member with a position that focused on supporting birth mothers, would call me back. In these instances, if the call was returned and received by myself, then this agency was included. Some agencies did not return the call before I had found and successfully connected to another agency from that state. All data collection and recruitment strategies received approval from the Human Subjects Review Committee (See Appendix D).

**Procedure.** There are thousands of adoption agencies (an estimated 3,000 by 2017, as determined by Nolo.com) in the United States, that are both private and public, and that manage a host of different types of adoptions. In order to locate and decide upon 8 agencies that would be the most helpful for this study, I needed a way to quickly break this large number of U.S adoption agencies down, into numbers I could feasibly navigate.

I began by locating information on the numbers of U.S. domestic adoptions. As mentioned in my literature review, The most recent information I could find, was for 2014, through a chart provided by The U.S. Department of Health and Human Services, et al. (2015), that not only provided the total number of children domestically adopted, but also broke those numbers down by state, while also including the percentages of children coming from various prior relationship before being placed with their adoptive family. Using those numbers, the top 16 states with the highest number of U.S. domestic adoptions were selected for initial inclusion.

The U.S. Department of Health and Human Services, et al. (2015) not only named the total number of children domestically adopted in each U.S. state, but also named the prior relationship of adoptive parents to those children adopted. This additional information is significant, as it allows me to focus on states with the highest probable number of U.S domestic adoptions that were voluntary. As previously stated, the five categories of prior relationships



that this chart identifies are: “Non-Relative”, “Foster Parent”, “Step-Parent”, “Other Relatives”, and “Missing or Unable to Determine” (The U.S. Department of Health and Human Services, et al., 2015).

I chose not to include the percentage of prior relationships that fell under the “Missing or Unable to Determine” category, because the chart provides no information as to what this category could or may include (The U.S. Department of Health and Human Services, et al., 2015). One potential sign of this category being indiscernible comes from a footnote related to Rhode Island’s numbers (The U.S. Department of Health and Human Services, et al., 2015). Rhode Island holds a “large percentage” of data in the “missing or unable to determine” section (62.5%), and the chart suggests that the reader regards this information “with caution” (The U.S. Department of Health and Human Services, et al., 2015). I believe this further underscores the ambiguity concerning this category, therefore supporting my decision to exclude it, as I cannot discern a direct correlation to what implication this category holds to the number of children adopted through voluntary adoptions.

I excluded prior relationships that fell under “Foster Parent”, through the working theory that prior foster parent relationships most likely arose from that child being adopted by their foster parent through the foster care system. This category did not serve as a place to search for the highest probable number of voluntary adoptions, given the foster care system is most heavily used for persons receiving DCF intervention (Child Welfare Information Gateway). Similarly, I excluded “Step-Parent”, and “Other Relatives”, because the U.S. Department of Health and Human Services, et al.’s (2017) online “Childcare Information Gateway” states that “placement with relatives or kin is often the first option considered by workers in foster care when children cannot safely remain in their parents’ home or cannot be reunited with them”. This potentially

places most of the prior relationships in “Step-Parent” and “Other Relatives” categories, as non-voluntary state-mandated adoptions, likely following non-voluntary removal of guardianship.

Therefore, I chose to focus on the category “Non-Relative”, because the probability of those prior relationships marking voluntary adoptions is much higher than the other categories, since all of the other categories, barring “Missing or unable to determine”, most likely speak almost exclusively to adoptions run by the state, and namely the foster system. While the category “Non-Relative” does not directly explicate any marking of voluntary adoptions, I consider it the most probable category in which voluntary adoptions reside, given that the literature on voluntary adoption exclusively discusses facilitating a relationship and adoption agreement between strangers, specifically highlighting that prospective birth mothers and parents are choosing an adoptive family as noted in Dear Birth Mother letters or with the help of an adoption worker.

Unfortunately, the chart provided by the U.S. Department of Health and Human Services, et al., did not provide a number for the total of children who fall under the category of a non-relative prior relationship to their adoptive parents. Therefore, I needed to find another way to discover that information. I proceeded with the steps below.

First, using the total number of children adopted from each state, I pulled the top 16 states with the highest number of U.S. domestic adoptions. I stopped at 16, because after that, numbers were so low (below 800 children) that it was unlikely these states would result in the highest numbers once I pulled the smaller percentage of the “Non Relative” category.

Second, I then found the number correlating to that smaller percentage of children whose prior relationship to adoptive parents fell in the “Non Relative” category. Using that smaller number, I decided on 10 states. I cut the top 10 down to the top 7 states, as my goal is ultimately

8 states, and I wanted to include Massachusetts, as this is the state I had my own experience in, and where I focused for recruitment in my initial method.

To make sure my numbers were as accurate as possible, I went back to the main chart, and pulled numbers that were below my initial cut-off point of 800 total number of children, but that had a “Non-Relative” percentage of 20% or higher, as this may produce a total number higher than my current lowest number (New Jersey with 116 “Non Relative” total). Two states fit that criterion: South Carolina and Utah. Utah ended up having a higher final number than New Jersey, with a total number of 139 “Non Relative”.

All in all, the 8 states chosen were (in ranking order highest to lowest): Texas, Michigan, Florida, Pennsylvania, Ohio, California, Utah, and Massachusetts. The chart below organizes the aforementioned findings.

