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"Failed" Matches, Child Removals, and Disrupted Placements: Devastating and Invisible Losses During the Family-Building Journey for LGBTQ Adoptive Parents

Abbie E. Goldberg, PhD[1], and Katherine R. Allen, PhD[2]

Abstract

Reproductive loss, which includes miscarriage and nongestational loss, such as adoption loss, is rarely recognized as part of the family-building journey. Such loss tends to be even more invisible among LGBTQ individuals. The current study examines the experiences of 80 LGBTQ individuals who experienced adoption-related losses (i.e., failed adoption matches, child removals, disrupted child placements), with attention to how these losses impacted them and what enabled them to move forward. Participants who pursued private domestic adoption experienced failed matches (i.e., birth parents deciding to parent or choosing another family) both before ($n = 21$) and/or after ($n = 24$) a child was born. Participants who pursued public domestic adoption experienced child removals involving reunification with birth parents ($n = 14$) and other birth relatives ($n = 18$), as well as disrupted placements initiated by parents ($n = 10$) and children ($n = 7$). Failed matches, child removals, and disrupted placements were typically experienced as "crushing" and invisible losses. They were often followed by a period of grieving, and sometimes prompted adjustments to the type of matches or placements participants would consider (e.g., to mitigate the likelihood of future similar losses). Moving forward from adoption losses was facilitated by support from partners and those who experienced similar losses, knowledge or hope regarding the children once in their care, and finally being placed with the child(ren) whom they ultimately legally adopted.

Keywords

disenfranchised grief, failed adoption, LGBTQ parents, reproductive loss

Family building often does not proceed in a predictable manner. Among individuals who seek to conceive and/or give birth to children who are genetically related to them, the road is sometimes paved by disappointment and pain, as well as the use of reproductive technologies, such as in vitro fertilization (IVF) and intrauterine insemination (IUI), which may or may not result in pregnancy. Reproductive loss—a term which includes miscarriage, stillbirth, infertility, and sterility, and has sometimes been extended to include nongestational loss, such as failed adoptions or adoption loss (Craven, 2019)—tends to be an under-appreciated aspect of people's family-building journey, rendering the grieving process invisible and unacknowledged (Hill et al., 2017). As Malacrida (1999) notes, reproductive loss is not regarded as a social death, because the baby has not been a part of society; in turn, there is a lack of social recognition associated with the loss, and family/friends of the grieving person may not even know about it.

Lesbian, gay, bisexual, trans, and queer (LGBTQ) people who endure reproductive loss may find that their loss is doubly invisible (Allen & Craven, 2020). As prospective parents who do not fit the expected "norm" for intended parenthood (i.e., cisgender married couple engaging in heteronormative sex to conceive), they are invisible, as both (a) LGBTQ intended parents and (b) individuals experiencing reproductive loss (Craven, 2019; Peel, 2010). Nongestational parents (i.e., nonpregnant people) may be even more invisible (Wojnar & Katzenmeyer, 2014) and excluded from the supports that nurses, therapists, social workers, and other health

[1]Clark University, Worcester, MA, USA
[2]Virginia Tech, Blacksburg, USA

Corresponding Author:
Abbie E. Goldberg, Professor, Department of Psychology, Clark University, 950 Main Street, Worcester, MA 01610, USA.
Email: agoldberg@clarku.edu

care providers make available to heteronormative couples (Craven, 2019). Thus, LGBTQ people who experience reproductive loss may be multiply disenfranchised: unrecognized in their grief, unacknowledged in their need for services, and surrounded by silence from personal and professional networks (Craven, 2019; Goldberg et al., 2009; Peel, 2010; Wojnar & Katzenmeyer, 2014).

The family-building process is even more unpredictable for those who build their families via adoption. Adoption is a complex process, resulting in structurally complex families (Goldberg, 2019; Russell, 2020; Russell et al., 2018), and one in which disappointments or losses can occur at multiple stages and to varying degrees (Judge, 2004; Petrenko et al., 2019). These losses are poorly recognized and understood (Creating a Family, 2017; Goldberg, 2010).

Some research has explored the experiences of individuals seeking to adopt via foster care, who have cared for children they hope to adopt who are then removed and placed elsewhere or returned to the birth family (Hebert et al., 2013; Newquist et al., 2020). Much less attention has been paid to individuals seeking to adopt via private domestic adoption, who may also experience losses at different stages of their family-building journey. They may be chosen by a set of expectant parents to adopt their child—that is, "matched" with them, a process that is often facilitated by an adoption agency or lawyer—but the expectant parents may terminate that match, either deciding to parent or choosing another adoptive family, an experience that is often referred to as a failed match (Goldberg, 2019). Prospective adopters may also match with an expectant parent who gives birth and agrees to place the child with them, but changes their mind within the legally allowed period of time. These types of losses are relatively invisible in the broader culture. Even when acknowledged, the terminology used to describe such experiences (e.g., "failed adoptions") can be seen as minimizing and dismissive.

For LGBTQ individuals and couples, who are more likely to adopt their children than heterosexual couples (Goldberg & Conron, 2018), loss in the form of failed adoption matches or unsuccessful child placements may be uniquely isolating and silenced. Although we still know little about the experience of miscarriage and stillbirth among LGBTQ individuals (Craven, 2019; Peel, 2010; Wojnar & Katzenmeyer, 2014), those who endure adoption losses are even more vulnerable to minimization of their loss as they did not experience pregnancy. In the hierarchy of parenting pathways, biological routes are prized and others tend to be denigrated. The societal invisibility of LGBTQ relationships further amplifies the isolation that potential parents may experience when their matches do not work out (Allen & Craven, 2020). LGBTQ people are not "expected" to become parents and face many social (e.g., community, family) and institutional (e.g., legal) obstacles to doing so; in turn, experiences of loss and invisibility may be accentuated and nuanced by fears that parenthood is unattainable (Simon & Farr, 2021).

