



Conceived Through Rape/Incest? Adoptive Parents' Experiences Managing Uncertainty and Disclosure Surrounding their Children's Origins

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Adoptive parents may be placed with children conceived under difficult circumstances, such as via rape or incest. At the same time, adoptive parents are generally encouraged to communicate openly with their children about their adoption stories and birth families. No research has examined the experiences of parents who adopt children who were conceived through rape or incest. This exploratory study examines how parents discuss their decision-making when adopting children conceived via rape or incest, how they manage varying levels of uncertainty about their children's origins, and whether and how they plan to disclose this information to children. The researchers used thematic analysis to examine the experiences of 11 couples (22 parents) interviewed at four time points after adopting children who were reportedly conceived via rape or incest. Findings revealed that even soon after adopting, parents discussed the need to eventually talk to their children about their conception circumstances. Parents generally struggled to determine how and when to disclose this information, particularly when they felt uncertain about the veracity of the conception stories they had been told. Some hoped to rely on professionals or birth mothers to guide them in these communications. Findings have implications for supporting adoptive families as they navigate the complexity of managing sensitive information and uncertainty when adopting children conceived through rape or incest. Practitioners should provide ongoing guidance to adoptive parents about how and when to disclose developmentally appropriate information to children about difficult conception circumstances.

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Adoption scholars and practitioners have increasingly recognized the importance of communicative openness in adoption: the notion that adoptive parents should communicate openly with children about their adoption and birth families (Brodzinsky, 2011). Establishing a climate of openness within the family that encourages conversation and

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questions about their adoptive status enhances children's identity development (Wrobel, Kohler, Grotevant, & McRoy, 2003) and overall psychological adjustment (Brodzinsky, 2013). Likewise, parental secrecy and discomfort in discussing adoption are related to compromised psychological adjustment and identity formation among adopted children (Brodzinsky, 2013; Rosenberg & Groza, 1997).

This exploratory study examines how adoptive parents ($n = 22$, in 11 families) manage uncertainty and openness amidst their children's difficult conception circumstances: that is, reportedly via rape or incest. Using parents' interview data from multiple time points, we ask: How do parents describe the decision to adopt a child conceived via rape/incest, manage the uncertainty associated with such circumstances, and consider disclosure of this information?

Openness and Disclosure Surrounding Difficult Topics

Adoption scholars (Brodzinsky, 2011) and practitioners (Keefer & Schooler, 2000, 2015) assert that openness in general, and discussion of difficult aspects of the children's story (e.g., birth parent drug use; incarceration) specifically, should be developmentally staged. That is, the content and process of communicative openness should vary with the child's age, given that the ability to engage meaningfully with their adoption story changes as a function of social, emotional, and cognitive development (Brodzinsky, 2011). For example, preschool children can learn the language of adoption (e.g., label themselves as adopted), but their understanding of the meaning of being adopted is limited. In middle childhood, children develop a deeper understanding of adoption (e.g., they understand that their birth parents likely made a choice in placing them for adoption). By adolescence, youth can empathize more with their birth parents' life situations and conceptualize adoption within the larger societal context (i.e., it may be seen as the second-best route to parenthood). With these developmental stages in mind, a parent might talk about difficult birth family topics differently according to a child's age (e.g., to a preschooler, explaining that their birth mother was not healthy enough to care for them; to a teen, sharing that their birth mother struggled with alcoholism; Brodzinsky, 2011).

Some qualitative work has explored how adoptive parents navigate disclosure and discussion of "difficult topics," such as birth parents' mental illness (Alexander, Hollingsworth, Dore, & Hoopes, 2004; Jones & Hackett, 2007), as well as disclosure of the circumstances of the adoption (i.e., how and why children were adopted; Tarroja, 2007, 2015). A study of 27 adoptive parents revealed that several considerations guided their decision to disclose the adoption and its more difficult features to children, including wanting to "soften the blow" or take blame away from the birth mother, and awareness of the child's developmental stage (Alexander et al., 2004). For example, one mother told her child that while her impoverished birth mother loved her, she could not afford to take care of her, and thus placed her for adoption.

In a study exploring the adoption narratives told by 20 adoptive parents in 10 families, Jones and Hackett (2007) noted that parents raised a number of sensitive topics related to their children's adoption stories, including birth parents having other children whom they parented, early abuse/neglect of the child, birth parents' mental illness, and birth parents' alcohol dependence. Parents managed adoption talk around sensitive topics by maintaining emotional attunement and empathy for their children and creating openings for discussion, attending all the while to their children's level of curiosity, developmental stage, and reactions to the topic at hand. Some parents said that there were some details of their children's history or origins that were so sensitive that their spouse was the only other person who knew them (they did not share them with the researchers). Parents in general expressed concern about the emotional impact of difficult stories and sensitive details on

their adopted children, and some seemed uncertain how to achieve both positive and honest accounts of the adoption with their children.

Yet even when the subject matter is difficult to discuss, data support the long-term benefits of parents' honest disclosure about their adoption to children. For example, Tarroja (2015) studied 32 adoptive mothers and found that high levels of adoption secrecy (e.g., being told later in life about the adoption) were associated with negative family functioning, which was in turn associated with poorer child psychological adjustment. Indeed, adoption circumstances, birth parents' identity and whereabouts, and a possible search process all appear to represent important features of adoption-related communication with children (Tarroja, 2007).