**Table 1. Total Number of U.S. Domestic Adoptions by State (2014)**  
**Pulled from: Prior Relationship of Adoptive Parent(s) to Child: October 1, 2013 to September 30, 2014 (FY 2014)**

<b>State</b>	<b>Total Domestic Adoptions (Number of Children)</b>	<b>Ranking</b>	<b>"Non-Relative" (%)</b>	<b>Total with Prior Relationship as "Non Relative"</b>	<b>Ranking</b>
Texas	5,221	2	19.6	1023	1
Michigan	2,137	4	46.3	989	2
Florida	3,267	3	21.9	715	3
Pennsylvania	1,849	6	29.4	544	4
Ohio	1,406	8	22.1	310	5
California	5,741	1	4.1	235	6
Utah	605	17	23	139	7
Massachusetts	589	18	0	0	17
New Jersey	1,024	14	11.3	116	8
South Carolina	449	19	23.8	107	9
Oklahoma	1,382	9	7.2	100	10
Missouri	1,291	11	6.2	80	11
Kentucky	909	15	8.3	75	12
North Carolina	1,161	12	3.5	41	13
Washington	1,362	10	12.1	28	14
New York	1,997	5	0.8	16	15
West Virginia	852	16	1.4	12	16
Tennessee	1,164	13	0	0	18
Illinois	1,655	7	0	0	19

Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (2015)

As I stated earlier, my second eligibility criteria is that adoption agencies have an online website that can be located via a “Google” search engine search. The search term I used was “[Name of State] private adoption”. My goal with this search term was an attempt to emulate what someone who was looking for support in beginning a voluntary adoption process might type. I scrolled whatever results came up, and selected the first agencies that were based in the accompanying state, that had a message directed toward expectant mothers seeking to place their child in voluntary adoption. As I went on, I revised my google search to also look for agencies which listed an office phone number on that website. I did this after calling agencies from multiple states, whose websites only listed a number “for birth mothers” or “for expectant parents.” I found that when I called this 24 hour toll-free hotline, I was finding resistance in the representatives I was reaching as this number exists to help connect with expectant parents seeking an adoption plan immediately; it felt inappropriate to be calling a number designed for 24 hour intervention.

**Data collection.** During each call, I took notes based on the adoption agency representative’s answers. I followed a script in which I asked each of my four questions: 1) What services are available to birth mothers – both those who complete relinquishment and those who do not? 2) Are these services offered by the agency, or do they refer birth parents to another agency or service provider? 3) Does the state mandate any services or referral for services for these parents? 4) How long does contact persist with birth mothers/parents after relinquishment? 5) Are there any services they would like to offer/know are important, that they are unable to provide?

If the interviewee did not list post birth services, I asked a clarifying question: Are there any services offered after birth? If they did not list services to mothers who do not relinquish, I

asked for clarification, and asked which of these services listed are available to mothers who do not relinquish? After the calls were complete, I compiled data from those calls which were successful and placed the answers to the same questions alongside one another in order to reflect on themes.

## CHAPTER IV

### Findings

I think it is important for the reader to see that my findings illustrate something about how these 8 agencies *present* their services to others. My questions were designed to gather the scope of what an agency representative would bring forward of their own accord, followed by a specific probing about what services were offered for prospective birth mothers during pregnancy & postpartum. It is unlikely that the information collected & represented here, encompassed all, or even most, of the services that a respective agency provides. Most of the calls left out a variety of services that are listed on their website. I think it is important for the reader to bear in mind as they read this information that the goal was not to simply find out what services are provided to prospective birth mothers who do not relinquish compared to birth mothers who go through with their adoption plans, but to also look at the ways in which adoption agency workers hold in their framing, the existence of prospective birth mothers and how attuned these workers are to their needs. To be clear, the findings below are not comprehensive and definitive accounts of what these agencies do and do not offer. The focal point of the phone calls and website reviews was to capture what agencies choose to highlight and what they decide to mention when describing their services, both on the phone, and through their website.

With regards to services offered, results demonstrate that services for birth mothers who relinquish their children are more comprehensive in content and timespan than those offered to prospective birth mothers who ultimately do not relinquish. However, most services offered are delivered during the (prospective) birth mother's pregnancy; and only a few agencies offered

resources post childbirth. Even fewer agencies offered postpartum resources that go beyond referrals. No agencies listed services specifically designed to address the needs of prospective birth mothers who do not relinquish. Answers to the question of what additional services adoption workers wish they themselves or the agency could provide included: the desire to expand services such as: post-childbirth counseling, birth mother support groups, financial assistance, and having counselors and/or social workers available 24/7.

Concerning financial assistance, 7 out of the 8 agencies offered some form of financial assistance. This assistance often varied greatly depending on the capacity of the organization. Financial support varied in form (legal support, career advancement, healthcare, etc.) and ranged from limited support focused on maintaining the health of the baby and mother through pregnancy, to all-inclusive dormitory-style housing for mothers during pregnancy through postpartum recovery for two weeks after childbirth. This variance also exists in terms of *when* that financial aid is available, with all seven agencies offering financial support during pregnancy and only two of those agencies offering financial support post-childbirth.

### **Connecting Birth Mothers to Families Ready to Adopt**

Every agency outlined services that they offer to connect expectant mothers interested in adoption with families ready and waiting to adopt. Agency representatives went on to highlight any of the particularly unique ways that their respective agency could make connections, including things like having access to adoptive families all throughout the United States and internationally, being able to find adoptive families that matched the racial or ethnic identity of the expectant child, having a catalog of online profiles for the expectant mother to review, etc.. With regards to connecting prospective birth mothers to prospective adoptive families, the vast majority of agencies identified their utmost priority as making & sustaining those connections



between birth parents and adoptive parents. In most cases it was one of the first services described. Four out of 8 agencies used a social worker as a primary means of coordinating prospective birth mother and adoptive families; additionally, 3 out of 8 utilized/offered attorneys to assist in the connections process, and 2 out of 8 agencies used their website to regularly showcase their current prospective adoptive families. In addition, 3 out of the 8 agencies go a step further, by providing birth mothers access to various support networks.

### **Data Collection Process**

In total, I made 26 calls. I began with my list of eight states, and as I went through each state, using my criteria, and attempting to ask my questions. I would look at Texas, for instance, and call the first agency, which met my criteria in that it was searchable and listed services to birth mothers on its main page. When I got a hold of an agency, and was able to ask my questions, I would record the answers and move on to the next state. In other states, like Utah, for instance, there was only a toll-free number on the first agency—which met the criteria—yet I was not able to connect with anyone, so I searched for another agency within Utah. Sometimes when I called—for instance with Ohio—I would be initially told the birth mother specialists would give me a call back. In that instance a birth mother specialists actually did call me back; the same happened with some other states and agencies. Other times, when I called 24-hour hotlines, someone took my information down, but I never received a return call.