The current study seeks to explore and amplify the voices of LGBTQ parents who have experienced "failed" (i.e., unsuccessful; disrupted) matches and placements in the context of private domestic and public domestic adoption (see Table 1 for definitions of key terms). We seek to understand their lived experience with such loss, and the coping strategies, ongoing struggles, and sources of resilience that accompany a loss that is ill-defined and socially silenced. We use data from a subsample of LGBTQ parents who completed a survey, including open- and closed-ended questions. Specifically, 80 individuals had experienced adoption losses, including failed placements and/or matches, out of the larger sample of 543 parents, 174 (32%) of whom had adopted or fostered at least one child. Our sample is unique in that it includes individuals of diverse sexual and gender identities, individuals who pursued public and private adoption, and not only focuses on a rarely discussed form of loss during their family-building journey but also addresses what helped them to continue forward. Consistent with Allen and Craven (2020), we are intent on "decentering narratives of LGBTQ experience that rely upon a linear progression from marriage to achieving pregnancy to having children" and seek to illuminate "losses, challenges, and disruptions" that characterize the LGBTQ family-building process—experiences that are often silenced (p. 352).

Theoretical Framework

We are guided by a critical intersectional approach to understanding the disenfranchised grief of LGBTQ parents who have experienced a particular type of uncharted reproductive loss, that of an unsuccessful adoption or placement (Allen & Craven, 2020). Our framework first deconstructs hegemonic heteronormativity, which positions sexuality, gender, and family, and their intersections with race, class, and other systems of oppression and privilege, as normal and therefore deserving of recognition (Allen & Henderson, 2022). Second, we incorporate Doka's (2008) concept of disenfranchised grief to understand the additional trauma experienced by LGBTQ parents who fall outside the heteronormative umbrella. Disenfranchised grief results "when a person experiences a significant loss and the resultant grief is not openly acknowledged, socially validated, or publicly mourned" (Doka, 2008, p. 224). Grief becomes disenfranchised for a variety of reasons, including the relationship to the loss is not recognized; the loss is not recognized or defined as significant by society; the grieving person is not recognized or seen as entitled to grieve; the loss is disenfranchised; or, the way that the person is grieving falls outside of societally sanctioned norms (Doka, 2008). This construct has been applied to the grief that LGBTQ individuals endure in the wake of miscarriage or death of a partner, with scholars (Allen & Craven, 2020; Cacciatore & Raffo, 2011) noting that this grief is often intensified amid the reality of homophobic, biphobic, and/or transphobic stigma, wherein the grief of

Table 1. Key Terms and Definitions.

Key terms	Definitions
Reproductive loss	Includes miscarriage, stillbirth, infertility, and sterility and has sometimes been extended to include nongestational loss, such as failed adoptions or adoption loss.
Public and private domestic adoptions	Public adoption is also referred to as adoption via foster care, or adoption via the child welfare system. It is free. Children available for adoption via foster care are often older and may have a history of abuse/neglect. Parents who seek to adopt via foster care may ultimately care for children who are not yet legally free for adoption, and thus these placements carry some risk (i.e., birth parents may regain custody). Private domestic adoption is adoption of a newborn via an adoption agency and/or attorney. It costs between $15,000 and $50,000.
Open and closed adoption	Open adoptions are adoptions in which the biological parents participate in the process of placing the child with an adoptive family (e.g., they choose them, or "match" with them, with the assistance of an adoption agency and/or attorney) and/or may have ongoing contact with the adoptive family (e.g., via text, phone calls, email, social media, or in person visits) after the adoptive placement. Private domestic adoptions in the U.S. are increasingly "open." Closed adoptions refer to those where the birth parents and adoptive parents do not have access to identifying information about each other. There is little, if any, contact between adoptive and birth parents in an effort to maintain privacy.
Child removal	Refers to when a child is removed from a foster home and returned to (reunified with) birth parents (i.e., who have regained custody) or placed with other birth family members.
Disrupted placement	Refers to the circumstances that occur when an adoption process is stopped after the child is placed in an adoptive home but before being finalized legally. A disrupted placement means that the adoption "fell through" between placement and finalization.
Failed adoption matches	When the expectant parent decides that they want to be the one to raise the child after all, or chooses another adoptive family, after already having chosen an adoptive family. This can occur before the child is born, during the pregnancy, or after the child has been born (but before the expectant parents have relinquished their legal rights to the child).
Disenfranchised grief	When a significant loss and resulting grief and bereavement process is not openly and publicly acknowledged, validated, or mourned.
LGBTQ parent grief and bereavement	The often ambiguous experience of dealing with the loss of a child in the midst of heteronormative expectations at the individual, interpersonal, and societal level.
Critical intersectional approach	A social justice approach that challenges the status quo depiction of families as heterosexual, cisgender, White, middle class; deconstructs the normative model of families as only privileging those who fit the norm; and reveals how systems of oppression and domination both advantage and disadvantage certain individuals, families, and groups.
Cisgender	Individuals who identify with the gender that was assigned to them at birth (i.e., people who are not trans).
Trans, transgender	An umbrella term for individuals whose gender identity and/or expression is different from the gender assigned to them at birth. Individuals who might identify as transgender include binary trans people (trans women and trans men) and nonbinary trans people (individuals who identify as agender, androgynous, demigender, gender fluid, genderqueer, and other identities that go beyond traditional gender categories).
Queer	An umbrella term to refer to all LGBTQ people. It is also a nonbinary term used by individuals who see their sexual orientation and/or gender identity as fluid or as not fitting into a "box."
Bisexual	Individuals who experience sexual, romantic, and/or emotional attractions to people of more than one gender or people who are attracted to genders similar to their own and to genders different from their own.
Gay men	Men who experience sexual, romantic, and/or emotional attractions to other men.
Lesbians	Women who experience sexual, romantic, and/or emotional attractions to other women.

Note. LGBTQ = Lesbian, gay, bisexual, trans, and queer.

LGBTQ people is invisible or dismissed given their marginalized family status and social standing.