Conception via Rape/Incest: Openness and Disclosure Amidst Stigma and Uncertainty

One highly sensitive aspect of children's adoption histories involves conception via rape or incest. Significantly, between 6% and 26% of children conceived via rape may be placed for adoption (Holmes, Resnick, Kilpatrick, & Best, 1996; Reardon, Makimaa, & Sobie, 2000). Little work has addressed the subject of how adoptive parents manage, talk about, or disclose the issue of a child's conception when it is the result of unwanted sexual activity—although one study pointed to the potentially damaging nature of hiding this fact from children. In her 2013 study of 22 families in open adoptions, Siegel asked parents about challenges they had encountered in open adoption since the time of the adoption (i.e., the past 12 years). Some parents noted that access to new information about the birth family sometimes generated distress, whereby their teenagers had struggled emotionally upon learning difficult information, including, in one case, that their birth mother had been raped. Although Siegel did not discuss this finding in-depth (including whether the parents knew of the rape before the birth mother's disclosure to the child), the example points to the potential difficulty, for the child, of discovering this in adolescence.

Guides for clinicians and parents (Keefer & Schooler, 2000, 2015; Salo, 2010) have addressed the sensitive and complex issue of adopting a child conceived via rape or incest. Keefer and Schooler acknowledge that rape- or incest-involved pregnancies represent one particular aspect of adopted children's stories that parents may avoid discussing, believing that secrecy benefits themselves and their children (e.g., it protects them from shame and poor self-image). However, the authors stress that secrecy surrounding the child's origins will only kindle shame, undermine trust within the family, and ultimately harm the child. Like Brodzinsky (2011) and others, Keefer and Schooler emphasize that parents should share difficult aspects of their children's stories in stages, but note that all information should be shared prior to adolescence—a time of key developmental tasks such as identity formation and individuation. Keefer and Schooler suggest that early acknowledgment of the birth father (including noting the limited information available, and possibly the fact that the birth parents' relationship was not happy or safe) provides a "way in" for later, elaborated discussion of the full truth (e.g., at ages 11–12).

The highly stigmatized nature of rape- and incest-involved pregnancies represents one reason why parents who adopt children conceived in this way may struggle in thinking about when and how to talk to their children about their origins. Research on women who parent children conceived through rape or incest suggests that they typically face intense stigma from their families and communities (Scott et al., 2015; Van Ee & Kleber, 2013) which may in turn deter disclosure of their children's origins. In one of the only studies to examine this topic among biological mothers parenting children conceived through rape, heightened concern about societal stigma, fear that the child could not handle the information, and a paucity of social/psychological resources to support mothers or children

discouraged women's disclosure of conception circumstances to children—although notably, mothers who disclosed found that such disclosure benefited children's identity formation as well as parent-child relationships (Kantengwa, 2014).

In addition to contending with the stigmatized nature of their child's conception story, adoptive parents also may face uncertainty surrounding the nature or details of the story, further complicating disclosure decisions. Consider a set of parents who are told by an adoption agency that their child's birth mother was raped, but are unable to confirm it with the birth mother. This might result in uncertainty, or doubt, about the veracity of the information. Uncertainty, which exists when details are "ambiguous, complex, unpredictable, or probabilistic; when information is unavailable or inconsistent; and when people feel insecure about their own state of knowledge or the state of knowledge in general," is common among adoptive families (Brashers, 2001, p. 478). Indeed, adoptive parents often face the challenge of managing (and helping children to manage) uncertainty because they have limited, vague, or inconsistent information about many elements of their children's lives, including their stories, backgrounds, and birth family.

How do adoptive family members manage uncertainty? In a study of 54 adopted individuals, Powell and Afifi (2005) found that many experienced uncertainty surrounding the adoption experience, which they managed in various ways, including maintaining uncertainty, decreasing uncertainty by gathering information and seeking out birth parents, and coping with increased uncertainty after contact with birth parents. In a study of 25 adopted adults, Colaner and Kranstuber (2010) found that participants recalled that their parents helped them to manage their uncertainty about their adoptive identity by discussing available details of the adoption and explaining the meaning of adoption, normalizing adoption, empowering them to develop strategies for responding to others' questions about adoption, and connecting them to therapists.

In considering parental uncertainty surrounding both the nature of a child's conception via rape or incest, and how and when to disclose these details to children, it is worth considering the significance and meaning typically attributed to birth fathers—the purported villains in the case of sexual assault-related pregnancies. Birth fathers are often stereotyped as hypersexual, irresponsible, or dangerous, and at the same time are assigned diminished significance compared to birth mothers and thus rendered invisible (Clifton, 2012; Freeark et al., 2005). In turn, they often represent shadowy or disreputable figures in the adoption story (Freeark et al., 2005). Adoptive parents tend to place less value on birth fathers' psychological or physical presence; birth fathers tend to be less involved in children's lives in open adoptions, compared to birth mothers (Brodzinsky, 2013). In turn, adoptive parents sometimes express surprise when children ask about or want to meet their birth fathers, reflecting society's emphasis on mothers as more significant to children's identity development (Miall & March, 2005). Adoptive parents whose children were conceived via rape or incest may be tempted to further diminish the importance of the birth father if they regard him as damaged, damaging, or relatively unimportant.

Theoretical Frameworks

We draw upon concepts central to communication privacy management (CPM) theory, which provides tools for contemplating how parents manage disclosure of private information (Petronio, 2002, 2010). CPM theory allows us to examine the dilemma of managing two possibly conflicting desires: to share important aspects of their children's story, and to maintain family harmony and preserve childhood "innocence." By keeping information about their child's origins secret, parents avoid conversations they believe could be uncomfortable, create shame, disrupt family intimacy, or damage their child's self-image (Afifi &

Guerrero, 2000). In sum, parents may withhold information to protect themselves, their children, and family relationships.

Yet, parents may also experience a tension or pull toward sharing such information, especially if they have spoken to adoption professionals about the benefits of doing so (Petronio & Caughlin, 2005). Contemporary adoptive parents have typically been exposed to education related to the importance of communicative openness, wherein the accepted narrative is that secrets can undermine children's identity development (Brodzinsky, 2013). The knowledge they have gleaned regarding the harmful nature of secrets and the importance of ultimately disclosing their child's story fully should theoretically create an awareness of the need for (and commitment to) disclosure—or at least should introduce some degree of tension if they decide not to disclose.