### **Agency Overviews**

**Agency 47.** Agency 47 is unique structurally in two ways 1) it is the only one that spoke directly into the fact that they operate outside of their respective state and 2) is the only agency that marked that they are a “full service agency.” Agency 47 collaborates and coordinates referrals with other service providers, like social workers and lawyers, spanning 47 states. It is

noteworthy that, my conversation with the representative from Agency 47 had the most helpful and forthcoming tone of any of my calls. The representative who I spoke with was not a social worker, nor did she work directly with birth mothers typically; she stated she primarily works with the adoptive families and highlighted that she been working at the agency for over 10 years, so she felt confident in her ability to speak to the services they offer even though she does not directly work with birth mothers. It is also important to note, that part of the reason why it stands out that this agency marked that they operate across 47 states, is because of my speculation and hypothesis that other agencies do indeed operate across many states, but seek to represent themselves as being "small" agencies; I will revisit this in my Discussions chapter. Out of the 8 agencies, it is 1 of 2 faith based organizations. It's an "independent" agency, funded by a national Lutheran organization, alongside a statewide, non-profit funder. Agency 47 was founded in 1998.

**Agency X.** Agency X offers far more services, both during pregnancy, and after childbirth, than any of the other 7 agencies. Almost all of these services are run in-house. I'll detail some of these services throughout the findings section, This robust offering of resources, aligns with the highly unique—in relation to the 8 agencies interviewed—nature of this agency, and its diversity in how it's funded. Agency X is by far the oldest organization, describing itself as existing for over 125 years. It's accredited by an international, independent non-profit. It's funded by a private, state-based organization, a national U.S. program housed within the Department of Health and Human Services, and by a national, adoption focused, non-profit.

**Overview of other agencies.** The other 6 agencies are not as notable, in how they funded, etc. Two of those agencies provided little to no information regarding the nature of their organization/agency. Four out of 6 agencies were private, non-profit entities, and 1 was for-

profit. One of those non-profit entities, started out as a for-profit entity. Now, this entity/agency is non-profit *and* “faith based”. To underscore just how peculiar Agency X’s age is, I’ll list the founding years of the agencies for which this information is available: 1969, 1989, 1992, 1993, and 1995. If Agency X is indeed over 125 years old, its founding year would be around 1892.

### **Question 1: Services Available**

All 8 of the agencies reported that their primary service was assisting birth parents in identifying, choosing, and connecting with waiting families. Three out of 8 agencies mentioned that they had resources in place to rapidly make the connection between birth mothers and waiting families, and two out of 8 agencies offered online direct access for birth mothers to different waiting family profiles. One agency offered a cycling “featured waiting family” option, where birth mothers did not have to access the full list, in order to find waiting families. One out of 8 agencies added that they offer support to birth mothers across 47 U.S. states. Because of the unique nature of this agency—in relation to the 8 agencies interviewed—I named it Agency 47. Agency 47 uses free (to the birth mother i.e. paid for by the agency), independent attorneys and social workers, to assist birth mothers in navigating this agency’s pool of prospective adoptive families. The pool of social workers/attorneys and adoptive families are what spans 47 states—not the agency itself per se; this agency refers out to and works with *other* agencies in those states, in an effort to provide birth mothers with as many options as possible.

Seven out of 8 agencies specifically reported some form of financial support they offered. One agency stood out in terms of the variety of financial support they offered. Because of the highly unique—in relation to the 8 agencies I interviewed—level of support this agency offers, I named it Agency X. Agency X offers: direct referral to doctors, (some that are in-house); transportation to and from pregnancy related appointments; on-site, dormitory-style housing, and

financial support to birth mothers who want to stay in their own home. Agency X also offers an “options counselor”, that supports birth mothers in career and education advancement exploration, with some financial assistance in meeting said goals.

Concerning the other 6 agencies that offer some kind of financial support, most of it was focused in one or two specific areas. Three agencies offered legal support, with 2 agencies offering a free direct connection to a local attorney and another offering general free legal aid. Support also differed with regard to timing, with 5 agencies providing limited financial assistance during pregnancy and one of those five also offering limited financial assistance post-childbirth. Only one agency specifically named that they offer financial support for outside mental health services beyond options counseling and a social worker to support with the adoption process specifically.

Seven out of 8 agencies named that they offer some form of counseling support for birth mothers. Agency 47 reported that it offered counseling referral and coordination across 47 states. One agency offered personalized counseling across a variety of issues that birth mothers, both pre and post-childbirth, might face. Another offered peer counseling through connecting mothers to support networks. One highlighted the 24/7 access to in-house counseling through their hotline. While all the websites listed a 24/7 number for expectant mothers to call if considering adoption, only this one agency highlighted this service as providing counseling in a description of their services to birth mothers.

Two notable services offered came from 2 different agencies. Agency X offered a “rest and respite” service, that allowed birth mothers, immediately after childbirth, to place their child in short-term transitional care, so that the mother could rest and recuperate before they could officially relinquish their parental rights. The other agency offered birth mothers access to a

regular newsletter, post childbirth, if said birth mother was interested. From my review of the website, the newsletter contains stories of successful adoptions as well as topics people are discussing that surround adoption, for example: child name changes.

### **Question 2: Referrals**

Five out of 8 agencies named that they provide at least some referrals, ranging from making the referral for the client, to providing the client with a list of referral information, and 4 out of 8 agencies only mentioned referral services offered *during* pregnancy. All five agencies answered that they are able to provide virtually all of their services in-house; these services being specifically for birth mothers who have, or are planning to, relinquish. Two out of those 5 agencies offered referral lists to birth mothers that choose to withdraw from their adoption plan. They offer these lists before the decision not to relinquish is made, and they refer to the list in their final contact with said birth mother. Three out of the aforementioned 5 agencies had referral services that were available only to those birth mothers and parents that were still expected to complete their adoption plan.

