HIGHLIGHTS FROM

Profiles in Adoption

BIRTH PARENT EXPERIENCES

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Profiles in Adoption
BIRTH
PARENT
EXPERIENCES

Afont research project by
NOTES



Adoption has impacted millions of lives. Listening to and learning from those who have walked this journey personally is an important catalyst towards improving experiences and outcomes for all involved. And that is why we did this research.

Private domestic adoption in the United States has changed considerably from the 1970s to today. For a long time, birth parents had little or no say at all, in most aspects of the adoption process – i.e. choosing the adoptive family, deciding whether they wanted adoptive parents in the room during birth, and if/how they wanted to maintain connection with their child or the adoptive family after adoption. Now, they are usually the ones making most of those decisions, a shift widely regarded as positive and beneficial.

While progress has been made, we have farther to go. The scant amount of birth parent focused research, coupled with the anecdotal experiences shared by birth parents and those who are considering

adoption during their pregnancy, referred to herein as expectant parents, make it clear that there are ample opportunities to improve services and support for this important population.

Therefore, the purpose of this study was to meaning-fully contribute to that effort by providing a better understanding of birth parents: Who they are, their pre-and post-adoption experiences, the factors that led toward satisfaction or dissatisfaction with their adoption decisions, and more. We have summarized our key findings in a broad overview of these topics, but it is important to remember that—like everyone—these are diverse individuals with unique, complex experiences. Something that was, itself, a key finding of the research.

The results of our research are both descriptive and prescriptive, providing insights for those serving and supporting the expectant and birth parent population, as well as policymakers, and the general public.

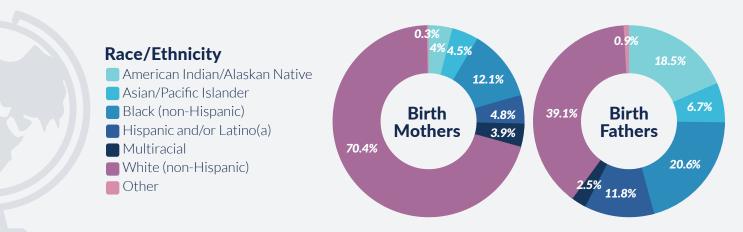


At Time of At Time of **AGE** Adoption Survey Placement . Completion Birth 26.1 ranging from 10 to 49 40.6 ranging from 18 to 83 Mothers: Birth 25.6 ranging 31, ranging from 12 to 49 Fathers: from 18 to 77

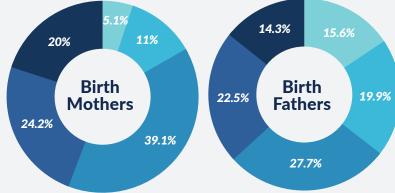
Respondents who have placed two or more children for adoption: 11% Birth Mothers



Demographic Characteristics of Survey Respondents





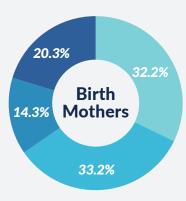


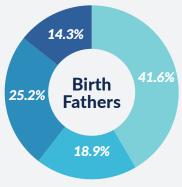


Through our nationwide survey, we were able to analyze responses from 1,160 birth mothers and 239 birth fathers.

Faith Background

- Catholic/Christianity
- Protestant/Christianity
- Other*
- No religious affiliation

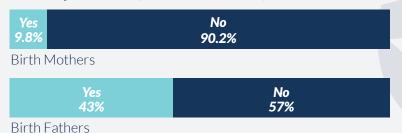




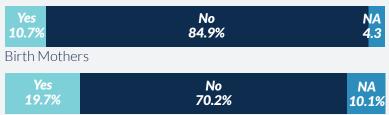
*For birth mothers, this consisted of Buddhism (2.2%), Hinduism (1.5%), Islam (1.7%), Judaism (1.5%), and Other (7.4%).

For birth fathers, it consisted of Buddhism (6.7%), Hinduism (9.7%), Islam (5.5%), Judaism (2.9%), and Other (0.4%).

Military Service (Current or Past)

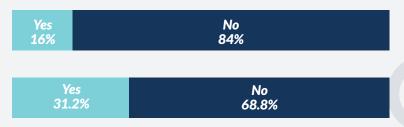


LGBTQ



Birth Fathers

Disability Status



When asked if they had a disability, respondents were given the following definition: "The Americans with Disabilities Act defines a person with a disability as "a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment."