We also draw from uncertainty management theory (Brashers, 2001), which asserts that uncertainty is not necessarily a negative state to be eliminated, but one that people manage in relation to others. This relational perspective is useful in considering family communication in families who are navigating the potential for great uncertainty, like adoptive families (Colaner & Kranstuber, 2010), especially when the information in question is sensitive and/or not firmly established. In turn, parents who were told about the possibility of rape or incest in their child's conception story may manage this information, and the uncertainty surrounding it, in a variety of ways. They may learn to tolerate ambiguity, and, in turn, may incorporate the element of uncertainty into the telling of their children's adoption story (e.g., "this is what we've been told, but we don't know if it's true"). They might seek to reduce the uncertainty (e.g., telling themselves it is not true, and thus not disclosing it). They might engage in selective disclosure, sharing some details and leaving others untold, at least for the time being (Berger & Paul, 2008; Frith, Blyth, Crawshaw, & van den Akker, 2018). The concept of selective disclosure recognizes the complexity of family communication, especially surrounding sensitive and possibly unprovable information, and suggests that disclosure may vary over time, such that parents share more and in greater detail as children grow older (Petronio, 2002). Parents might also engage in mediated or relational disclosure, whereby they consult with the birth mother or professionals in deciding what, how, and how much to share. Ultimately, parents may be unable to resolve the tension between the pull toward disclosure and the pull toward secrecy—or the uncertainty that accompanies decisions about and the process of engaging in such family communications.

This exploratory study examines how adoptive parents ($n = 22$, in 11 families) manage the possibility or fact of their child's conception via rape/incest, across their children's early years (i.e., three months to eight years postadoption). Our central research questions are as follows:

- (1). How do parents describe their decision to adopt a child conceived via rape or incest?
- (2). How do parents manage their inability to know, with absolute certainty, whether or not their child was conceived via rape or incest?
- (3). How do parents manage the possibility or eventuality of disclosing this information to children? How do they share this information over time, among those who do?

METHOD

Description of the Sample

The sample consists of 22 parents in 11 couples, drawing from data at four time points after adoptive placement (3 months, 2 years, 5 years, and 8 years). All parents were interviewed at 3 months but not all families participated in the follow-up interviews. Ten

families participated at 2 years postplacement, six at 5 years postplacement, and three at 8 years postplacement.¹

The 11 couples consisted of three heterosexual couples, three lesbian couples, and five gay male couples. Twenty parents were white, one was Native American, and one was Hispanic. Five had doctorates or law degrees, six had master's degrees, 10 had bachelor's degrees, and one had an associate's degree. Families resided across the United States, in rural, suburban, and urban areas. Seven couples were the parents of daughters; four were the parents of sons. Four children were white, two were Hispanic, two were African American, and three were African American and white. Six families had adopted additional children, after the original (first) adoption.

All of the original adoptions were private domestic open adoptions. Seven families had ongoing intermittent or consistent contact with the birth mother. One family had occasional and consistent contact (email, phone, letters) with the birth mother and birth grandmother. Three families had no ongoing (intermittent or consistent) reciprocal contact with the birth family, but had unreciprocated contact with the birth mother (e.g., they sent her updates and photographs).

Recruitment and Participant Selection

Inclusion criteria for the larger study from which this sample was drawn were (a) couples must be adopting their first child; and (b) both partners must be becoming parents for the first time. Recruitment occurred via over 30 adoption agencies located throughout the United States. These agencies, which facilitated both private and public adoptions, provided study information to clients who had not yet adopted, frequently in the form of a brochure inviting them to participate in a study of the transition to adoptive parenthood (see Goldberg, Downing, & Sauck, 2007, for a detailed description of recruitment methods). Couples who met study criteria and were interested in participating were interviewed by research team members while they were waiting for a child placement and 3 months postplacement. Participants in the initial study were recontacted two years, five years, and eight years later for follow-up interviews.

Each parent was interviewed individually over the phone by either the principal investigator or doctoral students in clinical and developmental psychology, all of whom were trained in conducting in-depth qualitative interviews. Interviews lasted 1–1.5 hours and were transcribed and deidentified. We selected these 11 families from the larger sample because they mentioned their child's conception through rape or incest in the interviews. We drew on their responses to questions such as [3 months] What are the circumstances surrounding your child's adoption? (Why did parents place the child?) Do you have any idea how/when you will tell your child about the adoption? [2 and 5 years] What is your relationship with [child's] birth parents like now? Have you explained the circumstances of his/her adoption? How comfortable are you talking with [child] about their adoption? [8 years] How has [child's] interest in adoption, birth parents, etc., changed? How comfortable are you talking with [child] about their adoption? Are there areas that are hard for you and/or [child] to talk about?

¹Most families ($n = 8$) participated in at least one of the last two interviews (the third and fourth), which asked similar questions. In turn, although we did not have many families participating in the fourth interview, enough participated in the third interview to enable relatively thorough analysis of questions related to current and future conversations with school-aged children.

Data Analysis

Participants' responses were transcribed and examined using thematic analysis, which is a rigorous and deliberate, but also theoretically flexible, approach to analyzing qualitative data (Braun & Clarke, 2006), and involves exploration of recurrent patterns in the data (Bogdan & Biklen, 2007). Our analysis focused primarily on parents' descriptions of their decision-making processes around disclosing children's conception circumstances, and their methods for managing uncertainty surrounding children's origins. Our analysis was informed by CPM (Petronio, 2010) and uncertainty management (Brashers, 2001) frameworks. Drawing from these frameworks, and the relevant literature, we used the sensitizing concepts of disclosure, privacy, and uncertainty to focus our analysis of the data. We attended to instances of parents confronting tensions between their desires to openly share information with children and to protect them from difficulties, and to the role of uncertainty in alleviating and exacerbating this tension.

