Article

Delaying Adoption Disclosure: A Survey of Late Discovery Adoptees

Journal of Family Issues
2019, Vol. 40(9) 1154–1180

DOI: 10.1177/0192513X19829503
journals.sagepub.com/home/jfi
SAGE

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Abstract

Despite common recommendations from professionals that adoption disclosure should be done at early ages, reports suggest that a sizeable number of adult adoptees do not learn of their adoption status until older ages. The few studies that exist indicate that the late discovery of adoption is linked to psychological distress and feelings of anger, betrayal, depression, and anxiety. In this mixed-method study, 254 adult adoptees completed a survey consisting of the K10 (Kessler Distress Inventory) the World Health Organization Quality of Life Scale–BREF, open-ended prompts, and demographic items. Results indicated that those who learned of their adoptions from age 3 and older reported more distress and lower life satisfaction when controlling for the amount of time adoptees have known of their adoption statuses and their use of coping strategies. Adoptees also indicated a desire for communicative openness and reported that beneficial coping methods included supportive relationships and seeking contact with birth relatives and other adoptees.

Keywords

family processes, parent/child relations adoption, adoption disclosure, late discovery adoptees, adjustment, coping

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> In my own experience, accidentally discovering that I was adopted was earth shattering. I found myself in an identity crisis in which everything I thought I knew about myself, including my family, my ancestry and cultural identity, even my hopes for my religious freedom, were redefined. I still wrestle with the impact of the discovery nearly two decades later, but the experience has also taught me a great deal. It taught me the importance of supporting adoptee rights and that family often transcends blood. It also taught me that what matters most is not "what" we are but "who" we are.
>
> —Stokes (2015).

As illustrated by the quotation above, learning about one's adoption status as an adult can be shocking, emotion filled, and devastating, yet little attention has been given to the adoptees who have experienced this shock. The withholding of information about children's status as adoptees did not even have agreed on terminology until the members of the community self-labeled as "late discovery adoptees."

Historical Background of Adoption Disclosure

Although adoptions have taken place throughout history, the practice of formal adoption has a relatively short history. Melosh (2002) partitioned the history of adoption into three periods: 1900 to 1940, 1940 to 1970, and 1970 to current day. Prior to 1940, most adoptions were open (Carp, 1998), but after 1900, adoptions began to become formalized and social work practice paved the way for modern adoption. When adoption advocates sought to place babies born to unwed mothers with married couples as a solution to the stigma associated with illegitimacy, adoption records (including original birth certificates in states across the country were closed, birth certificates were amended, and children were matched with phenotypically similar adoptive parents to better conceal the adoption (Melosh, 2002). After World War II, adoption became a more acceptable, alternative way of forming families that provided a "solution" to unplanned pregnancies (on the rise after the war; Melosh, 2002). During this period, transracial and international adoption began to be practiced and adoption professionals were caught between deceiving birth mothers and promoting these families among White women from middle-class backgrounds (Melosh, 2002). Melosh described this historical period as one where secrecy was prominent (e.g., adoptees' histories were withheld if they were deemed irrelevant) and disclosure was limited. In the final period, disclosure began to change and shift as did attitudes toward adoption. With the legalization of abortion and the decreasing stigma of single parenthood, adoption practiced shifted further. Adult adoptees began

seeking contact with birth parents and birth mothers expressed grief and reclaimed their status as mothers. Within this current period, adoption practice has been subjected to a highly critical lens in which adoption has been associated with pathologized outcomes.

As reflected within the literature, adoptive parents and adoption/mental health professionals were mixed in their decisions on when and if to disclose adoption status to their adopted children (Berger & Hodges, 1982; Carp, 1998; Wieder, 1978). For example, up through the end of the 20th century, some psychoanalytic clinicians recommended that adoptees not be told of their adoptions until after they had progressed beyond the challenges of childhood due to the belief that psychological distress was caused by the disclosure of adoption (Wieder, 1978), whereas many adoption professionals promoted disclosing adoption status, but the timing of that revelation (e.g., early childhood vs. older than 18 years) was not specifically agreed on (Carp, 1998). Adoption professionals in the 60s and 70s who supported disclosure recommended that adoptive parents use the "chosen child" narrative (i.e., adoptees were specially chosen to be adopted) when disclosing adoptive status to frame the adoption in a positive way (Berger & Hodges, 1982).

In response to the climate around attitudes toward adoption, David Kirk's (1964) seminal work, *Shared Fate: A Theory of Adoption and Mental Health*, became pivotal in advocating for the importance of promoting open communication within adoptive families. Kirk (1964) encouraged the acknowledgement of both similarities and differences between adoptees and their adoptive families, a distinct rebuke to the long-standing secrecy and shame associated with adoption. Despite or perhaps due to the mixed opinions on adoption disclosure, the practice of delaying or preventing adoption disclosure has been a long-standing practice in some families. Berebitsky (2000) found that in the early 20th century, many, if not most, families "did not tell their children they were adopted (either formally or informally)" (p. 48). Other research on adoption disclosure found that most adoptive parents did not disclose adoption status (Jaffee & Fanshel, 1970), adoptees often learned of their adoption by accident or from peers (McWhinnie, 1967), and those adoptive parents who did disclose did so in adolescence or adulthood (Triseliotis, 1973).

Although current adoption professionals more universally recommend that adoptive parents inform adopted children of their adoptive status at young ages (Alexander, Hollingsworth, Dore, & Hoopes, 2004; Berger & Hodges, 1982; Brinich, 1990), a substantial community of adopted persons continue to report learning of their adoption status at older ages ranging from middle childhood to well into older adulthood but estimates are difficult to gather given the secrecy inherent to the late discovery adoptee (hereafter referred to as LDA) experience (Kenny, Higgins, Soloff, & Sweid, 2012).

Despite prevailing wisdom at the end of the 20th century, some scholars continue to debate the dichotomy between telling and withholding and referred to it as adoption disclosure and nondisclosure. MacIntyre (1990) defined adoption disclosure as "parents proactively telling a child of his or her adoption" (p. 828) and nondisclosure as "waiting until the child discovers on his own or is told by a third party about the adoption" (p. 828). Although adopted as infants or toddlers, a sizeable number of adoptees (e.g., $n = 33$ out of $N = 40$) were never told of their adoption status until adolescence, adulthood, and even late adulthood (Perls, Markham, Benevolent Society of New South Wales, & Post Adoption Resource Centre, 2000). In many cases, adoptees also reported learning of their adoptions by third parties or on the deaths of their adoptive parents. As noted above, these adoptees became known as "late discovery adoptees," a term coined by Ron Morgan in the mid-1990s (Morgan, 1997).

