



Introduction

This Chartbook presents findings from the 2007 National Survey of Adoptive Parents (NSAP). The NSAP is the first-ever survey to provide representative information about the characteristics, adoption experiences, and well-being of adopted children and their families in the United States. All information was reported by the children's adoptive parents. The findings represent children under age 18 who were adopted and living with neither biological parent. This includes children adopted from foster care, from other domestic sources, and from other countries. Furthermore, the Chartbook includes comparable information on children in the general population for many indicators of well-being, based on data from the 2007 National Survey of Children's Health (NSCH). While adopted children comprise only a small portion of the overall U.S. child population—about 2 percent—their absolute

numbers are sizable, numbering nearly 1.8 million.ⁱ This group of children is of particular concern to policy makers and the public both due to the government's role in establishing adoptive parent-child relationships as well as the potential vulnerabilities of some segments of this population.

THE ADOPTION PROCESS

Adoption establishes a legal parent-child relationship between a child and one or two adults who are not the child's biological parents. Once finalized, adoption affords adoptive parents rights and responsibilities identical to those of biological parents. Except for children in step-family adoptions, who are not examined in this Chartbook, children who have been adopted all share the experience of being raised by parents who are not their biological parents. Adoptive parents also share common

ABOUT THE DATA SOURCES

The National Survey of Children's Health (NSCH) is a nationally representative survey of U.S. children under age 18. In each sampled household, one child under age 18 was randomly selected. A parent or guardian knowledgeable about the child's health answered questions by telephone regarding the child's and the family's health and well-being and provided information about demographic characteristics. The 2007 NSCH includes information on 91,642 focal children, representing 73.8 million children throughout the United States.

The National Survey of Adoptive Parents (NSAP) was an add-on module to the 2007 NSCH. If the focal child in the 2007 NSCH was adopted, an adoptive parent of the child was asked to participate in the NSAP, a 30-minute telephone survey. A total of 2,737 focal children were identified as having been adopted in the 2007 NSCH. NSAP interviews were carried out between April 2007 and June 2008 regarding 2,089 children, representing nearly 1.8 million children throughout the nation. Adopted children who were also living with a biological parent, whose adoptions were assumed to be primarily step-parent adoptions, were excluded from the NSAP.

Additional details about both surveys can be found in the Appendix to this Chartbook.

ⁱ Estimate based on weighted data from the NSAP. This estimate excludes children in informal adoptions (i.e., without legally finalized adoptions) as well as those living with at least one biological parent, most of whom are living in step families. Further information about the population of adopted children represented by the NSAP is available in the technical appendix.

THREE PRIMARY WAYS TO ADOPT IN THE UNITED STATES

Foster care adoption: Children adopted from foster care are those who, prior to their adoption, were involved with the child protective services system and removed from their families due to their families' inability or unwillingness to provide appropriate care. Public child welfare agencies oversee such adoptions, although they may contract with private adoption agencies to perform some adoption functions.

Private domestic adoption: This group is defined here as children who were adopted privately from within the United States, and who were not part of the foster care system at any time prior to their adoption. Such adoptions may be arranged independently or through private adoption agencies.

International adoption: This group includes children who originated from countries other than the United States. Typically, adoptive parents work with private U.S. adoption agencies, which coordinate with adoption agencies and other entities in children's countries of origin.

Note: Additional details about how the three types of adoption were identified can be found in the Appendix to this Chartbook. Definitions of additional terms specific to adoption can be found in the glossary at the end of this introduction.

experiences such as having a judge legally establish the adoptive placement. Adoption is a complex process—in terms of the paths through which children come to be adopted, the various processes by which parents can adopt, and the laws that govern those processes.