The first author was the primary coder, and the second author was the secondary coder. Both independently coded the data, engaging in a process of analytic triangulation. This process involves having multiple persons analyze the same data and compare findings, and ensures that multiple interpretations are considered, thus enhancing the trustworthiness and credibility of the analysis (Patton, 2002). The process of coding was iterative, involving a continual back and forth between the data and our analysis. To develop themes, we first engaged in line-by-line analysis to generate initial theoretical categories that stayed fairly close to the data (Patton, 2002). For example, in considering how participants characterized children's conception circumstances, initial codes included "unhappy," "not the best." These codes were refined and elaborated upon as we moved through the coding process. For example, "unhappy" and "not the best" were replaced by "stigma awareness," and attention was paid to tensions between stigma awareness and other emergent codes, such as "valuing honesty." These focused codes, which can be understood as being more conceptual and selective in nature, became the basis for the "themes" developed in the analysis (Braun & Clarke, 2006; Patton, 2002; see Table 1).

At this stage, we paid close attention to how key concepts and themes varied across families within a single time point (e.g., immediately postplacement), as well as over time, and within each individual family (i.e., between partners). Notably, parents within each family tended to provide similar accounts, and we observed no major discrepancies between partners. At the final stage, we attended closely to the "storyline" of the findings, whereby we organized the data in terms of navigating child placement, raising young children, and imagining the future. Coding discrepancies were discussed at regular meetings, and these discussions led to refinement of the scheme. The final scheme, which we used to organize our results, was established once we verified agreement among all of the coded data.

In describing participants, we do not provide pseudonyms or other demographic details that would allow readers to "track" the participants. This is a purposeful additional step designed to protect participants' identities amidst the highly sensitive stories that they have shared with us. We do, however, include markers of gender and sexual orientation when quoting participants to reflect the diversity of family types in the sample.

RESULTS

Considering Conception Circumstances Involving Rape/Incest: A Cause for Pause

A list of primary themes is reported in Table 1. Participants in over half of families described their decision-making process in accepting a placement with a child conceived via rape ($n = 10$) or incest ($n = 1$). Accounts of deliberations about adopting a child who

TABLE 1
Final Coding Scheme: Major Themes

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|------------------------------------------------------------------------------------------------|
| Considering Conception Circumstances Involving Rape/Incest: A Cause for Pause |
| Deciding to adopt a child conceived through rape/incest |
| Awareness of stigma |
| Concerns about genetic inbreeding (incest only) |
| View of conception circumstances as workable and surmountable |
| Tensions and dialectics: Balancing considerations of stigma, honesty, privacy, and uncertainty |
| Weighing benefits of honesty amidst stigma awareness |
| Planning for future disclosures amidst uncertainty |
| Managing need for honesty amidst concerns for privacy |
| Uncertain Origins: Questioning Birth Mothers' Accounts of Rape |
| Managing uncertainty |
| Living with and accepting uncertainty |
| Questioning the veracity of the story and constructing alternate storylines |
| Reducing uncertainty through integration of new information |
| Looking Toward the Future: (Not) Talking About Rape/Incest and Birth Fathers |
| Reasons for current avoidance |
| Desire not to stigmatize birth father |
| Children's lack of inquiry or interest |
| Consideration of future conversations |
| Developmentally staged communication |
| Awareness of need for and intention to use outside resources |
| Professional resources |
| Birth family |

was possibly conceived through rape were less charged than accounts of deciding to adopt a child who was conceived via incest. One gay father said that according to his lawyer, "the conceiving of [child] was not the best. From what I understand, they met at a party, hit it off . . . but it was non-consensual." In describing the "less than ideal" circumstances of their child's conception, and acknowledging the "unhappiness" associated with their child's origin story, parents were relatively matter-of-fact, while also noting that sharing these details with children would require thought and care. In this way, they shared a view of their children's conception circumstances as workable and surmountable, but also as necessitating unique considerations. One gay father recounted how he and his partner were presented with a birth mother who "says she was raped, and that's how he was conceived, and we were open to that." Although he and his partner were "fine with it," they were now, three months postplacement, "com[ing] to the reality that [his conception by rape] is something that we're going to have to deal with and talk with him about."

Significantly, one lesbian mother shared that although she and her partner had indicated that they would accept a child conceived through rape, the possibility "never crossed my mind. I thought it would be drug issues or . . . I checked it off like, 'Oh, no problem.' Like, that would be hard, but I don't see that happening. It's funny that that's the one thing that we got, because there wasn't any drug use or anything. We're really lucky." This mother suggests that although being presented with a child conceived via rape was unexpected, it was in some ways easier to accept than drug exposure—a more common but perhaps more concerning adoption consideration.

Agreeing to a placement of a child conceived via incest was uniquely complicated by the specter of medical problems that could result as a result of "inbreeding" between genetically similar people. A heterosexual mother recalled being asked by their agency if they were willing to have their profile shown to an expectant mother whose child was conceived via incest: "We said that was fine. Apparently, a lot of people said 'no' to the whole circumstances of this birth." After waiting for a placement for a year, she and her husband

“weren’t exactly disappointed that more couples weren’t interested.” Before moving forward, she did Internet research on “what happens when family members reproduce,” and determined that while there was an increased risk of birth defects, it was not enough for major concern. Ultimately, her husband said, “We investigated this, we prayed about it, we said yes.” At the same time, like those families who adopted a child conceived through rape, this couple anticipated that their child’s conception circumstances would become “complicated, in terms of explaining them, in the future.”