Given that most adoption research focuses on adoptees who were aware of their adoption status, LDAs are relatively absent in much of the professional literature. The paucity of LDA research is likely exacerbated by delay in adoption disclosure itself preventing the participation in adoption-related research. Furthermore, few studies other than those specifically exploring adoption disclosure gathered information about the age or time at which adoption was disclosed to them. The lack of information regarding adoption disclosure in most of the literature hinders the ability to assess the impact of delayed adoption disclosure and even nondisclosure on adopted persons. The very nature of adoption disclosure also makes it difficult to both study adoptees and their families prior to disclosure and to estimate the prevalence of adoption nondisclosure. Cimons (1998) estimated that, out of the estimated five million adopted persons in the United States, there are likely thousands of LDAs in the United States but that figure is difficult to determine given the secrecy and nondisclosure of adoption that define the late discovery experience. Using estimates in the literature, we speculated that if 11% (Riley, 2013) of the approximately 250,000 Australian adoptees (Kenny et al., 2012) were late discovery, then within the United States, 11% of the estimated five million U.S. adoptees, or up to 550,000 U.S. adoptees, likely experienced delayed adoption disclosure or even nondisclosure altogether.

The purpose of this study was to directly explore the relationship between delayed adoption disclosure and adult adoptees' psychological adjustment and life satisfaction. Using a sample of adults who learned of their adoption status at a wide range of ages, we used a mixed-method survey design to gather both quantitative and qualitative data to explore the impact of late discovery of adoption status on adoptees' mental health, emotional well-being, and coping.

Secrecy and Adoption Disclosure

Within adoption literature, the construct of communicative openness has been widely explored. Communicative openness refers to the degree to which adoptive parents speak openly about adoption and birth family contact (Jones & Hackett, 2007; Le Mare & Audet, 2011). Although communicative openness is often associated with adjustment and adoption outcomes, communicative openness does not fully account for delayed or absent adoption disclosure. In essence, delayed adoption disclosure may be an outcome of restricted communicative openness. As a result, the use of the term "LDA" for those who experienced delayed adoption disclosure likely provided terminology and a group identity to a subset of adoptees for whom the issues of secrecy and lies in adoption (Passmore, Foulstone, & Feeney, 2006) were even more exaggerated than in the larger population of adoptees. For example, Morgan (1997) described the nature of "the Lie" in this way: "The lie which creates LDAs hold entire families, parents, children, siblings, aunts, uncles, and grandparents, hostage. Decisions to associate with certain family members are made predicated on their willingness to collude in the lie" (p. 4).

As described by Brinich (1990), psychoanalytic clinicians recommended that adoptees not be told of their adoptions until after they had progressed beyond the challenges of childhood due to the belief that psychological distress was caused by the disclosure of adoption (Wieder, 1978). Although current adoption professionals more universally recommended that adoptive parents inform adopted children of their adoptive status at young ages (Alexander et al., 2004; Berger & Hodges, 1982; Brinich, 1990), a substantial community of adopted persons have historically reported learning of their adoption status at older ages ranging from middle childhood to well into older adulthood but estimates are difficult to gather given the secrecy inherent to the LDA experience (Kenny et al., 2012). In 1990, the *Journal of the American Academy of Child & Adolescent Psychiatry* published a debate forum that cited the pros and cons of adoption disclosure to adopted persons themselves. MacIntyre (1990) endorsed adoption disclosure, did not recommend a specific age for disclosure, and described situations when disclosure was not appropriate (e.g., when adoptive parents were not prepared, when disclosure status was used as an attack, or when there are crises within the family). In contrast, Donovan (1990) presented disclosure guidelines that countered recommendations from the larger discipline:

> (1) do not tell unless asked; (2) do not make excuses for the child's birth mother; (3) do not embellish the explanation; (4) tell the truth, but only when asked; and (5) do not try to make up for the past. (p. 830)

However, Berger and Hodges (1982) recommended that disclosure should occur between ages 4½ and 13 years based on case studies of six adopted children, a considerably small sample on which to base conclusions. Despite Berger and Hodges' recommendation, they also cite other sources who recommend adoption disclosure in infancy. Although infants do not recall being told of their adoption status, parents can begin to tell them of their adoptions before they can talk or even understand the meaning of adoption so that they cannot remember a time when they did not know of their adoptions and thus cannot be harmed by the revelation of their adoptions from a peer or relative (Berger & Hodges, 1982). As more contemporary research reflects, many adoptees themselves reported always knowing of their adoptions (Kenny et al., 2012; Wydra, O'Brien, & Merson, 2012). Despite the debate regarding when and if to tell adoptees of their adoption status, little research has been conducted to understand the impact of late adoption disclosure on LDAs.

Literature Review

Late Discovery Adoptees

In Australia, Riley (2008) presented initial findings of her qualitative study on 22 late discovery adoptees. Participants submitted personal stories of adoption discovery and Riley reported the following themes related to the late discovery experience: feelings of betrayal, loss of trust, and difficulty forgiving. These themes were consistent with the findings reported in Riley's (2009) chapter, which drew on the late discovery experience beyond the traditional adoption population ($n = 20$) to include donor offspring ($n = 5$). Postdiscovery response themes were recognized as falling into two categories: (a) betrayal of trust (including betrayal by institutions) and (b) the need for recognition, especially public recognition that the practice of secrecy is harmful and unjust. Themes of feelings of betrayal and injustice were also identified, as were complications in independent identity construction and diminished self-worth.

In a 2012 study, Wydra et al. (2012) conducted the only study of LDAs in the United States. In their qualitative study of 18 adult adoptees, Wydra et al. analyzed 15 interviews using consensual qualitative research methods (i.e., methodology using small samples, open-ended interviews, multiple perspectives, and consensus of a research team; Hill & Thompson, 1997). They found that those who had "always known" of their adoptions reported learning of their status before age 2 ($n = 8$), whereas those who had memories of the disclosure reported being between ages 2 and 5 years at the time of disclosure ($n = 6$), and one reported being age 18 on disclosure. They found that three adoptees both wished they had learned of their adoptions at younger

ages and had poor communicative openness regarding adoption within their families. Wydra et al.'s (2012) reference to infant adoptees learning of their adoption status in infancy is predicated on the belief that although infants do not recall being told of their adoption status, parents can begin to tell them of their adoptions before they can talk or even understand the meaning of adoption so that they cannot remember a time when they did not know of their adoptions and thus cannot be harmed by the revelation of their adoptions from a peer or relative (Berger & Hodges, 1982).