LGBTQ parents may experience a variety of reproductive losses, including miscarriage, stillbirth, failed adoption matches, child removals, and disrupted placements—with the last three being especially ill-understood in a society that does not validate or understand foster care or adoption in general (Goldberg, 2019). They are vulnerable to disenfranchised grief, complex trauma, and ambiguous loss, which rob the grieving parent of individual, interpersonal, and societal-level understanding, empathy, and support (Allen & Craven, 2020). Amid a lack of acknowledgment of and tending to such grief, one is vulnerable to chronic emotional pain and a lack of support for moving forward in one's life, akin

to the conceptualization of "ambiguous loss" of a loved one (Boss, 2006). Ambiguous loss occurs when a person is physically absent but psychologically present (or vice versa), as in the case of a failed adoption match or disrupted child placement, or where a child has died but whose body is not recovered. In our study, we examine several types of child loss characterized by disenfranchised grief: failed matches in private domestic adoption, and child removals and disruptions in public domestic adoptions.

Failed Matches in Private Domestic Adoption

To understand how failed matches fit into the family-building experience, it is useful to provide an overview of the domestic infant adoption process (Child Welfare Information Gateway, 2012; Goldberg, 2010). Typically, prospective adoptive parents who seek to adopt an infant domestically and privately choose an adoption agency or attorney to work with, and then complete a homestudy (i.e., an in-depth evaluation of their home and family) and prepare a portfolio with photos and information they would like expectant parents to know in considering them as potential parents. Expectant parents are presented with prospective adoptive parent portfolios, and, during the pregnancy (or soon after the birth), choose the parents they would like to raise their child, a process called the adoption match. This is not a binding contract; expectant parents do not relinquish their parental rights until after the baby is born (if they do at all). Often, prospective adoptive parents and expectant parents maintain contact during the pregnancy, with the former sometimes paying for the living and counseling expenses of the latter.

After the baby is born, the expectant parents decide whether to go through with the adoption, which involves a relinquishment of their parental rights. They then have the option of changing their mind within a certain amount of time, which depends on the U.S. state in which they reside and give birth. Thus, matches may "fail" during the pregnancy, or after birth—and even after the child is in the adoptive family's home, if birth parents change their mind. The domestic adoption process of a newborn, then, can involve quite a roller coaster—and adopters must balance emotional engagement with caution, trying to stay patient and not get their hopes up while also not becoming hopeless as the months of waiting tick by (Goldberg, 2010).

Limited research has addressed the experiences of LGBTQ parents who experience failed matches. Craven (2019) studied 54 LGBTQ individuals and documented a variety of losses, including gestational loss (e.g., miscarriage, stillbirth), as well as among 12 of these 54 people, adoption-related losses (e.g., failed matches). Notably, Craven suggests that LGBTQ prospective adopters may experience pressure to accept riskier matches because they feel or are told that they cannot afford to be "choosy," which may lead to a higher than expected rate of failed matches. Awareness that some expectant parents will not be interested in having LGBTQ parents raise their child (Goldberg, 2019) may lead some LGBTQ parents to pursue matches that are legally risky, such as with so-called expectant parents—who may not be pregnant at all—who contact them directly rather than contacting their agency after seeing their parent profile online.

Noting the absence of data on failed matches in general, the organization Creating a Family (2017), which hosts a podcast by the same name, surveyed audience members about their experiences of failed adoption matches. Thirty respondents indicated that their adoption match failed before birth, 33 said it failed after birth, and 4 said it failed after the baby was in their home. Creating a Family also interviewed adoption agency personnel in an effort to identify signs that an adoption match might fail. These data suggested that matches made early in the pregnancy, the expectant parent not receiving counseling, and younger expectant parent age, may be associated with failed matches.

Child Removals and Disruptions in Public Domestic Adoption

Prospective parents who seek to adopt children via public domestic adoption also complete a homestudy, where they indicate their intention to foster children whom they will—if the fit is good—eventually adopt. They indicate here, too, the parameters surrounding what children they are willing to adopt (e.g., age, gender, race, special needs status). Social workers are involved in determining the "match" between a child(ren) and prospective foster parents.

Parents who seek to adopt children through the welfare system typically must foster their children for a period of time before these children are legally free to adopt (Edelstein et al., 2002). Foster-to-adopters are typically expected to assist children in navigating the foster care process, which may include birth parent visits, and they agree to adopt them if the birth parents' rights are terminated. Thus, foster-to-adopt placements are foster care "with the potential for, but not the certainty of, adoption" (Edelstein et al., 2002, p. 103). Prospective adopters are aware of this legal tenuousness, but can and do become emotionally attached to the children in their care (Goldberg et al., 2012). The term "disruption" refers to an adoption process that ends after the child is placed in an adoptive home but before the adoption is legally finalized, resulting in the child's return to foster care or placement with a new family. Disruptions may be initiated by the foster parents, who feel unable to handle children's needs/behaviors, or by the child, who resists the permanent nature of the placement. When a child is returned to the birth family after a period of time with foster parents who may or may not hope to adopt the child, this is not a disruption per se—yet the experience of child removal in the name of reunification may be emotionally charged for the foster parents, amid the severing of a bond they developed with the child.

Researchers have applied the concept of disenfranchised grief to foster parents who have had children return to their birth families (Edelstein et al., 2002; Hebert et al., 2013). A study of 43 foster carers in Louisiana found that many experienced loneliness and difficulty letting go in the wake of children's departure (Hebert et al., 2013). Ongoing contact with children and social support helped them to manage their grief and process their loss. The authors highlighted the need for child welfare workers to better anticipate, acknowledge, and respond to grief in foster parents and ensure that these parents get the support and counseling that they need. Newquist et al. (2020) explored 10 foster parents' reactions to the removal of foster children in their care, and documented the particular strain of unexpected or abrupt removals of children, and the need for more robust preparation for, as well as supports for managing, the loss of foster children. Lyttle et al.'s (2021) research on 13 families who experienced disrupted placements revealed intense parental emotions associated with such disruptions, including anger, shame, and relief. Many felt that they were inadequately prepared for, or supported in, parenting the children who were placed in their care, who often had severe trauma histories and significant behavioral issues.

