



Unseen Loss: Suicide Risk, Ambiguous Loss,
and Complicated Grief Among
Birthmothers Post-Adoption Placement

Land Acknowledgement

We acknowledge that Creighton University in Phoenix is located on the traditional lands of the Akimel O'odham (Pima) and Piipaash (Maricopa) peoples.

We honor their stewardship of this land and recognize the ongoing presence and contributions of Indigenous communities.

Introductions



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Session Roadmap



Learning Objectives

Recognize suicide risk and protective factors across the perinatal and post-placement continuum

Define ambiguous loss and complicated grief in the context of birthmothers

Summarize key findings from current research on birthmother mental health

Identify culturally responsive, practice-based strategies for suicide prevention and post-placement care

Honoring Unseen Losses



Birthmothers often experience silent, disenfranchised grief



Stigma and dominant narratives erase their voices



Suicide prevention must include the experiences of birthmothers



Healing starts with visibility, validation, and connection

By honoring the unseen losses and disenfranchised grief experienced by birthmothers, we can work towards more inclusive, trauma-informed, and culturally responsive suicide prevention and mental health support.

Understanding Grief in Adoption Placement



Ambiguous loss

Loss with no clear ending or closure; child is alive but no longer part of daily life



Complicated grief

Grief that stays intense and overwhelming, increasing risk of depression, isolation, and suicide



Often unrecognized

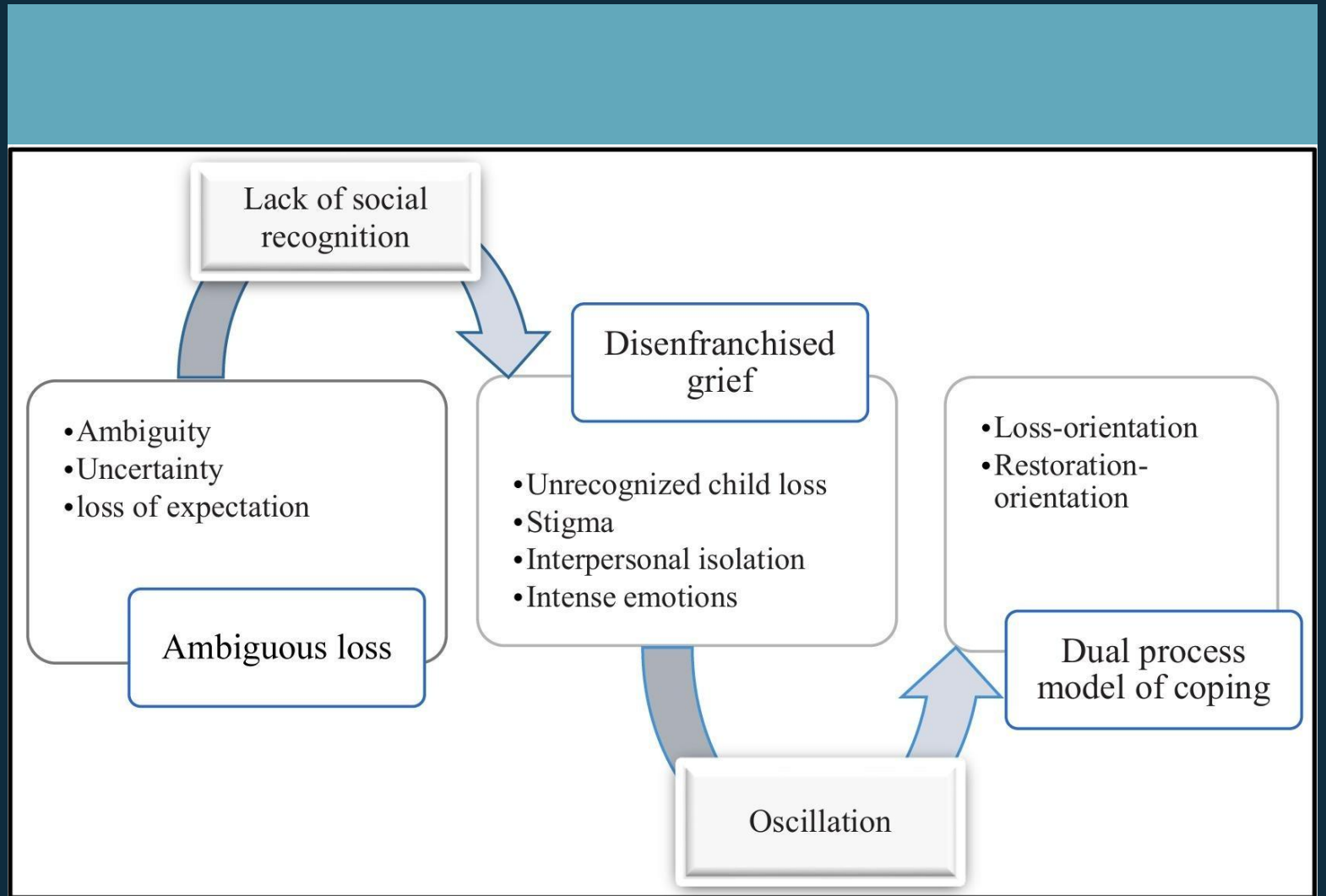
These forms of grief differ from traditional grief and often go unacknowledged

Birthmothers often experience silent, disenfranchised grief that is not adequately recognized or supported, contributing to their heightened suicide risk.

