



Part 1:

The Population

Part 1 presents some key population characteristics of adopted children and their families. Information presented includes children's prior relationship to their parents, socio-economic and demographic characteristics, and child and family well-being. Child well-being measures include physical health, social and emotional well-being, and cognitive development and

educational achievement. Parenting and family well-being includes findings on family and community activities, parent well-being, adoption satisfaction, and parent involvement and advocacy. Because many of the indicators in Part 1 draw heavily on data from the NSCH, we are able to present many comparisons between adopted children and children in the general population.

KEY FINDINGS

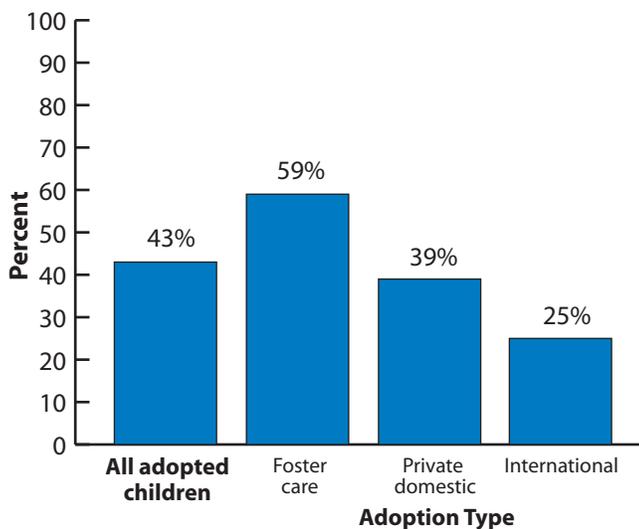
- More than four out of ten adopted children (43 percent) lived with their birth families at some time prior to their adoption. Thirty-two percent were adopted at birth or were not yet one month old when placed with their adoptive parents; 24 percent were adopted by relatives.
- Overall, about half of adopted children (49 percent) are male. However, 33 percent of internationally adopted children are male, whereas 57 percent of children adopted from foster care are male.
- The distribution of race and Hispanic origin differs between adopted children and adoptive parents. A minority of adopted children are non-Hispanic white (37 percent), compared with a majority of children's parents (73 percent). Overall, 40 percent of adopted children are of a different race, culture, or ethnicity than both of their adoptive parents (or their sole parent if there is only one parent in the household).
- Adopted children tend to be somewhat older than children in the general population. For example, 14 percent of adopted children are under 5 years old, compared with 27 percent of children in the general population.
- Adopted children are less likely than are children in the general population to live in households with incomes below the poverty threshold (12 compared with 18 percent). However, nearly half (46 percent) of children adopted from foster care live in households with incomes no higher than two times the poverty threshold.
- Over two-thirds of adopted children—69 percent—live with two married parents, and they are just as likely to do so as children in the general population.

- Like children in the general population, most adopted children are in excellent or very good health (85 percent). However, while a minority of adopted children have special health care needs (39 percent) or moderate or severe health difficulties (26 percent), or have ever been diagnosed with asthma (19 percent), they are more likely to have experienced these health issues than are children in the general population (19 percent, 10 percent and 13 percent, respectively). However, the majority of adopted children have adequate health insurance (78 percent) and have been consistently insured over the prior 12 months (91 percent).
- The majority of adopted children fare well on six measures of socio-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, or behavior or conduct disorder. Furthermore, 88 percent of adopted children ages 6 and older exhibit positive social behaviors. However, adopted children tend to have somewhat lower levels of socio-emotional well-being across a variety of measures, compared with children in the general population. See Appendix Table 8 on page 66 for specific figures.
- More than half of school-age adopted children have excellent or very good performance in reading and language arts and the same is true for math, according to their parents. Furthermore, 69 percent are engaged in school (i.e., they care about doing well in school and regularly do homework), but they are somewhat less likely to be engaged in school than are children in the general population (81 percent).
- The majority of adopted children have enriching experiences in their families, and they are more likely to have certain of these positive experiences than are 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), to be 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).
- Overall, 81 percent of adopted children have parents who reported their relationship with their child as very warm and close. In addition, 42 percent had parents report the relationship as “better than ever expected,” with only 15 percent reporting the relationship as “more difficult” than they ever expected.

Children's history, prior relationship with parents

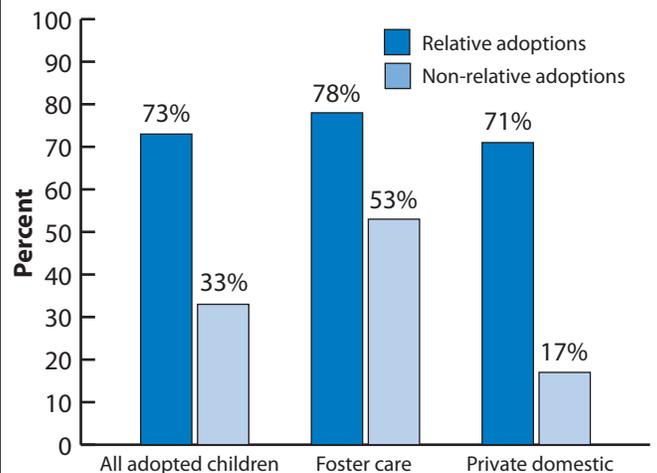
In this section, the Chartbook reports on whether or not adopted children had ever lived with their birth family and where they lived immediately prior to living with their adoptive parents. It also includes information on children's relationships to their parents prior to the adoption. (Prior relationships could include that they were already related to the child, that they had known the child previously, and—for adoptions from foster care—that they were foster parents to the child.) See Appendix Table 2 on page 58 for detailed data on each indicator.

Figure 2. Percentage of adopted children who have ever lived with birth family members, by adoption type



Forty-three percent of adopted children lived with their birth families at some time prior to their adoption; see Figure 2. Of these, about half lived with their birth families immediately before the adoptive placement (22 percent of all adopted children). The proportion of children who have ever lived with their birth families varies across adoption types; it is highest for those adopted from foster care (59 percent) and lowest for children adopted internationally (25 percent). For children adopted by relatives, these figures are considerably higher. Seventy-three percent of children adopted by relatives had ever lived with their birth family. In contrast,

Figure 3. Percentage of children adopted from foster care and from other domestic sources who have ever lived with birth family members, by pre-adoptive relationship to parents



Note: Percentages for all adopted children include children adopted internationally, the vast majority of whom were adopted by non-relatives.

among children adopted by non-relatives, 53 percent of those adopted from foster care ever lived with their birth family, as did 17 percent of those adopted privately from the United States; see Figure 3.

