

# **Birthmothers' Experiences of Voluntary Relinquishment**

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DISSERTATION

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This dissertation is dedicated to the women who participated in this study and courageously shared their stories in an effort to help other birthmothers. And to my great grandmother, Mollie Booth, the most resolute and generous soul I will ever know.

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## I. INTRODUCTION

This study builds on what is currently known about birthmothers who voluntarily relinquish their infants for adoption and the relinquishment process. Knowledge gained as a result of this study enhances services to birthmothers. This study aims to understand birthmothers' experiences over the course of voluntary relinquishment. This study addresses four research questions: (1) What are the relinquishment experiences of birthmothers? (2) How do birthmothers respond to relinquishment? (3) What factors contribute to how birthmothers respond to relinquishment? (4) What risk and protective factors are related to relinquishment outcomes?

### A. **Background, Rationale and Significance**

Adoption affects the lives of millions of Americans who are part of the adoption triad: birthparents who have relinquished children for adoption, adopted children, and adoptive parents (Smith, 2010). Adoption is a highly specialized area of child welfare, a founding dimension of the social work profession (Child Welfare Information Gateway, 2006). In fact, the provision of child welfare services is rooted in the early history of the profession of social work and connections can be recognized between child welfare competencies and social work education curricula (Rittner & Wodarski, 1999). Social workers have been an integral part of the adoption landscape since the professionalization of the discipline.

It is estimated that approximately 14,000 women voluntarily relinquish their infants for adoption each year (Smith, 2010). While adoptive parents and adopted children have been researched extensively, a paucity of literature exists in the area of birthparents. The term birthmother has multiple meanings. The term can be used to refer to any woman who gives birth to a child, regardless of who provides care for the child. This includes a woman who gives birth

to a child she parents, a woman whose child is in the care of relatives, in foster care, and a woman who relinquishes her child for adoption. For the purposes of this project, the term “birthmother” refers to a woman who voluntarily relinquishes her infant for adoption facilitated by a licensed child placing agency.

Approximately 135,000 adoptions occur each year. It is estimated that 14,000 of these adoptions are reportedly the result of voluntary relinquishment (Smith, 2006). States are not legally required to record the number of private, domestic adoptions, and more adoptions take place than is commonly reported. As a result, it is likely that adoption statistics are underestimated (Smith, 2010).

The Evan B. Donaldson Adoption Institute compiled and analyzed the most recent and extensive data available on birthmothers. The Donaldson Institute is a national organization devoted to improving adoption policy and practice through research, education and advocacy. Their report, authored by Smith (2006), is a compilation and analysis of statistics from domestic infant adoptions in the state of California, and four well-established adoption agencies across the country.

According to these data, birthmothers consist primarily of women in their early 20s who are transitioning to independence from their parents or caregivers, and women who are single and parenting other children. Statistics on the race or ethnicity of birthmothers varies. According to Smith (2006), approximately 80% of California infant adoptions and 87% of Nebraska infant adoptions involved infants relinquished by Caucasian birthmothers, whereas of the birthmothers served by a North Carolina agency, 44% identified as White, 45% Black, and 1% Multiracial. Other agencies serve a more racially diverse client population, and statistics are likely to vary by region. For example, Smith (2006) reported that of the birthmothers served by agencies in New

York and Chicago, 38%-53% are Caucasian, approximately 30% are African-American, 8%-17% are Hispanic, 3%-9% are Asian, 4% are multiracial and 3% identify as “other” (Smith, 2006).

Research examining the factors associated with making the decision to relinquish has been conducted with primarily white pregnant teenagers who reside in maternity homes and is not representative of contemporary women who choose to voluntarily relinquish their infants. Findings suggest that birthmothers who choose to relinquish their infants for adoption report not being in a relationship, or being in a relationship with a partner who prefers relinquishment, report having a relative who prefers relinquishment, and report higher adoption socialization than those who chose to parent (Namerow, Kalmuss & Cushman, 1993).

No studies have examined factors associated with the decision of contemporary birthmothers to relinquish their infants for adoption, however common profiles of birthmothers have been identified. Case workers and supervisors in a few well-established private adoption agencies report that the decision to relinquish an infant is made by women who are already struggling financially and emotionally before the pregnancy; they may live in poverty, be homeless, recently divorced, or experience other life circumstances that contribute to feeling that they cannot cope with parenting another child. Birthmothers are frequently women who face extreme challenges such as poverty, substance abuse, domestic violence, severe mental illness, developmental delays, and severe health problems (Smith, 2006).

The process of voluntary relinquishment typically begins with a woman experiencing an unintended pregnancy and exploring her pregnancy resolution options: whether to terminate the pregnancy, to parent, or place the infant for adoption. It is estimated that approximately 50% of all pregnancies in the United States are unintended, and of these, approximately 43% end in

abortions, 45% end in births and 12% end in miscarriages (Finer & Zolna, 2014). Numerous professional organizations including the American College of Obstetrics and Gynecologist, American Academy of Pediatrics, and Child Welfare League of America declare that pregnancy options counseling should include counseling and information about all available pregnancy resolution options. Regardless, a portion of service providers may only offer counseling regarding limited options. The Council on Accreditation (COA) urges these service providers to be transparent with clients in the limited services they offer, yet it is difficult to assess the degree to which the limited range of services provided is disclosed (Council on Accreditation, 2014). Presentation of limited options can lead to birthmothers feeling pressured, or coerced to make a decision about their pregnancy that may not be in their best interest, and that does not take their needs or preferences into account.

Voluntary relinquishment is facilitated by licensed child placing agencies, attorneys arranging independent adoptions or unlicensed facilitators. While adoption provides a home in which children are cared for, it is also a lucrative business. The potential to financially benefit from adoption, together with the growth of the internet has created a breeding ground for abusive practices. Adoptions arranged by unlicensed facilitators are the most vulnerable to abusive practices in which birthmothers may be pressured to relinquish and misinformed about their rights, and adoptive parents may be deceived (Pertman, 2011).

Relinquishment of child through a licensed child placing agency is typically considered a voluntary relinquishment, whereas the relinquishment of a child through the public child welfare system is typically considered involuntary relinquishment, however it is also important to note that there is overlap in these systems. For example, a mother who is at risk of her parental rights

being involuntarily terminated may be encouraged to work with a private licensed child placing agency in order to allow her more active participation in the relinquishment process.

The three main levels of adoption openness are open, mediated, and closed. Open adoptions are characterized by the exchange of identifying information between the adoptive parents and birthparents. They may communicate by phone, and or email, and have ongoing face to face interactions. Additionally, with the growing use of social media, birth and adoptive families may communicate through Facebook and Skype. Mediated adoption arrangements involve the exchange of ongoing information, yet exchange of information occurs through the agency, instead of directly between the adoptive parents and the birthparents. Closed adoption arrangements are characterized by no contact between the adoptive and birthparents (Siegel & Smith, 2012; Grotevant et al., 2013).

Adoptions today have changed from arrangements that many young women experienced in previous generations. Examination of historical literature reveals the challenges birthmothers endured, differential treatment across race and class, how the rights of these women were not well-protected, how services to birthmothers were often disrespectful, dishonest, and coercive, and how adoption has evolved over time. Feminist historians assert that birthmothers, or women who relinquish their children for adoption, have constituted a marginalized group of women. The rights of these women were not well-protected, and services to birthmothers were often disrespectful, dishonest, and coercive (Fessler, 2006; Kahan, 2006; Kunzel, 1993; Parry, 1871; Smith, 2006; Solinger, 2002). Limited services were offered to African American women, whereas a variety of providers-including a number of national chains of maternity homes served white women, most of which were working class. African American women were viewed as hypersexual by nature and those who became pregnant were blamed, whereas white women were

temporarily shamed. Additionally, there was a higher demand for white infants; therefore white women were viewed as providing a valued commodity, whereas African American women were often denied services (Kunzel, 1993; Solinger, 2002; Fessler, 2006).

Beginning in the 1970s, adoption arrangements in which birth and adoptive families communicated and shared information were offered and since that time there has been a trend toward more openness in adoptions (Siegel & Smith, 2012). Current adoption practices afford pregnant women considering relinquishment more power and active participation throughout the process. For example, birthmothers typically have a choice in selecting and meeting the adoptive parents of their children, immediate post-birth procedures such as seeing, holding and naming the baby, and determining the level of adoption openness (Smith, 2006).

Birthmothers' responses to voluntary relinquishment and the related factors are a focus of much of the empirical literature (Blanton & Deschner, 1990; Brodzinsky & Smith, 2014; Christian, McRoy, Grotevant & Bryant, 1997; Cushman, et al., 1993; Cushman, Kalmuss & Namerow, 1997; Donnelly and Voydanoff, 1996; Fravel, McRoy & Grotevant, 2000; Kalmuss, Namerow, & Bauer, 1992; Weinreb & Konstam, 1995). Studies suggest that young women and teens who relinquish their infants for adoption have on average greater levels of regret and are less likely to make the same decision again, compared to young women and teens who consider relinquishment, yet ultimately decide to parent, however satisfaction among both groups is quite high, and regret is quite low (Donnelly & Voydanoff, 1996; Kalmuss et al., 1992; Namerow et al., 1997). Additionally, women who relinquished were more likely to hold higher educational aspirations and attainment, and were less likely to be receiving public assistance (Kalmuss et al., 1992; Namerow et al., 1997). Findings also suggest that factors related to relinquishment outcomes include (1) placement location of the infant after the hospital (2)

whether or not the birthmother sees or holds the baby after delivery and the interval between birth and seeing or holding the interval (3) birthmother feeling pressured to relinquish (4) birthmother feeling judged by caseworker that birthmother is unfit or unable to parent child (5) birthmother report that caseworker is unwilling to assist birthmother with evaluating options that are best for the birthmother (6) birthmother talking about the relinquishment process and receiving emotional support from family, friends and spouses (7) relationship with the birthfather: whether or not birthmother is in a romantic relationship with the birthfather and (8) level of adoption openness.

Comparison of findings across studies is challenging due to the lack of use of comparable measures across studies, the reliability of memory recall in retrospective studies, changing nature of openness over time, inconsistencies in how level of openness is categorized, and inconsistencies in how grief and post placement adjustment is operationalized. Additionally, many of these studies were conducted with birthmothers who relinquished infants under the traditional closed model of adoption in the 1960s and 1970s, or birthmothers who relinquished infants when they were teenagers. The samples were predominantly white, with no examination of similarities or differences across race/ethnicity or social class. The samples in these studies are not representative of contemporary birthmothers who relinquish infants for adoption; therefore, the impact of relinquishment on contemporary birthmothers is unknown.

Studies of birthmothers and relinquishment have attempted to understand the impact of relinquishment on birthmothers; however, samples in most of the studies are not representative of contemporary birthmothers. Additionally, with the exception of one qualitative study, existing knowledge has been developed through quantitative inquiry which does not capture birthmothers' voices and their lived experiences. Findings from existing quantitative studies

provide little understanding of how contemporary birthmothers experience relinquishment.

The goal of the current study is to generate knowledge of how contemporary women who relinquish infants through child-placing agencies experience relinquishment, how they respond, factors that contribute to how they respond, and the risk and protective factors related to relinquishment. This study aims to hear what birthmothers say in their own terms, rather than test a preconceived hypothesis. This is particularly relevant to the population under study given that birthmothers' voices and lived experiences have seldom been examined in the literature. The nature of this qualitative inquiry aims to reduce inequitable structures by bringing birthmothers' voices to the forefront as a central focus of the study. Qualitative inquiry allows for the illumination of birthmother's perspectives and experiences.

Participants for this study were recruited through The Children's Home Society of Missouri, a licensed child-placing agency located in St. Louis, Missouri. It is a social service agency that provides international and domestic adoption services, and serves birthparents, adopted persons and adoptive parents/families. It is a non-sectarian social service agency providing services to persons of all religious affiliations, races and ethnicities. Children's Home Society provides pregnancy options counseling, and thus provides birthparents with support and resources to explore all pregnancy resolution options. Adoption social workers help clients who choose to relinquish infants for adoption develop an adoption plan. Children's Home Society of Missouri embraces all levels of adoption openness.

This study builds on what is currently known about birthmothers and the relinquishment process. Knowledge gained as a result of the study will contribute to understanding contemporary birthmothers' experiences of relinquishment, and potentially will be used to enhance licensed child placing agency services to birthmothers by increasing the knowledge of



how they experience relinquishment, how they respond, factors that contribute to how they respond to relinquishment, and related risk and protective factors. This study generates information from women who have voluntarily relinquished an infant for adoption through a licensed child-placing agency. The study addresses four research questions: (1) What are the relinquishment experiences of birthmothers? (2) How do birthmothers respond to relinquishment? (3) What factors contribute to how birthmothers respond to relinquishment? (4) What risk and protective factors are related to relinquishment outcomes?

## B. **Conceptual Framework**

This inquiry is guided by risk, protection and resilience theory postulated by Fraser (2004) which emphasizes factors that contribute to positive outcomes following exposure to adverse events. Risk factors are influences individual attributes, environmental conditions and the transactional quality of human behavior. Research on resilience stands in contrast to research focusing on deficit based models of development (Garmezy, 1971; Rutter, 1979; Werner & Smith, 1977). Initially, resilience research focused on children, yet recently social work researchers have examined resilience as it applies to adults, families and communities (Egan, 1993; Barbarin, 1994; Greene, 2002; Ross, Holliman & Dixon, 2003; Greene, 2005; Cardoso & Thompson, 2010; Simpson, 2010; Emlet, Tozay & Raveis, 2011).

Resilience is defined as “successful adaptation despite adversity” (Fraser, 2004, p. 23). Risk factors are “any influences that increase the chances for harm or, more specifically, influences that increase the probability of onset, digression to a more serious state, or maintenance of a problem condition” (Fraser, 2004, p. 14). Protective factors are “both internal and external resources that modify risk” (Fraser, 2004, p. 28). More specifically, a risk factor

increases the chances of a negative result and a protective factor increases the chances of a positive result (Fraser, 2004).

Literature on birthparents focuses heavily on negative outcomes related to relinquishment, with considerably less focus on resilience and positive outcomes. This conceptual framework has not been specifically applied to birthmothers who voluntarily relinquish infants for adoption and as such represents a significant gap in the literature. These concepts will be used to guide this inquiry exploring the relinquishment experiences of birthmothers, their response, the factors that contribute to their response to relinquishment, and related risk and protective factors.

Additionally, this study uses qualitative inquiry and hears what birthmothers say in their own terms, rather than test a preconceived hypothesis. This qualitative approach utilizes elements of grounded theory underpinned by a constructivist paradigm. Grounded theory is an inductive strategy where the researcher discovers a hypothesis through constant comparative analysis (Glaser & Strauss, 1967). This allows for the development of middle-range theories throughout the process that are informed by the birthmothers' accounts of their experiences. Qualitative inquiry allows for the examination of unnamed processes related to risk, protection and resilience (Ungar, 2008) and honors the individual and context specific means at which individuals adapt to risk. The constructivist paradigm emphasizes data and analysis as created from a shared experience (Charmaz, 2014).

### C. **Research Questions**

The study will address four research questions: (1) What are the relinquishment experiences of birthmothers? (2) How do birthmothers respond to relinquishment? (3) What

factors contribute to how birthmothers respond to relinquishment and (4) What risk and protective factors are related to relinquishment outcomes?

## II. REVIEW OF RELEVANT LITERATURE

Literature on adoption focuses primarily on adopted children and adoptive parents, with considerably less focus on birthparents. Literature pertaining to birthparents and voluntary relinquishment is extremely limited and is fairly new. This literature review presents information from historical literature and archives, as well as empirical studies published between the 1990s to the present that pertain to birthmothers' experiences of relinquishment in the United States.

The literature most relevant to this study can be organized into five main areas. The first body of literature describes birthmothers. A description of birthmothers includes the prevalence of voluntary relinquishment, characteristics of birthmothers such as general demographics (e.g. education level, race/ethnicity, and relationship status), and reasons birthmothers choose relinquishment. The second body of literature provides a brief historical overview of relinquishment, including how the process of voluntary relinquishment has changed over time. The third body of literature describes the current process of voluntary relinquishment (e.g. discovery of an unintended pregnancy, pregnancy and birth options counseling, physical relinquishment, legal relinquishment or termination of parental rights, selection of adoptive parents, and type of adoption arrangement, or level of openness). The fourth body of literature pertains to the relinquishment experiences of birthmothers. This includes a description of how birthmothers respond to the relinquishment process and the factors related to relinquishment outcomes. The fifth body of literature describes the conceptual framework. It includes literature on risk and resilience.

### A. **Description of Birthmothers**

The adoption triad is composed of birthparents who have relinquished children for adoption, adopted children and adoptive parents. While the term "birthparent" is commonly used

today to refer to a woman who voluntarily relinquishes an infant for adoption, terminology has evolved over the years and has included real parent, biological or genetic parent, and natural parent (Brodzinsky & Schechter, 1993; Wiley & Baden, 2005).

It is estimated that 135,000 adoptions occur each year. This includes domestic infant adoptions, Child Welfare adoptions, and international adoptions in which the U.S. is a receiving country. Approximately 14,000 of these adoptions are the result of voluntary, private domestic relinquishments (Smith, 2010). It is difficult to know the exact number of adoptions and voluntary relinquishments. The most recent compilation of the number of adoptions that occurred annually was in 1992. Although reporting systems are in place for foster care and international adoptions, there is no legal requirement for states to record the number of domestic, private adoptions. Therefore, it is likely that more adoptions take place each year than is commonly reported, and adoption statistics are underestimated (Smith, 2010).

Data on representative groups of birthmothers who voluntarily relinquish infants has not been compiled and analyzed across child placing organizations and geographical regions of the United States. The most recent and extensive data available on birthmothers was compiled and analyzed by the Evan B. Donaldson Adoption Institute and published in 2006. Statistics from several well-established child placing organizations in various states (Spence-Chapin Services to Families and Children located in New York City, the Children's Home Society of North Carolina, The Cradle located in Evanston, Illinois, and the Nebraska Children's Home located in Omaha) and domestic infant adoptions in the state of California were compiled and analyzed to examine the characteristics of birthmothers who made adoption plans for their infants. Although the data is not representative of all U.S. infant adoptions, it makes an important contribution to the understanding of birthparents (Smith, 2006).

Birthmothers who relinquish their infants for adoption consist primarily of women in their early 20s who are transitioning to independence from their parents or caregivers, and women who are single and parenting other children. Most are high-school educated, and approximately 30% have at least some college or trade school. Forty percent of birthmothers have children other than the infant they voluntarily relinquished. Some parent other children, and some voluntarily relinquish more than one infant for adoption (Smith, 2006).

Statistics regarding the race or ethnicity of birthmothers vary. Smith (2006) indicated that approximately 80% of California infant adoptions and 87% of Nebraska infant adoptions involved infants relinquished by Caucasian birthmothers. Smith also indicated that of the birthmothers served by a North Carolina agency, 44% identified as White, 45% Black, and 1 % Multiracial. Other agencies serve a more racially diverse client population. For example, Smith (2006) reported that of the birthmothers served by agencies in New York and Chicago, 38%-53% are Caucasian, approximately 30% are African-American, 8%-17% are Hispanic, 3%-9% are Asian, 4 % are multiracial and 3% identify as “other.”

The decision to relinquish their child is one of the most difficult decisions birthparents make in their lifetime (Smith, 2006). Research examining the factors associated with making the decision to relinquish has been conducted primarily with white pregnant teenagers who resided in maternity homes, and is not representative of contemporary women who choose to voluntarily relinquish their infants (Namerow et al., 1993). Research identifies two factors that have an impact on a pregnant woman’s decision regarding an unplanned pregnancy: prior adoption socialization and significant others’ attitudes regarding the young woman’s pregnancy resolution plan. Personal exposure to adoption, either in childhood, or in a maternity residence were significant predictors of choosing adoption versus parenting, as coefficients for both were strong

and positive. Young women who either lived in maternity residences, were adopted, or who had close relatives who were adopted were more likely to place their infants for adoption than young women without personal exposure to adoption (Namerow et al., 1993). Additionally, young women with boyfriends who preferred adoption or young women who did not have a boyfriend were more likely to relinquish than parent. Also, young women who reported that a close relative wanted them to relinquish their infant were more likely to do so than were young women who reported a close relative preferred that they parent (Namerow et al., 1993).

No studies have been conducted on factors associated with contemporary women who choose to relinquish their infants for adoption, however common profiles of women who relinquish have been identified. Based on reports by case workers and supervisors in a few well-established private adoption agencies, the decision to relinquish an infant is made by women who are already struggling financially and emotionally before the pregnancy, they may live in poverty, be homeless, or experience other factors that contribute to feeling that they cannot cope with parenting another child (Smith, 2006). Birthmothers are frequently women who face extreme challenges such as poverty, substance abuse, domestic abuse, severe mental illness, developmental delays, and serious health problems. Some have experienced involuntary removal of their children by the child welfare system and choose to voluntarily relinquish a subsequent infant for adoption as this provides them a more active role in the process. Birthmothers may be victims of rape, who may have reservations about raising the infant, or young women from conservative ethnic, religious and cultural communities with strong views against out-of-wedlock pregnancy. Birthmothers are also recent immigrants, many of which are undocumented, and have no social support or extended family and are not eligible for formal services due to

their legal status. Birthmothers are also mothers who are expecting a baby with a serious health issue or disability (Smith, 2006).

## **B. Historical Overview of Relinquishment**

Historical scholarship on relinquishment and birthparents is scant, and source material is limited, as many birthmothers chose to keep their relinquishment confidential. Historians have dealt with this challenge by using a variety of archives. Historical literature on relinquishment includes feminist historical projects such as a history of single pregnant women from 1890-1945 which examines the relationship between the professionalization of social work and the attitudes toward unmarried mothers (Kunzel, 1993), a collection of oral histories of birthmothers who relinquished infants for adoption between 1950s and 1970s (Fessler, 2006), scholarship on reproductive rights (Solinger, 2002), scholarship on adoption, which includes information on birthparents, albeit to a limited degree (Broder, 1988; Herman, 2002; Kahan, 2006), and archival documents, which offer insight into the changing landscape of adoption (Parry, 1871; U.S. Children's Bureau, 1918; CWLA Minimum Safeguards in Adoption, 1938; CWLA Standards of Adoption Service, 1958; Lenroot, 1944; Kittson, 1968).

Adoptions today have changed from arrangements that many young women experienced in previous generations. These relinquishments were surreptitious and frequently coercive. Historically, birthmothers, or women who relinquish their children for adoption, have constituted a marginalized group of women. Examination of archival documents and historical scholarship exposes the myriad of challenges birthmothers endured, differential treatment across race and class, how the rights of these women were not well-protected, how services to birthmothers were often disrespectful, dishonest, and coercive, and how adoption has evolved over time.



In the late 1800s, motherhood was sentimentalized, and women were unjustly persecuted for their perceived unwillingness to devote themselves to motherhood (Parry, 1871). During this time, families were viewed as a private unit separated from the larger social community. The socially ascribed role of the husband was to enter the labor market, while wives were expected to tend to the domestic sphere. Mothers were expected to be caregivers and nurturers. Mothers were condemned for illegitimate pregnancies and women had limited options. As a result, many mothers were forced to relinquish infants through whatever means available. Many women relinquished their infants to baby farms, or left them in public spaces (Kunzel, 1993).

Baby farming, or the boarding of infants in exchange for money, provided child care for the children of working mothers in poor neighborhoods. Baby farms frequently took advantage of women who relinquished their infants. For example, in the 1890s, investigations connected combination baby-farm and lying-in facilities, also referred to as unlicensed maternity homes, to the trafficking of children (Broder, 1989; Herman, 2002). Infants were bought and sold at maternity hospitals that were considered private. These arrangements were made by baby farmers and midwives who took advantage of the desperation of these unwed mothers. Mothers gave money to other women, and in exchange these women helped deliver their infants and place them for adoption. The facilities were considered private lying-in hospitals and they charged mothers a \$50 surrender fee. This money covered supposed costs of confinement and adoption and in return they promised confidentiality (Broder, 1988; Herman, 2002). Babies were advertised for adoption in newspapers and many of these ads often used coded messages indicating a midwife's willingness to accept "unwanted" infants for a fee. Baby farmers commonly profited at multiple periods during the adoption transaction, collecting money from birthmothers and also demanding large amounts of money from adoptive parents. Newspapers

also advertised babies for sale (Broder, 1988; Herman, 2002). Furthermore, parents who “abandoned” their children were not seen as possibly having concern for the future care of the child they relinquished. Unwed mothers who relinquished their infants to baby farms were said to be “heartless” to “abandon” their infants (Guild, 1917). Care of the children was not discussed with birthmothers, and birthmothers were denied the right to information about the baby post-relinquishment. Many children in baby farms were grossly mistreated (U.S. Children’s Bureau, 1918).

At the turn of the century, birthparents were offered a wider range of services, yet they were viewed through a negative pathology-based lens, which limited their options and led to coercive practices. In the early 20<sup>th</sup> century, birthmothers and their infants were seen as genetically defective, due to the eugenics movement. Unmarried mothers were believed to have a hereditary propensity toward “feeble-mindedness” which was passed on to their infants and services were provided to these women with the intention of keeping mother and baby together (Kahan, 2006).

In the early 20<sup>th</sup> century, religious organizations founded maternity homes to aid unwed mothers, however treatment of birthmothers varied according to race and class. This includes access to services, quality of services, and societal views on sexuality and single pregnancy. During the early 20<sup>th</sup> century, very few African American women were permitted to enter maternity homes, which served mostly working class white women. Some African American women established homes in African American neighborhoods to serve their communities. The intention of these services was not to redeem women from wrongdoing, rather to strengthen and uplift the African American community (Kunzel, 1993).

White and African American single pregnancy were viewed and treated very differently. Whereas white unmarried pregnant women were temporarily shamed, unmarried African American who became pregnant were instead blamed. African American women were viewed as hypersexual by nature (Solinger, 2000). There was a perception that illegitimacy was culturally accepted in the African American community, and this led social workers to minimize it as a problem deserving of concern and services (Kunzel, 1993). African American women were provided limited services, and many parented their babies, often with the help of family (Solinger, 2002).

The high demand of white infants also influenced the differential treatment of white and African American single pregnancy. African American women were denied relinquishment services because there was no demand or market for their babies. Unmarried white women provided the supply side of the adoption market, as they were producers of white babies, which were a valuable commodity. Black babies, on the other hand, did not have the same market value. They were perceived as a potential economic burden on the taxpayer, and white politicians portrayed these women as sexually and maternally irresponsible, claiming that these women had babies to increase their welfare benefits (Solinger, 2002).

Feminist historian, Regina Kunzel in *Fallen Women, Problem Girls* portrays a history of single pregnant women from 1890-1945 and provides an account of white women's experiences as residents of maternity homes. The evidence Kunzel uses to advance her argument includes case notes from the two largest chains of maternity homes-those founded by the Salvation Army and the National Florence Crittenton Mission. The information contained in the case notes represents only a specific segment of single pregnant women-predominantly white women and white women who lacked financial resources and family support. Her choice

to narrow her source material and exclude women with financial resources and family support, and African American women leaves out the experiences of these women.

According to Kunzel, maternity homes serving white women offered a variety of services and workers valued birthmothers' rights to confidentiality, however women's preferences were not considered, as evangelical principles of keeping mother and infant together led to coercive practices. Evangelical workers encouraged these single women to parent their babies instead of relinquish them for adoption. They felt the baby should serve as an anchor for the "giddy girl" and evoke in her some sense of responsibility. It was believed that the demands of family life would drive out sexual urges. Religion was the foundation of the maternity homes. Kunzel (1993) asserts that Evangelical workers viewed residents' unplanned pregnancies as the work of the devil and coerced the women to claim salvation from God.

Parallel to the establishment of maternity homes was the founding of the first specialized adoption agencies. In response to the development of these organizations, The Child Welfare League of American (CWLA) developed its first set of adoption standards in 1938. These standards made a distinction between temporary (foster) and permanent (adoptive) placements. The standards read, "Both family and child need protection from the hazards liable to be connected with the complicated readjustment of human lives involved in the social procedures of an adoption" (CWLA Minimum Safeguards in Adoption, 1938). This first set of standards addressed adopted children and adoptive families, yet made no mention of birthparents.

The presence of social workers in maternity homes serving white women in the 1940s brought a shift in how white "unwed" mothers were viewed. Social workers viewed evangelical workers' redemptive practices as oppressive and coercive. Instead of labeling a woman sexually deviant, these women were labeled as neurotic. Sex was viewed as a neurotic attempt to become

pregnant outside of marriage and men were seen as the tool, the process of getting there was only incidentally sexual (Kunzel, 1993). Instead of redeeming women, social workers aimed to treat them and to rehabilitate them through a change in personality through individualized casework. They advocated for flexible policies, and asserted that women and children should not always be kept together, yet the decision should be evaluated on a case by case basis. Social workers professed a belief in the right of women to make their own decision regarding parenting or relinquishment, yet in practice they often pressured women to relinquish, as they felt it served the best interest of the child (Kunzel, 1993).

Adoptions increased dramatically between 1937 and 1955. This increase was attributed to soaring illegitimacy rates caused by “social bonds loosened by wartime” (Herman, 2002). Additionally, the demand for children to adopt increased as a result of rising marriage rates of the baby boom. During and after the war, parenthood was viewed as a patriotic responsibility. As a result, adoptive parents felt pressure to pretend their adopted children were their biological children. Earlier efforts to maintain secrecy remained (Herman, 2002).

Pregnant women reported feelings of powerlessness during this time. Their pregnancy resolution options were limited, as abortion was not a legal option, and many of these women were coerced to relinquish their infants. They acknowledged that legally they had two options, yet legal rights mattered very little as they had no practical power to enforce them. Surrendering an infant wasn’t a voluntary act, rather a product of powerlessness. These women were reminded they had no moral rights or economic means to care for themselves or a child. Social worker’s advice to these women was that if they love their babies they will give them up. Some women who resisted reported being tranquilized by hospital staff, and forced to sign adoption papers (Kunzel, 1993; Solinger, 2002; Fessler, 2006).

Social workers became more involved in adoption and adoption began to be viewed as a specialty. Social workers began making a case for higher standards and more professionalized practices. They began to emphasize the concept of matching, and selectivity in the choice of adoptive families. Many social workers, including chief policy makers at the U.S. Children's Bureau continued to be critical of the "amateurs" who founded the first specialized adoption agencies (Lenroot, 1944). Dorothy Hutchinson, an expert on placement and faculty member of Columbia School of Social Work, made a strong argument for standards and expertise in the late 1940s by stating:

Kindliness and benevolence of themselves are insufficient. The panic-stricken unmarried mother, the unprotected child and the thirsty adoptive parents all have a right to security and to the protection of authentic experience and to the best of our scientific knowledge.

In the hands of an amateur, adoption practice is a perilous activity whether the amateur be a kindly dilettante or an unprincipled money-changer. (Hutchison, 1947)

As a result of the increase in adoptions, by the late 1950s, CWLA members ranked adoption issues as a priority and published Standards of Adoption Service (1958) intended to guide practice and legal procedure. It detailed the protections that should be offered to birthparents, children, and adoptive parents (CWLA Standards of Adoption Service, 1958).

Analysis of historical evidence suggests that the aim of these standards were twofold: to improve adoption practices and services and to enhance the image of social work so that it could be increasingly seen as an established profession with a strong knowledge base.

Adoptions declined in the 1970s. This is attributed to the approval of the birth control pill, single motherhood became more acceptable and abortion was legalized. The sexual revolution in the 1970s greatly impacted birthmothers. Birthmothers felt an increased freedom to

disclose their status as birthparents and talk about their relinquishment. While secrecy was still a standard, this began to be challenged. In 1968 activist and adoptee Jean Patton published the book *Orphan Voyage* under a pseudo name (Kittson, 1968). In this work, she advocated for search and reunion on the basis of self-determination of individuals.

Birthmothers who relinquished infants decades prior began organizing. A few birthmothers in the Boston area formed a political and mutual support organization called Concerned United Birthparents (CUB) (What is CUB, 2008). CUB leaders associated coerced adoptions specifically with the lack of reproductive freedom women suffered before *Roe v. Wade*. Women shared similar experiences of being subjected to coercing their infants for adoption and came together under mutual understanding of these experiences. Many of the birthmothers who relinquished wanted abortions yet could not get them because they were illegal (Fessler, 2006).

CUB members fought to claim dignity and rights for birthmothers. CUB focused on mutual support, yet also on community education and legislative and policy initiatives that would enable birthmothers to exchange non-identifying information with adoptive parents (What is CUB, 2008). Feminist historian Rickie Solinger researched CUB members extensively. One CUB member in a letter to Solinger revealed her views towards sealed or closed adoption records. “Angela” is quoted as saying “the closed record limits birthmothers socially, imprisons us emotionally, and discriminates against us morally” (as cited in Solinger, 2002, p.114). In the mid 1970s the CWLA endorsed confidentiality and closed adoptions, yet began to acknowledge the value of open adoptions.