Demographic Characteristics of Focus Group Participants

Average age ranging from 21 to 43 years

hold a
Bachelor's
degree or higher

placed child with relative

had Birth
Father's
involvement

Race				
White (Non-Hispanic)	26.9%			
Black (Non-Hispanic) / African American	53.8%			
Hispanic	11.5%			
American Indian / Alaskan Native	7.7%			
Educational Attainment				
GED or high school diploma	11.5%			
Trade / technical / vocational training	3.8%			
Associate degree	15.4%			
Bachelor's degree	46.2%			
Master's degree	23.1%			
Current Marital Status				
Unmarried	23.1%			
Married	61.5%			
Separated	3.8%			
Divorced	7.7%			
Widowed	3.8%			

Satisfaction, Stigma, & Support

DECISION SATISFACTION



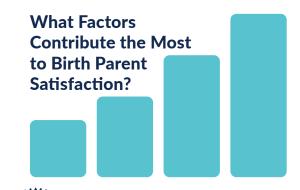


A significant majority of birth parents indicated being satisfied with their decision for adoption.

Does the Time Period of the Adoption Correlate with Birth Mother Satisfaction Levels?

Birth mothers who placed their child for adoption in 2010 or later were much more likely to report satisfaction with their decision than birth mothers who placed their child before or during the 1970s.

Overall, birth mothers' satisfaction with their adoption decision increased each decade since the 1970s.





Not being pressured into adoption led to greatest satisfaction.

For birth mothers, non-coerced decision-making and receipt of accurate information were significant predictors of adoption satisfaction levels, even after the effects of the other variables were ruled out.

Of those two, it was non-coerced decision-making that was found to be the strongest predictor of satisfaction.

For birth fathers, receipt of accurate information was found to be the strongest predictor of satisfaction.

What About Those Who Were Dissatisfied?

Of those surveyed, 22% of birth mothers and 8.6% of birth fathers indicated being dissatisfied with their adoption decision. In addition, 14.7% of birth mothers and 22.9% of birth fathers were neutral regarding their decision. Our research shows the importance of providing expectant parents with accurate information and a decision-making process free from coercion as they consider making an adoption plan.

STIGMA

"a mark of disgrace associated with a particular circumstance, quality, or person."

Stigma toward birth parents still exists, and is experienced now more than ever.

The vast majority of birth mothers report experiencing stigma associated with their status as a birth parent. In fact, the percentage of birth mothers who experience some level of stigma about their decision to place their

child for adoption has increased 20% since 1970.

Percentage of birth mothers, by time of adoption placement, who have perceived at least some stigma towards them

1980s

1990s 84%

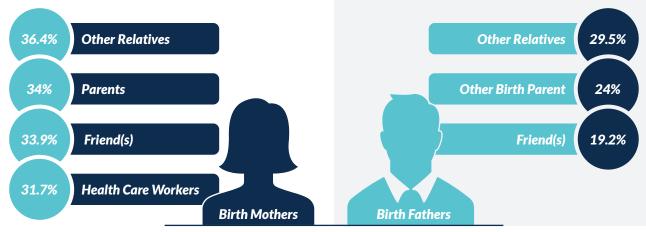
We did not place our children for any neglectful reason. We're not neglecting duties or our child or our culture. We love our children and we did what we know is best for our child. And it was not done out of neglect. I always fear when I share my story, someone's going to think that I placed my child because I was like using drugs or drinking, and it's like, this was a choice. ... There's a stigma with it [adoption]. And I think ultimately, it's always an act of love. Not neglect. a focus group participant

At first, it may seem paradoxical that, for birth parents, both adoption satisfaction and stigma associated with adoption have both increased over time. However, when considering the significant changes that have occurred in adoption practices over the past several decades, these changes make sense. In the 1970s and 1980s, most private domestic adoptions

were "closed," meaning the original birth records were not available to adoptees and contact/relationships between birth families and adoptive families were usually non-existent or mediated and anonymized by an agency. Moreover, birth parents' experiences were not discussed as openly and freely as they are today. It was not uncommon

for women to conceal their unplanned pregnancy from their family, friends, and community. With fewer people aware of the pregnancy and adoptive placement, there would naturally be less perceived stigma. Therefore, it seems that as adoption has become more "open" so have expressions of stigma, a problem that should not be ignored.

Birth Parents identified these groups most frequently as sources of stigma.



