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Emotional distress, resilience and adaptability: a qualitative study of adults who experienced infant abandonment

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ABSTRACT

Background: There is very little insight into the emotional effects of adult survivors of infant abandonment. The rate and reasons for abandonment differ by country, region and economic background. Depending on country, age and era, abandoned children may be cared for by a series of alternative arrangements, ranging from care homes, institutions, foster care, alternative care environments or even reside as street children. As abandonment is relatively rare in the UK, formal procedures, documentation, provision and handling are often overlooked in policy guidance.

Method: A qualitative study was conducted with 16 adult survivors of infant abandonment drawn from a UK sample. Participant interviews were recorded verbatim and transcribed. The full transcripts were coded for emerging ($n = 14$) and then higher order ($n = 3$) themes.

Results: Higher order themes suggest that interpersonal issues relating to relationship formation and personal emotional coping were key factors. Both positive and negative emotions and actions were documented at the personal and interpersonal levels. Of specific note were effects resulting from formal health and welfare systems as they navigated through documentation, medical encounters and contact with agencies. Their recollections encompassed extensive internal grief over the course of many years. Yet, for many, there were simultaneous threads of resilience and adaptation.

Conclusions: Support pathways are wanting and these findings suggest a number of potential interventions and/or provision required from an early age to ameliorate or obviate such emotional strain. Given the rarity of abandonment, this insight may assist in policy change, especially with regard to support provision. Documentation needs to be maintained for the longer term - with the current practice of five-year limits unhelpful to this group. It may be many years after the abandonment that they embark on searches for information. Lessons for adoptive parents regarding the unique situation of abandoned babies may also be of benefit.

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Introduction

> I think abandonment is rather like an illness. It's rather like an ache but you can't take a pill for it.

Child abandonment is an historical issue and despite being against the law within many countries, the phenomenon of infant abandonment continues (Pruitt, 2008; Sherr, Mueller, & Fox, 2009). In some countries, safe haven legislation has been introduction in an effort to decriminalise abandonment, reduce rates of abandonment and prevent negative outcomes for infants abandoned in unsafe places (Bartels, 2012; Bruce, 2016). Infant abandonment is a neglected area of study (Ferrara et al., 2013). In most countries, there are poor systems to document, code, respond or manage the phenomenon of infant abandonment. The scarce literature that does exist invariably focuses on the early years – the moment of abandonment. Very little longer term follow-up is tracked.

The literature provides very little insight into the emotional experience, adjustment and challenges for adults who were abandoned as children. Much of the literature has set out to compare mental health and psychological suffering in children who have been adopted compared to those who were raised by their biological family, rather than comparing adoption under different circumstances. The findings on comparisons of adoptive versus biological children are well established (Juffer, Stams, & Jzendoorn, 2004). However, this does not seem to be the most salient question. The conflation of all adopted children under a single heading may blur a detailed understanding of abandoned children who are adopted. The simplistic comparisons of outcomes for adopted versus biological children may detract from a full understanding of the nature of psychological challenges for the group – irrespective of whether they are greater or less than other groups. A more in-depth understanding is needed on the nature of the challenges and the implications these have for everyday life, welfare, relationships and well-being. The literature also seems to be driven by a viewpoint of negative mental health, whereas adaptation, coping and adjustment may be positive mental health states to be explored.

The assumption that adopted children have more pathology has not been fully justified. Juffer and van Ijzendoorn (2005) provided a meta-analysis from 34 studies on adoption and found that among 25,281 adopted children when compared to 80,260 controls, there were significantly more behavioural problems – yet, the effect sizes were small. They found significantly more referrals to mental health services with some evidence that adopted children were not a homogenous group, as internationally adopted children varied in the rate of behavioural problems compared to locally adopted children. On the other hand, Keyes, Sharma, Elkins, Iacono, and McGue (2008) noted that although most adopted children were psychologically sound, there was evidence of elevated mental health problems for some. Given that there may be heightened social welfare involvement, sensitivity to problems and ease of referral, it may be that levels of referral to specialist services are greater, although levels of problems may not be.