In 1976 the CWLA released a statement:

The principle of confidentiality is reaffirmed as a value to the natural parents, the child and the adoptive parents. Parents who relinquish their children should have the right to waive their right to privacy during the relinquishment and thereafter. Once the child becomes an adult, with the consent of the parent, through legislative or judicial action, the identity of the parents can be disclosed on request of the adult who was adopted.

(CWLA Statement on Adoption)

Beginning in the 1970s, alternatives to absolute secrecy were offered and since that time there has been a trend toward more openness in adoptions (Siegel & Smith, 2012). The increasing trend toward openness in adoption can be attributed to a number of factors including the decline of infants being relinquished, and the requests of adoptive parents for more background information. In the 1970s, an increasing number of adopted persons returned to adoption agencies requesting additional background information (Christian et al., 1997). During this time, the number of infants placed for adoption declined due to legalization of abortion, increased availability and use of contraception and a growing social acceptance of pregnancy among unmarried women (Solinger, 2000). The declining number of infants being placed for adoption also provided birthparents more power to request openness. Birthparent who wanted more openness requested it if they were to relinquish their infants. Additionally, some adoption professionals began to believe that more openness could promote healing among birthmothers and help to resolve their grief (Christian et al., 1997). A longitudinal study analyzing types of adoption offered during the late 1980s and 1990s indicates that the percentage of agencies offering open or fully disclosed adoptions more than doubled from 36% in the late 1980s to 79% in the late 1990s (Henney et al., 2003).



### C. **The Voluntary Relinquishment Process**

Voluntary relinquishment practices have changed and evolved over time. The current process of voluntarily relinquishment an infant for adoption typically begins with an unintended pregnancy, and in general involves counseling, determining the level of openness, physical and legal relinquishment or termination of parental rights. Examination of current processes reveal the myriad of adoption service providers, the degree to which laws regulating relinquishment vary by state, the overlap between voluntary and involuntary relinquishment, and the degree to which women have more power and active participation throughout the process.

The process of voluntary relinquishment typically begins with a woman experiencing an unintended pregnancy. A pregnancy is unintended if it is mistimed or unwanted. A pregnancy is considered mistimed if a woman wanted to become pregnant, but at a later date, whereas a pregnancy is considered unwanted if a woman did not want to become pregnant at the time of conception, or at any time (Centers for Disease Control and Prevention, 2013). Based on analysis of the most recent data available on women's pregnancy intentions from the National Survey of Family Growth, it is estimated that approximately 50% of all pregnancies in the United States are unintended (Finer & Zolna, 2014). Of unintended pregnancies, it is estimated that 43% end in abortions, 45% end in births and 12% end in miscarriages (Finer & Zolna, 2014).

Demographic information is not available on women with unintended pregnancies ending in miscarriages, however demographic information is available on women with unintended pregnancies ending in abortions and births. Regarding level of education, women with some college but no degree were most likely to terminate their pregnancy, whereas women without a

high school diploma were most likely to continue a pregnancy to term. Black or African American women were most likely to terminate their pregnancy, whereas Latina women had the highest birth rate. The birth rate of white women was nearly half the rates of Latina and African American or Black women. Regarding income, women who were considered “poor” and women with “low-income” were less likely to terminate their pregnancy, and women who were considered “poor” had a relatively high unintended birth rate. Unmarried cohabitating women are twice as likely to carry an unintended pregnancy to term as unmarried noncohabitating women. Regarding religious affiliation, Evangelicals were the least likely to end an unintended pregnancy by abortion, whereas women who did not identify as being affiliated with a religion were most likely to terminate a pregnancy, however they also had the highest birth rate followed by Protestants and Catholics. (Finer & Zolna, 2014).

Learning of an unintended pregnancy is typically a crisis situation in which a woman faces a series of complicated decisions (O’Reilly, 2009). Pregnancy options counseling provides education and support regarding pregnancy resolution options, where service providers emphasize non-judgmental, non-directive counseling, and value importance of values clarification, and patient autonomy (Simmonds & Likis, 2005; Singer, 2004). Many organizations have outlined clinical guidelines for this type of counseling. The American College of Obstetrics and Gynecologist, American Academy of Pediatrics, Title X Family Planning Program, Child Welfare League of America and Council on Accreditation for Children and Families (COA) all assert that pregnancy options counseling should include counseling and information about all available pregnancy resolution options.

While these guidelines emphasize counseling around all available pregnancy resolution options, not all service providers present all available options to women. A portion of service

providers offer only counseling related to limited options. For example, COA has two distinct guidelines: one set for agencies who provide pregnancy options counseling and one set for agencies that provide birth options counseling-counseling only on parenting, and adoption or other transfer of custody. These agencies are rated according to slightly different criteria for standards (Council on Accreditation, 2014).

COA states that agencies offering counseling related to limited options should disclose this to clients, and demonstrate that it carefully considered its mission, capacity and resources and communities needs when the service provider decided to offer counseling on limited options. Additionally, COA states that even though these agencies offer counseling and information on limited options, they should still offer pregnancy resolution counseling that is non-directive and nonjudgmental and help individuals make the best decisions for their situation. They also state that practices could include providing clients with a comprehensive list of other providers that offer pregnancy options counseling (Council on Accreditation, 2014). It is difficult to assess the degree to which this occurs and it is likely that this occurs to a limited degree, given the financially lucrative nature of adoption. This can lead to birthmothers feeling pressured or coerced to make a decision that may not be in their best interests, and does not take into account their needs or preferences.

Voluntary relinquishment is facilitated by a myriad of service providers including licensed child-placing agencies, attorneys arranging independent adoptions, and unlicensed facilitators. Adoption is often viewed as a benevolent act, in which the focus is on positively meeting the needs of children. Adoption is also a financially lucrative industry. The high cost of adopting a child, which typically ranges from approximately \$10,000 to \$50,000 can cause

infants to be viewed as commodities (Pertman, 2011). Abusive practices may result in which people profit from pressuring pregnant women, and deceiving adoptive parents.

Adoptive placements with the least amount of supervision are the result of unlicensed facilitators. According to Child Welfare Information Gateway (2013), an intermediary or adoption facilitator is “any person or entity that is not an approved or licensed agency that acts on behalf of any birth parent or prospective adoptive parent in connection with the placement of a child for adoption.” Regulation of facilitators varies across states. Some states regulate their activities, such as advertising and the financial compensation they are allowed to receive, and other states prohibit adoptions involving paid facilitators (Child Welfare Information Gateway, 2013). Examples of unlicensed facilitators’ efforts to capitalize on vulnerable members of the adoption include pregnant women and adoptive parents being coerced. In order to increase the likelihood of relinquishment, pregnant women may be strongly encouraged to move to another state where they have no support system, or to accept excessive amounts of money well above a reasonable amount to cover medical or legal services, and adoptive parents may be pressured to pay inflated sums of money to cover adoption costs, or birthmothers’ expenses, in order to increase the likelihood of adopting a baby (Pertman, 2011).

States also vary regarding laws requiring that pregnant women are provided counseling before voluntarily relinquishing their infants for adoption. Nearly half the states’ adoption laws address counseling. Counseling is mandated by some state laws, whereas other states assert that women who are considering relinquishment should be advised that counseling is available (Smith, 2006). A significant number of mothers seek services shortly before or immediately after giving birth to the infant, therefore counseling may also be limited by the time frame in which birthmothers seek services (Smith, 2006).

The process of voluntary relinquishment through a licensed child placing agency begins with pregnancy or options counseling. According to Smith (2006) this involves, “receiving factual, unbiased information through nondirective counseling to help them explore all of their options” (p. 31). Additionally, this counseling should enable birthparent to understand the implications of their options. Pregnancy or options counseling provides an opportunity for birthparents to discuss their decision-making process, receive education and assistance with adoption planning, search and reunion, and to receive counseling to help deal with feelings of grief and loss. In addition, counselors assist birthparents with obtaining medical care, housing, utility assistance, and referrals to other community resources (Smith, 2006). Current adoption practices afford pregnant women considering relinquishment more power and active participation throughout the process. Birthmothers typically have a choice in selecting and meeting the adoptive parents of their children, and in determining the level of openness and immediate post-birth procedures such as seeing, holding and naming the baby. A birthmother can name the baby on the original birth certificate, and has the right to receive a copy. The adoptive parents are not required to keep the same name. The adoptive parents can name the baby on the amended birth certificate, which is issued to the adoptive family (Smith, 2006).

Physical relinquishment typically occurs prior to legal relinquishment. Shortly after birth, an infant may be placed in temporary foster care, or placed directly with the adoptive family. Legal relinquishment is characterized by signing legal termination of parental rights documents after the infant is born. Thirty states specify a waiting period between birth of the infant and signing legal relinquishment papers. The waiting period, which differs by state, ranges from 12 hours to five days, with 72 hours being the most commonly specified time period in statutes. A few states specify a waiting period after birth of a child before legal documents can be accepted

by the court. Additionally, some states permit revocation of parental rights documents for a brief period after being signed or accepted by the court (Child Welfare Information Gateway, 2013).

Both birthparents must consent to voluntarily relinquish the infant for adoption, and must relinquish their parental rights, or have their parental rights terminated in court, in order for an adoption to proceed. In cases where agreement is not reached, complications can arise. For example, if a birthfather desires to parent the infant and a birthmother prefers to relinquish the infant for adoption, the adoption cannot proceed, which can create additional challenges for the birthmother. It is also critical to acknowledge the rights and protections for birthfathers. A birthfather who is considered a legal father has more rights than a putative father. A legal father can best protect his parental rights by supporting the birthmother financially and emotionally during her pregnancy, and demonstrating a commitment to care for the infant (Smith, 2006).

According to Child Welfare Information Gateway (2014) a putative father is:

A man whose legal relationship to a child has not been established, but who is alleged to be or claims that he may be the biological father of a child who is born to a woman to whom he is not married at that time of the child's birth.

The Putative Father Registry is in place to protect men from having their child placed for adoption without their consent. It is a record of males who believe they are fathers of infants carried by women to whom they are not legally married. This record is used to identify the birthfather, yet doesn't indicate legal paternity. This record is utilized in adoption proceeding in order to identify the birthfather, and to obtain the birthfather's consent to the adoption (Child Welfare Information Gateway, 2014).

A birthmother must also determine the amount and type of contact she would like to have with the adoptive family. Adoption contact arrangements exist along a continuum. For example, there may be no contact between the birth and adoptive families, which is often referred to as

“closed” adoption. In this type of arrangement, little to no information may be shared between birth and adoptive families. On the other hand, there may be a high degree of communication and information shared directly between the birth and adoptive families, which is referred to as “open” or “fully disclosed” adoptions. Birth and adoptive families in open adoptions exchange contact information, communicate directly and engage in regular face to face contact. Birth and adoptive families’ may have a “mediated” adoption arrangement, in which information is shared and contact is mediated through a third party, typically an adoption social worker. Additionally, the increasing use of the internet and social media have influenced communication between birth and adoptive families. For example, in addition to exchanging picture and letters, or talking by phone, parties may communicate through Facebook, Skype, and email (Siegel & Smith, 2012; Grotevant, McRoy, Wrobel, & Ayers-Lopez, 2013).

While type of adoption arrangement or communication is often categorized by these distinct types, it is critical to acknowledge communication often changes over time. For example, an adoption may start as closed, and evolve over time as both birth and adoptive families desire an increase in communication. Or an adoption may begin as open, and due to various factors, one or both parties may desire less frequent, more mediated communication, or cessation in contact (Grotevant, et al., 2013). Some birthmothers make adoption plans with the desire to maintain contact with the adoptive family and receive information about the infant they relinquished, however only 23 states permit legally enforceable adoption contact agreements, and only 13 apply to infant adoptions (Child Welfare Information Gateway, 2014).

#### **D. Relinquishment Outcomes and Related Factors**

While adoptive parents and adopted children have been researched extensively, empirical literature focusing on birthmothers is extremely limited and fairly new. Birthmothers’ responses

to voluntary relinquishment and the factors related to relinquishment are a focus of much of the empirical literature published from the mid 1990s to the present that pertains to birthmothers who relinquish in the United States (Blanton & Deschner, 1990; Brodzinsky & Smith, 2014; Christian et al., 1997; Cushman et al., 1993; Cushman et al., 1997; Donnelly & Voydanoff, 1996; Fravel et al., 2000; Ge et al., 2008; Henney et al., 2007; Kalmuss et al., 1992; Namerow et al., 1997; Weinreb & Konstam, 1995).

Three studies (Donnelly & Voydanoff, 1996; Kalmuss et al., 1992; Namerow et al., 1997) compare young women and teens who relinquished an infant to young women and teens who considered relinquishment, but ultimately decided to parent. Findings from these studies suggest that young women and teens who relinquish their infants for adoption have on average greater levels of regret and are less likely to make the same decision again, compared to young women and teens who consider relinquishment, yet ultimately decide to parent. Equally noteworthy is that satisfaction among both groups is quite high, and regret is quite low.

Kalmuss et al. (1992) and Namerow et al. (1997) report on two waves of a longitudinal study which examines participants' experiences in their last trimester of pregnancy and six months post birth, and again at four years post birth. According to Namerow et al. (1997), six months post birth, 88 percent of young women who parented versus 70 percent of young women who relinquished reported they were certain they would make the same decision again. Four years post birth, 91 percent of young women who parented versus 78 percent of young women who relinquished reported they were certain they would make the same decision again. Regarding regret, at six months post birth, 85 percent of young women who parented reported no regret and 1 percent reported a lot of regret. 37 percent of young women who relinquished reported no regret and 17 percent reported a lot of regret. Regret among young women who



relinquished sharply decreased over time between 6 months and 4 years post birth. At four years post birth, approximately 90 percent of young women who parented versus two-thirds of young women who relinquished reported no regret and 3 percent of young women who parented versus 10 percent of young women who relinquished reported a lot of regret.

Donnelly and Voydanoff (1996) studied teens who relinquished infants for adoption and reported that at 12 months post birth, teens who relinquished infants for adoption had higher levels of regret than teens who considered relinquishment, yet ultimately decided to parent. At 24 months post birth, level of regret for teens who parented increased whereas level of regret for teens who relinquished decreased. At 24 months there was a significant effect of pregnancy resolution option on level of regret indicating that teens who relinquished infants had higher levels of grief than did those who parented (Donnelly & Voydanoff, 1996).

At six months post-birth pregnancy resolution choice was a significant predictor of amount of regret or whether they would make the same decision again (Kalmuss et al., 1992). Four years post birth, pregnancy resolution choice remained a significant predictor of amount of regret and whether they would make the same decision again (Namerow et al., 1997). Additionally, at 6 months and four years post birth, young women who relinquished were more likely to hold higher educational aspirations and attainment, and were less likely to be receiving public assistance (Kalmuss et al., 1992; Namerow et al., 1997). There was no significance difference between reported levels of depression and personal efficacy of teens who relinquished and teens who parented (Donnelly & Voydanoff, 1996). These studies contribute to the knowledge base, as they compare women who have placed with women who relinquish infants, yet some cautions exist. The samples consist of teens and young women under the age of 21 who relinquished infants for adoption in the late 1980s at a time when only closed adoption

arrangements were offered. Additionally, while Donnelly and Voydanoff (1996) recruited participants from public health centers, crisis counseling centers and one private social service agency, Kalmuss et al. (1992) and Namerow (1997) recruited participants primarily from maternity homes.

Synthesis of findings from empirical studies conducted with birthmothers (Blanton & Deschner, 1990; Brodzinsky & Smith, 2014; Christian et al., 1997; Cushman et al., 1993; Cushman et al., 1997; Fravel et al., 2000; Ge et al., 2008; Henney et al., 2007; Kalmuss et al., 1992; Weinreb & Konstam, 1995) reveal multiple factors related to relinquishment. These factors can be organized into three main categories: (1) birthmothers feeling judged or pressured by adoption caseworkers and procedural aspects of the relinquishment process (2) emotional supports and relationship with birthfather and (3) level of adoption openness.

Cushman et al. (1993) reported on a subset of the sample examined by Kalmuss et al. (1992). Specifically, they studied only the women who relinquished infants for adoption and found that birthmothers feeling pressured to relinquish was significantly associated with a measure indicating whether or not the birthmother would make the same decision if they had to do it again and pressure from staff was associated with higher levels of grief and regret at 6 months post placement (Cushman et al., 1993). Regarding procedural aspects of the adoption, Cushman et al. (1993) found that birthmothers who see their infants after birth have a higher level of grief 6 months after birth than do those who do not see or hold their infants. Additionally, a shorter interval between birth and seeing or holding the infant is associated with higher levels of grief. Length of the interval between birth and first time seeing the infant is significantly correlated with level of grief and regret. Length of the interval between birth and first time holding the infant is significantly correlated with level of grief. The number of times a

woman sees the infant is significantly correlated to level of grief and regret. Placement of infant upon leaving the hospital was significantly correlated with level of grief. Birthmothers whose infants are placed directly in foster care upon leaving the hospital report higher levels of regret and grief at 6 months post placement than do birthmothers whose infants are placed directly with an adoptive family (Cushman et al., 1993). These findings are based on analysis at the bivariate level and are only generalizable to women who resided in maternity homes prior to relinquishing an infant for adoption.

Only one qualitative study has been conducted with birthmothers. Weinreb and Konstam (1995) interviewed a sample of 8 women who relinquished infants for adoption in the 1960s and 1970s. Participants were asked to describe their experiences and feelings about relinquishing their infants, the nature and quality of assistance they received, and the current impact of their decisions. Women who report feeling judged by adoption case workers, women who report that caseworkers imply that birthmothers are unfit or unable to raise a child, and women who report adoption caseworkers' unwillingness to assist birthmothers' with evaluating their options in order to make a decision that is best for the birthmother are more likely to question their decision and feel that they were misled (Weinreb & Konstam, 1995). Regarding emotional support, Weinreb and Konstam (1995) report that a theme among birthmothers is feeling the need to keep the relinquishment a secret and perceiving that the few people who knew of the relinquishment did not want to talk about the experience, or condemned the decision to relinquish. These women report that the lack of emotional support increased their feelings of isolation. The birthmothers report that over time talking about their relinquishment and receiving support allowed them to legitimate their experiences and move forward with their lives (Weinreb & Konstam, 1995). This study contributes to the knowledge base, as it is the only study to capture birthmothers' lived

experiences, yet data was collected approximately 20 years after the participants relinquished infants for adoption, therefore memory recall may be unreliable. Additionally, the women in the sample are all highly educated women, with a high level of income, who relinquished when they were an average of 22 years old, at which time only closed adoptions were offered.

Brodzinsky & Smith (2014) examined the post placement experiences of birthmothers. Specifically, they surveyed 235 birthmothers regarding their emotional and physical health one year after relinquishment and at the time of data collection. The findings suggest that 90% of birthmothers report the presence of one or more life stressor, and 80% directly attribute the presence of the stressor(s) to the relinquishment. Findings also suggest that in general, birthmothers report a reduction in grief and improvement in their emotional health over time, yet it is equally noteworthy to mention that many birthmothers reported that they continued to experience some depression, grief, guilt and low self-esteem in their current life, which they directly attribute to the relinquishment. Birthmothers' post placement adjustment was positively related to level of support and to birthmother's satisfaction of the support they received. In the first year post placement, birthmothers report that support from family and friends were the two most important supports they received.

Birthmothers in the sample were recruited from 25 adoption agencies across the country, several attorneys and adoption organizations, and over half lived in California. It is likely that practices across these organizations vary. Additionally, there is a focus on negative outcomes. Participants were given a list of symptoms and life stressors, such as depression, anxiety, and guilt, and asked to indicate which are present. A list of positive outcomes was not provided. The mean age of the women in the sample is approximately 30 years old, and the mean age at time of

relinquishment is 21 years old, which reflects a relatively shorter time span between relinquishment and data collection, compared to other studies (Brodzinsky & Smith, 2014).

Christian et al. (1997) conducted a study of birthmothers using qualitative analysis of case data. This study was part of the Minnesota-Texas Adoption Research Project. Regarding birthmothers' relationships with the birthfathers, Christian reported that four to twelve years post placement, birthmothers who are in a romantic relationship with the birthfather are at greater risk for prolonged grieving than birthmothers who are not in a romantic relationship with the birthfather (Christian et al., 1997). It should be noted that of the sample of 75 birthmothers, only 8 were in a romantic relationship with the birthfather. Emotional support from family, friends and spouses was also examined. Birthmothers in closed adoptions who have positive grief resolution four to twelve years post placement report receiving emotional support from their family, friends and spouses, utilizing counseling to deal with grief issues, and being satisfied with their career choice (Christian et al., 1997). Equally noteworthy, only 3 of 75 birthmothers in the sample were in closed adoptions and reported positive grief resolution. The sample consists of women who were recruited through 35 adoption agencies located across 15 states. The mean age at time of relinquishment is 19.5 years, with an average level of education of 13.5 years.

These studies contribute to the limited knowledge on birthmothers, however some cautions exist. The majority of these studies were conducted in the 1980s and 1990s, and are not representative of contemporary birthmothers. Differences between the birthmothers studied and contemporary birthmothers exist on the basis of age of the birthmother at the time of relinquishment and type of adoption offered. Samples consist primarily of teens and young women under 21 years of age who resided in maternity homes and relinquished at a time when the only adoption arrangement offered was closed adoption. The samples were predominantly

white, with no examination of similarities or differences across race/ethnicity or social class. The emotional nature of relinquishment presents challenges to the design of studies on birthmothers. In an attempt to avoid asking about relinquishment immediately after birth or relinquishment, at a time when birthmothers may be especially vulnerable to experiencing feelings of loss, many of the studies are retrospective in design. While this can be viewed as a respectful attempt to gather information from a birthmother long after relinquishment, when the birthmother may have had time to adjust to the relinquishment, the information collected is based on the birthmothers' memories. Information reported is based on participants' memories of the time period, and in some studies women were asked to recall events or feelings they experienced up to twenty years prior, in which memory recall may be unreliable (Offer et al., 2000). Additionally, the use of unstandardized measures presents challenges for effectively comparing data collected across studies. Standardized measures for other variables pertaining to relinquishment do not exist, therefore many studies are based on data collected through the use of self-anchored scales.

Although most studies examining openness or contact in adoption focus on adopted children and adoptive parents, several studies focus on birthmothers. These studies have examined the relationship between birthmothers' responses to relinquishment, and level of adoption openness (Blanton & Deschner, 1990; Brodzinsky & Smith, 2014; Christian et al., 1997; Cushman et al., 1993; Cushman et al., 1997; Fravel et al., 2000, Ge et al., 2008; Henney et al., 2007). All but one study suggest that birthmothers in more open adoptions, and birthmothers who are more involved report a more positive response than do birthmothers in more closed adoptions (Brodzinsky & Smith, 2014; Christian, et al., 1997; Cushman et al., 1993; Cushman et al., 1997; Fravel, et al., 2000, Ge et al., 2008; Henney et al., 2007). Findings from one study

suggest that birthmothers in more closed adoptions experience a more positive response than do birthmothers in more open adoptions (Blanton & Deschner; 1990).

The changing nature of openness over time and inconsistencies in how level of openness is categorized make it difficult to synthesize findings from these studies. For example, it is common for an adoption to begin as open or mediated and for contact to become less frequent or to cease (Smith, 2006). Some studies take this into account, and others do not. Additionally, studies differ in how level of openness is categorized. For example, Blanton and Deschner (1990) categorize level of openness of adoption as either open or closed. Fravel et al. (2000) and Henney et al. (2007) categorize level of openness as confidential, time-limited mediated, ongoing mediated, or fully disclosed. Ge et al. (2008) measured level of openness using a 7-point scale ranging from very closed (1) to very open (7).

Additional challenges to comparing findings across studies pertain to operationalization and measurement of grief and post-placement adjustment. For example, some studies use standardized measures (Fravel et al., 2000; Henney et al., 2007) and others do not use standardized measures (Blanton & Deschner, 1990; Ge et al., 2008). In fact, Blanton and Deschner (1990) used a modified version of the grief experiences inventory, which is an inventory originally designed to measure the grief experienced by a person who lost a loved one through death. The language was modified to replace “death of loved one” with “relinquishment of child.” Scores were compared to normative data from a sample of bereaved parents who lost a child through death to indicate the intensity of the debilitating effects the person is experiencing. The answers were then recoded back to the original format to be compared with those of the normative sample of bereaved parents. It is questionable whether an instrument used to measure grief in bereaved parents is a reliable measure of grief due to relinquishment of a child.

## E. **Conceptual Framework**

This inquiry is guided by risk, protection and resilience theory postulated by Fraser (2004). This framework emphasizes individual attributes, environmental conditions, and the transactional quality of human behavior. Early research on resilience focused on children and was conducted mostly by developmental psychologists and psychiatrists (Garmezy, 1971; Rutter, 1979; Werner & Smith, 1977). Much of this research documented the healthy developmental trajectories of children growing up in poverty, and stood in contrast to previous research which focused on deficit based models of development. More recently, researchers in the field of psychology have examined the concept of resilience as it applies to individuals who have survived traumatic events such as the subway bombings in London (Rubin et al., 2005) and the 911 attacks (Bonanno, 2004; Bonanno, Rennie & Deikel, 2005).

Social work researchers have applied the concept more broadly to adults, families and communities. For example, researchers have examined resilience as it applies to family caregivers (Ross, Holliman & Dixon, 2003), holocaust survivors (Greene, 2002), social work practitioners (Egan, 1993; Horwitz, 1998), immigrant families (Cardoso & Thompson, 2010), adult survivors of sexual abuse (Simpson, 2010), practice with aging older adults (Greene, 2005) and individuals with health conditions such as sickle cell disease (Barbarin, 1994), and HIV (Emlet, Tozay & Raveis, 2011).

Advances have been made in research on risk and resilience, yet current controversies also exist. There is variation in how terms are defined and operationalized. Resilience is defined in various ways, and there are diverse definitions of positive adjustment related to individuals at risk. Some researchers' definitions of positive adjustment are dependent on successful performance in multiple domains, whereas others define positive adjustment as successful



performance in one domain with at least average performance in other areas. Research emphasizing the multidimensional nature of resilience decreases the likelihood of overlooking the possibility of individuals experiencing challenges within other areas and clarity and consistency in the use of terms allows for integration of across studies (Luthar, Cicchetti & Becker, 2000). Furthermore, resilience is conceptualized in various ways-as a personal trait, and as a dynamic process, which carry different implications. Conceptualizing resilience as a process assumes the presence of significant adversity, whereas conceptualization around an individual trait focuses on resiliency, instead of resilience (Fraser, 2004; Luthar et al., 2000). Additionally, the criteria used to operationalize resilience have come into question, as there is a strong push for criteria that are conceptually driven (Keyes, 2004; Luthar et al., 2000). Recently researchers have called for studies to move beyond descriptions of risk and protective factors to examination of potential mechanisms underlying these factors as well as the value of exploring resilience not just in children but in individuals at various points across the life span (Greene, 2002; Keyes, 2004; Luthar et al., 2000).

For the purposes of this study, the terms resilience, risk factor and protective factor are defined consistent with the risk and resilience framework as outlined by Fraser (2004). Resilience is defined as “successful adaptation despite adversity” (p. 23). This definition encompasses the three main types of resilience: overcoming odds, sustained competence under stress and recovery from trauma. Risk factors are “any influences that increase the chances for harm or, more specifically, influences that increase the probability of onset, digression to a more serious state, or maintenance of a problem condition” (p. 14). Protective factors are “both internal and external resources that modify risk” (p. 28). More specifically, a risk factor increases the chances of a negative result and a protective factor increases the chances of a positive result

(Fraser, 2004). Outcomes previously noted in the literature include grief, regret, educational aspirations, and whether or not a woman would make the same pregnancy resolution decision again. Cultural and social factors influence how positive and negative outcomes are defined, which can lead to definitions that are context specific and culturally biased. As a result, for the purposes of this study, positive and negative outcomes are defined in general terms, which allows for the influence of the participants' voices, and localized definitions.

Risk and protective factors can be found across multiple system levels and generally fall into three general categories. The first is individual attributes, which typically include factors such as biologically based disposition, personality traits, cognitive abilities and mental health. The second category is the family, for example, relationships with family members, presence or absence of cohesion, warmth and neglect. The third general category of risk and protective factors is extra familial environmental social supports. Factors in this category include external resources and extended social supports, and an individual's use of these resources (Fraser, 2004).

Previous studies have examined factors related to relinquishment. These include (1) placement location of the infant after the hospital (2) whether or not the birthmother sees or holds the baby after delivery and the interval between birth and seeing or holding the baby (3) birthmother feeling pressured to relinquish (4) birthmother feeling judged by caseworker that birthmother is unfit or unable to parent child (5) birthmother report that caseworker is unwilling to assist birthmother with evaluating options that are best for the birthmother (6) birthmother talking about the relinquishment process and receiving emotional support from family, friends and spouses (7) relationship status with birthfather: whether or not birthmother is in a romantic relationship with the birthfather and (8) level of adoption openness.

This conceptual framework has not been specifically applied to birthmothers who voluntarily relinquish infants for adoption and as such represents a significant gap in the literature. Additionally, use of qualitative inquiry can make a substantial contribution to the understanding of risk, protection and resilience. It allows for the examination of unnamed processes related to risk, protection and resilience (Ungar, 2008). Furthermore, qualitative methods focus on context which in relation to resilience honors the individual and contextual specific means at which people adapt to risk. It generates a thick description, which is more likely to lead to data which reflects the standpoints of marginalized people (Ungar, 2008). As previously stated, existing literature on birthparents focuses heavily on negative outcomes related to relinquishment, with considerably less focus on resilience and protective factors. These concepts are used to guide this inquiry exploring the relinquishment experiences of birthmothers, how birthmothers respond to relinquishment, the factors that contribute to their response to relinquishment, and risk and protective factors related to relinquishment.

#### F. **Conclusion**

Approximately 14,000 adoptions each year are the result of voluntary relinquishment (Smith, 2006). Literature on adoption focuses primarily on adopted children, with considerably less focus on birthparents. Although adoption practices have changed over the years and current practices allow women more power and active participation throughout the process, the decision to relinquish an infant for adoption is one of the most difficult decisions birthparents make in their lifetime (Smith, 2006).

Much of the literature on birthmothers and voluntary relinquishment focuses on birthmothers' responses to voluntary relinquishment and related factors. Comparison of findings across studies is challenging due to the use of unstandardized measures, and the reliability of

memory recall in retrospective studies. Many of these studies were conducted with birthmothers who relinquished infants under the traditional closed model of adoption in the 1960s and 1970s, or teenage birthmothers. Additionally, the samples were predominantly white, maternity residents, with no examination of similarities or differences across race/ethnicity or social class. The samples in these studies are not representative of current birthmothers; therefore the impact of relinquishment on contemporary, birthmothers is unknown.

Research has also examined the relationship between the response to relinquishment or birthmothers post placement adjustment, and the type of adoption arrangement or level of openness. Comparison of findings across studies is difficult due to the lack of use comparable measures across studies, the changing nature of openness, and inconsistencies in how level openness is categorized.

Research that focuses on the impact of relinquishment on contemporary birthmothers is necessary, yet an examination of risk and protective factors is also important in order to enhance services to birthmothers. This study addresses gaps in the literature by answering the following questions: (1) What are the relinquishment experiences of birthmothers? (2) How do birthmothers respond to relinquishment? (3) What factors contribute to how birthmothers respond to relinquishment and (4) What risk and protective factors are related to relinquishment outcomes.

### III. RESEARCH METHODOLOGY

The research questions were investigated through a qualitative approach incorporating elements of grounded theory underpinned by a constructivist paradigm, and utilizing a cross-sectional, in-depth interview methodology. Classic grounded theory aims to build theory from the data, rather than test theory and aims to generate rich data that can illuminate patterns, concepts, categories, properties, and dimensions of the phenomena under study; this approach was used to answer the first three research questions (Glaser & Strauss, 1967; Corbin & Strauss, 2008). Research question four was examined through a modified grounded theory approach using an explicit resilience lens.

This study is informed by constructivism. A constructivist approach to grounded theory as proposed by Charmaz (2014) incorporates the foundations of grounded theory and constructivist sensibilities. Constructivism views knowledge as constructed, rather than discovered. This notion stands in contrast to the premise of naïve realism, which informs the logical positivist paradigm and assumes that the world stands independent of the researcher, and can be understood by objective observation and study (Denzin & Lincoln, 2005).

A constructivist approach values focusing on the phenomena that is being examined. Additionally, this approach views data and analysis as constructed from collective experiences. Constructivists value positionality and view the humanity of the researcher as an integral part of the research process, rather than viewing them as objective observers. Constructivist grounded theorists emphasize the researcher as the author of a construction of experience and meaning. Constructivists grounded theorists value reflexivity throughout the research process as “any analysis is contextually situated in time, place, culture, and situation” (Charmaz, 2014, p. 131). Constructivists require that researchers’ values must be acknowledged by themselves and by

their readers as an inevitable part of the outcome (Charmaz, 2014). Consistent with constructivists grounded theory, it is important to identify and acknowledge the presence and function of a resilience framework. As a result of the researcher's orientation, knowledge was constructed through a resilience lens.