In another 2012 study of adoption outcomes, the Australian government's report (Kenny et al., 2012), included a large sample of 823 adult adoptees who experienced delayed adoption disclosure. Although not limited to late discoverers (i.e., study included first/birth parents, adoptive parents, and adult adoptees), this study contributed greatly to the understanding of the effects of closed adoption, and how individuals affected may be best supported and served. In this mixed-method study of adoptees, 11.2% (n = 92) of the adoptees discovered their adoptive status after age 21 and 14.4% (n = 109) of the sample reported learning of their adoptions from sources other than their adoptive parents. Results indicated that generally the earlier the age of discovery, adoptees reported (a) greater psychological health, (b) less likelihood of severe mental disorders, and (c) greater life satisfaction. For all three domains, the pattern was that those who discovered their adoptions before age 3 (essentially those who felt they had "always known" [Kenny et al., 2012, p. 89] of their adoptions) reported better outcomes with a descending trend that continued through ages 3 to 5 years, ages 6 to 10 years, and ages 11 to 20 years (the group that consistently had the poorest outcomes). Those who learned of their adoptions after age 21, reported health outcomes that were slightly better than those who discovered between ages 11 and 20 years suggesting that older persons may have more coping skills to be able to deal with such news than younger people. In any case, the health outcomes for those who discovered their adoption status after age 21 were still worse than those who learned as very young children.

Kenny et al.'s (2012) findings that those who discovered they were adopted at very early ages reported generally healthier outcomes supports the hypothesis that disclosing adoption early in life and then discussing it openly and honestly throughout the life span provides adoptees with the best chance to integrate their adoption status into a healthy sense of self and identity.

Life Span Adoptee Development

There is a robust literature on how adoptees who know about their adoption status navigate various life span developmental stages. Children typically begin to develop an understanding of being adopted during the toddler and

preschool years (aged 1-5 years). During this stage, adoptees navigate the tasks of incorporating the disclosure of their own adoption, understanding the permanency of the adoption relationship, learning their adoption stories, asking their parents about their adoptions and importantly, establishing trust (Brodzinsky, Smith, & Brodzinsky, 1998). In fact, according to Erikson's theory of psychosocial development, the foundational task between birth and age 18 months is establishing trust between the child and the parent (Erickson, 1950). This task is foundational because it forms the basis in the child for a sense of his or her identity. Failure to establish a trust bond between child and parent may leave the child feeling like the world is unpredictable and frightening. What is less well-established in the literature is what happens if children have a trusting relationship with their parents, and then later discover, as LDAs do, that their relationships were based on a fundamental mistruth.

During middle childhood (aged 6-12 years), adoptees process the meaning of adoption, its implications regarding his or her origins, possible reasons for relinquishment, and the stigma of adoption especially around peers' responses to adoption (Brodzinsky, Schechter, & Henig, 1992). Challenges of adolescence (aged 13 to 19 years) typically include the negotiation of identity versus role confusion (Erikson, 1968), additional thoughts and feelings about birth family and birth heritage, and considerations of searching for and establishing contact with birth families (Brodzinsky et al., 1992). The family romance fantasy (i.e., fantasies that birth families are ideal in comparison with adoptive family; Brodzinsky et al., 1992) and genetic bewilderment (i.e., questions about physical traits and genetics; Lifton, 1994) may be prominent issues during this time. Adolescence can be a challenging time for any child and this may be why those in the Kenny et al. (2012) adoption study who discovered their adoption status between ages 11 and 20 years experienced the worst health outcomes of any age. During adulthood, tasks of young adulthood (e.g., reaffirming the bond between adoptees and their families, decisions about searching), middle adulthood (e.g., adoptees' reconciling unknown history and accepting their adoption), and late adulthood (e.g., coping with the resolution of their relinquishment, adoption, and search for birth family) become prominent developmentally (Alvarado, Rho, & Lambert, 2014; Hajal & Rosenberg, 1991).

Even adoptees who were told at a very early age about their adoption status must do substantial psychological work to integrate their adoption status into a healthy sense of self-worth. LDAs who are not told about their adoption until later in life must travel through these developmental stages believing one set of facts about their origins, only to have to later revisit these stages with another set of facts about where they come from and who they are. Given the findings presented above (Kenny et al., 2012; Riley,

2008; Tarachow, 1937), evidence suggests that discovering adoption after toddlerhood may lead to psychological and familial discord, but virtually nothing is known about how discovering adoption status during different life stages affects adoptees' identities and how their coping efforts affect their adjustment.

Family Secrets

To better understand delayed adoption disclosure, family secrets are likely important components of LDAs' experiences. Although not directly addressed in the current study, parents who delay or deny adoption disclosure must tell lies both directly and indirectly to their adopted children to maintain the secrecy of their adoptions. As a result, family secrets and maintenance of those secrets can have an impact on all those involved. For example, adoptive parents who deny that their children are adopted can create barriers to the adoptees progressing through the normal developmental stages (Rosenberg & Groze, 1997), but adoptees' responses to those secrets can be especially challenging. Passmore et al. (2006) addressed the impact of secrecy on adoptees and reported that greater openness and honesty in adoptive families was related to increased closeness, whereas greater secrecy was associated with more distant relationships (e.g., more avoidant and anxious attachment, greater social loneliness, and higher risk intimacy).

Coping

Coping with trauma is usually based on a variety of responses that individuals utilize that may be either effective or ineffective. For LDAs, coping has yet to be explicitly explored; however, empirical research indicates that patterns of stress and coping shift throughout the life span in nonlinear directions (Diehl et al., 2014). As individuals grow and age, their use of coping skills can shift, expand, retract, and mature. Findings indicate that children struggle with transitions to new coping opportunities and may tend to rely on fewer coping skills and options when they are younger (Zimmer-Gembeck & Skinner, 2011).