Ambiguous Loss

Ambiguous loss is a type of grief experienced when someone is physically absent but psychologically present, or vice versa.

- Ambiguous loss stems from uncertainty, lack of closure, and unmet expectations.
- Without recognition, grief becomes disenfranchised; hidden and stigmatized.
- Healing requires oscillation between mourning the loss and rebuilding life.



Complicated Grief

Sometimes grief doesn't fade; it stays intense and overwhelming

Complicated Grief, also called *Prolonged Grief Disorder*, is when that process stalls or intensifies and this is a suicide prevention

When grief lasts and deepens, it can increase risk for depression, isolation, and suicide

Birthmothers may experience this because their loss is ongoing, invisible, and stigmatized

With the right support, prolonged grief can be eased and hope restored

Reflection

When have you seen grief go unacknowledged or safe space not create for grief in your work or community?

Three Guiding Truths

Grief is real

Birthmother grief is a valid and profound experience that deserves acknowledgment and support.

Birthmothers matter

The voices and well-being of birthmothers must be centered in adoption narratives and services.

Healing is possible

With compassionate, trauma-informed care and community, birthmothers can find meaning and resilience after loss.

The Silent Risk: Suicide Among Birthmothers



4x suicide risk

Birthmothers are nearly four times more likely to experience suicide ideation and attempts compared to parenting peers.



Chronic grief

60–70% of birthmothers report chronic grief and regret that can span decades.



Erased identity

Participants describe ongoing trauma, identity erasure, and feeling excluded from motherhood and healing narratives.



Disenfranchised grief

The grief of birthmothers is often not acknowledged or treated in clinical settings, heightening mental health risks.

The silent, unrecognized grief of birthmothers puts them at a vastly elevated risk for suicide and mental health crises. Addressing this unseen loss is vital for comprehensive suicide prevention.

Perinatal and Postpartum Mental Health

Suicide risk and mental health challenges extend far beyond the adoption event for birthmothers, often spanning decades.

Perinatal depression confers a threefold higher long-term risk of suicidal behavior, and up to 20% of maternal deaths in the perinatal year are due to suicide.

Up to **1 in 5**

women will suffer from a maternal mental health disorder like postpartum depression¹



less than **15%**

of women receive treatment²



1 in 7

will experience depression during pregnancy³



Up to **50%**

of women living in poverty will suffer from a maternal mental health disorder^{4,5}



NOT JUST MOMS

Maternal mental health disorders impact the whole family, not just women⁶



More Than **600,000**

women will suffer from a maternal mental health disorder in the United States every year⁷



Anxiety and depression have risen

37% in teen girls

This will increase the number of women suffering postpartum depression in the future⁵