In a rare study to examine adoption losses among LGBTQ individuals, Goldberg et al. (2019) surveyed 337 LGBTQ adults in the United States who had taken steps toward adopting and/or fostering children and found that 31 reported failed matches in the context of private domestic adoption, with 23 indicating that birth parents changed their mind during the pregnancy, and 8 indicating that birth parents changed their minds once the child was born. In addition, 35 reported child removal or disrupted placements in the context of seeking to adopt via foster care; namely, 20 said that children were returned to birth parents who regained custody, 11 disrupted the placement because the children's needs were too much for them, and in 4 cases the children themselves chose to disrupt the placement. Some felt that agency discrimination, birth family preferences, and legal discrimination also impacted these disrupted placements; that is, various systems and individuals did not want children being raised by LGBTQ parents. The current study builds on the literature on failed matches, child removals, and disrupted placements to examine (a) LGBTQ parents' experiences of these adoption losses, and (b) what enabled them to move forward and continue their family-building journey.

Method

Sample

A total of 80 participants from a larger survey of 543 LGBTQ parents indicated that they had experienced adoption loss, in terms of a failed match, child removal, and/or disrupted child placement. Of the 174 individuals in the larger sample who had become parents via adoption or foster care, then, 80 (46%) had experienced an adoption loss, in some cases more than one. Of these 80, 42 eventually adopted at least one child via private domestic open adoption; 12 adopted at least one child via private domestic closed adoption; 24 adopted at least one child via foster care; and 5 adopted at least one child internationally. In addition, 11 were currently foster parents. Furthermore, 11 of these 80 parents had at least one child using reproductive technologies (insemination or surrogacy).

All but four participants were currently partnered. All but five were employed at least part-time. Most (73) had at least a college degree. Just 12 had a family income of less than $100,000; 39 had a family income of $100,000 to 199,000, 16 had a family income of $200,000 to 299,000, and 13 had a family income of more than $300,000. A total of 44 were cisgender men, 31 were cisgender women, 4 were trans or nonbinary (TNB), and 1 was missing gender data. Most identified as gay (43) or lesbian (23), with fewer identifying as bisexual (6), queer (6), or two spirit (1). One was missing sexual orientation data. In terms of race, participants could endorse multiple categories. Fifty-five (68.8%) identified as White, 9 identified as Black, 4 as Hispanic, 4 as Asian, 3 as American Indian, 2 as Native Hawaiian/Pacific Islander, 1 as Latinx, with 2 missing race data. Participants lived in a variety of states in the United States. Thirty-eight described their communities as urban, 33 as suburban, and 6 as rural, with 3 indicating something else (e.g., small town).

Forty-nine had at least one boy, 41 had at least one girl, and 4 had at least one nonbinary/trans child. Fifty-five had at least one child they described as White, 32 had at least one child they described as Black, 21 had at least one child they described as Hispanic, 15 had at least one child they described as Latinx, 7 had at least one child they described as Asian, 7 had at least one child they described as American Indian, and 3 indicated that they had children of other races. Twenty-six had at least one child 5 or younger, 36 had at least one child 6 to 10 years old, 40 had at least one child 11 to 15, and 5 had at least one child 16 to 18. Seven had children above 18, all of whom also had a child below 18 (i.e., a criterion for study inclusion).

Procedure

The current sample of 80 participants completed a survey in Spring–Summer 2020. They were recruited via social media, and LGBTQ, parenting, and adoption organizations. Individuals were invited to participate if they identified as a lesbian, gay, bisexual, queer, and/or trans (LGBTQ) parent of a child 18 years or younger. They were told that the survey took about 20 to 25 minutes to complete and focused on family-building and parenting. Participants were entered into a drawing for one of 25 $25 Amazon gift cards. The study was approved by the Clark University human subjects review board, and all participants signed a consent form prior to proceeding with the survey.

Measures

Participants were asked whether they had experienced failed matches: that is, whether a birth parent had decided to parent or chosen another family postmatch, but before the child was born; and/or whether the birth parent had decided to parent or chosen another family postmatch, when the child was born. They were asked whether they had experienced child removal: that is, whether a child they hoped to adopt via foster care was placed with family members and/or back with birth parents after being in their home. They were also asked about disrupted placements: that is, if a child chose to disrupt the placement (i.e., was placed with them but did not want to be adopted) and/or if they disrupted the placement (i.e., decided not to adopt). They were asked to elaborate on their experience, in an open-ended manner, and presented with the following questions:

1. If you experienced disrupted placements or matches, what was this experience like?
2. What helped you move forward from it?

Data Analysis

Responses to the open-ended queries were typically three to five sentences of text. A total of 80 participants responded to questions about failed matches and/or disruptions, and 50 of these provided additional elaboration in the open-ended questions related to their own experiences with failed matches and disruptions, and what enabled them to move forward.

The first author coded the qualitative data using a content analysis method, which is a standard method for examining responses to open-ended questions and represents a process of identifying and categorizing the primary patterns or themes in the data (Patton, 2015). Content analysis represents an organized, systematic, and replicable practice of condensing words of text into a smaller number of content categories (Krippendorff, 2004), with the goal of creating a coding system to organize the data (Bogdan & Biklen, 2007). The first author initiated the coding process with open coding, which involves examining responses and highlighting relevant passages. Next, she pursued focused coding, which uses initial codes that frequently reappear to sort the data and leads to the specification and refinement of emerging categories or codes. This process of organizing and sorting is more conceptual in nature than initial coding (Charmaz, 2014). At this stage, she used the sensitizing concepts of loss, invisibility, and grief, derived from both the literature and our overarching theoretical framework, to make sense of and identify patterns in the data. Applying the scheme to the data allowed for the identification of more descriptive coding categories and the generation of themes for which there was the most substantiation. The second author, a qualitative researcher with expertise in child loss in LGBTQ parent families, independently read through the data and applied the initial coding scheme to a sample of the cases. Both coders discussed salient points they noted in the responses, a process that led to the refinement of and elaboration upon the initial codes (e.g., descriptions of the emotional impact of failed matches, child removals, and failed placements). The second author's input led to the collapsing and/or refinement of several codes, and the development of several new codes. The collaborative engagement of two coders with multiple and diverse areas of expertise enhances the likelihood that the coding scheme is sound, useful, and a good fit to the data (Patton, 2015).