Experiences with stigma were different in statistically significant ways by race.

Notably, stigma was experienced by all racial groups, but a larger percentage of White birth mothers reported experiencing no stigma. There were significant differences across racial groups in a few categories for birth mothers, including religious clergy/leaders, health care workers, and other relatives.

	Non-Hispanic White	Non-Hispanic Black	Hispanic	Other
Other relative	39.7%	29.5%	27.8%	27.2%
Health care worker	34.1%	18.1%	33.3%	30.4%
Religious clergy/leader	19.5%	9.5%	13.9%	12%
None	15%	6.7%	13.9%	15.2%

Birth parents reject stigma.

Birth mothers from the focus groups emphasized that they made a decision to place a child for adoption out of their love for the child, which was illustrated in this statement: "I do feel confident in saying 99 percent of the time, (birth mothers) make the decision out of love."

In the focus groups, birth mothers shared the circumstances in which they had placed a child for adoption, and two closely related sub-themes emerged:

- I placed a child for adoption out of love for the child
- given my circumstances, I had to place a child for adoption

If love were enough, that would be awesome. I think many of us would probably still have our children and be parenting them with love [if love] were enough. But it's not. You need resources. a focus group participant

The thing that had an influence (on my decision to place a child for adoption) was just the desire to care for and love my child in the way I wanted her to be loved and cared for. And like I mentioned, I was young at the time, but I really didn't have a job and I was in college. And I, you know, I feel like when you're that age, you don't think about things like rent and groceries and baby formula and clothes and taking time off if your child is sick. And once I weighed all of those things, I realized that... I wasn't able to provide what I wanted my child to have, which was a family stability. And... I just had this life for her in my head pictured, and I wanted her to have that life and I knew I couldn't give it to her. So, I found a family who could. And I didn't want my circumstances to limit her in any way. a focus group participant

SUPPORT FOR EXPECTANT PARENTS MAKING DECISIONS

Sources of Support

"Having Someone I Can Trust and Rely On" was one of the four primary themes to come out of the focus groups. Two sub-themes were based on two distinctive groups of these support systems, including

- 1 family and friends, and
- 2 adoption professionals and organizations.

Birth mothers shared that these are the ones they could trust and rely on throughout the adoption process, from their decision-making to post-adoption.

Many respondents indicated multiple sources of support, most frequently adoption professionals and the parents of the birth parent. However, a third sub-theme emerged where a few birth mothers shared that they had 3) no one to turn to for support.

The birth parent survey findings paralleled that of the focus group participants' experiences, as illustrated below, in response to the question, "At the time you began thinking about making an adoptive placement, who provided support for your decision?"

Support Provider	Birth Mother	Birth Father
Parent(s)	42.3%	26.5%
Other relative(s)	21.8%	19.4%
Friend(s)	33.9%	33.7%
Child's other birth parent	19.6%	24.0%
Health care worker(s)	17.6%	15.3%
Adoption professional(s)	43.9%	16.3%
Religious clergy/ leadership	12.2%	12.8%
No one	11.9%	4.6%
Other	8.0%	1.5%

I think [having a support system] would have decreased my anxiety a little bit around the situation. When you're only interacting with the people who are wanting to adopt and their attorney, you feel a lot of pressure. You feel, at least I felt very like, I knew I was making a good decision, but there was just kind of that underlying current of nobody's really in my corner [in] this, it's just me. And so, I think if I had had either my own attorney or some other representatives, I could have more safely communicated my concerns to them without being fearful of disappointing other people or making other people upset with questions.



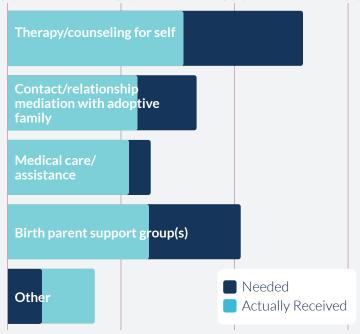


POST-PLACEMENT

The need for formalized birth parent support services is not being met.

We asked birth parents to tell us about the post-adoption services that they needed as well as the ones they actually received.

There was a markedly larger gap between the services needed and the services actually received by birth mothers compared to that of birth fathers.



Birth mothers want connection with other birth mothers for post-adoption support.

Second only to personal counseling, birth parent support groups were noted by more than half of birth mother survey respondents as a needed post-adoption service.