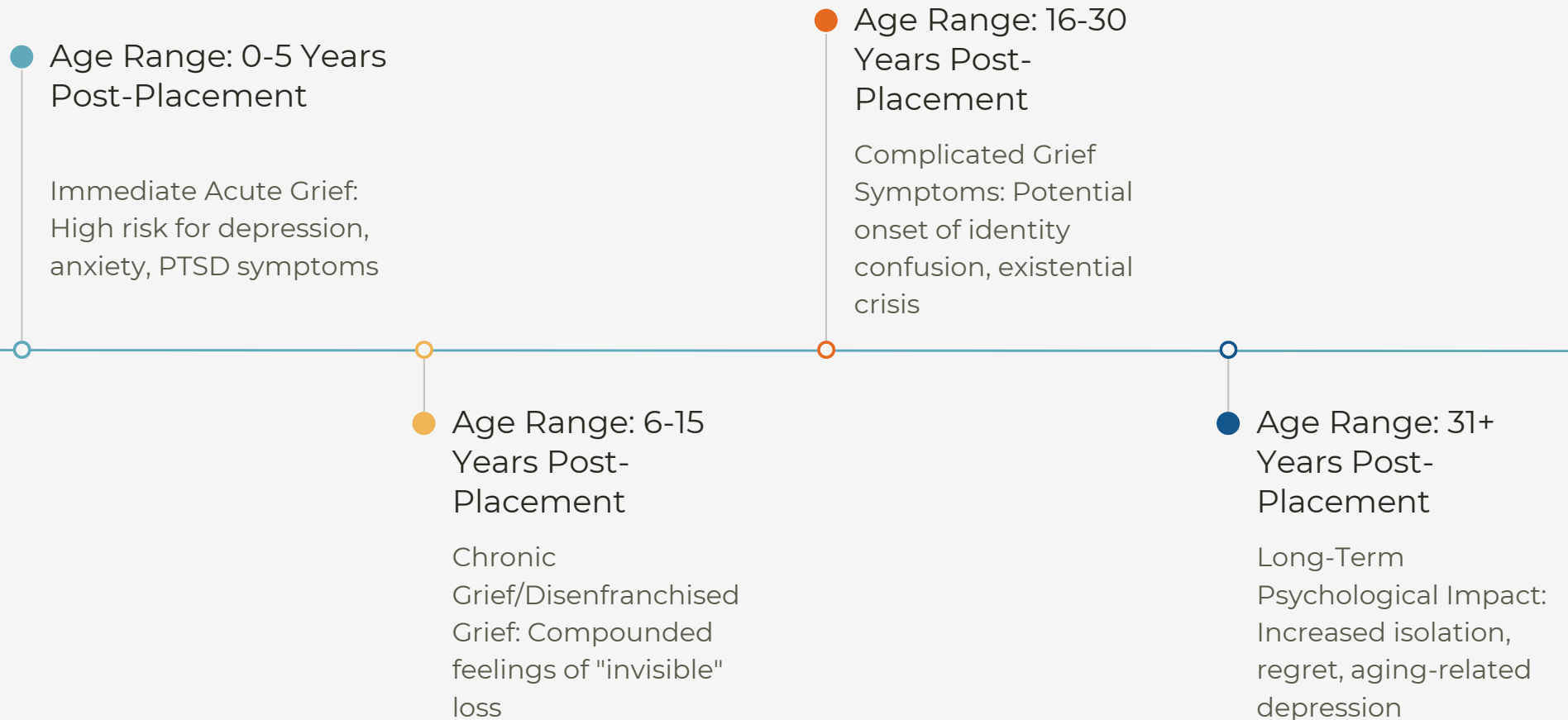


1 in 10

Dads will experience a perinatal mental health disorder following the birth of their child.⁶



Suicide Risk and Grief Across the Lifespan for Birthmothers



Pause & Reflect: Grief Beyond Words



When grief isn't named,
it can't be healed.

Research Gaps: What the Data Miss



No long-term studies focused exclusively on suicide risk in voluntarily placing birthmothers



Insufficient disaggregated data by race, gender identity, sexual orientation, or history of trauma, substance use disorder, or mental health diagnosis



Lack of systems-level research on how adoption-related institutions perpetuate grief and risk



Minimal integration of birthmother voices in suicide prevention or maternal mental health literature

These research gaps indicate a critical need to center the experiences of birthmothers, collect more comprehensive data, and examine systemic factors that perpetuate their disenfranchised grief and suicide risk.

Adoption Decisions Amid Systemic Pressure: Insights from Birthmothers

80% of birthmothers cited financial pressure as the primary reason for relinquishment

Stigma, limited abortion access, and lack of parenting supports shaped decisions

1 in 5 were unhoused at the time of placement

Over half of U.S. adoption agencies are church-affiliated and publicly funded

Gaps & Barriers in Post-Adoption Support



Limited Access to Care

Few long-term grief or mental health supports beyond agency-tied services



Mistrust & Trauma Triggers

Most services are agency-based; neutral, healing-centered options are rare



Avoidance of Harmful Systems

Past trauma with child welfare, healthcare, and legal systems deters engagement



Missed Trust-Building Moments

Providers often lack tools to meet grief, stigma, or acute vulnerability with empathy

Adoption-related grief and mental health needs often go unmet due to systemic barriers, mistrust, and lack of trauma-informed, culturally responsive support options.



Reflection: What Does It Mean to Be Seen?

Grief demands witness.

Risk & Protective Factors: From Vulnerability to Resilience

Cultural Humility in Birthmother Support

Recognize the intersecting identities and lived experiences of birthmothers.

Understand the prevalence of trauma, mental health and substance use, especially among marginalized groups.

Practice cultural humility through empathy, transparency, and authenticity...not assumption.

Co-create support services *with* birthmothers, not *for* them.

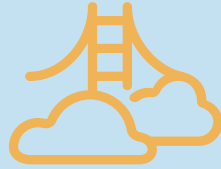
Prioritize adoption-informed, culturally responsive care across all SDOH domains.

Commit to lifelong learning, reflection, and structural accountability.

Identification of Key Risk Factors



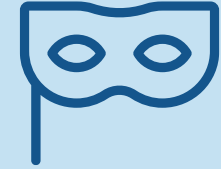
Isolation and lack of post-placement support



Internalized stigma and shame around adoption



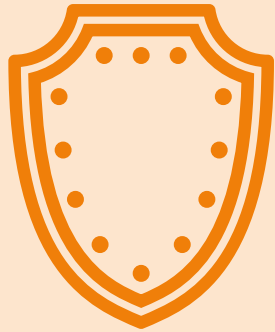
Unresolved grief and ambiguous loss



Trauma Exposure: Before and after placement

Addressing these key risk factors through targeted support, stigma reduction, and holistic healing-centered approaches is critical to mitigating the mental health challenges faced by birthmothers.