Findings

Descriptive Data on Failed Matches and Disrupted Placements

Among participants who had sought to adopt via private domestic adoption, 21 said that a birth parent had decided to parent or place with another family postmatch, but before the child was born, and 24 participants said that a birth parent had decided to parent or place with another family postmatch, after the child's birth. Six individuals reported both types of failed matches.

Among participants who had sought to adopt via foster care, 14 indicated that a child they hoped to adopt via foster care was removed from their home and placed back in the care of birth parents, and 18 indicated that a child they hoped to adopt via foster care was placed with another birth relative after being in their home. Some participants who sought to adopt via foster care indicated that they had experienced disrupted placements: that is, 10 said that they disrupted the placement, and 7 said that the child disrupted the placement.

Failed Matches, Child Removals, and Disrupted Placements: Experiencing a Crushing, Devastating, Heartbreaking Loss

Participants who experienced failed matches, regardless of whether the expectant parents decided to parent before the child was born or after, typically described the experience as "crushing," "devastating," and "heartbreaking." Very few described it less intensely (i.e., only two participants, both of whom said that their failed matches were made "last minute," described it as along the lines of "disappointing"). Brendan, a male-partnered cisgender (cis) gay man, said, "[After we] got the call that it wasn't going to happen . . . we were crushed and depressed. We shut the door to the new baby room, and tried not to think about it." Thea, a cis bisexual woman partnered with a woman, shared that

> although the birth parents' decision to parent was absolutely their right, and good for their family, we took care of her for the first day of her life in the hospital, and we were gutted . . . and experienced months of pretty acute grief.

Despite the reality that they did not actually lose a child to miscarriage or stillbirth, most described the failed match as a profound loss in the sense that they had anticipated, planned for, and loved a specific child. Corey, a cis gay man partnered with a man, shared,

> We were considered twice for placements that didn't happen, first before we had a child and the second after. The first time we had been in the "pool" for about 6 months . . . [then] the mother chose another couple. It felt like we had a miscarriage. [It was] devastating.

Among participants who were placed with a child via foster care who was then removed, either to be reunified with birth parents or placed with other birth family members, many also described this as "devastating," "horrible," and "sheer hell—anxiety-provoking, sad, and discouraging"—even though they were in some cases prepared for the possibility and aware that the placement was legally tenuous. Said Ryan, a male-partnered cis gay man:

> It was really one of the worst experiences of our lives. I didn't think our marriage was going to make it. We knew the risks going into the foster to adopt process but it was so hard after we lost our first placement (preemie girl, we had her for 11 months).

Significantly, several participants who experienced child removal described pain and invisibility associated with the absence of acknowledgment of the relationships they established with the children in their care, and, in turn, the absence of any "attempts to ensure that we remained in contact or that the bond was supported." As Suzie, a cis lesbian woman partnered with a woman, said, "The state treated our two years of parenting . . . as mere professional work."

Those who chose to disrupt the placements often said that it was because the child's behaviors were too difficult for them to manage, or were too disruptive to the other children that they were parenting. As Finn, a male-partnered cis gay man, said, "We had one child come to us for about three months and the day the school called me to take a look at his artwork of our house on fire, we determined it was best if we ended this match." These disrupted placements existed not only as a devastating loss, rarely acknowledged in society, but also one marked by stigma wherein not being able to "handle" a child may be regarded as a poor, insufficient, or unethical reason for deciding not to parent. These participants, voiced regret, sadness, guilt, and/or conflicting emotions associated with their decision to disrupt the placement. For example, Taylor, a TNB queer single parent, felt terrible about disrupting a placement with a 12-year-old trans daughter with severe trauma and behavioral challenges, noting,

> Her behaviors were extreme and I decompensated in terms of my mental health—badly. I felt so much guilt about disrupting because I knew that if anyone could be a home for that child, it would be me, and if I couldn't handle it, it meant that she would be in the system forever.

The Added "Sting" of Homophobia, Biphobia, and Transphobia

Some participants suspected that their matches or placements fell through in part because of systemic bias against them (i.e., given their sexual orientation and gender identity), and they experienced an additional layer of pain and frustration associated with their loss. Specifically, several participants who experienced failed matches noted that expectant parents changed their mind because someone in their life did not like the idea of them placing their child with LGBTQ parents. Said Pamela, a cis female-partnered lesbian woman, about an expectant mother with whom they matched: "It was hard . . . her mom got involved and did not want [her] to have an open adoption with a gay couple." Other participants were not certain whether their sexual orientation, gender identity, or relationship structure was a factor in why the expectant parent did not choose to place with them or decided to place with someone else—but they suspected it. Melissa, a cis female-partnered lesbian woman, shared,

> Within weeks of the expected birth, our birthparent decided she didn't want *us* to adopt her child and selected a different adoptive family. We had thought things were going smoothly so this came out of left field . . . It was crushing and devastating . . . and it robbed all of our confidence.

Indeed, the fear that they would not be chosen because they were LGBTQ lingered beyond their initial failed match. Dave, a cis male-partnered gay man, said, "Looking back at it all, it was hard . . . I think I held my breath through the whole adoption process. There was always this underlying fear that no one would want a gay couple."

Likewise, a few participants who were adopting via foster care noted that child removal was in part a function of birth family members' homophobia. Keith, a cis gay man, partnered with a man, shared that he was "heartbroken" to lose the child they were placed with, "but the extended family of the child suffered shaming that a gay couple was going to adopt the child abandoned by his mother . . . So they put a stop to the process." Dominick, a male-partnered cis gay man, shared that a birth parent, distressed that their child had been placed with a male couple, "convinced their pastor to take them in to not have them exposed to us."

The Immediate Aftermath of Adoption Loss

Some participants who experienced failed matches recounted how they had bought clothes, accessories, and furniture for a newborn; decorated the nursery; and in some cases held a baby shower. When the match was disrupted, they felt intense humiliation and shame associated with "walking back" their announcements, telling employers that they were in fact not about to become parents (and did not need parental leave—although they often needed some type of "grief" leave), and telling friends and family that the adoption "did not work

out." This type of "emotional labor" (as one participant described it) was unsettling and painful amid such a recent loss. Nadine, a cis bisexual woman whose partner was trans/nonbinary (TNB), shared,

> Two years into our wait . . . a mother chose us from our agency's website profiles. We brought that baby home from the hospital and named her and announced her to family, friends, coworkers. However, the bio father piece of the puzzle was not complete—he decided to parent solo when he learned of the baby's birth. We had to give her to him at the agency's office and then walk back our announcements. It was crushing. I took a week off work and asked my boss to spread the word that the adoption had fallen through and I did not want to discuss it at work.