Prior to adopting, prospective adoptive parents undergo an assessment, often called a home study. The purpose of this assessment is to identify families' appropriateness and readiness for adoption. Specific requirements vary across jurisdictions and depend upon the type of adoption, but often involve training, individual and family interviews, home safety inspections, and reviews of records (such as health evaluations, child abuse and criminal clearances, and driving records).¹

(Note to reader: Footnotes are denoted using roman numerals, renumbered in each section of the chartbook. Endnotes are denoted using cardinal numbers running consecutively throughout the chartbook.)

Several distinct situations underlie adoption. Children in foster care in the United States—that is, children under the legal guardianship of a public child welfare agency following maltreatment or abandonment by their birth parents—can be adopted if reunification with their birth parents is not in the child's best interests. Public child welfare agencies oversee adoptions of foster children, either directly or through contracts with private licensed agencies.

Other U.S. children are adopted after their parents voluntarily make an adoption plan for their child.² Prospective adoptive parents seeking to adopt domestically from sources

other than foster care can either use a licensed agency or adopt independently. In a licensed agency adoption, agencies work with both prospective adoptive and birth families, and often facilitate matches between them. Prior to adoption finalization, birth parents relinquish their parental rights to the adoption agency. Licensed agencies must adhere to licensing and procedural standards; unlicensed agencies are sometimes used as well. With independent adoption, prospective adoptive parents and birth parents identify each other independently of an agency, for example, through relatives or mutual acquaintances, word of mouth, or through advertisements. Attorneys may facilitate such adoptions.³

Americans can also adopt children from other countries. The eligibility of these children for adoption is governed by the laws of children's home countries. Following the adoption, children must legally immigrate to the United States (unless the parents choose to live elsewhere). Internationally adopted children subsequently need to be naturalized in order to become American citizens.

As of April 1, 2008, the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption governs adoptions from approximately 75 countries that, like the United States, are parties to it. The Hague Convention determines which children are eligible for adoption and immigration. Its purpose is to protect children and to ensure that

placements made are in the best interests of children. For adoptions from countries not party to the Hague Convention, U.S. law dictates that children must have been orphans in order to immigrate into the United States. U.S. law defines an orphan as a child who has no living parents or a child whose single parent cannot care for the child and has provided written relinquishment of the child for emigration and adoption.⁴

In some instances, adoptive parents and children choose to end the relationship with the child and do not proceed with finalization, i.e., legalization of an adoption, following the child's placement in their home. This scenario is referred to as "disruption." Legally ending an adoption following finalization is referred to as "dissolution." Dissolution is particularly difficult to study, but existing research suggests that it is rare.⁵ Children in these situations enter (or return to) foster care or are placed with new adoptive parents. The NSAP does not include information on the incidence of disruption or dissolution. The sample only includes children with finalized adoptions living with their parents at the time of the survey. The survey did ask parents if they had ever considered dissolving the adoption and positive responses were so rare that a reliable percentage estimate could not be generated.

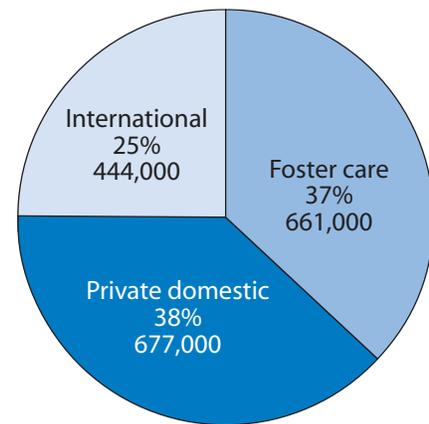
Among all adopted children in 2007—with the exclusion of those living with at least one biological parent (i.e., in step families)—one out of four was adopted from other nations; of the remaining children adopted domestically, half were adopted from foster care and half from private sources; see Figure 1. For more information see Appendix Table 1 on page 53.

INTERPRETING DIFFERENCES AMONG PERCENTAGES

When comparing adopted children with all U.S. children, readers should be aware of some key differences between the two populations.

