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Open Adoption as a Family Form
Community Assessments and Social Support

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In this article, community assessments of support for three levels of open adoption are examined, including two types of mediated adoption, fully disclosed adoption, and confidential adoption. Combining telephone survey data from a Canada-wide random sample of 706 respondents with 82 qualitative interviews, the authors report on community assessments of these levels of openness and the relevance of these results for other survey research conducted on these issues. The authors also explore community assessments of the perceived advantages and disadvantages of open adoption and confidential adoption for adoptive parents, birth parents, and adopted children and how these may or may not reflect clinical assessments. Finally, the authors consider the implications of these results for clinical initiatives with members of the adoption triangle.

Keywords: adoption; community survey; open adoption; confidential adoption

STATEMENT OF THE PROBLEM

Nonrelative adoption creates a family that, in important ways, differs from the biologically related nuclear family—as a parenting option, it separates the biological from the social nurturing part of parenting (Kirk, 1964). Until recently, nonrelative adoption was characterized by secrecy

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and a lack of contact between birth parents and adoptive parents (Sachdev, 1989). Confidentiality and lack of contact have not always been the norm however. Nonrelative adoption as a family form had a prominent place in many ancient kinship systems. Examining the historical antecedents of present-day adoption, Benet (1976, p. 22) observed that nonrelative adoption is as old as human society itself. The Babylonian Code of Hammurabi, the oldest written set of laws, dealt extensively with adoption, profoundly influencing adoption practices in ancient Roman, Greek, and Spanish cultures (Benet, 1976, p. 23). Nonrelative adoption was usually used to ensure the continuity of the family line and/or the political power associated with a family name (Smith & Miroff, 1981, p. 8).

According to Benet (1976), two factors differentiate present-day Western adoption practices from earlier ones: First is the notion that the purpose of adoption is to provide a home for a child separated from his or her birth family. Second is the emphasis that has been placed on secrecy and severing ties with this original family. "This desire for secrecy would seem bizarre to most other practitioners of adoption—to the ancients, the Asians, and the primitives, adoption was more often than not a quite deliberate transaction between two sets of parents" (Benet, 1976, p. 14). Furthermore, Grotevant, Dunbar, Kohler, and Lash Esau (2000) noted that "despite the notion that Western adoptions have historically been confidential, secrecy and anonymity among the parties involved in adoption only began in the early 20th century" (p. 379).

Since the 1970s, according to Grotevant and McRoy (1998, p. 1), there has been an increasing trend toward openness in adoption practice, a trend that has generated controversy among members of the adoption triangle, social researchers, and clinicians. Research on open adoption has generally reflected expert stances on historical, legal, and clinical issues, or the perspectives of birth parents, adoptive parents, adoptees, and social workers.[1] Social scientists have argued, however, for an examination of the social context and how alternate family kinship forms are assessed and function (March, 1995; March & Miall, 2000; Miall, 1987, 1996). Wegar (2000), for example, concluded that individuals involved in the adoption triangle cannot be understood unless the social context that shapes their identities, attitudes, and behavior is examined (pp. 364-365). Similarly, Grotevant et al. (2000) identified an awareness of contexts beyond the family, including connections to the community, as essential to an understanding of adoptive identity and how it is shaped and develops (p. 379). Furthermore, Bagley and Gabor (1995) stressed the importance of understanding the community as a stakeholder in adoption. Awareness of the values of the larger community is essential to establishing

how families in open adoption may be viewed and responded to (Miall, 1998; Rompf, 1993).

COMMUNITY SURVEYS ON OPEN ADOPTION

Grotevant and McRoy (1998) noted that openness in adoptive families is on a continuum, and discussions of openness are complicated by the differing definitions used to examine this issue (pp. 2-3). Adoption arrangements can include (a) confidential adoptions—"in which minimal information is shared between adoptive and birthfamily members and is never transmitted directly; any exchange of information typically stops with the adoptive placement or shortly thereafter"; (b) mediated adoptions—"in which non-identifying information is shared between parties through adoption agency personnel, who serve as go-betweens. Sharing could include exchange of pictures, letters, gifts, or infrequent meetings at which full identifying information is not revealed"; and (c) fully disclosed adoptions—"which involve direct communication and full disclosure of identifying information between adoptive and birthfamilies. These adoptions may involve direct meetings in each others' homes or public places, telephone calls, letters sent directly, and sometimes contact with extended family members" (Grotevant & McRoy, 1998, pp. 2-3).

In the first large-scale survey of attitudes toward open adoption in the United States, Rompf (1993) only asked her respondents whether they agreed that an adopted child and the adoptive parents should keep in contact with the adopted child's biological parents from birth on (p. 223), what Grotevant and McRoy (1998) might consider a fully disclosed open adoption (p. 3). The Benchmark Adoption Survey (Evan B. Donaldson Adoption Institute, 1997, Question 18) asked only whether the birth mother sending cards and letters to the adopted child was a good idea in most, some, very few, or no cases at all, what Grotevant and McRoy (1998) might consider a mediated adoption (p. 2). Similarly, in the Dave Thomas Foundation for Adoption Survey (2002), there was no discrete consideration of different levels of openness (p. 41). Open adoption was referred to as adoptive parents, birth parents, and the child being in direct contact with one another, or what might be characterized as fully disclosed open adoption. Although these surveys provided information on community attitudes toward one or more types of open adoption arrangements, it was not possible to conclude from these data how the respondents might assess the more varied openness arrangements currently in use in practice.

All these surveys made use of fixed alternative questions that established the prevalence of certain attitudes toward open adoption. None of them attempted to establish the meanings underlying these response sets.[2] The National Adoption Attitudes Survey prejudged what the rationale might be however.[3] Although generalizability of results is important, Bagley and Gabor (1995) argued for combining qualitative with quantitative research to explore meanings underlying fixed alternative responses to adoption questions: "Action and inquiry, including quantitative and qualitative research, are needed to respond to . . . priority areas . . . descriptive questions require answers" (p. 282).

To address these issues, we modified the categories of open adoption established by Grotevant and McRoy (1998) and considered community assessments of two levels of mediated adoption: fully disclosed adoption, and confidential adoption. Second, we made use of a two-stage research design that combined qualitative interviews with large-scale survey research, enabling us to document the meanings as well as the prevalence of social constructs underlying assessments of these types of open adoption. Grotevant and McRoy (1998), in their research on changing agency practices toward openness in adoption, asked the agencies in their sample to delineate the advantages of each level of openness for each member of the adoption triangle. In accordance, we also asked our qualitative interview respondents to assess the advantages and disadvantages of open adoption and confidential adoption for adoptive parents, birth parents, and adopted children.[4] Unlike Grotevant and McRoy, we did not differentiate levels of openness in our qualitative interviews.

