

**“I Lost My Family”: Grief, Loss, and Identity Formation of Fostered and Adopted
American Indian Individuals**

Jessica Simpson

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Ashley L. Landers, Committee Chair
Jeffrey B. Jackson
Ellie Cunanan-Petty

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ABSTRACT

American Indian individuals, families, and communities have experienced historical waves of separation from relocation to boarding schools to systematic child removal. Fostered and adopted American Indian individuals experience numerous losses that can lead to poor mental and physical health outcomes. Studies addressing American Indian experiences of grief, loss, and identity development are scarce and are limited to small samples utilizing qualitative methods. Grounded in identity theory and ambiguous loss theory, this mixed method study addressed a gap in the literature by exploring experiences of grief, loss, and identity formation following foster care and adoption of American Indian individuals. Secondary data from the *Experiences of Adopted and Fostered Individuals Project* were used to compare the experiences of grief and the impact of adoption on identity for American Indian ($n = 129$) and White individuals ($n = 166$). A chi-square test revealed the relationship between race and grief was statistically significant, $\chi^2(1, n = 295) = 6.23, p < .01$, with American Indian participants more likely to report experiencing grief. The extent to which participants who were adopted perceived adoption affected their identity was also significantly higher for American Indian participants ($M = 4.31, SD = .99$) than their White peers ($M = 3.82, SD = 1.23$), $t(268) = -3.48, p \leq .001$. Thematic analysis was used to examine open-ended survey data, which revealed four themes: (1) *loss*, which describes the types of losses American Indian fostered and adopted individuals reported experiencing, (2) *identity*, which describes challenges and meaning making associated with identity formation (3) *risk factors*, which describes factors that may create challenges to processing grief, loss, and identity formation, and (4) *protective factors*, which describes factors that may be helpful in managing challenges associated with grief, loss, and identity formation. The findings suggest an explicit connection between loss, grief, and identity formation for adopted and fostered American Indian individuals, as well as specific outcomes and resiliency factors.

Keywords: adoption, foster care, American Indian, grief, loss, identity

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GENERAL AUDIENCE ABSTRACT

American Indian communities have experienced family separation as a result of government policies for centuries. The loss that American Indian individuals experience as a result of adoption and foster care can lead to poor mental and physical health. Few studies address American Indian experiences of grief, loss and identity. Grounded in identity theory and ambiguous loss theory, this mixed method study addressed a gap in the literature by exploring experiences of grief, loss and identity formation following foster care and adoption for American Indian individuals. Data from the *Experiences of Adopted and Fostered Individuals Project* were used to compare the experiences of grief and the impact of adoption on identity for American Indian and White individuals. American Indian participants were more likely to report experiencing grief. Adoption and foster care also impacted identity development for American Indian individuals more than it did for White individuals. American Indian participants' experiences were organized into themes of (1) *loss*, which describes the types of losses American Indian fostered and adopted individuals reported experiencing, (2) *identity*, which describes challenges and meaning making associated with identity formation (3) *risk factors*, which describes factors that may create challenges to processing grief, loss, and identity formation, and (4) *protective factors*, which describes factors that may be helpful in managing challenges associated with grief, loss, and identity formation.

Keywords: adoption, foster care, American Indian, grief, loss, identity

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CHAPTER I: INTRODUCTION

The Problem and its Setting

For centuries, American Indian individuals, families, and communities have experienced historical waves of separation from their homes, from their relatives, and from their land (Palmiste, 2008; Palmiste, 2011; Turner & Pope, 2009). Before the passing of the Indian Child Welfare Act (ICWA) in 1978, it is estimated that between 25 and 35 percent of American Indian children were systematically removed from their homes and placed in foster care or for adoption (Jacobs, 2013).

Assimilation and Relocation. In the 18th and 19th centuries, White settlers, through assimilation and relocation efforts began to force a colonial way of life upon American Indian individuals (Palmiste, 2011; Turner & Pope, 2009). Part of this assimilation included the relocation of American Indian individuals from their tribal land. With the passing of the Dawes Act in 1887, American Indian nations lost over two thirds of their land to the American government (Turner & Pope, 2009). With the passing of the Appropriation Act in the late 19th century, parents were forced to send their children to government education programs or risk their eligibility to receive rations. American Indian children were also forced to attend boarding schools where they were given English or Christian names and were forbidden from speaking their native languages and practicing native traditions or spiritual practices until the 1970s (Jacobs, 2013; Palmiste, 2011; Turner & Pope, 2009).

Adoption Era. The Indian Adoption Project (IAP) was created in 1959 as a way to lift restrictions on the adoption of American Indian children. It was also a means to provide a tentative solution to the poor living conditions and homelessness of children in some American Indian communities (Jacobs, 2013; Palmiste, 2011). In the eight years that the IAP was in place,

hundreds of American Indian children were adopted or placed into foster care in the homes of White families (Palmiste, 2011), often severing their connection to family and tribe (Carriere, 2007; Carriere, 2008). Additionally, individuals adopted under the IAP or other similar policies also hold experiences of transracial adoption despite remaining in their country of origin (Landers, Danes, Ingalls, Maloney, & White Hawk, 2017).

Indian Child Welfare Act (ICWA). The alarming rates of American Indian child removal motivated the passing of the Indian Child Welfare Act (ICWA) in 1978 (Red Horse et al., 2000). ICWA was passed as a way to ensure the rights of American Indian children. Under ICWA, caseworkers in the field of child welfare are required to take special considerations when working with American Indian families and should strive to avoid child removal if at all possible (Edwards, 2015) and should endeavor to include the child's family and tribe in the case (National Indian Child Welfare Association, 2017).

Identity, tribe, and land. American Indian identity is unique because it signifies not individual identity, but identity as it exists in relation to family, land, and tribe (Landers, et al., 2015; Landers, et al., 2018; Red Horse, 2000). Additionally, strong American Indian identity is connected to positive outcomes for health and wellbeing (Carriere 2007; Carriere, 2008). American Indian individuals who have experienced foster care and adoption report a significant loss, with the most prominent being a loss of identity (Carriere, 2007; Carriere, 2008). Individuals who cannot connect to family and the greater tribal community (e.g., due to blood quantum levels or lack of pertinent information) typically have lower health outcomes and may struggle with mental and physical health problems (Carriere, 2008).

Significance

The focus of this study is significant for a number of reasons. First, American Indian families have experienced historical trauma and the systematic removal of their children from their homes for generations (Landers et al., 2015; Red Horse, 2000). This systematic removal affects not only the child placed in foster care or adoption, but the family, tribe, and community at large. Second, although research that focuses on adoption and foster care is vast (e.g., Herrick & Piccus, 2005; Lee & Whiting, 2007; Samuels, 2009), there is limited research on American Indian adopted and fostered individuals and their families (e.g., Carriere, 2005; Carriere, 2007; Landers et al., 2015; Landers, Danes, Harstad, & White Hawk, 2017). This study fills a gap in the literature by focusing on the impact of adoption and foster care on grief, loss, and identity specifically for American Indian individuals. Third, American Indian families lack representation in child welfare research even though they are overrepresented as a population within the child welfare system (Landers et al., 2017c). American Indian children are removed from their homes at higher rates than children from the general population (Jacobs, 2013). Additionally, American Indian adopted individuals report higher percentages of mental health problems (e.g., substance abuse, eating disorders, suicidality) than their White adopted peers (Landers et al., 2017c). By choosing to focus explicitly on American Indian fostered and adopted individuals, this study intentionally decenters White families and the dominant discourse while bringing voice to a historically marginalized population.

Children that were removed from their homes during the Adoption Era (1940s-late 1970s) are now adults between the ages of 40 and 70 who still carry the traumatic memory of removal (Landers et al., 2015). As it is nearly impossible to identify as American Indian without a greater tribal connection, children adopted before the implementation of ICWA grew up

without the roots necessary to develop a salient ethnic identity (Palmiste, 2008; Red Horse, 2000). According to Harness (2006), however, over half of American Indian transracial adoptees report that they do not feel like their adoption has severed their connection to their American Indian heritage to the extent that it cannot be regained. Better understanding the experiences of grief, loss, and identity formation can be extremely useful to educate case workers involved with American Indian children and to inform child welfare policies involving American Indian families. Additionally, understanding the role that loss of a cultural identity plays in an adoptee's life may help researchers and clinicians to develop resources for adoptees to maintain identity and to better connect to culture.

Contributions to marriage and family therapy. Marriage and family therapists are well positioned to work in child welfare, including adoption and foster care, due a systemic foundation and training (Weir, Fife, Whiting, & Blazewick, 2008). With over 400,000 children in foster care in the United States (U.S. Department of Health and Human Services, 2017), it seems more than likely that marriage and family therapists will, at some point in their career, find themselves working with families who have experienced foster care, adoption, or both. Due to the elevated rates that American Indian children enter the child welfare system (Landers, et al., 2017c) it is plausible that many therapists could find themselves working with American Indian clients that have experienced foster care/adoption. Only 4.8% of COAMFTE accredited programs, however, report providing specific adoption/foster care related training (Wier, Fife, Whiting, & Blazewick, 2008).

This thesis will bring awareness to the field of marriage and family therapy of the need to provide more specific training in child welfare, especially for historically marginalized populations such as American Indian families and individuals. This research will shed light on

the impact of adoption and foster care on grief, loss, and identity for American Indian individuals and their families. Ultimately, this thesis will assist therapists in understanding what can be done to lessen the impact of child welfare for American Indian families and communities.

Rationale

Currently, the research that exists on the impact of foster care and adoption on American Indian individuals and their families is primarily qualitative and limited to small samples (e.g., Carriere, 2007; Carriere, 2008). This study is one of the first qualitative studies using survey data with a larger sample relative to previous research (American Indian $n = 129$; White $n = 166$), including individuals from tribal communities across the United States. This thesis study explores the impact of foster care and adoption on grief, loss, and identity experienced by American Indian individuals. Given that this thesis sought to address issues of a historically marginalized population, a community-based participatory approach was applied. This type of approach gives voice to the community by involving community members in each stage of the research process.

This thesis used thematic analysis (Braun & Clarke, 2006) to analyze secondary data from the *Experiences of Adopted and Fostered Individuals Project*, a collaborative research project conducted by the First Nations Repatriation Institute (FNRI), Adoptees Have Answers (AHA), and researchers at the University of Minnesota. This thesis analysis includes a sample of 295 fostered and adopted individuals (129 American Indian and 166 White participants) with a substantial amount of textual data describing the experiences of grief and loss for the American Indian subsample. Thematic analysis was an appropriate approach in that it was a flexible and accessible method for the analysis of multiple data texts (Braun & Clarke, 2006). Participants'

open-ended responses to survey questions were analyzed to inductively identify patterns of meaning and identify common themes.

Theoretical Framework

This thesis is grounded in identity theory (Pratt, 2003). A primary assumption of identity theory is that identity is both self-referential and relationally defined. Individual factors of identity deal with self-identification, and social factors of identity are concerned with specific traits the individual shares with others. In this study, that means that individuals who have experienced foster care and adoption will determine their identities through self-identification, as well as how they identify with and share specific traits with other social groups (e.g., fostered and or adopted individuals, being American Indian). Often, individuals who experience adoption and foster care, especially those who are transracially adopted, question their identity, specifically in regard to which culture they belong (Ferarri et al., 2015; Huh & Reid, 2000). More specifically, American Indian individuals who experienced foster care and adoption during childhood were separated from social factors of identity constructs such as extended family, tribe, and land (Landers et al., 2015).

Another important assumption of identity theory is that events marked by major change or crisis will often trigger self-reflection, which may challenge identity (Pratt, 2003). The more prominent a particular identity, the more likely it will remain constant throughout varying circumstances (Serpe & Stryker, 2011). In this study, challenges to identity salience may include childhood abuse or poly-victimization from the adoptive family or the adoptive community. Abuse or various experiences of different forms of abuse may challenge identity by creating feelings of unworthiness, internalization of negative attributions from peers and family members

for being in foster care or adopted (e.g., being unwanted, being a problem), and poor self-esteem (Kools, 1997; Landers et al., 2015).