A number of potential mental health challenges may be anticipated and these should be explored, quantified and appropriate support or prevention services planned. The majority of such mental health challenges for this group are gleaned from the adoption literature. Burge (2007) studied 429 Canadian wards of court with no access to their biological parents and found a high rate of documented mental disorder (31.7%). Many of the studies concentrate on younger children and look for behavioural or developmental

variables in terms of reaching milestones, academic achievement or cognitive development (Shonkoff, Garner, The Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care, & Section on Developmental and Behavioral Pediatrics, 2012). Studies suggest that there are long-term effects of such early conditions (Folstein, 1996; Kaplan, 2012; Wegar, 1995). Emotional adjustment variables are also commonly explored. For example, although it is hypothesised that adopted children may experience lower self-esteem, a recent meta-analysis of 88 studies (Juffer & van IJzendoorn, 2007) showed a complex picture where adopted children did not necessarily show different levels of self-esteem to control children, and in 3 small studies, they showed higher self-esteem. These authors describe factors such as pre-existing placement stresses, which may contribute to self-esteem, but also point out that resilience and exposure to challenge may serve to buffer self-esteem and build capacity. It appears, therefore, that the issue is not about comparing levels of self-esteem, but understanding the experience of self-esteem and exploring factors that contribute to self-image.

Nickman et al. (2005) reviews much of the literature and notes that adoption carries both opportunities and risks. This review points out the fact that many adoptees have remarkably good outcomes on a variety of measures, but caution that some subgroups may have particular difficulties. Few studies separate out abandoned babies who are adopted compared to babies where parental tracing may be possible in the future. The few that do give very little insight into the mental health of these children/adults (Mehta, Munshi, & Krishnan, 1983). Abandoned babies may be one such particular group, but no sub-study of this group has ever been carried out.

The rate of abandonment of babies is rarely tracked (Lee, Li, Kwong, & So, 2006; Mueller & Sherr, 2009; Sherr et al., 2009). The rates of abandoning may be driven by a number of factors, such as poverty in South Africa (du Toit-Prinsloo, Pickles, Smith, Jordaan, & Saayman, 2016; Jacobs, Hornsby, & Marais, 2014), or one-child policies in China (Keysers, 1991; Li, Wu, Ge, & Ma, 2012). Only a handful of countries have reported on abandoned baby rates. Studies in Italy claim a high annual rate of 3000 babies (Ferrara et al., 2013). In Malaysia 1069 cases of illegal infant abandonment were recorded for the period 1999–2011 – giving an average annual rate of 89 (Razali, Kirkman, Ahmad, & Fisher, 2014). A detailed investigation by Sherr et al. (2009) in the UK calculated a conservative rate of 16 babies per annum. In the UK, abandoning a child is regarded as a criminal offence, and as such, the data are usually contained within the UK Crime statistics or on the UK Abandoned Children Register. However, these may be inaccurate, as they may reflect duplication when more than one person is charged with the offence; include all forms of abandonment including older children and may miss counting cases which are not notified. Much data on abandoned babies are concentrated within forensic reports which highlight infant death due to abandonment, rather than infants who survive abandonment (Gheorghe, Banner, Hansen, Stolborg, & Lynnerup, 2011). In an exhaustive review using media reports in the UK, 124 cases of infant abandonment were identified over the period 1998–2005 and revealed that a majority were abandoned as newborns (77.4%) and 22.6% were older. Survival was predicted by age (older children were more likely to survive) and place of abandonment (those in more findable locations). Few mothers were identified. Once abandoned babies are found, the care pathways differ according to country policy, era, health factors and background provision. Walakira, Ochen, Bukuluki, and Alllan (2014) describe a model of residential care for abandoned

children and their integration into family-based settings. In the UK, foster and adoption pathways are most common, although historically group homes and institutional care may also have been prevalent.