Children's pre-adoptive placement differs depending on adoption type. 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). In contrast, children adopted internationally overwhelmingly lived in congregate care facilities prior to the adoptive placement (70 percent) or with a foster family (24 percent). Seventy-eight percent of children adopted from foster care lived with a foster family or in some other foster care setting away from their birth family prior to their adoptive placement. Among children adopted from foster care, 44 percent lived with a foster family other than their adoptive family immediately prior to their adoptive placement, and 11 percent lived in congregate care.

For many children adopted from foster care, their adoptive family was likely their only foster

placement. Although more than half of children adopted from foster care were living with another foster family or in congregate care prior to living with their adoptive families, a substantial proportion were not previously in foster care settings. Specifically, 22 percent lived with their birth family, and an additional 22 percent were placed with their adoptive families in their first month of life. These figures suggest that for more than four out of ten children adopted from foster care, their adoptive parents may have been their only foster placement setting.

Among children adopted from foster care and from other domestic sources, adoption by relatives or by adults who knew the child prior

to the adoptive match is common. More than two out of ten children adopted from foster care (23 percent) were adopted by relatives, and an additional 22 percent were adopted by non-relatives who knew the child prior to the adoptive match. For other domestic adoptions, relative adoption is even more common. Of privately adopted U.S. children, 41 percent were adopted by relatives and an additional 7 percent were adopted by non-relatives who previously knew the child. Reports of internationally adopted children adopted by relatives were too rare to yield a reliable percentage estimate.

ADOPTION TERMINOLOGY

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.

Congregate care: Congregate care settings include residential group foster homes, orphanages, residential group treatment facilities, or other settings such as juvenile detention centers or hospitals. Children no longer living with their birth families may reside in congregate care prior to adoption. In some other countries, many infants and young children available for adoption live in orphanages, whereas children waiting for adoption in the United States tend to live with foster families.

Foster family: A family (who may or may not be related to the child) who provides care during the time in which the child is under the legal guardianship of a public child welfare agency.

Birth parents: A child's biological parents. The term "birth family" is also used to refer to members of a child's biological family, or individuals related by marriage to the child's biological family (for example, step-siblings and aunts and uncles).

Adoptive 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."

MEASURES RELATED TO CHILDREN'S HISTORY AND PRIOR RELATIONSHIP TO THEIR PARENTS

Ever lived with birth family: Parents reported whether their child "has...ever lived with his/her birth family."

Where child lived before living with parent: Parents were asked, "Just before being placed with you, where did [your child] live?" We identified several types of placements, including 1) birth parent(s) or birth family members other than parents, 2) a foster family, and 3) congregate care. Congregate care includes group homes in the U.S. foster care system (that is, a group home with four foster children or more), residential treatment facilities in the U.S. (that is, a facility where large numbers of children and youth live), institutions or orphanages, or hospitals or health clinics. Additionally, we reported a fourth category that includes children who had been adopted at birth or placed with the adoptive parents prior to one month of age. In some of these cases, parents said children lived at a hospital prior to their adoptive placement; due to their young age, we assumed such hospital stays were related to the births. Finally, we grouped all other children, including those whose parents reported that their prior placement had been another adoptive family, or someplace else not mentioned, into a separate "other" category.

Parent and child were relatives prior to adoption: For this item, parents reported whether they or their spouse or partner were previously related to their child, for example, as a grandparent, aunt, or uncle.

Parent and child knew each other prior to adoption: Parents also reported whether they or their spouse or partner knew their child before they considered adopting him or her, or before being matched with the child for adoption.

Parent was a foster parent to the child: We defined parents as having previously been foster parents to their child if they reported either that they or their spouse or partner had been the child's foster parent at any time before the adoption was finalized, or at the time they began the adoption process.

Race, ethnicity, and gender

This section reports on demographic indicators related to race, ethnicity, and gender for adopted children and their parents. These include the race and Hispanic origin of adopted children and of their parents, transracial adoption (that is, adoptions in which the race, ethnicity, or culture of origin differs for adopted children and their parents), and the child's gender. Additionally, for internationally adopted children, we report on children's region and country of origin. See Appendix Table 3 on page 59 for detailed data on each indicator.

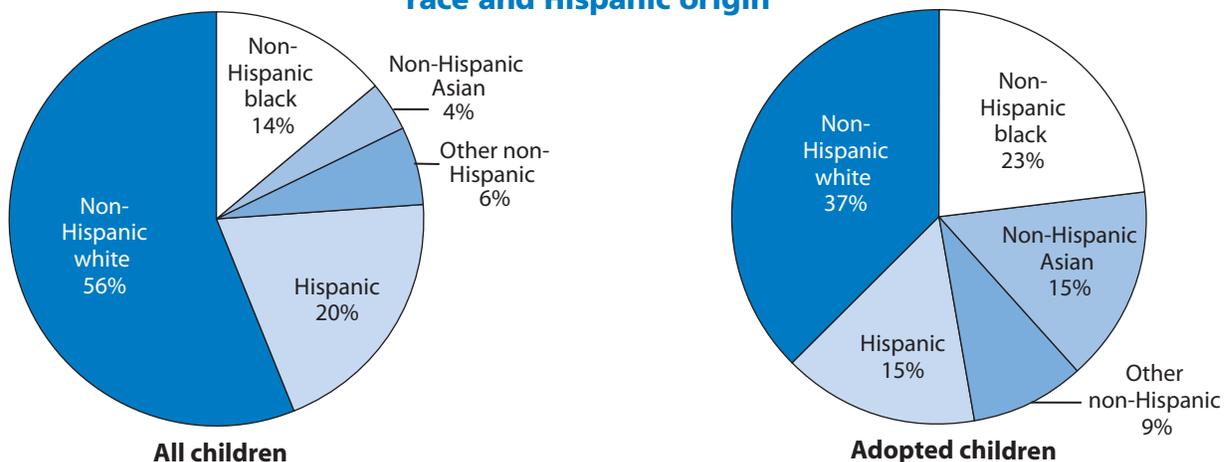
The race and ethnic distribution of adopted children is different from that of children in the general population. Adopted children are less likely to be white or of Hispanic origin than children in the general U.S. population, and they are more likely to be black;ⁱ see Figure 4. The racial distribution of children also varies by type of adoption, with children adopted from foster care most likely to be black (35 percent) and those adopted internationally least likely to be black (3 percent). Children adopted privately from the United States are most likely to be white (50 percent); those adopted internationally are least likely to be white (19 percent). The majority of children adopted internationally are Asian (59 percent). In comparison, very few children adopted from foster care or through private domestic adoptions are Asian; in fact, the proportion

is so small that reliable estimates could not be generated. The percentage of adopted children who are Hispanic does not vary by type of adoption; see Figure 5.