An additional assumption of identity theory is that a collective identity (e.g., who are we?) is shared through socialization through the transmission of values and beliefs (Pratt, 2003). Within this study, this means that individuals who are separated from their family of origin and culture often experience challenges in identity development (Kools, 1997; Salahu-Din & Bollman, 1994). The very structure of foster care can have a negative effect on identity development when children and adolescents may internalize negative stigmas related to foster care placement (Kools, 1997). American Indian fostered and adopted individuals in particular, are separated from their social and collective identity as they have no one to “mirror back” their culture and identity to them (Landers et al., 2015; Landers et al., 2018).

In addition to identity theory, which provides a foundation for understanding identity formation, many who have experienced foster care and adoption also describe nuanced loss (Lee & Whiting, 2007; Samuels, 2009), commonly referred to as disenfranchised grief or ambiguous loss (Boss, 2007). Although the symptoms of ambiguous loss may be individual, the existence of ambiguous loss is inherently relational. Ambiguous loss theory assumes the existence of a psychological family that may “differ from the physical or legal family structure” (Boss, 2007, p. 106). Children that have experienced foster care and adoption may have a biological family that they do not reside with or do not know, but whose existence is still very real, even if the biological family is not present. For many, the uncertainty that accompanies the loss of loved ones is traumatic (Boss, 2007).

Purpose of the Current Study

The purpose of the current study was to explore the impact of foster care and adoption on the grief, loss, and identity development of American Indian individuals. Although adoption literature is saturated, it has failed to adequately address the unique experience of American Indian communities (Landers & Danes, 2016). Additionally, fostered and adopted American Indian individuals, as well as their families and tribes, continue to carry the burden of historical trauma that has been the consequence of various policies enacted by the United States government. The body of research dedicated to fostered and adopted American Indian individuals focuses on the broader context of identity (Harness, 2006; Hussong 1978) and the experience of reunification (Landers et al., 2015; Landers et al., 2018). The current study examines the impact of foster care and adoption on the grief, loss, and identity development of American Indian individuals. It was hypothesized that the impact of foster care and adoption on the grief, loss, and identity development of American Indian individuals can be traced to losses of culture, race, and language (Carriere, 2005; Carriere 2007; Carriere 2008). Because of growing up in mostly White homes, American Indian adopted and fostered individuals had no one to mirror back their identity (Carriere, 2008; Landers, et al., 2018).

CHAPTER II: LITERATURE REVIEW

Introduction

There is a gap in the literature related to the impact of adoption on grief, loss, and identity on American Indian fostered and adopted individuals and their families (Landers et al., 2017b; Landers et al., 2018; Carriere et al., 2008). Adoption literature related to grief and loss primarily focuses on the grief and loss experienced by birth mothers (e.g., Aloi, 2009; De Simone, 1996; Henney et al., 2007). The majority of the literature focused on identity is limited to White samples (e.g., Henney, Ayers-Lopez, McRoy, & Grotevant, 2007; Herrick & Piccus, 2005; Leon, 2002). Less research exists on the experience of American Indian fostered and adopted individuals and their families (e.g., Carriere, 2005; Carriere, 2008; Landers et al., 2015; Landers et al., 2018). Given this gap in the literature, this thesis will explore the impact of foster care and adoption on grief, loss, and identity development for American Indian individuals. In this section, I will review the available research related to: (1) the impact of foster care and adoption on grief and loss, (2) the impact of foster care and adoption on identity, and (3) the available literature related to American Indian fostered and adopted individuals and their families.

Impact of Foster Care and Adoption on Grief and Loss

Although a significant portion of the literature focused on the grief and loss associated with adoption is focused on birth mothers (e.g., Aloi, 2009; De Simone, 1996; Neil, 2006; Henney et al., 2007;), there is small section of research that focuses on the experience of fostered and adopted individuals, especially during childhood and adolescence (Herrick & Piccus, 2005; Lee & Whiting, 2007; Leon, 2002; Samuels, 2009; Unrau, Seita, & Putney, 2008). The majority of this literature is focused specifically on the experiences of those who have experienced out of home placement, specifically foster care (Herrick & Piccus, 2005; Unrau et al., 2008). Out of

home placement is an experience marked by trauma, worry, grief, and loss (Herrick & Piccus, 2005; Unrau et al., 2008). Adults who traveled through multiple foster care placements as children recall multiple placement moves as experiences of significant loss (e.g., loss of a sense of home, loss of a “real” family, loss of siblings, loss of resources; Samuels, 2009; Unrau et al., 2008). The effects of foster care are longstanding, as formerly fostered individuals report perceiving “detrimental” impacts even into adulthood (Unrau, et al., 2008 p. 1263).

Some scholars explain the unique and significant loss experienced by fostered and adopted individuals through the lens of ambiguous loss (Lee & Whiting, 2002; Samuels, 2009). For example, when a loved one dies, a funeral or memorial service is typically held as a way to grieve and formally acknowledge the loss (Boss, 2007). The loss of a birth family through foster care and adoption, however, is a loss that is not formally recognized by society (Samuels, 2009). As a result, no formal rituals exist to acknowledge the loss and provide an opportunity and time to grieve (Samuels, 2009). The ambiguous loss associated with foster care, in particular, is exacerbated by secrecy and a lack of or withholding of information. These are traits that all too often accompany the foster care experience (Leon, 2002; Samuels, 2009). Because the ambiguous loss fostered individuals experience is bereft of resolution, it is seen as a unique trauma with effects lasting into adulthood (Samuels, 2009; Unrau, et al., 2008).

Part of the ambiguity that makes foster care and adoption loss unique is the loss of a sense of self (Herrick & Piccus, 2005; Leon, 2002). This loss is due to a loss of identity associated with biological relationships, especially the loss of the birth mother (Leon, 2002). Fostered and adopted individuals also experience ambiguity around cultural, ethnic, and family histories (Herrick & Piccus, 2005). Fostered individuals and those who have been adopted from foster care report social stigma as a result of their unique family situations (Leon, 2002; Unrau et

al., 2008). Adults who travelled through foster care with at least two placements describe feeling different and “outside the range of normal” (Unrau et al., 2008 p. 1261). Additionally, individuals experience stigma related to the loss of birthparents, being deserted, and seeing their placement in foster care as a personal rejection (Leon, 2002). According to Leon (2002), much of this stigma can be tied to cultural connotations of loss in Western societies.

Specific, concrete losses. In addition to ambiguous loss, fostered individuals also report specific and concrete losses that occurred as a result of their being in foster care (Samuels, 2009; Unrau et al., 2008). For those with siblings, fostered individuals report the loss of siblings as one of the most painful experiences in foster care (Herrick & Piccus, 2005; Unrau et al., 2008). Not only do individuals lose another part of their families, they also lose the possible support that siblings bring to the foster care experience (Herrick & Piccus, 2005).

In addition to loss of siblings, fostered individuals may also experience the loss of family permanency. Fostered individuals lose a legally permanent family resulting in a loss of permanent relationships as well as the loss of a permanent home (Samuels, 2009). Fostered individuals also experience the loss of family legitimacy through a potential loss of biological and cultural connection, nuclear family structure (parents and siblings), a sense of belonging, and having a “real” family (Herrick & Piccus, 2005; Leon, 2002, p. 652; Samuels, 2009).

Another significant loss associated with foster care is that of personal agency (Samuels, 2009; Unrau et al., 2008). Adults who traveled through foster care with multiple placements reported feeling a “loss of power over personal destiny” throughout their experience (Unrau et al., 2008, p. 1259). This is mostly manifest through uncertainty, not knowing what would happen next, and having no control over major decisions impacting their lives (Unrau et al., 2008).

Fostered individuals also report many possibilities for experiencing grief as a result of their being in foster care. Some fostered individuals report delaying or evading adoption in order to avoid the potential of a failed adoption (e.g., having an adoption dissolved because of abuse). Others report grief and loss and reunification with their biological families. Others, who had reunified, reported grief at unmet expectations, especially as their childhood expectations of what a birth parent should be were never met (Samuels, 2009).

Birthmother grief and loss. A large part of the literature exploring grief and loss focuses on birthparents, specifically birthmothers and especially those relinquishing their children to adoption (Aloi, 2009; De Simone, 1996; Henney et al., 2007; Neil, 2006). It is common for birthmothers to experience feelings of unresolved or disenfranchised grief (Aloi, 2009; De Simone, 1996). Greater perceptions of coercion, feelings of guilt and shame, and a lack of opportunity to express their feelings post adoption all lead to increased levels of unresolved grief (De Simone, 1996). Grief reactions in birthmothers can be characterized by feelings of sadness, guilt, anxiety, loss, regret, anger, heartache, and depression (De Simone, 1996; Henney et al., 2007; Neil, 2006). Those who experience the most grief are typically those who experience the least satisfaction in placement, relationship openness, and contact. The majority feel the adoption was in some way coerced or compulsory (De Simone, 1996; Henney et al., 2007; Neil, 2006). Even decades later, the majority of birthmothers studied continue to feel moderate to high feelings of grief and loss (Henney et al., 2007).

Impact of Foster Care and Adoption on Identity

Only a small part of the literature focuses on the impact of foster care and adoption on identity (e.g., Kools, 1997; Von Korff & Grotevant, 2011), and what does pinpoints the impact of foster care and adoption on ethnic and racial identity (e.g., Ferrari, Ranier, Barni, & Rosnati,

2015; Huh & Reid, 2000; Reinoso, Juffer, & Tieman, 2012). Foster care and adoption impact racial identity by placing an individual in a culture that is not their birth culture, which can lead to questions about where individuals belong and with what culture they should identify (Ferarri et al., 2015; Huh & Reid, 2000).

Adopted and fostered individuals face unique and specific challenges when it comes to identity formation (Huh & Reid, 2000; Kools, 1997; Von Korff & Grotevant, 2011). For example, during times of identity formation, such as adolescence and emerging adulthood, fostered and adopted individuals often try to make meaning of their foster care/adoption experience (Von Korff & Grotevant, 2011), and may wonder, “Who am I? Where did I come from?” Additionally, fostered and adopted individuals may receive messages about their foster care/adoption from society (Kools, 1997), lack a familial or cultural heritage to relate to (Salahu-Din & Bollman, 1994), and may have difficulty establishing and maintaining satisfying personal relationships during a crucial time (Kools, 1997). Although non-adopted individuals have access to information that may be taken for granted about their race and family of origin, fostered and adopted individuals may have no way to know their race or any information about their family of origin (Carriere, 2005; Kools, 1997; Salahu-Din, 1994). They are left to decipher their race based on physical appearance alone (Carriere, 2005).

Socialization in children school-aged and older may lead fostered and adopted children to develop certain attitudes about their identity or to develop a self-concept that reflects the perceptions of others (Huh & Reid, 2000; Kools, 1997). For example, in a study of Korean children adopted by White families, children learned about their race from stereotypes reflected by their school peers (Huh & Reid, 2000). In study of racial minority adolescents in foster care,

children reported internalizing negative stereotypes of being in foster care such as being bad or unwanted (Kools, 1997).

Foster children, in particular, are affected by the institutional structure of foster care, which can have a negative effect on the process of identity development in which children and adolescents susceptible to internalizing negative stigmas associated with foster care (Kools, 1997). For some, being a foster child represents diminished status (from not living with the birth family), and implies being discarded, unwanted, and problematic (Kools, 1997).

In contrast, adopted children who are able to identify with their birth family, explore their ethnic identity, and create a bicultural identity feel more positively about themselves and their ethnicity (Huh & Reid, 2000; Ferrari, et al., 2015; Salahu-Din & Bollman, 1994).

Communication between parents and children about their adoption also helps to ease the process of identity development for fostered and adopted individuals (Huh & Reid, 2000; Von Korff & Grotevant, 2011). Transracial adoptees, in particular, report a significantly higher level of cultural, racial, and ethnic identity than their adoptive parents realize (Reinoso et al., 2012), and participation in cultural activities from the individual's birth culture help to increase positive attitudes of ethnic identity (Huh & Reid, 2000).