Late Discovery Adoptees: Psychology, Adjustment, and Coping

As illustrated in the literature reviewed, scholarship on the LDA experience has been almost exclusively conducted with Australian adoptees and the experiences of LDAs in the United States have yet to be explored. To adequately study the effects of delayed adoption disclosure on adoptees, we

sought to understand Kenny et al.'s (2012) findings indicating the highest level of distress for adoptees occurred when adoption disclosure occurred during adolescence by gaining a greater understanding of adoptees' processing and coping with the delayed disclosure of adoption. Anecdotal and self-reports of distress experienced by LDAs following the discovery of their adoption status suggest that adoptees in general and LDAs in particular, likely use various coping strategies to integrate the discovery of their adoption status into their identities. Coping strategies can theoretically be both positive and negative in nature (Carver, Scheier, & Weintraub, 1989). For example, denial as a coping strategy has been presented as both a useful tool to manage high levels of stress and as a problematic method of coping due to the delay and possible magnification of stress that can result from delaying or suppressing emotions. Thus, for the present study, the use of coping strategies rather than the valence associated with the various coping strategies was used in assessing the impact of delayed adoption discovery on adoptees. Previous studies have not explored the role of coping strategies in understanding the impact of delayed adoption disclosure. Using an online survey, we designed this mixed-method study and gathered both quantitative and qualitative data on LDA experiences. In the current study, the research questions are as follows:

Research Question 1: What is the relationship between age at adoption discovery on adoptees' psychological distress and life satisfaction?
Research Question 2: What is the relationship between coping strategies used and age of adoption discovery on psychological distress and life satisfaction?
Research Question 3: What explains the slightly better outcomes for adoptees who discover their adoption status in adulthood when compared with those who discover during adolescence?
Research Question 4: How did adoptees describe the effects of their late discovery of adoption on their lives?

Method

Participants

Participants ($N = 254$) were recruited from social media sites (e.g., Internet e-mail lists, social networking groups for LDAs specifically and adoptees generally, adoption network lists, etc.) and websites focused on adoption. To participate, individuals had to be adopted before age 1, adopted by nonbiological parents, and told of or discovered their adoption at any age. Participant

recruitment notices indicated explicit interest in adoptees who discovered their adoption after age 18. Of the 254 respondents, 233 reported their race/ethnicity. The participants were predominantly White (88.8% or $n = 207$), with very small representation from other racial–ethnic groups (Black/African American, 1.7% or $n = 4$; Asian/Asian American, 1.3% or $n = 3$; Native American, 0.4% or $n = 1$; Latinx/Hispanic American, 2.6% or $n = 6$; and Multiracial/Mixed Race, 5.2% or $n = 12$). Over half of participants (58.7%) were married, 18.1% were divorced, 14.6% were single or never married, and 4.7% were in a domestic partnership. Additionally, more women ($n = 206$) than men ($n = 48$) completed the survey. The majority of participants were from the United States ($n = 190$), with smaller numbers from Australia ($n = 33$), the United Kingdom ($n = 11$), Canada ($n = 12$), and other countries ($n = 5$).

Measures

The survey questionnaire was developed by a multidisciplinary team of adoption researchers that included a faculty member, four graduate students, and two "late discovery" adoptees who were told they were adopted as adults. The goal of the survey was to measure various aspects of well-being among adoptees who were told about their adoption at different ages. The survey contained a series of background information questions (17 items) and three different instruments intended to measure well-being. The background information questions included demographics information such as sex, racial and ethnic background, age at adoption, educational level, and age at adoption discovery. Four open-ended items were also included in the survey and provided qualitative data.

The Kessler Distress Scale (K10; Kessler et al., 2002). The K10 is a 10-item single-scale measure. Respondents report the degree to which they have experienced various items (e.g., nervous, tired, hopeless, etc.) in the past 4 weeks using a 5-point Likert-type scale ranging from *none of the time* (1) to *all of the time* (5) with higher total scores indicating more distress. Scores can range from 10 (*no distress*) to 50 (*severe distress*). A sample question on the K10 is, "About how often did you feel so sad that nothing could cheer you up?" Internal consistency and convergent validity for the K10 indicated that the K10 can be effectively used with various community populations as a screening tool for mental illness and general distress and it was normed on a U.S. population (Kessler et al., 2003). The K10 had excellent reliability in this study with a Cronbach's α of .94.

The World Health Organization Quality of Life Scale–BREF (WHOQOL-BREF; Skevington, Lofty, & O'Connell, 1998). WHOQOL-BREF is composed of four subscales containing a total of 26 items, measured on a 5-point Likert-type scale. The subscales include satisfaction with physical health, psychological state, social relationships, and environment. Scores are calculated using the mean of each domain, with higher scores indicating a higher quality of life. Internal reliability on the WHOQOL-BREF was strong for the current study (α = .94). Previous studies have supported the WHOQOL-BREF as an internally consistent measure with generally good construct and discriminant validity (Skevington, Lotfy, & O'Connell, 2004).

The Brief Cope Inventory (BCI; Carver, 1997). BCI consists of 14 subscales and a total of 28 items, rated on a 4-point Likert-type scale ranging from (*I haven't been doing this at all*) to (*I've been doing this a lot*). The BCI has nine coping subscales that the authors designated as "adaptive" and five they designated as "maladaptive" (Carver et al., 1989) and captures different methods of coping such as self-distraction, venting, humor, and religion. Scores indicate the degree to which each method of coping was used by participants and are computed by summing the scores for each item. Ruiz et al. (2015) found support for good convergent and discriminant validity for the BCI. The BCI yielded good internal reliability (α = .88) for this study. For the current study, a total coping score (BCI_T) was calculated by summing the scores for all subscales to represent the reported extent to which adoptees used multiple forms of coping.

Design and Procedure

Following approval by the institutional review board, the survey was posted via an online survey tool for 5 months during which recruitment was conducted via snowball sampling. A total of 301 individuals completed some or all of the survey. Participants (n = 47) were eliminated who did not check the "I agree to participate" box in the consent line, did not complete the key measures (K10, WHOQOL-BREF, and BCI), did not provide a year of birth, and did not provide a year of discovery.

We conducted a mixed-method study with a concurrent nested design for this study. We chose to gather and use both quantitative and qualitative analysis to provide additional insight into this understudied experience. We used SPSS21 for the descriptive statistics and a multivariate analysis of variance test in which wellness scores on the Kessler and WHOQOL-BREF instruments were run by age of discovery to determine if delays in discovering individuals' status as adoptees affected their current experience of wellness.

