



Adoption Information Class

www.adoptex.org



The Adoption Exchange

Welcome!

- ✓ The Adoption Exchange's Vision and Mission
- ✓ Website and Resources
- ✓ Packets
- ✓ Evaluations





The Adoption Exchange

You will learn about...

- ✓ The first steps in your journey of adoption
- ✓ The different avenues of adoption and their benefits and challenges
- ✓ What questions to ask





First Steps:

✓ Educate yourself

- Read adoption related materials
- Attend orientations, seminars, trainings
- Attend agency and county informational meetings
- Begin to learn about trauma-informed care



The Adoption Process Overview:

“Getting Going”

- ✓ Decide on an age range
- ✓ Decide on the type of adoption
- ✓ Choose an agency
 - Private or County Agency
 - Interview the agency



The Adoption Process Overview:

“Getting Going”

- ✓ Begin the Application Process
 - File an informal application (does not require finger prints or FBI check)
- ✓ Acceptance by agency for their program



The Adoption Process Overview:

“Certification/Approval”

✓ Training

- 12 hours Core Training
- Additional 15 hours



The Adoption Process Overview:

“Certification/Approval”

- ✓ Fingerprints & Background Checks
- ✓ Medical Exams



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The Adoption Process Overview:

“Certification/Approval”

✓ References

✓ Interviews & Home Visits



The Adoption Process Overview:

“Certification/Approval”

✓ Approval by Agency



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- ✓ Build a Strong Support Network:
 - ✓ Connect with other adoptive families
 - ✓ Utilize the support offered by The Adoption Exchange



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Adopting from Foster Care

- ✓ Who are the children?
 - Ages 1+ (*typically over age 8*)
- ✓ How about a sibling group?
- ✓ Do I understand what “special needs” means?





Adopting from Foster Care:

- ✓ Becoming a Foster Parent first with the hope to adopt (Foster to Adopt)



Adopting from Foster Care:

- ✓ Foster to adopt: Choosing an Agency



Adopting from Foster Care:

- ✓ Adopting a “Legally freed” child



Adopting from Foster Care:

✓ Once a Match is Made...



Adopting from Foster Care:

- ✓ Transition from Foster Home to the Adoptive Home



Adopting from Foster Care:

✓ Cost...



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Domestic Infant Adoption:

- ✓ Ages 0-12 months
- ✓ Two types of Domestic Infant Adoption





Domestic Infant Adoption

- ✓ The adoption process
- ✓ Matching



Domestic Infant Adoption

- ✓ What does “Open Adoption” mean?



Domestic Infant Adoption

- ✓ Birth and Placement
- ✓ Finalization



Domestic Infant Adoption

✓ Cost...



International Adoption:

- ✓ Requirements can vary greatly by Country and change often
- ✓ Sometimes requires working with more than one agency
- ✓ Please ask us for additional electronic resources or schedule a time for an individual interview!



On-line Resources:

- The Adoption Exchange (www.adoptex.org)
- Child Welfare Information Gateway (www.childwelfare.gov)
- Colorado Child Welfare Statistics (www.cdhsdatamatters.com)
- AdoptUSKids (www.adoptuskids.org)
- Dave Thomas Foundation for Adoption
(www.davethomasfoundation.org)
- Colorado Coalition of Adoptive Families (www.cocaf.org)
- American Bar Association (www.abanet.org/child)
- North American Council on Adoptable Children
(www.nacac.org/)



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Adoptive Parent Guest Speaker





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[Unadoptable is Unacceptable](#)



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Questions?

Please complete the evaluation before you leave.



Types of Adoption in Colorado- 2016

	Foster Care to Adoption	Private Domestic Adoption	International Adoption
Age of Child	Majority are over age 9; some younger children available but often in sibling groups and most placed with foster-to-adopt families before they are legally free for adoption.	Primarily newborns	Youngest is usually 12 months. Many toddlers and pre-school aged children. School aged children are also available.
Current Health Information on Child	Complete	Complete	Varies by country, but all countries give a current assessment on health and some are quite extensive.
Prenatal Care & Habits of Birth Mother	Varies greatly	Prenatal care varies; birth mothers are asked about prenatal care and habits.	Prenatal care varies greatly by country; if child is relinquished rather than abandoned birth mothers are usually asked about prenatal care and habits, but the information is not usually extensive or accurate.
Birth Family Medical History	Varies	Usually detailed questionnaires are asked of birth mother and birthfather (if known).	Very little for most countries.
Select Gender & Age?	Yes, but few infants or toddlers are available that are not part of sibling group.	Usually, no.	Usually yes, although adoption agencies may prohibit gender selection with first child.
Paperwork	• Application • Homestudy • Birth Certificates • Marriage Certificate • Divorce Decrees • Pet Vaccinations • Recommendation Letters • Other additional paperwork as required by county/agency	Same as Foster Care Adoption and any additional paperwork a child placement agency requires	Same as others plus a dossier and other documents required by the country.
Possibility of Birth Parent Changing Mind	The primary goal in foster care is for family reunification when possible. When this is not in the best interest of the child, the county seeks to terminate parental rights. Once parental rights have been terminated, a birth parent has no legal rights.	Birth parents can file a petition to relinquish their parental rights post-birth of the child. The petition must be approved in court before it is considered final; timelines vary based on individual circumstances. A relinquishment may be revoked only if, within 90 days after the entry of the relinquishment order, the relinquishing parent establishes by clear and convincing evidence that such relinquishment was obtained by fraud or duress.	In most countries, there is little possibility by the time the child is referred for adoption.

Types of Adoption in Colorado- 2016

	Foster Care to Adoption	Private Domestic Adoption	International Adoption
Waiting Time	Average of 2-4 months for certification process. After certification, placement time varies depending on age, gender, etc. of child to be placed in home. After placement of child, a minimum of 6 months before an adoption can be finalized.	Average of 2-4 months for certification process. After certification, time to be chosen by birth mother varies greatly. After placement of child, a minimum of 6 months before an adoption can be finalized.	12-36 months depending on country and gender. If there is instability in the country of adoption, times may not be predictable.
Contact with Birth Family	Yes, if it is safe and in the best interest of the child, it is encouraged.	Yes, with trend towards increased contact after adoption.	If birth parents can be located and it is safe and in the best interest of the child, it is encouraged.
Age of Parents	Minimum age – 21 Maximum age – none	Most states have no legal restrictions; agencies often have age requirements; even where agency or attorney have no requirement, parents over 40 or younger than 25 are selected less often by birth parents.	Must comply with state regulations. Child Placement Agencies and countries may have additional requirements.
Marital Status	• No requirements. • Singles may adopt. • Same sex couples may adopt.	Same as foster care adoption, but single applicants are selected less often by birth parents and child placement agencies may have limitations.	Varies by country. Single parent adoption is not common and same sex adoption is even less common.
Travel	Travel to and from county office for birth family visits. Travel to doctor's and other professional appointments as required and varies by child.	Yes, if child is born in another state. The adoption must be processed through the Interstate Compact on Placement of Children, which may require adoptive parents to spend up to a week in the state of birth, usually with the child in their care.	Yes. Can be extensive. Varies by country.
Cost	Little to no cost through a county. Most costs are covered by the county. If using a child placement agency, costs will vary.	\$15,000-\$40,000 (average \$28-35K)	\$20,000 and up. Varies by country.
Predictability of Cost	Stable...very little cost.	Can vary greatly, but more predictable with child placement agency adoption where adoptive parents are not responsible for birth mother medical costs.	Varies. If there is instability within the country regarding international adoption, costs can change and countries and child placement agencies can close with no reimbursement of paid fees.



BASIC QUESTIONS TO ASK AN AGENCY

Agencies will ask you many questions during the adoption process. Before you commit yourself to any agency, you too, should ask some basic questions.

- What are your requirements for adoptive parents?
- Do you have fertility restrictions?
- Do you have religious restrictions?
- Do you have a minimum income requirement?
- What is the maximum number of children a family may have prior to adoption?
- Will you place a child older than the oldest child in the family/ the same as another child in the family?
- What are your fees? Are there any reductions for sibling groups?
- What are your medical requirements?
- Will I need to become a foster parent and foster multiple youth before I get an adoptive placement?
- How do you feel about working in a partnership with another agency to bring about an adoption? How many children from outside the agency, outside the county, or outside the state were placed with families with your agency?
- Are you presently accepting applications for healthy infants?
- Who can adopt infants at your agency? If I already have a child, will you place an infant with me?
- In infant adoptions, what role do birth parents play in the selection of the adoptive parents? What role do you play?
- Could you briefly describe your homestudy process?
- What is the estimated wait between the initial application and starting the homestudy?
- What is the estimated wait for the homestudy to be completed?
- Will you forward copies of my homestudy to another agency? How about out of state? How often can you do this? Are there additional fees?
- What type of background information do you share about individual children?
- What happens if I turn down the placement of a child? What is the agency's policy about future placements?
- What type of contact does your agency encourage among birth parents, adoptive parents and adoptees?
- What are the services you provide post-adoption/finalization?
- What is your grievance process if I feel that I have not been treated fairly? What kind of recourse do I have?

Colorado County Information

The Adoption Exchange Office Locations and Contact Information

Albuquerque
(505) 247-1769

Las Vegas
(702) 436-6335

Metro Denver
(303) 755-4756

Salt Lake City
(801) 265-0444

St. Louis
(314) 291-3313

Debora Trull, Adoption Assistant
Colorado Department of Human Services
1575 Sherman St.
Denver, CO 80203
(303) 866-3228
Debora.Trull@state.co.us

County Information

Adams County

Adoption: Liz Miller
303-412-5118
Foster Care: Ashley Connelly
303-412-5157

Alamosa County

Adoption and Foster Care:
Kathy Suazo
719-587-5285
Annette Perea
719-587-587-5293

Arapahoe County

Adoption: Mindy Kugler
303-636-1661
Foster Care
303-636-1KID (1543)

Archuleta County

Adoption:
970-264-2182
Foster Care: Kathy Kulyk
970-264-2182

Baca County

Adoption and Foster Care
719-523-4131

Bent County

Adoption:
719-456-2620
Foster Care: Claudia Budd
719-456-2620 x118

Boulder County

Adoption and Foster Care:
Gabe Bernier
303-441-1081

Broomfield County

Adoption: Beth Paddock
Phone: 720-887-2238
bpaddock@ci.broomfield.co.us
Foster Care:
Sherry Bethurum
720-887-2266
sbethurum@ci.broomfield.co.us

Chaffee County

Adoption and Foster Care:
Matthew Tis
719-530-2512
matthew.tis@state.co.us
Monica Haskell
719-530-2511
monica.haskell@state.co.us

Cheyenne County

Adoption: Alissa James
719-346-8732
Foster Care: Linda Shreivogel
719-346-8732

Clear Creek County

Adoption:
303-679-2365
Foster Care: Cindy Dicken
303- 534-5777 x267

Conejos County

Adoption:
719-376-5455
Foster Care: Ricardo Espinoza
719-376-5455

Costilla County

Adoption:
719-672-4131
Foster Care: Cristobal Franco
719-672-4131

Crowley County

Adoption and Foster Care:
Tonia Burnett
719-267-3546

Custer County

Adoption:
719-783-2371
Foster Care: Linda Elliott
719-783-2371

Delta County

Adoption and Foster Care:
Anne Gallegos
970-874-2072

Denver County

Adoption and Foster Care:
720-944-4000

Delores County

Adoption:
970-677-2250
Foster Care: Dennis Story
970-677-2250

Douglas County

Adoption and Foster Care:
Kristine Johnson
303-688-4825X5325

Eagle County

Adoption:
970-328-8840
Foster Care: Dottie Wilson
970-328-8840

Elbert County

Adoption and Foster Care:
Catherine Lambert
303-621-3190
catherine.lambert@state.co.us

El Paso County

Adoption: Yvonne Sletta
719-444-5973
Foster Care:
719-444-5500

Fremont County

Adoption: Darby Baldwin
719-269-2115
Nancy Myers
719-269-2092
Foster Care:
Kimberly Mouriquand
719-269-2106
Britni Huebschman
719-269-2106

Garfield County

Adoption: Mikki Baumann
(Rifle office)
970-625-5282 x 3206
Foster Care: Rachele Mettauer
(Rifle office)
970-625-5282 x 3268

Gilpin County

Adoption and Foster Care:
Betty Donovan
303-582-5444

Grand County

Adoption:
970-725-3331
Foster Care: Joey Kellogg
970-725-3331 x107
joey.kellogg@state.co.us

Gunnison / Hinsdale County

Adoption and Foster Care:
Selenia Rascon
970- 641-7674
Selenia.rascon@state.co.us

Huefano County

Adoption: Anita Cordova
719-738-2810 ext: 22
Foster Care: Becca Castle
719-738-2810 ext: 13

Jackson County

Adoption:
970-723-4750
Foster Care: Jamie ViefhausZak
970-723-4750

Jefferson County

Adoption: Beth Owens
303-271-4038
Foster Care:
303-636-1KID (1543)

Kiowa County

Adoption:
719-438-5541
Foster Care: Judy Bontrager
719-438-5541

Kit Carson County

Adoption: Alissa James
719-346-8732
Foster Care: Linda Shreivogel
719-346-8732

Lake County

Adoption and Foster Care:
Corinna Tafoya
719-486-2088

La Plata County

Adoption: Kris Kemp
970-382-6147
Charmaine Summers
970-382-6157
Foster Care:
Charmaine Summers
970-382-6157
Jed Gilden
970-382-6171

Larimer County

Adoption and Foster Care:
Tim Walsh
970-498-6597
twalsh@larimer.org

Las Animas County

Adoption and Foster Care:
Arlene Lopez
719-846-2276 x7110

Lincoln County

Adoption and Foster Care:
Shannon Sheffield
719-743-2404 X168

Logan County

Adoption: Peggy Meis
970-522-2194 X241
Foster Care:
Julie Robbins-Kilpatrick
970-522-2194 x234
Sheri Armstrong
970-522-2194 X297

Mesa County

Adoption and Foster Care
970-248-2794

Mineral County

Adoption and Foster Care:
Greg Parra
719-657-3381

Moffat County

Adoption and Foster Care
970-284-8282

Montezuma County

Adoption and Foster Care:
Jody Mealing
970-565-3769 ext. 4126

Montrose County

Adoption:
970-249-3401
Foster Care:
Heckard Corsault
970-252-5089
marcia.heckard@state.co.us

Morgan County

Adoption:
970-542-3530
Foster Care: Sharon Ruyle
970-542-3530 ext 1540

Otero County

Adoption: Yolanda Luna
719-383-3141
Foster Care: Joanne Marcia
719-383-3133

Ouray County

Adoption and Foster Care:
Charles Pennal
970-626-2299
Alan Gerstle
970-626-2299

Park County

Adoption and Foster Care:
Kim Castellano
303-816-5930

Phillips County

Adoption:
970-854-2280
Foster Care: Tiffany Watson
970-854-2280

Pitkin County

Adoption and Foster Care:
303-920-5209

Prowers County

Adoption and Foster Care:
Arlene Vigil
719-336-7486 X 155

Pueblo County

Adoption: Karen Hiraki
719-583-4716
Foster Care: Amanda Ledbetter
719-583-67966
Patricia Cosyleon
719-583-6909

Rio Blanco County

Adoption:
970-878-5011
Foster Care: Pat Thompson
970-878-5796

Rio Grande County

Adoption and Foster Care
Greg Parra
719-657-3381

Routt County

Adoption: Tina Harlow
970-879-1540
Foster Care: Katie Keller
970-879-1540

Saguache County

Adoption:
719-655-2537
Foster Care: Susie Jordan
719-655-2537

San Juan County

Adoption and Foster Care
970-387-5631

San Miguel County

Adoption:
970-728-4411
Foster Care: Annie Johnson
970-728-4411

Sedgwick County

Adoption:
970-474-3397
Foster Care: Kathy Reano
979-474-3397
Lisa Ault
979-474-3397

Summit County

Adoption:
970-668-9165
Foster Care: Mary Lou Taylor
970-668-9185

Teller County

Adoption: Julie Gilley
719-686-5520
Foster Care: Julie Gilley
719-686-5520
Gillian Wilks
719-686-5532

Washington County

Adoption and Foster Care:
Chris Dudley
970-345-2238
Pamela McKay
970-345-2238

Weld County

Adoption and Foster Care:
Tim Nava
970-352-1551 X6292

Yuma County

Adoption and Foster Care:
Carol Boden
970-332-4877 X 307

CHOICE

A program of The Adoption Exchange, in partnership with the Colorado Department of Human Services, to create lasting connections for Colorado's foster children.