Conversely, children and adolescents who experience a lack of connection to the birth family and culture due to foster care and adoption, experience difficulty in forming a self-identity (Kools, 1997; Salahu-Din & Bollman, 1994). Similarly, American Indian individuals who experience foster care and adoption experience a separation from social identity components such as extended family, tribe, and land (Landers, et al., 2015). When American Indian fostered and adopted individuals experience this separation, they have no one to "mirror back" various aspects of their identity (Landers et al., 2018).

American Indian Fostered and Adopted Individuals

There is a budding area of research concerning American Indian adopted and fostered individuals (e.g., Carriere, 2005; Carriere, 2007; Carriere 2008; Landers et al., 2015; Landers et al., 2017c; Landers et al., 2018), the main focus of which is centered on loss, health, and reunification. American Indian individuals who have experienced foster care and adoption report experiencing loss in several aspects of their lives, such as the loss of culture, language and customs (Carriere, 2005). The main loss reported, however, was the loss of identity (Carriere, 2005; Carriere, 2007; Carriere, 2008). This loss of identity can result in a myriad of problems including mental, physical, emotional, and spiritual health (Carriere, 2005; Carriere, 2008). Individuals report coping with such losses and problems through maladaptive behaviors such as using drugs or alcohol (Carriere, 2005).

Loss of identity is especially problematic as American Indian identity is concerned not only with the identity of the individual, but the relationship of the individual to the larger community including extended family, tribe, and land (Landers, 2015; Landers 2018). Cajete (2000) refers to American Indian relationships as the “cornerstone of tribal community” and community as the means through which “Indian people come to understand their ‘personhood’ and their connection to the communal soul of the people” (p. 86). As such, one’s interconnectedness to a tribal family can be a protective factor as individuals, perhaps for the first time, have people to mirror back their identity, which may be felt in emotional, physical, mental, and spiritual aspects of one’s life (Carriere, 2005; Carriere, 2007; Carriere, 2008).

For many individuals, the reconnection to one’s family, culture, and tribe through reunification can begin a process of healing (Sinclair, 2007; Carriere, 2008). For American Indian individuals who decide to reunify, they reunify not just with their birth families, but with

their tribal communities (Landers et al., 2018). Reunification is an acknowledgement of one's American Indian identity where individuals may experience, for the first time, a sense of belonging as their identity is mirrored back to them (Carriere, 2008; Landers et al., 2018).

CHAPTER III: METHOD

Design of the Study

This mixed methods study involved a secondary data analysis of data from the *Experiences of Adopted and Fostered Individuals Project* ($N = 336$; described in Landers et al., 2015). A mixed methods approach is an appropriate approach to analyzing diverse data, as it allowed the researchers to integrate the strengths of quantitative and qualitative methods in order to answer questions that neither approach could answer on its own (NIH Office of Behavioral and Social Sciences, 2018; Shorten & Smith, 2017). First, the quantitative analyses establish that there were differences in the impact of foster care and adoption on grief, loss, and identity development between the American Indian and White subsamples. Because the experiences differed, additional analyses for the American Indian participants were needed.

The qualitative data (i.e., open-ended survey responses) were analyzed using thematic analysis (Braun & Clarke, 2006). The data were not traditional qualitative interview data, rather open-ended responses in a survey format, therefore thematic analysis was an appropriate data analytic strategy. Thematic analysis is an effective method to for analyzing a rich amount of text data collected through open response surveys. Thematic analysis is a flexible and accessible way to access the collected text data and still provide a rich and complex description of participants' experiences (Braun & Clarke, 2006).

Procedures

In the *Experiences of Adopted and Fostered Individuals Project*, participants were recruited through purposeful and snowball sampling (Appendix B). The data for the project were collected in 2013. Sampling techniques utilized multiple channels, including "community agencies, online listserv, and print and electronic advertising" in conjunction with FNRI,

National Indian and Child Welfare Association (NICWA) and Adoptees Have Answers (Landers et al., 2015, p. 4). Adults who had the experience of adoption and foster care in which they were separated from their families of origin were the target respondents. Participants were eligible to participate in the study if they were adopted, fostered, or both, they were adopted by non-relatives, their adoption was domestic within the United States, and they were at least 18 years of age. Participants received both the informed consent (Appendix C) and a list of resources for support (Appendix D). Participants were given the choice of completing the survey either online or in paper and pencil format. They were informed that the time to complete the survey would be 45 to 75 minutes. Participants did not receive remuneration.

Participants

The *Experiences of Adopted and Fostered Individuals Project* was originally comprised of 336 participants. The sample was reduced to 295 participants who experienced foster care and adoption who consistently identified their race as White ($n = 166$) or American Indian ($n = 129$) across two racial questions. The 41 cases which were dropped included participants who identified themselves as Black, Asian, Latino, or Biracial, as well as those who failed to provide a response regarding their race or answered inconsistently across racial questions. Table 1 presents the demographic characteristics of the total sample, as well as the American Indian and White comparison group. Participants' ages ranged from 21 years old to 75 years old ($M = 48.47$, $SD = 10.58$). Most participants identified as female (80.7%). Approximately one half (56.6%) of participants reported having a college education or higher. A small percentage of participants reported having a personal income of less than \$10,000 per year (12.2%) and about half of participants made between \$10,000 and \$55,000 per year (51.7%). Slightly more than one half of participants (56.9%) were married or cohabiting, 18.0% were single, 22.7% were separated or

divorced, and 2.0% were widowed. Roughly one third (38.6%) of participants experienced only adoption, 7.5% experienced only foster care, and 53.6% experienced foster care followed by adoption. The American Indian participants reported various tribal affiliations. The most prominent included being the Ojibwe, Lakota, and Dakota Nations; individuals from the Omaha, Cree, Cherokee, Ho-Chunk, Chickasaw, and Navajo Nations were also included. About half of the American Indian participants (52.7%) reported being enrolled in their tribe.

Measures

Grief and loss. Both participants who reported adoption and participants who reported foster care received the grief and loss measure. Participants were asked, “Have you experienced grief or loss as a result of your adoption?” or “Have you experienced grief or loss as a result of your time in foster care?” The response options were *yes* (1) or *no* (0); if participants answered yes, participants were given the open-ended prompt, “If yes, please explain.”

Identity. Only participants who were adopted were administered the identity measure. They were asked, “To what extent has your adoption affected your sense of self and identity development?” The responses options were on a scale of *not at all* (1) to *extremely* (5). Participants were then given the open-ended prompt, “Please tell us more about this.”

Race. Participants were asked, “Are you an American Indian/Native American?” The response options were, *no* (0), *not sure* (1), *I suspect so* (3), and *yes* (4). These options were dichotomized to reflect only those who said *I'm not sure*, *I suspect so*, and *yes* (1), and *no* (0). Participants were also asked, “What race(s) do you consider yourself to be?” The response option was open-ended.

Tribal affiliation. Participants were asked, “Please tell us which tribe(s).” The response option was open-ended.

Tribal enrollment. Participants were asked, “Are you enrolled in a tribe?” Response options were *no* (0), *not sure* (1), *yes* (2). These options were dichotomized to reflect only those who said *yes* (1), whereas *no* and *not sure* were combined (0).

Age. Participants were asked to provide their year of birth. The response option was open-ended.

Gender. Participants were asked, “What is your gender?” The response options were *male* (0) and *female* (1).

Marital status. Participants were asked “What is your current marital status?” Response options were *single, never married* (0), *currently married* (1), *cohabitating but not married* (3), *separated* (4), *divorced* (5), and *widowed* (6). The response options were collapsed to represent single, married or cohabitating, separated or divorced, and widowed.

Education. Participants were asked, “What is your highest level of education or grade completed?” The response options were *less than high school* (1), *high school diploma or GED* (2), *associate’s degree or other two-year degree or certificate* (3), *some college, no degree* (4), *bachelor’s degree* (5), or *more than a bachelor’s degree* (6).

Income. Participants were asked to provide an “approximate personal annual income from all sources.” The response options were *less than \$10,000* (1), *\$10,000–\$34,999* (2), *\$35,000–\$54,999* (3), and *\$55,000 or more* (4).

Foster care. Participants were asked, “Have you ever lived in foster care with non-relatives?” The response options were *no* (0), *yes, for a total of less than 6 months* (1), and *yes, for a total of 6 months or more* (2). These response options were later dichotomized as follows: *no* (0) and *yes* (1).

Adoption. Participants were asked, “As a child, were you adopted?” Response options were *no* (0), *not sure* (1), *yes, by a step-parent or other relative* (2), or *yes, by a non-relative* (3). These response options were later dichotomized as follows: *no* (0) and *yes* (1).

Data Analysis

Missing data. Missing responses are described in Figure 1. Missing data were addressed via list-wise deletion.

Chi-square analysis and *t*-test. Quantitative analyses were performed in IBM SPSS Statistics Version 26. Differences in experiences of grief or loss as a result of adoption between American Indian and White fostered and adopted individuals were explored using a chi-square test. Differences in the extent to which adoption affected one’s sense of self and/or identity development between American Indian and White fostered and adopted individuals were explored using a *t*-test. In addition to the comparison between the American Indian and White participants in the sample, further analyses were conducted within the American Indian sample. Differences in experiences of grief or loss as a result of adoption between American Indian participants who were fostered or adopted prior to and after the Indian Child Welfare Act (ICWA) of 1978 were explored using a chi-square test. Differences in the extent to which adoption affected one’s sense of self and/or identity development between American Indian participants who were fostered or adopted prior to and after ICWA were explored using a *t*-test. Statistical power was set at 0.80. The sample size for this study was sufficient to detect a medium size effect ($p = .05$ significance level; Cohen, 1992).

Thematic analysis. The current study utilized Braun and Clarke’s (2006) six-step method. In step one, the researcher became familiar with the data, by reviewing, but not analyzing the data. In step two, the researcher began to generate initial codes by giving “full and

equal attention to each data item” and identifying facets of the data that might later form repeating patterns (Braun & Clarke, 2006, p. 18). After all data were initially coded, the researcher began step three of searching for themes by organizing and collapsing potential codes into themes. In step four, themes were reviewed for cohesion, homogeneity, and heterogeneity by developing a thematic map. Step five involved defining and naming themes, thus capturing the *essence* of each theme. Themes were shared with community partners. Through the themes the researcher created an organized and consistent narrative of the data. Once the themes were fully defined, the researcher engaged in the final step of thematic analysis by providing a convincing and logical account of the data in the report, which was also shared with the community.

Trustworthiness

In order for the data analysis to be established as trustworthy, researchers must demonstrate that the analysis is comprehensive, consistent, and precise. This is done through documenting, standardizing, and disclosing the process of analysis in order for the reader to conclude if the research is credible (Nowell, Norris, White, & Moules, 2017). The following disclosures are included to increase trustworthiness.

Member checking. Member checking is a process that involves returning to the participants in order to evaluate if the interpretation of the data accurately represents the participants’ experiences (Lincoln & Guba, 1985; Tobin & Begley, 2004). This study includes a large quantity of textual data and participants provided responses to the survey anonymously, thus making it impossible to perform traditional member checking. Following the process Norwell et al., (2017) provides, codes and initial findings were refined with community partners at FNRI who identify as American Indian. There were no disagreements with the findings.

Internal reviewers. Themes were presented to the thesis chair, Dr. Ashley Landers. Dr. Landers guided the process of refining and arranging codes. The results of this study were also presented to thesis committee members Dr. Jeffrey Jackson and Ms. Ellie Cunanan-Petty who assisted in further refining codes.

Self of the researcher. I identify as a White European American woman, though it is not by chance that I chose this topic to research. My father was adopted in a closed adoption in 1967. As a result, I have spent most of my life questioning my identity and wondering where my family comes from. I am not a member of the American Indian community, but I am committed to telling the story of grief, loss, and identity of fostered and adopted individuals. As such, I chose to engage in this research collaboratively with members of the community in order to make sure it is their story being told, as accurately as possible, and not mine.