### **Question 3: State Mandates**

Six out of 8 agencies mentioned, in some capacity, state mandates they were required to follow. Two out of those 6 states named mandates concerning the restriction of what kind of and how much financial assistance birth mothers could receive. One out of those 6 agencies was unable to speak to what mandates they had to adhere by, as they operated in 47 states. One out of those 6 agencies mentioned a particular mandate that required “biological fathers” to be notified if it’s a possibility, regardless of the wishes of the birth mother. No agency named any state mandates concerning what services they had to offer birth mothers and parents who withdrew from their adoption plan.

#### **Question 4: Contact after Relinquishment or Withdrawal**

When asked about contact with clients post childbirth, either after relinquishment or a choice not to relinquish, agency representative focused on contact between birth mothers and adoptive parents more so than contact with agency workers. Seven out of 8 agencies marked that there was at least some contact between birth parents and adoptive parents after relinquishment. According to 6 out of 8 agencies, how that contact manifests and how long that contact continues depends on the relationship between birth parents and adoptive parents. Two agencies marked that they were neither involved in facilitating continued contact nor do they track continued contact, and therefore were unsure if or how often contact happened between birth mothers and adoptive parents post-relinquishment. One agency explicitly named that all contact is severed if a birth mother withdraws from the adoption plan.

Two agencies said after a prospective birth mother withdraws from an adoption plan, there is no further contact with the adoption worker. Three agencies marked that they inform these birth mothers who withdraw that if they, again, change their mind and would like to continue with the adoption process that “we are here for you.”

#### **Questions 5: Services Agencies Wish They Offered**

There were various services that agencies wish they offered. Three out of 8 agencies believed there needed to be a greater emphasis and access to ongoing counseling post-childbirth, and more support groups for birth mothers. Three out of 8 agencies wanted to do more of something they were already engaged in. Two out of those 3, wanted to make their online resources more accessible and robust. Two out of those three wanted to be able to provide more financial assistance. One out of those 3 agencies wanted to expand their present 9 to 5 online-

chat system, to a 24/7 system, and one agency wanted to bolster their social media presence and impact.

### **Particularities**

There were three agency interactions that reflect the range of responses to birth parents who withdraw from placement plans. One interaction involved Agency 47 that serviced birth mothers and parents from 47 states. This in itself is notable since every other agency I interviewed did not clarify their size or clearly outline how they worked across different state laws.

Another notable aspect is that Agency 47 was the only one that specified paying specific attention to birth mothers who withdrew from an adoption plan. When asked what contact the agency had post childbirth, this agency noted that birth mothers who withdrew “move [through the rest of their emotional and parenting process] on their own,” which I understood to mean that it was the birth mothers who chose not pursue contact. Secondly, the representative emphasized that they reach out to all birth mothers—whether they relinquish or not—after childbirth by sending a “sympathy card” post-childbirth. I will revisit both of these practices in the discussion chapter.

The second notable agency was Agency X. Agency X seems to offer more financial and general support to birth mothers considering placement and who ultimately placed their child, than any other agency. They are able to provide dormitory-style housing, educational and career related support, legal aid, personalized counseling, financial support ranging from housing to transportation, to birth mothers pre-childbirth. Post-childbirth, this agency offers lifelong counseling and support to birth mothers who completed their adoption plan. Agency X is funded by a series of national, state-level, and international sources, and claims it is over 125 years old,

which is decades older than the next oldest agency, which was founded in 1969. Even with all of this, however, there was virtually nothing that this agency provided birth mothers who withdrew from their adoption plan.

The last notable agency was not included in my sample of 8 since I was not able to get the person I talked to, to answer any of my questions. This interaction is notable because it felt openly hostile as this person asked me a series of questions about my intentions, and at one point identified themselves as a social worker. The impact of interactions such as these is explored further in my discussion section.



## **CHAPTER V**

### **Discussion**

My goal for this study is to highlight and work to combat the erasure of the prospective birth mother's experience both within the adoption field, and with particular attention to the ways in which social workers are both complicit in this erasure and can work to reframe the narrative around the process of adoption to more readily include the experiences of prospective birth mothers who withdraw from their adoption plans, and their service and attunement needs from both social workers and other service providers.

My original study methodology sought to do this work by uplifting narratives from the experiences of perspective birth mothers who withdrew from their adoption plans post childbirth. Because I was not able to overcome the obstacles of finding such a systematically erased population, I shifted my focus to further conceptualizing the act of erasure itself.

After interviewing eight agencies regarding the services that they provide to both birth mothers who complete their adoptions and to prospective birth mothers who withdraw from their adoption plans, I began to get a better picture as to how the delivery of services relegates the experiences of perspective birth mothers who withdraw, into the shadows and outside of what currently appears to be the scope of adoption services.

## Reflections on Main Findings

**Services typically focus on adoption completion.** The results I found for services offered focused on services centered almost entirely on the assumption of completed adoption plans. The first service that agencies brought up was helping prospective birth mothers and parents find families ready to adopt, highlighting a core assumption within adoption agencies. I believe that bringing this up as a first and primary service offered, highlights key assumptions and elements of how prospective birth mothers are lost in the ultimate goal of adoption agencies: completing adoption. While helping an expectant mother consider their options, including not to adopt, is a service regularly listed briefly on an agency's website, it was only brought up once during interviews.

This frame of services offered to prospective birth mothers may reflect ways in which adoption agencies' prioritized goal of successful, i.e. completed adoptions, rushes expectant mother and parents through exploring, developing, and concretizing the adoption plan. Given that literature reflects on the ways in which one's internalized perception of their own ability to mother or parent may influence their decision regarding adoption (Seymore 2013), it is important to consider the impact that immediately being presented with an often idealized prospective adoptive family has on someone who may be experiencing fears/doubts about their ability to parent and consequently considering adoption. Especially when these doubts and fears stem from one's internalized oppression as part of a marginalized group—for instance when a birth mother or parent is poor or has a disability. Do social workers not hold an ethical responsibility to contextualize the adoption system within a frame that would not capitalize on the ways in which a member of a marginalized group has internalized messages of inferiority and doubts of ability and capacity?