In this article, we discuss (a) community assessments of these levels of openness in adoption, (b) the relevance of these results for other survey research conducted on these issues, (c) the meanings underlying approval or lack of approval of open adoption and confidential adoption, (d) the relevance of these results for clinical assessments of these family types, and (e) the implications of these results for theoretical and clinical initiatives in these areas.

METHOD

STUDY DESIGN AND SAMPLE DESCRIPTIONS

The current research on open adoption was part of a larger study of Canadian assessments of adoption issues, funded by the Social Sciences and Humanities Research Council of Canada. As a method, we used a

two-stage research design—a qualitative research study to document meanings underlying social constructs of adoption and a Canada-wide telephone survey to establish the prevalence of these social constructs.[5] Two samples were drawn from the Canadian population. In Phase 1, 82 qualitative interviews (41 men and 41 women) were conducted in two eastern Canadian cities.[6] Respondents selected by random sampling were sent a letter informing them of the study and then telephoned to arrange an in-home interview.[7]

Using a pretested, semistructured interview schedule combining fixed alternative and open-ended questions, interviewers conducted in-depth interviews in respondents' homes lasting from 1 to 2 hours. At the request of some participants, nine interviews were conducted by telephone. Almost all interviews were taped and transcribed, and all were conducted in English. Questions were based on previous adoption research on these issues (Kirk, 1953; March, 1995; Miall, 1996, 1998). For purposes of cross-cultural comparison, we replicated some questions from the Benchmark Adoption Survey conducted in the United States (Evan B. Donaldson Adoption Institute, 1997). The majority of respondents in this sample were older than 30 years old. The sample was also a well-educated one, with two thirds having completed all or part of postsecondary or university training. Of the sample, 52% earned an income between CAN$40,000 and $79,000, with 30% earning less than $39,000, and 18% earning more than $80,000. More than two thirds were married or living common-law, and nearly three fourths had or were raising children.[8]

In Phase 2, a sample of 706 respondents (287 men and 419 women) age 18 years and older was randomly selected from across Canada using Computer Assisted Telephone Interviewing (CATI) methods.[9] According to Statistics Canada (2003), the number of Canadian households having at least one telephone in 2000, the year of our survey, was 98%. A standardized questionnaire addressing issues drawn from Phase 1 of the study was constructed, pretested to review question wording and ordering effects, and modified accordingly. All telephone interviews were conducted from the centralized facilities of The Institute for Social Research at York University in Toronto, Ontario, Canada, between May and June, 2000.[10] The final response rate was approximately 56%. The slightly lower rate than expected (60%) was attributed to the possible lack of salience of adoption issues in the general population among, for example, childless respondents, single respondents, and younger respondents.

Given disparities in population sizes in each of the regions, weights were provided to compensate for unequal probabilities of selection at the provincial and household levels using the 1991 Canadian Census, the one

TABLE 1
Sociodemographic Characteristics of the Samples

Sociodemographic Characteristics	Sample 1 (N = 82)	Sample 2 (N = 706)
Gender		
Male	50% (41)	41% (287)
Female	50% (41)	59% (419)
Age		
29 years or younger	9% (7)	24% (161)
30 to 49 years	46% (37)	47% (323)
50 years or older	45% (36)	29% (202)
Education		
Elementary or less	10% (8)	4% (27)
High school or less	16% (13)	37% (260)
Postsecondary or university or less	64% (52)	52% (359)
Postgraduate	10% (8)	7% (49)
Income		
Less than CAN $20,000	8% (6)	13% (73)
$20,000 to $39,000	22% (17)	23% (131)
$40,000 to $59,000	25% (19)	24% (138)
$60,000 to $79,000	27% (21)	18% (103)
$80,000 to $99,000	10% (8)	9% (51)
More than $100,000	8% (6)	13% (71)
Marital status		
Married or common law	67% (55)	62% (436)
Widowed/separated/divorced	12% (10)	14% (96)
Single	21% (17)	24% (166)
Parental status		
Yes	72% (58)	67% (469)
No	28% (23)	33% (233)

NOTE: Missing cases not included in calculations.

most recently available. For results based on the total sample and with a confidence level of 95%, the error attributable to sampling and other random effects was plus or minus 3.5 percentage points. Table 1 provides a breakdown of selected sociodemographic variables for the two samples.

The questionnaire contained 45 questions, a telephone interview took approximately 15 to 20 minutes to complete, and interviews were conducted in either English or French. The majority of respondents were older than 30 years old with 47% (323) between 30 and 49 years old, and 29% (202) 50 years old or older. The sample was also a well-educated one, with 52% (359) having completed postsecondary or university training or less, 37% (260) completing high school or less, and 7% (49) completing

postgraduate degrees. Of the sample, 42% (241) earned an income between CAN$40,000 and $79,000, with 36% (204) earning less than $39,000 and 22% (122) earning more than $80,000. In terms of marital status, the majority 62% (436) were married, 24% (166) were single, and 14% (96) were widowed, separated, or divorced. Of the sample, 67% (469) had or were raising children, and 33% (233) had not parented.[11] Although we eliminated from the sample respondents who were members of the adoption triangle themselves, 31% of respondents (205) indicated familiarity with adoption through a family member who was adopted or had adopted a child or relinquished a child for adoption. Of the sample, 69% (452) or more than two thirds did not.

The majority of the sample, similar to those in Phase 1, tended to identify themselves as White, older, well educated, in the lower-middle- to upper-middle-class income range, married, and had raised children.[12] The generalizability of results in terms of ethnicity, social-class background, and education should be interpreted with these sample characteristics in mind. On the other hand, our sample characteristics are typical of most volunteer samples (Palys, 1997); are representative of the population of Canadians most likely to vote or become involved in political actions affecting social policy decisions (Frank, 1994); and share characteristics with the traditional adoptive parent profile—White, older, married, and well educated. As such, we believe that their responses represent a fair assessment of the views of community stakeholders in adoption.

RESEARCH QUESTIONS

To establish levels of support for open adoption, we asked respondents in both samples to assess openness arrangements modified from those delineated by Grotevant and McRoy (1998). These included (a) Mediated Adoption Level 1—biological parents and adoptive parents exchange cards and letters through a social worker but do not meet; (b) Mediated Adoption Level 2—biological parents and adoptive parents actually meet one or more times before the adoption, but after the adoption exchange cards and letters through a social worker; and (c) fully disclosed adoption—biological parents and adoptive parents maintain face-to-face contact with each other from the birth of the child until the child is of legal age. We also asked respondents in both samples to indicate support for continued (d) Confidential Adoption—with no contact of any kind between birth parents and adoptive parents before or after adoption takes place.