- *Adopted children tend to be older than children in the general population.* Among

Figure 1. Number and percentage distribution of adopted children by adoption type



adopted children, 6 percent are under age 3, compared with 16 percent of children in the general population, according to data from the NSAP and NSCH. Among other reasons, this age difference is partly due to the fact that children are often adopted later than infancy. Additionally, the estimates presented here represent children with finalized adoptions, and finalizations typically take a minimum of six months.

- *Many child and family well-being indicators differ according to children's ages.* Therefore, when comparing well-being between adopted children and the general population of children, some differences may be attributable to the older ages, on average, of adopted children. For example, older children will have had more time in which a health problem may have been diagnosed than will younger children. As a way of accounting for the fact that on average adopted children are older, the Chartbook presents some indicators by age group.ⁱⁱ

Adopted children and children in the general population also differ in ways other than age, some of which are explored in Part 1 of this Chartbook. Part 1 also explores some of the ways in which the characteristics of adopted children differ by adoption type.

ⁱⁱ The age distributions of adopted children also vary by adoption type, but in many cases, sample sizes became too small to yield reliable estimates for age subgroups separately by adoption type.

This Chartbook provides a snapshot at a single point in time of the characteristics, experiences, and well-being of adopted children and their families. All comparisons between groups that are highlighted in the text are statistically significant at the .05 level of significance; notable differences or associations that are statistically significant at the .10 level were also in some cases mentioned and footnoted as “marginally significant” at the .10 level. A difference that is statistically significant is one that exists not just among the survey respondents, but that can be inferred to exist in the population they represent; the values of .05 and .10 are commonly used as thresholds for making such assumptions. Although group differences are present by adoptive status or by adoption type, assumptions about the reasons for any such differences should not be made based on the data presented in the Chartbook. Further analyses of the data will help shed light on how different factors are independently associated with indicators of interest. However, inferences concerning cause and effect are not appropriate, even where analyses account for multiple, interrelated variables.

In addition to testing the statistical significance of differences between groups of children according to adoption type, we also examined the relative standard error of each estimate. The relative standard error (calculated as the ratio of the standard error to the percentage estimate itself) is one method for determining the reliability of estimates. We generally avoided reporting estimates for which the relative standard error exceeded 0.3, and—at a minimum—flagged such estimates in the appendix tables to denote their imprecision. Additionally, value labels for percentages with standard errors exceeding 0.3 are omitted from the figures in this Chartbook.

CHANGES IN THE ADOPTION LANDSCAPE

The adoption landscape is constantly shifting, as a result of changes in U.S. and international laws, as well as changes in societal attitudes and other circumstances. These changes mean that readers

should be particularly cautious in inferring how the snapshot presented in this Chartbook may apply to future adopted children and their families.

The Hague Convention, in particular, may result in substantial changes to international adoption. For example, according to the NSAP, 11 percent of all internationally adopted children under age 18 had been adopted from Guatemala as of 2007, but in March 2008, the U.S. Department of State announced that it would not process Guatemalan adoptions until further notice, due to concerns about the country’s ability to adhere to the guidelines of the Hague Convention. Additionally, in September of 2008, Guatemala stopped accepting any new adoption cases. Adoptions from Guatemala came to a halt immediately following a year during which it was the source of the single largest number of internationally adopted children.⁶

Even prior to the adoption of the Hague Convention, some other countries had changed their adoption requirements. For example, as of May 2007, China enacted a stricter policy requiring that adoptive parents be married couples between the ages of 30 and 50 with assets of at least \$80,000 who are good health (including not being overweight).⁷ In addition to China, other countries, such as Russia⁸ and Korea,⁹ are attempting to promote domestic adoption rather than relying on international adoption. Such efforts are likely to reduce the number of international adoptions to the United States.

Overall, international adoptions to the United States have been declining since 2004,¹⁰ which may result in more parents adopting children domestically. Beginning in the 1990s, state, federal, and private initiatives to achieve permanency for foster children have influenced adoptions within the United States, as well.¹¹ In particular, recent efforts have focused on adoptions for older foster youth who cannot be reunified with their birth family.