Two participants sought to avoid the sting and pain of the immediate aftermath by taking leave from work or going away. As Jared, a queer cis man partnered with a TNB partner, said, "It was completely devastating. We decided to flee the country and everyone we knew so nobody would ask us about it and we could just get away (we have extreme privilege to do that)."

Many spoke to the invisibility of their loss and grief, and the fact that in the aftermath of their loss, there was no awareness or recognition that they might need time or structural supports to facilitate the processing of such grief. "The loss was intense but didn't have a name or a formally acknowledged grieving process. No work leave, no one knowing how to respond to our grief, no clear symbol like a grave to acknowledge the loss," said Diane, a cis female-partnered lesbian woman.

Responding to the Devastating Grief of Adoption Loss: Shifting Course, Taking a Break, or Jumping Back in

Participants had various ways of dealing with the crushing, devastating, and heartbreaking loss of their planned-for adopted child. Some highlighted how the "crushing blow" of the failed match ultimately shaped how they proceeded in the family-building process. For example, some participants who experienced failed matches described themselves as becoming more "suspicious," not taking anything for granted or assuming that expectant mothers were "for real," and trying not to "get hopes up." Casey, a cis lesbian woman, said, "My wife and I were both apprehensive when we approached subsequent situations, and we did not announce our daughter's arrival until after bio mom had relinquished her rights *and* bio dad's rights had been terminated by court." Nate, a cis gay male-partnered man, said, "It made us more cautious and anxious with both of the matches and adoptions for each of our children. Even though we knew the possibility of a disruption/disappointment, having experienced it changed how we handled matches in the future."

In other cases, participants worked with their adoption agencies to refine what potential matches they would be open to, especially when they endured multiple failed matches. Said Lori, a cis lesbian woman partnered with a woman, who endured multiple failed matches within a year: "We finally told the adoption agency to only contact us for a match that was 90% certain." A few thought about dropping out of the adoption process altogether, with Ken, a cis gay man, noting that multiple failed matches led him and his male partner to "reconsider the possibility of surrogacy" and "put a date on the calendar where we'd move forward with surrogacy if we hadn't been re-matched by that time," knowing that "getting 'our' child would be the only thing that would really heal that wound." Ken ultimately did adopt a child with his partner.

Several participants had, in addition to enduring failed matches, also experienced "expectant parent scams" where they were contacted by people posing as expectant parents but who were never pregnant and/or planning to place a child with them. As Donnie, a cis gay male-partnered man, said, "Some women even emailed pictures of sonograms, but when we did reverse image searches on the Internet, we would find the exact same picture." Some lost money to these individuals. Such experiences were frustrating, embarrassing, and demoralizing—and, in turn, participants emphasized how these experiences made them more cautious and discriminating in moving forward (e.g., they sought to vet all prospective birth parents via their agency). Shawn, a male-partnered cis gay man, for example, shared that he and his partner had "several birthmothers phone us and say they had chosen us . . . who were not for real. We were in contact with other gay couples who also had been contacted by the same women saying that they had been chosen." Shawn and others indicated that these experiences made them realize the importance of working with their agency "to navigate who is real and who is not."

Likewise, several participants said that the removal of children who were returned to their birth parents impacted them insomuch as they made changes to the type of placements they were open to and/or would accept in the future. For example, they requested to only take children whose birth parents' parental rights had already been legally terminated. They did this to minimize the likelihood of experiencing such heartbreak again, and to enhance the likelihood of a placement that was a good fit and would "stick." In one case, Beth, a cis queer female-partnered woman said that their experience bonding with a baby who was reunified with birth parents led them to pursue private adoption, as it seemed to promise more certainty and less pain—although, notably, it resulted in the experience of failed matches: "Through our agency, there were three moms who decided to parent, but each was a last minute match so not as heartbreaking."

Some took a break from trying to adopt at all. Dave, a cis male-partnered gay man, described how the birth mother they had matched with gave birth to a child who was "born at

home with the cord around its neck, and suffocated." Having prepared for and named the child, and "built a relationship with the birth parents," Dave and his partner in turn experienced a profound grief, which led them to "take time out from the process because it was so devastating."

Taking a break from pursuing private or public adoption reflected both the grief of the specific losses they endured but also how "demoralizing" failed matches or placements were to begin with. Indeed, often participants were matched or placed with a child only after a long wait—and then to have the match or placement dissolve was devastating in that they felt that the hope that took so long to muster was dashed, and it was hard to believe that it would "all work out in the end." Shawn, a cis gay man who was partnered with a man, shared how, after 4 years of waiting, "we experienced the joy of finally being matched, with the excitement of having a 'light at the end of the tunnel' after such a long wait," only to experience the complete "disappointment of it falling through." Having birth mothers choose other parents was especially challenging, as it was not just a matter of deciding to parent but an explicit "rejection" of them.

A few participants, however, said that they did not take a break at all from the process—rather, their instinct was to "get right back in there." Indeed, although their failed matches or disrupted placements were described as unfortunate or disappointing, they were not so incapacitating as to necessitate a period of withdrawing themselves from the adoption process, highlighting the reality that losses are experienced differently and do not always promote the same, or devastating, grief response.

Processing and Moving Forward From Adoption Loss: What Helps

In terms of what allowed individuals to move forward from their loss, many spoke to the powerful role of their support network, often noting their queer support network specifically. As Leah, a queer cis woman whose partner was TNB, who experienced a failed placement, said,

> Friends treated it much as a miscarriage and grieved with us. It's confusing to mourn a child who isn't dead. It helped, over time, to acknowledge that she was being raised in love by her father and would be amazing even without us.