Can these agencies present their first service to be that of helping one to explore and be curious about where the ideas for adoption are coming from? I believe in order for a social worker's role to be re-situated within the adoption agency to first prioritize helping an expectant mother fully consider and explore where the impetus for voluntary adoption stems from, and truly work from a reproductive justice frame considering the ways individual experience, culture, systems, and oppression influence the dynamics of choice at play, both individual social workers and the field of social work would need to incorporate further study and existing theory on how the nonprofit industrial complex, and the role of funders, often infiltrates the delivery of services. In this case, where adoptive families may sometimes provide a great deal of the funding used to run adoption agencies, one might consider that the rush to services which benefit successful and completed adoptions, benefits those funders in a way that contributes to, at the very least, overlooking services needed for prospective birth mothers who withdraw from the adoption process.

**Services are limited.** The next important theme that emerged across agencies is that most services are provided during the prenatal and pre-relinquishment stage of adoption planning. When agencies did engage with the question of what services were provided to prospective birth mothers who withdrew from the adoption plan, it is important to note that the agencies first responded by noting that many prospective birth mothers who withdraw from adoption plans do not wish to continue engaging with the agency. It seems to me that their presented frame is that it is prospective birth mothers—that withdrew from adoption plans—who do not wish to continue communicating. However, when the agencies proceed to describe the services they offer to the aforementioned prospective birth mothers, I find that these agencies offer little to no service that would prompt such engagement from birth mothers who no longer wish to adopt.

Only two services for birthmothers who withdraw were mentioned. One service was that of referral. If someone is being given referrals to find a new provider, it seems only natural that they would not remain in contact with the referring agency. In many ways, it seems as if there may be a termination of services happening, followed by a referral to new providers. What felt unnatural was the organizations' desire to emphasize that it is the prospective birth mother who withdrew or who chose not to communicate when they had in reality been ushered towards new services. Secondly, some agencies indicated that one of the services that they provide to prospective birthmothers who withdraw from adoption plans is the service of letting them know that the agency is there for them should they choose to reconsider and want to reenter the adoption process. In this instance, it again strikes me that the frame is to invite a prospective birth mother or parent back into an adoption process, not into a process that also supports prospective birth mothers who may be experiencing emotional and practical dilemmas around the decision to raise their own child.

**Services I wish were offered.** Here is where differences between my views and those of agency representatives were pronounced. Each representative in outlining the services that they wish they could provide did not in any way, shape, or form address additional services for prospective birth mothers. When I reflect on the ways in which interviewees discussed ending communication with prospective birth mothers who withdrew from their adoption plans, I am struck by the abruptness of those terminations. It is my recommendation and desire that agencies would consider providing some of the same services to birth mothers who do not relinquish, that they do and wish they could provide, to birthmothers who go through with relinquishment. One agency, for example, highlighted the importance of a birth mother having access to prolonged therapy in order to process the ways in which role changes and identity changes exist within the

adoption process. I would argue that similarly, a prospective birth mother who was considering adoption, withdrew from their plan, and terminated their relationship with the prospective adoptive family, might also be experiencing role changes and identity shifts and in turn might also benefit from continued therapeutic support. I would suggest the same thing regarding support groups. As evidenced by how hard it was for me to find members of this population, I imagine that prospective birth mothers and parents who withdrew from their adoption plans could benefit from a support group structure which could allow for narrative sharing, mutual support and mentoring. This could create new and more affirmative meaning from both one's journey into and out of an adoption plan, while decreasing isolation.

**Financial issues impact the process.** With 7 out of 8 agencies highlighting the importance of providing financial support to a birth mother, primarily during pregnancy, one must question the ethical dilemma in place where social workers facilitate what is otherwise considered to be a structural problem, being located within an individual. In my training as a clinical social worker, we have often discussed systemic, structural, and policy-based problems which make it difficult for people, particularly poor single mothers, to raise and provide for children. In voluntary adoptions, many of these agencies are providing resources for the child in utero that would not be available for them if the expectant mother or parent was considering raising their own child, and not in an adoption plan.

I want to make a comparison between the story of Jordan (Kathryn, 2009) highlighted in the literature review and the services provided by Agency X. Jordan tells her story of receiving an abundance of services that supported her moving towards what for her felt like a forced choice towards adoption (Kathryn, 2009). The services that she outlines are many of the same services offered by Agency X. I want to be clear that is not that I think it is inherently

problematic that this agency offers these services to people who want to, and ultimately choose to adopt. I want to problematize the notion of these services as “gifts, and a nonbinding offering” to prospective birth mothers (Kathryn, 2009). The story of Jordan (Kathryn, 2009) specifically highlights the ways in which those services were coercive to her decision. I am left wondering in what ways receiving such services impacts a prospective birth mother or parent’s meaning making of the adoption process and the services that they received. I believe this again points to the need for adoption agencies and the social workers within those agencies to offer increased services and contacts after a prospective birth mother or parent withdraws from the adoption plan. It is my experience—and I imagine it to be a shared one—that receiving such “aid, or gifts” can be difficult to reconcile after one withdraws from an adoption plan. This can also be conceptualized as another way in which the navigation of these shifts in role and expectations could benefit from prolonged and continued therapeutic support.

**Tone of calls.** In the process of completing the agency interviews, I learned several things about how prospective birth mothers may experience the process of engaging with agencies. As I set out to make the calls, in some instances it was difficult to even find a number that was not a crisis style hotline dedicated explicitly to expectant mothers considering adoption. In some instances, I first tried to call these toll-free numbers, as those were the only numbers listed on agencies website. After learning about my reason for calling, agency workers reacted in a variety of ways, and I sometimes received tones that ranged from annoyance to hostility. One could certainly suppose that this affect was the result of being surprised by a social work student attempting to conduct research instead of an expectant birth mother calling because they are considering adoption. This was somewhat surprising to me. By identifying myself as a

researcher, agencies were resistant to simply telling me the details about the services that they provide.