At the same time that these parents all accepted the placements, several families also asserted their plan to keep the details of their child’s conception private, within the immediate family. Such declarations reveal that at the same time that their child’s conception story was not viewed as a “deal-breaker” in their decision-making, parents were also highly aware of the stigmatized nature of their child’s origin story and felt the need to ensure it did not “leak” outside the family, at least not before their child possessed knowledge of it. As one lesbian mother stated, “We’re not sharing it. We haven’t told anybody. We do not want anyone to accidentally even make reference to it.”

Uncertain Origins: Questioning Birth Mothers’ Accounts of Rape

Birth mothers are more often than not solely involved in choosing the adoptive parents, in open adoptions. Birth fathers may be involved, but this is much less likely if they are not in a relationship, or at least on civil terms, with the birth mother. In this study, none of the birth fathers were involved in the placement process. Thus, adoptive parents only had access to birth mothers’ accounts of the conception, although in one case, the parents were aware that the birth father disputed the birth mother’s account (e.g., he said they had sex consensually).

Significantly, seven couples who were told that their child was conceived via rape wondered about the truth of these statements. Most noted that amidst their uncertainty about the validity of the birth mother’s accounts, they were concerned about incorporating the difficult details of rape into their child’s story, only to find out that they were not true. Three of them also had ongoing contact with the birth mother and thus continued to wonder about, but often did not explicitly question, these claims over time.

Living with uncertainty

Some families managed uncertainty simply by living with it—even amidst ongoing contact with the birth mother. One lesbian couple had been told by their agency not to question the birth mother about her story—which, even three months postplacement, they wondered about (“Maybe she didn’t want him to know, or didn’t want to be with him, so she just lied. I don’t think that’s the case, but what if...?”). Over time, it became harder not to ask her about the circumstances of the conception. Two years postadoption, one of the women said: “We’re like, should we ask her? [Partner] thinks she will just eventually tell us. I think, if we haven’t talked about it all this time, then she’s not going to bring it up unless we ask her. . . . But at some point we’re going to want to ask her some details, if she hasn’t told us.”

This woman and her partner managed ongoing uncertainty about the birth mother’s account of the pregnancy even five years postadoption. They struggled to navigate the lack of information they possessed about their daughter’s birth father and wondered how they might address this with the birth mother. Her partner put it like this:

The agency told us she was conceived from rape, and I never want to disbelieve a woman who says she was raped, but . . . there’s something missing here . . . we knew so little about it. . . . But the agency said to us, “Don’t mention it. If she brings it up and wants to talk about it, that’s fine.” So we didn’t mention it, and she didn’t bring it up. . . . But all this time, I’ve [thought] we probably

should try to bring it up. Not that I want to make her relive any bad memories, but—it's been five years. . . . She has some mental health issues; [I don't want her to go into] some tailspin of depression if we bring it up, but [daughter] is five. She's going to start asking at some point, and we need a little bit of foundation.

This mother clearly felt caught between her desire to respect the birth mother's privacy and avoid upsetting her, and her wish to provide her daughter with even "a little bit of foundation." She was conscious of the risks of asking for information—to the relationship they had established, and the birth mother's well-being—but she was also aware that her daughter was "going to start asking" about the birth father, and she wanted to be prepared when she did.

In another case, a lesbian mother shared how their adoption caseworker "said we really do need to disclose [the rape] to [son] at some point, in age-appropriate language. I am really not looking forward to that." Yet, what gave this mother pause was the caseworker's story "about a case where somebody said that but it turned out it was her boyfriend. . . . A lot of them say that, so [the story] may be really different." She concluded that the story she would tell her son about his origins would involve an acknowledgment of uncertainty: "We'll share with him the full story, but we'll also say we don't really know what that means. But maybe by then we'll have contact with the birth mother, and she can explain it to him herself." This mother, then, came to a place of relative acceptance of uncertainty, rather than trying to eliminate it by deciding that the birth mother was not telling the truth.

Questioning the origin story

In other cases, parents actively questioned birth mothers' accounts and wondered about alternate, more desirable storylines. One gay father shared that given his son's birth mother's mental health and trauma history, he had always been wary of accepting her assertion that his son was conceived via rape. When his son was five, he continued to wonder—but was told by the agency not to press her. This father did not want to jeopardize his relationship with the birth mom but was hesitant to tell his son a story that was not true:

It is a huge deal, and it's something we're going to have to talk to [child] about, and that we're open to talking about. However—no, trust me, I'm a feminist; if someone says this happened to them, I am with you 100%. But given everything else she talks about, it's very hard to not [wonder]: Is there someone that was not a rapist but a boyfriend that did not work out? Who could have had the opportunity to meet [child]? . . . It's tough; I'm not supposed to ask her questions because she'll freak, but I'm going to have to . . . because I don't want to have to tell him that story if it's not true.

Like other families, this father had been advised not to directly question the birth mother's story. Yet, he continued to voice uncertainty about the veracity of her claims and wondered if there might be a nonrapist birth father out there who could play a role in his son's life. In this way, his uncertainty led him to contemplate the legitimacy of the birth mother's account and to consider other possible scenarios, which eased his discomfort and facilitated a sense of hope and optimism for an alternate outcome (Brashers, 2001).

Similarly, another gay father asserted his suspicion that the birth mother had changed her story to protect herself and her boyfriend. This father believed that the birth father was actually the birth mother's current boyfriend, but since he was in jail and she did not want to "create trouble" for him, she said it was a rape by an unknown man. But, "no one is really buying that. All we know is, he didn't want [child], and when he got out of prison they got back together and he didn't want her to have anything to do with that baby or with us. He insisted she give it up."