A. **Setting**

Participants for this study were recruited through The Children's Home Society of Missouri, a licensed child-placing agency located in St. Louis, Missouri. It is a social service agency that provides international and domestic adoption services, and serves birthparents, adopted persons and adoptive parents/families. It is a non-sectarian social service agency providing services to persons of all religious affiliations, races and ethnicities.

Children's Home Society provides pregnancy options counseling, including support and resources to explore their pregnancy resolution options. Pregnant women can receive counseling and need based financial assistance. For example, for women who choose to parent their infant, the agency can provide counseling services, infant supplies, such as diapers, bottles, and clothing, and referrals to additional community resources. Adoption social workers help clients who choose to relinquish infants for adoption develop an adoption plan. This plan is largely determined by the birthparents' preferences, and involves selecting and interviewing prospective adoptive parents, determining contact with the adoptive family, signing and understanding legal paperwork related to termination of parental rights. The agency also has funds to help women making an adoption plan with needs related to the pregnancy/adoption. These funds are distributed on a needs basis, and may cover things like transportation to doctor's appointments, or rent assistance. These funds are provided with the intention of supporting clients, regardless of whether or not she relinquishes an infant for adoption.

Adoption social workers continue to provide counseling to birthparents after relinquishment, for as long as the birthparent desires. Post relinquishment, adoption social workers may also mediate the exchange of information between the adoptive family and the birthparents. Currently the agency does not offer support groups for birthmothers.

The website for Children's Home Society states, "At CHS, we will work alongside you as you plan for the future for yourself and your child." Additionally, it states they are trained to:

Understand the issues that will impact you

- View adoption in a culturally competent way
- Use strength-based approaches to help you as the primary decision maker
- Provide referrals, as needed

It also lists birthparents rights. Specifically, it states:

We believe you have specific rights as someone considering adoption for your child.

- The right to be treated with dignity and respect
- The right to confidentiality
- The right to an open and honest relationship with the adopting family
- The right to participate in all the decisions of the planning process
- The right to meet and ask questions of the prospective adopting family in order to make the best decision

Children's Home Society employs two full time adoption social workers. These workers maintain a caseload comprised of both adoptive families and birthparents. Services are provided to birthparents at no charge. For adoptive parents, the adoption fee is 15% of gross adjusted income, based on the adoptive family's most recent federal tax return, with a minimum of \$7,500 and a maximum of \$20,000.

The agency is guided by Missouri laws, which require a waiting period of 48 hours after childbirth before a woman can sign legal documents terminating her parental rights, and consent can be revoked any time before it has been reviewed and accepted by a judge. Social workers at CHS work with the birthmother to determine the appropriate time to sign consents after the legal

waiting period. Contact agreements between adoptive parents and birthparents are not legally enforceable in the state of Missouri.

**B. Sample**

The method of sampling is convenience sampling. Convenience sampling involves selecting participants based on accessibility, and allows for understanding of the phenomena, and the overall process (Morse, 2007). The sample size is 12. Patton (2002) asserts that the sample size should be based on expected reasonable coverage of the phenomenon given the purpose of the study. Based on my experience with the population, and the limits of my resources to conduct the study, it was reasonable to estimate that I would reach saturation with adequate variability across levels, and demographics with 12-20 participants.

Participants who relinquished an infant for adoption through Children's Home Society of Missouri were invited to participate. This agency was selected because they are located in St. Louis, Missouri and provide support and information to women exploring pregnancy resolution options, including voluntarily relinquishing an infant for adoption. Numerous professional organizations encourage providers to offer counseling that explores all pregnancy resolution options, including the American College of Obstetrics and Gynecologist, American Academy of Pediatrics, and Child Welfare League of America. Regardless, a portion of service providers only offer counseling related to limited options. The Council on Accreditation (COA) urges these service providers to be transparent with clients in the limited services they offer, yet it is difficult to assess the degree to which the limited range of services provided is disclosed. Presentation of limited options can lead to birthmothers feeling pressured or coerced to make a decision about their pregnancy that may not be in their best interest, and that does not take their needs or preferences.



Participants were recruited through staff at Children's Home Society of Missouri. Agency staff identified eligible birthmothers from their case records and contacted birthmothers directly, describing the study, and giving birthmothers information on how to contact the researcher, if they wish to participate. Agency staff were provided with a brief phone script (Appendix G) and received training in the use of the script, along with a training manual (Appendix D). The manual served as a guide for the training and outlines important information related to the research study and agency staff responsibilities. Staff were also given a flyer (Appendix E), which was used to give information about the study to birthmothers. The flyer provided a general overview of the study, the criteria for participant eligibility, compensation for participation in the study, and information on how to contact the researcher if they wish to participate.

Interested birthmothers contacted the researcher who confirmed eligibility (Appendix C) and obtained informed consent. Eligible participants were selected to participate in the study based on a first come first served basis. Inclusion criteria were women, who have voluntarily relinquished an infant for adoption at or over the age of 21, between 1 and 4 years prior to participation in the study. For those who were screened in, their data were immediately de-identified, and just name and contact information was kept. These data were securely stored in a locked cabinet and will be destroyed at the conclusion of the study. Participants received a \$40 gift card for their participation in one 90-120 minute interview, and a \$30 gift card for participation in a subsequent 60 minute member check.

### **C. Data Collection**

Data were collected through in-depth interviews using a semistructured interview protocol. I conducted one interview lasting approximately 90-120 minutes with each participant

and invited each participant to participate in a subsequent member check. The interview protocol was designed to describe the relinquishment experiences of birthmothers who voluntarily relinquish infants for adoptions, their response, factors contributing to their response, and risk and protective factors (Appendix A). Privacy, confidentiality and comfort were paramount; therefore, interviews and individual member checks were conducted at a location determined by the participant. Locations include participant's homes, a private office at Children's Home Society, a quiet corner of a deli, and a private area of a public library. During the informed consent process, I requested permission to contact the participant within one year to invite the participant to participate in a second interview or member check. I contacted the participant by phone and invited the participant to participate in the member check (Appendix H). I reminded the participants that participation in this study was strictly voluntary, and that their decision whether or not to participate would not affect their current or future interactions with the University of Illinois at Chicago or the agency in which they have received services, that is participating in the study. I also reminded the participants that if they decided to participate, they were free to withdraw at any time without affecting those relationships, and they were also given an opportunity to ask any questions that they had. If I left a voicemail, I only left general information, and did not disclose information that may have identified the participant as a birthmother, and requested that the participant contact me (Appendix J).

I asked the participants if they preferred to participate in a private member check-with just the researcher present, or a group member check with the researcher and possibly up to 12 birthmothers who are participating in the research. All of the member check participants agreed to participate in a group member check. The group member check took place at Children's Home Society and lasted about 60 minutes. Three participants verbally confirmed their plans to attend,

yet, two participants attended the member check. During this meeting I welcomed the participants, thanked them for their participation, reviewed information located on the consent form and provided an opportunity for participants to ask questions (Appendix I). I answered questions they had and obtained informed consent. Next, I shared a general summary of the preliminary findings based upon what the participants shared during the first interview. I then asked questions to make sure that the findings correctly summarized participants' experiences of placing an infant for adoption. The two participants who chose to participate in a group member check were informed that participants' names would not be disclosed to other members, and that although we asked everyone in the member check to respect everyone's privacy and confidentiality and not to identify anyone in the group or repeat what is said during the group discussion, it was possible that participants in the group may accidentally disclose what was said. Additionally, the researcher asked permission to audiotape the interview. I explained that the participants could ask that the recording be stopped at any time. I also explained that if one or more individuals in the group meeting did not wish to be audio taped, I will not record the meeting, and will proceed by taking notes. After participants verbally approved, I audiotaped the member check.

The two participants who attended the member check both had positive outcomes after relinquishment, yet varied in their comfort level with talking about the relinquishment. They also differed in level of adoption openness, as one participant has an open adoption the other has a mediated adoption, but would like to increase communication as she is ready. Through the member checks, preliminary findings were verified and challenged, which caused me to return to the data.

At the conclusion of the initial interviews and member check I completed an interviewer's reaction form (Appendix B) immediately after meeting with each participant. This is where I recorded my reactions to the interview and any observations that could not be audio recorded. Participants' affect, demeanor, and nonverbal reactions were recorded. I also recorded any potential influences that my own experiences may have had on my thoughts and perceptions during the participant interviews. This was an effort to minimize personal bias that could influence the interview and data analysis. The information on the interviewer reaction form is considered as data and was analyzed along with audiotape transcriptions.

Data were de-identified in all written documentation. Audio recordings may be identifiable by voice-name recognition, but were securely stored in a locked cabinet. Each recording was assigned a study ID. A master list of ID and name was stored in a locked cabinet separate from the recordings. Interview transcripts and documents including participants' names were stored in a password protected database. All reports and presentations used pseudonyms, and identifying details have been altered to protect participants' identities. Recordings will be destroyed at the conclusion of the study.

#### 1. **Human Subjects Protections**

I used the informed consent process to engage participants in the interview process by informing them of why they were asked to participate in the research; the purpose of the research; the procedures involved; potential risks, discomforts, and benefits of the research; privacy and confidentiality issues; and their rights as participants. I re-emphasized privacy and confidentiality and encouraged participants to be honest with their answers. I emphasized to the participants that they could take breaks at any time during the interview, and that they could

refuse to answer questions or end their participation in the study at any time with no consequences.

I explained that there was no direct benefits to the participants, however participants could possibly benefit from potential knowledge gained as a result of the study. Specifically, findings from this study may be used to enhance support services to birthmothers over the course of voluntary relinquishment. I also explained potential risks. I explained that questions asked during the interviews (including the member checks) pertain to the voluntary relinquishment of an infant. I explained that it was possible that these questions could cause the participant to experience sadness, or trigger emotional pain or grief. I explained that I am a licensed clinical social worker with experience counseling birthmothers. If at any point during the interviews participants became sad or experience grief or emotional pain, I provided appropriate support, while also maintaining the role of researcher. This occurred during most of the interviews. I responded by briefly pausing while participants experienced or expressed emotions, or asked participants wanted to take a break. A few participants took brief pauses and returned to talking when they were ready. At the conclusion of the initial interviews, I also provided each participant with a referral list of adoption professional who are trained to provide support to birthmothers.

#### D. **Data Analysis**

The interviews (including the member check) were audio taped and transcribed verbatim into a Microsoft Word document. I verified the accuracy of the transcriptions for all interviews by reviewing the transcripts while listening to the recorded interviews and corrected any discrepancies.

Auerbach and Silverstein (2003, p. 35) state, “the central idea of coding is to move from raw text to research concerns in small steps, each step building on the previous one.”

Additionally coding is not a linear process, rather often it is a back and forth process (Auerbach & Silverstein, 2003). Although I present the coding procedures in a linear fashion, the process of coding was highly recursive. I used the constant comparative method, which involves inductive processes of comparing data with data, at each level of coding. Newly collected data were compared with previously collected data in a continuous ongoing process throughout analysis as theories were developed, enhanced, confirmed, altered or discounted as a result of emerging data.

From the raw data, which is the complete transcript of the interviews, I selected relevant text. Relevant text is data that is related to the specific research concern. I indicated which text is relevant text by the Microsoft Word highlighting function. I also used the memo function to record reasons for identifying the text as relevant and for recording initial thoughts or ideas after reading the text.

From this relevant text, I named, compared and categorized phenomena as I identified repeating ideas, or similar words or phrases which express the same idea (Auerbach & Silverstein, 2003). I first identified within-case repeating ideas, and then combined the repeating ideas from all of the transcripts. I did this by creating separate files which contained relevant text for each participant, then created a new file to record repeating ideas for each participant. As I read through the transcripts, each time I came across an idea, I copied it to the repeating idea document, along with relevant memos. I repeated this process until as many of my relevant text selections were grouped together and placed in the repeating idea document.

I then identified groups of repeating ideas which had something in common. These commonalities were identified as common ideas. I read through the repeating ideas, and each time I came across an idea that seemed related to the starter idea, I added it to the list of common themes. I also included memos which indicate how it is related to the specific repeating idea. I reviewed the list of common ideas and combined ones that are the same. I then labeled these themes. According to Auerbach and Silverstein (2003, p. 38) “a theme is an implicit topic that organizes a group of repeating ideas.” This was done by creating a file labeled, “themes.” I continued going through the list of repeating ideas until I assigned each idea to a theme. Next, I assigned a name or label to each theme. Auerbach and Silverstein (2003, p. 65) state, “name the themes with an easily understood phrase that expresses this common thread.”

The fourth research question regarding risk and protective factors required analysis beginning with a start list of codes. This is a preliminary list, and additional dimensions emerged as data was collected. The following start list of codes was initially used: (1) personality characteristics of the birthmother (2) placement location of the infant after the hospital (3) whether or not the birthmother sees or holds the baby after delivery and interval between birth and seeing or holding the baby (4) birthmother feeling pressured to relinquish (5) birthmother feeling judged by caseworker that birthmother is unfit or unable to parent child (6) birthmother reporting that caseworker is unwilling to assist birthmother with evaluating options that are best for the birthmother (7) birthmother talking about the relinquishment process and receiving emotional support from family, friends and spouses (8) relationship status with birthfather: whether or not birthmother is in a romantic relationship with the birthfather and (9) level of adoption openness. (10) family or culture (11) spiritual or religious beliefs or practices (12) level of education and income

## 1. **Trustworthiness of Data**

Multiple strategies were used to ensure trustworthiness and authenticity of the data. One strategy was the use of field notes. Field notes were recorded throughout the process. In these notes I described my observations during contact with the participants. Field notes provide a tool to reflect on the process of interviewing participants as well as any ideas or thoughts that emerged while interviewing the participants. Field notes also contain self-reflections, which helped manage preconceptions and how these ideas may influence knowledge claims.

Memoing during coding also increased the trustworthiness and authenticity of the data. Memo writing included the recording of “hunches; comments on new samples to be checked out, explanations of modifications to categories; emerging theoretical reflections; and links to the literature” (Pidgeon & Henwood, 1996, p. 95).

Although I did not engage in a collaborative coding process, I had a colleague who has met the UIC IRB training requirements in human subjects protection review the coding process early in the analysis process to address the issue of consistency. I provided this person with information about the study, the coding process, and random data to review and code.

In order to increase the trustworthiness, I also used member checks, or returning to participants to seek verification of preliminary findings (Lincoln & Guba, 1985). I presented interpretations to the participants in order to confirm the accuracy and credibility of the findings (see Member Check Script and Member Check Guide). Participants were invited to participate in a group member check. For those participants who were not comfortable participating in a group member check, they were given the option to participate in individual member checks. If a subject participated in an interview, and did not participate in a member check, interview data were analyzed.



My goal for this project was to make birthmothers' voices heard, without distorting or misrepresenting their voices. As a result, I examined ways in which my involvement with the study influenced the research and impacted associated knowledge claims. This reflexivity required me to examine the assumptions I made throughout the process and how these assumptions inform the research and possible knowledge claims about birthmothers and relinquishment. Charmaz (2014, p. 66) asserts, "preconceptions that emanate from such standpoints as race, class, gender, age, embodiment, and historical era may permeate an analysis without the researcher's awareness." As an investigator, I agree with the assertion that "the agent of knowledge be placed along the same critical plane as the object of inquiry" (McCorkel & Meyers, 2003, p. 203). I insisted on examining assumptions that situate the study.

My epistemological approach demands examination of how my gender, race, social class, power, personal experiences, and my professional connection to birthmothers impact knowledge claims about birthmothers' experiences, and consideration of how I may reproduce my own privilege through the analysis I produce. For example, my more privileged position as a white, educated woman may cause me to minimize or overemphasize the role race and social class play in relinquishment and its implications for birthmothers. Throughout this study I sought to challenge the assumptions that may have resulted from this privilege so that I could identify and understand how race and social class impact relinquishment.

Personal experiences and my professional connection to the population impact the research process, and related knowledge claims. My personal experience includes my own transition to motherhood, as I became pregnant during this project, and gave birth to a child prior to recruiting and interviewing participants. Experiencing pregnancy and motherhood helped me understand the experience of a mistimed pregnancy, and it shifted how I viewed motherhood.

While my husband and I wanted to become parents, my pregnancy was mistimed. Due to me being classified as “advanced maternal age” medical professionals advised that we begin trying to conceive as soon as possible, as it would probably take six months to a year, possibly longer. We conceived immediately and while we were grateful for this experience, I was not prepared to become pregnant as quickly as I did. We had very specific professional goals we wanted to accomplish prior to becoming parents, and we desired more time to establish our relationship.

My experience of motherhood shifted how I viewed motherhood and voluntary relinquishment. Prior to becoming a mother, I held overwhelmingly positive expectations of the motherhood role and the relationship and close bond I would experience with a child. I attribute these views to a combination of my gender, race, social class, my desire to parent, and the ways in which society sentimentalizes motherhood. My transition to motherhood quickly exposed me to the hardships of parenting. This involved a difficult 23-hour labor, desperately attempting to comfort an infant who developed colic at 2 weeks old, breastfeeding on demand every 2-3 hours day and night for over a year, exhaustion that comes from sleepless nights as I comfort a child who has only slept through the night a handful of times in her first four years of life, and balancing the demands of parenting and working full time. It is also important to acknowledge that my experience of the effects of these hardships were buffered by my various positions of privilege in ways I can only imagine. These privileges include being able to conceive a child, having a reliable and involved co-parent, and being a white, educated mother with financial resources and strong family support.

Additionally, my professional connection to the population impact the research process, and related knowledge claims. I became interested in studying women and relinquishment through my practice experience with this population. This experience includes working at a

social service agency and providing pregnancy counseling and adoption services to women. Working with women who relinquished and hearing their stories has increased my sensitivity to the issues they face. The majority of these women were already struggling financially and emotionally before the pregnancy. They lived in poverty, were homeless, mentally ill, or experienced other factors that contribute to feeling that they cannot cope with parenting another child. These women who in most cases are already vulnerable to oppression, and in fact are oppressed, encounter a service delivery system which has the potential to perpetuate this oppression.

Practice experience and review of feminist historical scholarship and professional literature on adoption has made me increasingly aware of the potential for coercion in services to birthmothers. I am sensitive to the historical marginalization of this population and through practice experience I have witnessed that this marginalization still occurs. The information and pregnancy resolution options presented to birthmothers are often determined by the individual agency. Many organizations present limited options such as parenting or adoption, and do not provide information about abortion services. Additionally, some agencies may present information regarding all options, yet heavily stress adoption, as it may be financially lucrative for the adoption agency. It is my belief that birthmothers have the right to be fully informed about all of their pregnancy resolution options, and that the voices of pregnant women and birthmothers should be honored. My sensitivity to the potential for coercion also resulted in me being timid initially to engage in data analysis, for fear of misrepresenting the women's voices. Analysis was a gradual process, first focusing on the women's descriptions of their experiences, and slowly giving myself permission to look beyond the text in order to examine the meaning of their experiences.

Throughout the study, I monitored the ways in which this personal experience may have influenced the research process and related knowledge claims. One way I did this is through recording my personal thoughts and reactions in the field notes. Additionally, while conducting interviews, it was important for me to monitor my own responses to participants.

## IV. FINDINGS

*“We all have a story to tell, whether we whisper or yell.” -Unknown*

### A. **Participant Profiles**

This section includes descriptive profiles of the 12 birthmothers who participated in the study. Pseudonyms are used to identify each birthmother in order to protect their identities. The profiles include general demographics of the participants such as age, level of education, work/occupation, income, and race of the birthmother, birthfather and infant. An overview of their relinquishment experiences is also presented. A general summary of this information is located in Table 1.

**TABLE I**  
**PARTICIPANT DEMOGRAPHICS**

| Participant Pseudonym | Interview Length | Age | Time Since Relinquishment | Race             | Current Level of Openness | Monthly Income  | Level of Education |
|-----------------------|------------------|-----|---------------------------|------------------|---------------------------|-----------------|--------------------|
| Hillary               | 1:48             | 40  | 2 years                   | White            | Open                      | \$1,500-\$2,000 | Bachelors          |
| Jane                  | 1:58             | 26  | 3 years                   | White            | Mediated                  | \$1,500-\$2,000 | Bachelors          |
| Maggie                | 1:18             | 25  | 3 years                   | White            | Closed                    | Over \$2,000    | Bachelors          |
| Vanessa               | 0:56             | 30  | 1.5 years                 | African American | Mediated                  | \$1,000-\$1,500 | Some trade courses |
| Kim                   | 0:42             | 30  | 3 years                   | African American | Mediated                  | Over \$2,000    | Some trade courses |
| Thea                  | 2:35             | 34  | 4 years                   | White            | Mediated                  | \$1,000-\$1,500 | Some trade courses |
| Susan                 | 1:42             | 29  | 2 years                   | White            | Open                      | Over \$2,000    | Some college       |
| Becca                 | 0:51             | 23  | 1 year                    | White            | Closed                    | \$1,000-\$1500  | Some trade courses |
| Mariah                | 2:01             | 30  | 2 years                   | White            | Mediated                  | \$1,000-\$1,500 | Some college       |
| Lynne                 | 0:57             | 37  | 4 years                   | White            | Mediated                  | Over \$2,000    | Associates degree  |
| Jana                  | 53:17            | 37  | 3 years                   | White            | Mediated                  | \$2,000         | Some trade courses |
| Felicia               | 1:06             | 24  | 3 years                   | White            | Mediated                  | \$1,500-\$2,000 | Some college       |

## 1. Hillary

Hillary is a 40-year-old white female. She is a bachelor's level social worker at a residential treatment center for youth and a part time hairdresser who works out of her home. She estimates that her current monthly income is between \$1500 and \$2000. She is a single parent who raised her son until he was 14 years-old, when he went to live with his father. Hillary is a cancer survivor. As a result of numerous rounds of cancer treatments, Hillary thought she was infertile. A short time later, Hillary and her African-American boyfriend became pregnant. This was Hillary's third pregnancy. In addition to the pregnancy which resulted in Hillary's son that she parented, Hillary became pregnant when he was just under one-year-old and terminated the pregnancy. When Hillary learned of her third pregnancy, she evaluated her pregnancy resolution options. She ruled out abortion because she experienced depression after she terminated her second pregnancy. She also ruled out parenting, as she experienced numerous parenting challenges with her son. She considered relinquishing her infant for adoption, knew a former birthparent who relinquished through Children's Home Society, and contacted the agency. During her pregnancy, Hillary selected and met the adoptive parents, a gay male couple. Hillary voluntarily relinquished her bi-racial son for adoption through Children's Home Society of Missouri. Hillary describes her adoption as open. She and the adoptive family communicate frequently and get together several times per year. Hillary considers her decision to relinquish "the best decision" and is pleased with her experiences. She talks openly about her experiences of relinquishment. She considers her family to be a strong source of support. They were supportive of her decision and during visits they seek to bond with the child who is now two years old. Hillary lives alone, and is no longer in a relationship with the birthfather, yet they remain friends. I sat down with Hillary in her home in north St. Louis City. Her generous

hospitality was an indication of her eagerness to talk about her relinquishment experiences. She shared her story over homemade peach cobbler and hot tea.



## 2. Jane

Jane is a 26-year-old white female with a bachelor's degree in nursing. She works as a unit secretary in a hospital and estimates that her current monthly income is between \$1500 and \$2000. She is currently in a relationship with Quinn, a white male, whom she met and began dating her senior year of high school. Jane and Quinn attended neighboring private college preparatory high schools. After high school, Quinn moved to Massachusetts to attend college, while Jane enrolled in a local college in St. Louis. When Jane was 22 years old she experienced an unintended and mistimed pregnancy. She and Quinn did not share the news of the pregnancy with anyone until 4 months into the pregnancy when they decided to voluntarily relinquish the infant for adoption. Jane evaluated her pregnancy resolution options and concluded that she was not comfortable with terminating the pregnancy, and was not ready to parent at that time, although she would like to parent at some point in the future. Jane's parents provided her with strong emotional support and she lived with her parents as she took a break from college and focused on taking care of herself and making a plan to relinquish the infant for adoption. Jane and Quinn contacted Children's Home Society a few months into the pregnancy. They met and selected Karen and Bill, a white heterosexual married couple, as the adoptive parents. One month before Jane's due date, Quinn temporarily left school and moved into Jane's parents until the baby was born. Jane and Quinn had ongoing contact with the adoptive parents during the pregnancy, and then agreed that once their infant son was placed with the adoptive family the level of adoption openness would move to mediated. They exchange pictures and letters with the adoptive family twice a year through Children's Home Society. Jane received and continues to receive from the adoption social worker. I met and interviewed Jane at an office at Children's Home Society.

### **3. Maggie**

Maggie is a 25-year-old white female with a bachelor's degree from a prestigious private liberal arts college. She works as a special events coordinator for a non-profit organization and her monthly income is over \$2,000. Maggie identifies as having bi-polar disorder and has a history of substance abuse, specifically heavy alcohol and cocaine use that began in her late teenage years. Maggie has been pregnant three times and chose a different pregnancy resolution option with each pregnancy. At age 21 Maggie had an abortion and terminated her first pregnancy. Her second pregnancy at age 22 resulted in an infant daughter whom she relinquished for adoption. Maggie became pregnant again a few months later and gave birth to a daughter whom she is parenting. Maggie kept her second pregnancy a secret until she was about 5 or 6 months along when her mom discovered prenatal vitamins in the trunk of Maggie's car. At this point Maggie disclosed her pregnancy to her mother and to her ex-boyfriend Mike, the father of the baby. Maggie and Mike ended their relationship when Maggie was about 4 months pregnant. Maggie contacted Children's Home Society and began the relinquishment process when she was about 6 months pregnant. Maggie selected an adoptive family, and began communicating with them, yet they voiced concerns about the baby's health due to Maggie's drug use during the first few months of her pregnancy. These comments concerned Maggie and although she was disappointed, both she and the prospective adoptive family agreed it wasn't a good match. Maggie met and selected another adoptive family who agreed to adopt her baby. They communicated every day for the remainder of Maggie's pregnancy, and agreed to an open adoption. The baby was placed with the family and for the next 6 months Maggie exchanged pictures and letters with the family via email. Between 6 months and one year after placement, the adoptive family gradually ceased all communication with the Maggie. Maggie had a difficult

time adjusting after the relinquishment yet slowly began to feel better over time. She lives alone with her daughter and is preparing to purchase and share a home with her boyfriend. I interviewed Maggie at an office at Children's Home Society.

#### **4. Vanessa**

Vanessa is a 30-year-old African American female and single parent of five children. Vanessa has a high school diploma and has completed a few community college courses. Vanessa faced a difficult time after losing her housing, job, and car. In an effort to make money, Vanessa had sex with a man she did not know in exchange for money and became pregnant. Vanessa did not disclose her pregnancy to anyone and did not receive prenatal care. She delivered a baby boy and Vanessa contacted Children's Home Society from the hospital. An adoption worker came and met with her and Vanessa voluntarily relinquished her African American son for adoption through Children's Home Society. Vanessa was active throughout the process and selected and met the adoptive family, a white, heterosexual, married couple. She agreed upon mediated openness with the adoptive parents, with plans to move to an open adoption when she is ready. She has seen pictures of her now 16 month old one time and gets occasional updates through her adoption social worker. Her adoption social worker and the adoptive parents are the only people who know about her pregnancy and relinquishment. Although Vanessa did not tell her family about her pregnancy, or the child she relinquished, she considers them to be a strong support system for she and her children. After the relinquishment she and her children moved in with her granny, and she sees her sisters and their children regularly. Vanessa was emotional as she described the support she has received from her adoption social worker, as she feels like the agency is part of her extended family. I interviewed Vanessa in a private office at a daycare center in South St. Louis City where she is currently employed and earns \$1200 per month.

## 5. **Kim**

Kim is 30-year-old African American female who works in the optical field and earns over \$2000 per month. She has a high school diploma and has completed a few nursing technician courses at a trade school. She lives with her African American boyfriend and they have been together since Kim was 13. They are parenting three children. When their son was one-year-old, Kim experienced an unplanned pregnancy. She considered parenting but felt she wasn't emotionally or financially ready to parent another child, and she didn't want to have an abortion. During her second month of pregnancy, Kim contacted Children's Home Society. She met and selected the adoptive parents, a heterosexual, married, African American couple and voluntarily relinquished the infant for adoption. They agreed to a mediated adoption with the possibility of increased openness over time as Kim is ready. In addition to exchanging pictures and letters through the adoption agency, Kim met with the adoptive mother 6 months after the baby was placed, and is considering viewing the adoptive family together at a public space such as the zoo, without engaging with the child. Kim is hopeful that she will eventually be comfortable increasing communication and having an open adoption. Kim's support system includes her parents, her boyfriend who is the birthfather, the adoptive parents, and the adoption social worker, as no one else knows about the pregnancy or relinquishment. Shortly after the baby was placed, Kim became pregnant with twins, whom she and her boyfriend are parenting. She and her boyfriend's financial situation has improved considerably since the relinquishment. I interviewed Kim in a family style meeting room at Children's Home Society, while Kim's adoption social worker watched her twins in a separate room. Kim answered questions, but was relatively brief with her answers, and seemed eager to return to caring for her twins at the end of the interview.

## **6. Thea**

Thea is a 34-year-old white female. She was raised Catholic, and after graduating from Catholic high school, she earned a medical assistant certificate in phlebotomy from a trade school. She struggles with anxiety and depression. At 30 years of age, Thea experienced an unintended pregnancy. Thea's boyfriend of three months was the birthfather, and they were living together. Thea told him she was pregnant and he disclosed that he had been unfaithful to her and that he would not support her or the child. One month after Thea told him she was pregnant, he became incarcerated for six months. Thea was raising a three-year-old daughter from a previous relationship, and felt that she could not love another child the way she loved her daughter. She attempted to terminate the pregnancy, yet at the last minute decided she couldn't follow through with it, and made a plan to relinquish her infant daughter for adoption through Children's Home Society. She met and selected the adoptive parents and they planned an open adoption. Over time, the adoptive parents requested increasingly more involvement. For example, they requested to name the baby, and for that name to be listed on her birth certificate, despite Thea telling them that she hoped to name the baby. Thea felt pressured, yet wanted to follow through with her plan to relinquish and place the infant with the adoptive parents. Thea went into labor one month before her due date, and had an emergency Cesarean section. The adoptive parents were present when the baby was born, and continued to visit the baby in the hospital nursery, yet did not respect Thea's requests to leave when she wanted to spend time with the baby alone. On two occasions, hospital security escorted the adoptive couple out of the hospital. Thea was placed on antidepressants and her doctor granted her three extra days in the hospital to spend time with the baby. The baby was placed with the adoptive family, and they send Thea pictures of the infant through the agency, yet there is no direct contact. She

reconnected with the birthfather when he was released from prison and after one year they ended their relationship. She also had an emergency hysterectomy one year after she relinquished her infant for adoption, and spent time in an in-patient treatment program for depression and anxiety. I interviewed Thea at her home, an apartment she and her boyfriend rent in a suburb of St. Louis. Her monthly income is \$1001-1500.

## 7. Susan

Susan, a 29-year-old white female, takes care of her three children full time. She is currently in a relationship with the father of her youngest child, and remains good friends with the fathers of her oldest two children, and they are involved in the lives of the girls. Susan is adopted. She met her birthmother once at age 15, and met her birthfather four years ago. She is still in contact with her birthfather. Susan did not have an on-going relationship with her birthmother, yet did develop a relationship with her birthmother's parents, who adopted Susan's birthmother. She remained in contact with them for several years, even caring for them while they were in a nursing home, yet they are now both deceased. At age 27, she experienced an unintended and mistimed pregnancy. She was working as a waitress at a restaurant and dating the birthfather, Vito, an Italian American male. She told her family and friends and they congratulated her on her pregnancy. She considered parenting, yet she did not feel that Vito would be a reliable co-parent, and she did not want to be a single parent. At four months pregnant, she decided to relinquish the infant for adoption. She told all of her family and friends and they were supportive. She contacted Children's Home Society and met with a social worker who supported her through the process by giving her information and providing emotional support. She met and selected the adoptive parent, a single white female, and they communicated regularly during her pregnancy. The baby was born and the adoptive mother was present for the birth. Susan and the adoptive mother spent most of their time together taking care of the baby in the hospital. Susan and Vito stopped dating during the pregnancy, yet remain close friends. Together they attended a "meet the birthparents" party hosted by the adoptive mother when the baby was a few months old. Susan describes the adoption as open, as she communicates regularly with the adoptive family. I interviewed Susan in the home she shares with her



boyfriend, in an affluent area of West St. Louis County. Susan estimates that their current monthly income is well over \$2,000 and is approximately \$180,000-\$200,000 per year.