The limited literature on abandoned children rarely explores their future, their growth and development and the long-term consequences in terms of psychological adaptation. Other than a few accounts of mortality (Kertzer, Sigle, & White, 1999; Levene, 2005), not a single study was identified examining the psychological well-being of adults abandoned as infants. These studies have provided evidence of rate of psychological challenge for those adopted as infants (Smyer, Gatz, Simi, & Pedersen, 1998) – but no subdivision for abandoned infants. It may be more important to understand the nature of psychological challenge if this group is to be best served. This study was set up to provide a qualitative investigation of the psychological experiences of adults who were abandoned as infants. This may provide an insight into any particular difficulties, challenges and coping mechanisms. Detailed records of these experiences will aid in providing services and anticipating potential challenges for this unique subgroup.

Method

Sixteen adults from the UK who had been abandoned as infants contributed to this detailed qualitative study. A purposive sampling method was used. Participants were recruited through media and self-help groups for adopted children, and invited to participate in the study approved by UCL ethics committee (Ethics approval 2454/001). Seventy-five individuals were contacted regarding the research. Twenty-five responded with interest in taking part but due to scheduling difficulties, only 16 interviews were conducted. No participants refused once contacted or withdrew permission after the interviews.

All participants were interviewed according to a semi-structured interview outline with a detailed topic guide, aimed at eliciting their story, their accounts of their experiences, their mental health and psychological challenges, ways of coping, adaptation and specific views on relationship formation. The interview guide consisted of 12 trigger items to pace

Table 1. Interview guide.

(1) Tell me about how and when you discovered that you were an abandoned baby – a 'foundling''?

(2) Tell me about/describe the moment you found this out? How old were you? Who told you? What happened after you were told, was it an open frequently discussed subject or a closed one?

(3) What do you know of the circumstances surrounding your discovery? Do you have any newspaper cuttings?

(4) Tell me about who discovered you?

(5) Have you ever or do you still maintain a relationship with your 'finder' or any hospital staff and what is it like?

(6) Tell me about what happened to you after you were found, were you adopted/fostered?

(7) Did your biological parents leave you with any memorabilia, such as letters, photos or spare clothes?
  (a) If yes, what did they leave? Where do you keep them? Have you shared this with anyone?
  (b) If no, do you think it would have helped you in any way to have had anything?

(8) What do you think the advantages/disadvantages are in having/not having these things?

(9) Tell me about the way you view/think of your biological mother and father?

(10) Do you have any of your own biological children? If so, how do you think your situation has affected becoming a parent, yourself? Have you told your children, or do you plan to? How is it discussed?

(11) Do you think that being a 'foundling' has affected any other areas of your life? And in what ways? For example, do you think that you have better coping strategies, or are more resilient because of your situation?

(12) What do you think about the way you were treated by midwives/the police/social services/foster care? Do you believe the way you were dealt with could have been improved, and in what way?

the interview and allow the participant to recount their story and experience. The interview guide is set out in Table 1.

All participants provided signed consent, agreed to a recorded interview and were given study information and contacts. A psychologist conducted all interviews between October 2010 and November 2011 with another psychologist in the room. The interviews lasted between 33 and 108 minutes ($M = 61.81$, SD = 22.03). Referral for support was available if needed, but was not taken up by any respondents. Upon interview completion, participants were reminded of their right to withdraw consent of which none did. There were no payments or financial incentives for participation.

Interviews were audio recorded and transcribed verbatim. These transcripts were then subjected to thematic analysis through hand sorting all data into relevant themes using grounded theory (constant comparative method, Glaser & Strauss, 1967). A team of psychologists examined the data for similarities and differences by systematically comparing each new piece of text to be coded with previous theme exemplars. By comparing new data against the already generated themes, themes were further clarified and refined and new themes were created. The themes were then clustered into higher order themes. The transcripts were coded separately and all were coded by two psychologists. The research team then met to review the themes and resolve any coding differences with the first author having final approval. Given the unique stories of the individuals which would be highly identifiable, specific names and places have been altered to protect their identity without altering the transcripts in any other way.

Results

Participants

Sixteen participants contributed to the study (seven males and nine females). The ages ranged from 26 to 76 years ($M = 59.50$, SD = 13.78), with the majority (75%) above 50 years.

Themes

A set of 14 core themes emerged which are listed in Table 2. These were subjected to a higher order analysis, which could be described by three higher order themes. The allocation to higher order themes was carried out by three researchers with full agreement.

Table 2. Emerging concepts clustered into higher order themes.