Key Protective Factors for Birthmother Wellbeing



Safety: Physically, emotionally, and psychologically



Social connectedness, belonging, and affirming relationships



Concrete supports: housing, transportation, and access to trauma-informed care

Physical Safety: Seeing You are Safe

Design trauma-informed physical environments (lighting, seating, privacy)

Emotional Safety: Feeling You are Safe

Foster emotional safety by validating grief and honoring each person's experience

Psychological Safety: Believing You are Safe

Prioritize psychological safety through consent, predictability, and confidentiality



Three Threads of Resilience: What Helps Birthmothers Thrive



Social Connectedness

Social connectedness—the sense of being supported, valued, and included in a social network



Sense of Belonging

A sense of belonging—the feeling of being an integral part of a group or community—helps mitigate stress, reduces trauma responses, and fosters self-efficacy.



Concrete Support

Concrete supports are tangible resources that help individuals meet their basic needs during times of stress or transition.

Relational Dynamics: Adoptive Parents as Risk & Protective Factors



- ❑ **Empathy & Understanding**
 - Training adoptive parents on birthmother grief fosters empathy and shared understanding
- ❑ **Open Communication**
 - Open, respectful communication reduces risk of isolation and invalidation
- ❑ **Strained Relationships**
 - Strained relationships may increase disenfranchised grief and identity loss
- ❑ **Healing-Centered Reunions**
 - Post-placement education can promote healing-centered reunification or updates
- ❑ **Relational Safety**
 - Relational safety with adoptive families supports long-term well-being

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Reflection:

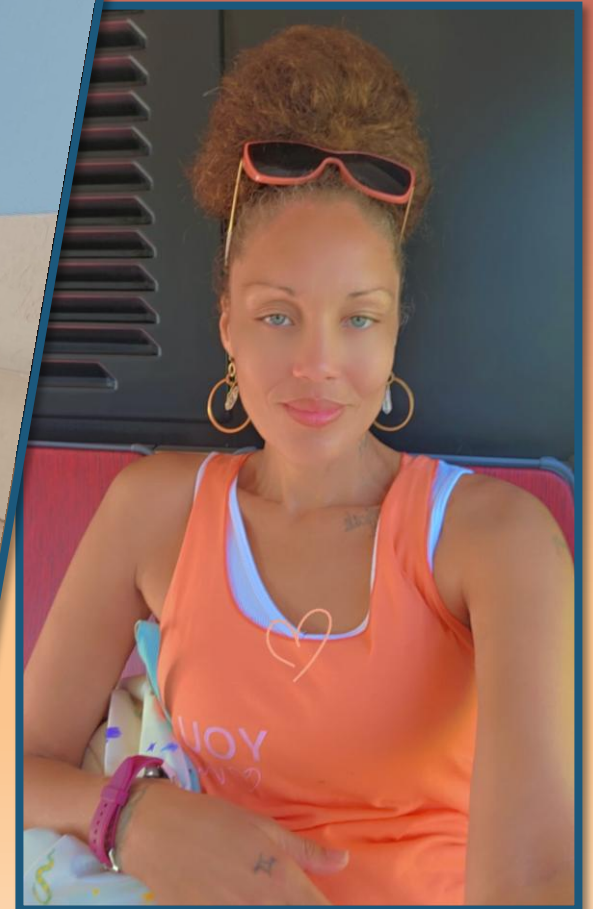
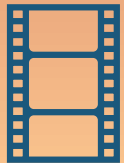
We cannot do everything, but we must do something.



Lived Experience as Centerpiece

Nicole's
Journey:

The Voice
that
Matters
Most



Building Resilience through Prevention: What Can We Do

Shared Risk & Protective Factors Framework

The SRPF Framework

- ❑ Risk and protective factor theory is a framework used to understand why certain individuals or groups are more likely to experience specific challenges.
- ❑ Risk and Protective Factors Operate Across Multiple Domains
 - Individual Domain
 - Family Domain
 - Peer Domain
 - Community Domain
 - Societal Domain
- ❑ Risk and Protective Factors Are Correlated and Cumulative
- ❑ Risk and Protective Factors Influence Individuals Over Time

- ❑ The Shared Risk and Protective Factors Model considers the intersection of risk and protective factors and how to address more than one health or quality of life outcome at the same time.
- ❑ An SRPF approach also requires working across disciplines and sectors and can include interventions across the socio-ecological framework.
- ❑ There are three defining characteristics to the Shared Risk and Protective Factors approach:
 - Improving multiple population-level outcomes.
 - Impacting the social determinants of health in ways that are positive.
 - Engaging partners across multiple disciplines and sectors.

The Ambiguous Loss & Resilience Model

Shifts the goal
from resolution
to resilience

Focuses on
meaning-
making,
identity
reconstruction,
and relational
permanence

Encourages
holding
paradox: both
grief and
growth,
absence and
presence

Emphasizes
relational, not
individual,
healing

Building Resilience in the Face of Ambiguous Loss: Six Guiding Processes by Pauline Boss

Strengthen social and community connections

Reframe hope

Normalize ambivalence

Adjust mastery and control

Reconstruct identity

Find meaning in the experience of loss

Integrating the Model into Practice



Normalize ongoing grief and loss in post-placement narratives



Prioritize non-pathologizing language: avoid "unresolved" or "failure to move on"



Use reflective tools (journals, rituals, community dialogue) to support identity development



Promote spaces that allow for ambiguity, remembrance, and hope

By integrating these practices, we can honor the unseen losses of birthmothers and empower them to reclaim their narratives, rebuild their identities, and find resilience in the face of ambiguous grief.