In another case, a gay father shared that he “doubted” that his child’s teenage birth mother was telling the truth about the pregnancy, believing that her boyfriend at the time was in fact the birth father, and that the birth mother was concealing this fact due to his age (20) and the reality that he could be charged with statutory rape. In turn, the birth father “will probably never step forward because she would have been 14 at the time of conception, so he’d get in trouble. . . . I think it was easier for her to say, ‘I was assaulted.’” When his child was five, this father continued to feel this way—especially since the child “looks like the guy she was dating. So we think the assault was fabricated to keep him out of jail, but we also have to respect her story. . . . There’s a lot of holes. . . . I don’t know. Someday we’ll know the truth.” This father continued to view the birth mother’s story as dubious and to suspect an alternate narrative. Yet, his desire to preserve the relationship with her prevented him from seeking to confirm his suspicions—a confrontation that had the potential to eliminate uncertainty, or to alienate the birth mother.

Acquisition of new information

In several cases, participants learned of new information that suggested a different, and less stigmatized, narrative about their child’s origin story. One heterosexual parent family shared how although the birth mother, a teenager, had initially said that she was raped and denied knowing the birth father’s name to the adoption agency, after the adoption was finalized, she revealed the truth to the adoptive parents, with whom she was interested in an ongoing open adoption. The heterosexual father stated: “We got good news—it was a shock! The birth mom knows who the birth father is, and she was in touch with him, and he was supportive of the adoption. It turns out to be a different story than what she initially told.” He expressed relief that the story was “more positive than we initially thought.” In this case, uncertainty regarding the conception story was eliminated through new information offered up by the birth mother.

In another case, a lesbian mother shared, when her child was eight years old, that she had recently heard from a birth family member that in fact “it wasn’t rape. [The birth mother] lied.” This created a sense of relief for this mother—but also a sense of ongoing uncertainty, as well as anger and frustration. She noted that she had already begun to plan for the reality that in the future, she would need to share this element of their daughter’s story with her, researching “counseling [options]; maybe we should talk to someone about the best way to approach telling her this. [But] then we find out that it doesn’t seem like rape. I kind of got a little bit irritated because I thought . . . Thank God I didn’t tell her that. I mean, not that I would’ve told her at this age, but what if I had told her this and she had processed this and then we find out it’s not true?”

These parents, then, did not disclose the details of their child’s conception to their child and ultimately learned new information that challenged the original origin story of rape. This was a relief, because it seemingly eliminated the need to share the sensitive information that they were at least temporarily avoiding, and also seemed to justify their strategy of silence earlier on.

Looking Toward the Future: (Not) Talking About Rape/Incest and Birth Fathers

Beyond the uncertainty of how to talk about alleged rape or incest with children, parents faced the challenge of how to talk about birth fathers in a way that was not unkind or disparaging amidst implications of violence on his part. In thinking about how to share information, all parents expressed discomfort or questions about how to appropriately address the topic. As early as three months postplacement, one lesbian mother considered how to communicate about the birth father in a way that was truthful but not damaging: “I guess when she’s really little and she asks, we’ll have to evade it a little bit till she’s

mature enough to know the real deal. Then when that time comes . . . I think we have to be careful not to be like (*sigh*), ‘Your father was a rapist.’ You don’t want to say that. It’s kind of a touchy situation.” As children developed, parents increasingly recognized the looming need to discuss birth fathers, even if children were not yet asking questions (perhaps intuiting that this topic was “off limits”: Children often pick up on what are acceptable adoption-related topics; Brodzinsky, 2011). Indeed, most of the families interviewed 5–8 years postplacement said that their children rarely if ever asked about their birth fathers. One lesbian mother talked through how she might speak to her five-year-old daughter about the rape that was implicated in her story:

She hasn’t asked about her birth father. And that’s a little sensitive. Her mother said it was an unreported rape. So, I mean, we’re going to have to share that with her at some point. But at this point she doesn’t know what rape is anyway. I wouldn’t want to put that word in her head. . . . So I might’ve said something like, “You know, I don’t think your mother was in love with your birth father.” Or, “I don’t think your mother was very close to your birth father.” But to tell you the truth, we almost never talk about her birth father.

This mother suggests that she had found a way to talk in a developmentally appropriate way about the lack of a loving relationship between her child’s birth parents—but also hints at anxiety about having to elaborate on these details in the future. Similarly, a heterosexual father whose son was conceived through incest acknowledged some relief that his son “never asks about his birth dad.” His son’s lack of questioning, in turn, was implicitly highlighted as the reason for the lack of discussion about the birth father overall and seemingly justified this father’s current code of silence where discussions of his son’s origins were concerned.

Even as parents of school-aged children noted their avoidance of such difficult topics, they contemplated the future and deliberated how they might talk about rape/incest in ways that would be developmentally appropriate and not denigrating to birth fathers. A heterosexual father said: “It’s going to be one of those things where he learns portions of what’s going on as opposed to, he didn’t know any of it and now it’s a ton of bricks.” He considered his son’s age in evaluating what and how to share: “We have only given him the information he needs to know . . . at this stage in his life. He’s eight. He doesn’t need to know about the myriad . . . ways in which human beings can be horrible to each other.” Thinking about discussing his son’s conception details in the future, he sighed, “It breaks my heart a little bit in anticipation. I can’t suffer what’s not happened yet, so . . . He may figure some of it out on his own; he’s very bright.”