For the qualitative analyses, we used thematic analysis and data reduction (i.e., analyzing and coding data based on similarities) relying on its dependability and flexibility (Howitt & Cramer, 2008). Four short-answer response items (see Table 1) were designed to explicate the well-being of late discovery adoption and were qualitatively analyzed. The qualitative data were analyzed for recurring keywords and phrases that were coded and grouped into the themes and subthemes indicated in the table. This approach to qualitative data analysis is consistent with the three-phase framework described by Miles and Huberman (1994). The suggested three steps are as follows: data condensation (also called "data reduction"), data display, and conclusion drawing. Data condensation is the selection, focusing, and simplification of the transcribed data into meaningful and relevant words or phrases (codes); this process was conducted in dyads and small groups (two coding teams of three members each with three doctoral students, two master's students, and one PhD). The data display phase was accomplished by placing the selected words and phrases into tables. Finally, the themes and subthemes were developed relevant to their meaning and an assessment of their implications relative to the research questions. Responses to the four short-answer survey items supported and enhanced the quantitative findings in this study by providing context and rich descriptions of the impact of late discovery.

Results

All participants were adopted at young ages, but were told about their adoption status (adoption discovery) at various ages across the life span. The mean age at adoption was 22.65 weeks ($SD = 45.45$), but the mean age of adoption discovery was 18.22 years ($SD = 17.90$), with a range of discovery from birth to 67 years. Using age categories established in prior literature (Kenny et al., 2012) age of discovery groups were set with the following distributions for each age group: 19.3% ($n = 49$) discovered they were adopted between birth and age 2; 20.9% ($n = 53$) discovered between ages 3 and 5 years; 11.4% ($n = 29$) discovered between ages 6 and 10 years; 12.2% ($n = 31$) discovered between ages 11 and 20 years; and 36.2% ($n = 92$) discovered between ages 21 and 67 years. The mean participant age at the time of the survey was 48.74 ($SD = 10.35$), with a range of ages from 24 to 78 years.

How Discovered Adoption. Of the 254 adoptees in the study, 98 were told of their adoptions by their adoptive parents, 33 were told by another family member, 49 found out "by accident," 12 were contacted by birth family members, 4 confronted their adoptive parents, 11 suspected they were adopted and sought to confirm it, 39 could not recall and had always known, and 2 did not report the means of discovery.

Table 1. Qualitative Items and Themes.

Qualitative items	Qualitative themes
A. Please describe the effects of finding out you were adopted on yourself, your family, and your perspective on life. (n = 193)	1. Personal emotional problems • Mental health and substance abuse (n = 37), mistrust (n = 27), self-esteem (n = 25), fear rejection/abandonment (n = 27) 2. Relationship problems • Discord/estrangement with adoptive parents (n = 26), interpersonal/romantic relationship issues (n = 20) 3. Physical outcomes • Health issues (e.g., BP, weight gain; n = 11)
B. As you look back on your overall experience with adoption, what is the one thing you wish your adopted parents had done differently that would have helped you through this experience the most? (n = 243)	1. Transparency • Earlier disclosure (n = 104), adoptive parent openness about adoption (n = 28), support for search (n = 30) 2. Supportive awareness • Acceptance and freedom to explore identity (n = 14), counseling/education for adoptees and adoptive family (n = 14), emotional support/empathy/compassion (n = 25) 3. Safety • Safe from abuse (verbal, sexual, emotional—including threats for further abandonment; n = 11) • 4.Never adopted or relinquished by birth family (n = 16)
C. What was the one thing you did to cope with the experience of discovering you were adopted that was most beneficial to your well-being? (n = 208)	1. Connection • Searched for/contact with birth family (n = 68), connect with other adoptees (n = 27), education on adoption (n = 16) 2. Support • Talking to others (n = 19), counseling (n = 11) 3. Healthy coping • Self-care (e.g., journaling, poetry art, exercise; n = 9), daydreaming and fantasizing (n = 8), faith/prayer (n = 8), other (e.g., self-acceptance, allow anger, active in community; n = 17)
D. What was the one thing you did to cope with the experience of discovering you were adopted that was the least beneficial to your well-being? (n = 171)	1. Masking/suppressing feelings • Ignore/denial (n = 15), risky behavior (e.g., substance use, internalizing, self-harm, unsafe sex; n = 41), isolating self (n = 11) 2. Issues with searching • Searching for birth family unsuccessfully or delaying search (n = 21) 3. Unhelpful interactions with others • Talking to adoptive parents (n = 13), wallowing with other adoptees (n = 5), talking to nonadoptees who didn't understand (including counselors; n = 19) 4. Internalized oppression • Self-blame (n = 5), holding onto anger/frustration (n = 7)

Adoption Discovery, Adjustment, Life Satisfaction, and Coping

As stated in the methods section, participants were grouped by developmental stage (infancy, childhood, preadolescence, adolescence, and adulthood)

using similar grouping categories as those used in the Kenny et al.'s (2012) study. An initial multivariate analysis of variance revealed a negative curvilinear trend on the K10, indicating that discovering adoptee status between the ages of 3 and 20 years resulted in more distress than discovery during infancy or adulthood, with the highest level of distress reported between the ages of 6 and 10 years (see Figure 1, Graph A).

A one-way multivariate analysis of covariance was conducted to determine if a statistically significant difference existed between five age groupings (0-2, 3-5, 6-10, 11-20, and 21-70 years) on the K10 (psychological distress) and WHOQOL-BREF (life satisfaction) when controlling for coping strategy use, as measured by the BCI, and a variable created for this study called the "years known ratio" (i.e., the number of years that each adoptee has known that he or she was adopted divided by the total age of the adoptee). Initial participant responses indicated a curvilinear trend, but when the number of coping strategies used (total score of the BCI_T), results from the multivariate analysis of covariance revealed a positive linear relationship between age at discovery and scores on the K10 indicating that the later the discovery of adoptee status, the more distress experienced (see Figure 1, Graph B). Additionally, results indicated that the age at adoption discovery groups were significant predictors of reported distress, accounting for 29.3% of the variance in K10 scores, $F(9, 164) = 8.55$, $p < .000$, $R^2 = .29$.

Similarly, participant responses on the WHOQOL-BREF Scale initially revealed a nonlinear trend, suggesting that quality of life was rated higher when learning of adoption status in infancy or adulthood, with age groups 3 to 5 years and 11 to 20 years reporting the lowest quality of life scores (see Figure 2, Graph C). However, once again controlling for coping strategies and years known ratio revealed an underlying, negative linear trend, indicating that the later adoption status is discovered the lower reported quality of life (see Figure 2, Graph D). In total, age of discovery groups was a significant predictor of responses for quality of life, accounting for 23.1% of variance on WHOQOL-BREF scores, $F(9, 164) = 6.48$, $p < .000$, $R^2 = .23$.