Recent and continuing developments in reproductive medicine may also affect the adoption landscape. For many people seeking

to build families, treatments such as intrauterine insemination and in vitro fertilization, either with the parents' own genetic material or with donor sperm and/or eggs, increasingly provide alternatives to adoption. At the same time, the relinquishment of infants born to never-married women has become rarer, declining from 8.7 percent prior to 1973 to 1 percent throughout the 1990s.¹²

ALL ADOPTED CHILDREN

Throughout this Chartbook, we present indicators pertaining to the characteristics, experiences, and well-being of adopted children and their families. We highlight a few key findings pertaining to adopted children as a group below:

- Most adopted children (85 percent) are in excellent or very good health. At the same time, the parents of 26 percent of adopted children report that their child experiences moderate or severe consequences of any of 16 possible medical or psychological conditions. Adopted children are more likely than children in the general population to have health insurance (95 compared with 91 percent) and to have had insurance continuously over the previous 12 months (91 compared with 85 percent). The incidence of special health care needs¹³ is about twice as high in the population of adopted children as it is among the general population of U.S. children (39 compared with 19 percent). However, because adopted children comprise such a small share of the general population, the absolute number of adopted children with special health care needs is far smaller (702,000, compared with 14,136,000 of all U.S. children).
- The majority of adopted children also fare well according to measures of social and emotional well-being. For example, only a small minority of adopted children have ever been diagnosed with disorders such as attachment disorder, depression, attention deficit disorder or attention

deficit/hyperactivity disorder(ADD/ADHD), or behavior or conduct disorder.

(See page 27 for definitions and the prevalence of these disorders.) Furthermore, 88 percent of adopted children ages 6 and older exhibit positive social behaviors. However, compared to the general population of children, adopted children are more likely to have ever been diagnosed with—and to have moderate or severe symptoms of—depression, ADD/ADHD, or behavior/conduct disorder.ⁱⁱⁱ

- The majority of adopted children have enriching experiences in their families, and they are more likely to have some of these positive experiences than children in the general population. For example, they are more likely to be read to every day as young children (68 compared with 48 percent in the general population), sung to or told stories every day as young children (73 compared with 59 percent), or to participate in extracurricular activities as school-age children (85 compared with 81 percent). However, a minority of adopted children have parents who report parental aggravation (for example, feeling the child was difficult to care for, or feeling angry with the child). Parental aggravation is more common among parents of adopted children than among parents in the general U.S. population (11 compared with 6 percent).
- Overall, 87 percent of adopted children have parents who said they would “definitely” make the same decision to adopt their child, knowing everything then that they now know about their child. In addition, more than nine out of ten adopted children ages 5 and older have parents who perceived their child’s feelings towards the adoption as “positive” or “mostly positive.”
- Overall, four out of ten adopted children are in transracial adoptions—that is, their parents reported that both adoptive

ⁱⁱⁱThe difference between the percentages of all children and of adopted children who have moderate or severe depression is marginally significant ($p < .10$).

parents are (or the single adoptive parent is) of a different race, culture, or ethnicity than their child. The majority of adopted children have non-Hispanic white parents but are not themselves non-Hispanic white. Transracial adoptions are most common for children whose families adopted internationally.

CHILDREN ADOPTED FROM FOSTER CARE

Children adopted from foster care are those who, prior to their adoption, were involved with the child protective services system and removed from their families due to their families' inability or unwillingness to provide appropriate care. Children adopted from foster care may be a vulnerable group for several reasons. Most children who enter foster care do so because of abuse or neglect by their caregivers. Once in foster care, lack of continued connections to birth parents and/or siblings, adjustments to cultural changes, and multiple placement moves prior to adoption may exacerbate these children's existing problems or become the causes of new ones.¹⁴ Children adopted from foster care have had varied experiences prior to their adoption, and some children who had very negative experiences still manage to thrive. Yet, as a group, the pre-adoptive experiences of children adopted from foster care—many of whom are adopted at older ages than children adopted from other domestic sources or internationally—are likely to make them more vulnerable than other adopted children.