The race and ethnic distribution of adopted children is different from that of adoptive parents. Whereas a majority of adopted children are non-white, the majority of these children's parents are white (73 percent). Sixty-three percent of children adopted from foster care have white parents, as do 71 percent of children adopted within the United States, and 92 percent of children adopted internationally.ⁱⁱ A substantial portion of adopted children have black parents, including 27 percent of children adopted from foster care and 19 percent of those adopted privately within the United States; see Figure 6.

Given that the racial and ethnic distribution of adopted children differs from that of their parents, it is not surprising that four out of ten children have parents who report that they and their spouse or partner (if they have one) are of a different race, ethnicity, or culture than their child. Children adopted internationally are most likely to be in transracial placements (84 percent), compared with 28 percent of children adopted from foster care and 21 percent of those adopted privately from within the United States; see Figure 7.

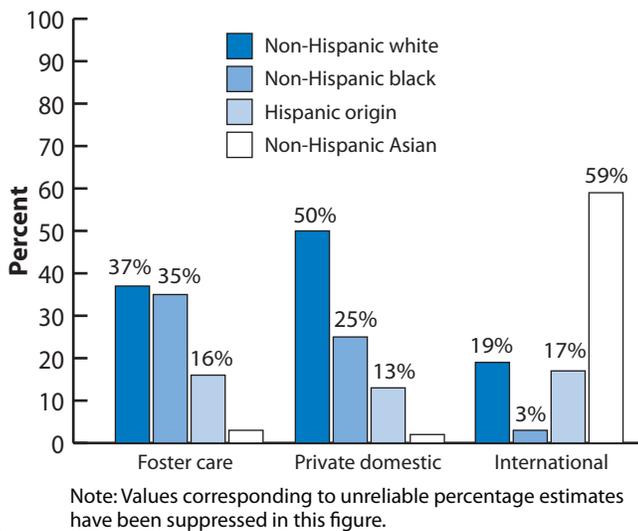
Figure 4. Percentage distribution of all children and adopted children by race and Hispanic origin



ⁱ All analyses pertaining to race and Hispanic origin examined mutually exclusive groupings. In other words, the racial categories white, black, Asian, and other exclude individuals who are non-Hispanic. Those identified as Hispanic may be of any race.

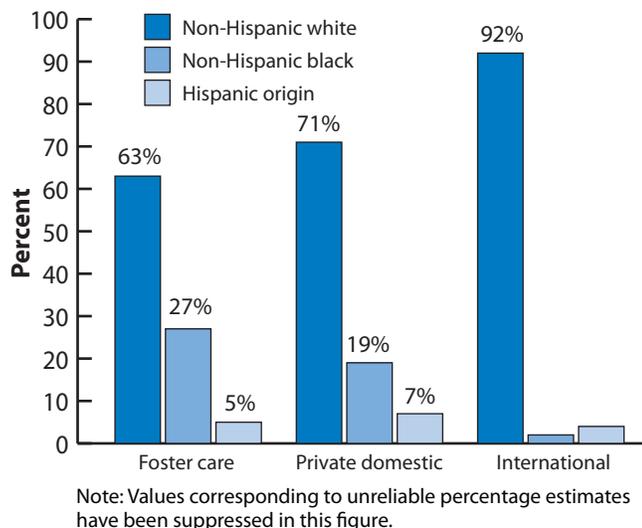
ⁱⁱ The difference between the percentages of adopted children who have non-Hispanic white parents is marginally significant for children adopted from foster care compared with those adopted privately from the United States (63 compared with 71 percent, respectively; $p < .10$).

Figure 5. Percentage distribution of adopted children by race and Hispanic origin, by adoption type



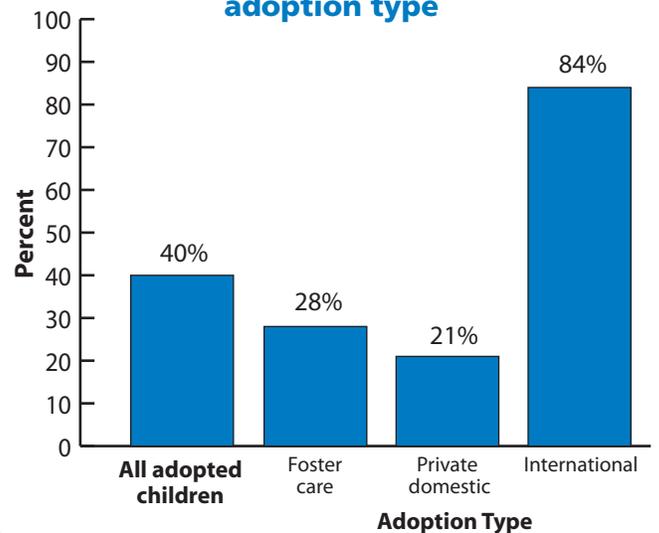
Children's gender distribution varies substantially by adoption type. Overall, about half of adopted children are male (49 percent), but gender distribution varies by adoption type. Only one-third of children adopted internationally are male (33 percent) compared with a slight majority of children adopted from foster care and through private domestic adoptions (57 and 51 percent, respectively). Among internationally adopted children, only 19 percent of Asian children are male, reflecting the large number of girls adopted from China.