Respondents in the telephone survey were asked if they *strongly approved*, *somewhat approved*, *somewhat disapproved*, or *strongly disapproved* of each level of openness. (See Appendix for survey questions used.) In our qualitative interviews, respondents were asked if they approved or disapproved of these levels and then asked to provide detailed information on what they thought were the advantages and disadvantages of open adoption and confidential adoption for adoptive parents, birth parents, and adoptees. We coded the qualitative data into categories according to themes and frequency of theme responses noted (Berg, 2001; Lofland & Lofland, 1984). For quantitative analysis, we used the SPSS Base 9.0 software package (SPSS, 1999).

Theoretically, we conceptualized gender as a social construct embodying cultural meanings about masculinity and femininity. Fox and Murry (2000) argued that one implication of this approach is to question the unexamined, often unstated, assumption of gender neutrality in data sets (p. 1165).

By utilizing our analysis, a design that considered responses specifically by gender, we also attempted to avoid the problems that arise from assumptions of gender neutrality. Other sociodemographic variables were considered as warranted.

RESULTS

TELEPHONE SURVEY RESULTS

In Table 2, we present assessments by gender of each level of open adoption, and confidential adoption obtained from our Canada-wide telephone survey.

Mediated Adoption Level 1. In terms of the most basic form of openness, the exchange of cards and letters through a mediator after adoption, 69% (188) of men and 83% (326) of women either strongly approved or somewhat approved of this level. Women (38% or 151) were significantly more likely than men (28% or 76) to strongly approve ($p < .01$). However, most respondents only somewhat approved of this level (41% of men and 45% of women, respectively) with 31% (85) of the men and 17% (66) of women somewhat disapproving or strongly disapproving of this least intrusive level of openness.

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TABLE 2
Comparison of Assessments by Gender for Levels of
Open Adoption, and Confidential Adoption for Sample 2

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Assessments of Approval or Disapproval of Openness Levels	Male (n = 287)	Female (n = 419)	Total (N = 706)
Levels of open adoption			
Exchange cards and letters			
Strongly approve	28% (76)**	38% (151)**	34% (227)
Somewhat approve	41% (112)	45% (175)	43% (287)
Somewhat disapprove	16% (44)	10% (40)	13% (84)
Strongly disapprove	15% (41)	7% (26)	10% (67)
Meet before/cards, letters after			
Strongly approve	28% (77)***	40% (158)***	35% (235)
Somewhat approve	44% (122)	44% (173)	44% (295)
Somewhat disapprove	17% (47)	10% (40)	13% (87)
Strongly disapprove	11% (29)	6% (23)	8% (52)
Ongoing personal contact			
Strongly approve	19% (51)	22% (87)	21% (138)
Somewhat approve	39% (107)	43% (166)	41% (273)
Somewhat disapprove	23% (62)	23% (90)	23% (152)
Strongly disapprove	19% (52)	12% (47)	15% (99)
Maintain confidential adoption			
Yes	87% (241)	83% (328)	85% (569)
No	13% (35)	17% (68)	15% (103)

NOTE: Missing cases not included in calculations.
**$p < .01$. ***$p < .001$ using difference of proportions tests.

Mediated Adoption Level 2. Similar results were found with a slight increase in support for meeting before the adoption and exchanging cards and letters afterward. Specifically, 72% (199) of men and 84% (331) of women either strongly supported or somewhat supported this arrangement. Again, women (40% or 158) were significantly more likely than men (28% or 77) to strongly support this level of openness ($p < .001$). In addition, the majority of men and women (44%) somewhat approved rather than strongly approved. However, levels of disapproval for both groups of respondents also showed a slight drop (from 31% to 28% for men and from 17% to 16% for women).

Fully disclosed adoption. The final level advocating complete openness between the birth and adoptive parents before and after adoption was least supported by these respondents, although still supported to some extent by the majority. Specifically, 58% (158) of men and 65% (253) of

women either strongly supported or somewhat supported this approach. Notably, strong approval of this level dropped from that recorded for meeting and exchanging cards from 28% to 19% (51) for men and from 38% to 22% (87) for women. Furthermore, there were no significant differences between men and women in support for this level of openness. Respondents indicating a lack support for this option also increased in that 42% (114) of men and 35% (137) of women either somewhat disapproved or strongly disapproved of completely open adoption.

Confidential adoption. Although open adoption is on the increase in Canada and the United States (Daly & Sobol, 1993; Grotevant & McRoy, 1998; Sobol, Daly, & Kelloway 2000), we also asked our respondents whether they supported the continuance of confidential adoption in those instances where adoptive parents did not want to have contact with biological parents. Notably, 87% (241) of the men and 83% (328) of women supported the continued availability of confidential adoption.

COMPARATIVE ANALYSIS WITH OTHER SURVEYS

As discussed earlier, Rompf (1993) asked her random sample of 640 adults whether they agreed that an adopted child and the adoptive parents should keep in contact with the adopted child's biological parents from birth on (p. 223). Only 19% of her sample strongly approved of this type of fully disclosed adoption although 33% somewhat approved, figures not unlike those obtained for completely open adoption in this survey (21% and 41%, respectively).

The Evan B. Donaldson Adoption Institute Survey (1997) asked only about the exchange of cards and letters as a good idea in most, some, very few, or no cases at all (p. 30). This least intrusive level of mediated open adoption was considered a good idea in most cases by 16% of respondents. A further 40% said in some cases, 23% said in very few cases, and 19% of the respondents said no cases at all. As in our survey, the majority indicated some form of conditional support for this level of openness although our respondents were generally more supportive (34% of our sample strongly supported this option).