One particularly hostile call actually ended up highlighting a really important attribute concerning the things agency websites appear to present. When I called one number, and started with my script identifying myself as a researcher, the person who answered my call asked me who I was trying to reach. When I said back the name of the agency, she responded, “[adoption agency] of Texas, of Ohio, of Kansas, of Nevada...?” and the list continued. When I had selected this agency after looking at the website, I read no indication on this website that this agency served so many states. On another call, I had the same experience. I looked at an agency website which used the following text on the page for expectant mothers considering adoption: “Don't get lost in a big agency! Work with us!” When I called this number, I again was met with the information that this agency was serving many states.

### **What Was Lost and Gained By Changing Methodology**

Having to change my methodology after recruiting no participants was heartbreaking. On the one hand, I needed to change my methodology to honor my own individual process as a social work student trying to complete a Master's thesis in order to graduate and enter the field of social work. On the other hand, changing my methodology felt like betraying my own values and commitment to raising and highlighting the voices of perspective birth mothers and parents that are left out of dominant adoption narratives.

In reflecting on my recruitment failure, I was certainly tempted to draw the conclusion that *I* was a failure. As I have mentioned, I come to this work largely informed by my own experience as a prospective birth parent who withdrew from their adoption plan. I believe that this entry point, combined with the fact that this type of research is new to me as a Master's

student, contributed to me taking on a project that had significant challenges to a completion that was as full as I would have liked. My desire and conviction to collect narratives and be able to present them effectively meant that in many ways I focused and spent much of my energy on what I would do once I began the interviews. I didn't spend enough time realistically conceptualizing how I would find such a small, hidden, and systematically erased group of people.

I hope that my recruitment challenges illustrate the resources that will be necessary to put out broader national calls for participants and facilitate getting cooperation from adoption agencies as to how to locate a group of people whom they do not regularly keep in touch with after adoption-related services are terminated.

When I did not find any participants, I also began to internally question if I had pursued something that was irrelevant. I think this question comes up for me because I am researching a group that I belong to. I began to question if my own experience was creating some sort of obscurity through which I wasn't able to perceive that this research was not important. I was worried that if no one was coming forward to participate, that maybe this meant that no one was having any sort of significant experience after withdrawing from their adoption plan that would propel one to want to tell their story.

I hope that my lack of participants might also be viewed as indicative of how isolated this group is, as this is also illustrated in my findings from interviewing agencies. Agency representatives did not bring up prospective birthmothers initially, dodged direct questions concerning prospective birthmothers, and responded with a vagueness that was characteristically different than how they were able to describe the services that they offer to birth mothers who relinquish or are on a seeming concrete path to relinquishment.



## **Future Considerations**

Foremost, I think that future research must have the time, resources, and buy-in from adoption agencies to locate and center the voices and experiences of prospective birth mothers and parents who withdrew from adoption plans. While I can appreciate that prospective birth mothers and parents who withdraw from adoption plans may not align with the core mission that many adoption agencies currently put forward, i.e. to facilitate successful adoptions, I believe the needs of this group must be considered in conceptualizing what ethical practices look like. I believe that the current services and practices highlighted in my eight interviews illustrate the ways in which adoption agencies most deeply and almost intuitively consider the needs of birth parents only as they relate to facilitating successful adoptions. I believe adoption agencies can better serve prospective birth mothers who withdraw, as part of an ethical mission to do right by clients who they are currently serving. I also hope that future research and inclusion of the prospective birth mother and parent perspective into what is considered part of an adoption experience, will increase social workers' ability to have an empathetic lens as to the impact the adoption process has on not only those who complete an adoption plan, but also those who withdraw from said plan.

Lastly, I hope future studies will look at the role agency workers who have worked with both birth parents and prospective parents, play, and how they conceptualize themselves as social workers within this system in which client and funder become intertwined. Comparisons may be drawn to research on new mothers feeling inadequate and unprepared for motherhood; such research could be useful in hypothesizing how birth mothers may feel increased inadequacy after having originally "selected" a different mother for their child. This may also illuminate differing approaches and how postpartum depression might be addressed in birth mothers who chose to

end their adoption plans. I believe there might also be contributions to exploring a grieving process that occurs concerning the relationship that was lost with the prospective parents in particular regard to open adoption plans where the relationship is positive and nurturing.

### **Conclusion**

I entered into this Master's thesis compelled by the ways in which my own personal experience as a prospective birth mother in an adoption process facilitated by a licensed Clinical Social Worker did not align with the values of social work I was learning as a new student. My school talks a lot about using one's privileged position of having a seat at the proverbial table to speak for those whose voices continues to be silenced. I conducted this thesis project in an effort to increase consciousness about a group of people whose voices are not found in the literature and are not highlighted by the agencies who specialize in adoption. I think it is important for us as social workers to consider the impact of erasing the experience of considering and withdrawing from adoption plans.

When I began writing this thesis, and even now, I still feel myself struggling to answer the question: why does it matter to the field of social work to attend to the experiences of prospective birth mothers and parents who don't place their child in adoption? My first thought is that of course it matters. A person with this experience could show up in your office. What I understand about so many other circumstances, life experiences, and oppressed groups, is that when we have not conceptualized, and clearly analyzed our thoughts and assumptions about a group of people, our attunement, our interventions, and the humanity with which we treat them will most likely be lacking. I believe my literature review, that highlights the ways in which prospective birthmothers are conceptualized, how they are erased and vilified, alongside the review of a consistent lack of services, which again demonstrates erasure, allows a starting

ground for social worker to begin to think more critically about the experiences of prospective birth mothers and parents who withdraw from adoption plans.