Figure 6. Percentage distribution of adopted children by race and Hispanic origin of their parents, by adoption type



Among internationally adopted children, more than twice as many were born in China as in any other individual country. Specifically, 33 percent of internationally adopted children lived in China prior to their adoption; the second-most common country of origin is Russia, with 13 percent. Eleven percent of the internationally adopted children originate from Guatemala, and another 11 percent originate from South Korea. Other countries from which internationally adopted children originate include India, Kazakhstan, Colombia, Ukraine, Philippines, and Ethiopia. All had too few children to generate reliable estimates of their frequency.

Figure 7. Percentage of adopted children who were adopted transracially, by adoption type



MEASURES PERTAINING TO CHILDREN'S RACE, ETHNICITY, AND GENDER

Children's race and Hispanic origin

Parents' race and Hispanic origin

Child gender

Transracial adoption: We categorized children as having been transracially adopted if their parents reported that their child was "of a different race or ethnicity or from a different culture" compared to themselves and their spouse or partner (if they had one).

Region of origin: Regions from which internationally adopted children came include Asia, Europe, South America, North America, and Africa. Other regions had too few adoptions to be reported separately.

Country of origin: Countries from which internationally adopted children most commonly originated include China, Russia, Guatemala, and South Korea. We grouped together the fifth through tenth most common countries of origin, including India, Kazakhstan, Colombia, Ukraine, Philippines, and Ethiopia. Other countries had fewer adoptions to the United States, so reliable estimates could not be calculated.

Other demographic and socio-economic characteristics

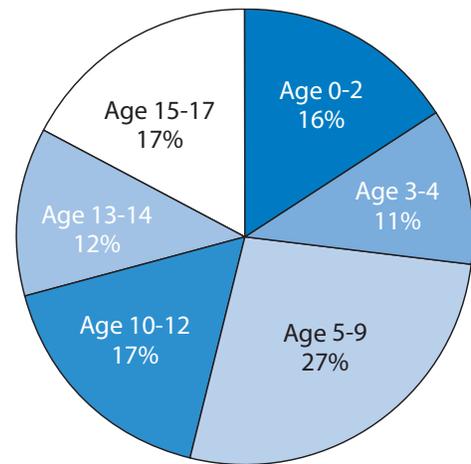
In this section we examine additional demographic and socio-economic characteristics. The indicators here include children's current ages, whether children's parents have a spouse or partner, parents' current ages, the age gap between parent (or spouse/partner of parent, whichever is smaller) and child, the education of the parent with the highest level of educational attainment, household income-to-poverty ratio, and parental employment. See Appendix Table 4 on page 60 for detailed data on each indicator.

Adopted children tend to be older than children in the general population. Among adopted children, 6 percent are under age 3 compared with 16 percent of children in the general population; see Figure 8. Among other reasons, this age difference is due to the fact that some children are adopted at older ages, rather than as infants. Additionally, the estimates presented here are representative of children with finalized adoptions, and adoptions typically take a minimum of six months to finalize. Larger percentages of internationally adopted children are under age 5 (24 percent) than are other adopted children (9 percent for children adopted from foster care; 13 percent for those adopted privately from the United States).¹

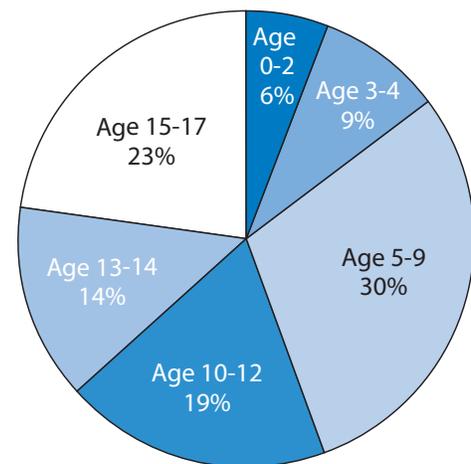
Adopted children are less likely than children in the general population to live in families with incomes below the poverty threshold, and they are more likely to have a parent who has completed education beyond high school. However, these characteristics vary substantially by adoption type. Specifically, internationally adopted children are more likely than children adopted from foster care or from other domestic sources to have a parent with education beyond high school (95 percent compared with 70 and 79 percent, respectively), and to have incomes exceeding four times the federal poverty threshold (58 percent compared with 25 and 33 percent, respectively).¹⁹ Internationally adopted children are also more likely than other

adopted children to live in households in which both or the single parent works full time (43 percent compared with 31 percent of children adopted from foster care or from other domestic sources); see Figure 9. Children adopted privately from the United States are the most likely to have retired parents (15 percent), followed by children adopted from foster care (6 percent).

Figure 8. Percentage distribution of all children and adopted children by child age