## **8. Becca**

Becca, a 23-year-old white female, has a high school diploma and has completed a few courses at a trade school. She works in the housekeeping department of a large casino and hotel in St. Louis City and makes \$1,000-\$1,500 per month. At age 21, she experienced an unintended pregnancy. Paul, a white male, and friend of Becca's, is the birthfather. Paul did not tell anyone about the pregnancy, and asked Becca to have an abortion. She didn't want to terminate the pregnancy, as she felt she would be "killing the baby." Additionally, she was unemployed, and living with her mother at the time, and didn't think she could financially support herself and her child. She told her mother about the pregnancy and her mom was supportive of her plan to relinquish the infant. At 3 months pregnant, Becca and her mom called Children's Home Society and met with an adoption social worker together. Becca had the strong support of her adoption social worker, her mom, her aunt, and her best friend. Becca met and selected the adoptive parents, a white heterosexual married couple with two adopted boys. Their adoptions were both closed, and the adoptive parents told Becca they were excited to get to know one of their children's birthmothers, as they never met their sons' birthmothers. Becca experienced complications during her pregnancy due to having a short cervix, and was admitted to the hospital at 5 months pregnant. She stayed in the hospital for about three months, and during this time she developed a supportive relationship with several nurses and hospital staff. When Becca was 7 ½ months pregnant, she gave birth to her son. He weighed 4 lbs. and Becca remained in the hospital for 2 weeks, and the baby was released one month later. During this time, Becca spent every day with the infant, even visiting with him after she was released from the hospital. Becca and the adoptive parents agreed to mediated openness, in which they would exchange pictures and letters two times per year. When the infant turned one-year-old they all agreed to

meet at McDonalds. Becca visited with the adoptive parents, and brought the baby presents from she and her family. Since that time, the adoptive family has decreased the frequency of their mediated contact. Becca rents an apartment with her best friend in North St. Louis. I interviewed Becca in a private meeting room at the public library in her neighborhood. Becca's answers were brief and outside of answering my questions, she was timid to share additional information.

## **9. Mariah**

Mariah is a 30-year-old white female. She has a high school diploma and has completed one year of community college courses. She currently works at a donut shop and earns \$1200 per month. She is a single parent of two girls, ages 10 and 7 years old. At age 27, she reconnected with her high school prom date, a white male. As a result, Mariah experienced an unintended and mistimed pregnancy. The birthfather encouraged Mariah to terminate the pregnancy. Mariah identifies as a Christian and ruled out terminating the pregnancy because abortion is “against” her “religion.” She considered parenting, yet did not think she could financially support another child, as a single parent. At the time she was working two jobs, she was a dishwasher, and a waitress, and also cared for her ill father in her home. She sought counsel from her church, yet felt judged, and did not return to church. After much prayer, she decided to voluntarily relinquish the infant for adoption through Children’s Home Society. Three months into her pregnancy, Mariah selected and met the adoptive parents Stacey and Ed, a white, heterosexual, married, Christian couple. They got together frequently during her pregnancy, and attended all of her doctor’s appointments together. At the hospital, Mariah requested that Stacey and Ed have a room next to hers. The hospital initially denied her request, yet after Mariah persisted, the hospital granted her request. Mariah’s boyfriend and father to her youngest child was present at the infant’s birth, along with the adoptive parents. Mariah spent time holding the baby, and bonding with the adoptive family. Her father also visited her in the hospital. Mariah’s support system included the adoptive parents, her boyfriend, and her father. Mariah experienced a feeling of loss post relinquishment, and finds comfort in looking at her keepsakes from the hospital including pictures, and the infant’s first bottle. Additionally, her father passed away recently. She and the adoptive couple are friends on Facebook, which allows her to view pictures of the

adoptive family, yet that have no plans to get together. Mariah prefers to be referred to as her son's "second mother" instead of "birthmother" as she feels this term reflects that she and the adoptive mother are equal. I interviewed Mariah in an office at Children's Home Society.

## **10. Lynne**

Lynne is a 37-year old white female who is currently working on her associates degree. At age 33 she experienced an unintended pregnancy as a result of failed birth control. Randy, a white male, and Lynne's boyfriend of four years, is the birthfather. Lynne was living with her ex-husband's mother during the time she discovered she was pregnant. Lynne and Randy never desired to become parents, and Lynne was relieved that she was "too far along" to have an abortion. Lynne terminated a previous pregnancy and describes her experience as "awful." At seven months pregnant, Lynne contacted Children's Home Society and made the plan to relinquish the infant for adoption. Lynne's family, including her parents and step mother, were supportive of her decision to relinquish the infant, yet Lynne's mother did struggle with Lynne's decision initially, as the infant was her first grandchild. Lynne met and selected the adoptive parents, a white, lesbian couple. The adoptive mothers, Randy, and Lynne's family supported Lynne throughout her pregnancy, and the adoptive moms even attended Lynne's doctor's appointments with her. Lynne closely relates her experiences to that of a surrogate. Lynne had an emergency Cesarean section and Randy was present in the operating room. The adoptive mothers visited the baby and Lynne at the hospital. Lynne chose not to see the infant, yet she allowed her family members to visit the baby in the nursery. Lynne has not seen the adoptive family since the hospital, and characterizes the adoption as mediated as she gets letters and pictures. Lynne feels strongly that "this is the adoptive parents' time with her." Lynne is currently working for a non-profit health advocate organization and manages the farmers market in her community. She and Randy earn over \$2,000 per month.

## **11. Jana**

Jana is a 37-year-old white female with a high school diploma and medical assistant certificate. She earns about \$2,000 per month working full time in the claims customer service department of a health care management company. She is a single parent of a 17-year-old daughter and a one year old son. At age 33, Jana began dating and living with her African American boyfriend, and three months later she experienced an unplanned pregnancy. She and her boyfriend separated and Jana moved in with her mother. She evaluated her pregnancy resolution options and determined that abortion is “out of the question” as she felt that she “would be killing something.” She also ruled out parenting, as she did not want to parent alone. Jana selected and met the adoptive parent once during her pregnancy, and continued communicating with them by phone and email until the baby was born. Jana relinquished her biracial daughter for adoption through Children’s Home Society. When the baby was one month old, Jana visited with the baby and the adoptive parents, and they agreed to send Jana update letters and pictures twice per year, which Jana has received. Shortly after Jana gave birth, she began to isolate from her friends and family and in an effort to “not feel the pain” she began using cocaine. She continued using cocaine for about 6 months. Jana describes herself as a person who has a “very hard time opening up” and she has not spoken about the relinquishment with anyone. I interviewed Jana in her home she rents in a northwestern suburb of St. Louis. This was Jana’s first time talking about her experience of voluntarily relinquishing an infant for adoption. She was relatively brief with her answers, quiet, and guarded.

## **12. Felicia**

Felicia is a 24-year-old white female. At age 21, she became pregnant as a result of being raped. She was scared and only disclosed her pregnancy to one person, a trusted coworker at the deli where she worked, who relinquished an infant for adoption in the 1970s. Felicia was living with her parents, and managed to keep the pregnancy from them until she went into labor. She did not believe in abortion, and could not financially support a child on her own. She started considering adoption the last few months of her pregnancy. After delivering her infant she called Children's Home Society from the hospital, and an adoption social worker visited her to talk about relinquishment. She also learned about relinquishment from her coworker, who relinquished an infant during the 1970s when adoptions were closed, and provided emotional support to Felicia. After learning that she could maintain contact with her infant through an open adoption, she decided to relinquish her infant for adoption. Her parents supported Felicia's decision, yet her father also offered to help her care for the infant if she chose to parent. Felicia selected the adoptive family. Felicia saw and held the baby while she was in the hospital, and visited with the baby one week later at Children's Home Society. Felicia's adoption social worker took pictures of Felicia, her parents, and the baby, and Felicia finds comfort in looking at the photos. When the infant was 6 months old, Felicia visited with the baby and the adoptive parents together. Felicia sensed that the adoptive parents were uneasy and in an effort to help them feel more comfortable, Felicia proposed they have mediated contact going forward. They agreed to exchange pictures and letters through the agency a few times per year. Six months later, Felicia had a baby girl who died of SIDS when she was a few months old. She received support from her adoption social worker and Children's Home Society helped with funeral and burial expenses. She recently gave birth to a son, whom she is parenting. Felicia has a high



school diploma and has completed a few classes at a community college, with future plans to earn a degree in social work. She currently works full time in the customer service department of a car dealership and earns \$1700 per month. She lives with her son. I interviewed Felicia at a semi private area of a café in her neighborhood.

## **B. Findings Organized by Stage of Relinquishment**

This study examines the experiences of birthmothers who voluntarily relinquish their infants for adoption. The themes that emerged are organized and presented by stage of the relinquishment process, with the exception of one theme that cuts across all stages of the process. The stages are presented largely in order of the women's experiences as they moved through the process.

When designing the study, I had preconceived ideas regarding the distinct stages that birthmothers experience as they move through the process of relinquishment. Some of these stages fit with the women's experiences, and others did not. There were stages that I perceived to be distinct and important or meaningful, yet they didn't seem to be a key part of the process for the birthmothers who participated in this study. Additionally, there are other stages that I perceived as not important or not particularly meaningful yet, the women's descriptions of their lived experiences suggested otherwise. I note these variations within each stage. These stages were verified by the participants during the member checks, including the absence of legal relinquishment and the presence of exploring relinquishment as a pregnancy resolution option, which challenged my preconceived ideas that these are important stages of the process, perhaps because of my practice experience with this population.

### **1. Stage One: Exploring Relinquishment as a Pregnancy Resolution Option**

#### **a. Theme: Birthmothers Seek Information about Relinquishment Through Various Means**

When designing this study, I did not perceive this to be a distinct stage in the process of relinquishment. However, when I asked participants to tell me about their experiences of making the decision to relinquish, they shared a lot of information about exploring relinquishment and

their experiences, particularly the challenges of seeking resources and information about relinquishment. This distinct stage emerged largely out of the women's descriptions of those experiences.

The process of voluntarily relinquishing an infant begins when a woman learns she is pregnant. This discovery brings about a series of decisions, primary of which is what to do about the pregnancy. The participants considered a variety of pregnancy resolution options, however this theme "Exploring Relinquishment as a Pregnancy Resolution Option" focuses on the participants' pathway once they decided to explore voluntary relinquishment as a pregnancy resolution option. It encompasses the various means through which they seek information about relinquishment.

Once the participants begin to explore relinquishment, they seek information and resources about relinquishment. The participants seek information about relinquishment through two main resources: the internet or a person affiliated with Children's Home Society, more specifically a staff member or former client who relinquished an infant for adoption through the agency. Participants who initially searched the internet for resources and information describe difficulty locating resources. These participants describe various challenges presented by internet searches: elusiveness of relinquishment and not knowing where to begin the process, an abundance of online resources, yet no physical spaces in which to seek help, websites not appearing trustworthy, and services fragmented by pregnancy option. These challenges caused women to feel frustrated, isolated, and/or to question their decision to relinquish.

Thea, Mariah, Jane, Vanesa, Kim, Lynne, and Jana searched the internet for resources and information about relinquishment and experienced various challenges. For example, Thea

describes her frustration with locating information and resources regarding relinquishment including doing research on her own, and asserts that this is a universal experience of birthmothers:

That whole process is impossible, um figuring out what to do...99% of the time I was just totally overwhelmed and exhausted trying to think you know thinking I'm doing this on my own and by myself and I can't find help online and I don't know what to do. Being a birthmother you have to go and research and look things up things on your own like nobody gives you options.

Jane concurs, "I was constantly doing research." She discloses, "At that time I was so desperate. I was googling for hours and hours, looking for some sort of like information where to even begin this process." She reflects on this part of the process, and contrasts the online resources versus physical spaces in which to seek help:

Like it was a ton of research I had to do. I remember like doing all of that research...and just thinking like how there are no resources in like the St. Louis area, just online really. There's all these stories about adoption online, you read them, whatever, but there's no place to go.

Thea recalls a similar challenge:

Then the adoption thing, where do I start? Like if you look it up on the internet, it doesn't tell you where to begin, like it's the hardest thing to figure out how to do. I didn't know who to go to.

Mariah struggled to find resources and as a result, she began to question whether relinquishment was the right choice. She recalls thinking, "maybe it's just not meant to be for me to adopt him out."

Additionally, Jane evaluates a few websites she reviewed before finding Children's Home Society. She describes frustration as a result of adoption websites appearing untrustworthy.

I was like who should I trust I was like this seems so foreign like even looking at this website like is this like a fraud I felt like.....like these websites that you go to that look

so phony that just have like a teddy bear on them are you kidding me? Like this looks so ridiculous. Like what am I doing right now? It's just like why? Like what is going on?

She continues and describes that her internet search revealed a lack of options counseling, only services fragmented by pregnancy option, which caused her to isolate:

I didn't know where to go, so I isolated myself. Like, when I first was pregnant like there wasn't ya know, that counseling that you can get to make a decision like if you want to have an adoption, or you want to have an abortion, like, I don't know I just felt like there was for me, nowhere to go, so like I isolated myself.

Whereas women who initially searched the internet for resources and information describe difficulty locating resources, women who knew a person affiliated with Children's Home Society, specifically a birthmother who formerly relinquished an infant for adoption or a staff member of the agency, connected with resources relatively easily, instead of conducting extensive searches. For example, Hillary states "Um so, we got the name of the agency through a friend of mine whose daughter used the agency also to place a baby for adoption and we had meetings with the agency." Additionally, Felicia did not struggle to find an informal resource for information on relinquishment. It is noteworthy to mention that Felicia is the only participant who spoke directly with another birthmother throughout the process. During her pregnancy, she befriended a coworker who voluntarily relinquished an infant for adoption through Children's Home Society in the late 1970s. They talked during Felicia's pregnancy and Felicia received information about the process from her coworker. This birthmother became a resource on the adoption process, even though her experience was limited, as the relinquishment process has changed since the 1970s. Felicia states:

I talked to my co-worker who was pregnant at 16 and gave up her baby. We would sit at the table and one night I was asking her questions cause she was pregnant at 16 and she gave up her baby to adoption, back then that's when adoptions were closed. My only source of information was a woman who went through it back in the later 70s. It is different now, but I don't know what I would have done without her.

While Felicia received information about the relinquishment process from her former coworker, she is one of two participants who did not connect with formal adoption services until after arriving at the hospital and delivering the infant. It is noteworthy to mention however that she did identify that information about relinquishment was not automatically made available to her at the hospital. Upon hearing this, I jot down a note, “Assumptions made about female patients who deliver a baby-parenting? Options counseling introduced at hospital?” I question the degree to which it is assumed that women who deliver an infant seek to parent, and whether they are asked about their preferences. Felicia describes her experience:

It was very awkward. I didn't have anybody in there besides the adoption social worker talk to me about adoption. They had like brochures and stuff about probably every case of any kind of pregnancy you could think of, but not one about adoption, there wasn't anything like you know and when I asked someone about the question of the adoption at the hospital one of the care nurses and she just looked at me, 'Do you have a case for her?' I just looked at her, 'What? I don't know what that is.' Then my mom came in I said, 'Mom, I don't know what to do.' She said, 'Call the adoption social worker. You have to call her.'

**b. Theme: Birthmothers Find Challenges and/or Supports When Exploring**

**Relinquishment as a Pregnancy Resolution Option**

The challenges participants identify when exploring relinquishment as a pregnancy resolution option involve difficulty finding information and resources related to relinquishment. A detailed description of these challenges are presented in the previous theme. Participants who encountered these challenges made several service recommendations. These include medical professionals and hospital staff providing relinquishment resources, a hotline where women can access information about relinquishment, and support from birthmothers who have formerly relinquished. For example, Thea experienced difficulty locating resources and recommends that gynecological offices provide supportive services and referrals for birth options counseling and referrals. She asserts:

I just think like more gynecology offices I mean they can't honestly think everybody that goes into a high end gynecology office is super excited about having a child you know? You know like they can ask you hey are you ok are you or even do you want to have this child there are services available other than having it and then neglecting it; they could just be more supportive and give lists of resources like I have this list I get this these from her school all the time because she is in IEP. Why can't doctor's offices hand these out with you know what I mean, support, stuff like that.

Vanessa, who is one of two participants who did not connect with a formal service provider until after she delivered her infant at the hospital, emphasizes the need for non-hospital based information about the relinquishment process. She states, "I didn't go to the doctor for prenatal care and I didn't know anything about adoption. There needs to be a hotline where you can call and get information about the process, telling you where to go." I probe further by repeating the phrase, "Resources?" and Vanessa replies, "Yeah like a 1-800 number or hotline they can call to get information." I ask Vanessa, "And that information would be...?" Vanessa announces, "Talking about the process, telling you where to go." Thea and Mariah state that talking to another birthmother would have been helpful, as it would provide emotional support. For example, Thea states:

Just support, like if I had a group or something...I know they have one for after but you don't find that out until...after you give up your baby for adoption and like to have something beforehand, everybody's story is different and I'm pretty sure every birth mother that's doing it feels alone so that would be fabulous.

Likewise, Mariah describes:

Actually, I think for me, I think what would have helped me out would have been to be able to find a group of the same people, the same mothers going through the same exact same thing, just being able to cry and hold on to me and say, 'it's okay, I'm going through the same thing you are and we are here for each other we can do this.

The majority of participants specifically identified connecting with an adoption social worker at Children's' Home Society as supportive during this stage, whereas Felicia identified that talking to another birthmother was a source support, as she learned about the process and

received emotional support. Specifically, participants describe the adoption social worker as helpful by providing information about the process of relinquishment, serving as a partner or facilitator of the relinquishment process, and providing emotional support. Women who struggled to locate information and resources contrasted this struggle with the benefits they received after connecting with the adoption social worker. For example, Thea contrasts the time before and after connecting with an adoption social worker at Children's Home Society, "Honestly, I had the hardest time up until I met my adoption social worker. I felt like I was walking around blind probably up until I met her." She adds, "If it weren't for my adoption social worker, I'd have no idea how to do it." Likewise, Mariah states, "When I started talking to the adoption social worker, I started to feel better, like everything was going to be okay. She was the biggest support person I had."

As birthmothers explore relinquishment as a pregnancy resolution option, accessing information and resources via the internet is challenging, frustrating and confusing, whereas accessing information and resources through a person affiliated with an adoption agency is more efficient. Additionally, connecting with an adoption social worker provides a woman exploring relinquishment with information, a partner or facilitator in the process, and emotional support. The women who struggled to locate information and resources seemed to contrast this difficult time with connecting with the adoption social worker, therefore it is possible that the struggles presented by the internet were in many ways resolved with information and support provided by the adoption social worker. Participants make various recommendations regarding what would have been helpful, but was not offered. These include medical professionals and hospital staff providing relinquishment resources, a hotline where women can access information about relinquishment, and support from birthmothers who have formerly relinquished.



## **2. Stage Two: Deciding to Relinquish**

### **a. Theme: Birthmothers Made Informed Decisions Based on Multiple Factors**

Relinquishment is sometimes thought of as a singular event or transaction, with little emphasis on the process by which birthmothers make the decision to relinquish. Birthmothers who participated in this study describe relinquishment as a complex process involving multiple systems and decisions. One example of this is the women's experience of making the decision to relinquish an infant for adoption.

To inquire about the participant's decision to relinquish, I began with an open ended question, asking participants to tell me as much as they are comfortable about making the decision to relinquish an infant for adoption. I followed up this main question by asking participants how they came to the decision to relinquish, what options they considered, what they learned about their options that helped make the decision, and the influence of the birthfather. Their responses to these questions shaped this theme.

As the participants talk about making the decision to relinquish, they describe making informed decisions by considering multiple factors: previous experiences with pregnancy resolution options, ability to provide care and/or financial or material resources, the combined needs of the infant and the needs of the birthmother, personal/religious beliefs, the needs of the birthfather, viewing relinquishment as a gift to adoptive parents, and remaining acceptable pregnancy resolution options.

Participants describe how they made the decision to relinquish based on their previous experiences. For these participants, negative previous experiences with a pregnancy resolution option helped them eliminate that particular option. For example, Hillary, Mariah, Kim, Jana, Vanessa and Susan have parenting experience and describe how the challenges of parenting

influence their desire to not parent. For example, Hillary candidly states, “I knew right away that I didn’t want to parent. Parenting was hard and I was tired. I was like oh I can’t do this again.” I ask Hillary, “So one influence on your decision to place your infant was your previous parenting experience?” Hillary announces:

Right. It was. It was. I was like oh my God I can’t do this again. Ya know and then sometimes you think well if he’s a more docile kid than my older son, maybe I could have done it and then quickly I say to myself, oh hell no. Like it’s that’s not all it is it’s not just about a well behaved well-mannered kid, it’s not. It’s all these other things that you have to give to a kid, ya know being available emotionally. I didn’t want to do the hard part of parenting. I just felt like I really had been zapped as far as the parenting goes. Been there done that didn’t want to do it again.

Mariah, Jana, and Susan describe more specifically that they considered their experiences of parenting alone or without a co-parent when making the decision to relinquish. The difficulties they experienced led them to rule out parenting. For example, Mariah talks about not wanting to be a “single parent.” She states:

I was scared I didn’t know whether to keep him or try and make it through all this by myself, I raised the two girls on my own I mean both of them by myself, so I already knew what being a single parent was like and then to have three kids on my own, I knew I couldn’t do it.

Maggie, Hillary and Lynne draw on their previous experiences with terminating a pregnancy as they made the decision to relinquish. It is noteworthy to mention that Maggie and Hillary have been pregnant three times and have chosen three different pregnancy resolution options with each pregnancy (parenting, termination and relinquishment). Maggie, Hillary and Lynne describe being supportive of a woman’s right to choose termination, and characterize their previous experiences with termination as negative, which influenced them to rule out termination as a pregnancy resolution option. Maggie states:

I just didn’t want to have an abortion. Truthfully, I had had an abortion beforehand, it’s so irresponsible, again like this goes back to being crazy bipolar um I didn’t, it was, it

was not a good experience. I mean, it didn't, I didn't want to have an abortion....I hated the process.

Maggie adds, "But honestly, I don't think abortion is wrong. But now that I've been through the process and have been through all three, ha, I think there are better options out there."

Participants also considered their ability to provide care and or/financial and material resources as they made the decision to relinquish. For example, I ask Vanessa, "How did you decide to place?" She replies:

I think with my financial situation, I was almost homeless at the time and my family was like I will help you I will do this but when the time comes you left by yourself. I just felt like I couldn't do it. We were just living day to day, just trying to survive.

Likewise, Becca reveals that she felt she was not equipped to care for the infant, despite wanting to parent. She states, "I thought about parenting, I wanted to keep him, but I didn't have any money or job, and also my mom couldn't help me. I didn't have anyone else."

Hillary, Jane, Maggie, Felicia and Susan talk about their decision to relinquish an infant, in terms of considering their own needs and/or the needs of the infant. I commonly hear people refer to relinquishment as a selfless decision. This is often used as justification that birthmothers chose the "right" pregnancy resolution option. This belief can also send a message to birthmothers that they should not consider their own needs. One of the most surprising things I learned from the birthmothers I interviewed is that birthmothers are acknowledging and even declaring their own needs and desires and the benefits relinquishment affords them. In fact, Hillary and Jane describe that others labeled their decision to relinquish as selfless, and they challenged this idea by stating that the decision to relinquish afforded them benefits.

Early in our interview, Hillary candidly talks about how she came to the decision to voluntarily relinquish an infant by considering both what she needs, as well as what the infant deserves. Hillary candidly shares:

And so ya know a lot of people over time have said oh you it is such a selfless thing you did. Uhm, I don't know that I could have done that and really between me and some of my closest friends it was also selfish because I didn't want the responsibility. My son had finally gone to live with his dad for the first time ever and I was actually getting to have a break, and a life. I don't really want any more craziness ...and a baby doesn't really deserve to come into the craziness. I knew that the baby deserved more than what I could provide... it wouldn't have been fair to me but more importantly it wouldn't have been fair to him.

Jane echoes Hillary's statement:

I'm not ready to give this child what he needs and I'm not like ya know ready myself. I want a better life for him but I also want a better life for myself. People like ya know like might think that's selfish like oh you're just thinking about your life because ya know you want your freedom and you're happiness, but there's a lot more to it than that. I'm sorry like I'm if I'm you people think that's selfish but I don't think I like admitted it to people at first but now I do I'm fine with it because, I'm like, I did want my own life I wanted to be, ya know, a successful person.

For these women, acknowledging their own needs and the benefits relinquishment affords them was an experience they reflect on again later in the interview, as they talked about how these aspects positively influenced how they fared after relinquishment.

Thea and Maggie recall evaluating relinquishment in terms of adoptive parents having an opportunity to raise children. Thea explains:

My aunt told me about how many couples have trouble getting pregnant, and have to do multiple rounds of in vitro, and still don't get pregnant. I suddenly thought, this would be a really cool present and instantly thought this is what I'm doing.

Likewise, Maggie reflects on making her decision and describing relinquishment as a gift to the adoptive parents. "It's just a gift, I don't know, it's just such a gift...to be able to give somebody something that they've never been able to have."

Becca, Mariah, Hillary and Jana describe that the birthfather disagreed with their preference for pregnancy resolution options, yet these participants highlight that even though the birthfather disagreed, they made their own decision. For example, Hillary and the birthfather discussed relative care, after the birthfather's mother and stepfather offered to "take the baby."

Hillary describes that she feels this would be confusing to the child and she states, “And that’s where I said this isn’t an extra hockey ticket.” Hillary describes the birthfather’s reaction and her right to make the decision, as it pertains to her body:

He was very angry and I said ‘I’m sorry if you don’t like it but then you just won’t be in my life...I said ‘I’m not gonna fight with you about this, yes you have rights, but this is my body. He said ya know I’m gonna support you and ya know we are gonna get through this.

Similarly, Becca discloses that her boyfriend preferred that she terminate the pregnancy, yet she chose not to have an abortion. She states, “He [birthfather] wanted me to have an abortion and said that he would pay for it, but I said no. He offered to take me to the bank so he could get the money out and I said no.”

Jana, Felicia, Mariah, and Becca consider their personal and/or religious beliefs as they evaluate terminating their pregnancies. Likewise, Mariah discloses how termination is not in line with her religious beliefs. She states, “It’s against my religion...I just stopped and prayed about it and knew I made the right decision to not have an abortion because abortion is wrong.”

Felicia, Jana, Lynne, and Hillary’s decision to relinquish emphasized that relinquishment was the only acceptable option that remained after eliminating other pregnancy resolution options. For example, I ask Jana, “What did you learn about or what did you know about the options that helped shape your decision? She replies, “Well, adoption was my only, it was the only other choice I had; there really weren’t any other choices, either keep the baby, abort the baby, or adoption.” I reply, “So for you it was kind of a, um, the only option left, by process of elimination, this is what I’m left with?” And Jana responded, “Yes.” Likewise, Hillary shares:

I decided early on and never wavered. I knew I just didn’t have what I needed to parent, I didn’t want to have another abortion, and didn’t want the birthfather’s family to have him and so it was it was really a no brainer it was like well I’m gonna place this baby for adoption and it’s gonna be great.

As the participants talk about making the decision to relinquish, they describe making informed decisions by considering multiple factors: previous experiences with pregnancy resolution options, ability to provide care and/or financial or material resources, the combined needs of the infant and the needs of the birthmother, personal/religious beliefs, viewing relinquishment as a gift to adoptive parents, and remaining acceptable pregnancy resolution options. Previous negative experiences with parenting and terminating a pregnancy influences participants to rule out these pregnancy resolution options. Three participants stated that the birthfather preferred a different pregnancy resolution option than did they, yet they declared making their own decision.

b. **Theme: Birthmothers Find Challenges and/or Supports When Deciding to Relinquish**

As participants describe making the decision to relinquish an infant for adoption, they identify that the disapproval or disappointment of family, and lack of support from other birthmothers posed a challenge. Mariah and Thea struggled with their family's disapproval of their decision to relinquish. Mariah describes, "My dad was really hard core he was really upset with me at the time because that was his only grandson from me and he was disappointed in me that I had made the decision to do the adoption." Similarly, Thea explains:

What do you know, not a lot of families support birth mothers when they are pregnant and trying to figure out what they want to do; you have a grandma oh you need to keep it, no, I can't you don't understand I don't have the means to.

Hillary, Mariah, and Thea identify describe that support from birthmothers who have formerly relinquished is an unmet need during this stage. For example, Thea states:

Just support, like, if they had a group or something... I know they have one for after but you don't find that out until after you give up your baby for adoption and like to have something beforehand, everybody's story is different and I'm pretty sure every birth mother that's doing it feels alone.

Likewise, Mariah describes:

Actually, I think for me, I think what would have helped me out would have been to be able to find a group of the same people, the same mothers going through the same exact same thing, just being able to cry and hold on to me and say, 'it's okay, I'm going through the same thing you are and we are here for each other we can do this.

Participants identify three things that were helpful as they made the decision to relinquish an infant for adoption: (1) taking time for one's self (2) talking with the adoption social worker and (3) receiving support from family and friends.

Jane and Susan describe how taking time for themselves during this stage was helpful.

This allowed Jane to feel a connection to motherhood, whereas it helped Susan limit the influence of others. For example, Jane explains:

This is a state that I'm in, but if I don't kind of go out like and engage with other people and places, then on some level I can kind of stay safe. Like I can still go to Forest Park and walk but like I that's like pretty much ya know like I kind of want to keep as far away from talking about as I have to.

I ask, "What is it about the walking that was helpful?" Jane becomes quiet with a pensive look, then explains:

I think it [the walking] gave me um kind of, like, the feeling of the joy of, like, maybe that some women who are pregnant who aren't birthmothers would feel about just being pregnant...kind of like this feeling of like, I don't know, just motherhood, and like, just being pregnant, but away from my house and away from, like, if it was in a different time ya know?...I felt like just a mom.

I remembered that Jane wanted to parent a child in the future, and wondered if these walks were a time where she could transform herself to a time in the future, when she feels ready to parent, and her pregnancy is more cause for celebration, instead of isolation. I summarize, "It sounds like on the walks maybe you gave yourself permission to feel like a mom?" She replies, "Yes! Absolutely." On the other hand, Susan discloses that taking time for herself was helpful because not talking about the pregnancy or the relinquishment limits the influence of others. She states:

I wanted to keep it to myself until I knew for sure what I was going to do cause people try to back you out of it, you can do it, you can do it, well, you know, like a dog we have, no one takes care of her; you know what you feel, and you don't want other people to mess with that.

Jane, Hillary, Lynne, Susan, Maggie and Kim identify talking with their adoption social worker as helpful during this stage. Jane describes how the adoption social worker was helpful by emphasizing her connection to the baby:

She made me feel like this is still my child. This is still a part of me. One time during my pregnancy she saw the baby kick and said "oh look at that foot." She just made me feel like I was still a mom ya know? Like even though I was going to be a birthmom, I was still an important part of his life and she let me maintain my dignity.

She adds:

I think no one like, ya know, when you're, if you're pregnant, and, like, you have all these baby showers and you get all excited about having a child, like I never got to experience any of that, which I didn't obviously wouldn't want a baby shower... but she would just make little comments that made me still feel like I had an attachment to this child like it wasn't like, ya know? Like acknowledgement, in contrast to no one talking about it and just kind of avoiding the situation...because I was giving the child up for adoption I felt like that happened earlier for me because ya know it doesn't get acknowledged.

Additionally, she describes the adoption social worker as helpful because she understood her decision and provided reassurance. She states, "She made me feel like it wasn't bizarre that, like, I was 22, and I could have done it, I wasn't homeless, had a good support system, but that I wasn't like a horrible person for doing this." Likewise, Hillary describes her as reassuring:

She has this calming quality about her and made me feel like it was all gonna be okay and that um ya know I was coming from a good place as far as decision making went, because I did know what it was like to parent, I did know as a single parent and I did know what it was like to struggle, and be pregnant again unplanned...and not really wanted, um and kind of to have all those feelings kind of all up in the air.

Lynne describes the social worker as supportive because she reassured her that the decision is hers to make, and that she can always change her mind:



It was awesome, it further cemented that I knew I was making the right decision, because she was as supportive as she was in that she always wanted to let me know that if I changed my mind it was ok, like just because she was helping me with this, didn't mean that I couldn't back out, I couldn't change my mind, I always had an option I took as a sign, I guess, that this was all going to be alright.

Similarly, Mariah emphasizes that the adoption social worker promoted self-determination and reassured her of her strength:

I don't know what I would do without her because so many times when we talked I said I can't believe I'm doing this and she was right there, she didn't coach me in either direction, she just told me you know it will be ok the decision is yours and that you are a strong woman.

Jane, Felicia, and Lynne describe receiving support from friends or family.

Jane and Felicia identified their parents as being supportive during this time. For example, Jane identified her mother and father as supportive. She states:

My parents were so supportive and like I stayed with them, I lived with them. My dad was supportive and my mom totally understood my point of view. She is like women rights, like do what you feel like is best for you.