In this process, I have learned how difficult it is to use one's proverbial seat at the table in order to affect change. For some, I can imagine that my disclosure of my own lived experience into this study calls into question the neutrality with which I approach this research. I believe that each entry point holds its prospective advantages and disadvantages. In this process, I have learned a lot about how I want to leverage my own entry points. I can imagine that not all prospective readers are social workers reading this piece solely within the role of clinician; some readers might have a similar lived experience to my own. I hope that this piece of work has done some justice to the complexities of those experiences, and opens the door for future exploration and curiosity.

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## Appendix A: Initial Methodology HSR Approval



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**School for Social Work**  
Smith College  
Northampton, Massachusetts 01063  
T (413) 585-7950 F (413) 585-7994

March 25, 2017

Elise Trujillo

Dear Elise,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

*Please note the following requirements:*

**Consent Forms:** All subjects should be given a copy of the consent form.

**Maintaining Data:** You must retain all data and other documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments:** If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal:** You are required to apply for renewal of approval every year for as long as the study is active.

**Completion:** You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.  
Co-Chair, Human Subjects Review Committee

CC: Maria Torres, Research Advisor

## Appendix B: Initial Methodology Recruitment Flyer

# PARENTING ONE'S BIRTH CHILD AFTER ADOPTION PLANS DISOLVE

A RESEARCH STUDY

My name is Elise Trujillo, and I am conducting a Master's thesis about the experiences of former birth mothers and parents who did not go through with their adoption plans. I hope you will review the information below and participate, or consider passing this invitation along to those you know who may be able to participate.

My research aims to illuminate the experience of what happens after birth parents decide not to move forward. I hope to better understand what "moving forward" then looks like, and what services, if any, were utilized. There are two ways to participate. First, participants will be invited to complete a short, 15-minute survey that helps clarify who has the experience of entering adoption plans and withdrawing from this plan after giving birth. Second, interested participants will be contacted to set up an in-person or video interviews that would take approximately 1-2 hours. I welcome all participants who meet the criteria below.

In order to participate, you need 1) to be a birth parent (including gestational and non-gestational parents) involved in the original adoption plan; 2) to have given live birth; and 3) to have withdrawn from their prospective adoption plan (open or closed) after giving birth. Additionally, participants need to be 18 years or older at the time of the interview and able to navigate an online survey in English. I come to this work as someone who as a potential birth mother withdrew from an open adoption plan after giving birth. During my training as a clinical social worker, I have found little literature and research which speaks to the aftermath of the adoption process on the prospective birth parent. I hope the current study will allow participants to share their story and help social workers better respond to the needs of birth parents who withdraw from adoption plans.

Please feel free to contact me with any questions or concerns at [etrujillo@smith.edu](mailto:etrujillo@smith.edu) or 413-461-0176. This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC). If you are interested, or would like to participate,

Please click here or go to this link for more information: <https://tinyurl.com/kjwvdbh>

Please click here or go to this link to visit the Facebook page: <https://tinyurl.com/mkm5h9g>

Thank you for your work and willingness to consider my proposal.

Best Regards,  
Elise Trujillo  
MSW Candidate  
Smith School for Social Work



<https://tinyurl.com/kjwvdbh>



## Appendix C: Initial Methodology Participant Consent Form & Survey

### Default Question Block

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#### Parenting One's Child After Adoption Plans Dissolve

Thank you for taking the time to consider participation in this study.

In order to participate, you need 1) to be a birth parent (including gestational and non-gestational parents) involved in the original adoption plan; 2) to have given live birth; and 3) to have withdrawn from your prospective adoption plan (open or closed) after giving birth. Additionally, Participants need to be 18 years or older at the time of the interview and able to navigate an online survey in English.

As noted in the flyer, there are two ways to participate. First, you are invited to complete a short, 15-minute survey that helps clarify who has the experience of entering adoption plans and withdrawing from this plan after giving birth. Second, if you are interested you can provide your contact information to be contacted to set up an in-person or video interview that would take approximately 1-2 hours.

I come to this work as someone who as a potential birth mother withdrew from an open adoption plan after giving birth. During my training as a clinical social worker, I have found little literature and research which speaks to the aftermath of the adoption process on the prospective birth parent. I hope the current study will allow participants the opportunity to share their story and help social workers better respond to the needs of birth parents who withdraw from adoption plans.

The next page of this on-line survey is a consent form. It explains the purpose of the study, the study procedures, the risks and benefits of participation, and how I will protect your confidentiality. Please review it carefully. Once you have provided your consent, the on-line survey questions will begin.

**Thank you for your time and for your contribution!**

---

**2016-2017**

**Consent to Participate in a Research Study**

**Smith College School for Social Work • Northampton, MA**

.....  
**Title of Study:** Parenting One's Birth Child after Adoption Plans Dissolve

**Investigator(s):** Trujillo, Elise - etrujillo@smith.edu  
.....

**Introduction**

- You are being asked to be in a research study concerning parenting one's birth child after adoption plans dissolve.
- You were selected as a possible participant because you answered the call for participants identifying yourself as someone who had completed an adoption plan during pregnancy and subsequently discontinued said plan only after giving live birth.
- We ask that you read this form and ask any questions that you may have before agreeing to be in the study.

**Purpose of Study**

- The purpose of the study is to answer a variety of questions about what happens after potential birth mothers and parents sever their relationships with adoption agencies because they decide to no longer move forward with an adoption plan.
- This study is being conducted as a research requirement for my Master's in Social Work degree.
- Ultimately, this research may be published or presented at professional conferences.

**Description of the Study Procedures**

- If you agree to be in this study, you will be asked to do the following things: participate in an on-line survey designed to collect demographic and background information. Up to 15 individuals will be contacted to complete an in-person

interview, you will also be given an opportunity to review the transcription of your own narrative.

### **Risks/Discomforts of Being in this Study**

- The study has the following risk: answering questions, and preparing for and participating in an interview about sensitive subject matter may reinvigorate painful and overwhelming feelings, memories, and unresolved challenges. If a participant finds that they are experiencing too much discomfort, they may skip questions, or even end the interview. A list of referral resources will be attached to their copy of the informed consent. How each participant can transition away from the interview and seek support will be discussed.