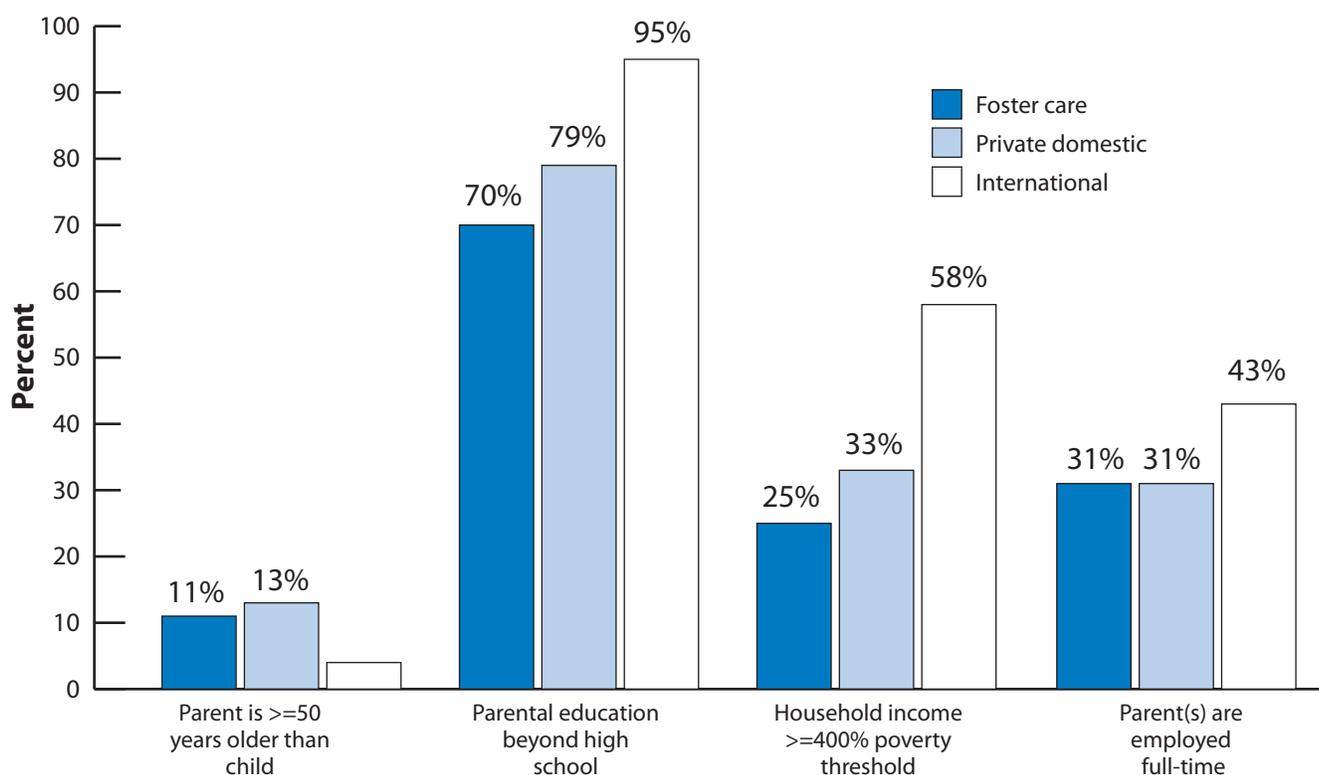
All children



Adopted children

¹ The difference between the percentages of internationally adopted children and privately adopted U.S. children that are under age 3 (6 compared with 10 percent, respectively) is marginally significant ($p < .10$).

Figure 9. Percentage of adopted children by socio-economic and demographic characteristics, by adoption type



Note: Values corresponding to unreliable percentage estimates have been suppressed in this figure.

MEASURES OF OTHER DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS

Child's current age: Parents reported children's ages, and had the option to do so in months as well as years (primarily for infants under one year old).

Parent's current age: Parents reported the year in which they were born. To generate an estimate of their age we subtracted the year of birth from 2007, the year during which most of the NSAP interviews took place.

Age gap between parent (or spouse/partner of parent) and child: We calculated the difference in ages between the adopted child and each parent (for children who had two parents) and identified whichever difference was smaller.

Education of parent with highest level of educational attainment: We compared the educational attainment of the child's parent and the parent's spouse/partner (if there was one) and reported whichever was higher. Categories include less than high school diploma, 12 years (or high school diploma or general equivalency degree), or more than 12 years.

Household income-to-poverty ratio: Parents reported their total combined family income during the prior calendar year for all members of the family, before taxes. The amount was then compared with the federal poverty threshold, as established by the U.S. Department of Health and Human Services (<http://aspe.hhs.gov/poverty>).

Parental employment: Parents answered the question, "Last week were you working full time, working part time, temporarily not working, unemployed, retired, going to school, keeping house, or something else?" They also answered this question regarding their spouse or partner, if they had one. The category "parents work full time" includes single parents who work full-time and households with two parents, both of whom work full-time. The category "retired parents" includes single parents who are retired and households with two parents, both of whom are retired.

Note: Appendix Table 4 also includes the age of the spouse/partner of parent for parents who are not single.

Family structure

This section describes the structural characteristics of families in which adopted children live. Specifically, we report whether or not adopted children have birth siblings and whether any of those children had also been adopted by the child's parents. In addition, parents' marital status and whether the parents were married at the time of the adoption, the total number of children under 18 in the household, and the presence of birth and adopted children are reported. See Appendix Table 5 on page 62 for detailed data on each indicator.

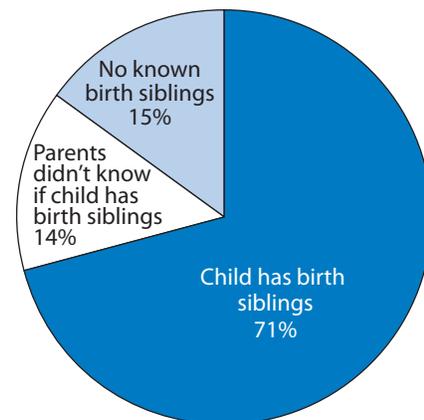
Seventy-one percent of adopted children have known birth siblings. Of these, 29 percent have birth siblings also adopted by the adoptive parent; see Figure 10. The percentage of all adopted children who have birth siblings also adopted by their parents varies across adoption types. The percentage is higher for children adopted from foster care (36 percent) than for those adopted privately from other domestic sources (15 percent) or internationally (7 percent); see Figure 11. Knowledge of children's birth siblings also varies by adoption type. Parents of internationally adopted children are less likely than parents of children adopted from the United States to have reported knowing of birth siblings. Thirty-one percent of internationally adopted children had parents who knew of birth siblings, compared with 89 and 80 percent for foster care and private domestic adoptions, respectively.ⁱ

Most adopted children live with two married parents. Like children in the general U.S. population, about seven out of ten adopted children live in families with two married parents, one or both of whom may be adoptive parents. Children adopted internationally are most likely to have two married parents (82 percent), while children adopted through private domestic sources are least likely (59 percent);²⁰ see Figure 12. Thirty-nine percent of adopted children live with one adoptive parent in the family.²¹

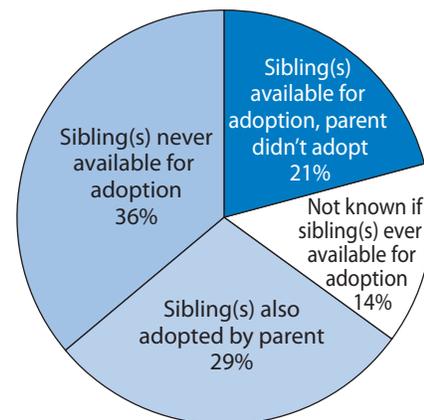
Many adopted children are the only child in the household. Thirty-eight percent of adopted children are the only child in the household under

18.ⁱⁱ This varies by adoption type, with privately adopted U.S. children most likely to be the only child in the household (48 percent, compared with 27 and 37 percent of foster care and international adoptions, respectively). Conversely, children adopted from foster care are the most likely to live in households with three or more children (40 percent, compared with 16 percent each of children adopted privately from the United States and internationally).