CHAPTER IV: RESULTS

Descriptive Statistics

The majority of participants (77.6%) reported experiencing grief or loss as a result of adoption/foster care. A descriptively higher number of American Indian participants (84.5%) reported experiencing grief or loss as compared to White participants (72.3%). Of the total sample that responded to the measure on identity (on a five-point scale), the mean response to the extent adoption/foster care influenced identity was 4.03 ($SD = 1.16$). The mean was descriptively higher for the American Indian subsample ($M = 4.31$, $SD = 0.99$) as compared to the White subsample ($M = 3.82$, $SD = 1.23$).

Chi-square and *t*-test Analyses

The comparison analyses between the American Indian and White participants were as follows. The chi-square test revealed the relationship between race and grief was statistically significant, $X^2(1, n = 295) = 6.23, p < .01$, with American Indian participants more likely to report experiencing grief than their White counterparts. American Indian participants who were adopted ($n = 114$) reported perceiving that adoption affected their sense of self and identity development by significantly higher extents ($M = 4.31, SD = .99$) compared to their White counterparts ($M = 3.82, SD = 1.23$), $t(268) = -3.48, p = 001$.

The comparison analyses between the American Indian participants who were fostered or adopted prior to versus after the Indian Child Welfare Act (ICWA) of 1978 were as follows. The chi-square test revealed the relationship between ICWA and grief was not statistically significant, $X^2(1, n = 129) = .33, p = .564$. Experiences of grief did not differ by whether the American Indian participant was fostered and/or adopted prior to or after ICWA. There was also no significant difference on the extent to which participants perceived adoption affected their

sense of self and identity development between American Indian participants and adopted prior to ICWA ($M = 4.28$, $SD = 1.01$) and afterward ($M = 4.67$, $SD = .52$), $t(112) = -.92$, $p = .362$.

Thematic Analysis

Thematic analysis was conducted solely on American Indian participant responses ($n = 129$). Themes were shared with community partners to ensure accuracy and validity. Themes and codes were refined in consultation with community partners to ensure accuracy and validity. There were no disagreements between researchers and community partners. Surveys were completed anonymously, therefore making it impossible to conduct member checks.

Four key themes emerged: (1) *loss*; (2) *identity*; (3) *risk factors*; (4) *protective factors*. The thematic map with associated codes is presented in Figure 2. Themes and subsequent codes are explored below. Quotes were edited for spelling and grammar, but the original content was not changed. Words in italics were emphasis made by participants. Identifying information such as names, states, and tribal affiliation were removed. Quotes are followed by the participant identification number. The frequency of appearance of each code and sub-code is presented in Table 3.

Theme One: Loss

The theme of *loss* highlighted the numerous losses adopted and fostered American Indian individuals experience as a result of foster care and adoption. Within this theme, four codes emerged: (1) *loss of heritage*, (2) *loss of legitimacy*, (3) *loss of family and relationships*, and (4) *emotional reactions to loss*.

Loss of heritage. Participants described loss of heritage as loss of culture, spirituality, language, and roots. One participant described, “difficulty learning of roots” (255). Another participant reported, “I lost my family, my culture, my spirituality, everything that should have

gone into making me” (246). Another participant shared, “I feel I missed out on learning my Indian culture and heritage” (334). Some participants described loss of heritage as losing a way to be connected to both family of origin and family of creation. For example, one participant stated, “I lost valuable time with my biological family. They had much to teach me and I lost out on that time for family and heritage” (249). Another participant described, “I have no sense of culture, roots, or history...I have no way of fully tracing my heritage and am not sure where to even begin. I have no culture to ground myself in and no legacy to pass to my children.” (305).

Loss of legitimacy. Participants described loss of legitimacy as not being recognized as a legitimate member of their adoptive family. For one participant this was obvious due to appearance: “Phenotype dissimilarities to adoptive parents and also-adopted brother made it perfectly clear I was not part of the family” (202). Others talk about experiences of family members making justifications for why participants were not a part of the family. For example, one participant explained, “I was told since I was a baby that I did not belong to the family I lived with, I was adopted. I was not related to anyone” (322). Another adoptive explicitly excluded the participant from claiming the adoptive family’s history.

When you grow up being told that this would have been your family history *if* you were part of the family. . . . They had a family that went back to the Mayflower, all the girls were excited about being daughters of the American revolution and daughters of the Mayflower, but I couldn’t be, it wasn’t my family (228).

Participants also reported being told that they were “not related to anyone” (202) and that they weren’t “real family” (322, 305).

Loss of family relationships. Participants expressed the loss of family members and relationships. For example, one participant reported, “I had always wanted to know...who my

parents were, were they still living, and I had no expectations of whether they were wealthy or not. I just wanted my natural family" (242). Another participant reported, "Imagine then, knowing that you are completely alone no brothers, sisters, mother, father or even their name" (214). Some participants explained the particular impact of the loss of family relationships.

I lost valuable time with my biological family. They had much to teach me and I lost out on that time for family and heritage. Since being re-introduced to my biological family, I have learned a lot, but I still feel I could have benefited with growing up with the whole family (249).

In addition to feeling the loss of valuable time with the birth family, another participant expressed feeling pain at not sharing a history with their birth family.

I felt unloved as a child and thought I would feel happier after a reunion with my birth family. It has turned out to be painful in its own way, to realize they all have these rich common experiences that I was never a part of is a great loss. I lost the history I would have shared with them (315).

In addition to not having a shared family history, another participant reflected on the pain they often felt and wishing their birth family would come to relieve that pain.

I knew, from the agency summary, that I had many extended relatives in my natural family (families) and the loss I felt from not knowing them was/is chronic and deep. I often wished my first mother would *come get me* as a child. I always felt I was in the 'wrong' place/family and if she *rescued* me (in my child-mind, it would have been a rescue), everything would be corrected, and my life would be *right* (332).

Other participants specifically mentioned the loss of siblings. For example, one

participant noted, “I missed growing up with nine brothers and sisters” (320). Another remarked, “I have three half-sisters that I didn’t get to grow up with” (259). Another reported, “Having a gap in your sense of family, I have biological brothers and a sister. We are close in age and were close as children, even though as an adult I don’t have concrete memories” (303).

Searching for biological family. From the theme of *loss of family relationships*, the sub-code of *searching for biological family* emerged. Participants described how the loss of biological family led to the idea of searching for them. For example, one participant explained, “Spent over 30 years researching my family and ancestors” (288). Another explained, “This motivated me to conduct a decades-long search for birth family beginning with college career through first marriage” (14). Some participants had not found their birth families. One participant shared, “I wish I could find and build a relationship with my birth parents and the siblings I know I have” (257). Another participant reported, “As I get older, I wonder if I should pursue finding my biological parents” (312).

Emotional responses to loss. Participants described strong emotional responses to their experiences of loss. Sub-codes of (1) *anger*, (2) *sadness*, (3) *loneliness*, (4) *shame*, and (5) *grief* emerged.

Sadness. Participants who described feelings of sadness typically mentioned sadness in relation to specific losses. For example, one participant responded, “I did not know that I was Native American until late in life and I am sad that I did not know my culture then” (267). Another responded, “I’ve experienced a persistent, lifelong sense of loss and sadness over not knowing or being a part of my culture” (317). In reference to their adoption, another participant explained, “I have always felt a 'spiritual sadness' that as an adult I relate to being adopted” (303). Another participant reported, “I think it is always there on some level. A sadness” (260).

Anger. Participants also reported feelings of anger, typically not understanding why the anger was occurring.

One time in school I was about 10 years old some girl was saying bad things about Indians and covered wagons. I do not know why I got so angry at her for saying those things...at the time it was frustrating why I got so angry it was not like I had never heard derogatory words about Indians before (214)

Another reported, “At times growing up I have felt anger and not known why” (318).

Loneliness. Other participants reported feelings of loneliness or feeling lost. One participant reported, “To this day I feel as if I am just placed here alone on this earth” (246). Another reported, “I constantly felt alone and lacking ties” (207); still another reported, “...a sense of alienation...” (198). In terms of feeling lost, one participant explained, “I have felt lost living in a world I did not understand” (284).

Shame. Participants described feelings of shame within themselves. For example, one participant noted, “I am confident in a lot of ways but there is still a sense of deep shame that I am trying to accept and heal” (260). Participants also mentioned picking up on feelings of shame from other family and community members. For example, one participant noted, “I grew up white, my parents hid the fact I was Indian, they thought they were protecting me, but I also wondered if they were ashamed” (265). Another reported, “I grew up in a town where people did not go around claiming they were Indian because it was shameful to be Native American” (327).

Grief. Participants explained feelings of grief and grieving as a reaction to the losses they experienced. Participants explained grief as a reaction to specific loss, especially the loss of family. For example, one participant explained, “I grieve the loss of my mother and not knowing her and my father too” (301). Another participant reported, “[I]found that I was grieving

something deep within me. I now know that I was grieving that initial loss of my birth mother” (300). Another reported, “I grieve not growing up with my full brother and sister” (229).

Somewhat related to grieving the loss of family members, another participant reported, “I grieve what I will never know, and I will never know how it feels to be a person who takes for granted their story of origination” (231). In reflecting upon emotions experienced in childhood, another participant reported, “I believe that a child has no words to identify an emotion but as an adult we feel a loss of or grieving unnamed” (294).

Theme Two: Identity

In regard to identity, codes were formed according to the participants’ questions and subsequent answers that sometimes led to interpretations about their own identity. Codes included (1) *who am I and where do I come from?* (2) *what am I?* (3) *why was I adopted?*

Who am I and Where Do I Come From? Many participants struggled to define their own identity and reported “I have no idea who I am” (272). Another shared, “I can't describe what it is like to have spent 50 years wondering who on earth I am” (320). Some participants described struggles to understand their identity due to feeling different. For example, one participant recalled, “I always felt like the thumb among the four remaining fingers. Never felt like a part of the family. Who am I? Who do I look like?” (307). Another reported, “Growing up in a world, knowing you are different from everyone else in your community but not knowing who you are makes it almost impossible to establish your identity” (311).

Others described feeling like they did not belong. For example, one participant reported, “I didn't know who I was. Being raised white in a white community I had no sense of belonging” (336). Another participant shared, “Yes, a big loss of not knowing who I am. Always running away from adopted home trying to figure out why and where do I belong” (298).

Another participant stated, “I always felt like the outsider. Never belonged. Different. Never was good enough. This clouded my whole being” (333). Still, another participant explained, “Who am I? I have never felt that I belonged anywhere or that anyone ever really cared” 193).

Some participants described how secrecy around their adoption influenced their sense of self. One participant shared, “I did not find out I was adopted until age 22. At the time, I felt that a part of who I was had been false because I did not come from the heritage I had embraced growing up” (257). Another shared, “My adoption was very secret. My parents claimed to have no info on my history. It's hard to explain but for 47 years, something was always missing...I still never felt complete, *ever*” (205).

Other participants also referenced feelings of incompleteness in regard to identity. As one participant explained, “I feel like there is a part of me missing” (195). Some participants related this to feelings of wholeness or completeness. For example, one participant explained, “Never felt whole in my life” (298). Another noted, “I feel like something is missing from my life. I have never really felt like a whole person” (327). Some participants expounded upon these feelings by relating them specifically to loss. For example, one participant said, “Yes, definitely, I missed out on my culture, I feel like I am on a fence, one foot on either side but never ever touching the ground of either sides” (309). Another reflected, “I look back and come to this: that I wasn't whole or complete with not knowing who I was and where I came from” (242). The loss of heritage played a significant role in participants sense of identity. For example, one participant explained, “My identity was overridden by my adoptive family relative to culture and spirituality” (252). Another reported, “I was overprotected didn't meet another Indian till I was 19 years old. Had no clear spiritual or cultural knowledge. Had little or no idea who I was and where came from” (240). In explaining the effects of loss of heritage, one participant reflected, “I

missed out on knowing my cultural traditions, language, and family. I went through a prolonged 'identity crisis' trying to figure out where I belonged" (292). Still, another participant lamented, "I knew I was Indian but no one told me about the traditions" (242), another recounted, "I didn't even know very basic things about Indian people in general, like historical treaties and ongoing struggles, or the spirit of Indian people and their strength and perseverance" (259).