Adoption Discovery: Effects, Supports, and Coping

Adult adoptees responded to the open-ended items listed in Table 1. Narrative data reduction yielded the themes that emerged from the data set and are indicated in the table along with the subthemes indicated. Responses to the four short-answer survey items supported and enhanced the quantitative findings in this study by providing context and rich descriptions of the impact of late discovery. In response to Question A in the table to describe the effects of disclosure on themselves, their family, and their perspectives on life, three

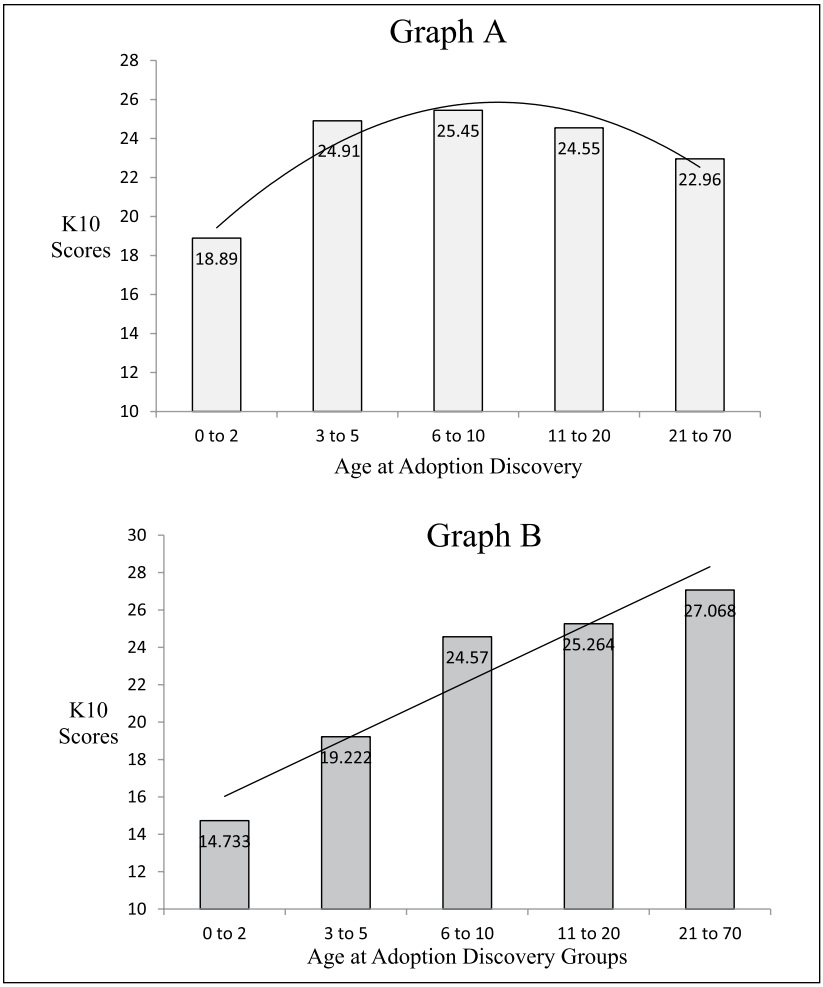

Figure 1. Kessler Distress Scale (K10) scores by age at adoption discovery groups (in years).

Note. Graph A shows the negative curvilinear data trend and indicates higher levels of distress when discovering adoption status after age 3. Highest distress was reported by those who discovered between ages 6 and 10 years. Graph B shows the estimated marginal means after multivariate analysis of variance correction on the Kessler Distress Scale.

themes emerged (see Table 1). All three themes suggest that adoptees reported that delayed discovery was associated with problematic outcomes that affected their emotions, relationships, and physical health. Relationship

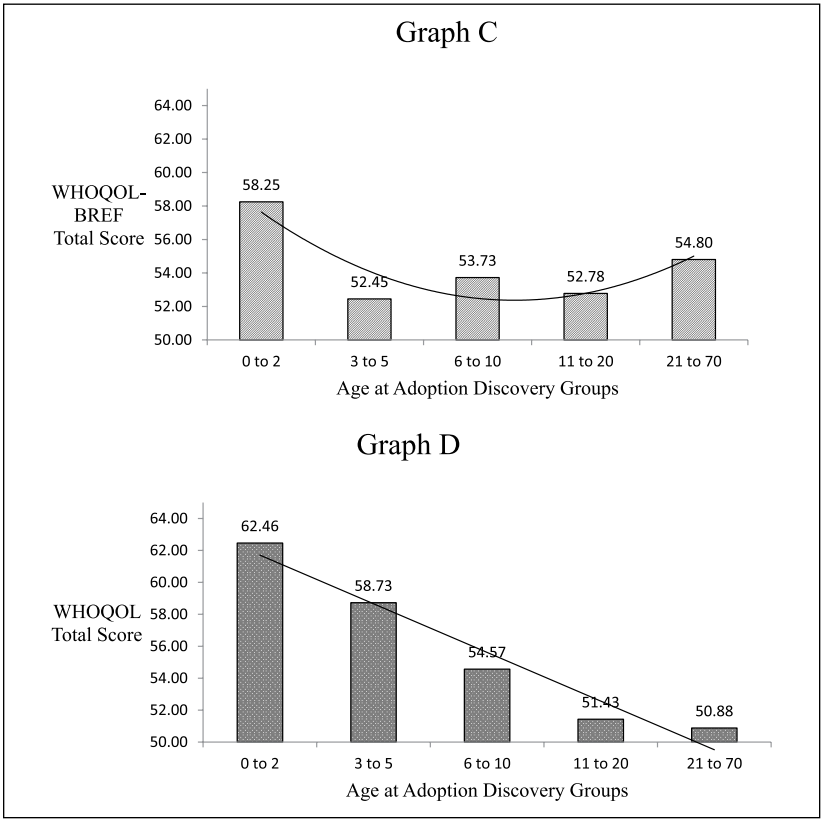

Figure 2. WHOQOL-BREF scores by age at adoption discovery groups (in years).
Note. WHOQOL-BREF = World Health Organization Quality of Life Scale–BREF. Graph C shows World Health Organization quality of life scores by age at adoption discovery groups. Graph D shows estimated marginal means after multivariate analysis of variance correction on the Kessler Distress Scale.

problems seemed especially prominent in adoptees' narrative descriptions. An example of the *relationship problems* theme is illustrated by a White, female adoptee, aged 54 years (aged 49 years at adoption discovery) who stated,

> Realizing that you don't know who you are is life changing. Every relationship in my life changed at that moment. I am much more guarded in every aspect now. Finding out that everyone knew and I didn't is probably the single most traumatic event in my life.