Figure 10. Percentage distribution of adopted children by existence of birth siblings; percentage distribution of adopted children with birth siblings by whether or not parent also adopted child's birth sibling(s)



All adopted children



Adopted children with known birth siblings

ⁱ These figures are likely underestimates of the percentages of children who actually have birth siblings, as many parents did not know whether their children have birth siblings.

ⁱⁱ Many of these children have siblings living elsewhere or with another parent or older siblings no longer living in the same household. The percentage of adopted children who are "only children"—that is, who have no other biological or adoptive siblings living anywhere—is smaller.

Children adopted from foster care tend to have more complex family structures than children adopted from other sources. Forty percent of children adopted from foster care live in families with adopted and birth children, while 21 percent of privately adopted U.S. children and 10 percent of internationally adopted children have this family structure; see Figure 13. Children adopted privately from the United States and children adopted internationally are more likely than children adopted from foster care to be the only child in the family (24 and 23 percent, respectively, compared to 11 percent).

Figure 12. Percentage of children with married parents, by adoptive status and by adoption type

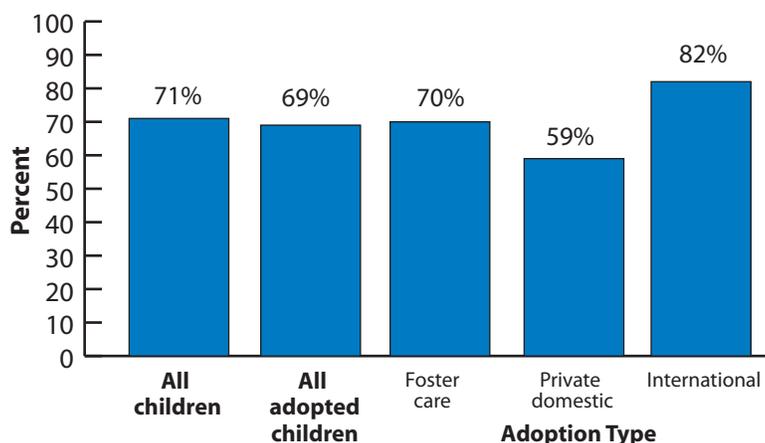


Figure 11. Percentage of adopted children with birth siblings also adopted by parent, by adoption type

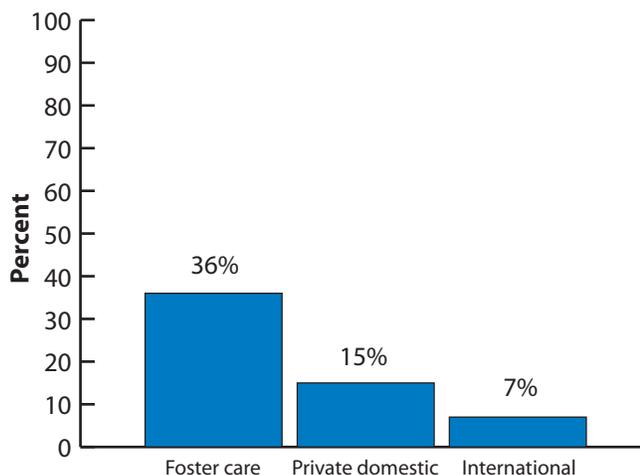
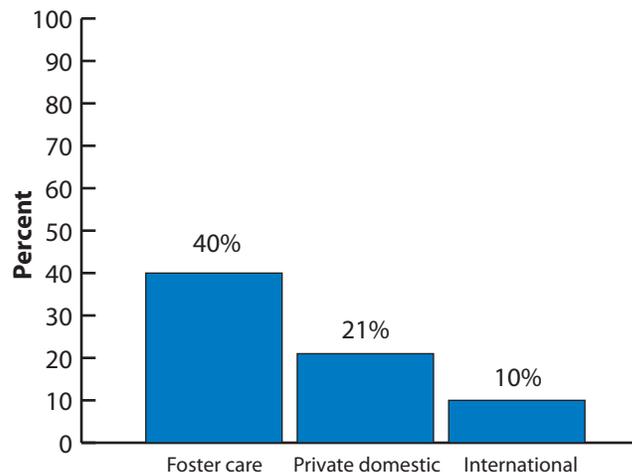


Figure 13. Percentage of adopted children whose parents have other adopted children and biological children



MEASURES PERTAINING TO FAMILY CHARACTERISTICS AND FAMILY STRUCTURE

Child's birth siblings: We reported on whether or not children have biological siblings, in combination with whether or not the children's parents have also adopted the child's siblings. Categories are based on parental responses to several questions about whether the adopted child has birth siblings including half siblings, whether those siblings were available for adoption, and whether the parent adopted the siblings. A substantial portion—15 percent—of children have parents who said "I don't know" in response to the question about the existence of birth siblings. Additionally, some children whose parents responded "no" to the question likely have birth siblings of whom their parents are not aware. Therefore, in contrast to other measures included in this Chartbook, we included the "I don't know" response as an explicit category for this measure.

Parents' marital status: We reported on the marital status of children's parents, regardless of whether both parents (if the child had two parents) had each adopted the child.

Family structure: We reported whether children are living with one or two adoptive parents, as well as the marital status of those parents.

Number of children under 18 in household: We reported the number of children currently living in the household, excluding any of the parents' children who might have been living elsewhere.

Presence of birth and adoptive children in family: We examined whether the child was the only child in the family, or whether the child had siblings also adopted by his or her parent and/or siblings who were biological children to his or her parent.