Practice-Based Strategies for Prevention



Doula care across the perinatal and postpartum continuum



Community-led peer support and grief services for long-term healing

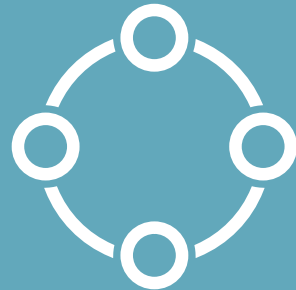


Post-placement support rooted in cultural identity and belonging

Peer Support & Healing Spaces



Promote peer-led support groups for birthmothers



Create trauma-informed, culturally safe healing circles



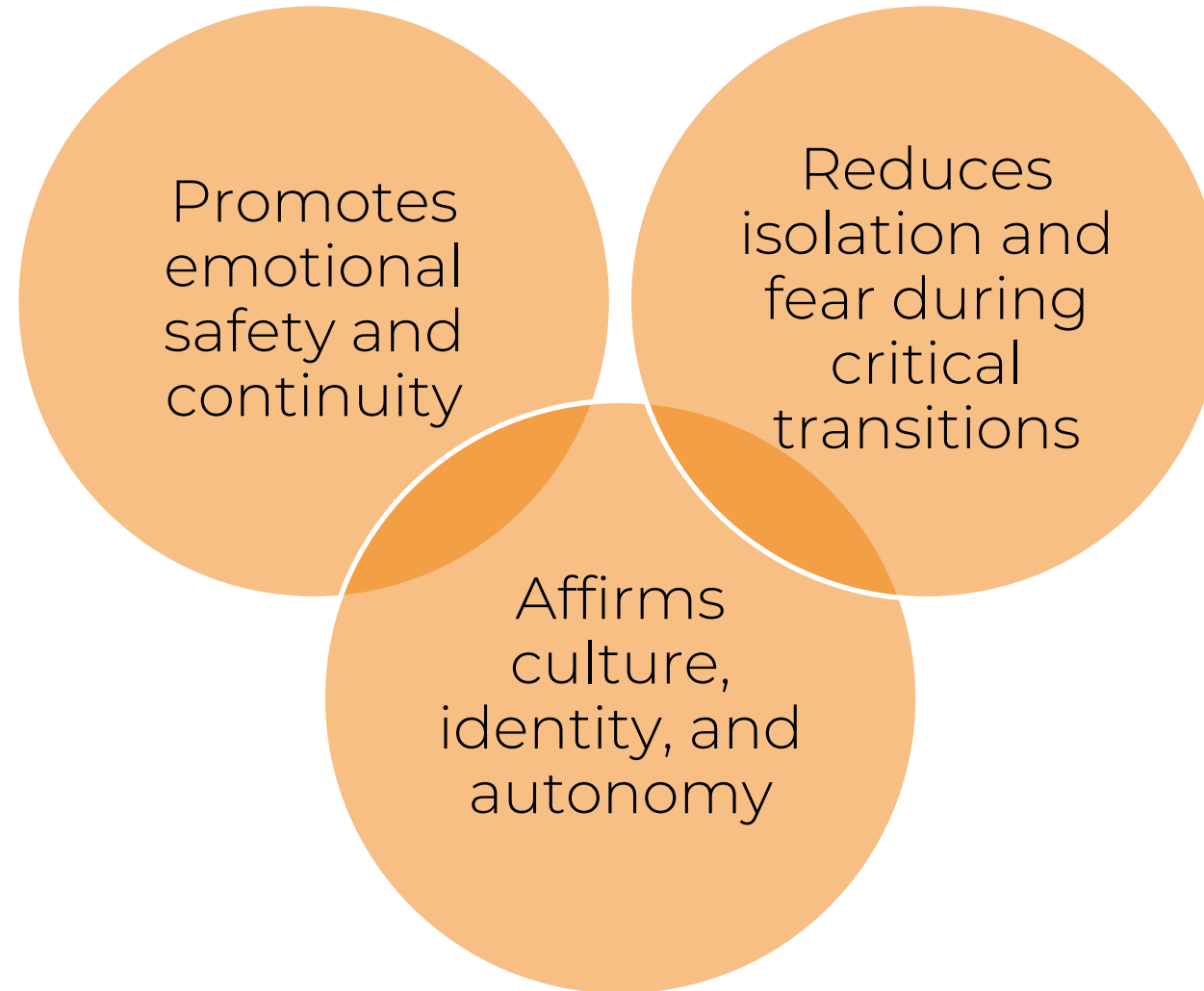
Facilitate identity-affirming, nonjudgmental spaces