Other participants spoke in greater detail about the importance of a Native identity and its associated meaning; participants spoke particularly about their struggles with *how* to be Native. For example, one participant reported, "I may have looked Indian but I didn't know the slightest thing about what being Indian was" (253). Another shared, "It's been hard knowing that I am American Indian, but not knowing how to be an Indian woman, because I never had anyone around to show me how" (254). Still, another participant lamented, "I knew I was Indian but no one told me about the traditions" (242), and another recounted, "I didn't even know very basic things about Indian people in general, like historical treaties and ongoing struggles, or the spirit of Indian people and their strength and perseverance" (259).

Some participants explained how having a Native identity created ambiguity through adoption or foster care.

People say you are lucky to experience two worlds—I would ask them to try it first. My culture, my heritage—stolen. Trying to *come home* is like the salmon trying to swim upstream. The salmon knows the smell of his birth waters, so he knows which river to return to. My birth water was stolen from me. I have no familiar water to return to. The forced culture was like trying to make a salmon learn to walk on land. And now in many ways, even though I have been reunited, I do not know the currents in the water.... It took

years, now 50, to begin to find peace and draw strength from others like me. Sometimes their story is overwhelming...Who should I have been? Unknown (286).

Another participant also spoke of the experiences of *coming home* and also explained the challenges of doing so.

During the 1980s I did a search through an organization called Washington Adoptees Rights Movement...but I still don't know who I am. I only know how my heart feels, what the sound of the drum does to my very heart and soul, what I have 'seen' that few would believe if I told them, how I sit quietly at powwows just wishing someone would *see* me as I really am. But how could anyone? How can I even claim to be of the people when I have no paper identity? I am always told I must have a name to start with—but I have no name, I have no home (193).

Connection to American Indian people. Participants described feeling a connection to or a knowledge of Native people that they could not easily explain as well as connection to the earth. Often these connections were manifest through visions, dreams, and profound spiritual experiences. As one participant expressed, "I sometimes know things about my culture and I have no idea how I know these things" (318). Another explained, "Now, at 54, I am just starting to be accepted in the culture my heart belonged to since childhood...Taking me away from my Indian mother did not take it out of my DNA or my heart" (320). Some participants recalled unique experiences, such as,

I always knew secretly that I was Indian. My foster father... told me that once we stopped in Geronimo, Arizona which is outside the San Carlos Apache reservation. It must have been about 1953/54 as my foster father said I was about 4 or 5. There was a trading post / gas station there and my foster mother went in to buy something. Back then

the Apache woman wore long dresses and used to walk more than drive so there were two women walking down the road away from the store and I got out of the car and ran after them calling out mommy!!!(214).

Overall, participants knew, even if no one explicitly told them, that they were Native.

Some participants, as a result of being separated from their families, experienced visions or dreams. Participants often described these dreams in sharp detail and sometimes they involved other Native people. One participant described, “Since I was a child, I have had vivid dreams about two Native American men that are searching for me. I never feel like I belong to my family, they just accepted me” (233). Another described, “I have dreams of being by a stream and a Native man comforting and talking to me. There is a bear sitting on a rock across the stream and a coyote lying by me. Recurrent dream since I was a small child” (316). For some, these dreams have been a spiritual experience, one participant reported, “...I had several incredible dreams during this time which lasted about three weeks that were, to say the least, transformative. I felt that I connected to 'something' greater than myself...” (300). Overall, participants felt these dreams connected them to others.

What am I? As one participant explained, “Ethnicity as a transethnic adoptee is a huge and ongoing issue” (177). The code of *what am I?* emerged from responses race, ethnicity, and skin color. For example, one participant remembered, “Frequently questioned growing up, and even now, regarding nationality in the form of the question 'What are you?'” (202). Many participants spoke of the impact of being in predominantly White homes and communities as a Native person. For example, one participant reported, “I tried to be White, but I look Native American” (282). In addition, some recalled being mistaken as another race. For example, one participant recalled, “Raised as a White girl, but felt I was different from the other kids and

people always asking if I was Chinese, Mexican or Spanish" (202). Another reported, "Raised by White people, treated like a Mexican" (306). As one participant explained, messages about racial and ethnic identity had a lasting impact.

I was told that the 'Native American' on my adoption meant I was native to America thus a mix of blood, a melting pot. That's what America is a melting pot, so that's what I was. I was teased because my skin was brown, and I didn't look like anyone else. Everyone in school called me an Indian but my parents said no, I was just a mutt. Yes, it greatly affected me (228).

Why was I adopted? Questions and meaning making related to the circumstances of the adoption were coded as *why was I adopted?* Participants explained their adoption or foster care placement in various terms including being "given up" (238), being abandoned, and "being stolen at birth" (258).

Some participants reported wondering about the circumstance of their adoption. One reported "I always wondered why I was given up for adoption" (242). Another participant reported, "Wondering why my birth mother left me" (208). In speaking of abandonment one participant said, "The abandonment of my birth mother and the subsequent adoption by my adopted parents has definitely affected my identity and who I have become" (300). Another participant shared, "I was given away and struggle that I wasn't wanted" (302). As one participant explained, the interpretations of society around the circumstances of the adoption also had an impact on the participant's identity.

As I got older I became aware, that society assumes that all adoptees are the product of the stereotype drug addicted or out of control teen age mother and father who was uncaring and irresponsible. . . We were always told that neither of my biological parents

would ever want to have anything further to do with me. They would want to forget that I existed and were ashamed of bringing me into this world. I can't describe what this does to a person's self-esteem but...it's not good (251).

Theme Three: Risk Factors

The theme *risk factors* highlighted specific risk factors to experience grief, loss, and challenges to identity formation. *Risk factors* were categorized into five codes: (1) *romantic relationship challenges*, (2) *difficulty accessing records*, (3) *health and well being*, (4) *abuse in adoptive family*, and (5) *historical trauma*.

Romantic relationship challenges: Participants described the impact of adoption and foster care on their interpersonal relationships. Some participants spoke of relationships more generally, such as “relationship problems” (289) or “every day I have issues beyond sense of self and identity development which effects work, marriage, and general life itself” (310). Another reported, “I find it hard to keep a relationship. I’m always the first to leave” (238). Others spoke specifically about intimate partner relationships, dating, and divorce, and their profound impact.

I got asked out on dates as I got older, but mostly it was because I looked so exotic and weird, I guess. I really felt terrified when I dated those White boys. As I grew up though, they were the only available escape from my family and I got married when I was 18, divorced at 20, married again at 21, divorced [again] at 23. I was 29 when I married again but had lived with him for 2 years and divorced him after 11 years. I have been single ever since and do not plan on marrying anybody at any time, ever (227).

Another participant explained how her relationships would be different if she had not experienced out-of-home placement.

I would never have married and divorced the man I did if I had been raised in my culture. I would likely have married an Indian man and raised children, but that did not happen for me. There are no children and of course grandchildren in my future. I am alone (324). Another participant described how the complexity of her divorce intersected with her religious upbringing.

I know that there were many years I 'rebelled' against the Mennonite religious beliefs of my adopted family to the point where I was excommunicated from the church for divorcing an abusive husband they thought would change if I prayed more and had more faith (294).

Difficulty accessing information. Participants reported running into barriers in their ability to access records. This prevented participants from obtaining information about their adoption, birth family, and tribe. One participant explained, "I did a search through an organization called Washington Adoptees Rights Movement. I learned that there were *no* records of my adoption" (193).

Participants encountered difficulties in working with state and government agencies.

The [state] statute does state that an adopted person can access their records but must jump through too many hoops and there is no guarantee the information so desperately sought by the person requesting who they are will be given to them due to some very archaic and unrealistic rules. Fostered adults by statute have to be given any and all information regarding their birth siblings. That is not happening either (288).

Another participant reported difficulties in trying to identify her father through the armed forces. I can't seem to get the Army to understand that my birth father has no idea that he has a grown daughter trying to locate him and the relatives. They will not allow adoptees to get

copies of DD214's to locate birth dads that are not aware of their children while they went to Vietnam (310).

One participant detailed the challenges of being unable to access medical records.

My second born child had heart problems. Since I didn't have access to any medical records I had know clue what ran in my 'family', it was terrifying. Like going through a pitch-black tunnel not knowing what to expect at the end (331)

Another participant shared how other family members made accessing records difficult, reporting, "My birth father is Native American and was adopted too. He refuses to give me information on his adoptive parents so that I may continue my search to find my tribe" (233).

Mental health and substance use. Participants mentioned a number of mental health challenges. Some merely mentioned the diagnoses with little explanation. For example, one participant noted, "depression/anxiety/fear/rejection" (328) and another mentioned, "Diagnosed with PTSD [post-traumatic stress disorder], RAD [reactive attachment disorder] and depression" (224). Others were more specific, taking into account the impact of their experiences. For example, one participant explained, "I was also diagnosed as having Reactive Attachment Disorder, but I think the head shrinkers need to re-evaluate what is considered "disordered" given a person's life history and experiences" (287). Another participant attributed depression to experiencing grief and loss, stating, "About age 11 was when I realized that my birth mother was really gone...I experienced extreme depression that year..." (295).

As a result of experiencing abuse, neglect, and trauma, some participants reported diagnoses of PTSD. For example, one participant explained, "I have PTSD with panic disorder" (282). Others reported symptoms consistent with PTSD. One such participant shared, "Mental blocks, face goes white when I do math, as my system thinks it is life threatening as when 19

months found begging for food and kidnapped at three” (329). Some participants specifically mentioned trauma. One participant mentioned, “basic trauma” (277). Another spoke specifically about the early trauma of being removed, explaining, “I think our genetic link to our parents is very strong and if that is taken away, to not know who you look like, or why we do some of the things we do can be traumatizing in a sense” (331).

In addition to mental health challenges, some participants mentioned addiction. One participant merely mentioned “addictions” (277). Others attributed substance misuse to grief, loss, and trauma. One participant explained, “I became a drug addict, alcoholic, and suicidal” (291). Another participant, after referencing trauma and mental health challenges reported, “I have PTSD with panic disorder. I have been this way ever since I was a teenager. Had issues with drug use and alcohol” (282).

Abuse in adoptive/foster family. Participants experiences of abuse were broad. Some mentioned experiences of abuse or neglect but were not specific. For example, one participant reported, “Best description would be growing up a prisoner of war” (286). Some participants mentioned specific family members. One participant explained, “...I was neglected by adoptive mother or abused by my stepmother...” (259). Some participants were more specific and explained that they experienced, verbal, emotional, physical, or sexual abuse, or a combination of the four. For example, one participant shared, “Grew up in a verbally, physically, and sexually abusive home” (195). Another participant reported, “Was molested by adopted parent father. Years later when that information came out, it did not seem to be a big deal to adoptive family. . . just something akin to 'Oh well'" (288). Another participant explained how abuse occurred even after an abusive family member passed away.

Abusive adoptive mother passed when I was 9. Adoptive father re-married several months later to a *very* insane woman. This person was also physically and mentally abusive—I was often called a 'red n***r bastard,' hit and kicked, not stopping until she got me removed from home when I was 15 (193).

Another participant shared how abuse was tied to behavior, reporting, "If I was not good, they would not feed me" (228).

Negative messages about being American Indian. In addition to the aforementioned types of abuse, some participants reported more nuanced cultural abuse, often encapsulated by derogatory comments about being Native. For example, one participant stated, "I was not taught to be proud of who I was but told how lucky I was to have been adopted otherwise I would have ended up poor and a drunk like all the 'other Indians'" (280). Another shared how their family spoke about American Indians.

The stories I had to hear about Indians (none of them good) brought my self-esteem even lower. . . The only thing I ever heard about Natives was that they were lazy and drunk, and I should be thankful that I was rescued from that culture (246).

Still another participant remembered, "They always told people that my issues were because I was Indian and adopted" (274). Another participant recalled experiences of family members' racist attitudes.