... about nine months after I had placed [my child] for adoption, meeting other birth mothers and parents was really where some genuine deep healing began for me because it was validating. And it was just to have a sense of community was also nice and hopeful because I see these other people who have functional open adoption relationships...even though they're not perfect, you know. Even though things aren't always wonderful and great, they're still there and they're still working on it, and it's a good experience for everyone involved for all three parties. And so that gave me a lot of hope as well. *a focus group participant*

Similarly, statements from other birth mothers illustrate this, including, "having such groups (support groups for birth mothers) helps us feel that we ain't alone," and "definitely speaking with other birth mothers was helpful."

Birth parents want connection with their child and the adoptive family.

Over 55% of birth mothers said that the adoptive parents cutting off an open relationship was either a moderate or major concern in making an adoption decision.

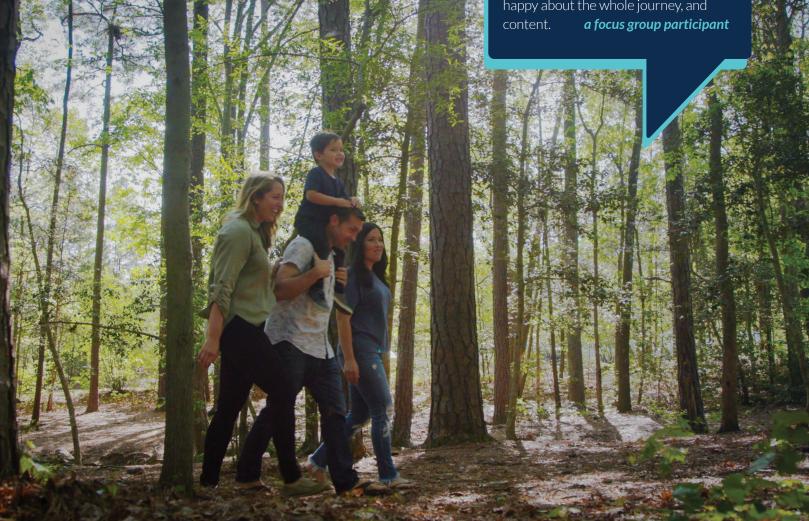
54% of birth mothers said the prospective adoptive parent's view on openness was a big factor in choosing them.

78% of the birth mothers in our survey reported having current contact with their child and nearly 60% responded that they are satisfied with the extent of contact they currently have with their child.

Likewise, 74% of birth fathers in our survey have contact and 67% are satisfied with extent of contact.

Further analysis of the survey data indicates a statistically significant relationship with levels of adoption satisfaction and current contact with child. (See Table 22 in detailed report.)

I'm so happy. You know, seeing my child, getting to see my child, you know, and relate to the family. No, I think every mother would be happy to be in my position right now because I know that not every birth mother gets to have this opportunity. This is actually a good thing for me, though, because I feel I have a higher advantage here, you know. I get to see my child, I get to visit with the family. My child gets to visit me. So, I'm so, so happy about it. I'm so happy about the whole journey, and





Conclusion

This study highlighted new considerations and reinforced existing beliefs that birth parents and their experiences are complex, nuanced, and unique—and, ultimately, birth parents are a population deserving of the most ethical services and compassionate care.

While we can be glad that current practices lead toward higher levels of birth parents' adoption satisfaction, higher rates of birth parents describing their decision-making as free and non-coerced, and higher rates of birth parents saying they received accurate information about adoption, we must still recognize and respond to birth parents' perception of stigma.

"I knew I was making a good decision, but there was just kind of that underlying current of nobody's really in my corner...it's just me." This sentiment was shared directly by one mother, and reiterated by others. **Too often, birth parents lack the support from others before, during, and after a placement.** This lack of support makes it difficult for birth parents to share their adoption experiences and perpetuates the cycle of stigma by not allowing the broader community to hear or learn from the breadth of birth parents' experiences.