Interpersonal issues	Reactions and adjustment	Impact on life encounters and systems
• Relationships • Handling emotions	• Anger and resentment • Acceptance • Coping and adjustment • Sense of identity • Shame and guilt • Mental health experiences • Life adjustment • Adjustment facilitators and barriers • Resilience	• Formal authorities • Documentation • Medical encounters

However, on scrutiny, it is possible that some issues could fall under alternative themes. These are used as a way to navigate the data rather than definitive coding. The three higher order themes were: (i) Interpersonal issues, (ii) reactions and adjustment and (iii) impact on life encounters and systems (formal systems). *Interpersonal issues* related to relationship formation and the individuals handling their own emotions. *Reactions and adjustment* to their personal situation was the second higher order theme encompassing positive (such as resilience and adaptation) and negative (such as shame, guilt, anger and resentment) emotions and actions. Finally, there was a category on effects as they navigated their lives through *formal systems* involving issues such as documentation, medical encounters and contacts with the agencies and providers.

Interpersonal issues

Relationships. Abandonment and adoption experiences were considered as contributing to their ongoing ability to foster and maintain relationships. For many, these were troubled and challenging. These manifested themselves in relationship difficulties, bonding challenges, lack of motivation to seek out and sustain friendships and difficulties in opening up with trust. Many reported being a loner, avoiding friendships or not seeking out friendships. Without psychological and physical protection, these children may internalise this fear of making relationships (e.g. friendships); however, this was not always the case.

> I've got very few friends; it will take me long time to get close to people. I don't really get close to people

> I'm a bit of a loner in a lot of ways; I've got a couple of friends I keep in touch with from school. I don't make friends easily

For some, relationship barriers emerged with age:

> I think as a child I was ok but when I got older, in my teens and 20s, I found it very difficult to reciprocate

> The fact is that I've probably found it harder to bond, with my grandchildren it's the same, I find it difficult to interact and that may be a sign of my start in life

Some seek out permanency and marriage to establish security and safety, but at times, such relationships do not work out.

> I'm sure my first marriage I had was because I wanted somebody to love me … So second marriage was fine but I still think you query why you're falling in love with somebody. Is it because actually I want to have some roots

For some, they were able to bond and become intimate with others:

> I still have close friends. I'm still friends with a couple of people I went to college with all those years ago

> I just made friends with people in my class and at school and somehow got a little group of people you know. Well one girl she was my very best friend

Handling emotions. For the majority, long-term extensive internal grief was articulated by the group. The grief and emotions they expressed seemed to be a core part of their being

and was ever present, even for those who had in some ways managed to navigate or contain such feelings.

> Well I have been betrayed and I've been lied to … I'm absolutely completely convinced that the foundling thing (being abandoned) has had a huge effect on me, huge effect on me

> It doesn't matter what family you have around you, how much love you have, friends and family, you can still feel totally alone

As a result, many express the need for reassurance, acceptance and seeking out safe unthreatening situations:

> I do feel unattached; I panic, if things don't go right I panic. Once they're right, wow, watch me go. I'm wary of things, I need to feel safe. All those things, I take things personally. I'm very easily upset so I work fantastically hard not to be able to be got at

Reactions and adjustment
Anger and resentment. Abandoned adults express a number of feelings of anger and resentment. These were targeted at their mother figure, at the system and at times towards themselves. With the benefit of hindsight, many could recall challenges of facing as well as overcoming such feelings.

> I was bitter when I was younger, I was quite bitter but I suppose as you get older you start to have more wisdom and more understanding of life around you

> The thought of being pushed into a bush or on a park seat you know because you can't cope with the baby or you've had a baby and you didn't want one … is horrendous

Most emotions were particularly focused on their mother with no mention of fathers or other extended family, and only occasional reference to siblings. Wishes for revenge or telling their mother that they had been successful to counteract these feelings were expressed:

> … hate the bloody women who did this. If we ever met them, God above knows what would happen

> Wouldn't it be lovely calling your mum up and saying here mum, I got a standing ovation at the London Palladium tonight or the Royal Albert Hall. What that woman did to you all those years ago, dumping you, the word punishment for lack of a better word is still being dished out all these years later. Her callousness continues because you're facing the results of what she did. You don't have a hook to hang any of this on; no reference points. You go on to the end of your life like it

Some question the unfairness of their life situation and express regret at the fact that they were not given a fair chance to be loved and accepted:

> The law should come down very heavily on the mothers who give their kids no chance whatsoever and they should be charged with murder, no question. I'm still left with the question as to why a woman doesn't want her kid

Acceptance. Acceptance and coming to terms with their abandonment seemed very hard for this group. Some sought out acceptance pathways; some expressed an easing over time.