What was worse is that my adoptive family were racist. They frequently put down people of color in my presence, especially Native Americans. Indians were stereotyped as being lazy, drunk, good-for-nothing thieves who would do anything to get out of work and get drunk. My family's insistence that I was a good Indian was not comforting. (253)

For some participants, experiences continued even into adulthood.

My parents still tell me I was “lucky” and that if I would find my family “who knows what I will find.” This could be the same for a white child or an Indian child, but I grew up thinking Indians were “less than” and trouble. I feel sad about this (265).

Historical trauma. Participants mentioned transgenerational trauma. These responses were coded as *historical trauma*. One participant specifically mentioned generational trauma stating, “...Our family has some generational trauma with my birth grandmother having been born out of wedlock and her challenges with her own situation” (260). Another referenced historical trauma through removal, stating, “Yes, historic trauma of being taken away. Not knowing my family” (319).

Another participant explained generational trauma through his adoptive family.

My adopted dad said he was made to go to an Indian boarding school and he was abused and beaten and almost starved to death so he ran away and hopped a train to California. His dad was a member of the [tribe1] Tribe in [state] and he is on the Dawes Roll. My adopted mother is half [tribe2] and when she was 6 months old her dad died while working for a Standard Oil Company. The rig blew up and all 125 men on the rig were burned (269).

Another participant looked to the future, wondering how their children would be affected by historical trauma, reporting, “I have kids now, do we still carry this on to them. When will the door open for all of us so that our kids do not have to carry this load too!” (289).

Theme Four: Protective Factors

Although participants experienced a number of challenges, they also reported a number of protective factors for coping with grief, loss, and identity formation challenges. Within the

theme of *protective factors*, five codes emerged: (1) *heritage*, (2) , (3) *therapy*, (4) *positive experiences in adoptive/foster family*, (5) *reunification*.

Heritage. As in the code of loss, heritage encompassed culture, spirituality, language, and roots. “With the discovery of my roots, I have come to know myself better. I know where I came from. I now know where I am going!” (290) Others specifically mention heritage and culture. One participant noted, “I feel better participating in Native traditions and not those of the Whites. I have people around me that are Native and look like me” (282).

Some participants spoke of how embracing spirituality led to resilience and healing. For example, one participant explained, “I believe I am a child of God and this 'trumps' all of my identity crisis that I have experienced at different times in my life” (301). Another mentioned how the interplay of spirituality and roots led to resilience.

I have found that my spiritual practice and understanding (i.e., metaphysics and Native spirituality) of our Creator is much more akin to who I am. Fortunately, I was able to get my hands on some great spiritual teachings/writings and began a meditation practice...I felt that I connected to 'something' greater than myself...I have also recently found my biological roots in family who are members of the [[tribe]] Nation (300).

Recognition of the need to heal. Participants actively recognized the need to heal from their experiences of adoption and foster care. For some participants this took time. As one participant noted, “It took until I was over 40 to really admit the magnitude of grief I experienced. It was overwhelming! It caused a big amount of depression! I knew I had to start healing!” (243). Another reported, “I am only now beginning the work of healing and moving on from these experiences called 'transracial adoption'” (287). One participant explained how they are in the process, noting, “...I am trying to accept and heal...” (260).

In order for healing to take place, some participants highlighted the necessity of being able to access records for healing to occur. One participant expressed, "...Revealing this information will not 'heal' this feeling, but it can allow me and my Birth family to heal the loss, with rebuilding a relationship or even touch bases, like we do on Facebook...peripheral connection would be better than nothing" (296). Another participant insisted that access to records was an essential first step to healing.

It is an unfair expectation for people to heal and move on with their lives if they are never given the information that will help them with the first step in a long road of discovery regarding themselves and their birth family. It is a daunting task, but it is much grimmer, if the information is withheld from the fostered or adopted individual (288).

These quotes highlight the need for healing, how it contributes to resiliency, and how some participants believed that accessing records was an important step in healing.

Therapy. Participants noted that therapy was a useful resource. For example, one participant explained, I've gone to counseling at different times over the years to address issues as they have come up" (260). Another shared, "Years of therapy finally convinced me that I'm ok..." (193). One participant addressed the benefit of even when they were not the identified patient.

Our family was referred to family therapy...It helped our family somewhat, but helped me tremendously as this is when I learned my mother's dislike of me was not my fault. It was because of all these other reasons that didn't have anything to do with me... (208).

Positive experiences in adoptive/foster family. Although it did not represent the entire sample, a subsample of 10 participants reported positive experiences with their adoptive families. Some participants spoke of stability adoption provided them. Of being adopted, one participant

explained, “Adoption made me feel like my life finally begin. Until I got my name and new my parents were mine forever it was like I was living but not securely” (224). Another reported, “My adoptive home was stable” (250). Some specifically mentioned adoptive parents and what they said or did. For example, one participant remembered, “My father always told me I was special cause they got to pick me out from all the other babies. Both of my adopted mother and father were loving and nurturing parents” (269). Another recalled, “I had wonderful adoptive parents who let me know I was part Indian” (334). Others, though they did not have positive experiences with adoptive parents, did have positive experiences with adoptive siblings, as one participant reported, “I do have an adopted sister (neither of us related to our adoptive parents) who I get along with very well and we share a lot of grief/loss over our individual situations and, therefore, we commiserate and 'take care' of each other... especially with regard to our adoptive parents” (332).

Reunification. Some participants spoke of positive experiences to reunification and how it contributed to a sense of self. One participant commented on the experience of meeting her biological family.

Meeting my natural mother and, later, my siblings was mind-blowing. Here were people who were both *normal* and *just like me*—I had never thought such a similarity was possible. Indeed, for some reason I can't understand, let alone explain, I believed I would be just as “different” (freakish) among my natural family members as I had always been (in my adoptive home/environment). It was the first time in my life I ever liked anything about how I looked, thought, or . . . pretty much anything about myself (332).

Another participant shared a similar experience of changing how they saw themselves after meeting family.

About 10 years ago, I was able to find out who my biological parents were and contact them. It profoundly changed the way I viewed myself and my children view themselves. I was relieved to finally know who my biological parents are, the circumstances around the adoption. Now I can look people in the eye, when they make those damaging remarks, and let them know that I have contacted my biological family and that they made the best decisions possible for me, not the horrific stereotype imagined. I don't have explain further, even though I have the details...I have a sense of confidence I never had about myself" (251).

Another participant explained how the process of reunification was restorative, reporting, "loss of self-identify until I became aware of what my heritage was and reconnected with my biological family" (280). Reunification with family members was helpful in navigating culture.

It is a learning process, and it is hard to learn when one is not in the environment. I take everything I can and try to absorb and learn along the way. But everything makes sense once I am around the relatives that I have found (324).

Even the distant thought of reunification was helpful in the midst of abuse, as one participant explained, "The only thing that helped me get through the abuse that I endured was the thought that maybe my biological parents were searching for me or would eventually look for me. I thought there had to be someone out there that loved me and missed me" (195).

CHAPTER V: DISCUSSION

Contributions

This study offers numerous contributions. This was the first study of its kind to integrate identity theory (Pratt, 2003) into understanding the impact of adoption and foster care on grief, loss, and identity development of American Indian fostered and adopted individuals. The majority of previous studies that address the impact of adoption and foster care on American Indian individuals are qualitative in nature and are limited in sample size (not exceeding $n = 25$; Carrier, 2005; Carrier, 2007; Carrier, 2008; Harness, 2006; Sindelair, 2004). Utilizing a survey method, this study captured an American Indian sample ($n = 129$) that was larger relative to previous predominantly qualitative research. Another strength of this study was the use a mixed methods approach. First, American Indian fostered and adopted individuals were compared to their White peers in terms of their experiences of grief, loss, and identity development. Next, thematic analysis was used to gain an in-depth understanding of how foster care and adoption impacted the grief, loss, and identity development specifically for American Indian individuals.

Consistent with the findings focused on adoption and foster care in general (Lee & Whiting, 2002; Samuels, 2009; Unrau et al., 2008), one of the major findings of this study is that fostered and adopted American Indian individuals experience specific, concrete losses, as well as ambiguous loss. Although previous literature concerning the adoption and foster care of American Indian children emphasizes loss (Carriere, 2005; Carriere, 2007), this study contributes to preexisting literature by further distilling these losses into heritage, family relationships, and legitimacy. Prior research demonstrates that secrecy and withholding information can amplify experiences of loss (Leon, 2002; Samuels, 2009). Indeed, the loss participants in this study felt was often exacerbated by secrecy, ambiguity, and a lack of information.

Consistent with other findings, individuals who experience foster care and adoption experience profound struggles with identity, including racial and ethnic identity (Ferrari et al., 2015; Huh & Reid, 2000; Reinoso et al., 2012). Those who experience adoption and foster care, in trying to make meaning of their adoption or foster care placement, may have questions such as “Who am I?” or “Where did I come from?” (Kools, 1997). In this study, a second major finding is that in addition to these questions, participants in the current sample also had questions such as “What am I?” and “Why was I adopted?” as well as the impact on sense of self. For example, one participant reported, “Even today I feel somewhat alienated from myself...I am only now beginning the work of healing and moving on from these experiences called *transracial adoption* (287). Another participant reported wondering why they were adopted and then stated, “I wasn't whole or complete with not knowing who I was and where I came from” (242). Previous literature suggests that children who experience foster care and adoption may internalize negative societal messages about being in foster care and adopted (Kools, 1997). If the child experienced transracial adoption, children may also internalize negative societal messages about their race (Huh & Reid, 2000). The participants in this study experienced both of these phenomena. These experiences, however, were compounded by the negative messages' participants received from their adoptive and foster families; a phenomenon that is not mentioned in literature focused on adoption and foster care among the general population.

A third major finding is that the American Indian participants in this sample experienced greater grief and loss as a result of foster care and adoption than their White counterparts. Along similar lines, the impact of foster care and adoption on identity was greater for our American Indian participants. Unlike previous studies, which tend to focus either on grief and loss (e.g., Herrick & Piccus, 2005; Samuels, 2009) Unrau et al., 2008) or identity (e.g., Huh & Reid, 2000;

Von Korff & Grotevant, 2011), this study makes the connection between grief, loss and identity explicit. Experiencing loss as a result of foster care and adoption can have a profound impact on grief, identity development, and outcomes related to mental health and well-being. Additionally, although other studies mention grief as an outcome of foster care and adoption (Herrick & Piccus, 2005; Samuels, 2009), this study expands on the specific grief reactions American Indian fostered and adopted individuals face. Similarly, although other studies touch on the loss of culture (e.g., Herrick & Piccus, 2005) or on culture as it pertains to identity (Huh & Reid, 2000; Reinoso et al., 2012), this study emphasizes the loss of heritage (including culture, spirituality, language, and roots). The specific impact of not having someone to “mirror back” culture and heritage is also addressed (Carriere, 2008; Landers, et al., 2018). This phenomenon appears unique to American Indian experiences, as it is addressed in other studies specifically addressing American Indian experiences of adoption and foster care (Carriere, 2005; Carriere 2008), and not those of the general fostered and adopted population.

A fourth major finding is that this study addresses the connection American Indian people feel to each other, even without explanation; a phenomenon typically addressed theoretically or anecdotally as *blood memory* (Nicholas, Day, & Whitmer, 2019). Participants provided rich descriptions of the experience of knowing they were American Indian without ever being told so. Additionally, participants in this sample provided experiences of feeling other American Indian people’s pain, as well as dreams, visions, and profound spiritual experiences connecting them to the earth, nature, and other American Indian people.

The last major finding of this study is that American Indian individuals who have experienced foster care and adoption identify a number of protective factors in managing grief, loss, and challenges associated with identity formation. Heritage, culture, spirituality, therapy,

and reunification were some factors that participants identified as protective factors and could contribute to resilience. The literature addressing the resilience of American Indian individuals experiencing foster care and adoption is scarce, and what is available calls for action in addressing resilience in American Indian children, families, and communities in research and clinical work (Carriere, 2008).