Becky, a bisexual cis woman whose partner was TNB, shared how the validation from friends who had experienced a similar loss as their failed match, as well as podcasts and other resources that addressed "losing a child . . . and grief, and mindfulness," helped them to continue to move forward. She also noted that stories about adoption loss "are very difficult to find, so knowing what others had gone through and how they felt and coped and came out the other side was useful." Rick, a cis male-partnered gay man, shared,

> My cousin was a strength for us. She had had a miscarriage before. And she basically gave us her experience, and we saw a lot of parallels. Family grieved with us. We had each other. . . When the world is always against you, it's your family (both actual family and the friends you chose to be family) that get you through it.

Thus, connecting with people who had experienced reproductive and other minimized losses, as well as engaging with resources about loss and grief, enabled some participants to experience validation and comfort amid the painfulness of their failed matches. Therapy, meditation, yoga, and religion were also invoked as helpful in facilitating participants' moving forward. Salem, a queer trans man partnered with a cis man, who experienced a child disruption, said, "We had a great and supportive faith community and I spent a lot of time with our pastor. My husband attended talk therapy. We were off the list for about 9 months before we got back on." Some emphasized that time and the hope or knowledge that "there is a child waiting for us" allowed them to continue on. Clara, a cis lesbian single woman who experienced a disruption, said, "It was a devastating experience, but what helped me was my drive to provide a child a permanent home." Likewise, maintaining a "child-centered view" wherein they reminded themselves that the child they had hoped to parent was in fact alive and with their birth parents "made moving on after a significant emotional investment easier."

Yet, some participants explicitly noted that they never felt they could move on from the loss until they were placed with the child whom they ultimately parented. For them, they could not heal from the heartbreak, loss, and longing of a failed match until they were in fact a parent. Roger, a cis male-partnered gay man who experienced a failed match, said, "It was one of the most awful things we've experienced. We were only able to move on after a subsequent successful adoption."

Some of those who experienced child removal and/or disrupted placements said that the healing process was facilitated by the fact that they maintained contact with children who had once been in their care. Lottie, a cis lesbian female-partnered woman, said, "[I'm] so grateful to maintain contact with him and his mom. Even though parenting him was hard, he lived with us from aged 12-15 and losing him after 3 years was heartbreaking." Knowing they had done everything they could to provide the safety these children needed while in their care was also comforting to some. Tanner, a male-partnered cis gay man, said that he and his partner "found solace in the fact that we were able to provide love, and some stability . . . and a good foundation to return to the biological family."

Multiple Losses, Complex Trauma

Prior to experiencing failed matches, child removal, or disrupted placements, nine participants had tried to conceive via

donor insemination, unsuccessfully. Their adoption loss was compounded by the stressful losses associated with their prior reproductive journeys. For these participants, the number of cycles ranged from 1 to "lost count . . . over 4 years," with the average number of unsuccessful cycles being 5. Several commented on the stress associated with their unsuccessful conception efforts, as well as pregnancy loss. Said Max, a queer trans man partnered with a cis woman: "I tried unsuccessfully to get pregnant for close to 4 years. We were getting sperm from a friend, then did doctor assisted donor insemination, then donor sperm, and lastly donor embryos. We really just wanted to be parents." Shari, a cis female-partnered lesbian woman "had several miscarriages . . . tried IVF, etc.," before finally turning to adoption. Such experiences underscore the reality of prior reproductive losses that may amplify or impact participants' experiences of losses along the adoption journey.

Discussion

Our findings build on the limited research on LGBTQ parents who experience reproductive loss (Craven, 2019) and losses involving adoption specifically (Goldberg, 2019). They highlight the challenges that LGBTQ prospective adopters face in building their families, some of which are made explicitly or implicitly more significant by virtue of their intersecting identities as LGBTQ (and vulnerability to discrimination by expectant parents, birth parents, and others) as well as the cultural invisibility of adoption related losses. Furthermore, our sample included participants with very complex reproductive histories, including those who had already been through multiple unsuccessful attempts to get pregnant before they turned to adoption.

The pain and sorrow outlined by many individuals who experienced failed matches in particular echoes the deep pain reported by lesbian mothers who experienced pregnancy loss—indeed, the sense was often that they had worked so hard to get this far, and they feared that they would never be parents (Wojnar & Katzenmeyer, 2014). Participants described in emotive detail the devastating and confusing feelings of planning for a child and then losing the hoped-for child through a failed match. Although the formal adoption process provides some "blueprint" for what to expect, our data reveal that there is no "social script" for dealing with this unanticipated loss—one that sometimes included scams where others sought to take advantage of their vulnerability. These prospective parents revealed how they navigated the emotional "work" of learning that their anticipated child would not be coming home with them—or even died—alone, in isolation. In general, death and bereavement in families is the one topic that we, as a society, cannot or will not discuss (Allen, 2022; Doka, 1989). Participants' sense of aloneness and stigma, with little socialization process or support system in place to guide them, adds a depth to their suffering, of which health care providers need to be aware (Blythe et al., 2012; Petrenko et al., 2019). One of the most important insights from this study is for prospective parents and the professionals who work with them to deconstruct the romanticized narrative of easily becoming a parent, when it can, in reality, and as revealed in our participants' experiences, include many hidden losses and unanticipated emotions and setbacks.

Prospective parents who lost their opportunity to adopt described navigating the intensive, exhausting emotional labor surrounding that loss—and in this way, are literally naming a process that has yet been named. This is one of the valuable lessons of *qualitative* research findings: participants can describe their experience in such exquisitely raw honestly that we—as readers, researchers, and practitioners—resonate with their words and emotions (Goldberg & Allen, 2015; Price et al., 2011; Russell, 2020). The voices of our participants render the heretofore unspoken and thus invisible experience of a bereaved adoptive parent able to be heard by others. Their narratives reveal the pain of having the rug pulled out from under them, and part of that pain comes from the inability to exert agency or control over their circumstances.