Include grief-informed practices in community settings

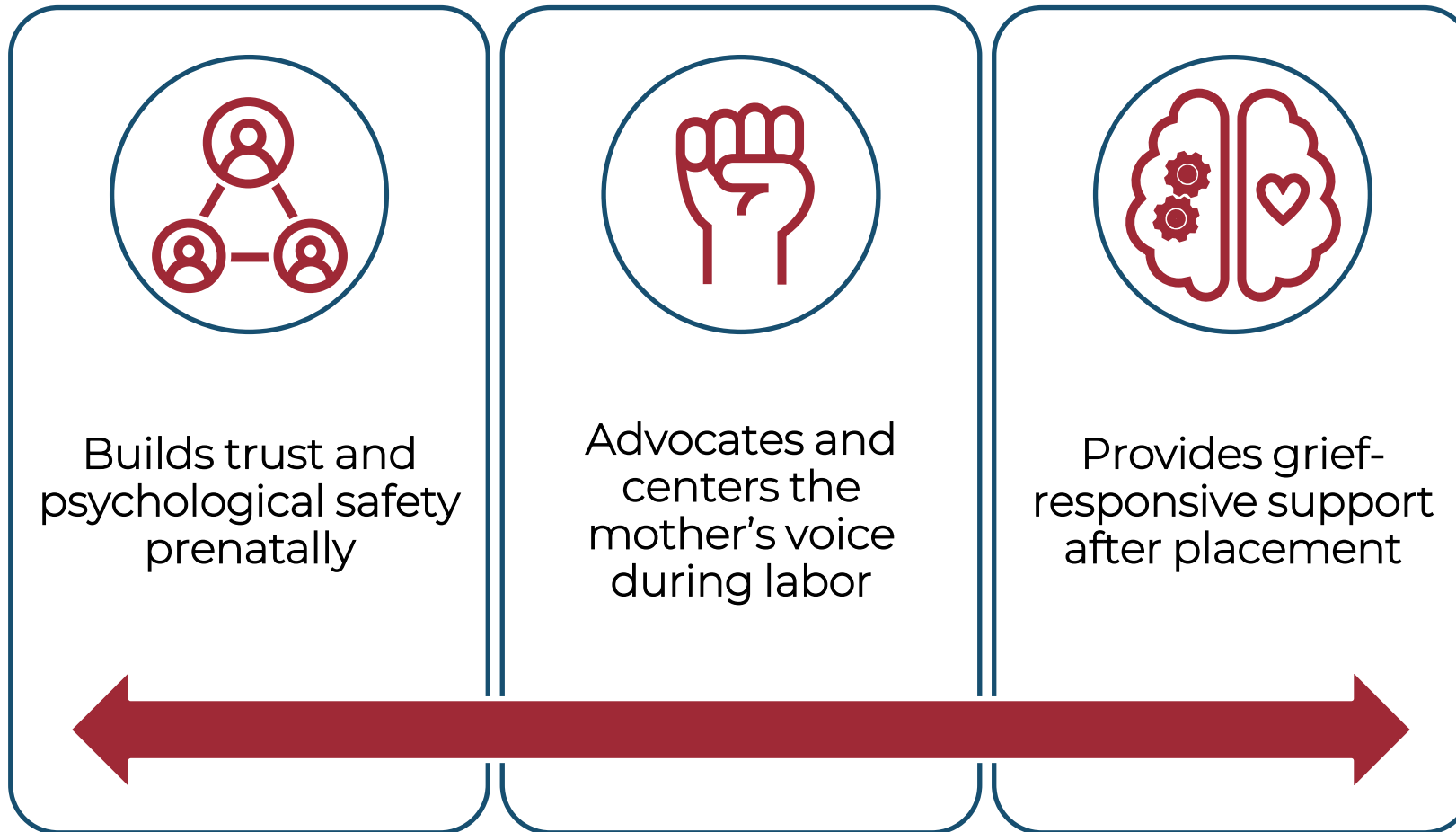
Doula Care as Protective Factor:

Supporting emotional safety, connection, and cultural identity

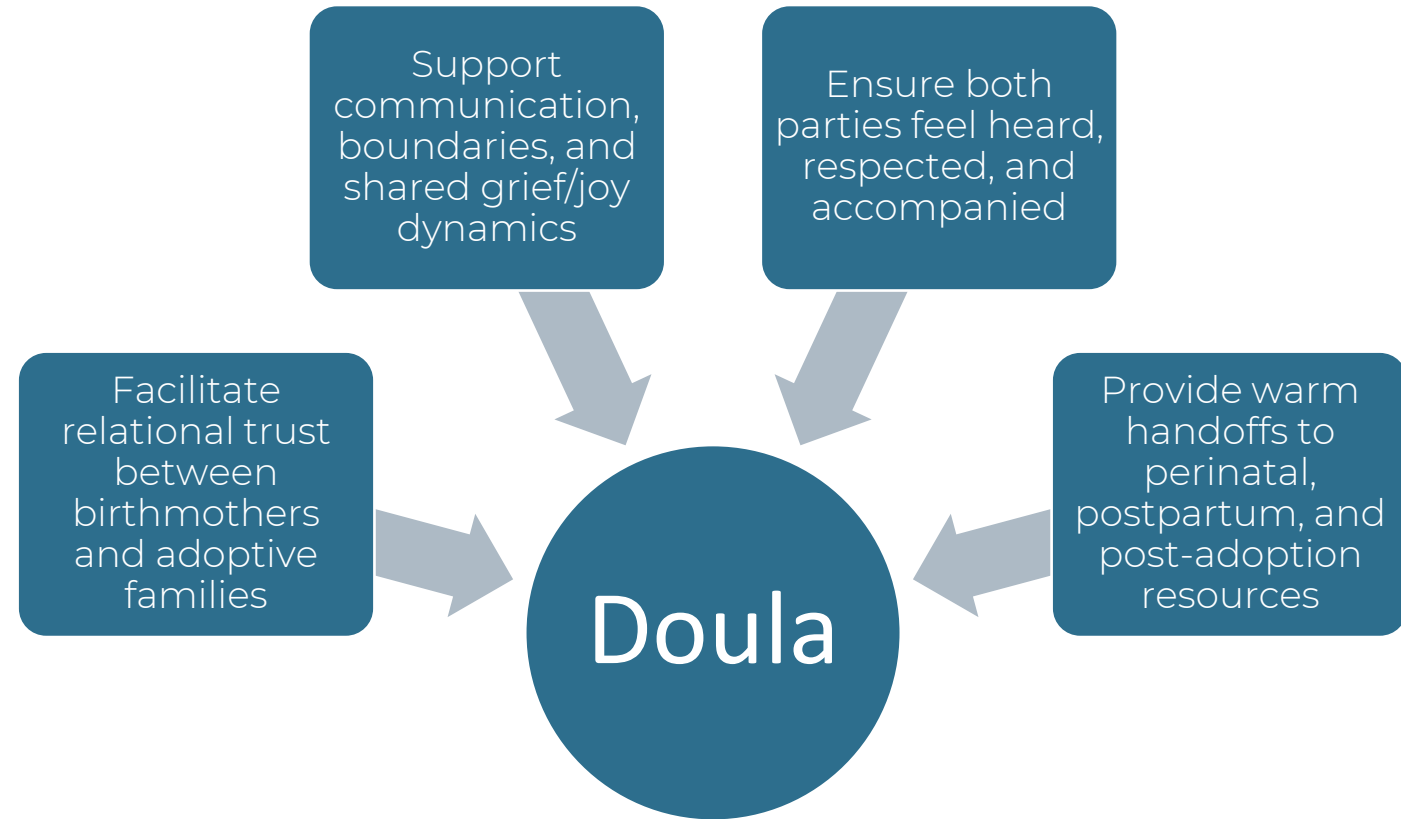


How Doulas Support Birthmothers

Trauma-informed, grief-responsive care at every stage



Doulas as Bridges of Trust and Support



Doulas & Suicide Prevention

Anchor

Anchor social connection and belonging

Normalize

Normalize grief and reduce shame

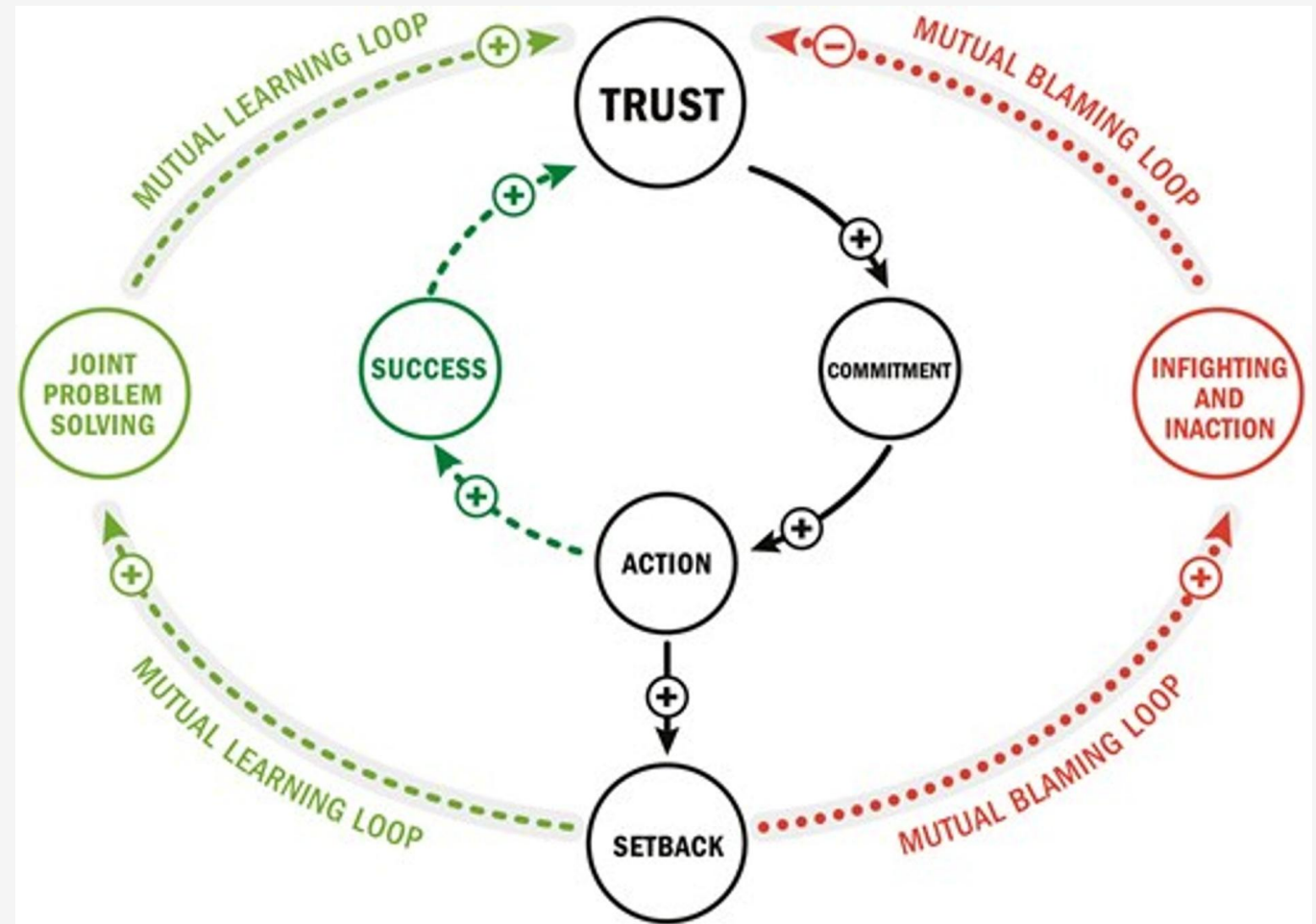
Support

Support continuity of care and emotional regulation

Cross-Sector Collaboration & Partnership

Cross-Sector Collaboration = Partnerships between organizations from different systems or fields that align around common goals despite having different motivations or approaches.

- Five Actions for Collaborative Success
- Building on prior relationships
- Relying on trusted individuals
- Engaging the community
- Using data and evidence
- Deliberately investing in joint problem-solving:
Transparent and solution-focused communication



Community Toolbox: Strategies for Cross-Sector Collaboration



Creating & Maintaining Coalitions and Partnerships

- Define common purpose, roles, and expectations
- Build trust and shared decision-making
- Develop structures (steering committees, working groups)



Increasing Participation & Membership

- Recruit diverse partners across sectors
- Ensure meaningful involvement (youth, families, community voice)
- Keep members engaged through recognition and shared wins



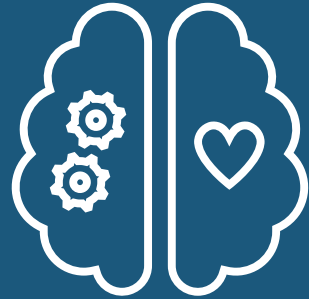
Sustaining Collaborations

- Develop MOUs and partnership norms
- Secure resources and shared accountability
- Plan for turnover and long-term sustainability

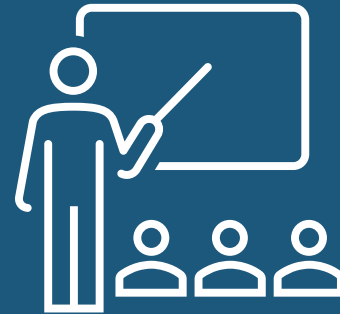
Activity: Action Planning for Impact



Identify 3 realistic actions you can take in your role or organization



Focus on reducing suicide risk and supporting birthmothers post-placement



Consider changes in policy, programming, training, or culture