In the Dave Thomas Foundation for Adoption Survey (2002), American respondents were divided in their assessments of open adoption (p. 41). Again, as in Rompf (1993), there was no consideration of different levels of openness. Open adoption was referred to as adoptive parents, birth parents, and the child being in direct contact with one another, fully disclosed adoption. However, 21% thought it was a good idea in most

TABLE 3
Measures of Association Between Sociodemographic
Characteristics and Assessments of Levels of Openness
in Adoption for Sample 2 ($N = 706$)

Levels of Openness[a]	Age	Education	Income	Marital Status	Parental Status	Familiarity Adoption[b]
Levels of open adoption						
Exchange cards and letters	1.601	-3.964***	–1.479	–1.540	–0.540	1.147
Meet before/cards, letters after	3.077**	–3.581***	–1.639	–2.257*	–1.187	–0.076
Ongoing personal contact	1.487	1.125	–0.347	–2.491*	–0.058	–2.169*
Confidential adoption	–1.060	–2.025*	–3.551***	1.563	0.378	0.033

NOTE: Missing cases not included in the calculations.
a. See Appendix for original questions and response categories.
b. Sociodemographic variables: age: (29 years old or younger = 1, 30 to 49 years old = 2, 50 years old and older = 3); education: (elementary or part = 1, high school or part = 2, postsecondary or part = 3, postgraduate or part = 4); income: (less than CAN $20,000 = 1, $20,000 to $39,000 = 2, $40,000 to $59,000 = 3, $60,000 - $79,000 = 4, $80,000 - $99,000 = 5, more than $100,000 = 6; Marital Status: (married/common law = 1, widowed/separated/divorced = 2, single = 3); parental status (yes = 1, no = 2); familiarity adoption (yes = 1, no = 2).
*$p < .05$. **$p < .01$. ***$p < .001$ with z scores calculated using Kendall's tau.

cases, 47% thought it was a good idea in some cases, 21% approved in a very few cases, and 10% did not approve in any cases. Our survey results were similar for this level with 21% indicating strong support for fully disclosed adoption and 41% somewhat supporting this option.

Overall, in our Canadian survey and the various American surveys, the majority offered some form of conditional support for open adoption regardless of the level of openness assessed, either somewhat approving of it or regarding it as a good idea in some cases. Notably, in our survey, the most support was offered to a level of openness that had the birth parents and adoptive parents meet before the adoption and exchange cards and letters through a mediator afterward, a level of mediated adoption not considered in the U.S. surveys.

SOCIODEMOGRAPHIC VARIABLES
AND LEVELS OF OPENNESS

In Table 3, measures of association for other sociodemographic characteristics and levels of openness in adoption are presented. In terms of

approval of levels of openness, few significant differences emerged. Higher education was significantly associated with higher levels of acceptance in terms of exchanging cards and letters after adoption ($p < .001$), and meeting prior to and exchanging cards and letters after adoption ($p < .001$). Younger respondents were also significantly more likely to approve meeting before and the exchange of cards after adoption ($p < .01$) as were single respondents ($p < .05$) who were also more approving of ongoing open adoption ($p < .05$). In terms of familiarity with adoption, approval of fully disclosed adoption yielded a significant difference, with those considered familiar with adoption significantly less likely to approve of this level ($p < .05$).

Strong support for the continuation of confidential adoptions, however, was also significantly linked to higher education ($p < .05$) and higher income ($p < .001$). Although not in the table, French speakers were significantly less likely to support all levels of open adoption compared to English speakers ($p < .001$) although no differences emerged in considerations of confidential adoption.

QUALITATIVE INTERVIEWS— ASSESSMENTS OF LEVELS OF OPENNESS

The analysis of responses to fixed alternative questions in our qualitative interviews yielded patterns similar to those observed in our telephone survey. In terms of the two mediated levels of adoption, women were more likely than men to approve, although majority responses for women and men indicated approval. Support for fully disclosed adoption, as in the survey responses, also dropped in the qualitative interviews. In fact, when compared to survey results, respondents in the interviews were less likely to support this level of openness than survey respondents. It may be that the discrete response sets of approve or disapprove influenced this result in that there was no room for indicating conditional support.[13] As mentioned earlier, interview respondents were also asked to assess the advantages and disadvantages of open adoption and confidential adoption for adoptive parents, birth parents, and adopted children. We now present the themes arising from these open-ended responses and compare them to those obtained with agency personnel by Grotevant and McRoy (1998). Given space constraints, representational quotes from our data are limited. A summary of themes around openness in adoption is provided in Table 4.

TABLE 4
A Summary of Advantages and Disadvantages of Openness
in Adoption for Members of the Adoption Triangle

Openness in Adoption	Interview Respondents	Agency Clinicians (Grotevant & McRoy, 1998)
Adoptive parents advantages	Know medical and genetic background of child Can anticipate problems Can help child understand adoption history Can reassure birth parents that child is doing well Can assist in accessing birth parents if necessary Lessens fear of challenges from birth parents	Know medical and psychological background Can anticipate problems Greater sense of entitlement to child Reduced fear of birth parents reclaiming child
Disadvantages	Threatens the stability of the adoptive family Creates complexities and challenges adoptive parents Increases fear of challenges from birth parents Birth parents want child back because of contact	Feel threatened by birth parents Birth parents interfere and create conflict Must also care for birth parents
Birth parents advantages	Lessens distress because know where child is Lessens distress because know child is doing well Know adoptive parents are good parents to child Can watch and influence child's development	Lessens distress over fate of child Lessens grieving period More defined role postplacement Sense of control over adoption decision
Disadvantages	Distress may be worse because know where child is May regret decision	Distress over knowing where child is More intense grieving period

	May not be able to let go—lack of closure Resentment or guilt at not parenting	Ambivalent about adoption decision Concern about child rearing practices of adoptive parents
Adopted children advantages	Information satisfies curiosity, relieves distress Experience greater security over identity	Greater security, less distress over adoption Sense of control Help with identity issues Reduction of fantasies and stereotypes re birth parents
Disadvantages	Creates confusion about identity Creates distress with two sets of parents Child can manipulate the situation	Adoptive parents may withhold information Time-consuming arrangement for agency personnel

NOTE: Responses from agency clinicians on mediated and fully disclosed adoptions combined in this table.

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**ADVANTAGES AND DISADVANTAGES TO
SOME LEVEL OF OPENNESS**

Advantages for adoptive parents of openness. The analysis of open-
ended responses to this question yielded themes related to access to infor-
mation and the concomitant stabilization of the adoptive family. The most
frequently cited advantage by female and male respondents was that
adoptive parents could learn more about the medical background of the
adopted child and the birth parents. This would enable adoptive parents to
anticipate potential problems and assist them in understanding and assist-
ing their adopted child. As one female respondent put it, "For the adopted
parents the advantage is to know some of the genetic, biological inheri-
tance and to know of any health problems that come up, whether it's inher-
ited or not. To perhaps just better understand children" (#37). A male
respondent observed, "I guess the advantage is, like I say, you have this
child. And if something medically went wrong with the child and you
needed to know the child's family history, you have access to it" (#47).