I asked Felicia if she had support and she responded, "My parents, even though they were so against what happened, that I got pregnant." I probed further and asked, "How were they supportive?" Felicia replies:

Because even though they were so oblivious to the situation, because I didn't tell them I was pregnant, what it came down to was they supported the fact that I was so together with it that I was so mind set on my decision.

Lynne describes how she got support from "surprising" places. I reply, "Can you talk a little bit about that?" She states:

Well, I was really shocked, my dad remarried and they are super born again Christians, ...when I told him about this I thought I was going to get a lot of grief over this because I'm giving up a family member you know, they were just thrilled to death that I wasn't having an abortion and they felt like I was making the right decision so I was surprised at how much support I got from his side of the family my aunts my uncle, my aunts were all very supportive, on my dad's side.

She adds that her boyfriend and a friend were also supportive by giving her permission to change her mind, and encouraging her to make a decision that is best for her:

I lived with my friend Diane ... she and my boyfriend, were always like you change your mind, we'll make it work, that's fine, it's your decision, you know, are you sure and they wouldn't pressure me they would just say we don't want you to be thinking that you might be changing your mind but you're afraid to say something about it so if you want to say something about it, this is a safe place to say something and we'll make it work and you know?

As the participants talk about making the decision to relinquish, they identify challenges and supports. Disapproval of family members posed challenges for some participants, as did the lack of support from birthmothers who formerly relinquished an infant for adoption. Several participants identified birthmothers as a potential source of support during the decision making process. Other sources of support the participants identified are the adoption social worker, family support, including providing material resources such as housing and emotional support around their decision to relinquish. The relinquishment experience was highly variable among the participants, and was substantially influenced by these challenges and supports.

### **3. Stage Three: Communicating with the Adoptive Family Prior to Relinquishment**

This stage of relinquishment focuses on the contact or communication between the birthmother and the adoptive family prior to relinquishing an infant for adoption. It includes a description of the initial contact made between birthmothers and the adoptive family, a description of the nature of on-going contact prior to relinquishing, birthmothers' desires and benefits of this contact, and the related challenges and supports. The Children's Home Society of Missouri facilitates adoptions of all levels of openness and although all of the participants met the adoptive family prior to relinquishing their infants for adoption, the nature of ongoing contact prior to relinquishment varied.

a. **Theme: Birthmothers Describe Various Benefits to Meeting the Adoptive Family Prior to Relinquishment**

All of the participants had at least one face to face meeting with the adoptive family prior to relinquishing their infants and valued meeting the adoptive family prior to entrusting the infant with their care. It is also noteworthy to mention that the nature of ongoing contact between the birthmother and the adoptive family prior to relinquishing varies. For example, Vanessa, Kim, Jana, Becca and Felicia met with the adoptive family one time and arrangements for this meeting were mediated by the adoption agency, instead of the adoptive parents and birthparents having direct contact. Jane and Maggie met the adoptive family, exchanged phone numbers and talked on the phone, whereas, Hillary, Susan, Mariah, Lynne and Thea had more frequent meetings with the adoptive family. For example, Hillary describes:

We met and loved them. So we just kind of took the ball and ran with it, we didn't wait to go through the agency, we got phone numbers, we went to their house for dinner, we went out to dinner, um we asked questions, they showed us they are like oh come over we want to show you the furniture, we want to show you the clothes, we want you to meet the dogs, and it was just like old friends, it was like just not just a big deal.

For Mariah, Lynne, and Susan, the frequent contact involved the adoptive parents attending doctor's appointments with the birthmother. For example, Mariah describes:

They were just absolutely wonderful, I got to meet them five or six months before I had him, all of our contact was done through the agency and we spent a lot of time together, they came to just about every doctor's appointment, they came to the ultrasound.

Thea describes how the adoptive parents brought Mother's Day presents and gifts for the daughter she is parenting. She states, "I would hang out with them a couple times a week and they brought me a Mother's day present when Mother's day came you know, brought my older child something for her birthday and stuff like that."

Participants describe various benefits to meeting the adoptive family prior to relinquishing: (1) they could judge whether they felt connected to the family (2) they could view relinquishment as a gift to the adoptive family (3) they could see how adoption will help the child and (4) they were reassured that they didn't feel judged by the adoptive family.

Vanessa describes how meeting the adoptive family prior to entrusting the infant to their care and getting a sense of the adoptive family increased her confidence in her decision. She states:

Looking at a picture, you really can't get a sense of someone. I wanted to sit down and talk to them. I wanted to be involved because I didn't want my child just going somewhere and not being happy and then like there's a lot of regret and I feel bad because it's something that I did.

Jane states, "It was lighthearted, like getting to know her, like she would tell me how she would raise her, ya know?" She adds:

Hanging out with them, just gave me a sense of peace. Like it might have been naïve, but I had trust in her and it reminded me of how I would want to raise my family and who I would want to be like, when I'm ready to be there.

Likewise, Kim states:

I wanted to know, like, what kind of family they would be, ya know? Like, she had a lot of questions for me and I had a lot of questions for her and basically we both hit it off. It was really good, I felt so much better. I felt like I already knew her.

For Maggie, she describes that meeting the adoptive family helped her see how placing the infant with the adoptive family will help the child:

I just totally hit it off with them. That experience was really happy for me. I thought they were just so awesome...truthfully they were very well off, and I knew they would be able to provide for her in every aspect, ya know? She'd have a nanny, she'd get good child care, good schools, education is really important to me, and I knew they would send her to a private school, like, all the qualities that I think I have, they also have.

Felicia and Kim describe that meeting the adoptive family helped them learn more about

the adoptive family's struggles with infertility and their desire to parent an infant, and view relinquishment as a gift to the adoptive family. Felicia describes:

I was moved by their infertility struggle, they were so well educated, well off with themselves, but yet they had such a struggle that no one really knew, a struggle behind doors. She suffered so many miscarriages. Ya know, it could make a women feel horrible, like you're telling me I can't do something, something is wrong with me, yeah, ... to find out they had been trying for six years and they went through so much, why not just give them that.

Vanessa, Thea, and Lynne describe how meeting the adoptive family provided reassurance that they will not feel judged by the adoptive parents. Vanessa describes her concerns that they may judge her. She quietly utters, "I thought I'd be judged about my situation. I'm already parenting five, why can't I parent one more?" Vanessa recalls, "But when I met with them, I knew that they weren't thinking that, and I was relieved. Yeah, a whole lot. I wanted them to understand that I loved him enough to make him happy." She then describes that she was comfortable with them because they were genuine, both involved, and that although the adoptive parents were white, both she and the adoptive parents were "open" regarding race:

They were themselves. They just made me feel so much more comfortable because her husband was involved. It wasn't a one-person thing, it was together. I just wanted someone that is like a mother and a father, like that will love the child no matter what and this couple was a white couple so they didn't look at race, the mom didn't look at race, they was just like genuine people. I couldn't believe like that they exist, like they was just themselves. Like I, I, felt comfortable and I keep saying, 'I just feel comfortable.' I was open with race, and they were too. My heart was at ease. Like if I had any doubts about them I wouldn't have gone with them.

Thea talks candidly about class differences, and wanting to "impress" the adoptive parents when meeting them, in hopes they will agree to adopt the baby. She reveals:

I almost, like, I was trying to impress them for them to take the baby which is really weird I don't know if that's normal, but um I felt like I was trying to impress them almost...because they came from such an upper class type place, then, I have, you know, here I am with tattoos hanging out and whatever...and they didn't even like look down upon me.

Meeting the adoptive family provided birthmothers with the opportunity to judge whether they felt connected to the family. Birthmothers learned valuable information about the adoptive family, got a sense of how they would raise the child, and felt comfortable and familiar with the adoptive family. For some birthmothers, meeting the adoptive family allowed them to learn about the adoptive parent's infertility which led the birthmothers to view relinquishment as a gift to the adoptive family, and to see the benefits relinquish would afford the child. For participants who expressed concern that they would be judged by the adoptive parents, meeting them reassured them that they weren't judged by the adoptive family.

**b. Theme: Birthmothers Find Challenges and/or Supports When Communicating with the Adoptive Family Prior to Relinquishment**

The challenges participants identified in this stage are (1) negotiating level of openness (2) adoptive parents backing out and (3) lack of information on gay adoptive parents. Thea and Maggie describe initial satisfaction with communication with the adoptive family, yet both describe eventually experiencing disappointment. Thea describes becoming disillusioned after negotiating level of openness with the adoptive parents was challenging, as the adoptive family continued adding stipulations. Thea explains:

They kept adding more stipulations throughout the whole thing. I wanted it to be open. They signed paper work saying it was going to be open but they kept saying we don't want this and we don't want that ya, about once a week um, then they kept getting a little, I say weird, but I guess it was just the stress and nervousness of I might back out, you know?

Thea talks about how the adoptive parents pressured her to allow them to name the baby for the birth certificate, even though they can officially change the name after Thea names the baby. She explains:

A couple weeks before I went into the hospital they kept trying to convince me to name her what they wanted to name her on the birth certificate that I filled out, like she would call me...and the adoptive mom would say oh, but it would be so much easier if both of her

birth certificates were the same, well, no not gonna do it; I was like seriously heartbroken because they were just totally changing right before my eyes.

Maggie describes her disappointment when the adoptive family she selected and communicated with decided to no longer pursue contact with her, or adoption of the infant. She explains that the adoptive parents became fearful after learning details of her drug use during the pregnancy. She puts her head down, and softly states:

I started working with this one family and I thought that they were going to be a great fit. Anyway, when we started to get further along in the process, um, they found out that I had used drugs during the first part of my pregnancy, coke, and I drank, and, I think that it became a big source of concern and then I think they ended up being worried about the baby so, um, and I decided they were not probably the right family and I think it was a mutual decision.

Hillary expresses that a challenge was the lack of information on children of gay adoptive parents. She explains, “I wanted to know how kids who have adoptions with gay parents were, so I went to the library and I tried to find the oh two books on that.” I asked Hillary to describe what type of information she was seeking. She replies, “I knew that I wanted the adoptive parents to be a gay couple. I thought having two loving parents would be great, but I also knew very little about how these kids are-do they miss not having a mom?”

Participants identified two sources of support: (1) the adoptive family and (2) the adoption social worker. Participants describe in detail how the adoptive family was a source of support. The ways in which meeting the adoptive family was supportive to the birthmother are outlined in the previous theme. Additionally, Hillary describes how her adoption social worker was helpful by accommodating her preference that the adoptive parents be a gay couple. When she saw the couple’s profile she immediately knew she wanted to choose the couple. She recounts what she tells her adoption social worker “I want to give somebody a chance who

wouldn't really ever have a chance to have a brand new healthy normal infant." I prompt Hillary, "Can you say more about that?" To which she responds:

Because if I wasn't going to raise my kid, I wanted someone to be who may not have even had the opportunity or chance, who is so excited about parenting and so excited about being a parent to a baby, to have that opportunity. and that's what I appreciate about the adoption social worker, she wasn't like I'm not gonna do that, she's like here let me show you this binder and let me tell you what people have said about them, character witnesses and things like that.

As participants describe communicating with the adoptive family prior to relinquishment they identified negotiating level of openness, the adoptive parents backing out and the lack of information on gay adoptive families as challenges. All of the birthmothers valued meeting the adoptive parents prior to relinquishment, and this meeting benefitted the birthmothers in multiple ways. Participants identify the adoptive parents as a source of support, and the adoption social worker by accommodating the birthmother's preferences related to the adoptive family.

#### **4. Stage Four: Physically Relinquishing an Infant for Adoption**

This stage of physical relinquishment encompasses the time period in which participants deliver their infants, the last time seeing or holding their infants, and the immediate post-partum period as they return home from the hospital. The majority of birthmothers talked more about this aspect of relinquishment than any other aspect, and recounting the memories of the last moments they spent with their infants moved them to tears. I anticipated that physical relinquishment would be an important stage for the participants, yet I expected that birthmothers would be even more moved by legal relinquishment, as it marks finality of the legal separation between birthmother and infant. I was surprised that participants said very little about legal relinquishment, even when prompted. All participants acknowledged signing termination of parental rights documents, yet when I asked details such



as where and when participants signed, their answers were casual and brief. In fact, many participants could not remember such details.

I asked birthmothers to tell me about the last time they saw the baby after delivery. I asked follow up questions such as inquiring about whether or not they held the infant, who was present, if they knew they were relinquishing at this time, and the supports and challenges they experienced. It is noteworthy to mention that all but one of the participants chose to see, hold or care for the infant after delivery. Lynne decided not to see or hold the infant because she knew that she “couldn’t do it” and didn’t think it “mattered.” For those that did have contact, it was varied. Vanessa held the infant one time and found it difficult to do again. Some women held and cared for the infant for limited times each day during their hospital stay, others had regular contact. Hillary, for example, recalls, “Um, oh, I held him non-stop. He was only out of my room those three days uh maybe 3 or 4 hours...and then when his dads would come to visit I would have to let them hold them.” One participant, Kim, even chose to provide care for her infant by breastfeeding her. Three themes emerged from the participants’ descriptions of physically relinquishing an infant (1) birthmothers felt reassured during physical relinquishment (2) saying good bye was difficult despite feeling good about relinquishment and (3) birthmothers find challenges and/or supports when physically relinquishing an infant.

a. **Theme: Birthmothers Felt Reassured During Physical Relinquishment**

Participants felt reassured during physical relinquishment, specifically around their relationship to the infant, and about their decision to relinquish an infant for adoption. For example, Jane describes being reassured about her decision to relinquish. She describes holding the infant and the joy she felt:

After I gave birth I felt really like happy, ya know? Joy holding him and Quinn and I spent like a half an hour holding him and just like, but it wasn't like oh my God this is so, like, it wasn't a feeling of sadness, really, it was kind of like a happy feeling.

She continues to describe how seeing the infant with the adoptive family made her feel reassured about her decision to relinquish:

We told them [adoptive parents] that they could come in after I gave birth to hold him, and like I gave him to, like, Karen and it felt like good to see her holding him... Like, it was really hard (voice breaking) but it kind of felt good in a way I don't know. Just like didn't feel bad, like it didn't feel like this is so wrong, which I kind of was like shocked because I was like sad of course, but I don't know, it wasn't like I think what brought me happiness like joy in that moment is seeing them with the baby.

I probe further by repeating Jane's phrase, "Seeing them with the baby?" Jane announces:

Yeah. And like how happy they like just their face, just like the joy that they had. It kind of gave me reassurance that I, I, don't know I had done something good for them, like, it wasn't like an awful experience and like I didn't have to look back at this and be like what did I do?

Felicia, Hillary, Mariah, Kim Becca describe that they felt reassured about their relationship to the infant through caring for the infant. For example, as Hillary recalls caring for the infant and I ask Hillary, "How was it helpful-doing those things?" She asserts:

Because I bonded with him. I bonded with him. It was just like a regular birth for me, I'm just not going home with him, but I will hold him again. I will hold him again, I will love on him again, um he will know me, he will call me mom. Yeah, I wasn't like I'm just gonna put I'm over here in the basinet because I'm not taking him home. I still feel like I'm his mother.

Likewise, Mariah describes how caring for her son in the hospital was comforting:

There's no way, no way that I could have just had him and have him with me still laying on that table and have him taken away and not ever to see him again. I would have torn that hospital apart until I got to my son, me being able to see him and them [adoptive parents] being right next to me in the other room and us being able to switch off that's the best thing I could have done for me because I still had that time to hang on I could still hold him and I could still form those memories.

In contrast, Vanessa shares that holding the infant after delivery was difficult, and made her question her decision to relinquish. Vanessa shares, "That was hard." She pauses and then

utters, “I held him one time and couldn’t do it again. It made it so hard.” I ask Vanessa, “Can say more about that?” She explains that she was overwhelmed and questioned her decision, “All the thoughts in my head like if should I do this should I not, should I take the struggle or should I not and I know this sounds crazy but it was overwhelming.” It is also noteworthy to mention that Vanessa did not disclose her pregnancy to anyone, and did not connect with a formal service provider until after she delivered the infant and spoke to the adoption social worker.

**b. Theme: Saying Goodbye Was Difficult Despite Feeling Good About The Relinquishment**

Saying good bye to the infant was difficult for participants, despite feeling good about the relinquishment. Participants describe that saying good bye brought out feelings of sadness and some participants describe experiencing a deep longing for the infant immediately after. This was the most difficult aspect of the relinquishment process for the participants to talk about.

Participants said good bye to the infant in various ways. Most participants said good bye to the infant at the hospital. Sometimes this was a moment with just the infant and the birthmother, and other times the birthmother said good bye, then handed the baby to the adoptive family. One participant, Susan, left the hospital with the adoptive family and she said good bye to the infant when they took her home.

All of the participants, with the exception of Lynne who did not see or hold the infant, describe having difficulty saying good bye, despite feeling good about the relinquishment.

Maggie softly shares, “It was hard, that was, I mean, I don’t know how to describe it that was really, really hard yeah, um leaving the maternity floor without a baby, that was really, really hard.” Likewise, Felicia describes physically relinquishing the baby, and leaving the hospital:

What hurt the most was that I knew I was going to go to the hospital and have this baby, but not coming home with the baby that was the hardest, but even sitting in the hospital room, knowing this was going to happen, I still didn’t want her to leave the room, I sat in that bed and held her forever, and I didn’t want to put her down, that’s what made it so hard to leave.

Not only saying good bye, but the immediate post-separation time was also difficult for birthmothers, despite feeling good about the relinquishment. As Susan describes the period after saying good bye to the baby, her voice begins to weaken and crack, and she begins to cry. She softly utters:

My mom looked at me and I was just like, ‘I just left the baby in the car.’ I was like this doesn’t feel normal; the first two weeks after, what did I do, this isn’t going to be good, how am I going to live my life like this? I was just like is this how I’m gonna feel like forever? This is very bad, I couldn’t get off the kitchen floor, I couldn’t get out of the shower, I’d be crying, I was crying a lot.

She adds, “It was really hard when I would hear the baby crying at night, and it’s not there.”

Mariah describes returning home from the hospital as a particularly challenging time. She explains, “I think everything was okay until I went home. I was a disaster after I went home from the hospital.” I softly reply, “Hmm. How so?” Mariah recalls feelings of intense loss, “I wouldn’t shower. I didn’t wash my body ‘cause it felt like I was washing him away.”

c. **Theme: Birthmothers Find Challenges and/or Supports During Physical Relinquishment**

In addition to saying good bye to the infant, birthmothers identified three challenges during physical relinquishment (1) adoptive parents not respecting birthmother’s boundaries

(2) hospital staff lacking knowledge and sensitive about relinquishment (3) seeing family members mourn the loss of the infant.

Thea passionately describes that the adoptive parents did not respect her wishes for privacy and her rights around visiting the infant. She states:

The adoptive parents wouldn't leave the room at all, the birthing room at all, I told them they could be there when she was born, but I almost had to have an emergency C-section, my blood pressure dropped and I was really sick. They wouldn't leave it was like the worst experience ever. I was like they need to go.

Her anger is palpable. She describes how the stress of the experience affected her:

And then, while we were still in the hospital she kept trying to convince me to name her what they wanted to name her again.... they made it a thousand times worse they totally did a 180 like they were just completely different, mean people.

Thea describes that having more information from the social worker on her rights during the hospital staff would have been helpful:

I think more information in the whole hospital process, I mean I was given some, but it's like, I know the adoption social worker did her best, I do, but I wish she would have told me look they can't visit unless you tell them it's okay. You need a binder of information that needs to go over the birthmother's needs-you know, understanding your rights, knowing the power that you do have. Birthmoms need to know they are in charge at the hospital. That is one things that will ruin or like empower a birth mother.

Felicia and Lynne describe that the hospital staff was not knowledgeable about their plans to relinquish, and were not sensitive to their situation. Lynne states that the hospital staff were not informed ahead of time about her plan to relinquish the infant, and therefore, had to share her story multiple times. Likewise, Felicia recalls, "What hurt most was the staff kept coming in to my room asking like, 'Do you want the baby book? The baby album?'" She also recalls the hospital staff's procedure for posting information publicly, "They had this chart in the hallway with everyone's name. By mine it said, 'Adult home, baby adopt.' It was terrible."

Felicia also emphasizes that they didn't warn her about physical changes she would experience post-partum. Additionally, she states that hospital staff being knowledgeable about relinquishment would be more comforting to birthmothers. She shares, "I think if they had people that were more educated to take care of the people that do adoptions at the hospital, you'd feel more comfortable."

Jane, Maggie, and Mariah identify that seeing their families experience a sense of loss was challenging. For example, Jane recalls a time during her hospital stay when she and the birthfather visited the nursery in the middle of the night, and Jane's dad was there, holding the baby, and it was heart breaking for Jane to see that he was losing a grandchild. She says:

Quinn and I, like, late at night were like, oh we should go up and hold him, and we looked in there and my dad was there, and he was, like, holding him and I was like, oh my God, that's gonna break my heart...I'm close to my dad...he's very emotional and very family oriented.

In addition to holding and caring for the infant, participants describe four supports during physical relinquishment: (1) the adoptive family (2) the hospital staff (3) the adoption social worker and (4) their families. Jane, Maggie, Mariah, Susan, and Hillary describe how involvement with the adoptive family was helpful. For example, Mariah arranged for the adoptive parents to have a room at the hospital next door to hers, and this provided comfort as it felt like they were family, and it prevented her from feeling a sense of detachment from the infant. She shares:

I requested that they have a room right next to me... They could come and get him whenever they want. I was just holding onto him and telling him I loved him, and your new mom and dad love you too, and they are here, and they aren't going away. I knew that they were right next door, it was the best feeling in the world, to have them there by my side because I didn't feel like I'm having this baby and giving it away. I felt good about what I was doing. It was very comforting to have them there.

Likewise, Susan found the adoptive mother's affection and support helpful, "She was there 24/7, she'd only go home to take a shower, but she'd let me do everything. She was very affectionate. It was great to have her support."

Thea, Jane, Vanessa, Susan and Maggie describe the hospital staff as supportive.

For example, Thea emphasizes that she received support from the hospital staff. She described her doctor as an advocate for her:

I found out from my gynecologist that they're [adoptive parents] only allowed to see the baby when I call them and tell them I had to have them escorted out of the hospital twice because they wouldn't leave the nursery and then my doctor gave me three extra days in the hospital with her, so I could be with her...my doctor said, 'Yes you have a right to see her, they are ones that don't have the right to see her unless you tell them' 'cause I had no idea what the process would be afterwards.

Thea also commented that the staff communicated that she was relinquishing the infant in a private manner. She states, "They had like a confidentiality thing, on my door like they had a color coded sticker so it didn't say what was going on." Similarly, Jane recalls how the hospital staff was supportive:

I was so thankful for, like, the nurse was so good, ya know... made a huge difference. Um, so she had experience before, and she was understanding...and she knew a little bit more how to deal with it I feel, like...like, there are little things that can be so sensitive too... it was never, like, a part of, like, this skirting process when I went to the hospital.

Similarly, Vanessa states:

One nurse just said 'whatever your decision is it is your decision just make sure this is what you, that you are doing what is right, that no one is pressuring you to do what you don't want to do.' And they were easy to talk to. They always asked if I was ok. They made it comfortable. They didn't judge me.

Several participants describe how support from family members and the adoption social worker was helpful. For example, I ask Susan, "What, if any, support did you have during this time?" She eagerly announces:

My mom! She was just my everything, honestly, I've always lived a 5mile radius from my parents, and I'd just go there every day, and she's like we're going to do this okay, that's fine, and we'd go and everyday she'd try again, we wouldn't go out in public, we'd go walking, she'd always make sure I wasn't cutting myself off, it seemed like days but, it was only hours I would sit there and cry.

Felicia, Mariah, Becca, and Kim describe receiving support from the adoption social worker.

For example, Becca describes how the social worker provided support:

And then the day he got released the adoption social worker took me up there and got to spend some time with him before and then when they got there I put him in the car and then they left and we left. Just knowing that I had that time with him made it a little better, and the adoption social worker was with me but it was so hard. I talked to her and she just let me cry.

Physical relinquishment is the most emotional part of the process for the majority of the participants. During physical relinquishment, the majority of participants describe feeling reassured about their relationship to the infant, and their decision to relinquish the infant by seeing, holding and caring for the infant, and by seeing the adoptive parents with the infant. Additionally, saying good bye to the infant was difficult for the participants, despite feeling good about the relinquishment. Participants responded with sadness and longing for the infant. Challenges that participants describe during this stage are the adoptive parents not respecting boundaries, hospital staff lacking knowledge and sensitivity about relinquishment, and seeing their family members mourn the loss of the infant. On the other hand, the adoptive family, hospital staff who are understanding and knowledgeable about relinquishment, the adoption social worker and family members are sources of support during physical relinquishment.

##### **5. Stage Five: Communicating with the Adoptive Family Post-Relinquishment**

This stage focuses on the contact birthmothers have with the adoptive family post relinquishment. All of the participants met the adoptive family prior to relinquishment, and many engaged in various types of communication prior to relinquishment, yet for many participants they describe establishing another agreement for contact post-relinquishment. Additionally, for



some participants this post-relinquishment contact that was agreed upon was carried out for a period of time, and then changed, either as a result of the adoptive parents' wishes, or the preference of the birthmother.

a. **Theme: Post Relinquishment Communication with the Adoptive Family Varied**

All of the participants desired and agreed upon having contact with the adoptive family post-relinquishment. Participants describe various benefits of having either mediated or direct contact with the adoptive family: (1) provides reassurance about their relationship to the infant (2) provides reassurance that the infant is being cared for (3) allowed the birthmother to move on with her life and (4) helped the birthmother provide medical information to the infant if needed.

Hillary, Susan, and Mariah's arrangements involved having direct contact with the adoptive family. Hillary and Susan maintained direct on going contact with the adoptive family, including getting together periodically. This reassured Hillary and Susan around their relationship to the infant and that the infant is being cared. For example, Hillary discloses that she knew early in the process she wanted an open adoption and she states, "I knew that I couldn't be like here have this baby and no I'm never gonna see it again touch him feel him I want him to know who I am. I want to know he's doing well." Hillary explains that their contact remained after the relinquishment. She states, "I probably get pictures once a week through a text, so I know what he looks at all times. Um we get together about every 3 months, usually it's their house, my house, their house." Mariah, on the other hand, agreed to shift contact from direct face to face contact, to contact through social media, which involves exchanging pictures and messages. Mariah developed a close bond with the adoptive parents, and they were a strong source of support to her. Although she missed having more regular face to face contact, Mariah

describes how ongoing contact provides reassurance that the child she relinquished is doing well, which reassures her she made the right decision:

Angie and I Facebooked each other so now we have an open adoption... I didn't want to lose that connection with my son and if I had a closed adoption, I wouldn't have that chance. I can keep tabs on and how he is growing and he's still in my life no matter what but if I had closed it would have been as if he was never there. Seeing recurring pictures, I get to see him at Disney World, and Halloween and how much they love him. Just seeing that really helps me know the decision that I made was right. I know that he is okay.

Jana, Jane, Lynne and Vanessa agreed to mediated contact through the adoption agency, and their agreements have not changed. For example, Jane describes that she and the birthfather preferred mediated contact in order to provide medical information as needed, and also to move forward with their own lives:

Like if anything goes wrong with him like that they needed information from me and my family like genetic stuff, and I wanted him to know that like always to have information about us so he wouldn't feel like I don't know more abandoned ya know? It's not that we don't want anything to do with him but at the same time, Quinn and I knew that to move on for the rest of our lives we, ya know, we are not gonna see him every year and we knew that this is their child and so I was like I'll be very happy with pictures twice a year.

Similarly, Jana describes how mediated contact reassures her that the infant is cared for:

I just asked them if they would give me yearly or maybe twice a year on her birthday or Christmas or something like that and they agreed to it. I just needed to know and continue to know that she's ok, you hear these horror stories of these kids getting adopted and being abused, I just needed have that sense that a least she's okay. And they have been wonderful. They send pictures and letters with how she's doing.

Lynne also preferred mediated contact in order to move on with her life, and acknowledges that a change from direct to mediated contact is challenging, as she misses the adoptive parents:

We now communicate through the adoption social worker. It was a conscious decision that I made. We were buddies, I missed that so much, like, they were my friends I really liked them. But it was really important to me that this was their time with her, they are a family now and they need their own identity and bonding. I had the baby, this is their time now.

The agreements regarding post relinquishment contact made by seven participants were carried out with no changes, whereas the agreements five participants made with the adoptive families changed between the time of the agreement and the time of our interview. A change in the post relinquishment agreed upon contact is challenging and frustrating when initiated by the adoptive family, whereas a change in contact initiated by the birthmother is comforting.

Maggie, Becca, Kim, Felicia, and Thea describe that the arrangements they made with the adoptive families changed. Maggie, Becca and Thea describe that the change in contact was initiated by the adoptive family and was challenging and frustrating. For example, Maggie and Thea agreed to direct contact, then the adoptive parents modified their contact to mediated through the adoption agency. These instances were particularly challenging for both participants. Maggie describes that she wanted contact because she wanted reassurance that the infant she placed was healthy, especially after her drug use during pregnancy:

I wanted to make sure she wasn't messed up. I'm like, ya know, that she was smart and what I did during the pregnancy wasn't affecting her, wouldn't affect her. I feel incredibly guilty over it. It makes me sick to think about really.

She describes how the change in contact was troubling:

I mean they shared pictures and there's some pics where I feel like she doesn't look quite right, and I'd ask them, 'How's she developing? Is she ok? Is she ok?' and again their answers were just very vague. 'She loves ballet, she's smart', ya know...and I wanted a definitive and they never gave that to me that full answer, that she's totally intellectual okay, her brain is okay, she doesn't have issues developmentally.

She shares her feelings about this change in contact, "I wanted an open adoption and it changed so that's a little hurtful and kind of pisses me off. I feel pushed out, hurt and pissed off. I still don't know how exactly she is." Similarly, Thea desired direct contact, then the adoptive parents changed it to mediated, after a tense conflict in the hospital when the infant was born where the adoptive parents did not respect Thea's requests to leave when she wanted to spend time with the

baby alone. On two occasions, hospital security escorted the adoptive couple out of the hospital. As a result, the adoptive parents decided to exchange pictures and letters with Thea, instead of having direct contact. Despite their conflicts, she is grateful for mediated contact, as looking at the pictures reassures her that her infant is being cared for, but she also worries about what the adoptive parents tell the infant she relinquished. She states, “I wish I had more contact with them because I worry about what they tell her about me. I want her to hear good things about me, but I can, I can tell she’s happy.” For Becca, the adoptive parents initiating a change in contact was also particularly difficult, and she voices her anger and frustration. She shares:

I chose them because they were excited about knowing me, and then it seemed they were open to it ‘cause they had said whatever I wanted, so we set it up together. But it has changed and I don’t like it....it gets hard. Getting that contact and then getting shut down. I just try not to think about it a lot and try to think that he’s doing ok and will give me some stuff when they do.

At the end of the interview, Becca revisits this idea. I ask her, “Is there anything that you would like to tell social workers who work with birth mothers, policy makers who make policies around adoptions, professionals in the area of adoption, anything you want to tell them about your experience of placement?” She emphasizes that adoptive parents should follow through on their plans to maintain contact:

I think they should have something set up to where like if you’re going to have contact, set up together you need to like make it happen because I think it’s wrong to set it up and then change it.

On the other hand, Felicia and Kim initiated a change in post relinquishment contact with the adoptive family, and describe this as comforting. For example, Felicia and the adoptive family agreed to maintain direct communication, yet when the infant was 6 months old, she visited with the infant and adoptive parents, and she sensed the adoptive parents were uneasy. In an effort to help them feel more comfortable, Felicia proposed they have mediated

contact going forward. For Felicia, she is comforted that the adoptive parents are better able to bond with the infant if they are not concerned about her presence, and she is still reassured that the infant is cared for. She describes meeting them and sensing their nervousness:

They were, they were very nervous, they were afraid to get close to a child, they were scared to get close to her, 'cause they thought I would take her back, um but then I made sure the adoption social worker kept reassuring them like I'm not going to um but I so I decided I'll just write letters, the adoption social worker can send them to them, if I ask for some pictures it's ok just send them to the adoption social worker and she will send them to me. I gave up my rights, but I still want to know how she's doing, that's what I like about the open adoption side of it.

**b. Theme: Birthmothers Find Challenges and/or Supports When Communicating with the Adoptive Family Post-Relinquishment**

As participants communicate with the adoptive family post relinquishment, they identify one main challenge, which is the adoptive parents initiating a change in contact. For participants, this was a decrease in contact, and it caused participants to feel angry, frustrated, to question how the child is doing, and to question what the adoptive parents are telling the infant about the birthmother.

Participants identify that knowing the infant is doing well is a support to birthmothers. This is achieved through either mediated contact or direct contact with the adoptive family. Additionally, two participants, Kim and Vanessa, identify that the ability to modify the contact with the adoptive family is a source of support. Both participants agreed to mediated contact, yet are reassured by knowing they have the flexibility to increase contact over time.