Neighborhood characteristics

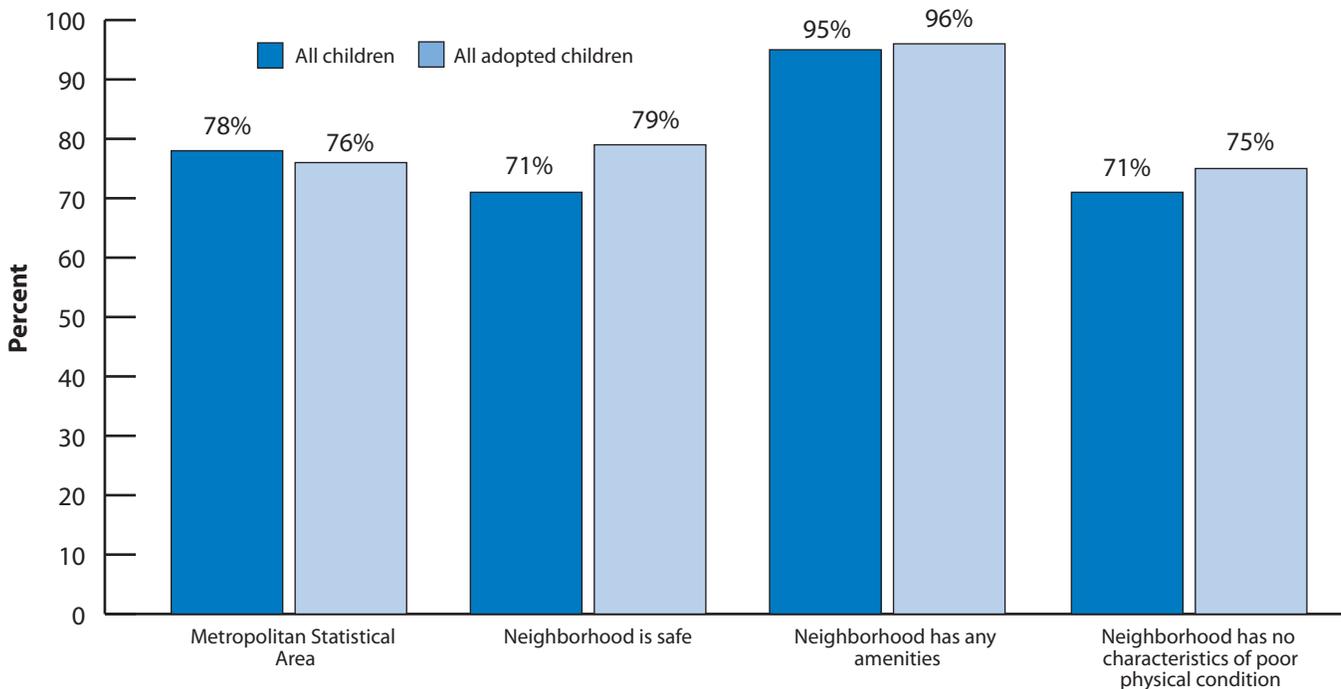
To provide information about the neighborhoods in which adopted children live, this section reports on whether or not adopted children live in or near urban areas, as well as on whether the children’s neighborhoods are safe, have characteristics indicating poor physical condition, and have amenities. See Appendix Table 6 on page 63 for detailed data on each indicator.

Overall, 76 percent of adopted children live in or near urban areas, 79 percent live in safe neighborhoods, and 75 percent live in neighborhoods with no characteristics of poor physical condition. Poor physical neighborhood conditions include litter or garbage, poorly kept or dilapidated housing, and vandalism. Very few (4 percent) live in neighborhoods with no amenities. Neighborhood amenities include sidewalks or walking paths; parks or playground areas; recreation centers, community centers, or boys’ or girls’ clubs; and libraries or bookmobiles. Adopted children are slightly more likely than children in the general population to live in safe neighborhoods and in neighborhoods that show no poor physical

conditions.ⁱ Adopted children and children in the general population are equally likely to live in or near urban areas; see Figure 14.

Internationally adopted children are slightly less likely than other adopted children to live in neighborhoods with no amenities, although living in such neighborhoods is very rare among all adopted children (4 percent). The likelihood of living in a safe neighborhood or a neighborhood with no characteristics of poor physical condition does not vary by adoption type, nor does the percentage living in or near urban areas.

Figure 14. Percentage of children living in neighborhoods with various characteristics, by adoptive status



ⁱ The difference between the percentages of adopted children living in neighborhoods in good condition (75 compared with 71 percent, respectively) is marginally significant ($p < .10$).

MEASURES PERTAINING TO NEIGHBORHOOD CHARACTERISTICS

Urban areas: To determine whether children live in or near an urban area, we identified whether the child's county was part of a Metropolitan Statistical Area (MSA). MSAs include counties containing an urban area with a population of at least 50,000, as well as adjacent counties that are socially and economically integrated with the urban core.²² MSA status in the NSCH was suppressed for children living in states with either fewer than 500,000 persons living in MSAs or fewer than 500,000 persons not living in MSAs. Among these children, we assumed that children living in primarily urban states were living in MSAs and that children living in other states were not living in MSAs.

Safe neighborhoods: To assess whether children live in safe neighborhoods, the survey asked parents five questions about their perceptions of their neighborhood. Specifically, parents reported their level of agreement with four statements: 1) "People in this neighborhood help each other out." 2) "We watch out for each other's children in this neighborhood." 3) "There are people I can count on in this neighborhood." 4) "If my child were outside playing and got hurt or scared, there are adults nearby who I trust to help my child." Additionally, they reported how frequently they feel their child is "safe in [their] community or neighborhood." Negative responses to any of the questions (i.e., response of "somewhat" or "definitely disagree" to any of the first four questions, or responses of "never" or "sometimes" to the fifth question) were categorized as not living in safe neighborhoods.

Neighborhoods in poor physical condition: Children were categorized as living in neighborhoods with poor physical conditions if their parents reported that their neighborhood had "litter or garbage on the street or sidewalk," was "poorly kept or had rundown housing," or had "vandalism such as broken windows or graffiti."

Neighborhoods with no amenities: To identify whether children's neighborhoods had any amenities, parents were asked if "the following places and things are available to children in your neighborhood, even if [their child] does not actually use them:" 1) "sidewalks or walking paths," 2) "a park or playground area," 3) "A recreation center, community center, or boys' or girls' club," or 4) "a library or bookmobile."