### **Benefits of Being in the Study**

- A personal benefit of participation is an opportunity to speak into your own story and experience, thereby lessening the silencing of what happens after an adoption does not go as planned. This can aid future potential birth mothers in better understanding the scope of their choices.
- A benefit to social work/society is that these stories will help illuminate how social work agencies work with birth mothers and how the field at large understands how to better address this population.

### **Confidentiality**

- All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. We will not include any information in any report we may publish that would make it possible to identify you.

### **Right to Refuse or Withdraw**

- The decision to participate in this study is entirely up to you. You may refuse to answer any question or withdraw from the study *at any time* (up to the date noted below) without affecting your relationship with the researchers of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. If this is an interview and you choose to withdraw, I will not use any of your information collected for this study. *You must notify me of your decision to withdraw by email or phone within 2 weeks of interview (date to be specified at time of interview).* After that date, your information will be part of the thesis, dissertation or final report.

### **Right to Ask Questions and Report Concerns**

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Elise Trujillo, by telephone at ~~413-461-8176~~. If you would like a summary of the study results, one will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

### **Consent**

- By clicking "yes" below, you are indicating that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep.

- Yes, I consent to participate in this study AND if interviewed, I agree to be audiotaped
- No, I would not like to participate in this study

---

### **Demographics**

---

Name: How would you like to be referred to for the purposes of this study? This does not need to be your real or legal name; this name will not be published or included in the study itself. This is a name for myself, the researcher to attach to the information and story you share.

In what year were you born?

How old were you when you decided to not move forward with the adoption plan?

Gender Identity: People think of gender differently. If any of these describe you, please select all that apply. If not, please provide a description of how you identify.

- Agender
- Cisgender
- Genderfluid
- Genderqueer
- Gender non-conforming
- Intersex
- Non-binary
- Transgender
- Transfeminine
- Transmasculine
- Two-Spirit
- Man
- Woman
- None of these are accurate for me (see below)
- I decline to answer

Description of my gender identity:

---

Ethnic/Racial Background: People think of race and ethnicity. If any of these describe you, please select all that apply. If not, please provide a description of how you identify.

- Black/African American
- Asian American/AAPI
- Indigenous/Native American
- Latinx
- Middle Eastern
- Mixed-race/Multi-racial
- White
- None of these are accurate for me (see below)
- I decline to answer

Description of my Ethnic/Racial Identity:

- I Identify as a person of color
- I Identify as non-white

---

Did a personal or familial disability impact your decision your decision to enter an adoption plan?

- Yes
- No
- Prefer not to answer

---

Please describe how disability impacted your decision.

---

What is your current annual income? Fill in whichever box is easiest for you. You only need to complete one.

- Amount I make per calendar year:
- Amount I make per month:
- Amount I make per week:

---

What was your annual income at the time of your adoption plan? Fill out whichever box is easiest for you. You only need to complete one.

- Amount I make per calendar year:
- Amount I make per month:
- Amount I make per week:

---

Please indicate which socioeconomic class you consider yourself to be:

- Working class
- Lower class
- Middle class
- Upper class
- Poor
- Other

## Your story...

---

Did you plan an open or closed adoption? Use the space allowed, if you would like to say more about what made it an open or closed adoption plan.

Open adoption

Closed adoption

---

Did you meet the prospective adopting family?

Yes

No

---

How many times did you meet them?

---

Approximately how much aid did you receive from the adopting family? You can describe this in terms of items, funds, services, etc

---



How frequently did you engage with your adoption worker during the adoption process?

---

How many points of contact did you have with your adoption worker after you withdrew from the adoption plan?

---

Were you asked to return or refund any funds, services, or items after ending the adoption process?

- Yes
  - No
- 

What were you asked to return?

---

Did you have any contact with the adopting family after withdrawing from the adoption process?

- Yes
  - No
- 

How many times were you in contact?

---

Is there anything else you would like to be known about your experience?

---

Would you be interested in participating in an interview to tell your story?

- Yes
  - No
- 

Thank you for your interest in being interviewed. Please provide your contact information and how you would like to be contacted. You may include name, phone and/or email, and best times to reach you.



---

This is the end of the survey.

The next page includes a list of resource centers or support organizations that may be of interest to you.

**Thank you for your time and participation!**

---

Thank you for taking the time to consider participation.

---

### **Resource List**

If you are located in New England, you can contact the **Center for Women and Community,**

Information and Referral at:

**Local:** 413-545-0883

**24-Hour Hotline:** [\(413\) 545-0800](tel:4135450800)

**Toll Free:** [\(888\) 337-0800](tel:8883370800).

**Additional Local Resources can be found by contacting the national hotlines listed below:**

**[National Suicide Prevention Lifeline](#)**

1-800-273-TALK (8255) [24/7 hotline]

1-888-628-9454 (Spanish)

1-800-799-4889 (TTY)

**[National Alliance on Mental Illness](#)**

1-800-950-6264

[National Coalition of Anti-Violence Programs](#)

**National Advocacy for Local LGBT Communities**

1-212-714-1141

[National Domestic Violence Hotline](#)

1-800-799-7233 or 1-800-787-3224 (TTY)

[National Indigenous Women's Resource Center](#)

406-477-3896

[National Sexual Assault Hotline](#)

1-800-656-4673 [24/7 hotline]

[hosts an online hotline]

[The Trevor Project](#) – Crisis & Suicide Prevention Lifeline for LGBTQ Youth

1-866-488-7386

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## Appendix D: Revised Methodology HSR Approval



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**School for Social Work**  
Smith College  
Northampton, Massachusetts 01063  
T (413) 585-7950 F (413) 585-7994

May 15, 2017

Elise Trujillo

Dear Elise,

I have reviewed your amendments and they look fine. The amendments to your study are therefore approved. Thank you and best of luck with your project.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.  
Co-Chair, Human Subjects Review Committee

CC: Maria Torres, Research Advisor