Participants describe that post-relinquishment communication with the adoptive family varies. Birthmothers benefitted from contact with the adoptive family as it provides reassurance about their relationship to the infant, provides reassurance that the infant is being cared for, allows the birthmother to move on with her life and helps the birthmother provide medical information for the infant. Agreements around post-relinquishment contact sometimes change.

Birthmothers appreciate the flexibility to modify the contact, and those who did, found comfort in changing the agreement. On the other hand, when adoptive parents initiated changes in the agreed upon contact, contact decreased, and this was challenging and frustrating for birthmothers, as they questioned how the infant is doing, and whether or not the adoptive parents are speaking favorably about the birthmother.

## **6. Across All Stages of Relinquishment**

### **a. Theme: Messages About Relinquishment Are Generally Negative and Inaccurate**

Participants describe receiving messages about relinquishment over the course of relinquishment. The majority of these messages are negative and inaccurate. The messages come from multiple sources including church, medical services, and participants' family members. The overarching meaning of the messages are that birthmothers are "horrible." For example, only "drug users", young, educated or "poor" women relinquish their infants, that birthmothers don't love their children, and don't want to care for them, that birthmothers are irresponsible, that birthmothers are not "real" mothers, and that it is "strange" to relinquish an infant then parent a subsequent child. Participants responded to these messages in various ways including frustration, anger, feeling judged, misunderstood, and ashamed, taking actions to avoid negative messages, and valuing educating others about adoption. Participants also described a few positive messages about relinquishment from medical staff and friends. The meaning of these messages is that birthmothers are strong, they are doing the right thing, relinquishment is better than abortion, and that people understand relinquishment. Participants describe feeling validated as a result of these messages.

Maggie explains that people who haven't been through the process equate relinquishing a child with lacking love for the child. She states:

People who have kept their kids think ‘I could never put someone my child up for adoption I just love her so much... Ya know, ‘How could you do that?’ That could be so hard and it’s not like they are trying to judge, but the comments would just laced with judgement, ya know, that undertone...they wouldn’t have that understanding that you can love something and let it go.

Hillary describes people questioning her reasons to relinquish an infant:

People would say, ‘I don’t understand why you are doing that? Again you’re not young, you’re not uneducated, you’re not poor, you’re not all the reasons why somebody would do that.’ I would say ‘you don’t understand; I don’t have what a child needs. I don’t have 100% to give. I don’t.’

Similarly, Thea describes receiving messages related to people not understanding her reasons for relinquishing an infant for adoption. She states, “With me it’s like I felt like I was being judged...like oh why, can’t you afford your kid, or are you a drug addict, you know what I mean?” Similarly, Jana reveals, “I never knew how much people judge you for that. So I didn’t like to tell people.”

Felicia describes the negative messages she received about relinquishment, “Oh, yeah, the fact that I was a horrible mother or I neglected the baby.” Felicia continues to describe additional messages she receives, specifically, how people question her decision to relinquish and do not understand birthmothers’ active participation throughout the process:

That’s another thing that irks my nerves about people that don’t understand adoption if I say, ‘Yeah I’m proud of how she lives now.’ They say, ‘Why are you proud? You didn’t do anything.’ ‘You don’t understand what I’ve done.’ Ya know, what I’ve done is behind closed doors. You don’t see what the birth mother goes through, and you don’t you see the child afterwards, with this amazing family. , they look at the birth mother, why did you do it?

Thea asserts, “I grew up Catholic, if I were to go to my church and receive counseling or guidance yes I know they deal with their confessionals, but they are still gonna make you feel horrid.” I probe further, “Because?” Thea replies, “Well, first you’re not supposed to have a baby out of wedlock and if that is the case giving up your child is a no, no in that religion.”

Likewise, Mariah describe the message she received from her church, which caused her to leave the church, “I went in and talked to the preacher and the preacher’s wife...they kind of judged me, they told me that I shouldn’t have done it. I said, ‘that’s it. I’m out of here.’

Additionally, Lynne talks about the message she received from family pertaining to the decision to voluntarily relinquish an infant for adoption, over choosing to terminate the pregnancy. She states, “I thought I was going to get a lot of grief over this because I’m giving up a family member you know, they were just thrilled to death that I wasn’t having an abortion.”

Susan on the other hand, reveals that while the message she received are negative, people seem to understand her decision to voluntarily relinquish an infant for adoption when they get to know her. She asserts:

They think if you have given up the baby for adoption that you live an awful life...it’s all bad things, so that’s what I think people think of adoption they don’t see it’s actually the right decision but as I’ve gotten to know people they do understand.

Mariah also received mixed messages related to the impact of relinquishment on the child she placed:

Um, people told me when he gets older he’s going to have questions and then I have to face him and then I had others tell me you know it’s going to be easy for me to stand in front of him and tell him you know, ‘I’m your birth mother. This is what I did and I made the right choice for you.’

Hillary and Felicia became passionate about adoption education as a result of the messages they received. I asked Hillary what she would like for caseworkers, adoption agencies, policy makers or others to know about her experience of relinquishment and she reiterates her value for adoption education:

I just think that what you are doing is very important because there’s not enough education. I think they need to talk about it more, and they need to stop acting like it doesn’t exist. There needs to be a lot more just openness and education about it. Ya know? I just don’t think people talk about it enough, and I don’t think people accept it enough, learn from me, and learn that this is, this happened to me, and that you guys



know that I struggled as a single parent, even though I was educated...just for people to be able to talk about it.

Felicia likewise expresses how she characterizes the messages as “backlash” and how they motivated her to value adoption education. She describes:

I don't think the public is very informed about adoption, I think it's one of those things, like AIDS, it's one of those unspoken things that no one wants to talk about. People don't understand they don't understand, aren't educated enough. I want to tell people about it, if there was a way that people could get more educated on adoption, cause the back lash was just horrible.

Thea describes how the messages she received caused her to feel shame and not disclose her birthmother status. She states:

I went to Catholic school so I felt shame about giving the baby up. Like when I started to show, and knowing I was giving the baby up for adoption, and like I didn't want other people to know, so I kinda, like, said I was a surrogate and just let them run with that.

On the other hand, Lynne describes feeling “validated” as a result of the message she received after disclosing her birthmother status to her friend in the hospital. She explains, “I left his room feeling very good about that, like validated.”

The messages birthmothers receive related to relinquishing an infant for adoption are generally negative and inaccurate. These messages highlighting misperceptions and judgments about birthmothers and relinquishment. Birthmothers respond to these messages in various ways including feeling frustration and anger, avoiding messages, and valuing adoption education, whereas the positive messages birthmothers receive help birthmothers feel validated about their decision.

## **7. Theme: Birthmothers Respond to Relinquishment in Various Ways Due to Various Influences**

In order to understand how participants, respond to relinquishment, I asked participants open ended questions about the period of time between the end of the immediate post

relinquishment period (about one month after delivering their infant) and the time of our interview. The majority of participants describe their response to relinquishing an infant for adoption as relatively positive, whereas two participants describe that they had a difficult time at first, and then started to feel better, and two participants describe their response as relatively poor.

Eight participants were categorized as having a relatively positive response to relinquishing an infant for adoption. A positive response was characterized by the birthmother being either highly satisfied with her decision to relinquish, viewing the relinquishment as marking a new trajectory, having a sense of pride as a result of the relinquishment, and describing life after relinquishment as relatively the same. Hillary describes her strong degree of satisfaction with her decision to relinquish an infant, “I have consistently said it is the best decision, probably of my life, like of all the decisions of my life it is probably the best decision I’ve ever made.” Jane describes how relinquishment marked a new trajectory in her life. She states, “Right after, it felt like closing a door, like where do I go now?...I can start on a new path ya know like you can have like a clean slate basically.” Felicia identifies a feeling of pride because of the relinquishment:

I feel proud of the situation...this family is together now because of that hard decision, and that’s something I have to look at as a positive no matter what. It’s a good thing, what happened was a good thing, what I did was a good thing...

The participants who responded positively to relinquishment shared several common influences, yet most participants also described additional influences that were salient.

Participants who fared positively shared the following influences: support from family, support from the adoption social worker, meeting the adoptive family prior to relinquishment, and

knowing child is doing well post relinquishment. For example, Jane talks about how having strong family support influences her positive response to relinquishment:

My whole family has been so supportive. They are so proud of me, and they see, like, they tell me they see the progress that I've made and that like I'm in a good spot, so having their support from the beginning reassures me that I did the right thing.

Similarly, Susan describes the presence of and utilization of family support when I asked about what influenced her response to relinquishment. She shares, "I think it was so good because everyone in my family knew what was going on, and everyone was there to support me, and I had so much love and support, and you have to use it." When I asked Kim about her response to relinquishment, she immediately talks about the influence of her family, as well as the adoption social worker. She states:

I just really think talking to family and talking to the adoption social worker was the best thing. If I didn't have their support, I would have gone nuts, ya know. I could talk to my family and the birthfather, and they were great, and then I could talk to the social worker about things too, and they understood it all.

For Jane, the social worker emphasizing Jane's connection to motherhood during pregnancy was a major influence, as she desired to be able to parent a child in the future. Jane also identifies the degree to which she's been able to talk about and get emotional support from her adoption worker, and her worker's responsiveness as a key influence in how she fared:

Oh my God, I cry just thinking about her. She is amazing. She is the reason why I'm doing so well. Right away she was so good to me and made everything easier for me. Yeah just being able to like give emotional support and just a breath of fresh air...I feel like she understands where I'm at to know that I have confidence that if I do call her even if I don't talk to her for a while, like she will get me the information I need.

Felicia describes how the adoption social worker influenced her response, and that she wished she would have connected with her earlier. She shares:

She [adoption social worker] is amazing. I think if people had case workers like that that supported you and stayed with you they would be doing great too...she made that

whole experience easy. If I would have been introduced to the social worker earlier before I had the baby, I think it would have been even better.

Likewise, Lynne shares, “It was chiefly the adoption social worker, she was thorough and instructive and supportive and awesome, she’s a champion.”

For all of the participants who responded positively, their response was also influenced by meeting the adoptive family. For example, Vanessa states, “I feel like now, like, I don’t have to worry about anything, like, I just know he’s in good hands. I don’t have to, like, second guess myself. Like, I have peace of mind.” She then reiterates the importance of meeting the adoptive parents and knowing that the child is doing well:

Not that it’s easy, but I think my decision my final decision was the best decision for me, because by me being able to meet the parents, I think I think that, that was, like, the best feeling, being able to talk to them, being able to spend time with them.

Knowing that the child is doing well, either through direct or mediated contact through the agency is another common influence for the participants who responded positively to relinquishment. For example, Jane describes that seeing pictures puts her mind at ease. She states:

A huge part of it is just knowing that he’s healthy and happy, like I said, just even twice a year, just that’s all I need. Seeing them happy is amazing. It just, ya know, that puts my mind at ease.

Becca describes how seeing that the baby is doing well influences her response to relinquishment, “Getting to see him was the best thing ever, and seeing pictures and hearing about how good he is makes it all good. I focus on him being good and I’m happy.”

In addition to the common influences already described, additional influences that seemed to be strong were noted for most participants who responded positively. Hillary’s positive response to relinquishment is also influenced by the circumstances of her pregnancy, her experience with previous pregnancy resolution options, and the contact she had with the infant at

the hospital that allowed her to begin bonding with the infant. At the start of our interview Hillary eagerly announced, “I was not supposed to be able to get pregnant” and describes she thought she was infertile due to treatment for thyroid cancer. This, together with her previous experience of parenting and terminating a pregnancy influenced her decision to place. She describes how she was determined to have a great experience:

And I think the fact that I struggled so much with my son and I just knew abortion was not the option for me again. I wasn't gonna do it and I knew I just didn't have what I needed to parent and so it was it was really a no brainer it was like well I'm gonna place this baby for adoption and its gonna be great and it and I have consistently said it is the best decision, probably of my life, like of all the decisions of my life it is probably the best decision I've ever made.

She adds, “I'm just very um just very at peace and very content and I can tell you that every day I thank my lucky stars that he is where he is. Ya know, just lots of peace about it. I ask Hillary, “What do you think has influenced that? She describes how having contact with the infant and bonding with him relieves her of worry and that if she questions how she is doing she contacts the adoptive family and they respond promptly.

I think again it's the openness. I started bonding with him at the hospital. It's definitely the openness cause' I think that if it wasn't I would have the angst and I would worry and I would be like what is he doing? Where does he live? Are they taking good care of him. ...I'm like I haven't had a picture in a while, I text them and they text right back. I think it really has to do with bonding with him, and knowing that I can again touch him feel him see him, tell him I love him. I don't have the angst. I don't have the worry.

Jane's positive response to relinquishment is also influenced by her pregnancy being mistimed, as she wanted to parent a child in the future, support from the birthfather, and mediated contact with the adoptive family after relinquishment. Jane describes how the relinquishment and her desire to be capable of being a mother and parenting a child in the future motivated her to accomplish her goals:

After that happened I was like this is a fresh start for me like if I would like I'm not going back to the way that I was before like if I can't be a good mother and a mother like if I'm

not capable of that, then I need to make sure I am capable of doing that when I want to... I didn't know what I wanted to do before that, and now I have a degree and I'm becoming a nurse.

She also describes how support from the birthfather influenced how she fared: "I mean just having someone there for me throughout the entire process, someone who fully understood what I was going through, who went through the same thing is really helpful. It made all the difference." Having mediated contact with the adoptive family allowed Jane to be reassured that the infant is doing well, but it also allowed she and Quinn to have closure and to move forward with their lives. She shares, "I definitely think seeing pictures is amazing, but we also think if we did have contact with them [adoptive family] it would be so hard on us now."

Kim's positive response to relinquishment was also influenced by her certainty when she made the decision to relinquish her infant, and her consideration of their financial situation. When I asked about how she fared after relinquishment a few times she casually replied, "I don't know, everything seemed like it was already written to me, like that's just the way it's supposed to be." Kim's reply conveys a certainty about her decision from the beginning of the process. She considered her inability to financially provide for the infant as she made the decision to relinquish. She describes how this influences how she fared, "You have to really know this is what you want to do. I just didn't want to struggle, you know, if I had kept her I just feel like I would just be struggling and we are in a better place now."

Felicia's positive response to relinquishment is also influenced by her desire to be able to parent a subsequent child, having the support of another birthmother who formerly relinquished an infant for adoption, the circumstances of her pregnancy, the negative messages she received, viewing relinquishment as a gift to the adoptive parents and modifying communication with the adoptive family to mediated contact. Felicia describes how the relinquishment and her desire to

be capable of being a mother and parenting a child in the future influenced her response, “It put me more at a mature level. I almost felt like the next time I want to be able to say I’m ready for the baby...I did want to have a family eventually it really put me in a state of mind to grow up.”

Felicia received a lot of negative messages about relinquishment which caused frustration and anger. This together with her pregnancy being a result of rape were particularly challenging for Felicia. She describes how despite these challenges, viewing relinquishment as a gift to the adoptive family influenced her positive response:

I feel proud of the situation. They are together because of the decision that I made, and that’s what I always look at to make the situation like I’ll think about it and have sad thoughts, but wait a second this family is together now because of that hard decision, and that’s something I have to look at as a positive no matter what. It’s a good thing, what happened was a good thing, what I did was a good thing, even though it came out of a bad situation.

Felicia initially desired to communicate directly with the adoptive family, however after visiting with the adoptive family and child after the relinquishment, she noted the adoptive parent’s discomfort and describes how transitioning to contact mediated through the agency gave her reassurance that the adoptive family will be comfortable and better able to bond with the infant. She states:

Their comfort is very important and I think about that all the time. I really wanted contact with her, but I know how it is better for everyone. I have reassurance that they [adoptive parent] are comfortable and if they are comfortable, she is being take care of and that makes me happy.

Susan’s positive response is also influenced by her previous experience and knowledge with adoption, certainty when making the decision as a result of isolating to reduce the influence of others, bonding with the infant from birth, direct contact with the infant post relinquishment, the support she receives from the adoptive mother. She states:

I think because I was adopted, I see the good things about adoption and I think about the positives of how the situation worked out and it makes me really happy now...and I was

sure of my decision. I didn't even tell people I was thinking about adoption until I had already made my decision because I wanted to be sure and now I can say that I made the best decision for me.

She also talks about how bonding with the infant from birth, and having direct infant with the infant post relinquishment influences her positive response to relinquishment:

I think it's important for people to realize, I have my bad days, I miss her, but the last visit I had with her was amazing. And knowing that I can see her and visit with her is amazing. She never has rejected me ever. She's always known from day one and I look at her and she knows that she's my everything.

Susan also emphasizes the influence of the support she receives from the adoptive mom. She shares:

She was absolutely amazing. From the time we met I could feel how supportive she was. She was so understanding and nice to us. She had a party for me and Vito, she comforted me in the hospital and I can see them whenever I want to. We worked together so well and I don't have anything to complain about.

Lynne's positive response to relinquishment is also influenced by her desire to not have children, not seeing or holding the infant after delivery, the support and contact with the adoptive family during her pregnancy, and mediated contact after the relinquishment. Whereas some participants describe having a connection to the infant, or feeling a close bond, Lynne seemed to maintain a sense of separation from the infant. She chose not to see the infant at the hospital and even relates her experience to that of surrogacy. She also emphasizes the role of mediated contact:

I didn't want to be a mom, I didn't try to bond, I spent time with these ladies and I knew they were going to have an amazing family and I didn't try to bond. I had the baby, and this their time now. I'm glad I can see pictures, but I want them to have the chance to become a family, without me.

Becca's positive response to relinquishment is also influenced by the adoptive parent's decrease in mediated contact, amount of time she spent with the infant at the hospital, and the support she received from the hospital staff. She was very frustrated that the adoptive family



decreased the frequency of mediated contact, yet Becca gets strength from the visits she had with the infant for the month he remained hospitalized after birth. She shares:

Not getting anything from them [adoptive parent] is hard so I'm glad I got to see him so much. I didn't know when I would get that time again. Being with him all that time makes me so happy now

She also emphasizes the influence of the hospital staff:

They were so nice to me and understood what I was going through. They would sit and talk to me, buy me candy bars, and I think about their advice all the time now and smile. When I told them I decided to put her up, they knew it was gonna be a good thing for me.

Two participants, Mariah and Maggie, characterize their response to relinquishment as being satisfied with their decision to relinquish, yet also describe feeling a deep sense of loss, shame, and guilt. These feelings persisted for about a year, and then began to dissipate. Maggie announces "At first, I don't think I did very well." Maggie then describes a deep feeling of "loss" and "a feeling of incompleteness." Similarly, Mariah describes feeling the same deep sense of loss for the first year, then she started to feel better. She shares, "At first it was horrible. The sadness was awful."

Mariah had family support, yet it was moderate, as she only had the support of her ill father, whom she was caring for. For Mariah, transitioning from direct contact with the adoptive parents during the pregnancy and at the birth, to contact only through social media influenced her initial negative response. Mariah mentions multiple times how beneficial it was to have the adoptive parent's support, and it is likely that the support from the adoptive parents compensated for Mariah's moderate family support, and the decrease in support from the adoptive family was difficult for Mariah at first. It is also interesting that Mariah views the decrease in family support now as an influence on her satisfaction with her decision to relinquish. She states, "I am even more at peace with my decision because now I have even less family support, so I'm glad I am not trying to care for him." She also attributes beginning to feel better with talking to the adoption social worker. She states, "I asked Mariah, 'What helped you to begin to turn the corner?'"

I think talking to the social worker was the main thing. I think the thing that helped me and brought me out of it is that I knew I was a good mom that I was doing what I was supposed to be doing because she was telling me you didn't do a bad thing, you know, you didn't give your child up because you're irresponsible, you chose the best life that

you could for him because you made a conscious decision to do this for him knowing that he was in the best place, so that helped me. She told me it will be okay.

Mariah describes feeling reassured that she knows the baby is taken care of and the adoptive parents are telling the infant she loves him,

He's got a nice family and before they left promised me that he would grow up knowing that I loved him and I still love him no matter what and that I made the best choice I could make at that point and time. Every single day I think of him and I'm able to go on with my life I'm able to work I'm able to take my kids and make sure you know that they have what they need and know that he's living a better half of a life than we are, but he's doing great he taken care of and I don't have to worry about it.

Maggie on the other hand, describes that she had a deep sense of loss, and as a result she returned to "partying" and "using drugs." Maggie used drugs during her pregnancy and this was a strong influence regarding how she responded to relinquishment. The initial adoptive parents backing out due to concerns of her drug use compounded her own concerns. She expressed multiple times how she felt guilty about her actions, and questioned whether the baby would be healthy, and she never got confirmation from the adoptive parents that the infant was developing normally. This concern was a strong influence on Maggie having a difficult time at first. It is also noteworthy to mention that Maggie's mental health played a role in how she fared, as she briefly shares that "getting on medication and being treated for bi-polar" helped her turn a corner, as did becoming pregnant and parenting a child:

I think that I really wanted to have a baby um after placing I mean again I think that's probably played into why I decided to keep her because that feeling of like incompleteness was I mean it was there on like a deeper level and I wanted to find something to fill it. I don't even know if I really acknowledged it afterwards but now that I think about it that feeling of loss was, it was definitely there. Subconsciously I wanted a baby after that.

She also describes that over time she found comfort in talking about the relinquishment with her family. She shares, "It's like when old ladies are widowed, and they talk about their

husbands, and it makes them smile in a way, ya know? It was just good to talk to them more about it, because they knew everything I went through.”

Jana and Thea characterize their response to relinquishment as being satisfied with their decision, yet at the same time they both disclose reluctance to consider whether they are dissatisfied with their decision to relinquish as they are unable to change their decision. As Jana reflects on the post relinquishment period she shares, “I was afraid if I felt the pain, I couldn’t do anything about it, if I did change my mind. I feel like I did the right, I do feel like that, I truly believe I did.” Additionally, both participants describe difficulty coming to terms with the relinquishment. For example, Jana softly shares, “I haven’t really dealt with it.”

Additionally, both participants describe shame and guilt. Other participants may have experienced shame for a limited period of time over the course of relinquishment, yet for both participants they described feeling shame during the immediate post-partum period and these feelings were still present at the time of the interview. Jana states, “I just feel like I did something wrong. I have been isolated ever since to be honest with you.” She then describes that she began using cocaine:

You want to know what I did? I started using drugs, I did cocaine. Made me numb, I just didn’t feel. That was my first time using too. I just wanted to do something to help me. When you start using drugs you hide from everybody and everything.

Similarly, Thea describes feeling shame:

I’m a hermit now. Before I had her I would go, go, go, all the time, but after I had her I felt like I couldn’t go out and I felt shame and I felt like people I didn’t exist and I don’t know, it’s like I feel like people know what I did. I literally secluded myself and still do.

Both participants describe lack of support from family and the adoption social worker as influencing how they fared after relinquishment. It is noteworthy to mention that their families provided housing, yet were not emotionally supportive over the course of the

relinquishment. For example, Thea describes that her aunt allowed her to live with her, yet she would have liked more support, “And I really didn’t have family support. I don’t have a close relationship with my family. I would have liked to have had more support from them.” Jana describes being conflicted regarding whether it was the lack of support, or perhaps the support was there, and she did not utilize the support. Jana describes a lack of support from the adoption social worker post relinquishment:

The adoption social worker really helped me, she did, but I feel like after there was nothing. No one can prepare you for how it’s going to be after. And I mean it should be a step down kind of process. Maybe right after, a daily phone call or a weekly visit something for 2-3 weeks and then maybe weekly and then checking on you for 6 months afterwards or something.

She also attributes not receiving help to not asking for help, because she felt underserving:

And I feel guilty like I don’t deserve help. I probably could have had more if I asked for it, but I didn’t it. What made it so hard is me not reaching out, I mean ultimately it’s my responsibility to ask for support.

Jana discloses that she did not have anyone to talk to and that a support group would have been helpful but was not offered.

I needed support, to hear people’s stories, support like that. If there was a group, I would go to it. Just talking to other birthmoms. I didn’t have anyone to talk to, and I guess I was really afraid to feel or talk about it. I just wish I had more support.

Thea’s response is also influenced by the negative messages she received about relinquishment and the difficulty she experienced locating resources, as these were key frustrations for Thea. She also discloses that she had a hysterectomy, and how not having the option of having more children influences her response to the relinquishment:

I think it would be different if I didn’t have a hysterectomy and could have more children ...I have dreams about taking her back but I know I can’t do that um, I cry a lot and it would be different if I didn’t have the hysterectomy...I don’t know if I would have had another child, but taking the way the option hurts, so I gave up for adoption the last baby I could ever have.

As Thea talks about how she fared after relinquishment she also discusses the influence of coercion and intimidation from the adoptive parents. The adoptive parents agreeing to open adoption, then adding stipulations and not respecting Thea's wishes for private time with the infant at the hospital was particularly difficult for Thea, and she felt the adoption social worker did not give her information about her rights at the hospital. She describes how the challenges she had with the adoptive parents influenced her response to relinquishment:

I think the whole thing them [adoptive parents] snowing me for eight months oh whatever you need then this and that then changing and changing things how they acted in the hospital excuse my language, completely fucked me up, it was the most devastating part of it and it was even worse than her actually being gone from the hospital. I felt betrayed, coerced, and I almost felt threatened, even though they didn't threaten me. When it came down to the adoptive parents being there it was like I said the whole like social economic thing that affected me, like they are very intimidating.

She comments about the adoption social worker being helpful in general, yet not providing support and information at a critical point during physical relinquishment. She states, "She was very empathic and doesn't judge. When I talked with her I would feel powerful, but I was intimidated by the adoptive parents and I needed more information on the whole hospital process."

Participants' respond to relinquishment in various ways. Participants characterize their response to relinquish in various ways: the degree of satisfaction with the decision, whether relinquishment marked a new trajectory, the degree to which they feel pride, shame, guilt and deep loss, the degree to which life after relinquishment is unchanged, and the degree to which they experience isolation from others. How birthmothers respond to relinquishment is influenced by a variety of factors including pregnancy resolution options they considered, their desire to parent a child in the future, communication with the adoptive family, and the messages they receive about relinquishment.

### **C. Risk and Protective Factors Related to Relinquishment**

Birthmothers' experiences of voluntarily relinquishing an infant for adoption are varied. This research suggests a risk and resilience framework is useful for understanding birthmothers' experiences. Although individual participants describe factors that seem, for them, to be risk and/or protective factors, analysis of outcomes and related factors suggest clear patterns regarding only two factors: family support and support from the adoption social worker.

#### **Family Support**

When family support is present and strong, women tend to respond more positively to relinquishment. In general, family support includes emotional support, and for some, housing or financial support. It is also noteworthy to mention that one birthmother who responded positively to relinquishment did not disclose the pregnancy and relinquishment to her family, yet their support around caring for her children influenced how she responded to relinquishment. Additionally, it's likely that emotional support from family is the most beneficial type of family support, as the birthmothers who responded relatively poorly to relinquishment describe the absence of emotional support, even though their family members provided housing during their pregnancy.

#### **Support from the Adoption Social Worker**

When support from the adoption social worker is present and strong over the course of relinquishment, birthmothers tend to respond more positively to relinquishment. In general, support from the social worker includes providing information, facilitating the relinquishment, and providing emotional support. While all of the participants describe the social worker as supportive, in general, two participants who responded poorly to relinquishment described two

instances that were particularly challenging and during both of these occasions, the social worker either did not provide support or information, or the support and information provided was inadequate.

## V. DISCUSSION

This study contributes to the knowledge base regarding the experiences of women who voluntarily relinquish their infants for adoption. Findings from this study describe contemporary birthmothers' experiences of relinquishment, the ways in which birthmothers respond to relinquishment, what influences their response, and risk and protective factors. Additionally, implications for future research, social work practice, policy and social work education are noted.

Findings from this study contribute to the knowledge base regarding birthmothers' experiences of voluntary relinquishment and how birthmothers respond to relinquishment. This study examines relinquishment experiences as beginning with the discovery of pregnancy, therefore it includes an examination of birthmothers' exploration of relinquishment as a pregnancy resolution option. While seeking information from persons affiliated with the adoption agency is more efficient, the internet appears to be confusing, and frustrating for birthmothers, and can cause them to feel alone, to isolate, and/or to question their decision to relinquish. As a result, staff and former clients of an adoption agency are a potential resource to birthmothers and can serve as a valuable link in connecting birthmothers with information and resources about adoption.

As birthmothers explore relinquishment as a pregnancy resolution option, it is also noteworthy to emphasize that although birthmothers come in contact with medical providers, they do not appear to be a resource for providing information about relinquishment to birthmothers during their pregnancies. The reason for this is unclear, yet it is reasonable to question whether medical providers view providing information about pregnancy resolution options as outside the scope of their responsibilities, or perhaps they view parenting as the norm



when a woman is pregnant, or they may lack knowledge or understanding of the relinquishment process, and therefore do not provide information about relinquishment. For birthmothers who do not seek information about relinquishment until after they deliver their infant, medical providers at hospitals play a key role in providing women with information about relinquishment and linking them with social work services. Findings from this study suggest that birthmothers have to initiate the conversation and make a request for information, yet this process remains unclear. Medical settings may be an area ripe with potential for disseminating relinquishment information, and thus is an area that needs further study.

Findings from this study suggest that as birthmothers decide to relinquish an infant for adoption, they make informed decisions based on multiple factors. These findings suggest that birthmothers are active participants in the decision making process, and that they make their own series of decisions as they decide to relinquish an infant for adoption. These findings suggest that birthmothers are active participants in the decision making process, and that they make their own series of decisions as they decide to relinquish an infant for adoption. Previous research on factors associated with choosing relinquishment compare women who place to women who relinquish their infants. Whereas findings from previous research suggest that birthmothers who choose to relinquish their infants for adoption report not being in a relationship, or being in a relationship with a partner who prefers relinquishment, report having a relative who prefers relinquishment, and report higher adoption socialization than those who chose to parent (Namerow, Kalmuss & Cushman, 1993), findings from the this study suggest that women who have partners, birthfathers, or relatives who prefer a different pregnancy resolution option, ultimately make their own decisions to relinquish. Differences between the samples exist on the basis of age and service provider. For example, Namerow, Kalmuss and Cushman (1993) studied

birthmothers, most of whom relinquished under the age of 21 and were residents of a maternity home, whereas the current study examines birthmothers who relinquished over the age of 21 through a licensed child placing agency and did not reside in maternity homes.

Findings from this study also suggest that birthmothers consider a variety of pregnancy resolution options when deciding to relinquish: parenting, abortion, relative care, and relinquishment and they come in contact with a variety of organizations that offer pregnancy resolution options counseling, as providers are typically organized by pregnancy resolution option. The Children's Home Society offers counseling around all pregnancy resolution options, therefore they provide information and referrals to birthmothers related to all options, yet it is still unclear the degree to which collaborations are established between providers, and information and resources are shared for example, between adoption agencies and abortion service providers such as Planned Parenthood. This is an area in need of further study, as birthmothers interact with multiple service providers as they explore relinquishment as a pregnancy resolution option.

Additionally, findings from this study suggest that as some birthmothers make the decision to relinquish their infants, they are considering the benefits relinquishment affords the birthmother. Although this was the experience of only a few women, I am curious whether this may represent a shift in women's beliefs in which birthmothers are beginning to be comfortable considering their own needs and the benefits relinquishment affords them, and perhaps balancing the needs of the infant and the needs of the birthmother, as opposed to viewing relinquishment as a "selfless" act that solely benefits the infant.

Although the experiences of the birthmothers in this study are highly variable, one commonality exists related to contact with the adoptive parents. All of the participants had at

least one face to face meeting with the adoptive family prior to relinquishing their infants and birthmothers benefitted from this meeting. These experiences highlight the potential for adoptive parents to be a support to birthmothers. Additionally, it extends existing scholarship regarding the concept of openness. Findings from this study suggest that birthmothers value and benefit from meeting the adoptive family prior to relinquishment, yet birthmothers often prefer various levels of contact between this first meeting and physical relinquishment, and again after physical relinquishment. Whereas previous studies conceptualize openness as an agreement that is initiated and typically measured after relinquishment (Blanton & Deschner, 1990; Brodzinsky & Smith, 2014) Christian et al., 1997; Fravel et al., 2000, Ge et al., 2008; Henney et al., 2007) findings from this study suggest that it may be beneficial to also examine the contact between birthmothers and adoptive parents prior to relinquishment, and to acknowledge the flexible nature of this contact at various times.

Findings from this study suggest that birthmothers feel reassured during physical relinquishment. Physical relinquishment can be a time for birthmothers to feel reassured around their decision to relinquish and around their relationship with the infant by seeing, holding and caring for their infant, and seeing the infant with the adoptive family. These findings contradict findings from Cushman et al. (1993) which suggest that birthmothers who see or hold their infants have higher levels of regret than those who do not see or hold their infants. Findings from the current study suggest that many birthmothers who care for their infants, including holding and seeing their infant, are reassured about their relationship to their infant, and all of these women attribute their relatively positive response to relinquishment to these bonding experiences. Also noteworthy is that one participant described that seeing or holding the infant was too difficult and not important, yet she fared well after relinquishment and attributes her

outcome to not holding or seeing the infant. Another participant did not feel reassured during physical relinquishment as she describes that holding the infant caused her to feel overwhelmed and to question her decision. During her pregnancy, this particular participant did not talk to anyone about her decision to relinquish and she did not contact a formal service provider until after she delivered, therefore she did not have support around decision making during her pregnancy. I question the role that lack of support around decision making plays in her response to holding her infant.