This and similar quotes illustrate the far-reaching impact of secrecy associated with the late discovery of adoption. Such experiences have the power to create intrapersonal conflicts (such as questioning one's identities), as well as interpersonal conflicts with others due to mistrust and other negative emotions. Among the four themes for the question about what the adoptees wished their adoptive parents could have done differently (Table 1, Item B), the theme of *transparency* was found in 104 responses. The responses reflected the potential action-based solutions that adoptees sought that they believed might have lessened the challenges associated with delayed discovery. The responses also reflect the psychological costs of secrecy in the lives of the LDA respondents. For example, a 62-year-old, White, female adoptee (age of discovery 21 years) stated,

> They should have been honest from the beginning. My father collapsed after disclosure causing me to feel more guilty. My mother was, surprisingly, quite positive but it was swept under the carpet soon after and they all pretended it never happened. My feelings were not considered long term. . . . It was all about them.

Two other items solicited on the survey asked about what participants did to cope with their adoption discovery that was most beneficial (Question C, Table 1) and least beneficial (Question D, Table 1) for their well-being. Responses helped support the coping measure by giving richer examples of both adaptive and maladaptive coping methods. Although the responses also reflected attempted solutions, they were composed of both behaviors and feeling states. Of the three themes identified as the most beneficial for coping, the theme of *connection*, which refers to seeking connection with first/birth family, with other adoptees, and with knowledge about adoption (see Table 1), was illustrated by the comment by a 47-year-old, African American male adoptee (age of discovery 24 years), "I found my birth family by hiring a private investigator at age 43. Until then, records were sealed in Illinois. My birth mother's name was on my birth certificate." The theme of *support* was represented by this statement from a 48-year-old, White female adoptee (age of discovery 44 years): "I found that talking to my husband, family, and close friends helped me immensely. Just knowing that I had support helped me through this difficult situation."

With respect to the least beneficial for coping (Table 1, Question D), four themes were identified. An example of *masking/suppressing feelings* was shared by a White, female adoptee who was 49 years at the time of the study and 18 years at discovery.

> The least beneficial thing that I did in coping with this information was the degree of rebelliousness that I took. I began stealing from my adoptive parents [mostly money] out of anger, outrage and a sense of betrayal, anger and an overwhelming sense of loss [of myself and my life].

Discussion

The results of this study indicated that those in the earliest age group of adoption discovery, birth to 2 years of age, reported both the least distress and the highest level of life satisfaction. Initial analysis (i.e., prior to controlling for number of coping strategies and the years known ratio) mirrored those reported by Kenny et al. (2012) and indicated that all adoptees who discovered their adoptions after age 3 experienced more distress and lower levels of life satisfaction with a peak in distress between ages 6 and 10 years and the lowest level of life satisfaction in the 3 to 5 years age group. However, additional analyses indicated that when we accounted for the recency or distance of the adoption disclosure via the years known ratio calculation and accounted for the amount of coping strategies used, adoptees' psychological distress increased in a positive linear direction suggesting that distress increases as the age of adoption discovery increases. With respect to life satisfaction, an inverse relationship was found where satisfaction decreased as age of adoption discovery increased. Prior scholars opined that adoptees fared better if their adoption status was withheld until adulthood and, in contrast to anecdotal evidence, our initial analysis may have supported this assumption. However, by accounting for the years known ratio and coping skills, we found that participants' psychological distress was not necessarily lesser when learning of their status later—they may just have had access to more coping skills later in life.

The findings of this study illustrate the relationship between early adoption disclosure on mental heal health outcomes. In particular, the adult adoptees in this study reported that learning of their adoption status as adults was significantly related to increased psychological distress even when measured many years after the adoption disclosure. Given the ages at which memories are sustained into adulthood (Aizpurua & Koutstaal, 2015), these findings may suggest that those adoptees who believed that they have no distinct recollection of being told of their adoption and yet have always had a confirmed knowledge of their adoption status (i.e., those who report learning of their adoption prior to age 3) tended to experience the lowest levels of current psychological distress. Conversely, these findings suggest that adoptees, who learned of their adoptions and who consciously recalled the revelation and their age at discovery (aged 3 years and older), reported comparatively higher

levels of distress that increased with later ages of discovery. The conscious memory of the adoption disclosure among adoptees may be explained in multiple ways: (a) adoptees' surprise or shock at learning of their adoptions was experienced as upsetting or unsettling, (b) adoptees' experiences of the disclosure and/or the process of disclosure may have been uncomfortable, (c) adoptees' awareness and understanding (albeit limited for those of very young ages) of their adoption status may be experienced as distressful due to early socialization regarding the primacy of biological familial ties.

The qualitative themes represented by the data both validate the finding that adoptees experience emotional, relationship, and physical problems to which they attribute the delayed adoption discovery. They shared a desire for transparency in their adoptions, both in reference to the way their families addressed adoption throughout their life span but also in their journey forward to explore the meaning of their adoptions. In particular, the adoptees in this study sought increased communicative openness which could allow them to freely explore their adoptive identities while still being supported by their adoptive families. A subset of adoptees also sought safety from the abuse experienced within their adoptive families and described the emotional challenges of these experiences. One of this study's unique contributions to the study of late adoption discovery is the increased understanding of the role of coping behaviors. Beneficial coping for LDAs was primarily associated with connection related in the form of searching for contact with birth relatives, seeking connections with other adoptees, going to counseling, and using self-care techniques. Coping behaviors that were described as least beneficial were related to using forms of denial or suppression of adoption discovery, engaging in risky behaviors, failing in or delaying searches for birth relatives, experiencing unsupportive relationships, and internalizing their feelings.

The present study results support MacIntyre's (1990) concerns that delays in adoption disclosure can have deleterious effects on the mental health and wellness of adoptees. Not only was there a significant difference on the K10 measure of psychological distress between those who discovered before age 3 and those who discovered after age 21, but when controlling for coping behaviors and the years known ratio (or the proportion of participants' ages that they have known of their adoption status), the Kessler score was nearly double for those discovering after age 21 (27.1) compared with younger than the age 3 (14.7). These findings also suggest that Brinich's (1990) recommendation of disclosing adoption status between 4½ and 13 years old is already "delayed" and may be experienced as possibly very late and distressful to adoptees.