According to the Administration for Children and Families' analysis of data from the Adoption and Foster Care Reporting and Analysis System, the number of adoptions from foster care has ranged from 51,000 to 53,000 annually between 2002 and 2007.¹⁵ Data from the NSAP indicate that as of 2007: (See Appendix Table 1 page 56.)

- About 661,000 children were adopted from foster care, representing 37 percent of all adopted children. Of these,
- 153,000, or 23 percent, were adopted by relatives.

- 262,000, or 40 percent, were adopted by someone who knew them prior to the adoption (including relatives).
- 454,000, or 69 percent, were adopted by someone who was previously their foster parent.
- 355,000, or 54 percent, have special health care needs.

For as many as four out of ten children adopted from foster care, their adoptive family was their only foster placement.^{iv} Children adopted from foster care are more likely than other adopted children to live in families with lower household incomes, but their adoption-related expenses are considerably lower, and most are supported through adoption subsidies.

CHILDREN ADOPTED DOMESTICALLY FROM SOURCES OTHER THAN FOSTER CARE

This group includes children who were adopted from within the United States but who were not part of the foster care system at any time prior to the adoption. Some of these children may have deceased birth parents, or their birth parents voluntarily relinquished their rights and chose to make an adoption plan for them. These adoptions may be facilitated by a private adoption agency, or they may be arranged independently without an agency's involvement. Though this type of adoption is often referred to as private domestic adoption, for the purposes of the survey, this group largely excludes adoptions from foster care that are facilitated by private agencies.¹⁶ Reliable data on trends in private domestic adoption are not available. According to the NSAP, as of 2007: (See Appendix Table 1 page 56.)

- About 677,000, or 38 percent of adopted children, were adopted privately from sources other than foster care. Of these,
- 276,000, or 41 percent, were adopted by relatives.
- 301,000, or 44 percent, were adopted by someone who knew them prior to the

^{iv}Twenty-two percent of children adopted from foster care were living with their birth family immediately prior to living with their adoptive parents, and an additional 22 percent were placed with their adoptive families in their first month of life. These figures suggest that, for up to 45 percent of children adopted from foster care, their adoptive parents were their only foster placement. However, it is possible that some adopted children may have lived in another foster placement, returned to their birth parents, and then moved in with their adoptive parents.

adoption (including relatives).

- 218,000, or 32 percent, have special health care needs.

The majority of children adopted privately in the United States were placed with their adoptive family as newborns or when they were younger than one month old (62 percent).

CHILDREN ADOPTED FROM INTERNATIONAL SOURCES

This group includes children adopted from countries other than the United States. Typically, the adoption is facilitated by a private adoption agency. International adoptions had increased from about 15,000 to over 22,000 children in 2004. Since 2004, international adoptions have been steadily decreasing, to below 18,000 in 2008.¹⁷ According to the 2007 NSAP, this group is somewhat smaller than either of the domestic adoption groups: (See Appendix Table 1 on page 56.)

- Numbering at about 444,000, children adopted internationally comprise 25 percent of all adopted children. Of these,
- 128,000, or 29 percent, have special health care needs.

As of 2007, six out of ten internationally adopted children had been adopted from Asia, with over half of them (33 percent of all international children) coming from China. In 1979, China introduced a population control policy that generally restricted married, urban couples to having one child. This policy, in combination with a Chinese preference for male children, has contributed to the large number of girls adopted from China by American parents.¹⁸ Largely because of the high proportion of girls adopted from China, only one out of three internationally adopted children are male.

Many children adopted internationally have lived in congregate care facilities (70 percent) prior to living with their adoptive families. International adoption expenses are significantly higher than those for other types of adoption, with expenses of \$20,000 or more for nearly

half of this group of children. Correspondingly, internationally adopted children are more likely than other types of adopted children to live in households with incomes over four times the poverty threshold.