Additionally, findings from Cushman et al. (1993) suggest that birthmothers whose infants who are placed in foster care have higher levels of grief than birthmothers whose infants are placed directly with the adoptive family. In the current study, all of the participants report that their infants were placed directly with the adoptive family. This is a common practice of the agency, and the participants did not comment on any alternate placement of the infant. Only one participant emphasized the importance of the infant being placed directly with the adoptive family, as it brought her comfort that the infant went directly from her care to the care of the adoptive family.

Findings from this study also suggest that birthmothers' experiences of physical relinquishment involve coming in intimate contact with medical providers, and that through knowledge and understanding of relinquishment, medical providers have the potential to be a source of support to birthmothers during physical relinquishment. The role of medical providers during physical relinquishment is an area of that has not been examined in previous research, and is worthy of exploration as a potential support to birthmothers.

Findings from this study also suggest that birthmothers receive messages about relinquishment that are generally negative and inaccurate. These messages come from multiple

places such as religious institutions, medical providers, people in general, and birthmother's family members. These findings suggest that many misconceptions around relinquishment exist and that most birthmothers take action to avoid these negative messages either by isolating or not disclosing their birthmother status, whereas a few are motivated by these negative messages to educate others about relinquishment. Additionally, a few birthmothers report that positive messages made them feel validated about their decision to relinquish.

Findings from this study also generate knowledge related to how birthmothers respond to relinquishment, and what influences their response. Birthmothers describe not only how they respond to the overall experience of relinquishment, which can also be characterized as how they fared after physical relinquishment, yet they also describe how they responded to experiences within each stage of the process, and frequently they made connections between the two.

Findings from this study suggest that birthmothers respond to relinquishment in various ways which extend findings from previous studies which examined birthmother's responses to relinquishment based on grief, regret, guilt and whether they would make the same decision again (Blanton & Deschner, 1990; Brodzinsky & Smith, 2014; Christian et al., 1997; Cushman et al., 1993; Cushman et al., 1997; Fravel et al., 2000; Ge et al., 2008; Henney et al., 2007; Kalmuss et al., 1992). Findings from this study suggest that birthmothers characterize their response to relinquishment by the degree to which they are satisfied with their decision, feeling pride or goodwill as a result of relinquishment, relinquishment marking a new trajectory, feeling that life is relative the same after relinquishment, a time limited feeling of sadness or loss, and persistent feelings of shame and guilt. Additionally, findings from the current study suggest that most birthmothers experience positive outcomes following relinquishment.

Findings from this study contribute to the knowledge base regarding factors related to relinquishment outcomes (Blanton & Deschner, 1990; Brodzinsky & Smith, 2014; Christian et al., 1997; Cushman et al., 1993; Cushman et al., 1997; Fravel et al., 2000; Ge et al., 2008; Henney et al., 2007; Kalmuss et al., 1992; Weinreb & Konstam, 1995). Findings from the current study suggest that support from the adoption social worker and support from the family are protective factors, and the lack of these may be considered risk factors. Findings related to the support of the adoption social worker extend previous scholarship which emphasizes the role of caseworkers in the relinquishment process. Cushman et al. (1993) studied 215 women who relinquished their infants for adoption in the 1980s, 92% of whom were living in a maternity residence. The mean age of the participants is 17 years and outcomes were measured at 6 months post relinquishment. This sample varies from the sample in the current study which includes 12 women who have relinquished an infant for adoption through a child placing adoption agency between 1 and 4 years prior. Findings from Cushman et al. (1993) suggest that feeling pressured by staff is associated with level of grief, and a measure indicating that birthmothers would make the same decision again at 6 months post relinquishment. Additionally, Weinreb & Konstam (1995) studied 8 women in a who relinquished infants for adoption in the 1960s and 1970s, approximately 20 years prior to data collection. Mean income at time of data collection was approximately \$50,000 and mean age at which they relinquished is 22 years. Participants were described as “highly educated”, yet details regarding level of education were not provided. Women who report feeling judged by adoption case workers, women who report that caseworkers imply that birthmothers are unfit or unable to raise a child, and women who report adoption caseworkers’ unwillingness to assist birthmothers’ with evaluating their options in order to make a decision that is best for the birthmother are more likely to question their decision

and feel that they were misled (Weinreb & Konstam, 1995). None of the participants in the current study reported feeling pressured by the adoption social worker, in fact the majority of the participants described the adoption social worker as a support, and many participants specifically described the social worker as being supportive because she promoting self-determination. Two participants described the adoption social worker's support as lacking, yet this pertains to not providing supportive services following the relinquishment, and not providing information about the rights of the birthmother regarding visitation during her hospital stay.

Findings related to the role of family support mirror those of Brodzinsky and Smith (2014). During the first year after relinquishment, birthmothers reported that support from family and friends was one of two most important supports they received. Whereas the findings in the current study emphasize a clear pattern related to family support and how birthmothers respond to relinquishment, several participants reported that receiving support from friends was also helpful throughout the relinquishment process. Specifically, findings from the current study suggest that it's likely that emotional support from family is the most beneficial type of family support, as the birthmothers who respond relatively poorly to relinquishment describe the absence of emotional support, even though their family members provided housing during their pregnancy. Additionally, one birthmother who responded positively to relinquishment did not disclose the pregnancy and relinquishment to her family, yet their support around caring for her children influenced how she responded to relinquishment. While no clear patterns can be identified regarding additional risk and protective factors, findings from this study suggest additional influences on birthmothers' responses to relinquishment, which is a starting point for future research.

Regarding openness, findings from the current study suggest that birthmothers benefit from various levels of openness, and that satisfaction with the level of openness is more important than the level of adoption openness. Some participants felt reassured by having direct contact with the adoptive family, whereas others found comfort in mediated openness as it allowed them to see that the infant is being cared for, while it also helped them move on with their lives. A few participants also acknowledged that having flexibility to modify the level of openness is beneficial. These findings contradict findings from previous studies regarding adoption openness. Findings from all but one previous study suggest that birthmothers in more open adoptions report a more positive response than do birthmothers in more closed adoptions (Brodzinsky & Smith, 2014; Christian, et al., 1997; Cushman et al., 1993; Cushman et al., 1997; Fravel, et al., 2000, Ge et al., 2008; Henney et al., 2007), whereas findings from one study suggest that birthmothers in more closed adoptions experience a more positive response than do birthmothers in more open adoptions (Blanton & Deschner, 1990).

Previous findings suggest that four to twelve years post placement, birthmothers who are in a romantic relationship with the birthfather are at greater risk for prolonged grieving than birthmothers who are not in a romantic relationship with the birthfather (Christian et al., 1997). Findings from the current study suggest that there is no clear pattern between the status of the relationship with the birthfather and birthmothers' response to relinquishment. Three participants remained in a romantic relationship with the birthfather, only one of which described her positive response as being influenced by this relationship.

#### **A. Limitations**

One limitation of this study is that it is not intended to be generalizable to all women who voluntarily relinquish infants for adoption. The methodology and sample size are intended to



generate data, and the sample should not be regarded as representative of all birthmothers' experiences. The results can be understood only in the context of the experiences of birthmothers who voluntarily relinquish infants for adoption through Children's Home Society. CHS supports all levels of openness, explores all pregnancy resolution options with pregnant women, and employs two social workers that are strong advocates for birthmothers, and from my experience, their practices are more birthparent centered, and not typical of most adoption agencies.

The second limitation of the study is the potential for retrospective bias in the data. This study involves participants recounting stories of their experiences. It is possible that participants may not remember exact details, and their interpretations may be biased. Potential for retrospective bias is a limitation; however, participants' perceptions and stories are an integral component of qualitative research and are important to the understanding of birthmothers' experiences of relinquishment.

#### **B. Implications for Theory, Practice, Research and Social Work Education**

This study increases the knowledge base regarding the experiences of women who voluntarily relinquish their infants for adoption. Additionally, it describes the ways in which birthmothers respond to relinquishment. Knowledge gained from this study increases social work practitioners' knowledge, which enhances their ability to provide support to birthmothers over the course of voluntary relinquishment. Increased knowledge of the ways in which birthmothers respond to relinquishment provides social work practitioners with insight that enhances provision of services to birthmothers with whom they work. Findings from this study enhance practice that is central to the mission of the profession.

Findings from this study suggest that support from the adoption social worker and support from the family are protective factors. Social workers providing services to birthmothers

should understand the important role they play in the process of relinquishment. Findings emphasize birthmothers' needs for an advocate, and the importance of the social workers to maintain an advocacy role in the context of adoption service providers, which profit from adoptions. Specifically, the importance of providing strong support during the relinquishment process by providing information, facilitating the process of relinquishment and offering emotional support during the relinquishment process and at any point after relinquishment and how this increases the likelihood that birthmothers will respond positively to relinquishment. Additionally, it is important that social workers understand the important role that family support, specifically emotional support from the family, plays in the relinquishment process. When providing services to birthmothers who desire that their family know about the relinquishment, expanding the scope of services to also include assessing and enhancing family support would be beneficial for birthmothers.

Social work practitioners providing services to birthmothers who choose to relinquish through a local child placing agency should understand that when birthmothers access information and resources about relinquishment, people affiliated with the adoption agency are more efficient resource than the internet. This is a potential resource that practitioners may not be aware of. Additionally, practitioners should understand how other birthparents can be a potential source of support for birthmothers-either through former birthparents providing support to birthparents early in the process, or by offering a support group for birthmothers to provide and receive support from each other as they move through the relinquishment process.

Social work practitioners providing services to birthmothers also need to understand the potential role adoptive families play in relinquishment. It may be beneficial for social work practitioners to inform birthmothers of the potential benefits of meeting the adoptive families

prior to relinquishing their infant. The rights of both parties should be made explicit, including rights related to having contact with the birthmother and infant at the hospital, and rights related to making and changing agreements around contact. Findings suggest that adoptive families initiating a decrease in contact is difficult for birthmothers, yet there are also times when changing the nature of contact is beneficial to birthmothers and adoptive families. As a result, services that include a periodic assessment of the nature of contact, and the birthmother and adoptive families' satisfaction with the nature of contact may be helpful, as well as mediation services when needed.

As previously mentioned birthmothers have historically constituted a marginalized group. While current relinquishment practices provide contemporary birthmothers more active participation in the process, these women still to a large degree constitute a group that is vulnerable to oppression. Current policies generally fail to offer adequate protections for birthmothers, and many protections are not consistent across states. For example, adoption contact agreements between birth and adoptive parents are legally enforceable in 23 states, but only 13 of these legally enforce contract agreements applied to infant adoptions (Child Welfare Information Gateway, 2014).

Findings from this study suggest that contact between the birthmother and the adoptive family may not be a one size fits all approach. The amount of contact that is beneficial may need to be determined on a case by case basis. Additionally, findings from this study suggest that agreements around contact may need to be reevaluated over time. Knowledge gained from this study highlights the experiences of birthmothers and contributes to the formation of policies that offer increased protections to birthmothers.

This study serves as a foundation for further inquiry. For example, conducting research with adoption agency staff and adoption social workers to examine their experiences and perceptions of birthmothers and the relinquishment adoption process, and balancing the needs of both birth and adoptive parents. As well as conducting research with health professionals regarding their knowledge of relinquishment, their experiences with birthmothers, and their role in providing information and support to birthmothers. This research may also be expanded upon with similar or related populations. For example, a similar study could be conducted with other birthmothers, for example, birthmothers who relinquish through other types of adoption organizations, birthmothers who do not meet the adoptive family, or birthmothers who do not seek services until they relinquishment, so they do not have the support of an adoption social worker during their pregnancy. Additionally, findings can inform the development of practice guidelines.

This study uses a qualitative methodology, and hears what birthmothers say in their own terms, rather than test a preconceived hypothesis. Findings from this study identify variables that can be examined using quantitative methodology to determine the degree to which it's applicable and valid with a larger sample of birthmothers. Also, this study fills a gap in the literature by placing emphasis on resilience, as opposed to focusing on describing the negative outcomes of relinquishment. This paradigm shift from emphasis on negative outcomes of relinquishment to emphasis on the examination of resilience may be furthered explored and expanded upon in future research. Additionally, this research may also be expanded upon with similar or related populations. For example, a similar study could be conducted with other birthmothers, for example, birthmothers whose parental rights are involuntarily terminated.

The findings from this study also have implications for social work education. Surveys of instructors, texts, readings and reference books in graduate programs in mental health fields support the need for increased adoption education (Fisher, 2003; Post, 2000). Social work programs in general provide little information regarding adoption and relinquishment of infants. Knowledge gained from this study may be incorporated into social work courses such as Human Behavior and the Social Environment, and practice courses, specifically courses focused on practice with women. Additionally, knowledge gained from this study also prepares future social workers to provide enhanced services to birthmothers. Practicum students, who work in adoption agencies, pregnancy centers, or hospital settings, may also find this knowledge useful.

## APPENDIX A

Project ID#\_\_\_\_\_

## INTERVIEW GUIDE FOR PARTICIPANT

Hello, and thank you for agreeing to participate in this interview. As I mentioned to you earlier, this interview should last about 1 ½ -2 hours. The interview will be taped and I will be asking you several questions. Feel free to ask me to repeat or clarify any questions. I am interested in getting your thoughts, feelings and experiences, “your story” in your own words. You can ask that the recording be stopped at any time. If the recording is stopped, I will proceed without the recorder, by taking notes. You can also end the interview at any time. (Any questions?)

I’d like to share a little bit about my background before we get started, to give you a sense of who I am. I am a former birthparent counselor. I worked at a social service agency in Missouri. I have worked with a variety of women who have placed infants for adoption (for example, women who identify as Black or African American, White, Latina, Bosnian, heterosexual, lesbian and bisexual, women who have become pregnant as a result of a planned pregnancy, having sex for drugs, or rape, women who have placed a baby for a variety of reasons, because they feel they cannot emotionally or financially care for a child, are struggling with substance abuse, are involved in the public child welfare system, or are incarcerated.)

As a result of working with birthmothers, I became interested in learning about women’s experiences, and hearing their stories because it seems that many people do not know about or understand birthmother’s experiences. While birthmothers share the experience of placing a baby for adoption, each woman’s story is unique. I am interested in learning about your story, understanding your experience of placing a baby from the time you learned you were pregnant, to the present. (Do you have questions before we begin? Is it okay to begin now?)

1. I am interested in learning about your experience of placing a baby for adoption (from the time you learned you were pregnant, to the present). Can you tell me as much as you are comfortable sharing about your story?
2. What led to your pregnancy? What were the circumstances of your pregnancy?  
 (Prompts and Probes)  
 How many times have you been pregnant?  
 When you became pregnant with the baby you placed, did you want to become pregnant at that time? To what degree was the pregnancy planned?  
 At the time you became pregnant, did you have a relationship with the birthfather? If so, how would you describe your relationship?  
 How would you describe your current relationship with the birthfather?
3. How did you come to the decision to place your baby for adoption?  
 (Prompts and Probes)  
 What options did you consider? Why? How did you learn about these options?

What did you learn about these options that helped shape your decision?  
 What challenges or obstacles did you encounter in making your decision?  
 Did you have support? What sources of support did you have throughout this time?  
 Was the birthfather involved? How?  
 What was helpful to you in making the decision to place your baby for adoption?  
 How was it helpful?  
 What, if any, social services/ agencies were you involved with during this time?  
 (for example, Public Child Welfare, Planned Parenthood, or services related to  
 counseling, parenting support, substance abuse, domestic violence, sex  
 trafficking).  
 Are there things that would have been helpful to you that were not made available to  
 you?  
 Did you feel pressure from others? If so, what pressure did you feel from others?  
 Who or what influenced your decision to place your baby? How? (birthfather, family,  
 finances, parenting demands, culture, religion, spirituality, experiences with  
 previous pregnancies, other?) Can you tell me more about this?

4. How was an adoptive parent(s)/family chosen for the baby?

(Prompts and Probes)

To what degree were you involved in the process?

What influenced your decision about your involvement in choosing the adoptive  
 parent(s)/family?

What preferences, if any, did you have? Were there preferences that you  
 felt strongly about?

Were you able to evaluate your options, and make a decision that was best for you?

Did you feel pressure from others? If so, what pressure did you feel from others?

Did you meet the adoptive parent(s)/ family? What influenced your decision to meet the  
 adoptive parent(s)/family?

If so, what was the meeting like? Who was present? Where did the meeting take place?

Did you have support? What sources of support did you have throughout this time?

What challenges or obstacles did you encounter?

Was the birthfather involved? How?

What was helpful to you during the process of selecting the adoptive parent(s)/family?

How was it helpful?

Are there things that would have been helpful to you that were not made available to  
 you?

5. How did you decide on the type of contact, if any, you would have with the adoptive  
 parent(s)/family?

(Prompts and Probes)

To what degree were you involved in the decision?

What preferences, if any, did you have?

How did you come to this decision? What influenced your decision?

Were you able to evaluate your options, and make a decision that was best for you?

Did you feel pressure from others? If so, what pressure did you feel from others?

What challenges or obstacles did you encounter?

Did you have support? What sources of support did you have throughout this time?

Was the birthfather involved? How?

What was helpful to you in deciding on the type of contact? How was it helpful?

Are there things that would have been helpful to you that were not made available to you?

How would you describe your current contact with the adoptive parent(s)/family? Is this the amount/type of contact that was planned and agreed upon from the beginning or has it changed? How do you feel about that?

6. Tell me about the last time you saw the baby after delivery?

(Prompt and Probes)

What was it like?

Did you hold the baby? Number of times saw and held?

Who was present?

Did you know at that time you were planning to place the baby for adoption? What options were you considering at that time? When did you decide?

What challenges or obstacles did you encounter?

Did you have support? What sources of support did you have during this time?

What was helpful to you during this time? How was it helpful?

Are there things that would have been helpful to you that were not made available to you?

After leaving the (hospital/ birthing center/home -if home birth) where was the baby placed? (directly with foster/adoptive family?)

7. Tell me about your experience of signing papers to place a baby for adoption?

(Prompts and Probes)

What was it like?

Where and when did you sign papers? Who was present?

What was challenging about signing papers? What obstacles did you encounter?

Did you have support? What sources of support did you have during this time?

What was helpful to you during this process? How was it helpful?

Are there things that would have been helpful to you that were not made available to you?

8. Tell me as much as you are comfortable sharing about your experiences of adjusting after placing a baby for adoption?

(Prompt and Probes)

What challenges or obstacles did you encounter?

Did you have support? What sources of support did you have throughout this time?

What was helpful to you? How was it helpful?

What, if any, social services/ agencies were you involved with during this time?

Are there things that would have been helpful to you that were not made available to you?

Has it changed for you over time? If so, how?



9. What was your life like before becoming pregnant and placing a baby for adoption? How has it changed? What do you think has contributed to this change?

(Prompts and Probes)

Ask about risk/protective factors:

Have specific personality traits or characteristics have contributed to this change? If so, how?

Has your family/culture contributed to this change? If so, how?

Have your religious or spiritual beliefs or practices contributed to this change? If so, how?

Has your level of education or income contributed to this change? If so, how?

Have procedural aspects of the process (for example seeing or holding the baby following birth, time between birth and seeing or holding the baby, and placement location of infant after delivery) contributed to this change? If so, how?

Did you feel pressure to place the baby for adoption? Has the degree to which you may have felt pressured, or not felt pressured to place the baby contributed to this change? If so, how?

Did you feel judged as unfit or unable to parent? If so, has the degree to which you may have felt judged as unfit or unable to parent contributed to this change? If so, how?

Has the degree to which you were able to get assistance with considering and evaluating options that are best for you contributed to this change? If so, how?

Has your relationship status with the birthfather contributed to this change? If so, how?

Has the degree to which you've talked about placement and received emotional support contributed to this change? If so, how?

Has the level of openness/amount of contact with adoptive parent(s)/family contributed to this change? If so, how?

10. Thinking about your entire experience of placing a baby (from learning of your pregnancy, to the present) what services did you receive from [AGENCY NAME]? How were these services helpful to you?

11. Are there things that would have been helpful to you that were not made available to you as you went through this experience?

12. Is there anything else you would like social workers, adoption agencies, policy makers, or others to know about the experience of placing a baby for adoption?

13. Is there anything I didn't mention that you would like to share about your experience of placing a baby for adoption?

#### Demographic Information

14. What is your date of birth?

15. What is your highest grade in school completed and when was that?
16. How would you characterize the level of adoption openness right now? (open, closed, mediated)
- To confirm level of adoption openness:
- Is there no contact between you and the adoptive family? (closed)
- Is there contact such as letters or pictures, that are delivered through the adoption agency? (mediated)
- Is there direct contact or visits between you and the adoptive family? (open)
17. What is your race and ethnicity?
18. Are you employed right now? If so, what type of work do you do? Previous type of work?
19. What is your current monthly income? Past income? If you are a student, what is your parent's income?
- \$0-\$250
- \$251-\$500
- \$501-\$1000
- \$1001-\$1500
- \$1500-2000
- Over \$2000

## APPENDIX B

Project ID# \_\_\_\_\_

## INTERVIEWER'S REACTION FORM

This form is used to record interviewer reactions to the interview, and any observations that could not be audio recorded. Participants' affect, demeanor, and nonverbal reactions will be recorded. Additionally, any potential influences that the interviewer's personal experiences may have on the interviewer's thoughts and perceptions during the interview will be recorded.

Participant ID# \_\_\_\_\_

Interview Date: \_\_\_\_\_

Interviewer's Reactions:

## APPENDIX C

Project ID# \_\_\_\_\_

## PARTICIPANT SCREENING

**Response Script**

**Description of manner in which utilized:** This script will be used in order to screen potential subjects for eligibility.

**Script**

*I would like to ask you some questions that will determine if you are eligible to participate in the study. Do I have your permission to do so?*

1. What is your age?
2. Have you voluntarily relinquished a baby for adoption?
3. Have you voluntarily relinquished a baby between 1 and 4 years ago?
4. How would you characterize the level of adoption openness right now? (open, closed, mediated)  
    To confirm level of adoption openness:  
    Is there no contact between you and the adoptive family? (closed)  
    Is there contact such as letters or pictures, that are delivered through the adoption agency? (mediated)  
    Is there direct contact or visits between you and the adoptive family? (open)
5. What is your race and ethnicity?

## APPENDIX D

### **Training Manual for Agency Birthmothers' Experiences of Voluntary Relinquishment**

*The following information is provided as a training guide for agency staff. It provides a general overview of the study, and guidelines that should be followed as agency staff assist with the research study.*

#### **I. Purpose of the Research Study**

Nikki Johnson, a Ph.D. student at the University of Illinois at Chicago is conducting the research study as requirements for the dissertation and would like to talk with birthmothers about their experiences of placing a baby for adoption-to learn what the process was like, what was challenging, and what was helpful throughout the process. The information gathered will help adoption professionals better understand birthmothers and support them through the process of placing a baby for adoption.

#### **II. Eligibility**

Eligibility: Women who have voluntarily relinquished an infant for adoption at or over the age of 21, 1-4 years ago, and have received services from an agency participating in the study.

#### **III. Procedures**

Staff will assist with recruitment of birthmothers to participate in the study. The estimated sample size is 12-20 birthmothers. Inclusion criteria is women, who have voluntarily relinquished an infant for adoption at or over the age of 21, between 1 and 4 years prior to participation in the study. Agency staff may be asked to identify eligible birthmothers from their records and contact birthmothers directly, describe the study, and give birthmothers information on how to contact me, Nikki Johnson, if they wish to participate. Agency staff will not provide potential participants' identifying information or contact information to me, rather staff will ask potential participants to contact me directly if they have questions about the study, or are interested in participating. Agency staff will be provided with a brief phone script and/or a flyer which will be used to give information about the study to birthmothers.

Recruitment may also include posting a recruitment flyer on "AGENCY NAME" website, or Facebook page.

When I communicate with potential participants I will describe the study in more detail and answer questions regarding eligibility, purpose, participation, privacy, confidentiality, risks, benefits and compensation. If they agree to participate, an interview will be scheduled. At the beginning of the first interview I will thoroughly review the consent form with potential participants. I will use the informed consent process to engage participants in the interview process by informing them of why they were asked to participate in the research; the purpose of the research; the procedures involved; potential risks, discomforts, and benefits of the research; privacy and confidentiality issues; and their rights as participants. I will re-emphasize privacy and confidentiality and encourage participants to be honest with their answers. I will emphasize to the participants that they can take breaks at any time during the interview, and that they may

refuse to answer questions or end their participation in the study at any time with no consequences.

Privacy, confidentiality and comfort are important; therefore interviews will be conducted at a location determined by the participants. Location may include participant's home, a private office, or a quiet public space. Participants will need to come to the study site two times over the next year. The first meeting will last about 90-120 minutes. The second meeting will last about 60 minutes.

### **First Meeting**

- The study procedures include participation in two meetings.
- The first meeting is an interview lasting 90-120 minutes. During this interview participants will be asked questions about their experience of placing an infant for adoption, including the events leading to the pregnancy, the decision making process, physically separating from the infant, the legal process of placing an infant, adjusting after the placement, and how life has changed since learning of the pregnancy and placing an infant for adoption.
- The researcher will ask to record the interview. Participants can ask that the recording be stopped at any time. If recording is stopped, the researcher will proceed without the recorder, by taking notes.

### **Second Meeting**

- The second meeting lasts about 60 minutes, and will take place within one year of the first meeting.
- It is the participant's choice whether she would like this second meeting to be private-with just the researcher present, or may participate in a group meeting with the researcher and 12-20 birthmothers who are participating in the research.
- During this meeting the researcher will share a summary of the findings based upon what the participants shared during the first interview. Participants will be asked questions to make sure that the findings correctly summarize their experiences of placing an infant for adoption.

## **IV. Potential Risks and Discomforts**

- Questions asked during the interview are about voluntarily placing an infant for adoption. It is possible that these questions could cause participants to feel sad, or trigger emotional pain or grief.
- The researcher is a licensed clinical social worker with experience counseling birthmothers. If at any point during the interviews a participant becomes sad or experiences grief or emotional pain, the researcher will provide appropriate support, while also maintaining the role of researcher.
- This support includes briefly pausing while participants experience or express emotions, or possibly asking if participants would like to take a break.
- The researcher will also provide participants with a referral list of adoption professional who are trained to provide support to birthmothers, and help in connecting with those resources as necessary.

- A breach of privacy and/or confidentiality. This could involve others knowing a participant is participating in the research study and/or a participant's identifying information being shared on accident.
- Regarding group interviews, although we ask everyone in the group to respect everyone's privacy and confidentiality, and not to identify anyone in the group or repeat what is said during the group discussion, it is possible that other participants in the group may accidentally disclose what was said.

## **V. Benefits**

Taking part in this research study may not benefit participants personally, however some women report that it is beneficial to talk about these issues and also researchers may learn from it. Researchers may learn new things that will help others. Findings from this study could be used to improve support services to birthmothers over the course of voluntary relinquishment. Improving services to birthmothers will help to create a healthy foundation for the life of the adoption. Improving services to birthmothers will help to improve the adoption process so that it best serves the interests not only of birthmothers, but also of adopted children and adoptive parents.

## **VI. Privacy & Confidentiality**

- People who will know participants are a research subject are members of the research team. Additionally, if participants choose the group interview, others in the group will also know that participants are participating in the research. Otherwise information about participants will only be disclosed to others with their written permission, or if necessary to protect their rights or welfare or if required by law
- Study information which identifies participants and the consent form signed by participants will be looked at and/or copied for checking up on the research by UIC Office for the Protection of Research Subjects. The State of Illinois Auditors will also monitor the research.
- When the results of the research are public shed or discussed in conferences, no information will be included that would reveal participants' identities.
- Data will be de-identified in any written documentation. Audio recordings may be identifiable by voice-name recognition, but will be securely stored in a locked cabinet.
- Each recording will be assigned a study identification number and a master list of identification number and name will be stored in a separate locked cabinet from where the recordings are stored. The master list will be destroyed after the second set of interviews is complete.
- Any interview transcripts and documents including participants' names will be stored in a password protected database.
- Recordings will be destroyed at the conclusion of the study.
- If participants choose to participate in the group interview, they are asked to respect the confidentiality of others.
- For participants who choose for the second interview to be a group format, although we ask everyone in the group to respect everyone's privacy and confidentiality, and not to identify anyone in the group or repeat what is said during the group discussion, it is possible that other participants in the group may accidentally disclose what was said.

## **VII. Compensation for Participants**

Each participant will receive a \$40 Target gift card upon completion of the first interview, and a \$30 Target gift card upon completion of the second interview to compensate for their time and effort.

## **VIII. Important Considerations Regarding Research with Human Subjects**

Human subjects research cannot be conducted without the approval of an Institutional Review Board (IRB), which ensures risks have been minimized, potential for benefit has been maximized, and participants volunteer to participate in research after providing informed consent. The research study is approved by the University of Illinois at Chicago (UIC) IRB, and the following are important considerations for the research study.

- It is important to state that [AGENCY] is not conducting the research study; however, staff have agreed to help share information about the study with birthmothers.
- It is important that potential participants understand that participation in this research is voluntary. Staff may inform potential participants about the research study by providing general information and answering questions, and directing potential participants to me, however potential participants should not be coerced to participate.
- If at any point potential subjects or subjects become upset when the topic of the study is discussed, it is imperative to provide appropriate support. This support includes briefly pausing while participants experience or express emotions, asking subjects or potential subjects if they would like to take a break from discussing the topic, or discontinue talking about the topic, offering potential subjects or subjects a referral list of adoption professionals who are trained to provide support to birthmothers, and help in connecting with those resources as necessary. Staff should not coerce potential subjects or subjects to participate and should remind potential subjects or subjects that participation is strictly voluntary, and participation or lack thereof will not alter the relationship they have with the agency. It is also important to tell potential subjects and subjects that if they decide to participate, they are free to withdraw at any time without affecting that relationship. It is also important to state that potential subjects or subjects can terminate their participation at any time, with no consequences.
- The protection of privacy and confidentiality are imperative. The Collaborative Institutional Training Initiative defines privacy as “having control over the extent, timing, and circumstances of sharing oneself (physically, behaviorally, or intellectually) with others.” According to the Collaborative Institutional Training Initiative, “Confidentiality pertains to the treatment of information that an individual has disclosed in a relationship of trust and with the expectation that it will not be divulged to other in ways that are inconsistent with the



understanding of the original disclosure without permission.” Staff should not divulge participants’ identifying information or contact information.

- Agency staff may be asked to identify eligible birthmothers from their records and contact birthmothers directly, describe the study, and give birthmothers information on how to contact me, Nikki Johnson, if they wish to participate. It is important for agency staff to not provide potential participants’ identifying information or contact information to me, and instead to ask potential participants to contact me directly if they have questions about the study, or are interested in participating.
- It is important that potential participants are informed that their decision whether or not to participate will not affect their current or future dealings with the University of Illinois at Chicago or the agency in which they have received services, that is participating in the study. As outlined in the consent form, participation is strictly voluntary, and participation or lack thereof will not alter the relationship they have with the agency. It is important that potential participants know that if they decide to participate, they are free to withdraw at any time without affecting that relationship. It is also important to note that potential participants can terminate their participation at any time, with no consequences.
- It is important that monetary compensation be mentioned, but not highlighted, as this may be perceived as coercion.
- Any questions regarding the study can be directed to me, Nikki Johnson, by phone at (314) 605-1900 or email at [nvines2@uic.edu](mailto:nvines2@uic.edu) if you have any questions about this study or your part in it, if you have questions, concerns or complaints about the research.
- If participants feel they have not been treated according to the descriptions in the consent form, or if they have any questions about their rights as a research subject, including questions, concerns, complaints, or to offer input, they may call the Office for the Protection of Research Subjects (OPRS) at 312-996-1711 or 1-866-789-6215 (toll-free) or e-mail OPRS at [uicirb@uic.edu](mailto:uicirb@uic.edu).

## **IX. Review of Recruitment Materials**

Each document will be presented and discussed, including the manner in which it will be utilized.

## **X. Questions**

## APPENDIX E

**Attention Birthmothers: We Want to Hear From You!**

*A research study is being done to learn about women's experiences of placing a baby for adoption.*

**What is the purpose of this research study?**

We want to learn about birthmothers' experiences of placing a baby for adoption including what the process was like for you from the time you learned you were pregnant until now. We want to learn about what was challenging and helpful to you as went through the experience. Information gathered will help adoption professionals better understand birthmothers and support birthmothers through the process of placing a baby for adoption.