Another advantage identified by female and male respondents was that
adoptive parents could use the information available through some level
of openness to assist their adopted children in understanding their back-
ground or accessing their birth parents at a later date. As one female
respondent put it, "To know that, to have met them, and to know that
they're giving up their child voluntarily. . . I think that that's important.
And also the advantage that if their child asks, they can answer. They
know" (#38). A male respondent also noted that,

> The advantage is that they would know a bit about the background of the bi-
> ological parents, where they're coming from, so that if your child asks, your
> biological parents were this so your father was a dock worker, that sort of
> thing. To answer any questions that the child would have at an early age.
> (#74)

Female respondents also stressed the advantage to adoptive parents of
learning more in general about the birth parents, and in particular, the cir-
cumstances surrounding the pregnancy and adoption decision. As one
female respondent observed,

> It provides them with some information on the actual mother of the child . . .
> did the mother smoke, did the mother drink, did the mother do drugs during
> the pregnancy. So that might give them an advantage . . . it will give them
> some information on what the child has to deal with before the environment
> takes over. (#32)

Information about the biological parents was also linked to a lessening of concern about the security of the adoption itself. As one female respondent noted,

> Having some knowledge of where this child has come from and who these parents are. Perhaps also not have that fear in the middle of the night that someone's going to come and take the child away—knowing that the birth parents are okay with what's going on. (#39)

A related theme expressed by some female respondents was that openness enabled adoptive parents to reassure birth parents that the child was well taken care of.

> I think there would always be some anxiety, concern on the part of the biological parents. To just, to allow them to know that they could, to help them to know that they did the right thing, that things worked out well for that child, is important. (#25)

Our results were very similar to those documented by Grotevant and McRoy (1998) with agency personnel (pp. 55-61). When assessing advantages for adoptive parents in mediated adoptions, clinicians also noted the greater sense of entitlement to children; the enhanced ability to answer questions from adopted children; and the value of access to information for medical or psychological purposes. In fully disclosed adoptions, clinicians also stressed the reduced fear of birth parents for adoptive parents.

Disadvantages for adoptive parents of openness. Paradoxically, when consideration was given to female and male open-ended responses about disadvantages of openness in adoption, threats to the adoptive family dynamic were stressed. Two major themes emerged. First, some level of openness in adoption would create complexities and challenge adoptive parents attempting to raise their adopted child. Second, rather than allowing adoptive parents to reassure birth parents of the rightness of their decision, an advantage cited above, some level of openness would increase the fear of or likelihood of birth parents interfering in and creating conflict for the adoptive family, even to the extent of reclaiming the child. As one woman observed,

> I think it would be hard because you want to be the parent. And if you have the biological mother always, not always, but there, you might not feel as important as you could, or [that] you are the parent. (#21).

A man also noted,

> The birth parents would try to interfere with how the child is being raised . . .
> the adoptive parents . . . they want to raise the child in the way they see fit. I
> don't think it would be fair to them that the birth parents would all of a sud-
> den call up and say, well, I don't think we should be sending him to a Catho-
> lic school. (#74).

The second major theme, as noted, revolved around the notion that
birth parents involved in some level of open adoption would, at some
point, want their children back. As one woman asserted,

> There's too many birth mothers come back to take the child away. To me
> you will frighten off all the adoptive parents if you have too much contact
> with the birth mother. Because nobody wants to raise a child for 10 years
> and have it taken away from them either. (#46)

Similarly, a male respondent expressed concern about birth parents re-
claiming their child if too much contact was allowed.

> If contact is maintained too closely, I think in law, there are cases where the
> birth parents all of a sudden became very interested in the child and they
> want him back, and all this type of legalities come into play, and that's bad
> news for the children especially [*sic*]. (#75)

When assessing disadvantages for adoptive parents in mediated adop-
tions, clinicians in Grotevant and McRoy's (1998) study stressed similar
issues: adoptive parents might be threatened or frightened by birth par-
ents; or birth parents would interfere or create conflict within the adoptive
family (pp. 55-58). In fully disclosed adoptions, clinicians also pin-
pointed such disadvantages for adoptive parents as difficulties with estab-
lishing boundaries around parenting roles, or disruption and interference
from birth parents. The suggestion that adoptive parents might end up tak-
ing care of birth parents as well was unique to the clinical sample however
(Grotevant & McRoy, 1998, pp. 60-61).

Advantages for birth parents of openness. The analysis of female and
male open-ended responses revealed that the most frequently mentioned
advantage of some level of open adoption for birth parents was the allevia-
tion of the psychological distress brought about by not knowing the fate of
their child. Respondents referred to the peace of mind birth parents would
have knowing, not only that their child was alright but that the adoptive

parents themselves were good parents. As another woman observed, the advantage to openness would be "psychological mostly. Well, I was thinking of their always wondering where their child is, if they're being looked after . . . if they're being loved and nurtured and I think if you knew that, it would help" (#33). A man responded,

> I think it would be a lot easier process to go through knowing that the, you know, the people that you're . . . signing over the rights to or, or letting adopt the child, you know, are, are good people and are, are going to do a good job. It'd make you feel a lot better, make, make the decision easier. (#66).

A related theme stressed the advantage to birth parents of watching and perhaps influencing their child's development. One woman noted that

> even though they weren't able or chose not to raise the child, that maybe they had good intentions but just circumstances were that they could not do it, but at least they have [an] opportunity to watch and maybe influence a little bit the child's life. (#9)

A male respondent pointed out,

> It would give the birth mother a peace of mind knowing that she had some say into where her child would be going. . . . I think that's good, to be involved, know the family, have a say in things, you know, whether she could be classed as a concerned aunt or what have you. (#67)

In mediated adoptions, clinicians also stressed the alleviation of the psychological distress brought about by not knowing the fate of their child and a decreased period of grieving over the adoption decision (Grotevant & McRoy, 1998, p. 54). In fully disclosed adoptions, clinicians noted the more defined role of birth parents in the postplacement adoption process and the sense of control over decision making open adoption provided (Grotevant & McRoy, 1998, p. 58).

Disadvantages for birth parents of openness. As in the case of adoptive parents, those aspects of openness regarded as advantages were also characterized as possible disadvantages. Psychological distress and concern about the child-rearing practices of the adoptive parents were the main disadvantages of openness identified. Birth parents might realize they had made a mistake; would experience distress associated with a desire to get the child back, or distress associated with knowing where the child was; and resentment or guilt at not being able to contribute to or influence

the way the adoptive parents were raising their children. As one woman observed,

> I can imagine some people just want to distance themselves from it completely and just move on with their life. So I mean it may just pull your heart strings if you constantly hear about this child, and it may make you revisit the decision a bit more than you might have, had you not had this constant contact. (#38).

A male respondent stated that the disadvantage for birth parents was "never being able to really let go. Always being reminded that you made a mistake, a lack of self-worth, inability to provide a, a stable environment, a stable home for the child" (#56).