Kristeena is an adorable teen who does fun stuff and is super cool.

The CHOICE program is built on the premise that once you make a connection with a foster child like Kristeena, you will be compelled to help her in a more permanent way and help her transition into adulthood.

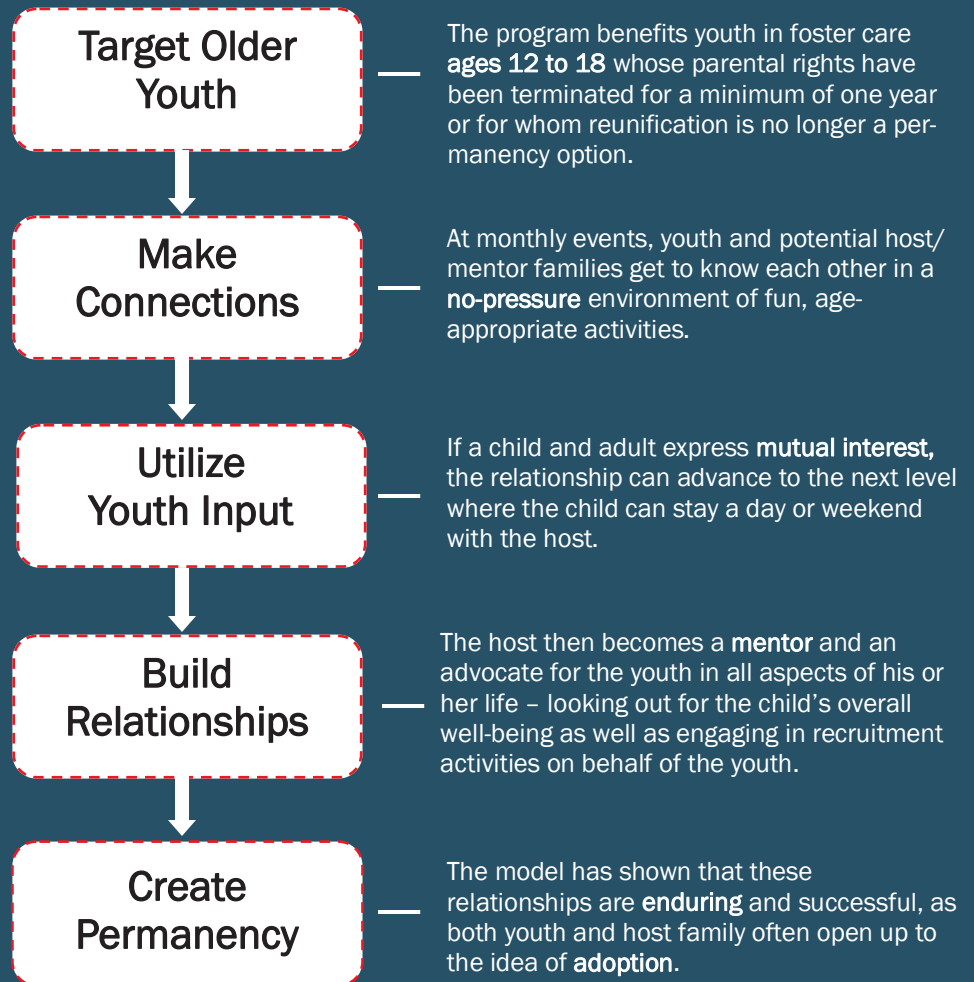
Through this intensive, child-focused recruitment program, foster teens, mentors, and community partners are engaged in a structured process that builds permanent relationships over time. Developing these permanent relationships dramatically improves the outcomes for older children in the foster care system, like Kristeena.



BENEFITS

- Adults and children can get to know each other, without the initial intimidation of adoption.
- The environment is inherently nonthreatening to both the children and adults.
- The innovative approach enlarges the pool of potential adoptive families.
- The CHOICE program emphasizes youth choices in creating connections.
- At a minimum, the youth form an enduring bond with a caring adult that survives changes in placements, caseworkers, and even communities, and transitions with them into their own adulthood.
- The framework of this program can be replicated across the country.

HOW IT WORKS



Contact Lauren Crome at lcrome@adoptex.org for more information.

The Adoption Exchange • 14232 E Evans Ave, Aurora, CO 80014 • 303-755-4756 • adoptex.org • facebook.com/adoptex



Approaching Adoptive Parenthood

- How important is it for you to be a parent?
- How important is it for you to have a baby?
- How important is it for you to experience a pregnancy?
- Are you confident that you can provide a healthy family life for a child?
- If you have challenges with fertility, how have you managed this?
- How do you feel about parenting a child who is not biologically related to you?
- Can you love a child for who he or she is, rather than what you hope he or she would be?
- There are risks in adoptions, as there are in all life experiences. How willing are you to accept risks?
- What types of risks are you willing to take? How would you feel- and what would you imagine yourself doing if the child you adopted turned out to have special needs that you hadn't expected?
- Your child is going to think about his or her genetic history and relinquishment. Are you prepared to deal with these realities of adoption? How willing are you going to be to explore for answers with your child?
- What are your fears about adoption?
- How does your extended family feel about your adoption plan? Do you plan to help prepare them for the addition to your family? If so, how?

Your Ideal Child

All parents develop fantasies or dreams about how their children will be. These ideals often tell us about our values, goals for the child, etc. Please describe the child you have dreamed of adopting. The more honest you are, the more this exercise will help you discover the type of child you are looking for.

1. Age_____ size (height, weight) _____ hair color _____ eye color _____

2. Temperament	
3. Personality	
4. Child's Values	
5. Dependence/Independence of Child	

6. Write a brief description of the child's life that you hope they have experienced (significant events, the way the child was taken care of, how long they were in care, etc.)

7. Describe how this child will be different in five years as a result of living in your family.

Have you thought about adopting a child who:	Most acceptable	Willing to discuss	Least acceptable
Has a slight limp			
Needs leg braces			
Has a missing limb			
Is in a wheel chair			
Is a paraplegic			
Has cerebral palsy			
Has extra digits on hands and/or feet			
Has a seizure disorder that is controlled by medication			
Has a seizure disorder that is not controlled but child has infrequent seizures			
Has a seizure disorder that is not controlled and has frequent seizures			

Have you thought about adopting a child who:	Most acceptable	Willing to discuss	Least acceptable
Has a heart murmur, activity not curtailed			
Has a heart murmur, vigorous activity curtailed			
May require open heart surgery at a later date but at placement just has to be watched			
Will definitely require open heart surgery			
Will definitely require more than one open heart surgery			
Has sight in both eyes but vision is limited and special glasses are needed			
Has sight in only one eye			
Is blind but surgery may give partial sight			
Is blind and will never have sight			
Has hearing problem with partial hearing and surgery may help			
Has hearing problem with partial hearing but surgery will not help			
Has hearing in only one ear			
Has no hearing; is deaf and does not speak			
Is deaf but does speak; hearing loss occurred at an older age			
Has no ears; may or may not be deaf			
Has no ear canal openings; may or may not be deaf			
Has a deformed hand			
Has a deformed arm			
Has a deformed leg			
Has a deformed face			
Has two deformed arms			
Has two deformed legs			
Has dislocated hip and limbs			
Is in special education			
Is educably intellectually disabled/cognitively delayed			
Is trainable intellectually disabled/cognitively delayed			
Is intellectually disabled and will always need supervision			
Has Down Syndrome			
Stutters			
Has a lisp			
Whose speech at age 6 is very hard to understand			
May always have trouble speaking and being understood			
Has a cleft lip			
Has a cleft palate			
Has both a cleft lip and cleft palate			
Has active Tuberculosis – under treatment			
Has on parent who is schizophrenic			
Has two parents who are schizophrenic			
Is autistic			
Has had Tuberculosis and has a resultant condition such as apendylitis			
Is a sickle cell carrier			
Has sickle cell anemia but relatively controlled			
Has sickle cell with frequent episodes			
Has osteomyelitis in an extremity (i.e. leg, arm)			
Has delayed development due to malnutrition			
Was born prematurely and may be physically and developmentally behind			
Whose age has been estimated – the child may in fact be younger or older than estimation			

Have you thought about adopting a child who:	Most acceptable	Willing to discuss	Least acceptable
Has a positive serology test for syphilis			
Is of mixed racial or cultural background			
Hispanic/Caucasian			
African American/Caucasian			
Hispanic/African American			
Caucasian/Asian			
African American/Asian			
Native American			
Is hyperactive			
Is hyperactive – requires medication but functions relatively normally			
Is hyperactive – requires medication and some kind of special classroom setting			
Has been diagnosed with Attention Deficit Disorder (ADD)			
Has been so emotionally damaged that he/she is very withdrawn and will require therapy for an extensive period of time			
Lies moderately			
Lies continuously			
Steals from family members			
Steals from friends, classroom, stores, etc.			
Runs away occasionally			
Runs away once a week			
Does not work to capacity at school			
Is disruptive in the classroom			
Is angry/oppositional with teachers			
Is “bossy” with peers/schoolmates			
Becomes easily defeated by school challenges			
Plays with matches just for fun			
Playing with matches has resulted in destruction of family property			
Is destructive with his/her toys			
Is destructive with others’ toys			
Is destructive to family furnishings and equipment			
Is abusive to family pets			
Abuses himself/herself			
Abuses others – hitting, kicking, biting			
Is moody at times			
Is sad/angry for weeks at a time			
Is depressed /withdrawn at times			
Is depressed/withdrawn for weeks at a time			
Wets the bed once a week			
Wets the bed nightly			
Masturbates in private/at home			
Masturbates in public places			
Engages in sexual play with other children			
Initiates sexual play with other children			
Acts seductively with adults			
Is cruel to animals			
Seems to have no conscience			
Does not seek/want affection from adults			



Topics Explored During the Homestudy

- Your reasons for your desire to adopt a child or sibling group
- Your strengths and challenges
- Your personality: level of patience, flexibility, attitudes toward life, anxiety levels, sense of humor
- Your health
- Your marriage – its strength and challenges; how your family handles disagreements
- The causes of a past divorce, your relationship with your ex-spouse, your relationship with your children from a previous marriage
- Your work: its stability and importance
- Your family plans for working or for staying home with your children – and if you are planning to continue working, your child-care plans
- Your upbringing
- The kind of parenting you had and how you feel about it
- Your housing situation
- Your relationships with family, friends, and neighbors
- Your extended family's feelings about adoption and what support you can draw from them
- How you have handled crises in your life
- How you have handled challenges with fertility, if applicable
- How you handled the loss of a child due to miscarriage, still-birth, or some other cause, and your feelings about it, if applicable
- Your past experiences with children
- Your life-style and how a child will fit in
- Your expectations of adoption and of your new child. How you will feel if your adopted child doesn't live up to your expectations
- How you have handled situations in which your expectations were not met

- What special needs in a child you feel you can handle and what you are willing to consider
- Your awareness of, and willingness to tap, community resources
- How your children, if you have any, will adjust to a new sibling and how you are preparing them for adoption
- How you will handle your child's questions about adoption and birth parents
- Your understanding of, and feelings about, birth parents
- Your preparation for adoption (reading, knowing others, parent group involvement)

If you are single, you will be asked to evaluate what age child you want to consider and what type of child will best fit your situation as a prospective single parent. You can also expect your home study to explore the following:

- Your life-style and a child's impact on it
- Your family and friends – your support system, your extended network, and the alternatives they can provide in the event of your illness or death
- Who will provide the opposite sex-role model for your child
- Your daily plan for the child – how you expect to handle matters from day to day, what arrangements you can make for day care, for after school, for weekends
- Your finances – how you are going to provide for the child over time
- Why you are not married and whether you have had long-term relationships before. You may also be asked about your sexual orientation.
- What would happen in the future if you married, how you think a prospective partner would react to the fact that you are a single adoptive parent, and whether you are worried that adopting will prevent your getting married
- Your work: how flexible it is. Can you take time off from work when the child arrives? When the child is sick?
- How you foresee you and your child handling the special situation of single adoptive parenting. You are going to have to explain to your child – and to the outside world – adoption and why there's only one parent in your family.

The Adoption Home Study Process

A major step in building your family through adoption is the home study. The laws of every State and the District of Columbia require all prospective adoptive parents (no matter how they intend to adopt) to participate in a home study conducted by a licensed social worker or caseworker. This process has three purposes:

- Educate and prepare the prospective family for adoption
- Evaluate the capability and suitability of the prospective family to adopt
- Gather information about the prospective adoptive family that will help a social worker match the family with a child or youth whose needs they can best meet (applicable to adoptions in which public child welfare agencies are involved)

WHAT'S INSIDE

Elements of the home study process

The home study report

Common questions about the home study

Conclusion



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With accurate information about the process, prospective adoptive parents can face the home study experience with more confidence. It may be helpful to remember that agencies are not looking for perfect parents. Rather, they are looking for a good match between a child or youth's needs and a family's ability to meet those needs. It is important to keep in mind that the adoption home study process is actually about the *process* and not just the final report.

Specific home study requirements and processes vary greatly from agency to agency, from State to State, and, in the case of intercountry adoption, by the child's country of origin. They are also subject to change. This factsheet discusses the common elements of the home study process and addresses some questions prospective adoptive parents may have about the process.

If you are just beginning your journey to adoption, you can find additional useful information on Child Welfare Information Gateway's website (<https://www.childwelfare.gov>). Some of those resources include:

- For basic information about adoption, see *Adoption Options: Where Do I Start?* at <https://www.childwelfare.gov/pubs/f-adoption/>.
- For home study requirements in your State, check *Home Study Requirements for Prospective Parents in Domestic Adoption* at <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/homestudyreqs-adoption/>.
- For listings of public and licensed private agencies, attorney referral services, support groups, State adoption specialists, and more for each State, territory, and the District of Columbia, search the National Foster Care & Adoption Directory at <https://www.childwelfare.gov/nfcad>.