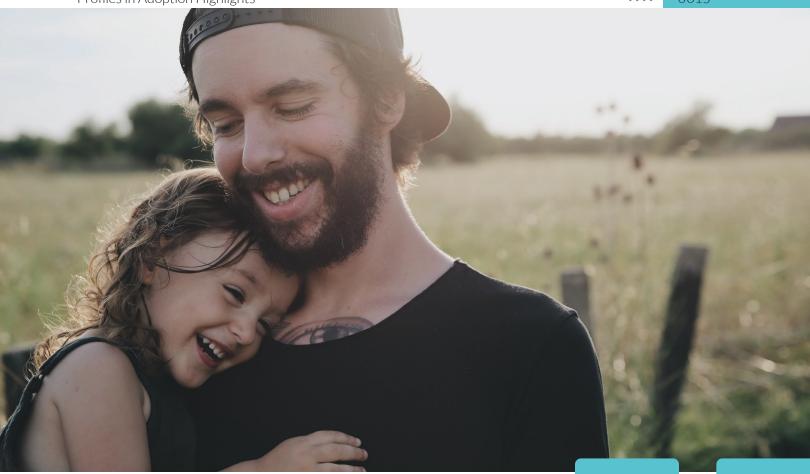
Recommendations for positive change:

Birth parents are too often overlooked by policymakers, advocates, and professionals in post-adoption supports. Along with other members of the adoption community, we ought to **include birth parents as a standard part of post-adoption service provision.**

Prior to our analysis, it was evident that birth parents appreciated the opportunity to share their experiences, express their concerns, and even connect with other birth mothers (within the focus groups). We urge more adoption service providers to create meaningful spaces and opportunities for birth parents to share their experiences with one another, the larger adoption community, and beyond. Not everyone will fill out a survey, share their story on social media, or speak in public. But there's room to create a variety of simple ways to include, acknowledge, and give space to share, including through public speaking at events, surveys, focus groups, one-on-one meetings, writing (blogs, social media, books), podcasting, mentoring, support groups, and retreats.

Birth mothers noted that it was very helpful to meet and talk with other birth mothers who shared similar experiences. While the support from others who are not birth mothers is also important, birth mothers indicated other birth mothers were the ones who could best identify with and understand their experiences. Examples of ways that adoption services providers can facilitate post-placement connection points include: support groups, retreats, meet-ups, dinners, virtual events, and online forums.

Prioritize the importance of the birth father's role. If birth parents are the most overlooked amongst the adoption triad, that experience is even more pronounced for birth fathers. Our findings show that birth fathers have concerns, perceive stigma, participate in open adoption relationships, and often seek to have an active role in the placement decision. Our ability to increase inclusion for birth fathers can help normalize their role in the adoption community and in the broader public perception of birth parents' roles and experiences.



Future Research

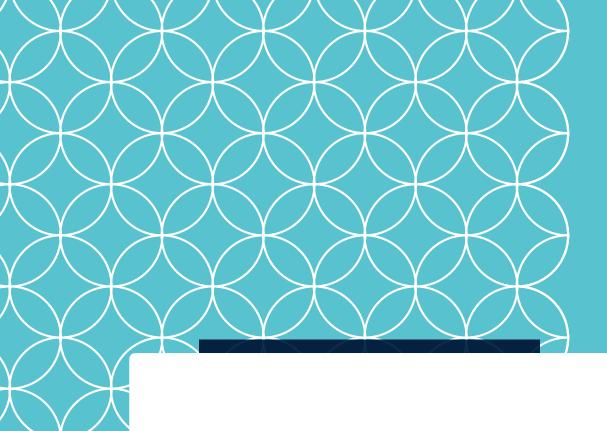
With relatively scarce research about birth parents, future research on birth parent experiences is needed. Research about birth fathers is especially needed because they have often been left out of the picture by adoption researchers.

Although the majority of birth parents reported satisfaction with their adoption decision, especially those who placed for adoption more recently, approximately 22% of birth mothers and nearly 8.6% of birth fathers expressed dissatisfaction with the adoption decision; this is not an inconsequential number of people with a negative experience. Future focus group research on this sub-population may expand our understanding of the reasons for dissatisfaction and ways to improve practices or provide additional supports. It would also be beneficial to gain a better understanding of those individuals who indicate neither satisfaction nor

dissatisfaction with their adoption decision; more in-depth analysis of this population's experiences and perspectives could prove insightful.

The findings on the increasing percentage of birth parents who experience stigma point toward the need for additional research into birth parents' experiences. How is this stigma communicated to and perceived by birth parents? How acutely is it felt? In what ways are birth parents impacted? Why are there differences in stigma experiences based on race/ethnicity? What can be done to redress or mitigate the impact of stigma?

This report only examined the experiences of those who participated in a private domestic adoption. Future research on birth parent experiences is needed around intercountry adoption and adoption from foster care.



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