Clinical Implications

The experiences American Indian individuals face as a result of foster care and adoption are inherently relational. Although the participants in this study were adults who experienced foster care and/or adoption during childhood or adolescence, the rates at which American Indian children enter child welfare are elevated (Landers, 2017c). Marriage and family therapists should be prepared to address the impact of foster care, adoption, and reunification on various relationships, including adoptive/foster parent-child relationships, relationships with the biological family, relationships with intimate partners, and relationships with children and grandchildren.

American Indian individuals who experienced foster care and adoption also experience specific grief, identity, mental health, and relationship challenges from the loss of culture and heritage. These experiences are compounded by historical trauma and the loss of culture and forced appropriation that American Indian families and communities have experienced for generations (Palmiste, 2008; Palmiste, 2011; Turner & Pope, 2009). Adult fostered and adopted American Indian individuals are more likely to report mental health challenges such as addiction, eating disorders, self-harm, and suicide ideation than their White peers. This may, in part, be due to historical trauma, poly-victimization, and poverty (Landers et al., 2017c). Clinicians need to understand the social and historical context within which child welfare for American Indian

children takes place. A number of participants addressed the role of heritage as an element of the grief and loss they experienced, but also as an important element in their healing. When clinicians understand the social and historical context, they can work with tribes to be effective mediators between adoptive and foster parents that are not American Indian to assist them in working with tribes and communities and fostering a connection to heritage and cultural identity for their child.

In this study, participants experienced more grief and loss than their white counterparts and a greater impact on their identity. They also expressed high levels of abuse, trauma, and mental health challenges such as depression, anxiety, and PTSD. American Indian children who have experienced the child welfare system are at higher risk for clinically significant internalizing behavior problems compared to their African-American and White peers (Landers, Bellamy, Danes, & White Hawk, 2017). Cultural adaptation of interventions addressing American Indian youth wellbeing in out of home placement should be focused on addressing concerns early in a child's involvement within the child welfare system (Landers et al., 2017a). Additionally, clinicians should have training in addressing grief, loss, and trauma, and should be skilled in treating the associated mental health and relational challenges.

Limitations

This study offers important contributions to the literature surrounding grief, loss, and identity for American Indian individuals and families that experience foster care and adoption. It is not, however, without its limitations. The results from this study cannot be generalized to all fostered and adopted American Indian individuals due to the use of purposeful and snowball sampling. Additionally, those who participated in the study may vary from others who chose not to participate.

Although participants provided rich responses, this study utilized survey data and participants were unable to provide the amount and quality of detail that may have been provided utilizing other methods (e.g., interviews). Thus, the results may not adequately describe experiences of grief, loss, and identity formation that truly represents the experiences of American Indian fostered and adopted individuals. Additionally, because of the anonymous nature of the survey, it was impossible to conduct member checks, which would have increased the trustworthiness and accuracy of the results (Lincoln & Guba, 1985; Tobin & Begley, 2004).

Finally, this study utilized single-item measures to capture experiences of grief, loss, and identity formation. Single item measures have been critiqued for low content validity, lacking sensitivity and unknown reliability, as measures of internal consistency require at least two items to be determined (Fisher, Matthews, & Gibbons 2016). Given that this is a preliminary exploration and is limited to secondary data, replication with the use of stronger measures is needed.

Future Research

As this study is the first of its kind, future research is necessary to provide a more in-depth understanding of American Indian fostered and adopted individual's experiences of grief, loss and identity development. Although many participants had negative experiences with adoptive and foster families, a small subsample mentioned their adoptive family as being loving and kind. Future research may explore these families, their characteristics, and their specific differences from other families in order to determine protective factors specific to American Indian children who experience foster care and adoption.

As a number of participants mentioned the importance of heritage and culture, future research may explore differences between individuals who are adopted and fostered by American

Indian families and those who are fostered by White families. This may be helpful in understanding what, specifically, White families can do to foster a connection to heritage, and how therapists can help them accomplish this. Future research is also needed to further understand the resilience of fostered and adopted American individuals and specific experiences, attitudes, and practices that serve as protective factors.

Finally, when describing loss, some participants used language similar to what is described in ambiguous loss theory (Boss, 2007). For example, one participant expressed, “There is always that void, sense of loss. Wondering why and where are they? When you have children again you wonder why, where are they” (289). Another participant reported, “The loss I felt from not knowing them was/is chronic and deep. I often wished my first mother would ‘come get me’ as a child. I always felt I was in the ‘wrong’ place/family and if she *rescued* me (in my child-mind, it would have been a rescue), everything would be corrected and my life would be *right*” (332).

Ambiguous loss theory assumes that the greater the ambiguity surrounding the loss, the greater potential for negative outcomes such as depression. Essentially, the experience of ambiguous loss causes one to be frozen in the grieving process because there is no possibility of closure (Boss, 2007). For many who have experienced foster care and adoption, closure is impossible due to a myriad of circumstances (e.g., issues within the legal system, closed adoptions, or lack of information regarding race, culture, or ethnicity). The goal, for people who have experienced ambiguous loss is to be able to find meaning and live well despite uncertainty (Boss, 2007). The language participants used evoked the concept of family members being physically absent, but psychologically present (Boss, 2007). Future research is needed to more

fully understand American Indian fostered and adopted individuals' experiences of ambiguous loss.

Conclusion

This study addressed a gap within the literature by exploring the impact of foster care and adoption on the grief, loss and identity development of fostered and adopted American Indian individuals. Previous studies are limited in sample size and predominantly utilized a qualitative approach. Given this gap, this study utilized a mixed method approach to more fully understand the impact of foster care and adoption on the interconnection of grief, loss, and identity development of American Indian individuals. Findings from this study suggest that American Indian individuals experience greater grief and loss related to foster care and adoption, as well as a greater impact of foster care and adoption on their identity in comparison to their White counterparts. Experiences of specific and ambiguous losses within adoption and foster care were accompanied by grief reactions, challenges pertaining to identity, and outcomes related to mental health and overall well-being. Throughout these experiences, American Indian individuals demonstrate resilience in a number of ways.

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Table 1

Demographic Characteristics (n = 295)

	Total Sample		American Indian (n = 129)		White (n = 166)			
			Percent or Mean		Percent or Mean			
	Mean	SD	n	Mean	SD	n	Mean	SD
Age (21 - 75)	48.47	10.58		49.78	9.66		47.45	11.16
	<i>n</i>	Percent	<i>n</i>	Percent		<i>n</i>	Percent	
Gender								
Male	57	19.30	30	23.30		27	16.30	
Female	238	80.70	99	76.70		139	83.70	
Marital Status								
Single	53	18.00	24	18.60		29	17.50	
Married/cohabiting	168	56.90	58	45.00		110	66.30	
Separated/divorced	67	22.70	43	33.30		24	14.50	
Widowed	6	2.00	3	0.80		3	1.80	
Education								
Less than high school	5	1.70	04	3.10		1	0.60	
High school diploma or GED	25	8.50	09	7.00		16	9.60	
Associates degree or other two year degree or certificate	44	14.90	23	17.80		21	12.70	
Some college, no degree	78	26.40	44	34.10		34	20.50	
Bachelors degree	65	22.00	22	17.10		43	25.90	
More than a bachelors degree	78	26.40	27	20.90		51	30.70	
College education or higher *	143	48.50	49	38.00		94	56.60	
Income								
Less than \$10,000	36	12.30	20	15.50		16	9.60	
\$10,000-\$34,999	86	29.10	44	34.10		42	25.10	
\$35,000-\$54,999	68	22.60	33	25.60		34	20.50	
\$55,000 or more	105	36.00	32	24.80		74	44.80	
Poverty *	36	12.20	20	15.50		16	9.60	
Foster care *	181	61.40	82	63.60		99	59.60	

Note: * 1 = "yes", 0 = "no".

Table 2

Responses to Grief and Loss and Identity Items

	Total Sample			American Indian (n = 129)			White (n = 166)		
	Mean or Percent		SD	Percent or Mean		SD	Percent or Mean		SD
	n	Percent	n	Mean	SD	n	Mean	SD	
Have you experienced grief or loss as a result of your adoption/foster care?									
No	66	22.40		20	15.50		46	27.70	
Yes	229	77.60		109	84.50		120	72.30	
To what extent has your adoption affected your sense of self and identity development? (0-5)		4.03	1.16		4.31	0.99		3.82	1.23

Table 3

Themes, Codes, and Sub-codes (N = 100)

<i>Theme</i>	<i>Code</i>	<i>Sub-code</i>	<i>n</i>	<i>%</i>
Loss				
	Loss of heritage		28	28
	Loss of legitimacy		12	12
	Loss of family relationships		35	35
	Emotional responses to loss	Searching for biological family	14	14
		Sadness	8	8
		Anger	2	2
		Loneliness	10	10
		Shame	6	6
		Grief	14	14
Identity				
	Who am I and where do I come from?		46	46
		Connection to other American Indian people	9	9
	What am I?		8	8
	Why was I adopted?		11	11
Risk Factors				
	Romantic relationship challenges		10	10
	Difficulty accessing information		17	17
	Mental health and substance abuse		11	11
	Abuse in adoptive/foster family		10	10
		Negative messages about being American Indian	9	9
	Historical trauma		4	4
Protective Factors				
	Heritage		6	6
	Recognition of the need to heal		5	5
	Therapy		5	5
	Positive experiences in adoptive/foster family		10	10
	Reunification		6	6

Note. *n* and *%* represent the number of participants whose survey responses included the theme