Elements of the Home Study Process

There is no single format that all adoption agencies use to conduct home studies. Many agencies include the following steps in their home study process, although the specific details and order will vary. For more information about the specific process you will go through, talk with the agencies you are considering.

If you are a foster parent or kinship caregiver, you have already completed a home study and your State will likely require an updated home study if you plan to adopt the child in your care. Even if you are pursuing a private adoption that does not involve an adoption agency, all States require that you have a completed home study with a criminal background check. In these cases, your adoption attorney may be able to refer you to a licensed social worker or agency to conduct your home study.

Orientation

Many agencies offer an initial informational session or orientation that provides an overview of their agency and the adoption process. These are generally free and do not carry any obligation to work with the agency, complete a home study, or pursue adoption further. These sessions are a good way to find out about the agency, their process, the children and youth waiting for adoption, and if the agency might be a good fit for you and your family. After the orientation, if you decide to move ahead with adoption, you may initiate the home study process.

Training

Most States or agencies require training for prospective adoptive parents prior to or during the home study process. These trainings help prospective parents better understand the needs of children waiting for families, adoption issues, and agency requirements. They can help families decide what child or children they could parent most effectively.

Interviews

A social worker will probably interview you several times during the home study process. These interviews help you develop a relationship with your social worker that will enable him or her to better understand your family and assist you with the adoption. You will discuss the topics to be covered in the home study report (see page 5). It is likely that you will be asked to give examples of your experiences with children, your important relationships, your approach to parenting, and how you handle stress. You may also be asked questions about your experiences of crisis, loss, or infertility, which is a topic of concern for some adoptive families. You and your social worker will

discuss what ages of children would best fit in your family, whether a sibling group would work well, and other important characteristics to consider when adopting a child. Again, this should be both a self-reflective process and a time to educate yourself about important issues common in the adoption experience, such as grief and loss, trust and attachment, childhood trauma, the developmental lifecycle, and family dynamics. Nearly every child involved with foster care has experienced some trauma that may impact his or her life, and families need to make informed decisions about how they can effectively parent a child depending on that trauma. During the interviews, it is important to be honest with the social worker and yourself about your family's strengths and limitations.

For couples who are pursuing adoption, some agencies conduct all of the interviews with both prospective adoptive parents together. Other agencies will conduct both joint and individual interviews. If families have other children in the home, or adult children living outside the home, the social worker may also want to talk with them during this process. Some States require all adults in the household, or even all household members regardless of age, to be included in the home study.

Home Visit

Home visits primarily serve to ensure that your home offers a safe environment for a child and meets State licensing standards (e.g., working smoke alarms, safe storage of firearms, safe water, pools covered/fenced, and adequate space for each child). Your home should be free from hazards and offer a child-friendly environment for the age range for which you are being licensed. For example, poisons and household cleaners should be in cupboards with childproof locks, window drape cords should not hang within reach, firearms should be inaccessible to children, etc. Some States require an inspection from local health and fire departments in addition to the visit by the social worker. For State-specific resources on licensing requirements for adoption from foster care, visit Child Welfare Information Gateway's State Guides and Manuals Search at <https://www.childwelfare.gov/topics/systemwide/sgm/>. Under topics, select both "adoption" and "licensing." Under audiences, select "parents."

Generally, agencies will require the social worker to view all areas of the house or apartment, including where the children will sleep, the basement, and the backyard. He or she will be looking for how you plan to accommodate a new family member (or members if you are planning to adopt more than one child or a sibling group). Social workers are *not* typically inspecting your housekeeping standards. A certain level of order is necessary, but some family clutter is expected. A comfortable, child-friendly environment is what is being sought.

If you are planning to adopt a child from another country (intercountry adoption), you will need to know whether the country from which you plan to adopt is a party to the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption. If it is, your home study will be subject to Hague Convention requirements. These requirements mandate which agencies or service providers may conduct your home study; what statements must be included in your home study report about your parent training and eligibility; and how the home study must be submitted to the Central Authority for adoption in the country from which you plan to adopt.

- Find a list of countries that are parties to the Hague Convention on the U.S. Department of State website at <http://travel.state.gov/content/adoptionsabroad/en/hague-convention/convention-countries.html>.
- Read Information Gateway's factsheet *Intercountry Adoption From Hague Convention and Non-Hague Convention Countries* at <https://www.childwelfare.gov/pubs/factsheets/hague>.

Health Statements

Most agencies require prospective adoptive parents to have a recent physical exam and a statement from a physician confirming that they are essentially healthy, have a normal life expectancy, and are physically and mentally able to handle the care of a child.

If you have a medical condition that is under control (for instance, high blood pressure or diabetes that is controlled by diet and medication), you will likely still be approved as an adoptive family. A serious health problem that affects life expectancy may prevent approval. If your family has sought counseling or treatment for a mental health condition in the past, you may be asked to provide information or reports from those visits. Many agencies view seeking help as a sign of strength; the fact that your family obtained such help should not, in and of itself, preclude you from adopting. However, each family's situation is unique, so check with the agencies or social workers you are considering working with if you have concerns.

Income and Health Coverage Statements

Prospective adoptive parents must be able to show they can manage their finances responsibly and adequately. Some countries may have specific income requirements for intercountry adoption. Usually, prospective parents are asked to verify their income by providing copies of paycheck stubs, W-2 forms, or income tax forms. Many agencies also ask about savings, insurance policies (including health coverage for the adopted child),¹ investments, and debts. For more information on resources to support the costs of adoption, see Child Welfare Information Gateway's Adoption Assistance web section at <https://www.childwelfare.gov/topics/adoption/preplacement/adoption-assistance/>. For more information on health care for children adopted from foster care, see *Health-Care Coverage for Youth in Foster Care—and After* at <https://www.childwelfare.gov/pubs/issue-briefs/health-care-foster/>.

¹ The booklet *Protections for Newborns, Adopted Children, and New Parents* from the Employee Benefits Security Administration, U.S. Department of Labor, notes that parents should enroll their child in their health insurance policy within 30 days of their placement or adoption to ensure coverage (<http://www.dol.gov/ebsa/pdf/newborns.pdf>). The Employee Benefits Security Administration (<http://www.dol.gov/ebsa/aboutebsa/>) has oversight over employer-offered insurance benefits and may be able to answer families' questions.

Home Study Timeline: There isn't a lot that prospective parents can do to hurry the home study process; however, this time can be utilized to learn more about the needs of children waiting to be adopted, to develop support networks, and to connect with other prospective and current adoptive parents. In addition, one way to eliminate some delays is to gather your documents early. Have your marriage license and divorce certificate (if applicable), birth certificates for household members, tax returns, completed paperwork, and any other required documents ready for the social worker.

Background Checks

All States require criminal and child abuse record checks for adoptive and foster parent applicants. In most States, the background investigation includes a check of Federal, State, and local criminal records. Fingerprints may be taken as well. For more information on the requirements in your State, read Information Gateway's publication *Criminal Background Checks for Prospective Foster and Adoptive Families* at <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/background/>.

Public and private agencies must comply with State and Federal laws and policies regarding licensing requirements, if applicable, and how the findings of background checks affect eligibility for adoptive parents. Do not hesitate to talk to the social workers and agencies you are considering about specific situations that might disqualify you from adopting. Agencies will consider your past experiences as well as how you dealt with them, what you learned from them, and how you would use that knowledge in parenting a child. If you have any history of criminal activity, some agencies may be able to work with your family, depending on the specific incident and its resolution. If the social worker finds you to be deceptive or dishonest about your history, or if the documents collected during the home study process expose inconsistencies, the agency may not approve your family to adopt.

Autobiographical Statement

In private/voluntary adoption, many adoption agencies ask prospective adoptive parents to write an autobiographical statement or story. This is, essentially, the story of your life. It helps the social worker understand your family better and assists him or her in writing the home study report. If you are working with an agency that practices openness in adoption, you also may be asked to write a letter, create an album, scrapbook (electronic or hardcopy), Facebook page, or other social media page, about your family to be shared with expectant parents who are considering adoption for their child. You may be asked to prepare a similar album for children if you are considering adopting children who are old enough to read or understand pictures.

While writing about yourself may seem difficult, the exercise is intended to provide information about you to the agency, as well as help you explore issues related to parenting and adoption. Some agencies have workers available to assist you with the writing. Most have a set of questions to guide you through writing your autobiography.

Your References

The agency will probably ask you for the names and contact information for three or four people who will serve as references for you. References help the social worker form a more complete picture of your family and support network.

If possible, references should be people who have known you for years, who have seen you in many situations, and who have visited your home and know of your interest in and involvement with children. Most agencies require that references be people who are not related to you. Good choices might include close friends, a former teacher, a neighbor, or a member of your faith community (if applicable).

Your family's approval to adopt would rarely be denied on the grounds of a single negative reference; however, if it were one of several negative factors, the agency might be unable to approve your family to adopt.

The Home Study Report

Typically, the steps previously discussed conclude with the social worker writing a home study report that reflects his or her findings. Home study reports are often used to introduce your family to other agencies or adoption exchanges (services that list children waiting for families) to assist them in matching your family with a waiting child.

In addition to health and income statements, background checks, and references, home study reports also include the following types of information:

- **Family background**—Descriptions of the applicants' childhoods, how they were parented, past and current relationships with parents and siblings, key events and losses, and what the family learned from them
- **Education/employment**—Applicants' current educational levels, satisfaction with their educational achievements, or any plans to further their education, as well as their employment status, history, plans, and satisfaction with their current jobs
- **Relationships**—If a couple is pursuing adoption, the report may cover their relationship history together as well as their current relationship (for example, how they make decisions, solve problems, communicate, and show affection). Single applicants will be asked about their social life and how they anticipate integrating a child into it, as well as about their network of relatives and friends.
- **Daily life**—Routines, such as a typical weekday or weekend, plans for child care (if applicants work outside the home), hobbies, and interests
- **Parenting**—Applicants' experiences with children (for example, their own children, relatives' children, neighbors, volunteer work, babysitting, teaching, or coaching), in addition to their plans regarding discipline and other parenting approaches and issues
- **Neighborhood**—Descriptions of the applicants' neighborhood, including safety and proximity to community resources

- **Religion/belief system**—Information about the applicants' religion, level of religious practice (if applicable), and the kind of religious upbringing, if any, they plan to provide for the child
- **Feelings about/readiness for adoption**—There may be a section on specific adoption issues, including why the applicant(s) want to adopt, feelings about infertility (if this is an issue), what characteristics or needs of a child or youth they might best parent and why, and how they plan to talk to their children about adoption-related topics. There will likely be questions about how the applicant feels about birth parents and families and the level of openness with the birth family that would work best, depending on the type of adoption. (Note: It is typical for families' feelings about openness to change throughout the home study process as they learn more and become more comfortable with the process.) For more information, read Information Gateway's *Openness in Adoption: Building Relationships Between Adoptive and Birth Families* at <https://www.childwelfare.gov/pubs/f-openadopt/>.
- **Support system**—When individuals or families face difficult times, it is important to know that they have support systems in place to help build resiliency. A social worker may ask the applicant who they reach out to or what supports they rely on during stressful situations.
- **Approval/recommendation**—The home study report will conclude with a summary and the social worker's recommendations. This often includes the age range and number of children the social worker recommends for the family.

Technology has changed how agencies conduct home studies. Many records are now kept electronically. Families may choose to create an electronic album or Facebook page to share with potential birth parents in a private infant adoption or to introduce their families to children or youth in the foster care system who are waiting for one.

Prospective adoptive parents will be asked to provide copies of birth certificates, marriage licenses or certificates, and divorce decrees, if applicable. Some agencies share the final home study with prospective parents; others do not. You may want to ask the agency about the confidentiality of the home study report and how extensively your information will be shared. Agency policies vary greatly, depending on the type of agency and type of adoption you are pursuing. In many cases, the information will be shared with other agencies to help connect your family with a child. In some cases, the information may be shared with birth parents or others.

Common Questions About the Home Study

It is understandable that you may have questions about the home study and its impact on the adoption. Some of the most frequently asked questions are addressed below.

How Long Will the Home Study Take?

The time it takes to conduct the home study will vary from agency to agency, depending on factors such as how many caseworkers are assigned to conduct home studies, what other duties they have, how many other people applied to the agency at the same time, when required training is offered, and how long it takes to complete your background check and fingerprinting. On average, a home study process takes 3 to 6 months to complete. The time will depend on you as well. You can help speed the process by filling out your paperwork, scheduling your medical appointments, and gathering the required documents without delay.

How Much Does a Home Study Cost?

The cost of the home study depends on the kind of adoption you are pursuing. Agencies conducting domestic adoptions of children from foster care (such as your local department of social services) may not charge a fee for the home study. If these agencies do charge a fee, it is often modest (\$300 to \$500), and once you adopt a child from foster care, the fee is usually reimbursed by the child welfare agency. A private agency or certified social worker in private practice might charge from \$1,000

to \$3,000 for the home study. Other services (such as an application fee and preplacement services) may be included in this fee. Be sure to discuss any fees thoroughly with your agency or social worker and ask for this information in writing to avoid any misunderstandings.

Updates or modifications of past home studies, conversions of home studies from other agencies, and subsequent home studies (if you previously adopted a child with the same agency) may incur different fees. Home studies do expire, although the time period varies from State to State (usually 6 to 24 months), so you will need to keep your home study current. Your caseworker can advise you about this.

For more information about costs of adoption, adoption tax credits, and other resources to help defray costs, see the Adoption Costs and Sources of Financial Support section of the Child Welfare Information Gateway website at <https://www.childwelfare.gov/topics/adoption/adoptive/expenses>. For information on the Federal adoption credit and adoption assistance programs, visit the website for the Internal Revenue Service at <http://www.irs.gov/taxtopics/tc607.html>.

What Might Disqualify Our Family From Adopting?

Most adoption agencies respect culture and diversity in families seeking to adopt, including single-parent families and same-sex couples. Aside from a criminal record or overriding safety concerns that would preclude agencies from approving your home study, the decision to qualify or disqualify a family is made on a case-by-case basis. The home study process is a way for a social worker to learn more about your *real* family, as a potential home for *real* children. It is also an opportunity for you to explore adoption and consider, with a social worker's help, the child or youth you will be best able to parent. Although agencies are not looking for perfect parents or families, it is critical that all families be thoroughly assessed to ensure they are ready and able to provide a permanent home for a child.

Who is approved to adopt varies from agency to agency, from State to State, and by the child's country of origin. Adoptions in the United States are governed by Federal, State, and local laws, regulations, and policies. Child Welfare Information Gateway has compiled States' laws regarding this topic in *Who May Adopt, Be Adopted, or Place a Child for Adoption?* at <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/parties>.

Within State guidelines, many agencies are looking for ways to rule families *in* rather than rule them out in order to meet the needs of children in the U.S. foster care system waiting for adoptive families. Many States also have their policies posted online. Information Gateway has links to every State's online adoption information at *State Child Welfare Agency Websites* https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.dspROL&rolType=Custom&RS_ID=16.