A woman noted that,

> if they want to, have any questions, influence on the way the child was raised, they wouldn't have that because they, I mean, they've given up the child. And maybe knowing a little bit about the child might, might be difficult rather than not knowing anything. (#5)

A male respondent also pointed out, "Well, they're seeing her child being brought up by someone else. And they might not like the way they're being, being brought up. And they might get very discontent. And that can cause a lot of problems between them" (#69).

In mediated adoptions, clinicians also stressed the intensification of psychological distress brought about by knowing the child's whereabouts and a more intense period of grieving over the adoption decision (Grotevant & McRoy, 1998, p. 55). In fully disclosed adoptions, clinicians also noted intensified grief reactions, ambivalence about the adoption decision, and concerns about the child-rearing practices of the adoptive parents (Grotevant & McRoy, 1998, p. 59).

Advantages for adopted children of openness. In terms of advantages to the adopted children, female and male respondents stressed two main themes. Having access to information about themselves would satisfy their curiosity about their background and, second, would relieve the psychological distress of not knowing why they were placed for adoption. As one female respondent explained, "They'd always know where they came from. They'd never have to do the big search, or, you know, have an identity-type crisis or something and not know who they are, where they came from" (#9). Similarly, a male respondent observed, "It allows them

to ask those questions and never be afraid to ask those questions. It gives them . . . builds their, their self esteem at the same time" (#56).

Another woman pointed out that

> they could feel more comfortable knowing maybe the reasons why they were given up for adoption. To know that they, lots of times from what I understand, they feel rejected. Just to know that they, they weren't rejected. It could help ease that. (#21)

As another male respondent pointed out,

> I think it's probably a lot easier to, to cope with the decision, you know . . . You find out your parents . . . just couldn't afford to do it or weren't capable of doing it or just didn't want to do it. I, I think regardless of the response, at least, you can at least deal with it from that point. (#66).

In mediated adoptions, clinicians also concluded that adopted children would experience greater security about who they were and less distress over being adopted by having access to information on their biological origins and the reasons for adoption (Grotevant & McRoy, 1998, p. 56). In fully disclosed adoptions, clinicians also noted the sense of control and help with identity issues that access to information provided. Clinicians also mentioned the reduction of fantasies and stereotypes about birth parents, an advantage not mentioned in our interviews (Grotevant & McRoy, 1998, p. 61).

Disadvantages for adopted children of openness. Two major themes emerged in the analysis of female and male open-ended responses to this question. Openness in adoption would create conflict and distress for a child attempting to deal with two sets of parents; and openness would create confusion in the child. As one woman pointed out, openness could lead to "confusion. Who their parents really are, who they're supposed to love. Am I supposed to love my biological mother more than my adoptive mother? Guilt, if they love their adoptive mother more than their biological one" (#21). Another woman observed,

> I think that there's a level of confusion. Unless the four people . . . are completely perfect people and the child's welfare is the only thing on their minds, I think that it could become very unhealthy and confusing for the child. (#27)

As a male respondent explained,

> Confusion, I would think would be one disadvantage. They would, you know, if they had a dislike for their adoptive parents, they're gonna want to maybe be with the biological parents or any number of things. I don't think it would be a good idea at all. Again, at a young age, it wouldn't be a good idea, but maybe at a mature age. (#60)

A lesser theme noted—the potential for the child to manipulate the situation, was summed up by one woman who noted,

> There could be a situation where the, the adoptive child plays one on the other. Same situations as where you get with step-parenting. . . . That's basically what it would be like. You've got one set of parents and you've got another set . . . So let's say you can, you can play it up between the two. (#7)

In mediated adoptions, clinicians felt that lack of access by adopted children to information, when adoptive parents withheld it, was the major disadvantage, a theme not mentioned in our interviews. The time-consuming nature of this arrangement for agency personnel was also a unique finding (Grotevant & McRoy, 1998, pp. 56-57).

ADVANTAGES AND DISADVANTAGES OF CONFIDENTIAL ADOPTION

Advantages for adoptive parents, birth parents, and adopted children. We also asked our respondents to assess the advantages and disadvantages of confidential adoption for adoptive parents, birth parents, and adopted children. Confidential adoption is characterized generally by a lack of identifying information about the adopted child and a lack of contact between the adoptive parents and birth parents. In terms of advantages, our respondents felt that adoptive parents would be free of interference and/or threats from birth parents who might wish to reclaim their child. In addition, confidentiality would allow the adoptive parents to think of their adopted child as their own. One woman summed it up this way:

> Well, I guess it helps you to function as a, what I would say, normal family. You raise your children as your own and you don't have, you don't have to deal with other, you know, other people involved with your child. (#5)

A male respondent pointed out that "the adoptive parents . . . they raise the child as their own without, without any fear of interference down the road

if the birth parent decides to change their mind" (#63). Clinicians also pinpointed not having to deal with birth parents as an advantage for adoptive parents in that it eliminated interference from them and increased adoptive parents' sense of entitlement and attachment to the child (Grotevant & McRoy, 1998, p. 53).

In terms of advantages for birth parents, female and male respondents suggested that confidential adoption would allow them to get on with their lives, forgetting about, putting in the past and/or keeping secret their experiences. As one woman observed, "They can just go on with their life. Some people might be able to just sort of blank it out and forget, you know" (#7). Another woman noted,

> I suppose if the birth parents wanted to hide the fact that they were pregnant at all or putting the child up for adoption, because there are still people who don't think it's right. I can see how confidentiality would be of benefit to them. (#36)

Similarly, a male respondent pointed out that

> having once made the decision that they're going to put this child up for adoption, their responsibility has come to an end, and they're free to get on with their lives in the way that they had, at that point, decided was the correct one. So it's clean. It's tidy. (#75)

Clinicians also stressed that confidential adoption allowed birth mothers to keep their pregnancy and birth a secret, achieve a sort of closure, and get on with their lives. Clinicians also noted that confidential adoption would spare birth mothers the grief associated with watching others raise their child, an advantage not noted with our respondents (Grotevant & McRoy, 1998, p. 52).

Advantages of confidential adoption for adopted children included the provision of a sense of security and belonging in the adoptive family, and the elimination of confusion for the child about who his or her parents were. As one woman noted, "Advantages growing up, he sees his parents as the mother and father who adopted him. And he learns to rely on them. . . . It gives a more stable base" (#3). As another woman observed, "For adoptive children, they wouldn't be confused in terms of who their parents are and the fact that they were very much wanted by the adoptive parents. There wouldn't be that confusion at all" (#32). As a male respondent pointed out,

> The advantages would be . . . the family as a, a single core as opposed to an extended family. . . . You're a part of my family. There, there was never any question about, you know what I mean? Just kind of, we're a unit. (#68)

As another male respondent explained, "The position is clear. These are my parents. They aren't my real parents, my biological parents, but they are my parents" (#75). Clinicians did not share these sentiments, noting only that confidential adoption shielded children from dysfunctional or emotionally disturbed birthparents (Grotevant & McRoy, 1998, pp. 53-54).