Figure 1

Participants

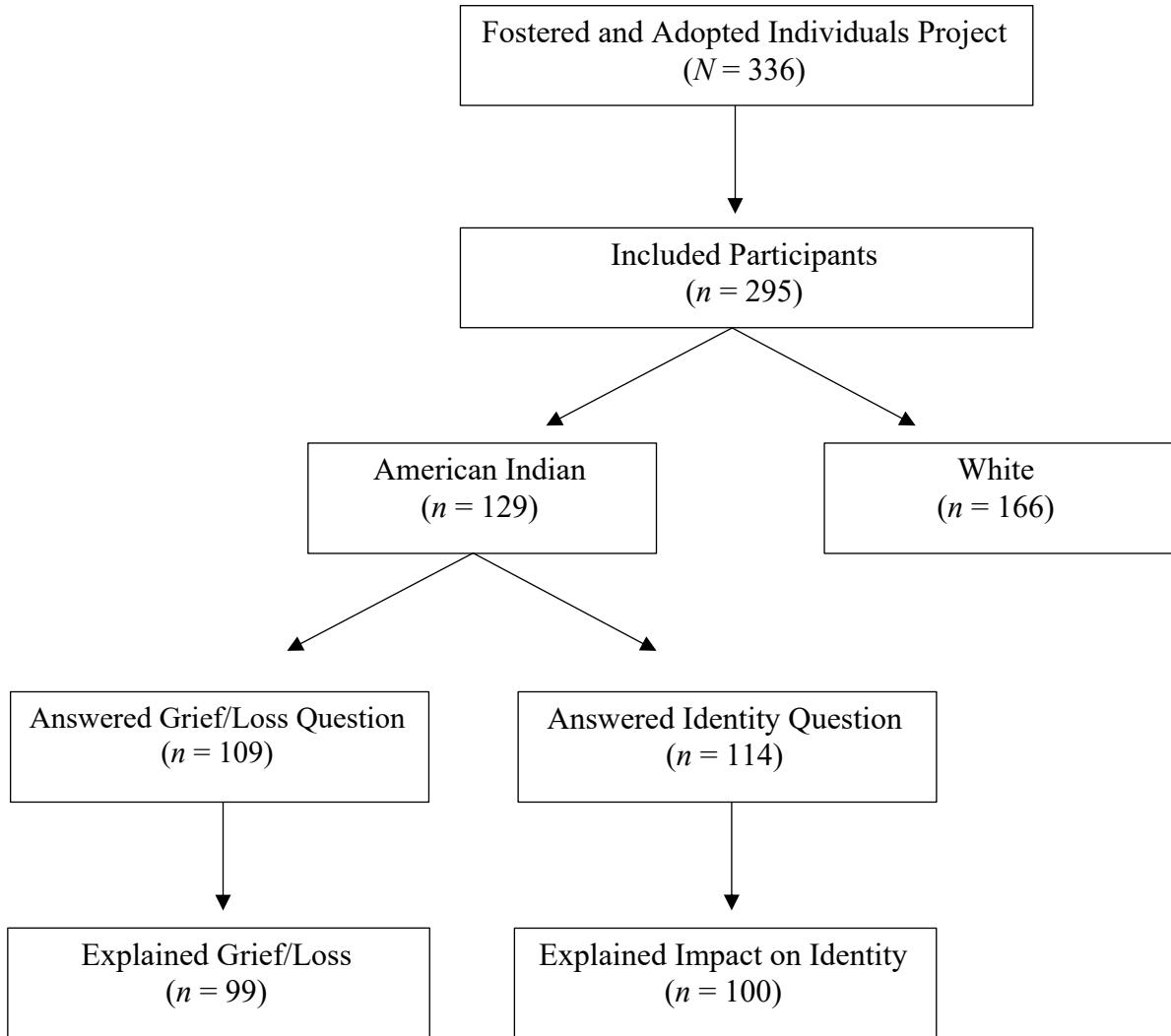
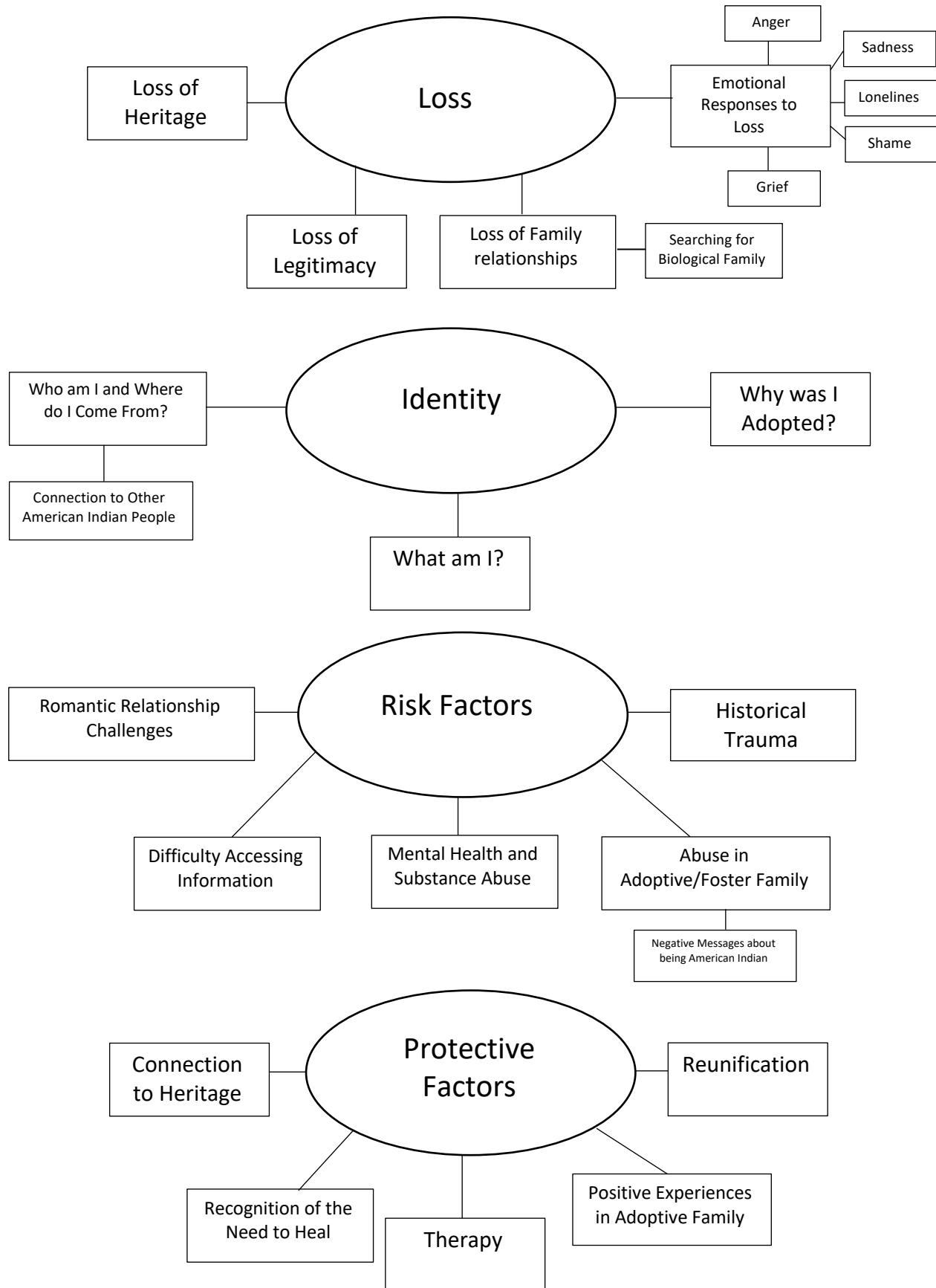


Figure 2

Thematic Map



Appendix A

IRB Approval Letter



Office of Research Compliance
 Institutional Review Board
 North End Center, Suite 4120
 300 Turner Street NW
 Blacksburg, Virginia 24061
 540/231-3732 Fax 540/231-0959
 email irb@vt.edu
 website <http://www.irb.vt.edu>

MEMORANDUM

DATE: July 31, 2018
TO: Ashley Landers, Domenica Holzle Carrese, Avery Renee Campbell, Jessica Erin Simpson
FROM: Virginia Tech Institutional Review Board (FWA00000572, expires January 29, 2021)
PROTOCOL TITLE: Secondary Data Analysis of the Experiences of Adopted and Fostered Individuals Study
IRB NUMBER: 17-849

Effective July 31, 2018, the Virginia Tech Institution Review Board (IRB) approved the Amendment request for the above-mentioned research protocol.

This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report within 5 business days to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at:

<http://www.irb.vt.edu/pages/responsibilities.htm>

(Please review responsibilities before the commencement of your research.)

PROTOCOL INFORMATION:

Approved As:	Exempt, under 45 CFR 46.101(b) category(ies) 4
Protocol Approval Date:	September 20, 2017
Protocol Expiration Date:	N/A
Continuing Review Due Date*:	N/A

*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

FEDERALLY FUNDED RESEARCH REQUIREMENTS:

Per federal regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals/work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.

The table on the following page indicates whether grant proposals are related to this IRB protocol, and which of the listed proposals, if any, have been compared to this IRB protocol, if required.

Appendix B

Recruitment

SURVEY OF EXPERIENCES OF ADOPTED AND FOSTERED INDIVIDUALS

Are you an adoptee?^[L] Have you ever been in foster care? We need your help!

Courts, social workers, and the public do not know enough about how adoption and foster care have affected the individuals who have experienced it. It is time for this to change!

Welcome!

We have developed this anonymous survey to learn from adults who were adopted OR who spent time in foster care. If this is you, we hope you will share your stories so that others -- professionals, family members and the general public -- can better understand how adoption and foster care shape the lives of the children involved.

The survey asks some personal questions, but is completely anonymous and does not collect any identifying information (such as your name, address, or email address). It will take as few as 45 minutes of your time, but your participation will benefit adoptees/fostered individuals, their families and the community for years to come!

If you have any questions about the study before you begin, please contact us. Also, if you are interested in receiving copies of research reports that come from this study, please let us know:

Carolyn Liebler, Ph.D.^[L]Department of Sociology, University of Minnesota 612-626-7252^[L]liebler@umn.edu

Sandra White Hawk^[L]President and Founder, First Nations Repatriation Institute 651-442-4872^[L]sandywhitehawk@gmail.com

Kate Ingalls-Maloney^[L]Manager and Co-Founder, Adoptees Have Answers 952-374-7187^[L]katchmedia@earthlink.net

If you would like to talk to someone other than us, please contact the Research Subjects' Advocate Line for the University of Minnesota, D-528 Mayo, 420 Delaware Street S.E., Minneapolis, MN 55455; telephone (612) 625-1650 or email irb@umn.edu.

Appendix C

Consent Form

CONSENT FORM

Experiences of Adult Adoptees and Formerly Fostered Individuals

You are invited to be in a research study of the experiences of adults who have been adopted or have lived in foster care. You are eligible as a study participant because you were adopted, fostered, or both; your adoption was by non-relatives; your adoption was domestic within the United States; and you are age 18 or older at this time. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by a three person team: Sandra White Hawk (Director of the First Nations Orphan Association and First Nations Repatriation Institute), Kathryn Ingalls-Maloney (Manager and Co-founder of Adoptees Have Answers), and Dr. Carolyn Liebler of the Department of Sociology at the University of Minnesota.

Background Information

This study has two purposes. First, we would like to understand the life histories of adopted and fostered individuals, including childhood, adulthood, and reunification (if applicable). Second, if you participated in a day-long Forum conducted by the First Nations Orphan Association between 2004 and 2012, we would like to know about your experiences in the Forum.

Procedures:

This is an anonymous study, which means that your personal identifying information will not be saved with your responses. If you choose to participate in this study, you will be asked to answer questions on one survey. You may skip individual questions and you may end the survey at any time. You are likely to spend 45 to 75 minutes responding to the survey.

Risks and Benefits of Being in the Study

The risks of this study are minimized because it is anonymous. We are not collecting any identifying information. There is risk that some questions will feel too personal or cause embarrassment or sadness. We have included a list of support resources at the end of the survey and in pop-up windows to provide any counseling you feel is necessary.

There is no direct benefit to subjects who participate in this study

Compensation:

There is no compensation for completing this survey.

Anonymity:

The records of this study will not include any identifying information. We will keep the responses private by removing any identifying details and keeping the response information in physically locked or password encrypted files. Any responses that we use in a report or publication will not include any identifying information.

Voluntary Nature of the Study:

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of Minnesota, First Nations Orphan Association, First Nations Repatriation Institute, or Adoptees Have Answers. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

Contacts and Questions:

You may ask any questions you have now using the contact information below. If you have questions later, **you are encouraged** to contact the researchers conducting this study.

Carolyn Liebler, Ph.D. Department of Sociology 909 Social Science Building 267 19th Ave S.
Minneapolis, MN 55455 liebler@umn.edu 612-626-7252

Sandra White Hawk, Director [REDACTED] First Nations Orphan Association and First Nations Repatriation Institute sandywhitehawk@gmail.com [REDACTED] 651-442-4872

Kathryn Ingalls-Maloney, Manager and Co-founder Adoptees Have
Answers [REDACTED] katchmedia@earthlink.net [REDACTED] 952-374-7187

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), **you are encouraged** to contact the Research Subjects' Advocate Line, D528 Mayo, 420 Delaware St. Southeast, Minneapolis, Minnesota 55455; (612) 625-1650. The IRB Code # for this study is 1202S10147.

Statement of Consent:

I have read the above information. I have asked questions and have received answers. By marking the box below, I indicate my consent to participate in the study. If I do not mark a box and do return this questionnaire to the researchers, I understand that this means that I consent to participate.

- I consent to participate in this study.
- I do not consent to participate in this study.

Appendix D

List of Resources

- ★ •National Sexual Assault Hotline | 1.800.656.HOPE | Free. Confidential. 24/7.
- ★ •Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), a free, 24-hour hotline available to anyone in suicidal crisis or emotional distress. Your call will be routed to the nearest crisis center to you.
- ★ •Veterans Suicide Prevention Hotline 1-800-273-TALK, Veterans Press 1
- ★ •Domestic Violence Hotline: 1.800.799.SAFE (7233) 1.800.787.3224 (TTY) Anonymous & Confidential Help 24/7
- ★ •A list of therapists who have been certified as “adoption competent” by adoptees is provided on the First Nations Repatriation Institute web site: www.wearecominghome.com and a copy for you is included in this packet on a separate sheet of paper.