Yet participants' narratives also revealed how they persisted beyond the losses they described, eventually resuming the family-building process, and adopting at least one child. Devastating loss and complicated grieving is not, in the end, hopeless, as many bereaved parents reveal (Allen & Craven, 2020). Although parents do not "get over" such losses, recover, or simply move on, most do learn from their experience, rely on their own strengths, partners, and support networks to build anew, and keep going. In this way, we call upon family resilience theory that helps us understand the "both/and" of a devastating loss (Allen & Henderson, 2022; Hone, 2017). These prospective parents are crushed, but also survivors, utilizing their material, emotional, and social support resources to move forward with their lives (Craven, 2019). Their desire for a child, but also their efforts to put children's well-being first, is part of this process.

Limitations and Implications for Family Nursing Professionals

The current study is limited by the fact that we obtained open-ended data via a survey. Although participants were remarkably forthcoming and, often, detailed in their descriptions of adoption-related losses, we would likely have obtained more in-depth responses in the context of interview data. Another limitation is the fact that the current study is cross-sectional in nature. Longitudinal studies would be valuable in exploring the long-term sequelae of adoption losses.

Despite these limitations, our findings have a number of important implications. For nurses and other health care professionals who interface with LGBTQ parents during the family-building process and beyond, becoming aware of the multiple types of losses that parents may endure on the way to parenthood, and the ways these losses are minimized and/or stigmatized in this population, is necessary. Professionals

should sensitize themselves to the emotional experience and recovery process associated with such losses—and, refer to them as losses as opposed to as failures, for example (Craven, 2019). Professionals should also support LGBTQ individuals who experience devastation and/or grief surrounding failed matches or disrupted placements to recognize that acknowledging rather than trying to submerge such experiences as losses may benefit their ongoing growth and meaning-making (Cote-Arsenault, 2003). They can also help prospective LGBTQ parents anticipate that there will be ups and downs in the process of seeking to adopt. Having an understanding, knowledgeable, and compassionate professional in the parent's corner, who is not afraid to broach the range of potentially difficult issues that will (inevitably) arise, is a positive step in helping to mitigate the difficulties that may lie ahead.

Some research has highlighted the significance of group work in enabling people to make sense of and process their grief (Moules et al., 2007). Meeting with other individuals who speak the same language of grief and loss is essential, as anecdotal stories of bereaved parents who have experienced complicated losses attest (Allen & Craven, 2020). Dealing with a devastating loss is isolating and even the most loving members of one's support network may shy away from mentioning the experience for fear of upsetting the person. Yet it is painful not to be "seen and heard" by others, and bereaved parents often find that only those who have also gone through this "get it" (Allen & Craven, 2020; Craven, 2019; Hone, 2017). Similarly, our participants described the importance of knowing others who reached out to them with compassion and empathy, as they too had experienced this type of devastating loss. The loss of a child is lonely, isolating, and as so many of our participants said, crushing, and having a sense of community with others who do not judge or stigmatize is a tremendous source of healing.

Nurses who work in family planning should be mindful of the unique experiences of LGBTQ adults who seek to become parents. They should be cognizant of the losses that LGBTQ adults may endure on the road to becoming parents (Craven, 2019), as well as the losses that they may have already experienced by the time that they engage with nursing professionals. In turn, equipped with knowledge of the unique family-building experiences, barriers, and concerns of LGBTQ individuals, family nurses can more sensitively engage with, affirm, and provide support to LGBTQ patients and their families (Weber, 2010). Indeed, although most nursing students receive very little education about LGBTQ people or issues, nursing students appear to desire and benefit from such information when it is provided (Eickhoff, 2020; Henriquez et al., 2019; Stewart & O'Reilly, 2017). Nursing education should also incorporate theory and research on intersectionality, addressing the various forms of both privilege and oppression that families face, based on their race, social class, gender, sexuality, ability status, and the like. For example, some of our participants acknowledged their economic privilege in being able to "take time off" from their jobs, or even leave the country, in the wake of adoption loss. Yet, consider the difficulties around the grieving process for those who cannot take a leave of absence from work, or simply hide out as a way to process their grief. Although our participants were from minoritized sexual and/or gender identities, they had varying degrees of economic and racial privileges that inevitably structured their experiences.

Family nurses who work in couples counseling, and who focus on supporting couples during or soon after the transition to parenthood, should be knowledgeable of the various paths to parenthood, including adoption, and should be aware of the complexities of these paths and the potential for multiple, and multiple types, of losses to occur en route to parenthood. They should be aware that reproductive losses may continue to impact new parents in different ways, triggering shame and doubt (Diamond & Diamond, 2017). Unacknowledged loss and grief may be amplified in the context of societal doubt and criticism directed at LGBTQ parents, who are often seen as less capable or deserving of parenthood. Validating experiences of hidden loss is important in general but may be especially important in providing care to LGBTQ parents.

Conclusion

Parents who adopt and/or foster will be parenting children who have experienced loss themselves. It is important for these parents to receive the support and recognition they deserve, to enable them to fully appreciate and respond to the multiple dimensions of their children's losses. Greater acknowledgment of and sensitivity to the losses that LGBTQ adoptive parents encounter during the family-building process will serve to strengthen family relationships in important and consequential ways.

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ORCID iDs

Abbie E. Goldberg https://orcid.org/0000-0001-7654-4539
Katherine R. Allen https://orcid.org/0000-0001-9920-0333

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Author Biographies

Abbie E. Goldberg, PhD, is a professor, Department of Psychology at Clark University, USA. Her research focuses on diverse families, including LGBTQ parent families, with a focus on family transitions (e.g., transition to parenthood, transition to school, divorce/separation). Recent publications include *Open Adoption and Diverse Families: Complex Relationships in the Digital Age* (2019) and *LGBTQ Family Building: A Guide for Prospective Parents* (2022).

Katherine R. Allen, PhD, is Professor Emerita of Human Development and Family Science, Virginia Tech, USA. She is the Incoming Editor of the *Journal of Family Theory & Review.* She studies family marginalization and social change using feminist, intersectional, queer, and qualitative approaches. Recent publications include *Family Theories Today: A Critical Intersectional Approach* (2nd ed., 2022, with A. C. Henderson) and *LGBTQ-Parent Families: Innovations in Research and Implications for Practice* (2nd ed., 2020, with A. E. Goldberg).