**Who can participate?**

A birthmother who placed a baby for adoption between 1 and 4 years ago, and was 21 years of age or older at the time.

**What will I be asked to do?**

You will be asked to participate in two interviews, where you will be asked questions about your experience of placing a baby for adoption. The location of the interviews can be decided by you and the interviewer, and can be held at a location that is comfortable and convenient for you.

**Will I get paid for my time?**

Yes. You will receive a \$40 gift card for the first interview, which lasts about 1 ½ - 2 hours, and a \$30 gift card for the second interview, which lasts about 1 hour.

**Contact Nikki Johnson at (314) 605-1900  
or [nvines2@uic.edu](mailto:nvines2@uic.edu) for more information.**

Research Study Title: Birthmothers'  
Experiences of Voluntary Relinquishment  
Jane Addams College of Social Work  
at the University of Illinois at Chicago  
1040 West Harrison Street  
Chicago, Illinois 60607-7134

## Appendix F

 Leave box empty - For office use only

**University of Illinois at Chicago**  
**Research Information and Consent for Participation in Social Behavioral Research**  
**Birthmothers' Experiences of Voluntary Relinquishment**

You are being asked to participate in a research study. Researchers are required to provide a consent form such as this one to tell you about the research, to explain that taking part is voluntary, to describe the risks and benefits of participation, and to help you to make an informed decision. You should feel free to ask the researchers any questions you may have.

Principal Investigator Name and Title: Linda "Nikki" Johnson  
 Department and Institution: Social Work, University of Illinois at Chicago  
 Address and Contact Information: 4010 West Harrison Street Chicago, IL 60657  
 Faculty Sponsor: Mark Mattaini, DSW

**Why am I being asked?**

You are being asked to be a subject in a research study about birthmothers' experiences of voluntarily relinquishing an infant for adoption. You have been asked to participate in the research because you voluntarily relinquished an infant for adoption at or over the age of 21, 1-4 years ago, and have received services from an agency participating in the study.

Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future dealings with the University of Illinois at Chicago or the agency in which you have received services, that is participating in the study. If you decide to participate, you are free to withdraw at any time without affecting that relationship. Approximately 20 subjects may be involved in this research at UIC.

**What is the purpose of this research?**

Researchers are trying to learn more about birthmothers' experiences of voluntarily placing an infant for adoption through an adoption agency. Specifically, the study will describe birthmothers' placement experiences, how they respond to placing an infant for adoption, the factors that contribute to how they respond to placing an infant for adoption and the related risk and protective factors, which are factors that increase the chance of negative and positive outcomes.

**What procedures are involved?**

Privacy, confidentiality and comfort are important; therefore interviews will be conducted at a location determined by you. Location may include your home, a private office, or a quiet public

space. You will need to come to the study site two times over the next year. The first meeting will last about 90-120 minutes. The second meeting will last about 60 minutes.

### **First Meeting**

- The study procedures include participation in two meetings.
- The first meeting is an interview lasting 90-120 minutes. During this interview you will be asked questions about your experience of placing an infant for adoption, including the events leading to the pregnancy, the decision making process, physically separating from the infant, the legal process of placing an infant, adjusting after the placement, and how life has changed since learning of the pregnancy and placing an infant for adoption.
- The researcher will ask to record the interview. You can ask that the recording be stopped at any time. If recording is stopped, the researcher will proceed without the recorder, by taking notes.

### **Second Meeting**

- The second meeting lasts about 60 minutes, and will take place within one year of the first meeting.
- It is your choice whether you would like this second meeting to be private-with just the researcher present, or you may participate in a group meeting with the researcher and 12-20 birthmothers who are participating in the research.
- During this meeting the researcher will share a summary of the findings based upon what you shared during the first interview. Participants will be asked questions to make sure that the findings correctly summarize your experiences of placing an infant for adoption.

### **What are the potential risks and discomforts?**

- Questions asked during the interview are about voluntarily placing an infant for adoption. It is possible that these questions could cause you to feel sad, or trigger emotional pain or grief.
- The researcher is a licensed clinical social worker with experience counseling birthmothers. If at any point during the interviews you become sad or experience grief or emotional pain, the researcher will provide appropriate support, while also maintaining the role of researcher.
- This support includes briefly pausing while you experience or express emotions, or possibly asking you if you would like to take a break.
- The researcher will also provide you with a referral list of adoption professional who are trained to provide support to birthmothers, and help in connecting with those resources as necessary.
- A breach of privacy and/or confidentiality. This could involve others knowing you are participating in the research study and/or your identifying information being shared on accident.
- Regarding group interviews, although we ask everyone in the group to respect everyone's privacy and confidentiality, and not to identify anyone in the group or repeat what is said during the group discussion, please remember that other participants in the group may accidentally disclose what was said.

### **Are there benefits to taking part in the research?**

Taking part in this research study may not benefit you personally, however some women report that it is beneficial to talk about these issues and also researchers may learn from it. We [researchers] may learn new things that will help others. Findings from this study could be used to improve support services to birthmothers over the course of voluntary relinquishment. Improving services to birthmothers will help to create a healthy foundation for the life of the adoption. Improving services to birthmothers will help to improve the adoption process so that it best serves the interests not only of birthmothers, but also of adopted children and adoptive parents.

### **What other options are there?**

You have the option to not participate in this study.

### **What about privacy and confidentiality?**

- The people who will know that you are a research subject are members of the research team. Additionally, if you choose the group interview, others in the group will also know that you are participating in the research. Otherwise information about you will only be disclosed to others with your written permission, or if necessary to protect your rights or welfare or if required by law
- Study information which identifies you and the consent form signed by you will be looked at and/or copied for checking up on the research by UIC Office for the Protection of Research Subjects. The State of Illinois Auditors will also monitor the research.
- When the results of the research are published or discussed in conferences, no information will be included that would reveal your identity.
- Data will be de-identified in any written documentation. Audio recordings may be identifiable by voice-name recognition, but will be securely stored in a locked cabinet.
- Each recording will be assigned a study identification number and a master list of identification number and name will be stored in a separate locked cabinet from where the recordings are stored. The master list will be destroyed after the second set of interviews is complete.
- Any interview transcripts and documents including participants' names will be stored in a password protected database.
- Recordings will be destroyed at the conclusion of the study.
- If you choose to participate in the group interview, please respect the confidentiality of others.
- For participants who choose for the second interview to be a group format, although we ask everyone in the group to respect everyone's privacy and confidentiality, and not to identify anyone in the group or repeat what is said during the group discussion, please remember that other participants in the group may accidentally disclose what was said.

### **What are the costs for participating in this research?**

There are no costs to you for participating in this research.

### **Will I be reimbursed for any of my expenses or paid for my participation in this research?**

You will receive a \$40 Target gift card upon completion of the first interview, and a \$30 Target gift card upon completion of the second interview to compensate for your time and effort.

**Can I withdraw or be removed from the study?**

If you decide to participate, you are free to withdraw your consent and discontinue participation at any time. You have the right to leave a study at any time without penalty. The researchers also have the right to stop your participation in this study without your consent if they believe it is in your best interests. This may occur if the interview questions cause you to experience extreme sadness, emotional pain or grief, and you are unable to complete the interview. In the event you withdraw or are asked to leave the study, you will still be compensated as described above.

**Who should I contact if I have questions?**

Contact the researcher Linda “Nikki” Johnson by phone at (314) 605-1900 or email at [nvines2@uic.edu](mailto:nvines2@uic.edu) or the faculty sponsor Mark Mattaini, DSW by phone at (312) 996-0040 or email at [mattaini@uic.edu](mailto:mattaini@uic.edu) if you have any questions about this study or your part in it, if you have questions, concerns or complaints about the research.

**What are my rights as a research subject?**

If you feel you have not been treated according to the descriptions in this form, or if you have any questions about your rights as a research subject, including questions, concerns, complaints, or to offer input, you may call the Office for the Protection of Research Subjects (OPRS) at 312-996-1711 or 1-866-789-6215 (toll-free) or e-mail OPRS at [uicirb@uic.edu](mailto:uicirb@uic.edu).

**Remember:**

Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University. If you decide to participate, you are free to withdraw at any time without affecting that relationship.

Is it okay to contact you within one year to invite you to participate in the second interview?

☐ Yes

☐ No

**Signature of Subject or Legally Authorized Representative**

I have read (or someone has read to me) the above information. I have been given an opportunity to ask questions and my questions have been answered to my satisfaction. I agree to participate in this research. I will be given a copy of this signed and dated form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Date (must be same as subject's)

\_\_\_\_\_  
Printed Name of Person Obtaining Consent

## Appendix G

**Phone Recruitment Script for Participating Agencies**

**Description of manner in which utilized:** Participants may be recruited through multiple efforts. Recruitment may include staff identifying eligible birthmothers from their case records and contacting birthmothers directly, describing the study, and giving birthmothers information on how to contact the researcher, if they wish to participate. Staff will be provided with this phone recruitment script and a recruitment flyer, and they will receive training in the use of the script. Interested birthmothers will contact the researcher who will confirm eligibility and obtain informed consent. The participating agency name will be inserted where [AGENCY] appears in the script.

**Script**

*Due to our commitment to advancing knowledge about adoption, [AGENCY] has been asked to share information about an opportunity that may be of interest to you.*

*A social worker at the University of Illinois at Chicago is conducting a research study and would like to talk with birthmothers about their experiences of placing a baby for adoption-to learn what the process was like, what was challenging, and what was helpful throughout the process. The information gathered will help adoption professionals better understand birthmothers and support them through the process of placing a baby for adoption.*

*You can participate if you are a birthmother who placed a baby for adoption between 1 and 4 years ago, and was 21 years of age or older at the time.*

*You will be asked to participate in two interviews, where you will be asked questions about your experience of placing a baby for adoption. The location of the interviews can be decided by you and the interviewer, and can be held at a location that is comfortable and convenient for you.*

*You will be paid for your time. You will receive a \$40 gift card upon completion of the first interview, which lasts about 1 ½ - 2 hours, and a \$30 gift card upon completion of the second interview, which lasts about 1 hour.*

*[AGENCY] is not conducting the research study; however we have agreed to help share information about the study with birthmothers. If you have any questions, or would like more information, please contact Nikki Johnson, the social work researcher directly at (314) 605-1900 or nvines2@uic.edu*

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## Appendix H

**Phone Script for Second Interview**

**Description of manner in which utilized:** This script will be used when the principal investigator talks with a participant over the phone about participating in the second interview.

**Script**

*Hello [Participant's Name]. This is Nikki Johnson, a doctoral student at the University of Illinois at Chicago. Thank you again for participating in the first interview, and talking with me about your experiences. During that meeting you gave me permission to contact you within one year to invite you to participate in the second interview. I am calling to invite you to participate in the second interview.*

*(Pause)*

*Are you interested in learning more about the second interview?*

*(If participant replies "no", principal investigator will respond "thank you for your time. Good Bye.")*

*If participant replies "yes", principal investigator will proceed with the remainder of the script.)*

*The second interview will take about 1 hour. During the second interview, I will share the findings of the study with you, and you will be asked if the findings summarize or reflect the information you shared during the first interview. In areas where the findings do not summarize your experiences, I will ask you questions in order to better understand your experiences.*

*This second interview can take place individually with just you and I, or it can take place in a group setting with other women who are participating in the study. You decide which setting is more comfortable for you. If you chose an individual interview, the location of this interview can be decided by you and I, and can be held at a location that is comfortable and convenient for you. If you choose to participate in a group interview, it will take place at one of the agencies participating in the study.*

*You will be paid for your time. You will receive a \$30 Target gift card upon completion of the second interview.*

*Your participation in the second interview is voluntary. Your decision whether or not to participate will not affect your current or future dealings with the University of Illinois at Chicago or the agency in which you have received services, that is participating in the study. If you decide to participate, you are free to withdraw at any time without affecting that relationship.*

*I will review confidentiality at the beginning of the second interview, but I'd like to provide a few reminders.*



- *Regarding group interviews, although we ask everyone in the group to respect everyone's privacy and confidentiality, and not to identify anyone in the group or repeat what is said during the group discussion, please remember that other participants in the group may accidentally disclose what was said. If you choose to participate in the group interview, please respect the confidentiality of others.*
- *The people who will know that you are a research subject are members of the research team. Additionally, if you choose the group interview, others in the group will also know that you are participating in the research. Otherwise information about you will only be disclosed to others with your written permission, or if necessary to protect your rights or welfare or if required by law*

*What questions do you have?*

*I have shared a lot of information with you. Please feel free to take time to think about whether or not you would like to participate in the second interview. If you have any questions, call or email me anytime. If you decide you would like to participate, let me know. If you prefer an individual interview, we can set up a time and place that is convenient. If you would like to participate in the group interview I can provide the date, time and location of the group interview. Please call or email me anytime with questions, or to get more information. My cell phone number is (314) 605-1900 and my email address is nvines2@uic.edu*

## Appendix I

### **Member Check Script**

**Description of manner in which utilized:** This script will be used when the principal investigator meets with a participant for the second interview.

#### **I. Welcome and Introduction:**

*Hello, and welcome. Thank you for your interest in participating in this interview. During this meeting, I will first review all of the information with you that is located on the consent form. You will have a chance to ask questions, I will answer questions that you have, and ask you to sign the consent form. If you consent to participate in the second interview, I will share a summary of the findings based upon what you shared during the first interview. I will then ask questions to make sure that the findings correctly summarize your experiences of placing an infant for adoption.*

#### **II. Review Consent Form**

*I would like to review some information about this research study with you at this time. This information can be found in the consent form. Here is a copy of the consent form.*

#### **Why am I being asked?**

*You are being asked to be a subject in a research study about birthmothers' experiences of voluntarily relinquishing an infant for adoption. You have been asked to participate in the research because you voluntarily relinquished an infant for adoption at or over the age of 21, 1-4 years ago, and have received services from an agency participating in the study.*

*Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future dealings with the University of Illinois at Chicago or the agency in which you have received services, that is participating in the study. If you decide to participate, you are free to withdraw at any time without affecting that relationship.*

#### **What is the purpose of this research?**

*Researchers are trying to learn more about birthmothers' experiences of voluntarily placing an infant for adoption through an adoption agency. Specifically, the study will describe birthmothers' placement experiences, how they respond to placing an infant for adoption, the factors that contribute to how they respond to placing an infant for adoption and the related risk and protective factors.*

#### **What procedures are involved?**

*You will need to come to the study site one time over the next year for a follow up research interview. The interview will last about 60 minutes.*

#### **Second Meeting**

- *The second meeting lasts about 60 minutes, and will take place within one year of the first meeting.*

- *It is your choice whether you would like this second meeting to be private-with just the researcher present, or you may participate in a group meeting with the researcher and 12-20 birthmothers who are participating in the research.*
- *If you choose a private meeting, the location of the interview will be determined by you. If you choose a group interview, the group interview will take place at the Children's Home Society.*
- *During this meeting the researcher will share a summary of the findings based upon what you shared during the first interview. Participants will be asked questions to make sure that the findings correctly summarize your experiences of placing an infant for adoption.*
- *The researcher will ask to record the interview. You can ask that the recording be stopped at any time. If recording is stopped, the researcher will proceed without the recorder, by taking notes.*
- *If you choose to participate in a group meeting, and one or more individuals in the group meeting do not wish to be audio taped, the researcher will not record the meeting, and will proceed by taking notes.*

#### **What are the potential risks and discomforts?**

- *Questions asked during the interview are about voluntarily placing an infant for adoption. It is possible that these questions could cause you to feel sad, or trigger emotional pain or grief.*
- *The researcher is a licensed clinical social worker with experience counseling birthmothers. If at any point during the interviews you become sad or experience grief or emotional pain, the researcher will provide appropriate support, while also maintaining the role of researcher.*
- *This support includes briefly pausing while you experience or express emotions, or possibly asking you if you would like to take a break.*
- *The researcher will also provide you with a referral list of adoption professional who are trained to provide support to birthmothers, and help in connecting with those resources as necessary.*
- *A breach of privacy and/or confidentiality. This could involve others knowing you are participating in the research study and/or your identifying information being shared on accident.*
- *Regarding group interviews, although we ask everyone in the group to respect everyone's privacy and confidentiality, and not to identify anyone in the group or repeat what is said during the group discussion, please remember that other participants in the group may accidentally disclose what was said.*

#### **Are there benefits to taking part in the research?**

*Taking part in this research study may not benefit you personally, however some women report that it is beneficial to talk about these issues and also researchers may learn from it. We [researchers] may learn new things that will help others. Findings from this study could be used to improve support services to birthmothers over the course of voluntary relinquishment. Improving services to birthmothers will help to create a healthy foundation for the life of the adoption. Improving services to birthmothers will help to improve the adoption process so that it*

*best serves the interests not only of birthmothers, but also of adopted children and adoptive parents.*

**What other options are there?**

*You have the option to not participate in this study.*

**What about privacy and confidentiality?**

- *The people who will know that you are a research subject are members of the research team. Additionally, if you choose the group interview, others in the group will also know that you are participating in the research. Otherwise information about you will only be disclosed to others with your written permission, or if necessary to protect your rights or welfare or if required by law*
- *Study information which identifies you and the consent form signed by you will be looked at and/or copied for checking up on the research by UIC Office for the Protection of Research Subjects. The State of Illinois Auditors will also monitor the research.*
- *When the results of the research are published or discussed in conferences, no information will be included that would reveal your identity.*
- *Data will be de-identified in any written documentation. Audio recordings may be identifiable by voice-name recognition, but will be securely stored in a locked cabinet.*
- *Each recording will be assigned a study identification number and a master list of identification number and name will be stored in a separate locked cabinet from where the recordings are stored. The master list will be destroyed after the second set of interviews is complete.*
- *Any interview transcripts and documents including participants' names will be stored in a password protected database.*
- *Recordings will be destroyed at the conclusion of the study.*
- *If you choose to participate in the group interview, please respect the confidentiality of others.*
- *For participants who choose for the second interview to be a group format, although we ask everyone in the group to respect everyone's privacy and confidentiality, and not to identify anyone in the group or repeat what is said during the group discussion, please remember that other participants in the group may accidentally disclose what was said.*

**What are the costs for participating in this research?**

*There are no costs to you for participating in this research.*

**Will I be reimbursed for any of my expenses or paid for my participation in this research?** *You received a \$40 Target gift card upon completion of the first interview, and you will receive a \$30 Target gift card upon completion of the second interview to compensate for your time and effort.*

**Can I withdraw or be removed from the study?**

*If you decide to participate, you are free to withdraw your consent and discontinue participation at any time. You have the right to leave a study at any time without penalty. The researchers also have the right to stop your participation in this study without your consent if they believe it is in your best interests. This may occur if the interview questions cause you to experience extreme sadness, emotional pain or grief, and you are unable to complete the interview. In the event you withdraw or are asked to leave the study, you will still be compensated as described above.*

**Who should I contact if I have questions?**

Contact the researcher Linda “Nikki” Johnson by phone at (314) 605-1900 or email at [nvines2@uic.edu](mailto:nvines2@uic.edu) or the faculty sponsor Mark Mattaini, DSW by phone at (312) 996-0040 or email at [mattaini@uic.edu](mailto:mattaini@uic.edu) if you have any questions about this study or your part in it, if you have questions, concerns or complaints about the research.

**What are my rights as a research subject?**

If you feel you have not been treated according to the descriptions in this form, or if you have any questions about your rights as a research subject, including questions, concerns, complaints, or to offer input, you may call the Office for the Protection of Research Subjects (OPRS) at 312-996-1711 or 1-866-789-6215 (toll-free) or e-mail OPRS at [uicirb@uic.edu](mailto:uicirb@uic.edu).

**Remember:**

Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University. If you decide to participate, you are free to withdraw at any time without affecting that relationship.

**III. Questions & Reminders**

*Do you have any questions?*

*If you do not have any additional questions, please sign and date the consent form.*

## Appendix J

**Voicemail Script for Second Interview**

**Description of manner in which utilized:** This script will be used when the principal investigator leaves a message for a participant about participating in the second interview.

**Script**

*Hello [Participant's Name]. This is Nikki Johnson, doctoral student at the University of Illinois at Chicago. Thank you again for participating in the first interview, and talking with me about your experiences. I am calling to invite you to participate in a follow up research interview.*

*Please call or email me anytime with questions, or to get more information. My cell phone number is (314) 605-1900 and my email address is nvines2@uic.edu.*

### CITED LITERATURE

- Auerbach, C.F. & Silverstein, L.B. (2003). *Qualitative data: An introduction to coding and analysis*. New York, NY: New York University Press.
- Barbarin, O. (1994). Risk and resilience in adjustment to sickle cell disease: Integrating focus groups, case reviews and quantitative methods. *Health and Social Policy*, 5, (3/4), 91-121.
- Blanton, T.L. & Dechner, J. (1990). Biological mothers' grief: The postadoptive experience in open versus confidential adoption. *Child Welfare*, 69(6), 525-535.
- Bonanno, G.A. (2004). Loss, trauma, and human Resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist*, 59, 20-28.
- Bonanno, G.A., Rennie, C., & Dekel, S. (2005). Self-enhancement among high-exposure survivors of the September 11th terrorist attack: Resilience or social maladjustment? *Journal of Personality and Social Psychology*, 88, 984-998.
- Broder, S. (1988). Child care or child neglect?: Baby farming in late-nineteenth-century Philadelphia. *Gender and Society*, 2(2), 128-148.
- Brodzinsky, D.M. & Schechter, M. D. (Eds.) (1993). *The Psychology of Adoption*. New York: Oxford University Press.
- Brodzinsky, D.M. & Smith, S. (2014). Post-placement adjustment and the needs of birthmothers who place an infant for adoption. *Adoption Quarterly*, 17(3), 165-184.
- Cardoso, J., & Thompson, S.J. (2010). Common themes of resiliency among Hispanic immigrant families: A systematic review of the literature. *Families in Society*, 91(3), 257-265.
- Centers for Disease Control and Prevention. (2013). *Unintended pregnancy prevention*. Retrieved from <http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/index.htm>
- Charmaz, K. (2014) *Constructing grounded theory: A practical guide through qualitative analysis* (2nd ed.). London: Sage.
- Child Welfare Information Gateway. (2006) *The basics of adoption practice: A bulletin for professionals*. United States Department of Health and Human Services, Administration for Children and Families.
- Child Welfare Information Gateway. (2013) *Use of advertising and facilitators in adoptive placements: Summary of state laws*. United States Department of Health and Human Services, Administration for Children and Families.

- Child Welfare Information Gateway. (2014) *Consent to adoption*. United States Department of Health and Human Services, Administration for Children and Families.
- Child Welfare Information Gateway. (2014) *Post adoption contact agreements between birth and adoptive families*. United States Department of Health and Human Services, Administration for Children and Families.
- Child Welfare Information Gateway. (2014) *The rights of unmarried fathers*. United States Department of Health and Human Services, Administration for Children and Families.
- Child Welfare League of America. (1938) *Minimum safeguards in adoption*. Child Welfare League of America Papers.
- Child Welfare League of America. (1958) *Standards of adoption service*. Child Welfare League of America Papers.
- Child Welfare League of America. (1978) *Statement on adoption*. Child Welfare League of America Papers.
- Christian, C.L., McRoy, R.G., Grotevant, H.D., Bryant, C.M. (1997). Grief resolution of birthmothers in confidential, time-limited mediated, ongoing mediated, and fully disclosed adoptions. *Adoption Quarterly*, 1(2), 35-58.
- Concerned United Birthparents (2008). *What is CUB?* Retrieved from <http://www.cubirthparents.org/page9.html>
- Corbin, J., & Strauss, A. (2008). *Basics of qualitative research* (3<sup>rd</sup> ed.). Los Angeles, CA: Sage.
- Council on Accreditation. (2014). *Service standards: Pregnancy support services*. Retrieved from <http://coanet.org/standard/ps/6/>
- Cushman, L.F., Kalmuss, D., & Namerow, P.B. (1993). Placing an infant for adoption: The experiences of young birthmothers. *Social Work*, 38(3), 264-272.
- Cushman, L.F., Kalmuss, D., Namerow, P.B. (1997). Openness in adoption: Experiences and social psychological outcomes among birth mothers. *Marriage and Family Review*, 25 (1), 7-18.
- Denzin, N. & Lincoln, Y. (Eds.). (2005). *The sage handbook of qualitative research* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage.
- Donnelly, B.W., & Voydanoff, P. (1996) Parenting versus placing for adoption: Consequences for adolescent mothers. *Family Relations*, 45(4), 427-434.
- Emlet, C.A., Tozay, S., & Raveis, V.H. (2011). I'm not going to die from the AIDS: Resilience in aging with HIV disease. *The Gerontologist*, 51, 101-111.



- Egan, M. (1993). Resilience at the front lines: Hospital social work with AIDS patients and burnout. *Social Work in Health Care*, 18(2), 109-125.
- Fessler, A. (2006). *The girls who went away: The Hidden history of women who surrendered children for adoption in the decades before Roe v. Wade*. New York: Penguin.
- Finer, L. & Zolna, M. (2014). Shifts in unintended pregnancies in the United States, 2001-2008. *American Journal of Public Health*, 104(1), 43-48.
- Fisher, A.P. (2003). Still "Not quite as good as having your own"? Toward a Sociology of adoption. *Annual Review of Sociology*, 29, 335-361.
- Fraser, M. W. (2004). *Risk and resilience in childhood: An ecological perspective* (2nd ed.). Washington, DC: NASW.
- Fravel, D.L., McRoy, R.G., & Grotevant, H.D. (2000). Birthmother perceptions of the psychologically present adopted child: Adoption openness and boundary ambiguity. *Family Relations*, 49(4), 425-433.
- Garmezy, N. (1971). Vulnerability research and the issue of primary prevention. *American Journal of Orthopsychiatry*, 41, 101-116.
- Ge, X., Natsuaki, M.N., Martin, D., Leve, L.D., Neiderhiser, J.M., Shaw, D.S., Villareal, G., Scaramella, L., Reid, J. & Reiss, D. (2008). Bridging the divide: Openness in adoption and post-adoption psychosocial adjustment among birth and adoptive parents. *Journal of Family Psychology*, 22, 529-540.
- Glaser, B.G. & Strauss, A.L. (1967). *Discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine.
- Greene, R. R. (2002). Holocaust survivors: A study in resilience. *Journal of Gerontological Social Work*, 37, 3-18.
- Greene, R. R. (2005). The changing family of later years and social work practice. In L. Kaye (Ed.), *Perspectives on productive aging: Social work with the new aged*. Washington, DC: NASW Press.
- Grotevant, H. D., McRoy, R. G., Wrobel, G. M. and Ayers-Lopez, S. (2013), Contact between adoptive and birth families: Perspectives from the Minnesota/Texas adoption research project. *Child Development Perspectives*, 7(3), 193-198.
- Guild, A. A. (1917). *Baby farms in Chicago, an investigation made for the Juvenile Protective Association*. Child Welfare League of America Papers.

- Henney, S. M., McRoy, R.G., Ayers-Lopez, S., Grotevant, H.D. (2003) . The impact of openness on adoption agency practices: A longitudinal perspective. *Adoption Quarterly*, 6(3), 32-51.
- Henney, M.S., Ayers-Lopez,S., McRoy,R.G., & Grotevant,H.D. (2007). Evolution and resolution: Birthmothers' experience of grief and loss at different levels of adoption openness. *Journal of Social and Personal Relationships*, 24(6), 875-889.
- Herman, E. (2002). The paradoxical rationalization of modern adoption. *Journal of Social History*. 36(2) 339-385.
- Horwitz, M. (1998). Social worker trauma: Building resilience in child protection social workers. *Smith College Studies in Social Work*, 68(3), 363-377.
- Hutchison, D. (1947). "Adoption Practices." A Talk at the Annual Meeting, Episcopal Services for Youth.
- Kahan, M. (2006). "Put Up" on platforms: A History of twentieth century adoption policy in the united states. *Journal of Sociology & Social Welfare* (3)51-72.
- Kalmuss, D., Namerow, P.B., & Bauer, U. (1992). Short-term consequences of parenting versus adoption among young unmarried women. *Journal of Marriage and the Family*, 54 (1), 80-90.
- Keyes, C. (2004). Risk and resilience in human development: An introduction. *Research in Human Development*, 1(4) 223-227.
- Kittson, R.H. (1968). *Orphan Voyage*. New York: Vantage Press.
- Krieger, N., Willims, D.R. & Moss, N.E. (1997). Measuring social class in U.S. public health research: Concepts, methodologies, and guidelines. *Annual Review of Public Health*, 1 (18) 341-378.
- Kunzel, R. (1993). *Fallen women, problem girls: Unmarried mothers and the professionalization of social work, 1890-1945*. Connecticut: Yale University Press.
- Lenroot, K. (1944). *Letter to Eleanor Roosevelt on the Cradle*. U.S. Children's Bureau Papers.
- Lincoln, Y. & Guba, E. (1985). *Naturalistic Inquiry*. Beverly Hills, CA: Sage.
- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71(3), 543-562.
- McCorkel, J.A. & Myers, K. (2003). What difference does difference make? Position and privilege in the field. *Qualitative Sociology*, 26(2), 199-231.

- Morse, J. M. (2007). Sampling in grounded theory. In A. Bryant & K. Charmaz (Eds.), *The Sage handbook of grounded theory* (pp. 229-264). London: Sage.
- Namerow, P.B., Kalmuss, D.S., & Cushman, L.F. (1993). The determinants of young women's pregnancy-resolution choices. *Journal of Research on Adolescence*, 3(2), 193-215.
- Namerow, P.B., Kalmuss, D., & Cushman, L.F. (1997). The consequences of placing versus parenting among young unmarried women. *Marriage & Family Review*, 25(3/4), 175-197.
- O'Reilly, M. (2009). Careful counsel: Management of unintended pregnancy. *Journal of the American Academy of Nurse Practitioners*, 21, 596-602.
- Patton, M.Q. (2002). *Qualitative research and evaluation methods*. California: Sage.
- Parry, J. (1871). Infant mortality and the necessity of a foundling hospital in Philadelphia. Philadelphia: Philadelphia Social Science Association.
- Pertman, A. (2011). *Adoption nation: How the adoption revolution is transforming our families and america*. Boston, MA: Harvard Common Press.
- Pidgeon, N. Henwood, K. (1996). Grounded theory: Theoretical practical implementation. In J.T. Richardson (ed.), *Handbook of Qualitative Research Methods for Psychology and the Social Sciences*. Leicester: British Psychological Society.
- Post, D.E. (2000). Adoption in clinical psychology: A review of the absence, ramifications and recommendations for change. *Journal of Social Distress and the Homeless*, 9, 361-372.
- Rittner, B. & Wodarski, J. (1999). Differential uses for BSW and MSW educated social workers in child welfare services. *Children and Youth Services Review*, 21, 217-238.
- Ross, L., Holliman, D., & Dixon, D. R. (2003). Resiliency in family caregivers: implications for social work practice. *Journal of Gerontological Social Work*, 40, 81-96.
- Rubin, G.J., Brewin, C.R., Greenberg, N., Simpson, J. & Wessely, S. (2005). Psychological and behavioural reactions to the 7 July London bombings: A cross-sectional survey of a representative sample of Londoners. *British Medical Journal*, 331, 606-611.
- Rutter, M. (1979). *Fifteen thousand hours: Secondary schools and their effects on children*. Cambridge, MA: Harvard University Press.
- Siegel, D.H. & Smith S. (2012). *Openness in adoption: From secrecy and stigma to knowledge and connections*. Evan B. Donaldson Adoption Institute. New York, N.Y.
- Simmonds, K.E. & Likis, F.E. (2005). Providing options counseling for women with unintended pregnancies. *Journal of Gynecologic and Neonatal Nursing*, 34, 373-379.

- Singer, J. (2004). Options counseling: Techniques for caring for women with unintended pregnancies. *Journal of Midwifery and Women's Health*, 49, 235-242.
- Smith, S. (2006). *Safeguarding the rights and well-being of birthparents in the adoption process*. Evan B. Donaldson Adoption Institute. New York, NY.
- Smith, S. (2010). *Keeping the promise: The critical need for post-adoption services to enable children and families to succeed*. Evan B. Donaldson Adoption Institute. New York, NY.
- Solinger, R. (2002). *Beggars and choosers: How the politics of choice shapes adoption, abortion, and welfare in the United States*. New York: Hill & Wang.
- Ungar, M. (2008). Qualitative contributions to resilience research. *Qualitative Social Work*. 2(1), 85-102.
- United States Children's Bureau Memo on Sunshine Nursery, July 19, 1918, United States Children's Bureau Papers.
- Weinreb, M.L. & Konstam, V. (1995). Birthmothers: Silent relationships. *Affilia: Journal of Women and Social Work*. 10(3), 315-327.
- Werner, E.E. & Smith, R.S. (1977). *Kauai's children come of age*. University Press of Hawaii/Honolulu.
- Wiley, M.O., Baden, A.L. (2005). Birth parents in adoption: Research, practice, and counseling psychology. *Counseling Psychologist*, 33(1), 13-50.

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