To sum up this section, the advantages of confidential adoption for the members of the adoption triangle articulated by our respondents reflected the rationales traditionally offered in support of confidential adoption—the adoptive parents would feel secure as the real parents, the birth parents could get on with their lives and forget, and the adopted child could establish a strong bond with the adoptive parents as a member of their family. We now consider the disadvantages identified for confidential adoption.

Disadvantages for adoptive parents, birth parents, and adopted children. The disadvantages outlined for adoptive parents inversely mirrored those identified as advantages in open adoption. Specifically, female and male respondents felt that adoptive parents would be disadvantaged by the lack of medical and personal background information on their child and would be unable to answer questions posed by their adopted children about their origins. As one woman put it, "They can't access information. They can't help the adoptive child go through a maturing process when the time comes that they might have more questions" (#18). As a male respondent explained,

> The disadvantage, I, I guess, for the adopting parents would be if they had, had a, a question that they wish to ask of the natural parents, they wouldn't be in a position to get that information, whatever it may be. (#61)

Clinicians agreed with these disadvantages but also felt confidential adoption "contributed to the denial of adopted family status; decreased ability to deal with infertility issues; increased fear of, and lessened empathy for, birthparents" (Grotevant & McRoy, 1998, p. 53).

In terms of disadvantages for birth parents, female and male respondents identified psychological distress engendered by lack of information about the fate of their child and what the adoptive home was like. As one woman observed, "Never knowing. Never knowing where, how, why, anything. Just being cut, completely cut off" (#9). A male respondent pointed out that "you'd never know what happened to your kid. Never

know what, how, it, it's just the not knowing would, would be eating away at you always, I'm sure" (#56). Clinicians also noted that birth mothers might have "problems in later relationships with spouses or children because of denial or unresolved loss" (Grotevant & McRoy, 1998, p. 52).

Disadvantages of a confidential adoption for adopted children also inversely mirrored advantages outlined for openness. Adopted children would not know their personal background, why they were placed for adoption, or who their birth parents were. As one woman noted, "I think sometimes the children do want to know who their parents are just so they can have an identity to see where they got some of their traits from" (#21). Another woman pointed out, "They're always gonna wonder who their birth parents are and why they gave them up, all those unanswered questions, which has a lot to do with their self-esteem" (#24). Similarly, a male respondent observed, "If children really want to know who their real parents are, then, this is a disadvantage for them" (#65). Clinicians also pinpointed problems having to do with identity given limited access to information (Grotevant & McRoy, 1998, p. 54).

To conclude this section, our respondents identified the lack of access to information about each other as a major disadvantage of confidential adoption for adoptive parents, birth parents, and adopted children respectively. We now consider the implications of these results for clinical and social policy initiatives in these areas.

DISCUSSION

Social scientists have identified the community as a stakeholder in adoption with values and norms that can help inform clinical practice in policy development on adoption. For example, awareness of community values is essential for understanding how adoptive families may or may not be supported in the newly constituted forms of open adoption being advanced by clinicians and social workers. Social support, emotional support, and acceptance from the community or the lack of it may affect positively or negatively the families so constituted. Furthermore, the social context plays a role in adoption, and awareness of connections to the larger community may be essential to an understanding of adoptive identity and how it is shaped and develops (cf. Grotevant et al., 2000, p. 379; Wegar, 2000).

The current study, combining quantitative and qualitative studies of assessments of open and confidential adoption, revealed that there is support in the community for the various levels of open adoption arrange-

ments. In our Canadian survey and the various American surveys examined, the majority offered some form of conditional support for open adoption, regardless of the level of openness assessed, either somewhat approving of it or regarding it as a good idea in some cases. Notably, in our survey, most support was offered to a level of openness that had the birth parents and adoptive parents meeting before the adoption and exchanging cards and letters through a mediator afterward, a level of mediated adoption not considered in the U.S. surveys.

Through the use of a quantitative survey and qualitative interviews, we attempted to provide a sense of the prevalence and nature of social constructs informing open adoption. Although we do not claim equivalency, the close similarity between our two samples in terms of most socio-demographic characteristics, and the strong pattern of agreement found in the fixed alternative responses for both samples lend support to the generalizability of these qualitative themes. Moreover, similar to our own findings, the data reported in other American surveys highlight the likelihood of openness in adoption being accepted by the larger community.

In our qualitative interviews, the advantages and disadvantages of openness in adoption identified by respondents reflected societal changes, and more general social values around the family. For example, genetic and medical information have taken on greater importance in our society than previously. Medicalization, where biomedical knowledge is accepted as authoritative knowledge, and geneticization, which is linked not only to biomedical knowledge but to perceptions of human strengths and human weaknesses in genetic terms, have gained increasing influence in public discourse (Lebner, 2000, p. 372). This perception of the importance of medical and genetic information was reflected in the advantages to openness identified by our respondents. If genetics and heredity play a role in shaping behavior, adoptive parents would need to know the personal and medical background of the birth parents to understand their adopted child, and to anticipate potential problems with behavior. Similarly, adopted children would need to know about genetics and heredity to develop a stable identity within this social context (March, 2000).

Through delineating advantages and disadvantages to open adoption, our respondents also appear to have been reflecting more general societal concerns about the stability and effective functioning of families. For example, openness would stabilize the adoptive family dynamic through the provision of reassurance by the adoptive parents to the birth parents, and the provision of information about their background to the adopted children. Some level of openness would relieve birth parents' anxiety by providing reassurance about the child's well-being in a suitable adoptive

home and also allow for some contact and possible influence in the child's life as he or she developed. Adopted children would experience greater security about who they were and less distress over being adopted by having access to information on their biological origins and the reasons for adoption.

However, openness, which might facilitate family functioning, contribute to family integrity, and ensure the well-being of adopted children was also characterized as a potential impediment to functioning in these areas. Specifically, openness in adoption would destabilize the adoptive family dynamic by introducing interference from the birth parents over the raising of the adopted child. Too much openness or contact might result in the birth parents reclaiming their child. Birth parents would experience psychological distress engendered by concern about the adoptive parents' child-rearing practices and/or the lack of influence over these. Adopted children would experience confusion about their identity through dealing with two sets of parents. However, it could be argued that these disadvantages that characterize open adoption as a challenge to the viability of the adoptive family might reflect a lack of information or understanding of how open adoptions work. On the other hand, they may reflect a more general belief in the nuclear family as the ideal place to raise children. Our respondents showed strong support for the continuance of confidential adoption, for example.