For a collection of questions and answers designed to address some of the concerns that lesbian, gay, bisexual, or transgender (LGBT) prospective adoptive parents may encounter when deciding to adopt a child or navigating the adoption process, see the Information Gateway publication *Frequently Asked Questions From LGBT Prospective Foster and Adoptive Parents* at <https://www.childwelfare.gov/pubs/factsheets/faq-lgbt/>. Information about issues to consider when making the decision to adopt as a single person are available in the publication *Adopting as a Single Parent* at <https://www.childwelfare.gov/pubs/single-parent/>.

How Will the Children in Our Family Be Involved in the Home Study?

Your children (whether they joined your family through birth, foster care, adoption, or marriage) will be included in the home study in some way. Older children may be invited to participate in age-appropriate groups during one or more of the educational sessions. They also might be asked to write a statement describing their feelings and preferences about having a new brother or sister.

The social worker conducting your home study will likely want to know how the children do in school, what their interests and hobbies are, what their friends are like, and how their behavior is rewarded or disciplined. It is common for a social worker to ask to speak with a child's teacher or have the teacher provide some information in writing. There will also be an emphasis on how the children see a new sibling (or siblings) fitting into the family and whether they are prepared to share your time and attention. Children's input is usually quite important in the overall assessment of a family's readiness to adopt a child. The social worker will want to be sure that an adopted child or children will be welcomed and loved by all family members.

Thousands of children in the U.S. foster care system are waiting for families. The AdoptUSKids website (<http://www.adoptuskids.org>) provides a national photolisting of some of the children in foster care who are waiting to be adopted (en Español: <http://www.adoptuskids.org/para-familias>).

Conclusion

Although the adoption home study process may seem invasive or lengthy, it is conducted to help you decide whether adoption is right for your family, to prepare your family for adoption, and to help your family consider the child or youth you could best parent. The process also serves to ensure that children are matched with families who can meet their needs in loving, healthy, and safe environments. Keep in mind that the home study process is about the process itself and not just the final report. Adoption is a lifelong decision and it is important that the home study process helps match children with families who will have the capacity to meet their needs over time.

Flexibility and a sense of humor are vital characteristics when raising children, and they can be useful during the home study process as well. With perseverance and a positive outlook, you will be able to team with the social worker to make this a valuable learning experience.

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Children's Bureau



Choosing Adoption –

Developmental Impacts of Orphanages Versus Foster Care

By [Dawn Davenport](#), Adoption Expert and Author of [The Complete Guide to International Adoption](#)

An overview of developmental impacts of children adopted internationally from orphanages and institutions. How and why this may differ from children adopted from foster care.

Orphanage is the general term I use to cover institutional care and includes social welfare institutions, group homes, or baby houses. No matter what the name, orphanages are lousy places to raise children. Every child deserves prompt consistent care, lots of verbal and physical stimulation, and love. In short, children need parents, not shift workers. The quality of care varies greatly by country, region, and even within the same orphanage, but evening the best of situations, communal living is not conducive to providing the degree of care infants and children need. This fact alone is why some families choose a country where children are in orphanages in order to provide a home to a child who really needs it.

While most children available for foreign adoption live in orphanages, foster care is available in some countries, most notably Korea and Guatemala. Other countries, such as China, are making some progress in placing children in foster homes rather than institutions. Unfortunately, foster care does not automatically guarantee quality care, but it increases the odds.

Dr. Dana Johnson, from the University of Minnesota International Adoption Clinic, says that the chance that a child adopted from an orphanage will be completely normal (whatever that means) when she first arrives home is essentially zero. Growth and development will both be delayed. For growth delays, the rule of thumb is that a child will lose one month of linear growth for every three months in an institution. In a study comparing Guatemalan children in foster care and orphanage care, the children who had resided in an orphanage before adoption were significantly smaller in height, weight, and head circumference (Miller et al., 2005). Similar growth delays were also found in Chinese and Russian orphans adopted from institutions (Miller and Hendrie, 2000, Albers et al., 1997).

Developmental delays are also common for children who lived in an orphanage before adoption. A large study of children adopted from China showed "gross motor delays in 55% of the children, fine motor delays in 40%, cognitive delays in 32%, language delays in 43%, social emotional delays in 28%, and delays in activities of daily living in 30% (Miller and Hendrie, 2000). Forty-four percent had delays in three or more of these areas. Interviews with international adoption doctors and researchers reveal that developmental delays were common for children who resided in orphanages in other countries as well (Albers et al., 1997).

Most parents accept that their child will arrive home with growth and developmental delays, but their burning question is will their child make up these delays with loving care. Research clearly indicates that love and nutrition do wonders for a child's physical and developmental growth. The gains made in this area post-adoption have been described as miraculous (Ryan and Groza 2004; Bledsoe and Johnston, 2004; Judge, 2004). Motor skills delays are often the first to improve, while language and social skills may lag behind, especially for children who spent more time in an institution. The younger the children, the greater the chance that he will make up any growth and developmental delays, but whether your child will completely catch up is impossible to tell. One research, Dr. Victor Groza, categorized the children adopted from Romania several years post-adoption as follows: "the resilient rascal" (20 percent) showed little long-term effects of orphanage life; "the wounded wonders" (60 percent) were making good progress but had some delays; and "the challenged children"

(20 percent) continued to struggle. These children came from extreme deprivation and arrived home significantly delayed, but other researchers have seen similar results in other countries. Dr. Dana Johnson said in an interview, "With love, 70-80 percent of the children adopted from orphanages will do quite well; unfortunately, it is impossible to pick out in advance with certainty the ones who won't."

Better orphanages have the following:

- Consistent care (low turnover among caregivers, caregiver assigned to care for the same children each day)
- Fewer children per caregiver
- Adequate nutrition and medical care

It is impossible to generalize about orphanage care for an entire country, but once you have selected an agency you can ask specific questions about the quality of care in the institutions they work with. You can talk with other parents who have adopted from the same region of the country, and it may be possible to find parents who adopted from the same orphanage. Your agency may be able to give you names, and yahoo.com has some groups formed around certain regions. And remember, institutionalization is not an automatic sentence to physical, cognitive, or emotional health problems; many children come home and thrive despite having spent their first years in an orphanage.

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Dawn Davenport, adoptive parent, researcher, author, attorney, and adoption expert, is the author of [*The Complete Book of International Adoption*](#). This well researched book is an exceptional guide to anyone interested in adopting internationally. This indepth article on adoption photolistings is copyright protected and reprinted with her permission.

While Families Wait: Ongoing Adoption Education for Prospective Adoptive Families

By Arleta James, PCC

I am a firm believer in pre-adoption preparation. As a professional who once served in a placement position, I understand the costs, staff time constraints, family time constraints and the competition that exists among agencies to recruit adoptive families. Yet, I firmly believe that these factors are not a license to take short cuts, nor do they permit tailoring a program designed more for the convenience of the family than for the thorough preparation of the family.

On the other hand, I also believe the following, which I wrote in my book,

It must be recognized that any pre-adoptive training is virtually a drop in the bucket of knowledge. We go to college for two, four or more years to prepare for a career. We go to pre-adoptive education classes for 20, 24,



or 36 hours to prepare for parenting a child who has experienced many insults to his development and beliefs about the world. In essence, we receive less training to carry out the most important job undertaken by adults – parenting! Further, the prospective family is frequently receiving information in light of having no experience with children who have been neglected, abused, abandoned, institutionalized, etc. There is a big difference between what is learned in college and starting a first job.

Overall, I am saying that we must simultaneously acknowledge that pre-adoptive training is an essential component of the adoption process. Yet, we must also understand that preparing to adopt a child—infant through adolescent—international or domestic—requires that the family continue to receive ongoing education after the initial pre-adoption classes are concluded.

Thus, we must make better use of the waiting time—the time between the conclusion of pre-adoptive training and the actual arrival of the child. This is frequently a lengthy period of time during which agencies and families are

engaged in paperwork and looking for just the “right” child to join the family. This period could also include so many options for the ongoing education of the parents and typical children.



This post offers some ideas about ongoing education of prospective adoptive families. I'll start with what I still consider to be the best source of information—reading! Then, I'll move onto other ways to enhance the knowledge base of the adoptive family before their new son or daughter arrives via land or overseas.

Read, Read and Read Some More!

This heading is really my mantra for all prospective adoptive families. Please read with an open mind. There is little truth to the statements, “We are adopting a young child. So, we won’t have problems.” Or, “Love will be enough.” Infants can enter the family with serious and long-term problems if neglected—for even a short period of time—and/or suffered the insult of pre-natal drug/alcohol exposure. Also, as you read, ask yourself, “What does this information mean to me, the other children in my family and the child I am adopting?”

In this day and age of facebook, blogs, listservs and so on, there is much opportunity for professionals and agencies to facilitate discussions on-line about all types of reading materials. Families can be guided through the abundant adoption information that now exists. Many authors are writing study guides to accompany their works as well. Invite your families to your agency facebook. Post articles, websites and books. Invite responses by posting questions.

My top ten book picks are below. This assortment—taken together—covers everything from selecting an agency, re-grouping from infertility, the impact of trauma on children and the family, transcultural and transracial adoption issues, issues for adopted persons, and tools to use immediately upon post-placement:



- [Attaching in Adoption: Practical Tools for Today's Parents](#)
- [Adopting the Hurt Child: Hope for Children with Special Needs Kids](#)
- [Cross Cultural Adoption: How to Answer Questions from Family, Friends and Community](#)
- [Inside Transracial Adoption](#)
- [Parenting from the inside Out: How a Deeper Self-Understanding can help You Raise Children that Thrive](#)
- [Parenting the Hurt Child: Helping Adoptive Families Heal and Grow](#)
- [Twenty Things Adopted Kids Wish Their Adopted Parents Knew](#)
- [Toddler Adoption: The Weaver's Craft](#)
- [The Connected Child: Bringing Hope and Healing to Your Family](#)
- [The Whole Brain Child: 12 Revolutionary Strategies to Nurture Your Child's Developing Mind](#)
- [Welcoming a Brother or Sister by Adoption: From Navigating New Relationships to Building a Loving Family](#)

If you are adopting as a single parent, you also want to review [Adopting on Your Own: The Complete Guide to Adoption for Single Parents](#). If adopting an adolescent, then please read [Parenting Adopted Adolescents: Understanding and Appreciating Their Journeys](#).

As for websites, my top five picks are,

- [The North American Council on Adoptable Children](#) (NACAC). Pay special attention to their [Adoptalk](#) newsletter articles such as [Inducement: Adoption Language We Understand](#), [Ambiguous Loss Haunts Foster and Adopted Children](#) and many more!
- [The Child Welfare Information Gateway](#). This website is packed with articles on all aspects of adoption and trauma. For example, [Parenting the Sexually Abused Child](#), [Parenting Your Adopted School-Age Child](#), [Adoption and the Stages of Development](#), etc.
- [Child Trauma Academy](#). Again, a website packed with articles and videos to help parents understand the impact of parenting a child who has experienced such traumas as neglect and abuse.
- [PACT, An Adoption Alliance](#). This is a great resource for families adopting across racial and cultural lines.
- [University of Minnesota, Adoption Medicine Program](#) and Clinic. Go to the "topics" link and take a look at the wealth of information!

Of course, I also suggest that parents review websites related to all types of mental health diagnoses as well. Trauma (i.e., abuse, neglect, abandonment, institutionalization, pre-natal substance exposure) often leads to mental health issues. Some families will be informed of the child's mental health diagnoses prior to the adoption. Young children or older international adoptees will often be referred for therapy, psychological or psychiatric services as they mature or after they join their adoptive family. Websites that cover mental health issues include: [Children and Adults with](#)

3 Arleta James, PCC, ABC of Ohio, 440-230-1960, arletajames@gmail.com, www.arletajames.com, *Welcoming a Brother or Sister by Adoption: From Navigating New Relationships to Building a Loving Family* (Jessica-Kinsley Publishers - <http://www.jkp.com/>, 2013)

[Attention-Deficit/Hyperactivity Disorder](#), [National Organization on Fetal Alcohol Syndrome](#), [National Institute of Mental Health](#), [American Academy of Child and Adolescent Psychiatry](#), [SIDRAN Institute: Traumatic Stress Education and Advocacy](#) and [Sensory and Processing Disorder Foundation](#). If you need information about medical issues as well, the [Mayo Clinic](#) offers an A-Z listing—I don't think there is a medical condition that exists that isn't covered on this website.

As you review different articles, print them out and put them in a binder. Post-adoption, as issues crop up, all you'll have to do is pull out your notebook.

Okay, you really don't like to read—then listen! Visit [Adoption CDs](#) !

Attend a Conference

Conferences are a great way to acquire a lot of information! They are also a way to meet veteran adoptive parents and the top professionals in the field of adoption. Plan a vacation around the [NACAC conference](#) — you'll be glad you did! You'll enjoy a fabulous city and you'll learn more than you can believe about adoption, attachment, trauma, speech development, children's mental health, parenting tools, special education services, and more!



Local colleges, hospitals, organizations and so on offer trainings in communities all across the country. Call today and place yourself on their mailing lists. Take the day off from work to attend a training if need be.

Visit Support Groups

Take some time and locate support groups in your community—start by asking your adoption agency where you can find the nearest adoptive parent support group. Or, use the [NACAC database](#). Listen—really listen—to what veteran parents have to say. When these experienced parents talk about the difficulties of managing negative behaviors like lying, stealing, peeing in the closet, eating raw lasagna noodles in the middle of the night, etc., don't assume they are poor parents. Learn that traumatized children have many behavioral problems. Changing this behavior is a difficult task. Instead of being judgmental or critical, jot down the parenting strategies they are using. You'll need them post-adoption!

Facilitate a close relationship with one or two families. Respite their children—do so over time. Children can “honeymoon” for months. That is, when meeting someone new we are all on our best behavior. We don't let others see our bad habits—our warts and blemishes—until later on in the relationship. Children are the same. Likely, you'll have to

4

Arleta James, PCC, ABC of Ohio, 440-230-1960, arletajames@gmail.com, www.arletajames.com, *Welcoming a Brother or Sister by Adoption: From Navigating New Relationships to Building a Loving Family* (Jessica-Kinsley Publishers - <http://www.jkp.com/>, 2013)

spend some months providing child care to the same child before he or she will pee in your closet! But, this will be the best preparation for your adoption you can get!

Investigate the Resources in Your Community

When it comes to mental health services, there is a “one size fits all” approach. There is a belief that any therapist, counselor, social worker or psychologist can treat any mental health issue. This is simply a falsehood when it comes to the adoptee with a history of trauma. Pre-adoption is the time to locate the nearest professional who is trauma and adoption competent. There is a listing of such professionals at [ATTACH](#).



It is important to understand pre-adoption that,

The majority of educational programs that provide general training for mental health professionals exclude substantive information about families created by adoption. The prevailing schools of thought in most therapeutic training teach students to look within the family in order to determine the roots of a child's mental health issues. Adoptive families fall outside of this approach. Rarely is the adoptive family the source of the child's damage.

The adopted child's difficulties stem from the pre-adoptive trauma. An adoption-competent, trauma-competent therapist understands this. Starting out with such a professional can save hours and hours of time, and much money. Even if you must travel a distance, it will be worth the trip in terms of progress and conserved resources.