Seeking out or trying to identify their mother, even if unsuccessful, gave some form of acceptance and closure:

> (After an exhaustive search) … Nothing at all, but the fact that I tried really helped me and it made me come to terms with the fact that there is nothing to find out nobody really – so it was I could sort of put the matter to bed and accept, accept that there is no-one

The passing of time eased the acceptance, but the lifelong nature of questioning and queries was apparent:

> It will always be in your body, this feeling of abandonment and panic and you can't sort of do anything about it. And I think that's the truth, I can't do anything about it but I haven't succumbed to it

The age of the interviewed group may reflect practices from some time ago, but also points out to the lifelong nature of the considerations.

> … it had just become too much and there comes a time there's a time of acceptance you know when you feel you've done as much as you can. I'm 62 now it's unlikely my mother is even alive now so that's it – acceptance

> Because I'm an orphan, I have no history. So that's fine with me, you just have to … but it makes it much easier for you if you can just accept it

Coping and adjustment. A variety of coping strategies were expressed; these include but are not limited to turning to the media in a quest to explore their roots or identify their past – most expressed a desire to seek out their mother. For many, the press and media contact represented a mixed set of emotions. They felt that only high-profile press could hope to reach their mother or family, but this was at quite some emotional cost. Other examples of coping related to ways of self-support or self-expression. For some, it is a process of compartmentalising, denying or forgetting.

> So then I just started to write the book and get it out of my system and then accept the fact that I'd done all I could and I was not going to find her. It helped get rid of a lot of the pain. It helped me understand

> Abandonment is like bereavement you get through it but you don't get over it. It is like a dull ache for which there are no treatments

Senses of identity. The group contained many individuals with established careers, families and vocations. Yet, self-identity was often elusive and being an abandoned baby created very specific identity questions.

> I'm still confused about that, my sense of identity because I feel, even though I got family, I still can feel alone I think

> I feel I haven't got an identity because I can't. I have no idea where I came from … So I don't know where I originate from and also when it comes down to straightforward medical things you get asked you know what, is there such and such in your family? Well I'm afraid I don't know and obviously my children and grandchildren will have the same problem you see it goes down in generations

Shame and guilt. The concept of shame, guilt and secrecy was apparent for many. This results in secrecy, failure to disclose history of abandonment and care and caution about who they tell. Shame arises because they feel that they were not important enough or valued. In some ways, they may feel it is their fault.

> I didn't tell anybody for ages. I even denied it

> Now the awful part of this, got all this information, kept it all secret, told my children, never told another soul.

Mental health experiences. Mental health suffering was reported very regularly, mostly formulated as depression, stress type symptoms and self-harm attempts, with recourse, at times to formal help.

> I'd go through cycles of what I realise now was depression and it wasn't until I decided to try and do something about being a foundling (abandoned baby) and coming to realise there is nothing I can do about it and I had to accept it that I've been a lot better

> I'd go into like a state of it was like nothing would make me happy, nothing would make me sad, I was just emotionless sort of and then I would slowly come out of it

> I went into a state of depression I ended up having to go to the doctor and getting counselling afterwards

> I thought I actually had a disease. Some people wouldn't touch me because they thought they would catch it and looked at me like I was a freak.

> I ended up having 2 years psychiatric help. I tried to kill myself

> I'm the most unstable person … you know its fact I am very unstable, very unstable, mentally very unstable but I fight it don't worry.