Notably, however, many of the advantages and disadvantages outlined by our respondents about openness in adoption were documented in earlier studies with clinicians working in adoption agencies (Grotevant & McRoy, 1998). Indeed, openness in adoption has been contentious in social work contexts. Proponents of openness have argued that contact between adoptive and birth parents assists adopted children in developing a stronger sense of identity (Bertocci & Schechter, 1991; Grotevant et al., 2000; Grotevant & McRoy, 1998). Opponents of openness have argued the opposite, that openness "can cause confusion for young children by exposing them to two sets of parents with different value systems, increasing their risk of psychopathology" (Grotevant et al., 2000, p. 381). These latter statements also seem to suggest that open adoption is a potential challenge to the nuclear family form as the ideal type for rearing adopted children. However, increasing rates of divorced, single-parent, and reconstructed families in the larger community create contexts in which children may need to accommodate a number of parental influences. The tasks facing families challenged by and reconstituted through divorce may not be unlike those of children living in open and confidential adoption situations.

Grotevant and McRoy (1998) observed that "neither confidential nor open adoption is best for everyone and that the degree of openness should be decided by the participants themselves" (p. 17). Calling on practitioners to avoid a one-size-fits-all approach to adoption, Grotevant et al. (2000) urged clinicians to avoid a uniform approach to openness in adoptive families when developing intervention strategies, designing programs, and creating social policy.

> Rather than promoting one level of openness as more advantageous to identity development, . . . different levels of openness provide different opportunities or resources to adopted persons and may necessitate different types of interactions as they construct their adoptive identities. (p. 381)

As Appell (2001) noted, in discussing gay adoption, "Judgments that arbitrarily . . . erect needless barriers to the adoption of children who do not have fit or willing parents have no place in a society that purports to value children and families" (p. 84).

Our results also suggest that rather than proselytizing for one type of adoptive family over another, or one policy over another, social work practitioners need to be flexible in working toward the best interests of the families they seek to assist, and cognizant of the social context within which they will live. The results discussed in this article reveal that the larger community is not as conservative in its views toward adoption and openness, nor as enthusiastic about fully disclosed adoption as the professional community might believe. As such, the community, in general, appears more likely to accept a variety of openness arrangements, offering further support to the notion that choice should be left to the individual families themselves, in the best interests of the children they serve.

APPENDIX
Questions Used to Operationalize Levels of Openness in Adoption

Until recently, most adoptions have been confidential so that biological parents and adoptive parents could not identify each other. Now it is possible for biological parents and adoptive parents to maintain some type of contact throughout the adopted child's life. Which of the following types of contact do you approve or disapprove of?

First, some biological parents exchange cards and letters with adoptive parents through a social worker or other mediator but do not meet.

Some adoptive parents and biological parents actually meet one or more times before the adoption, but after the adoption they exchange cards and letters through a social worker or other mediator.

In the most open forms of adoption, adoptive parents and biological parents maintain face-to-face contact with each other from the birth of the child until the child is of legal age.

Response Categories: Do you *strongly approve*, *somewhat approve*, *somewhat disapprove*, or *strongly disapprove* of this practice? (Don't know, refused)

Do you think that confidential adoptions should continue to be available to those who do not wish to have contact with biological parents?

Response Categories: Yes, no, don't know, refused

NOTES

1. See Berry, 1991, 1993; Blanton and Deschner, 1990; Carp, 1995; DeWoody, 1993; Evan B. Donaldson Adoption Institute, 1999; Fravel, McRoy and Grotevant, 2000; Grotevant and McRoy, 1998; and Sobol, Daly, and Kelloway, 2000.

2. Miall's (1998) pilot study of open adoption with a random sample of 150 examined meanings and concluded that respondents emphasized maintaining the integrity of family boundaries, effective functioning of families, and ensuring children's emotional well-being (p. 572).

3. Respondents were asked to agree or disagree with the following alternatives: It helps the child know his or her family; it helps the child and adoptive parents get health [*sic*]; it helps the child know birth parents care him or her[*sic*] (Dave Thomas Foundation for Adoption, 2002, p. 41).

4. Kraft, with other authors, have conceptualized what the potential psychological impact of openness in confidential adoption might be on birth mothers, adoptive parents, and adopted children. For a complete discussion, see Kraft, Palombo, Mitchell, Woods, and Schmidt (1985); Kraft, Palombo, Mitchell, Woods, Schmidt, and Tucker (1985); and Kraft, Palombo, Woods, Mitchell, and Schmidt (1985).

5. We had intended to draw an interview sample from the larger telephone survey. In reviewing our research proposal, the funding agency mandated a qualitative study followed by a survey.

6. Ninety-four interviews were done. As our focus was community attitudes toward adoption, 12 respondents identified as birth parents, adoptive parents, or adoptees were not included in the study.

7. Although initially, we attempted to obtain a random sample, we had a low response rate that precluded this. We concluded that factors, such as the negative impact of increased telemarketing and charity requests over the telephone, were likely contributing to the high refusal rate.

8. In terms of ethnicity, 50% (42) answered Canadian, 30% (25) British (English, Scottish, Welsh), 15% (12) other European, 4% (3) Caribbean or African.

9. At total of 766 interviews were done. Sixty respondents identified as birth parents, adoptive parents, or adoptees were not included in the study.

10. Using visual and audio monitoring facilities, supervisors reviewed each interviewer's work. Up to 12 calls were made to each household, with two thirds of calls in the evenings and on weekends, optimal times to contact those working during the day. Most refusals were called a second time.

11. Of those indicating ethnicity, 81% described themselves as White, 12% as Other, and 5% as Visible Minorities.

12. Difference of proportions tests for the two samples revealed a significant difference in (a) the greater representation of high school–level education in Sample 2 ($p < .001$) and postsecondary or university level of education in Sample 1 ($p < .01$) and (b) the greater representation of widowed, separated, or divorced respondents in Sample 2 ($p < .05$). No significant differences emerged for the gender, age, income, or parental status of respondents in the two samples.

13. Given the different sampling designs (nonrandom vs. random) and response categories provided, the following percentages are indicators of trends in the qualitative data. Mediated Adoption Level 1—76% of men and 92% of women approved of this level ($p < .05$). Mediated Adoption Level 2—55% of men and 87% of women ($p < .01$). Fully disclosed adoption—37% of men and 51% of women. Confidential adoption—95% of men and 89% of women.

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