You will also want to explore the special education services offered by your district, and where to find speech, occupational and physical therapy services. An adoption-competent pediatrician or medical clinic is a benefit as well.

Your mentors from your adoptive parent support group will be a good source of referrals for all types of services.

While you are waiting, make sure you check with your health insurance carrier about what therapies are covered. Pre-adoption is the time to increase your coverage and your savings for the post-adoption services you **will** need.

Subscribe Yourself, Your Friends and Extended Family Members to Magazines and Newsletters

Pre-adoption is the time to educate your support system to the special needs your child may bring to the family. Magazines and newsletters are great resources for this task. Below is another list of my picks,

- [Adoptive Families Magazine](#)
- [Adoption Today Magazine](#)
- [Adoptalk Newsletter](#)
- [Pact, Point of View](#)

Pass Information On to Your Current Sons and Daughters

The soon-to-be brothers and sisters are often only presented the positive aspects of gaining a sibling. Professionals and parents make statements such as, "Won't it be great to help a child who needs a home?" "I bet you are excited to have another brother and sister around to ride your bike with!"

In reality, the adoptee that has experienced [complex trauma](#) (i.e., abandonment, abuse, neglect, institutionalization), prior to the adoption, may not be able to fulfill the dreams of parents, brothers or sisters like, "I'll have another playmate." "I'll have someone to look up to me." "I'll have someone to teach things to."

We must keep in mind that how professionals and parents handle the dissemination of information about a sibling's special needs will greatly influence the adjustment of the children already in the family (Meyer & Vadasy, 1994). This, in turn, affects the adoptee's emotional well-being, and parent's state of mind. When we prepare brothers and sisters, we ensure adoptions that take into account the best interest of each member of the adoptive family.

Therefore, pass on what you learn to the children already in your family. If your birth and/or previously adopted children are older, take them to pre-adoptive classes with you. Let them help you surf the Internet—likely, they are better at this than you are anyway! Encourage your agency to initiate pre-adoptive preparation for the prospective adoptive siblings. Of course, read, read and read some more—read my articles,

- Caring for the Typical Children: A Baker's Dozen
- Time, Energy and Priorities: One Habit You'll Want to Keep
- Promoting Sexual Safety in Adoptive Families
- "This is Not the Brother or Sister I Expected: The Need to Prepare the Typical Children
- Sharing Information with the Typically-Developing Children: Pre-School to Adolescents
- "Yes" There are Positives for the Typical Kids!
- White Siblings in Transracial Families



Children's books provide a wonderful way to help describe the unfortunate experiences of the soon-to-arrive brother or sister and to prepare your resident sons and daughters to become siblings. Here are a few titles to get you started,

- [*We Belong Together: A Book about Adoption and Families*](#)
- [*Zachary's New Home: A Story for Foster and Adopted Children*](#)
- [*Pinocchio: A Classic Illustrated Edition*](#)
- [*The Colors of Us*](#)
- [*If the World Were Blind: A Book About Judgment and Prejudice*](#)
- [*Big Sister Now: A Story about Me and Our New Baby*](#)
- [*Bratty Brothers and Selfish Sisters*](#)
- [*Emma's Yucky Brother*](#)
- [*I'm a Big Brother*](#)
- [*I'm a Big Sister*](#)
- [*Just Add One Chinese Sister: An Adoption Story*](#)
- [*The Lapsnatcher*](#)
- [*A Pocket Full of Kisses*](#)
- [*Seeds of Love: For Brothers and Sisters of International Adoption*](#)
- [*Siblings: You're Stuck with Each Other, So Stick Together*](#)
- [*Borya and the Burps: An Eastern European Adoption Story*](#)
- [*A Family that Fights*](#)
- [*Can I Tell You About Asperger's Syndrome?: A Guide for Family and Friends*](#)
- [*Forgetful Frankie, The World's Greatest Rock Skipper, Fetal Alcohol Spectrum Disorder*](#)
- [*Sad, Sad Seth, The World's Greatest Writer, Depression*](#)

In conclusion, there is a lot more to do pre-adoption than complete paperwork and wait for the phone to ring with a prospective child. You can attend trainings, meet with therapists, ask your school about their services, educate yourself and your children and much more! While the waiting will still be hard, keeping busy will help pass the time. Further, involving yourself more fully in your education will pay off post-adoption; armed with knowledge and resources you are more likely to graduate into a successful position as adoptive parents.

January 2013

Openness in Adoption: Building Relationships Between Adoptive and Birth Families



Open adoption allows adoptive parents, and often the adopted child, to interact with the child's birth parents. Openness can vary greatly from family to family and may change over time. Open adoption is becoming increasingly common, in part due to a growing recognition of the potential benefits of allowing an adopted child or youth to establish or maintain connections with his or her birth family. To support adoptive families in considering and

What's Inside:

- What is open adoption?
- Trends toward increasing openness
- Benefits of open adoption
- Deciding whether open adoption is right for your family
- Building and maintaining relationships with your child's birth family
- Using social media for contact with birth families



Use your smartphone to
access this factsheet online.

maintaining open adoption, this factsheet describes various levels of openness, potential benefits, important considerations, and tips for building and strengthening open relationships.¹

What Is Open Adoption?

Open adoption is a type of adoption in which birth and adoptive families have some form of initial and/or ongoing contact. Contact may begin with a meeting between an expectant mother and potential adoptive parents. Sometimes, an expectant parent may choose the adoptive family based on such a meeting or other communication. After placement, birth mothers and/or fathers and members of their extended families may interact in various ways with the adoptive parents, as well as with the adopted child or youth. Communication may happen through letters, emails, social media exchanges, telephone calls, or visits. While some families may exchange brief notes and photos, others may spend more time together and celebrate birthdays or holidays together. The type and frequency of contact will be decided by the people involved and can range from several times a month to every few years. Contact often changes as a child ages or as family members' needs and wishes change.

Parents have several options available related to openness. Some think of the options as a continuum, shown in the

diagram on the next page. On one end of the continuum is a **confidential, or closed, adoption**. In this type of adoption, no contact occurs between birth and adoptive families and no identifying information is shared. (Some nonidentifying information, such as medical history, may be provided through an adoption agency or attorney.²) In the middle of the continuum, is a form of openness known as **semi-open or mediated adoption**. In a semi-open or mediated adoption, contact is made indirectly through a mediator, such as an agency caseworker or lawyer, or through an anonymous post office or email box. While letters, photos, and other information may be exchanged between the adoptive family and birth family, they do not share names and addresses. This type of adoption allows for communication, while also offering some privacy. On the far end of the continuum is an **open adoption**, also referred to as a fully disclosed adoption. In an open adoption, identities are known and there is direct contact between birth parents (and possibly other members of the birth families) and the adoptive families. Contact may be occasional or frequent, in person or remote, and may vary over time. An open adoption supports the development of relationships, particularly relationships between a child and his or her birth parents.

¹ While this factsheet includes information primarily for adoptive parents, it also may be of interest to birth parents. Pregnant women thinking about placing their child for adoption also may be interested in *Open Adoption: Could Open Adoption Be the Best Choice for You and Your Baby?* available from <https://www.childwelfare.gov/adoption/birth/for/>

² Each State has its own laws about the kinds of information that may be collected and shared with adopting parents. For more information, see *Collection of Family Information About Adopted Persons and Their Birth Families*, available from https://www.childwelfare.gov/systemwide/laws_policies/statutes/collection.cfm

Confidential Adoption	Semi-Open Adoption (Mediated)	Open Adoption
• No contact • No identifying information shared	• Indirect contact • Share nonidentifying information	• Direct communication • Exchange identifying information

As highlighted above, there are different forms of openness. It is important to emphasize, however, that even in a fully open adoption, **adoptive parents and birth parents do not parent their child together.** In all forms of adoption, the adoptive parents have the permanent legal rights and responsibilities for parenting and raising the child.

Trends Toward Increasing Openness

For the past several generations, adoption was kept secret. The trend reflected common attitudes that children and birth mothers should be protected from the “stigma of illegitimacy.” Most adopted children did not know their birth parents and often were not even told they were adopted until later in life. Some were never told. It was commonly believed that a lack of openness would make it easier for the birth parents, the adoptive parents, and the children to adapt. The sense of secrecy, however, left many children and youth, as well as their birth families, with unanswered questions and unable to resolve feelings of loss. It also left young people without access to valuable information about their genetic background and the medical history of their birth relatives. The surrounding secrecy often created a sense of shame.

Today, most adopted children and youth know that they are adopted, and many adoptive families have had some contact with birth families. A national study of adoptive families in the United States found that in approximately one-third of all adoptive families, the adoptive parents or the adopted child or youth had some contact with the birth family after the adoption. Postadoption contact occurred more often in private domestic adoption (68 percent) as compared with adoption from foster care (39 percent) and international adoption (6 percent).³ A more recent study among U.S. adoption agencies reported that almost all (95 percent) of their domestic infant adoptions were open.⁴

Several factors have contributed to the increasing openness of adoption. Foremost, there is the growing awareness of the negative effects of secrecy and the benefits of openness for many adopted children and youth, birth parents, and adoptive parents (see below.) In recent years, more and more birth mothers have asked for openness and the ability to receive and share information

³ Vandivere, S., Malm, K., & Radcliff, L. (2009). *Adoption USA: A Chartbook Based on the 2007 National Survey of Adoptive Parents*. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Retrieved from <http://aspe.hhs.gov/hsp/09/NSAP/chartbook>

⁴ Siegel, D., & Smith, S. L. (2012). *Openness in Adoption. From Secrecy and Stigma to Knowledge and Connections*. New York, NY: Evan B. Donaldson Adoption Institute. Retrieved from http://www.adoptioninstitute.org/research/2012_03_openness.php

as a condition of an adoption. Additionally, responding to large numbers of adult adopted persons and birth parents who returned to adoption agencies to seek information about each other, States have changed their adoption laws, and agencies have added programs and services that support open adoption.

Today, another factor plays a part in pushing the trend toward openness—the Internet and social media. Increasing numbers of adopted persons and birth parents are finding each other with relative speed and little emotional preparation through social networking sites, such as Facebook. As a result, some adoptive and birth parents who initially chose a closed adoption are encountering experiences in which the adoption is later opened, but not always in ways that are agreeable to all parties or developmentally appropriate for the child. Choosing openness at the time of adoption may provide greater control over and preparation for the communication process as compared with more impromptu social media contacts.

Benefits of Open Adoption

Adoption professionals and researchers⁵ point to important benefits of open adoption for adopted children, birth parents, and adoptive parents. Since every

⁵ See, for example, the research conducted under the Minnesota/Texas Adoption Research Project (<http://www.psych.umass.edu/adoption/>) and the review presented in *Openness in Adoption: From Secrecy and Stigma to Knowledge and Connections* (http://www.adoptioninstitute.org/research/2012_03_openness.php)

adoption is different and the situations of the involved parties vary, these benefits may not apply to every adoption.

Benefits for Adopted Children and Youth

Children and youth who have been adopted naturally have questions about their background and personal histories (Who am I? Who do I look like? Why was I adopted?). Through openness, adopted children and youth gain access to birth parents, and possibly grandparents and siblings, which removes the need to search and helps provide needed answers to compelling questions. Regular contact during childhood creates a base of familiarity and normalcy for adopted children so that they may connect more easily with their birth parents throughout their lives.

Open adoption allows adopted children and youth to:

- Establish a sense of connection and belonging
- Develop a deeper understanding of their identity and a greater sense of wholeness
- Gain access to important genetic and medical information
- Preserve connections not only to family but also to their cultural and ethnic heritage
- Develop a better understanding for the reasons for placement, which can lessen feelings of abandonment and increase a sense of belonging
- Relate to birth family members as real people with strengths and flaws rather

than idealized (or overly negative) fantasies

- Increase the number of supportive adults in their lives
- Create a foundation for lifelong relationships

Benefits for Birth Parents

While birth parents of a child placed for adoption may continue to feel loss and grief over the course of their lives, openness can help them deal with these powerful emotions. Openness from the earliest stages of the adoption process can help birth parents gain a sense of control over the decision-making related to placement of their child. Over time, openness also may help birth parents to:

- Gain peace of mind and comfort in knowing how their child is doing
- Develop personal relationships with the adoptive parents and the child as he or she grows
- Become more satisfied with the adoption process

Benefits for Adoptive Parents

While openness is becoming a more common practice, many people seeking to adopt (as well as their families, friends, and co-workers) are not familiar with open adoption, and many maintain fears and false impressions of the concept. Once in an open adoption, however, most adoptive parents find a comfort level with their arrangements.

Open adoption often allows adoptive parents to:

- Build a healthy relationship with their child's birth family and provide lifelong connections for their child
- Gain direct access to birth family members who can answer their child's questions
- Improve their understanding of their child's history
- Develop more positive attitudes about their child's birth parents
- Increase their confidence and sense of permanency in parenting

Openness Is Not for Everyone

In some cases, ongoing contact between a birth and adoptive family is not in a child's best interest. This may be true when a parent has mental or behavioral issues and is unable to maintain a healthy relationship or respect appropriate boundaries with a child. In some instances, contact might result in additional trauma for a child who has already been victimized by abuse or neglect.

In addition, some parents are comfortable only with closed adoption. For example, a birth mother may have strong needs for privacy or may feel that confidentiality will help her to move on with her life. Adoptive parents may have concerns over interacting with the birth family or may want to have greater control over the information that their child receives.

Deciding Whether Open Adoption Is Right for Your Family

There is no one type of adoption or single arrangement that is right for everyone. Every adoption is unique and every family has its own set of circumstances. Important questions to consider and resources to help think through related issues are discussed below.

Questions to Consider

In exploring open adoption, it is important to thoroughly consider what is best for your child and family and to think not just about current needs and preferences but also those that may emerge in the future. For an adoption to be truly open, the relationship with the birth family must be shared with the adopted child. As such, an adoptive parent must consider how and when this relationship will be shared with the child or youth and how it may change as the child gets older.

Some of the questions that adoptive parents may want to consider include:

- What would contact between our family and our child's birth family mean to our child?
- Do I want my child to know about his or her family background and related information?
- What forms of communication (letters, emails, videos, Facebook, phone calls, visits) am I comfortable with?

- At what age should our child be included in contact with his or her birth family?
- What role will our child's birth parents (and/or other birth relatives) play in our child's life?
- How will openness with one child's birth family affect adopted siblings who have different levels of openness in their adoptions?
- How will we react if we choose a closed adoption and our child and birth parents later establish contact through social media or other avenues?

Resources to Help Explore Open Adoption

Adoptive parents can gain a better understanding of openness by:

- Talking with professionals who handle adoption
- Meeting with a counselor or therapist with knowledge and experience in open adoption (see Child Welfare Information Gateway's *Selecting and Working With a Therapist Skilled in Adoption*, available from https://www.childwelfare.gov/pubs/f_therapist.pdf)
- Exploring the Internet, including websites that provide information and research as well as blogs that relay personal experiences (see the resource list on at the end of this factsheet)
- Reading articles and books about open adoption (see abstracts listed under Library Search, Child Welfare Information Gateway, <https://www.childwelfare.gov/adoption/birth/for/connections.cfm>)

Common Openness Fears and Myths (and What the Research Says)⁶

Myth: *Adopted children will become confused about who their “real parents” are and suffer identity issues.*

Reality: Adopted children and youth are *not* confused about who their parents are. They understand the different roles adoptive and birth parents play in their lives. They recognize who gave them life and who cares for them on a daily basis. Open relationships and conversations about adoption often help strengthen the adopted youth’s sense of identity.