> I was so, so badly off … I am fine now … but they were two serious suicide attempts so it took me a long time to get back on my feet again

Life adjustment. Life adjustment was challenging for most participants in this group. Acceptance and adjustment were often related to the passage of time, the ability to seek out self-help groups or express emotions to someone receptive and to seek out via the press and media some form of resolution by establishing the facts or feeling content that they had done all they could to establish the facts. At times, it was coming to terms with helplessness as well as realising the positive aspects in their lives.

> It was learning to accept that there was nothing I could do about it and that's that.

> I can honestly say I don't need to know anymore. I hope she's alright. It must be horrible for her to live with such a guilty secret but I've got … you know at the end of the day I've got a smashing family. I've got great friends. I've got a job which I absolutely adore and can't wait to go to work. I've got a great family at church. I've got health. You know what more could I possibly want?

> I feel as valid and as much worth as anybody else on this earth. I really do. It's just circumstances

You know I was abandoned as a baby but it hasn't got to be a negative thing. It has been an extremely positive thing in the end and I've drawn a lot from it. I think maybe if I hadn't had that start in life, those experiences, maybe I wouldn't be the person I am today.

In fact, I've turned it round and I quite like being so unique now, it doesn't matter. I'm a one-off.

The strange thing is I live alone. I love living on my own and I don't ever feel lonely.

Long-term being a foundling (abandoned baby) – it's given me a greater respect for people who are vulnerable and marginalised who don't perhaps fit in, because I felt that I didn't fit in for so long. I know how uncomfortable that feels so if anything I have an extra sensitivity for that.

Adjustment facilitators and barriers. A number of facilitators to adjustment were described, including active searching out via media for details of their past or to try and identify family – most notably, their mother. Others found self-help groups or at least coming into contact with other abandoned babies helpful. New relationships, work and even pets were found to be helpful.

Adjust through searching

I think mainly it was the search, it was actually trying even though it was unsuccessful – that wasn't relevant

Meeting other adults abandoned as babies

It meant a lot to me when I met someone in the same situation as me, it meant so much

I have only just met other foundlings – the support from them is greater they know what you are going through

For some, self-help groups were not fruitful:

The thread of the story was that these people are still searching for their roots and their birth parents or any attachments to make them feel complete and I think it's a little bit of, from where I'm sitting, a waste of time and energy. I think you've just got to get on with stuff and embrace what you've got at the time.

Work rewards

I'm out I walk, I do a physical job so that I physically wear myself out … so that works for me at the end of the day

Media exposure

I went on the show and I was talking to few people it was one of the first times I had ever met people who had been abandoned in my life I had never met anyone else.

Pets

I have 5 dogs … they love me unconditionally … and I never had that as I was growing up

Constant reminders

For many, their abandonment was ever present with constant everyday reminders that they must cope with.

It never leaves you alone because everybody makes references to the past.

So this damn subject wears you down sometimes there's no escape

You're being continually reminded of it … It's a never-ending story.

But with abandonment it goes on and on … because you don't know who you are, it goes on and on and on

Resilience.

Through good relationships with their adopted parents and understanding themselves some participants were able to accept and cope with the negatives of being abandoned.

From my point of view, I'm quite happy with it to be honest because I had the sort of childhood that most people would like. I was loved. I was cared for. There were a couple of minuses.

I've got stable roots. I had a mother and a father and there is this sort of thing in the background but it's in the background. I don't wake up every day and think oh dear or I wish. It's only odd occasions when something might trigger it.

I feel I'm very fortunate because I don't know what it was I don't know whether it was self-preservation or you know the will to survive and enjoy life but I've had a very good life. I've made a lot of mistakes because I had nobody to turn to when I was a young man

So it doesn't bother me though because I was very happy I had a really good childhood with a very, very loving mother.

Nourishment and care and love from someone who desperately wanted a baby so you know I didn't feel I've never grown up feeling any way rejected

When you're sure of yourself so no I don't feel it's affected me

It hasn't affected me negatively, you know I've got very good strong parents, my adoptive parents I think it's got to be a lot to do with nurture

Impact on life encounters and systems
Formal authorities and their impact. Many participants reported that there seemed to be no formalised system to deal with their queries and needs. The lack of information, formal records or past history was difficult. The interviewees reported very different experiences. They voiced frustration, as many were unable to identify a formalised system, a dedicated place where full records are kept, and no centralised location for records or reliable source of background data. Some reported experiences of applying for straightforward documentation such as birth certificates and passports, which were difficult to navigate with no national system to facilitate this. Some particularly noted the cruelty associated with the fact that in the UK, evidence in police cases (and abandoned babies are such) is only kept, by law, for seven years. For the adult who was an abandoned baby, this meant that many vital clues, mementos or factual accounts were not available at the point when they needed them – invariably more than seven years later.