The curvilinear trend found in the initial data analysis prior to the correction (i.e., controlling for coping strategies) may be the result of a number of

factors. Individuals who found out later in life and reported lower current psychological distress than those who found out during the critical developmental ages of 6 to 19 years may have accumulated more coping tools from life experience to deal with such a jarring piece of information compared with younger people. Another factor that could explain this pattern is simply the idea that time heals all wounds. In essence, older age LDAs who have lived with delayed disclosure for many years may have coped with their LDA status by assimilating their LDA status into their identities.

Interestingly, when comparing the Kessler scores for this population of adoptees with general population studies that use the same measure, virtually all of the sample except those who were told prior to age 3 had levels of psychological distress that were significantly higher than average. A 2007 Australian National Survey of Mental Health and Wellbeing found that across 11,000 respondents, the average K10 score was 14.5 overall (15.0 for women and 14.0 for men; Slade, Grove, & Burgess, 2011). The average K10 score for respondents in the current study was 23.09 ($n = 253$, $SD = 9.26$), or 8.59 points higher than the average respondent.

In accord with many of the findings reported in the literature on adoptees' mental health (Juffer & van Ijzendoorn, 2005; Miller, Fan, Christensen, Grotevant, & van Dulmen, 2000), the average scores in the present study more closely resembled a clinical subpopulation with independently reported mental illness (Slade et al., 2011). For example, the mean K10 scores in the Australian national survey (Slade et al., 2011) for affective disorders was 23.2 ($SE = 0.5$), a score that is similar to the 23.09 mean of the current study's sample. However, the substantially lower scores of adoptees who knew of their adoption before age 3 ($m = 18.96$, $SD = 1.04$) may suggest that early disclosure of adoption may be related to fewer mental health issues.

Limitations

Conducting research with the inherent characteristics held by LDAs is challenging given the secrecy that has, by nature, surrounded this population. Identifying LDAs for our study was limited to the use of resources that are likely only available to those who have identified their late discovery status as requiring support via online groups and listserves. Online surveys are also limited with respect to the degree to which they reached a representative sample of LDAs. The inability to obtain a random sample of the LDA population limits the generalizability of this study. Individuals who completed the survey were recruited from a variety of sources including an LDA support group blog and a disproportionate percentage of subjects were women.

Implications for Research and Practice

The findings of this study represent an important first step in growing our understanding of the impact of withholding adoption status and information. Participants in our study who learned of their adoption status into adulthood experienced more distress than those who were aware of their adoption status since infancy. Although previous conceptual work supported withholding this information (Brinich, 1990; Donovan, 1990), our study provides evidence in support of informing adoptees of their adoption status from infancy.

The terminology embraced by the community of LDAs typically refers to those who learned of their adoptions in adulthood (Morgan, 1997; Riley, 2008). However, in the current study and in the Kenny et al.'s (2012) study, those affected by delayed disclosure were as young as just 3 years of age. Although adoptees who discovered their adoption status prior to adulthood, between ages 3 and 18 years, may not typically be considered LDAs, our findings encourage another perspective on the community of LDAs. Perhaps the experience of "late" discovery exists on a continuum just as the distress experienced by "late" discoverers seems to follow a linear pattern with those oldest at discovery experiencing the most distress but possessing the most coping experience. Qualitative research on a sample of adoptees who discovered their adoptions throughout a range of ages from infancy to older adulthood may further explain this phenomenon.

These findings also have important implications for families, child welfare workers, adoption professionals, researchers, and clinicians. Prior recommendations in the literature encouraged families to withhold adoption status until after childhood because the disclosure could result in additional psychological distress (Donovan, 1990). However, as confirmed by our study, MacIntyre (1990) noted that the risks associated with secrecy outweighed those associated with disclosure. Therefore, our study supports the need for families to disclose from early childhood. Adoptees are overrepresented in mental health settings which suggests that most therapists, counselors, and mental health professionals will likely encounter adoptees over the course of their careers (Keyes, Sharma, Elkins, Iacono, & McGue, 2008), and therefore must be knowledgeable of adoption-related issues and how to address them in counseling.

The findings of this study may serve as an impetus for future research into the psychological resilience of LDAs who experienced increased psychological distress as a result of learning of their adoption status. Psychological resilience is defined as the process of and capacity for positive adaptation to life stressors, adversity, trauma, threats, and tragedy (Spencer, 2015). As illustrated by the findings of this study, adoptees who reported learning of their

adoption status after age 3: (a) were likely to be able to recall the disclosure experience, (b) recalled the age at which they discovered their adoptions, and (c) reported experiencing more distress and less life satisfaction which increased with the ages of discovery. Thus, research into LDA's psychological resilience may provide insight into adoptees' identification and utilization of internal and external resources (i.e., coping behaviors), which may inform the work of counseling practitioners across settings (community mental health agencies, K-12 schools, and private practice).

Little to no literature exists on the treatment of those who are dealing with family secrets that were revealed to them as adults; instead the majority of articles centered on the treatment of children during a period of partial concealment or recent disclosure. Additionally, much of the clinical literature on family secrets focuses on family therapy treatment wherein some or all of the family members are in attendance. This experience is rarely available to those who find out about their adoptions as adults, as often this secret is revealed only after parents have died or are at an advanced age (Morgan, 1997). Similarly, others who knew the secret (e.g., cousins) may be hesitant to attend family therapy with the adopted adult.

The Effects of Family Secrets. Family secrets are systemic and relational in nature, and shape "dyads, triangles, hidden alliances, splits, cut-offs, and define boundaries" (Imber-Black, 1993, p. 9). Knowledge of how these dynamics played out in the client's family life can assist in the therapeutic process. Secret keeping may be a behavior that affects the therapeutic relationship as well; it may be reenacted with the client not disclosing important information to the counselor (Imber-Black, 1993) and can include the use of maladaptive coping mechanisms (e.g., problem drinking).

Conclusion

This study indicates that LDAs often perceive late discovery of their adoption status as a source of distress. This distress can be attributed in many ways to reactions to the secrecy surrounding the LDA's adoption, and the shame and stigmatization that accompanies secrecy in adoption. Stigmatization frequently results in stress, especially when it is internalized, and can lead to relationship difficulties, self-attack, depression, and other challenges to mental health (Bosmans et al., 2016; Hatzenbuehler, Phelan, & Link, 2013). Therefore, counselors can include in their treatment of LDA's consideration of the impact and consequences of stigma, as well as the ramifications of having grown up in a family under the constant stress and fear of the truth being found out.

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Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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