Myth: *Birth parents will try to “reclaim” their children.*

Reality: There is no evidence that birth mothers try to take back their children in an open adoption. In some studies, ongoing contact with birth parents has led to increased comfort levels and helped adoptive parents ease such fears. (It is important to remember that birth parents have terminated parental rights and can’t decide after several years to take back their children.)

Myth: *Birth parents will interfere in the adoptive families’ lives, and parents will be confused about their rights and responsibilities.*

Reality: Participants in open adoption are generally *not* confused about their parenting rights and responsibilities. In fact, some adoptive parents in open relationships report feeling a greater sense of entitlement to parent their adopted child.

Myth: *Birth mothers in open adoption will have more problems with feelings of grief and loss.*

Reality: Many birth mothers are able to deal with their grief, loss, and sadness better in open adoption than in closed adoption.

Building and Maintaining Relationships With Your Child’s Birth Family

Making an open adoption work requires commitment to ongoing relationships, despite their ups and downs. While adoptive family and birth family relationships may seem awkward at first, over time the involved individuals typically become more comfortable. Some people compare the experience to working out other extended family relationships, such as relationships with new in-laws or with a child’s stepfamily following a divorce and remarriage. While some adoptive and birth families arrange openness informally, others will develop more formal agreements. When challenges arise, some families use mediation or other support for help.

Setting Common Expectations With Postadoption Contact Agreements

Postadoption contact agreements, sometimes called open adoption agreements, are formal arrangements between a child’s adoptive family and members of the child’s birth family (or other persons with whom the child has an established relationship, such as a foster parent). These agreements, typically signed prior to finalization of an adoption, describe *how* (letters, emails, visits, etc.) and

⁶ Findings are based on the work of the Minnesota/Texas Adoption Research Project. For more information, see http://www.psych.umass.edu/adoption/key_findings/

how often communication will take place following an adoption.

Postadoption agreements can help make sure that everyone has a shared understanding of the expectations for openness. It is important to know, however, that these agreements are not always enforceable. About 26 States have laws that allow for written and enforceable contact agreements. The conditions and rules related to establishing and enforcing contracts vary across these States.⁷ In no State can disputes over the postadoption agreements be used as grounds for terminating an adoption or changing adoptive parents' parental rights.

Strengthening Relationships

To build healthy relationships between adoptive and birth families, adoption professionals emphasize the following:

- **Stay focused on what is in the best interests of the child**, which may not always be the same as the preferences of the birth and adoptive parents.
- **Show respect** for and acceptance of the other family members.
- **Set clear boundaries** of what is and what is not acceptable in terms of contact and communication, and respect the limits requested by the other parties.
- **Maintain open communication** that reflects a genuine commitment to maintaining connection.
- **Be flexible** and recognize that needs may change over time.

⁷ For more information, see *Postadoption Contact Agreements between Birth and Adoptive Families*, available online at https://www.childwelfare.gov/systemwide/laws_policies/statutes/cooperative.cfm

Open adoption relationships, like all relationships, change and evolve as the individuals involved reach different stages in their lives. Communication and contact may increase or decrease at different times, reflecting varying needs, interests, and life situations of the children and youth who have been adopted, birth parents, and adoptive families. For example, adopted youth may discover new questions and show more interest in spending time with birth relatives as teenagers than they did when they were younger. Birth parents or adoptive parents may have more time to spend with each other at certain times and less at others (e.g., after birth or adoption of another child). Some may move away to a different geographic area, and some may just need time to themselves. It is important that adoptive and birth parents let each other know when they need to change the frequency or form of contact. A sudden, unexpected drop in contact can have negative consequences, particularly for the adopted child or youth who may not understand the surrounding circumstances. Adoptive parents may need to help their children understand the behavior of their birth parents at those times when it is disappointing or hurtful.

Addressing Challenges With Mediation

Sometimes families need help with establishing relationships, overcoming differences on how and when contact should occur, or navigating changes in the relationships. Mediation—which refers to meeting with a neutral third party such as an agency or adoption professional—can sometimes be helpful. Mediators can help develop written agreements before an

adoption or aid in sorting out changing needs and roles later in the adoption.

Using Social Media for Contact With Birth Families

Social media, which includes various forms of communication conducted via the Internet, is dramatically changing the ways in which people connect and converse. It also is emerging as a significant factor in adoption openness. While exact numbers are not known, anecdotal evidence suggests that increasing numbers of adopted people and their birth families are finding each other through social networking sites, such as Facebook. In adoptions that are already open, social media is creating new questions for adoptive and birth parents. For example, adoptive parents may wonder if they should “friend” their child’s adoptive birth parent on Facebook or other social networks. Will they be comfortable if their child’s birth mother reads their blogs with stories of the adoption journey?

Using Social Media in Search and Reunion

Among the benefits of using social networking sites and other forms of social media as an aid in search and reunion efforts is that they can connect adopted people and members of their birth family fairly quickly, free of charge, and without the need for an intermediary. These same benefits, however, also have downsides. For example, connections are being made between adopted people and their birth

families without the benefit of important support systems. Also, online contact may occur with a preteen or child before the young person is developmentally ready. Sometimes adoptive parents find out about connections after the fact, and they may become upset or angry. If the adoption has been closed, adoptive parents may be fearful that their child is in contact with another adult they do not know.

Adoption professionals strongly recommend emotional preparation before search and reunion. These events can be enormously emotional and may tap into strong feelings of separation and loss. Preparation will help adopted children and youth, and their families, to think through their expectations and prepare for a range of potential reactions, including rejection. In addition, professionals encourage birth relatives to gradually make contacts and get to know each other slowly.⁸ While instant messages and swift replies are commonplace in social media, they are often not the best route for early communication with a birth relative, which instead benefits from slow and carefully considered responses.

With many youth commonly spending unsupervised time on the Internet, contacts between an adopted youth and his or her birth family members are sometimes taking place without the consent, or knowledge, of the adoptive parents. Teens may worry that their adoptive parents will feel betrayed by their search or will not understand their need to find out more about where they come from. It is important that adoptive parents prepare for the potential of social

⁸ For more information, see Child Welfare Information Gateway’s *Searching for Birth Relatives*, available at https://www.childwelfare.gov/pubs/f_search.cfm

media connections by talking with their children about their adoption and providing guidance on the use of social media. The box below offers some tips.⁹

ADOPTED YOUTH AND SOCIAL MEDIA: TIPS FOR ADOPTIVE PARENTS

- Talk with your child about adoption and birth family connections and answer his or her questions.
- Present options for learning more about birth relatives, when the child is interested, and emphasize the benefits of preparation and support.
- Discuss the benefits and risks of Facebook and other social networking sites, and provide guidance for safe use.
- Establish Internet rules at an early age (such as not giving out identifying information, including a birth date, address, or phone number).
- Prepare your child for the possibility that a birth family member could contact him or her through social media, and discuss possible responses.
- Set privacy controls.
- Monitor your child's Internet and social networking use (join the same social media networks as your child, become your child's online "friend," and request passwords for their social media accounts).

If adoptive parents discover that contact between their child and a birth relative has

already been made via social media, they should become involved in the relationship and set boundaries, as needed. One strategy is for adults to align—to reach out parent to parent—and make decisions together about future contact.

Using Social Media to Communicate in an Open Relationship

Within established relationships, social media offers easily accessible avenues for sharing information. As a result, birth parents can receive real-time updates on their child, while youth can find out more about their family connections. Online forums can help individuals stay connected even at remote distances.

Adoptive families are advised, however, to proceed cautiously when using social media for communicating in open or semi-open adoption relationships. It is important, particularly in new relationships, to share information slowly and build trust over time. Parents should consider their comfort levels for opening access to the information on their profiles, walls, and posts. Online comments can be easily misunderstood. What might be appropriate for close friends or neighbors might be misunderstood by birth family members at a distance. In particular, comments related to the adoption process or parenting may be misinterpreted or could potentially make birth family members uncomfortable. Similarly, some information on a birth relative's site may be uncomfortable for an adoptive family or adopted child to read. In addition, some parents feel uneasy seeing their child's picture posted.

⁹ For additional information, see Adoption Star. (2012). *Adoption and Social Media. The Effects of Social Media and the Internet on Child Adoption*, available at <http://www.adoptionstar.com/wp-content/uploads/2012/08/Social-Media-and-Adoption-Adoption-STAR.pdf>

TIPS FOR USING SOCIAL MEDIA FOR COMMUNICATION IN OPEN RELATIONSHIPS

To set the groundwork for using social media to communicate, adoptive and birth parents should:

- Talk with each other about their comfort levels in sharing information and photos via social media.
- Decide which social media tools are appropriate for communication (Facebook, Twitter, email, etc.) and with what privacy settings.
- Set boundaries upfront (for example, not commenting on one another's walls, if that is important).
- Before posting anything, think carefully about how it may be received by all who might see it.

Some adoptive and birth parents find it useful to create separate Facebook pages or private password-protected websites or blogs for contact between adoptive and birth families. This takes the relationship out of the public arena and allows for controlled access to information and photos. Others enjoy openly sharing information on established networks. Regardless of the forums selected, parents should use the same care in online communication as they would in face-to-face contact to make sure that it is appropriate and respectful to all potential viewers.

Using Social Media to Communicate in Intercountry Adoption

With its ability to bridge great distances, social media is being used increasingly to connect birth families, adoptive families, and their children who have been adopted through intercountry adoption. These include children adopted into the United States from foreign countries as well as U.S. children and youth who have been adopted by families in other countries. Outgoing adoption often involves open relationships. Individuals using social media for international contact may face additional challenges, including cultural differences and varying perspectives of adoption.

Conclusion

Openness in adoption can provide a child or youth with valuable connections to his or her past. No single open arrangement, however, is right for everyone. As with any relationship, there may be bumps and challenges along the way in the relationships between birth and adoptive families. Moreover, these relationships are likely to evolve and change over time. Through careful consideration of options, a clear child-focused approach, and a strong commitment to making it work, you can decide what level of openness is right for your family.

Resources for More Information

Adoptive Families Magazine

<http://www.adoptivefamilies.com/openadoption.php>

American Adoption Congress

http://www.americanadoptioncongress.org/open_adoption.php

Child Welfare Information Gateway

<https://www.childwelfare.gov/adoption/adoptive/openness.cfm>

<https://www.childwelfare.gov/adoption/birth/for/connections.cfm>

Evan B. Donaldson Adoption Institute

<http://www.adoptioninstitute.org/publications/#openadoption>

Insight: Open Adoption Resources and Support

<http://www.openadoptioninsight.org>

Minnesota/Texas Adoption Research Project (MTARP)

<http://www.psych.umass.edu/adoption/>

Open Adoption Bloggers

<http://www.productionnotreproduction.com/p/open-adoption-blogs.html>

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U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau





July 2013

Parenting a Child Who Has Been Sexually Abused: A Guide for Foster and Adoptive Parents



You may be a current or prospective foster or adoptive parent of a child with a known or suspected history of child sexual abuse. In some cases, you may not be certain that abuse has occurred, but you may have suspicions based on information you received or because of the child's behavior. You may feel confused, concerned, and unsure of the impact of prior child maltreatment, including sexual abuse.

What's Inside:

- Educating yourself
- Establishing family guidelines for safety and privacy
- Seeking help



Use your smartphone to
access this factsheet online.



Child Welfare Information Gateway
Children's Bureau/ACYF/ACF/HHS
1250 Maryland Avenue, SW
Eighth Floor
Washington, DC 20024
800.394.3366
Email: info@childwelfare.gov
<https://www.childwelfare.gov>

It is important to understand that the term *sexual abuse* describes a wide range of experiences. Many factors affect how children react to abusive or neglectful experiences and how they recover. Most children who have been abused **do not** go on to abuse others, and many go on to live happy, healthy, successful lives. As parents, you will play an important role in your child's recovery from childhood sexual abuse.¹

This factsheet discusses how you can help children in your care by educating yourself about child sexual abuse, establishing guidelines for safety and privacy in your family, and understanding when and how to seek help if you need it. Reading this factsheet alone will not guarantee that you will know what to do in every circumstance, but you can use it as a resource for some of the potential challenges and rewards that lay ahead.

Educating Yourself

One of the most useful actions that kinship caregivers and foster and adoptive parents can take is equipping themselves with information. Parents of children who may have been sexually abused can learn about the definitions of child sexual abuse, behaviors associated with prior sexual abuse, and how sexual abuse affects children's trust of others. With this information in hand, it will be easier to recognize possible behaviors

associated with past abuse and avoid taking them personally or feeling alarmed or uncertain if your child exhibits uncommon sexual behaviors. Most importantly, you will feel capable of responding to these behaviors in sensitive and informed ways that help both you and your child.

What Is Child Sexual Abuse?

The National Child Traumatic Stress Network (NCTSN) defines child sexual abuse² as

“...any interaction between a child and an adult (or another child) in which the child is used for the sexual stimulation of the perpetrator or an observer. Sexual abuse can include both touching and nontouching behaviors. Touching behaviors may involve touching of the vagina, penis, breasts or buttocks, oral-genital contact, or sexual intercourse. Nontouching behaviors can include voyeurism (trying to look at a child's naked body), exhibitionism, or exposing the child to pornography. Abusers often do not use physical force but may use play, deception, threats, or other forms of coercion to engage children and maintain their silence. Abusers frequently employ persuasive and manipulative tactics to keep the child engaged. These tactics—referred to as ‘grooming’—may include buying gifts or arranging special activities, which can further confuse the victim.”

Child sexual abuse is defined in Federal law by the Child Abuse Prevention and Treatment Act (42 U.S.C. sec. 5106g(4)) as

¹ Although the term “parents” is used throughout this factsheet, the information and strategies provided may be equally helpful for kinship care providers, guardians, and other caregivers.

² (2009). See http://www.nctsn.org/sites/default/files/assets/pdfs/ChildSexualAbuseFactSheetFINAL_10_2_07.pdf

“...the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children.”

Within this Federal guideline, each State is responsible for establishing its own legal definition of child sexual abuse. For more information, see the Identification of Child Sexual Abuse webpage on the Child Welfare Information Gateway website at https://www.childwelfare.gov/can/identifying/sex_abuse.cfm.

For legal definitions in each State, see Child Welfare Information Gateway’s *Definitions of Child Abuse and Neglect*: https://www.childwelfare.gov/systemwide/laws_policies/statutes/define.cfm

Signs of Sexual Abuse

If you are parenting a child who has been removed from his or her family, you may not know for sure whether or not the child in your care has been sexually abused. Child welfare agencies usually share all **known** information about your child’s history with you; however, there may be no prior record of abuse, and many children do not disclose past abuse until they feel safe. For this reason, kinship caregivers or foster or adoptive parents are sometimes the first to learn that sexual abuse has occurred. Even when there is no documentation of

prior abuse, you may suspect something happened because of your child’s behavior.