Files – lack of formal records was a stumbling block.

When they went to my file my file was empty

I found it very difficult to get in touch with authorities

I just came up against brick walls.

Not surprisingly, the experience with authorities and formal lines of enquiry were very different – on occasions, obstructive yet facilitative for others. The issue of abandonment and a lack of history also emerged in more everyday encounters, such as medical appointments where family history and genetic knowledge were sought.

Medical encounters – The lack of a medical or genetic history was often a poignant reminder of their situation and a source of worry and concern.

So of course when you go to your doctor or medical consultant they ask: what's your medical history? And of course here we go again.

Documentation – inadequate documentation and hurdles with formal documentation was difficult.

The initial contact that I had to make was when I went to get my birth certificate, and then they put you in touch with a counsellor

Passport, you know … to get a passport it was nightmare.

I had to get a birth certificate and then when I went to Birth and Death Registry office … it was almost as though they were accusing me of being a liar because I didn't exist on their system so I did get a passport in the end but …

Suggestions. Suggestions from this group could help drive future policy. Knowledge, information and facts were seen as very important and many had experienced a lack of such provision. A formalised system and guidance on maintaining records, educating service providers and providing access pathways to information was seen as an unmet need. Specifically, the fact that police records are kept for only seven years hampered these adults who found all information on their case was often destroyed by formal authorities and only available by informal means (press). Better search tools, procedures and more formal bodies for assistance and help were desired.

A child should always know their background. It's very important that they know if they're abandoned, the circumstances. Any information any, even the slightest, the smallest piece of information to me is really important. I mean obviously you can't tell them things when they were very young but as they get, as they grow older, a file should be compiled of everything and all the information so that they can be given that when they get to a certain age where it's legal for them to get all their documents. It's highly important definitely.

Better search tools and a little bit more help.

There could have been more information out there that I could have had if it hadn't been deleted

Put in place some sort of a scheme … that they can put DNA onto an internet

The next set of suggestions clustered around education of those in public office, providing easy access to information with open policies and procedures that would be accessible and easily available. For some, this required information handling while for others, they

sought changes in the law. The importance of maintaining records over the long term was emphasised.

> Educate people in public office

> What I would ideally like to see is like a national agency, web page that would allow you to register your needs and details.

> The police should keep records of all foundlings, all abandoned babies indefinitely

> Have a data bank of all DNA of all children who are abandoned

The importance of memories was underscored. A policy which would ensure that any keepsakes, memorabilia or items available such as photographs was seen as a gap in current provision and one that would be welcomed.

> It's so important that when a child is abandoned that if there is anything with them, it should be kept.

> Keep sakes and things like that; I think they should be kept.

> I think it's important to have as many things as possible. Whether its notes that would be nice wouldn't it as to why you were left. Anything, who found you, what time of day, all that.

Preparation of adoptive parents for the special requirements of abandoned babies is also lacking. The issues of disclosure may be challenging and there seemed to be little access to formal support for this for either the adoptive parents or the child.

> I believe that the parents who tell the child, they should have some professional support

Discussion

Three higher order themes were drawn from the data: *Interpersonal issues*, *Reactions and adjustment* and *Impact on life encounters and systems*.

Interpersonal issues

The data point to specific challenges in the domain of interpersonal issues. Even many years later, those abandoned as infants record relationship barriers. Forming and creating deep and long-term relationships is an important achievement for both personal growth as well as ongoing support and life meaning. The insights suggest that some barriers emerge only in later life, and support may be needed at different life points as needs change and evolve over time. Intimate relationships play an important part, and the poignancy of permanency resonated for many of these individuals. The birth of their own children and grandchildren were of particular note. Barriers in relationship formation can affect many life-course experiences. These may be linked to the totality of their childhood experiences, rather than the abandonment alone. For many, discovery of their abandoned baby history only came later in life. The search for their history, their family and their roots was dramatically affected by this fact. For many, this resulted in a sense of detachment and created barriers in navigating relationships, interpersonal interactions and was punctured with a sense of long-term grief.