THE CHARTBOOK

As we have described, adopted children and their families represent a diverse population that has followed complex pathways to adoption. Part 1, “The Population,” presents information regarding the demographic and socio-economic characteristics of adopted children and families, as well as measures of child and family well-being. Part 2, “The Adoption Process,” presents information regarding parents’ motivation for adoption, satisfaction with their agency or attorney, openness of adoption (i.e., contact between adopted children and birth-family members), and post-adoption supports and services. The Chartbook presents findings for the population of adopted children as a whole and, where possible, comparable data for the entire population of U.S. children.^v To illuminate some of the differences as well as some of the similarities among adopted children, we also present information separately by adoption type—children adopted from foster care, children adopted privately in the United States, and children adopted internationally. Respondents to the NSCH were adults in the household knowledgeable about the child’s health, and for the NSAP were adoptive parents. While these interviewees have intimate knowledge regarding their families, their responses were not independently verified and could be subject to recall errors or to other biases. Interested readers will find detailed tables in the Appendix to support the information described throughout the Chartbook.

^v This is possible for those variables based on data from the National Survey of Children’s Health.

GLOSSARY

Agency adoption: Adoptions in which agencies work with both prospective adoptive and birth families, and often facilitate matches between them. Adoption agencies may be licensed (adhering to licensing and approval standards established by the state), or unlicensed.

Adoption: A process that establishes a legal parent-child relationship between a child and one or two adults who are not the child's biological parents.

Birth parents: A child's biological, rather than adoptive, parents. The term "birth family" is also used to refer to members of a child's biological family.

Congregate care settings: Congregate care settings are a type of placement in which children may live when they are no longer living with their birth families, but before placement with adoptive families. They can include residential group foster homes, residential group treatment facilities, or other settings such as juvenile detention centers or hospitals. In some other countries, many infants and young children available for adoption live in orphanages, whereas these children in the United States tend to live with foster families.

Disruption: An adoption that is terminated after the child has been placed with a family, but before the adoption has been legally finalized.

Dissolution: An adoption that has been reversed; that is, an adoption that is terminated after the child has been placed with the family and after the adoption has been legally finalized.

Finalization: The legal act of establishing an adoption.

Foster care: Children under the legal guardianship of a public child welfare agency following maltreatment or abandonment by their birth parents are in foster care. Typically, they are cared for either by foster families who may or may not be related to them, or in congregate care settings.

Home study: An assessment of prospective adoptive parents intended to identify families' appropriateness and readiness for adoption. The specific legal requirements for home studies vary across jurisdictions and depend upon the type of adoption.

Independent adoption: Prospective adoptive parents and birth parents identify each other independently of an agency, for example, through relatives or mutual acquaintances, word of mouth, or through advertisements. Attorneys may facilitate such adoptions.

Match: A match occurs when an agency identifies and approves a plan for specific adults to adopt a specific child or children. In international adoption, this is sometimes called a "referral," from the adoptive parents' point of view.

Permanency: Permanency refers to a living arrangement that is intended to be permanent, rather than temporary, for example, adoption and reunification. Because foster care is intended to be temporary, caseworkers establish and work toward "permanency goals" for children in foster care.

Placement: The setting in which a foster child or adopted child lives. When the Chartbook refers to the placement of adopted children with their parents, it refers to the time at which children began living with their adoptive parents, which often occurs before the legal finalization of the adoption.

Pre-adoptive placement: A child who has moved in with adults who plan to adopt that child is said to be in a "pre-adoptive placement" until the adoption is finalized.

Reunification: The return of a foster child to live with the parent(s) from whom he or she was removed.

Transracial adoption: In this Chartbook, we define transracial adoptions as those in which parents reported that they (including both parents, for children living with two parents) are of a different race, culture, or ethnicity than their child.