Relying on resources: “We’re not going to do it alone”

Some families recognized that they would need professional resources to help them navigate these conversations. Five years postadoption, one gay father said: “We are not so sure of the course of action, but we do have our adoption agency, who will provide counseling for him up until he’s 18 years old. We certainly have them as a resource for as long as we need them.” This father wanted to use all of the resources available to them to “help us direct what we tell him and how we present things, to help keep it normal and mentally healthy. . . . I’m all about honesty, but I also want to spin it so that he’s not going to have problems. I mean, he still may [but] . . . I just hope and pray.” One lesbian mother emphasized her commitment to consulting with professionals about how best to have the “necessary conversations . . . about the hard truth” with her child. She had taken it upon herself to read stories on the Internet from the perspective of individuals who found out in adulthood that they were conceived via rape. She recounted how one woman, who was adopted as an infant, “thought [she was just born] to a too young teenage mother—and then, as an adult she found out that it was rape, and she was just devastated. It ruined her whole self-

image.” This mother recognized that nondisclosure could cause ruptures in individual and familial integrity (Siegel, 2013) and had looked for guidance for facilitating these conversations online. Yet, she had a difficult time finding appropriate resources, noting that many of the websites offering guidance around difficult conception circumstances were “Christian-based,” which she found alienating. Thus, some parents felt alone in their search for help and had little success finding resources that seemed to meet the needs of their family.

Some families hoped to rely not on professional resources, but on birth mothers themselves, to help them to navigate these difficult conversations. Three families asserted that they hoped to involve the birth mother in answering children’s questions about birth fathers or explaining the circumstances of their conception. One gay father, for example, hoped to consult with the birth mother about the nature and timing of telling his daughter about her origins, noting the importance of “keeping the story consistent. Whether [child] asks us or she asks her mom, that story will [need to] be the same story.” Five years later, this father asserted the same plan to approach the story collaboratively, but noted that he and his partner had not yet “sat down and asked her what she wants us to share with [daughter]. We also realize that the story’s going to get more in-depth as we go. You might not tell as much to a three year-old as you’d tell to a teenager. But because we have good contact with the birth mom, we want to make sure that we’re on the same page in [when and how to share].” This father was grateful that he had a positive relationship with his child’s birth mother, recognizing that this would facilitate a more honest, thorough series of discussions with his child when that time came.

DISCUSSION

This exploratory study focused on adoptive parents’ narratives of their decision-making processes around disclosing children’s difficult conception circumstances, and how they managed uncertainty in these scenarios. Our analysis centered on how parents described and negotiated two potentially conflicting desires—sharing difficult information with their children in the spirit of communicative openness, and protecting their children and families from pain and shame—and the role of uncertainty in alleviating and exacerbating this tension.

First, we explored parents’ deliberations surrounding adopting a child conceived via rape or incest. We found that although conception by rape was not viewed as an insurmountable obstacle, parents considered even early on how this would impact their children and what they would need to tell them. The single family who adopted a child conceived via incest reported more hesitation, expressing concerns not only about the unhappy and stigmatized aspects of their child’s origin story, but also about the health consequences of having parents with shared DNA (i.e., “in-breeding”). And yet, as they noted, such concerns are overblown; indeed, medical risks associated with incest are elevated only about 1.7–2.8% (Bennett et al., 2002). Awareness of the stigma of conception via rape or incest was reflected in some parents’ assertion that they would keep the circumstances of their children’s conception private, within the family—a finding that speaks to the possibility of other participants in our larger study who did not share these details with the researchers, limiting our data in this regard (Jones & Hackett, 2007).

Second, we asked how parents managed uncertainty surrounding whether or not children were conceived via rape/incest. According to Brashers (2001), people manage discomfort around uncertainty or unprovable information in a variety of ways, including adapting to or accepting chronic uncertainty, seeking new information, or discounting or not believing information. A few couples managed ongoing uncertainty via tolerance and adaptation. They recognized that ambiguity could not be easily eliminated, yet maintained

hope that they would be able to access information and support in the future (e.g., from birth mothers) that would help them to gain clarity in their path forward. Some couples reported being suspicious of the birth mother's report of rape and/or wanting more information to substantiate it. This appeared to be common among parents who learned of the rape through the agency and who had not received confirmation from the birth mother. While it is likely that agencies are sharing this information out of concern for birth mothers' comfort, it seems that it may impede communicative openness on this topic, even when structural openness (contact) is maintained. Birth mothers and adoptive parents may need extra support from agencies in developing communicative openness around information that is stigmatized or emotionally difficult. Skipping these early conversations appears to create uncertainty that builds barriers for families to talk about important issues over time. Indeed, when parents avoid disclosing sensitive information about conception or paternity, this type of communicative avoidance can render later disclosures, accidental or planned, more jarring to children (Berger & Paul, 2008; Frith et al., 2018).

In other cases, parents suggested that birth mothers might have particular reasons for asserting that their pregnancy was the result of rape by an unknown man, such as to avoid having a boyfriend accused of statutory rape. Although parents in general said they wanted to believe birth mothers, the possibility of an alternative, less stigmatizing, storyline created enough of a pause to consider the potential risks of telling a story to their children that might not be true. The desire to preserve children's innocence, at least for the time being, combined with uncertainty about birth mothers' accounts, constituted reasons for ongoing silence around their children's origins, as parents considered the consequences of telling a child they were conceived via rape only to find out this was not true. Yet, worth considering here is that the "believability" of survivors of sexual assault is shaped by demographic characteristics (e.g., women of color and women with fewer resources are less likely to be believed or are held to intensified scrutiny [Belknap, 2010; Randall, 2010]), and survivors' stories may be considered unreliable amidst a history of substance use or mental illness (Kelly, 1997; Randall, 2010). Birth mothers may possess some or all of these characteristics. In turn, it may feel "easier" not to believe birth mothers, as their credibility may seem to be in question. Indeed, in all of these cases of "doubt," parents stressed the need to be certain of the details before communicating them to children—yet it is unclear whether parents will reach certainty by the time their children reach adolescence, when all available information should theoretically be disclosed (Keefer & Schooler, 2015).