There are no hard and fast rules about what constitutes normal sexual development and what behaviors might signal sexual abuse. Children show a range of sexual behaviors and sexual curiosity at each developmental level, and their curiosity, interest, and experimentation may occur gradually, based on their development. (See table on the following page.) However, children who have been sexually abused may demonstrate behaviors that are unusual, excessive, aggressive, or explicit. There is no one specific sign or behavior that can be considered proof that sexual abuse has definitively occurred, but there are a number of signs that are suggestive of abuse. The following signs or symptoms may suggest the possibility of child sexual abuse:

- Explicit sexual knowledge beyond the child’s developmental stage
- Sexual preoccupation indicated by language, drawings, or behaviors
- Inserting toys or other objects in genital openings
- Sexual behaviors with other children that seem unusual, aggressive, or unresponsive to limits or redirection
- Excessive masturbation, sometimes in public, not responsive to redirection or limits
- Pain, itching, redness, or bleeding in the genital areas
- Nightmares, trouble sleeping, or fear of the dark

- Sudden or extreme mood swings: rage, fear, anger, excessive crying, or withdrawal
- “Spacing out” or appearing to be in trance
- Loss of appetite, or difficulty eating or swallowing
- Cutting, burning, or other self-mutilating behaviors
- Unexplained avoidance of certain people, places, or activities
- An older child behaving like a much younger child: wetting the bed or sucking a thumb, for example
- Talking about a new, older friend
- Suddenly having money

This list of signs and symptoms is simply that: red flags designed to alert you to the fact that the child’s behaviors may reflect an underlying problem. There are other possible explanations for some of these signs, and they need to be evaluated by a trained professional who specializes in child sexual abuse. The following organizations offer more information about behavioral signs of sexual abuse on their websites:

- Stop It Now!
http://www.stopitnow.org/warning_signs_child_behavior
- The National Child Traumatic Stress Network:
http://www.nctsnet.org/sites/default/files/assets/pdfs/ChildSexualAbuseFactSheet_FINAL_10_2_07.pdf
- Mayo Clinic:
<http://www.mayoclinic.com/>

health/child-abuse/DS01099/DSECTION=symptoms

- American Academy of Child and Adolescent Psychiatry:
http://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/Facts_for_Families_Pages/Child_Sexual_Abuse_09.aspx

Healthy Sexual Development in Children

Children’s sexual interest, curiosity, and behaviors develop gradually over time and may be influenced by many factors, including what children see and experience and the guidance they receive from parents and caretakers. The presence of sexual behavior is not in and of itself a conclusive sign that abuse has occurred. The table on the next page lists some of the sexual behaviors common among children of different age groups, as well as some behaviors that might be considered less common or unhealthy:³

³ The list is adapted from the Stop It Now! publication *Prevent Child Sexual Abuse: Facts About Those Who Might Commit It* (2005) available at http://www.stopitnow.org/files/Prevent_Child_Sexual_Abuse.pdf. Additional information was provided by Eliana Gil, Ph.D., RPT-S, ATR, specialist, trainer, and consultant in working with children who have been abused and their families. See <http://www.elianagil.com>.

Preschool (0 to 5 years)	
Common: • Sexual language relating to differences in body parts, bathroom talk, pregnancy, and birth • Self-fondling at home and in public • Showing and looking at private body parts	Uncommon: • Discussion of sexual acts • Sexual contact experiences with other children • Masturbation unresponsive to redirection or limits • Inserting objects in genital openings
School Age (6 to 12 years)	
Common: • Questions about menstruation, pregnancy, sexual behavior • “Experimenting” with same-age children, including kissing, fondling, exhibitionism, and role-playing • Masturbation at home or other private places	Uncommon: • Discussion of explicit sexual acts • Asking adults or peers to participate in explicit sexual acts • Masturbating in public or excessively to bleeding
Adolescence (13 to 16 years)	
Common: • Questions about decision-making, social relationships, and sexual customs • Masturbation in private • Experimenting between adolescents of the same age, including open-mouth kissing, fondling, and body rubbing • Voyeuristic behaviors • Sexual intercourse (more than half of 11th graders⁴) • Oral sex (approximately one-third of 15-17 year olds⁵)	Uncommon: • Sexual interest in much younger children • Aggression in touching others’ genitals • Asking adults to participate in explicit sexual acts • The use of force, aggression, or drugs to obtain compliance

For a more complete list, or if you have any questions or concerns about your child’s sexual behaviors, call the Stop It Now! toll-free helpline at 1.888.PREVENT (1.888.773.8368).

⁴ According to a 2011 poll by the Centers for Disease Control and Prevention (CDC) at <http://apps.nccd.cdc.gov/youthonline/App/QuestionsOrLocations.aspx?CategoryId=4>

⁵ According to a 2012 CDC report at <http://www.cdc.gov/nchs/data/nhsr/nhsr056.pdf>

Factors Affecting the Impact of Sexual Abuse

If a professional has determined that a child in your care has been a victim of sexual abuse, or if you continue to suspect that the child in your care has been abused, it is important to understand how abusive experiences may affect children's behavior.

All children who have been sexually abused have had their physical and emotional boundaries violated or crossed in some way. Because of this, children may feel a lack of trust and safety with others. Children who have been abused may come to view the world as unsafe, and adults as manipulative and untrustworthy. As with other types of abuse or trauma, many factors influence how children think and feel about the abuse, how the abuse affects them, and how their recovery progresses. Some factors that can affect the impact of abuse or trauma include:

- The relationship of the abuser to the child and how much the abuse caused a betrayal of trust within an important interpersonal relationship
- How long the abuse occurred (chronicity)
- Whether the sexual abuse was extensive and there was penetration of some kind
- The age of the child (younger children are more vulnerable and less capable of facing these challenges alone)
- The abuser's use of "friendliness" or seduction and efforts to make the child a compliant participant

- The abuser's use of threats of harm or violence, including threats to pets, siblings, or parents
- The abuser's use of secrecy and threats to do harm or withdraw love and affection
- Gender of the abuser being the same as or different from the child (some children are less likely to report sexual activity with same gender after the fact, and those observing or assessing for abuse may have a stronger reaction to same-sex abuse than to abuse that is male-female)
- The child's emotional and social development at the time of the abuse
- The child's ability to cope with his or her emotional and physical responses to the abuse (for example, fear and arousal)
- How much responsibility the child feels for the abuse (and, for example, not telling right away, not stopping it somehow, etc.)

It is very important for children to understand that they are not to blame for the abuse they experienced. Your family's immediate response to learning about the sexual abuse and ongoing acceptance of what the child has told you will play a critical role in your child's ability to recover and lead a healthy life. (See the last section of this factsheet, Seeking Help, for more information about healing from abuse.)

Some parents may feel grave concern when children act out sexually with peers or younger children and may question why a child who has been abused, and suffered from that experience, could repeat it with someone else. Children who have experienced sexual abuse need an

opportunity to process their own abuse in therapy or with a trusted trained adult to understand their thoughts and feelings and to have a chance to ask questions and achieve some kind of closure. Acting-out behaviors usually indicate that some traumatic impact of their abuse is still active and signals a need for additional attention. Responding in calm, informed ways while seeking appropriate professional help for children whose acting out persists will be important to resolving children's sexual behavior problems. The most important lesson is learning not to over- or under-respond to problem situations and finding just the right balance of guidance and empathic care.

If your child has a history of prior abuse, it's important to know that he or she may be vulnerable to acting out victim or victimizing behaviors. Some children may be more likely to be bullied or exploited, and others may be angry and aggressive towards others. You may need to pay special attention to protecting some children while setting firm limits on others. In addition, some children act out when memories of their own abuse are triggered. Triggers can happen unexpectedly, for example, by seeing someone who looks like the abuser or in a situation such as being alone in a public restroom, or by a variety of circumstances that occur in daily life. Other triggers might include the scent of a particular cologne or shampoo or the texture of a particular piece of clothing or blanket.

In addition, there are cultural differences among children with regard to their comfort level with physical proximity, physical affection, bathing and nudity practices, hygiene, and other factors that can lead to

problem situations. There are many cultures in which parents never discuss sexuality directly with their children, or in which any type of sexual activity (for example, children touching themselves) can be viewed as unacceptable or punishable. Children may thus carry shame and guilt about their bodies.

Establishing Family Guidelines for Safety and Privacy

There are things you can do to help ensure that any child visiting or living in your home experiences a structured, safe, and nurturing environment. Some children who have been sexually abused may have a heightened sensitivity to certain situations. Making your home a comfortable place for children who have been sexually abused can mean changing some habits or patterns of family life. Incorporating some of these guidelines may also help reduce foster or adoptive parents' vulnerability to abuse allegations by children living with them. Consider whether the following tips may be helpful in your family's situation:

- **Make sure every family member's comfort level with touching, hugging, and kissing is respected.** Do not force touching on children who seem uncomfortable being touched. Encourage children to respect the comfort and privacy of others.
- **Be cautious with playful touch, such as play fighting and tickling.** These may be uncomfortable or scary

reminders of sexual abuse to some children.

- **Help children learn the importance of privacy.** Remind children to knock before entering bathrooms and bedrooms, and encourage children to dress and bathe themselves if they are able. Teach children about privacy and respect by modeling this behavior and talking about it openly.
- **Keep adult sexuality private.** Teenage siblings may need reminders about what is permitted in your home when boyfriends and girlfriends are present. Adult caretakers will also need to pay special attention to intimacy and sexuality when young children with a history of sexual abuse are underfoot.
- **Be aware of and limit sexual messages received through the media.** Children who have experienced sexual abuse can find sexual content overstimulating or disturbing. It may be helpful to monitor music and music videos, as well as television programs, video games, and movies containing nudity, sexual activity, or sexual language. Limit access to grownup magazines and monitor children's Internet use. In addition, limit violent graphic or moving images in TV or video games.
- **Supervise and monitor children's play.** If you know that your child has a history of sexual abuse, it will be important to supervise and monitor his or her play with siblings or other children in your home. This means having children play within your view and not allowing long periods of time when children are unsupervised. Children may

have learned about sexual abuse from others and may look for times to explore these activities with other children if left unsupervised. It will be important for parents and caretakers to be cautious but avoid feeling paranoid.

- **Prepare and develop comfort with language about sexual boundaries.** It will be important for you to be proactive in developing and practicing responses to children who exhibit sexual behavior problems. Many parents feel uncomfortable addressing the subject so they ignore or avoid direct discussions. For example, some parents are able to say, "Your private parts belong to you, and it's okay to touch them in private." Some parents hesitate to give this kind of permission, believing it's sinful behavior. In those cases, you might want to deliver different messages. When children have been abused, you can say, "Just like it was not okay for so-and-so to touch your private parts, it's not okay for you to touch other people's private parts." You might also give clear directives, "We don't use that language in this house," if it's offensive, or "I'd like you to use different words so that we can really hear what you're saying." Because there are so many differences in the messages parents want to convey to their children, it is useful to prepare ahead and be proactive.

If your child has touching problems (or any sexually aggressive behaviors), you may need to take additional steps to help ensure safety for your child as well as his or her peers. Consider how these tips may apply to your own situation:

- **With friends.** If your child has known issues with touching other children, you will need to ensure supervision when he or she is playing with friends, whether at your home or theirs. Sleepovers may not be a good idea when children have touching problems.
- **At school.** You may wish to inform your child's school of any inappropriate sexual behavior, to ensure an appropriate level of supervision. Often this information can be kept confidential by a school counselor or other personnel.
- **In the community.** Supervision becomes critical any time children with sexual behavior problems are with groups of children, for example, at day camp or afterschool programs.

Keep the lines of communication open, so children feel more comfortable turning to you with problems and talking with you about **anything**—not just sexual abuse. Remember, however, that sexual abuse is difficult for most children to disclose even to a trusted adult and that, ordinarily, children do not volunteer information about their sexual development.

For more information about developing a safety plan for your family, see:

Create a Family Safety Plan

Stop It Now!

http://www.stopitnow.org/family_safety_plan

Seeking Help

Responding to the needs of a child who has been sexually abused may involve the whole family and will likely have an impact on all family relationships. Mental health professionals (for example, counselors, therapists, or social workers) can help you and your family cope with reactions, thoughts, and feelings about the abuse. It is important to seek a behavioral health professional with a background in child development, child trauma, and sexual abuse. Before agreeing to work with a particular provider, ask questions about the person's background, experience, and approach to treating children. (There is growing evidence for certain types of interventions; see page 12 for more information.)

Impact of Sexual Abuse on the Family

Being a kinship caregiver or a foster or adoptive parent to a child who has experienced sexual abuse can be stressful to marriages and relationships. Parenting in these situations may require some couples to be more open with each other and their children about sexuality in general and sexual problems specifically. If one parent is more involved in addressing the issue than another, the imbalance can create difficulties in the parental relationship. A couple's sexual relationship can also be affected, if sex begins to feel like a troubled area of the family's life. If and when these

problems emerge, it is often helpful to get professional advice.⁶

In addition, if one parent was more in favor of adopting, and the other parent merely complied, general stress can be added to the couple when children have a range of problem behaviors that require attention. Some parents develop resentful and angry or withdrawn feelings toward foster or adoptive children who take up a lot of time and energy (for example, children who need extra monitoring and supervision or transport to weekly therapy appointments).

Parents can also feel stress because the child's siblings (birth, foster, or adoptive) may be exposed to new or focused attention on sexuality that can be challenging for them. If one child is acting out sexually, you may need to talk with siblings about what they see, think, and feel, as well as how to respond. Children may also need to be coached on what (and how much) to say about their sibling's problems to their friends. If your children see that you are actively managing the problem, they will feel more secure and will worry less.

When one child has been sexually abused, parents often become very protective of their other children. It is important to find a balance between reasonable worry and overprotectiveness. Useful strategies to prevent further abuse may include teaching children to stand up for themselves, talking with them about being in charge of their bodies, and fostering open communication with your children.

⁶ For more information about sustaining a healthy marriage, visit the National Healthy Marriage Resource Center website: <http://www.healthymarriageinfo.org/index.aspx>

Counseling for Parents and Children

Talking with a mental health professional who specializes in child sexual abuse as soon as problems arise can help parents determine if their children's behavior is cause for concern. Specialists can also provide parents with guidance in responding to their children's difficulties and offer suggestions for how to talk with their children. A mental health professional may suggest special areas of attention in family life and offer specific suggestions for creating structured, safe, and nurturing environments.

To help a child who has been abused, many mental health professionals will begin with a thorough assessment to explore how the child functions in all areas of life. The specialist will want to know about:

- Past stressors (e.g., history of abuse, frequent moves, and other losses)
- Current stressors (e.g., a medical problem or learning disability)
- Emotional state (e.g., Is the child usually happy or anxious?)
- Coping strategies (e.g., Does the child withdraw or act out when angry or sad?)
- The child's friendships
- The child's strengths (e.g., Is the child creative, athletic, organized?)
- The child's communication skills
- The child's attachments to adults in his or her life
- How the child spends his or her time and how much time he or she spends with TV, Internet, video games, etc.