Consideration of becoming adoption-competent

Next Steps for the Field: What Comes After Awareness

Center birthmothers as experts in their healing

Expand post-placement support beyond clinical care

Train and integrate doulas & peer specialists across the continuum

Advocate for Medicaid and system reforms that recognize grief and loss

Fund culturally grounded, community-led support programs

Prioritize research centering lived experience and long-term outcomes

Reimagine safety planning to include grief and cultural needs

From Insight to Action: Tools You Can Use



Grief-Informed Support Tools / Guides



Clinical & Peer Support Resources



Culturally Responsive Practices



Policy & Systems Change Briefs



Training & Advocacy Templates

Key Takeaways

Grief is often ambiguous, disenfranchised, and invisible for birthmothers

- Birthmothers experience a unique type of grief that is not always recognized or validated by society.

Suicide risk is elevated across the lifespan, not just post-placement

- Birthmothers have an elevated risk of suicide that persists long after the initial placement, requiring ongoing support.

Cultural humility, peer support, and grief-informed care are vital

- Adopting a culturally responsive, trauma-informed approach and providing peer-led support are key to supporting birthmothers.

Cross-sector collaboration is essential to close service gaps

- Closing the gaps in services for birthmothers requires coordinated efforts across different sectors and systems

Everyone can take actionable steps to center healing and prevention

Individuals, organizations, and systems all have a role to play in supporting birthmothers and addressing the issue of suicide risk.



“What’s one insight or story you’ll carry from today?”

“What small step can you take toward change?”

“We welcome your questions, thoughts, or reflections.”

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