These reactions may dramatically affect school experiences, work experiences, friendships, romantic relationships and the ability to parent. These individuals are often caught in a double cycle of secrecy. For this group, the first layer of secrecy related to their adoption and the second to the circumstances of their birth. There is specific learning in a wide range of situations about ways to disclosure sensitive issues to young children (Kennedy & Prock, 2016; Krauss, Letteney, & Okoro, 2016; Tallandini, Zanchettin, Gronchi, & Morsan, 2016). These should be adapted and included in the preparation and provision for those abandoned and then subsequently placed into some form of family care.

Reactions and adjustment

An array of reactions and adjustments were articulated. Despite many experiences of grief, abandonment, loss and even shame and guilt, there were examples of how they built up their identity, adapted, coped and integrated their history. Many report extensive internal grief, typified by shame, guilt, anguish, rage and recrimination. The effects of such emotions were often seen as a need to seek out safety, need validation and encouragement and to be unsure and uncertain as they navigated major life pathways. For some, there was an eager search for links to their past. This is not unlike other groups, such as adopted children or those born after fertility treatments (Crawshaw, Gunter, Tidy, & Atherton, 2013; van den Akker, Crawshaw, Blyth, & Frith, 2015). Clearly, support and good record keeping are important factors. The focal point of much of their emotional longing was at their biological mother with feelings, all intense, varying from rage, understanding, compassion and longing. None extended this mental imagery to fathers and only rarely to wider family such as siblings. The lack of curiosity consideration or expressed views regarding fathers is an interesting and unexpected finding which merits more detailed study. Their experiences affected their self-esteem and sense of identity. Notably, a thread of resilience and adaptation was seen with a variety of coping techniques evoked.

Impact on life encounters and systems

Constant reminders of their situation brought concerns flooding back and the logistical barriers, hurdles and insensitivity of authorities, formal bodies and those in charge of maintaining records made their journey more difficult. For some, their concerns resulted in quite severe mental health challenges and required formal referral and support. For others, support pathways were wanting. A common theme for this group was some form of searching for their roots and this was made more difficult by the lack of formal pathways, by the absence of solid structures to facilitate such searches or to maintain vital information and the recourse to media which was often their only pathway. Media links were often their only source of information, at the price of emotional exposure. Some saw this as a mixed blessing.

Limitations

This study has specific limitations given the small sample, the nature of the sample, the age range, and the potential for bias in the recruitment strategies. However, there is a dearth of academic research regarding the topic of abandonment and these data serve as a basis

from which further comprehensive and long-term research can emanate. Furthermore, only those who knew of their abandoned baby status were included and this may under-represent those who had not had this fact disclosed. In addition, the group is difficult to recruit and those attending self-help groups may result in adults with more coping problems or challenges or those more inclined to examine their past. The study was located in the UK and it is unclear whether these findings generalise to other settings.

Conclusions

These interviews show the lifelong burden and emotional baggage associated with abandonment, which is not studied in the academic literature, not anticipated and poorly provided for. Given the rarity of abandonment, societies have found little motivation to include policies and procedures to ease the pathway of this rare group and thus clear provision is absent (Mueller & Sherr, 2009). Yet, a few straightforward changes could ease their burden considerably. Rarely do authorities listen to the consumer – yet, their suggestions are sensible, do-able and could inform reform. Centralised records, maintenance of information from DNA to keepsakes, repository for information, support for emotional challenges and searching could all be contained within existing structures. Exceptions to rules such as the destruction of evidence after seven years would be particularly helpful, as would a package of support and training for alternative caregivers such as adoptive or foster parents who could benefit from insight into disclosure, mental health needs and relationship issues.

> I've often compared it to bereavement. You get through it but you don't get over it. The heart still aches.

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