After a thorough assessment, the mental health professional will decide if the child and family could benefit from therapy. Not all children who have been abused require therapy. For those who do, the mental health professional will develop a plan tailored to the child and to the family's strengths and needs. This plan may include one or more of the following types of therapy:

- **Individual therapy.** The frequency and duration of therapy can vary tremendously. The style of therapy will depend on the child's age and the therapist's training. Some therapists use creative techniques (for example, art, play, and music therapy) to help children who are uncomfortable talking about their experiences. Other therapists use traditional talk therapy or a combination of approaches. All types of individual therapy that are evidence-based also include a component for family or parent engagement.
- **Group therapy.** Meeting in groups with other children who have been sexually abused or who have developed sexual behavior problems can help children understand themselves; feel less alone (by interacting with others who have had similar experiences); and learn new skills through role plays, discussion, games, and play. Group therapy for parents can also be extremely beneficial.
- **Family therapy.** Many therapists will see children and parents together to support positive parent-child communication and to guide parents in learning new skills that will help

their children feel better and behave appropriately.

Whether or not family therapy is advised, it is vital for parents to stay involved in their child's therapy or other kinds of treatment. Skilled mental health professionals will always seek to involve the parents by asking for and sharing information.

There are several evidence-based programs that have been found useful for treating children who have been sexually abused and their families. The California Evidence-Based Clearinghouse for Child Welfare lists programs for the treatment of problem sexual behaviors in adolescents (<http://www.cebc4cw.org/topic/sexual-behavior-problems-in-adolescents-treatment-of/>) and in children (<http://www.cebc4cw.org/topic/sexual-behavior-problems-in-children-treatment-of/>). Most mental health professionals stay up-to-date on recent evidence-based and practice-informed trends in mental health. The National Child Traumatic Stress Network includes information about trauma-informed treatment for sexual abuse on its website (<http://www.nctsn.org/trauma-types/sexual-abuse#q3>). The Child Trauma Academy suggests that interventions for trauma and abuse be delivered in a "neurosequential" order and be responsive to children's current functioning and problem history.⁷

Your Child Welfare Agency

If you are a kinship caregiver or foster parent, or if you are seeking to adopt a child, you may wish to talk with your social worker about what you discover about

⁷ For more information on the neurosequential model of therapy, see <http://childtrauma.org/nmt-model>.

your child's history and any behaviors that worry you. Sharing your concerns will help your social worker help you and your family. If your child exhibits problem sexual behaviors toward other children, be aware that you may also be required to report these to child protective services in order to comply with mandated reporting laws in your jurisdiction.⁸

Many adoptive parents also call their local child welfare agency to seek advice if their child shows troubling behaviors. Child welfare workers are often good sources of information, can offer advice, and are familiar with community resources. Adoption agencies may also be able to provide additional postadoption services or support to adoptive parents who find out about their child's history of sexual abuse after the adoption is finalized. For more information about postadoption services, see the Child Welfare Information Gateway web section: https://www.childwelfare.gov/adoption/adopt_parenting/

What to Look for in a Mental Health Professional

Finding a knowledgeable and experienced mental health professional is key to getting the help your family needs. Some communities have special programs for treating children who have been sexually abused, such as child protection teams and child advocacy centers. You may also find qualified specialists in your community through the organizations noted below.

⁸ See Child Welfare Information Gateway's *Mandatory Reporters of Child Abuse and Neglect* at https://www.childwelfare.gov/systemwide/laws_policies/statutes/manda.cfm.

- Child advocacy centers (see <http://www.nationalcac.org/locator.html>)
- Rape crisis or sexual assault centers
- Local psychological or psychiatric association referral services
- Child abuse hotlines (See Information Gateway's *Child Abuse Reporting Numbers*: https://www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?rs_id=5&rate_chno=11-11172)
- Information Gateway's *Selecting and Working With a Therapist Skilled in Adoption* at https://www.childwelfare.gov/pubs/f_therapist.cfm
- Child protective services (CPS) agencies
- The National Child Traumatic Stress Network maintains a list of its members that specialize in research and/or treatment at <http://www.nctsn.org/about-us/network-members>
- Nonprofit service providers serving families of missing or exploited children
- University departments of social work, psychology, or psychiatry
- Crime victim assistance programs in the law enforcement agency or in the prosecutor's or district attorney's office
- Group private practices with a specialization in trauma services
- Family court services, including court-appointed special advocate (CASA) groups or guardians *ad litem*
- American Academy of Child & Adolescent Psychiatry at http://www.aacap.org/cs/root/child_and_adolescent_psychiatrist_finder/child_and_adolescent_psychiatrist_finder

- American Psychological Association at <http://locator.apa.org/>

Therapy for children who have been sexually abused is specialized work. When selecting a mental health professional, look for the following:

- An advanced degree in a recognized mental health specialty such as psychiatry (M.D.), psychology (Ph.D. or Psy.D.), social work (M.S.W.), counseling (L.P.C.), Marriage and Family Therapy (M.F.T.), or psychiatric nursing (R.N.)
- Licensure to practice as a mental health professional in your State (Some mental health services are provided by students under the supervision of licensed professionals.)
- Special training in child sexual abuse, including the dynamics of abuse, how it affects children and adults, and the use of goal-oriented treatment plans
- Knowledge about the legal issues involved in child sexual abuse, especially the laws about reporting child sexual victimization, procedures used by law enforcement and protective services, evidence collection, and expert testimony in your State
- A willingness to work in a coordinated fashion with other professionals involved in your family's care

Conclusion

Many people want to help children who have been sexually abused, but they often struggle with feelings of confusion, concern, anger, and disgust as they learn more about the abuse. You may need help in order to resolve these struggles and to move toward acceptance of your child's background.

If you were (or suspect you may have been) sexually abused as a child, dealing with your own child's difficulties may be particularly challenging, and reading this factsheet may have brought up difficult thoughts and feelings.⁹ Your courage in facing these issues and tackling a personally difficult and painful subject can actually be helpful to your children by demonstrating to them that sexual abuse experiences can be managed and overcome.

Creating a structured, safe, and nurturing home is the greatest gift that you can give to all of your children. Seek help when you need it, share your successes with your social worker, and remember that a healthy relationship with your children allows them to begin and advance the recovery process. It is in the context of your parent-child relationship that your child learns trust and respect, two important building blocks of your children's safety and well-being.

⁹ A list of resource organizations for adults who were abused as children is available on the Child Welfare Information Gateway website: https://www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?subID=41&rate_chno=11-11136.

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Frequently Asked Questions From Lesbian, Gay, Bisexual, and Transgender (LGBT) Prospective Foster and Adoptive Parents



The landscape for LGBT adoption is changing, with an increasing number of LGBT individuals and couples choosing to build families through adoption. Many agencies, both public and private, welcome the LGBT community. Leading child welfare organizations believe that prospective LGBT parents are an excellent resource for children and youth in need of a permanent

family.¹ However, specific challenges continue to face many LGBT prospective adoptive parents; they vary depending on where you live and whether you adopt as a single person or a couple.

¹ Human Rights Campaign: *All Children—All Families Promising Practices Guide*, 2010, at www.hrc.org/issues/parenting/adoptions/8941.htm

The adoption process can seem daunting for anyone, straight or gay, and it can require a significant commitment of time, emotional energy, and financial resources, depending on the path you take. To make the experience as positive as possible, do your homework before getting started. Being informed is the first step in the process. The following answers to frequently asked questions (FAQs) can help you in this early stage of your journey in adoption.²

Q: How do I find a welcoming agency?

A: Finding an agency that is genuinely welcoming and affirming is the key to a successful adoption experience. Begin by asking other LGBT adoptive parents for feedback on the agencies they used and whether they would recommend a particular agency. Conduct your own Internet research by reviewing agency websites for images and language that speak to the LGBT community, for example, photos of two-mom or two-dad families, or client nondiscrimination statements. You can call an agency directly and ask about its policies or request an in-person meeting with a staff person to learn more about the agency's track record with LGBT families and to get a sense of how open they are. If you live in a jurisdiction that has laws restricting LGBT adoption, ask the agency how it navigates those challenges. Be sure that the agency can verify that it has placed children with LGBT families, and ask to speak to some of their LGBT clients.

Other topics to explore with agencies are:

- The number of LGBT families the agency has worked with, what percentage of all families that represents, and how long LGBT families wait to be matched with a child or children
- How the agency, if the agency places infants, represents LGBT families to expectant parents considering adoption for their infants
- How the agency's intercountry program, if it has one, works with LGBT families

Q: What States allow LGBT individuals or same-sex couples to foster or adopt?

A: Most States do not have laws or formal policies that address the eligibility of LGBT individuals or couples to adopt or serve as foster parents. Instead, child welfare professionals and judges make placement decisions that should be in the best interests of the child. A few States have laws that restrict adoption or fostering by gay people (for example, Mississippi). In States where same-sex couples can marry legally they can also adopt. In many other States, sexual orientation or same-sex relationship status does not exclude couples from adopting.

Some States will allow *singles* to adopt but will not allow same-sex or unmarried *couples* to adopt. If one member of a couple chooses to adopt as a single parent because the State won't allow second-parent adoption, the parents may want to find a way to complete a second-parent adoption in order to provide the child with legal protection.

Before you begin your adoption process, you should research the laws in your jurisdiction. Seek consultation from your

² See Child Welfare Information Gateway's *Adoption: Where Do I Start?* at www.childwelfare.gov/pubs/f_start.cfm

State equality organization or a national LGBT organization if you are unclear. See Child Welfare Information Gateway's *Who May Adopt, Be Adopted, or Place a Child for Adoption? Summary of State Laws*: www.childwelfare.gov/systemwide/laws_policies/statutes/parties.pdf.

Q: Should I disclose my sexual orientation or transgender status? If so, when?

A: This is perhaps the most daunting aspect of the adoption process, particularly if you live in a State with restrictive laws or if you are not sure of your agency's policy. Full disclosure in adoption is optimal and advised, whether it's regarding sexual orientation, family history, or other aspects of your personal life and background. LGBT adoptive parents often worry that disclosure may disqualify them as adoptive parents or lead to greater scrutiny as applicants. For single LGBT adults, it may seem irrelevant or unnecessary to disclose this information. Because the decision to place a child with you is made by someone else—a birth parent or agency professional—it is important and most ethical that the decision be based on a full, honest picture of who will be raising the child.

It is best to disclose early in the process, perhaps by calling an agency and stating that you are a gay man, or a lesbian couple, or a transgender woman—whatever the situation is—and gauging the response over the phone. If you do not disclose right away, talk with your social worker during the home study or family assessment about your sexual orientation and relationship status, whether you are single or in a committed

relationship. In States where joint adoption is not allowed, you may need to identify one person to be the primary applicant and one to be the “other member of household.” Ideally, the agency, and the home study social worker in particular, should be aware of your sexual orientation, gender identity, and relationship status to help you navigate the particular challenges in the city, county, or State where you reside.

If there is a compelling reason why you are not able to disclose—for example, you live in a State that bans gay adoption, or you are pursuing intercountry adoption from a country that will not place with LGBT families—consult with an LGBT family law attorney or LGBT advocacy organization before moving forward. There are often ways to resolve these difficult scenarios.

There can be irreversible consequences if you do not disclose your sexual orientation. For instance, withholding information or not being truthful could exclude an applicant from the process no matter how good the reason. Also, it is vital that you and your partner have the benefit of the best adoption preparation possible. Without an honest relationship between you and your agency, you could miss essential information or a preparation opportunity. Effective preparation and postadoption support offer the most promising basis for a successful placement for the child and the parents.

Q: What should I expect from the home study or family assessment?

A: All types of families may find the home study intrusive; however, this assessment allows the agency or social worker to best

match your family's strengths to the needs of a particular child or children. It's good to keep that thought in mind when preparing for your home study.

The home study can create added anxiety for LGBT individuals and couples, particularly when there are concerns about the agency policies and questions about disclosure. Again, by sharing early on that you are an LGBT individual or couple, there is a greater likelihood that the home study social worker will be better prepared to conduct your family assessment.

Many LGBT applicants wonder if they should "straighten up" the home before the social worker visits by taking down certain photos or artwork or removing some books from view. These thoughts are normal for all prospective parents, straight or gay, in an effort to make the best possible impression on the social worker and prepare the home environment for the arrival of a child.

The goal of the home study or family assessment is to learn about you as an individual and as a couple, if applicable, to assess the strengths and capacities you would bring to parenting a child or children needing a family, and to help prepare you for the transition to parenthood. It is also the process through which the social worker determines that the home is safe and secure for a child. The home study process can feel invasive and overwhelming. It is important to remember that it's like that for all adoptive parents, regardless of sexual orientation, and that the best approach is to be honest, open, and authentic. If you feel at any point that your home study social worker is asking inappropriate questions, is uncomfortable with you, or is being biased

in the assessment, contact a supervisor or agency administrator.

Q: What do I do if I think an agency is discriminating or being unfair?

A: As noted above, if you feel at any time that a particular agency staff person is being unfair, disrespectful, or discriminatory, you should share your concerns first with that person. There may be a simple misunderstanding that can be corrected immediately. If you do not get a reasonable response, go to the supervisor or agency administrator.

Keep in mind that while there is still discrimination, and the potential for being treated unfairly definitely exists, what you might perceive as discrimination or homophobia may be something else. For example, you may feel that you are not getting calls returned because you are gay, or that as a same-sex couple you are waiting longer for a placement than the heterosexual couples in your support group. What may be true, however, is that the social workers at the agency do not return *anybody's* calls quickly because there is a high workload for the staff and that the heterosexual couples are waiting just as long as the same-sex couples. This would be a good opportunity to join a support group or form one to interact with other couples who are waiting, find out about their experiences, and prepare for the type of child or children you hope to adopt.

It is important to speak up when you feel something is unfair, to report up the chain of command, and to be open to the possibility that you may be wrong. In cases

of explicit discrimination, contact an LGBT advocacy organization.

Q: How do I find support during the waiting process?

A: Many agencies have support groups for waiting families, so the first step is to ask for a referral to those groups, ask if other LGBT families are currently in the group, and find out if the facilitator is LGBT-competent and friendly. In addition, there are many LGBT parent support groups across the country, and you can find adoptive and preadoptive families to connect with. The waiting period is a great opportunity to begin networking with other LGBT and adoptive parents who can help you build a support network as you transition to parenthood. If you are not able to find a group in your local community or through your local agency, you can explore online discussion forums for waiting families and for LGBT families in general. You may even consider starting a group if one does not exist.

Q: What do experienced LGBT parents have to offer as advice?

A: Most LGBT parents say that they benefit from being part of a larger community of LGBT parents and that it is important for their children to see other families like theirs, especially as they get older. LGBT adoptive parents often have networks that overlap, some of which are tied to the adoption community and some to the LGBT community, but there is a lot of common ground. Experienced parents recommend that you research the LGBT policies of your local day care facilities or schools and identify pediatricians and other service providers who are LGBT friendly. If

one member of a couple has to adopt as a single parent because your State won't allow second-parent adoption, you may want to find a way to do a second-parent adoption to provide your child with legal protection. Finally, experienced parents recommend that you think about how you will talk to your family, friends, neighbors, teachers, and others about your family and how you will answer challenging questions that may arise.

Adoption professionals can find more information and resources in Child Welfare Information Gateway's *Working With Lesbian, Gay, Bisexual, and Transgender (LGBT) Families in Adoption*: www.childwelfare.gov/pubs/f_profbulletin

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