Third, we explored how parents managed the possibility or inevitability of disclosing the issue of rape/incest in their conception stories to children—a source of obvious ambivalence—and how they shared the information. Notably, parents reported being encouraged by adoption professionals to share it, and, in turn, they felt that they "had to." Most guidance for clinicians and parents makes similar recommendations (Andriola, 2015; Davenport, 2017; Keefer & Schooler, 2000, 2015), yet no research that we know of looks at the outcomes of sharing such information or its impacts on adopted children. In line with CPM theory (Petronio, 2002, 2010), parents described an intention to wait to provide the information until it was developmentally appropriate (thus "keeping kids kids" for as long as possible), but also noted an awareness of the need to share something. Further, as recommended by clinicians and as expected by CPM theory, parents engaged in a deliberate and cautious process of titrating information without being untruthful (e.g., "your birth parents don't really like each other") as a first step that would enable the elaboration of their story later. Some parents further noted that they wished to verify the story and plan its telling with the birth mother. Their desire to learn how she wanted the story to be told and to incorporate her into the telling reflected their concerns and strategies regarding

privacy management—which extended beyond the child and adoptive family to the birth family.

Some parents expressed concerns about how to communicate their child's conception story without demonizing the birth father—something that could negatively impact the child's sense of self, and have damaging consequences if the opportunity to have a relationship with the birth father ever arose. Parents likely hold concerns about sharing very negative information about birth fathers because children may internalize these attributions as having something to do with themselves (e.g., "I must be inherently bad because my birth father is bad"); indeed, children's identity is linked to their birth fathers, regardless of who raises them (Van Ee & Kleber, 2013). This concern may be especially powerful when adoptive parents are considering imparting information to their children about birth fathers that involves sexual assault—especially to their sons, who may be more likely to identify with birth fathers (Davenport, 2017). Parents, then, weigh these concerns alongside concerns about the long-term effects of not telling children. Notably, most parents described that they had engaged in minimal conversation with their children about their birth fathers in part because their children had not asked about them. Parents' explanation in this regard is curious and may signal their own avoidance and discomfort with the topic (which their children pick up on, and mirror); indeed, although children are less likely to inquire about their birth fathers than birth mothers, many youth have questions about and are interested in accessing information about both of their birth parents (Wrobel, Grotevant, Samek, & Von Korff, 2013).

Taken together, adoptive parents of children conceived through rape or incest report commitment to communicative openness, while also struggling with a lack of guidance surrounding how and when to disclose difficult conception details to their children over time. Hesitation surrounding the veracity of birth mothers' accounts of their pregnancy and conception stories, and concerns about alienating the birth mother (among families with contact), were salient influences on parents' feelings about and plans for disclosure.

Limitations and Implications

This study is limited in its small sample. As noted, some families in the larger study from which our sample was drawn may have known that their child was conceived via rape or incest but did not disclose this to us. In turn, families who are more sensitive to the stigma associated with their children's origin stories, and more secretive about them, may be underrepresented. Not all parents in our sample participated in the later follow-up interviews, limiting the scope of the data available to us. Our sample was also quite homogenous; this, and the small sample size, limited our ability to explore or detect themes according to demographic characteristics, such as parent race, education, gender, and sexual orientation. We did not detect any notable distinctions in how parents of different sexual orientations or genders thought about or managed uncertainty; however, future studies with larger and more diverse samples might very well uncover important differences that have implications for research and clinical intervention.

Additionally, the study does not include children's perspectives. The young age of the children in this sample meant that they were unaware or indirectly aware of the circumstances of their conception. Although no known research focuses on adopted individuals' perspectives regarding disclosure of difficult conception circumstances, existing work focusing on their views of communicative openness in general suggests that adoptees generally report benefiting from openness and prefer more information when possible (Berge, Mendenhall, Wrobel, Grotevant, & McRoy, 2006; Siegel, 2012). Future work should explore the views and experiences of adoptees with difficult conception circumstances, so that we are better able to understand the impact of these circumstances, and communications about them, on adopted individuals themselves.

Despite its limitations, this study represents a first step in addressing an underexplored, therapeutically important topic, and our findings have some key implications. Parents expressed discomfort and anxiety about whether and how to talk to their child about their conception story, and often felt the need to alleviate uncertainty prior to sharing information with children. In turn, parents should be encouraged to consult with adoption practitioners at different points in their children's life to discuss developmentally appropriate strategies for engaging in such conversations. Practitioners can guide parents in accepting and sharing both what is known and what remains unknown with their children, thus learning to tolerate uncertainty and teaching their children to do the same. Practitioners can also direct families to resources devoted to providing guidance surrounding disclosures of conception via rape or incest, such as Dawn Davenport's podcast "Creating a Family," which explores this and other related topics.

Family practitioners should guide parents in recognizing that discussing adoption with children is a process, not a one-time event. At the same time, parents should be encouraged to consider children's emotional, social, and cognitive readiness in deciding when and how to share adoption-related information. Adoption revelation is also a dialogue: It involves parents sharing information, asking questions, normalizing curiosity, and listening to children. Parents should be taught to recognize that children may be anxious, distressed, or unsettled when processing adoption-related information that they recently understood in a new way. This does not mean that parents should stop talking—but, rather, that their child may need additional support and resources as they slowly acquire a more integrated and complete picture of their origin story.

Finally, findings from this study can inform scholarly and clinical understanding of parents' management of and communications about stigmatized information more broadly. For example, when a birth parent is incarcerated or struggles with significant mental health or substance abuse issues, adoptive families may undergo similar processes related to disclosure and privacy as the families in this sample. Likewise, parents must manage uncertainty when a biological parent's identity or whereabouts are unknown (e.g., in the case of adoptive families, a birth father whose identity is uncertain; or, in the case of families formed via donor insemination, an anonymous sperm donor). Like the families in this study, such parents may accept or tolerate these ambiguities, seek additional information, or avoid the topic to mitigate the distress related to uncertainty. Regardless of the circumstances surrounding a child's conception, a wide range of parents and families may benefit from resources to help them make sense of stigmatized familial details and to navigate disclosure of these topics within and outside of the family.

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