Physical health

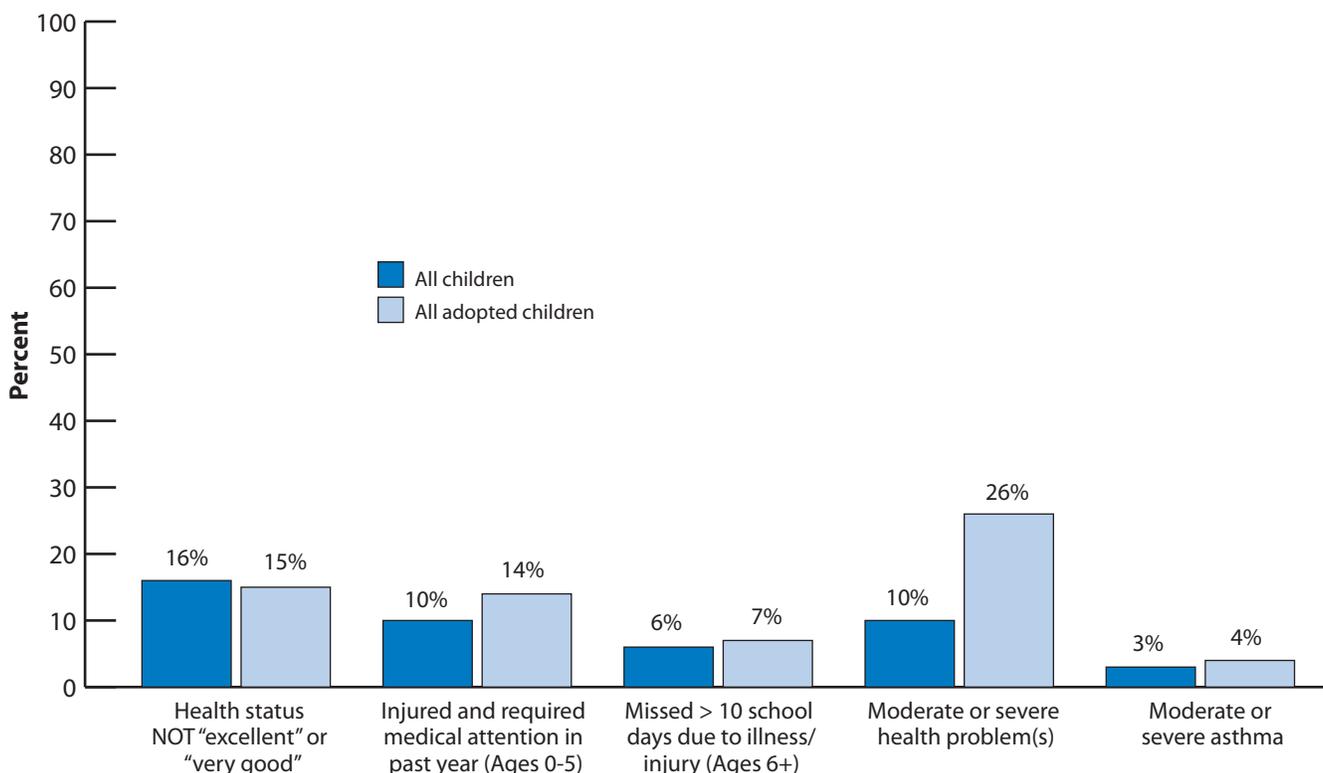
This section reports on six health indicators for adopted children, including their health status, having special health care needs, missing school due to illness or injury, having moderate or severe health difficulties, having asthma, or having been injured. It also presents four measures pertaining to health insurance and health care, factors that are not direct indicators of children’s health, but that are important for supporting their health. These include health insurance coverage, consistency of coverage, adequacy of insurance, and receipt of care in a medical home. For definitions of these measures, see the text boxes labeled “health measures” and “health insurance and health care measures.” Because the measures in this section are based on parents’ responses in the National Survey of Children’s Health, comparable data for children in the general population are also included. See Appendix Table 7 on page 64 for detailed data on each indicator.

HEALTH AND WELL-BEING

The majority of adopted children fare well on six measures of health. Specifically, 85 percent of adopted children have parents who rated their health as “excellent” or “very good.” Yet 39 percent of adopted children have special health care needs—a broadly defined measure. Children with special health care needs include those who currently experience at least one out of five consequences attributable to a medical, behavioral, or other health condition that has lasted or is expected to last for at least 12 months. Problems that were much less commonly reported than special health care needs included more than 10 school absences due to illness or injury, having moderate or severe asthma, and having been injured during the prior year.

However, some adopted children do experience health problems. Twenty-six percent of adopted children have a moderate or severe health problem; see Figure 15. Such problems include any

Figure 15. Percentage of children according to their health status, by adoptive status



¹Specifically, analyses of the NSCH indicate that, of children in the general population who have moderate or severe problems, 61 percent are rated as having “excellent” or “very good” health.

one of 16 possible conditions, such as asthma, a learning disability, or attention deficit disorder/attention deficit hyperactivity disorder. Many parents who reported such problems also rated their child's health status as "very good" or "excellent." (This occurs frequently in the general population as well.) While this may appear contradictory, many children identified as having "moderate" or "severe" health problems may have conditions that are largely controlled with medication or other treatment. Children with controlled conditions or who do not have severe symptoms may be considered by their parents as having excellent or very good health.

Some, but not all, of the six health indicators also differ by adoption type. Children adopted internationally are more likely (93 percent) to have parents who rated their health as "excellent" or "very good" than those adopted from foster care or privately from within the United States (81 and 84 percent, respectively). In addition, children adopted from foster care are more likely than children adopted privately from the United States or internationally to have a moderate or severe health problem (39 percent, compared with 21 and 14 percent, respectively). Special health care needs are also more common among children adopted from foster care (54 percent) than among other adopted children (32 percent of children

adopted from other domestic sources and 29 percent of children adopted internationally). And, although children adopted from foster care are somewhat more likely than other adopted children ever to have been diagnosed with asthma (24 percent, compared with 17 percent of U.S. children adopted privately and 14 percent of children adopted internationally), the percentage of adopted children with current asthma symptoms that are moderate or severe was small across all three types (6 percent or less); see Figure 16.

HEALTH INSURANCE AND HEALTH CARE

The vast majority of adopted children not only have insurance (95 percent), but have been consistently covered over the prior 12 months (91 percent) and have adequate insurance (78 percent). Additionally, 60 percent of adopted children receive coordinated, ongoing, comprehensive care within a medical home;ⁱ see Figure 17.

Adopted children fare better than or as well children in the general population on health insurance and health care measures. 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). Similar percentages of adopted children and children in

Figure 16. Percentage of adopted children according to their health status, by adoption type

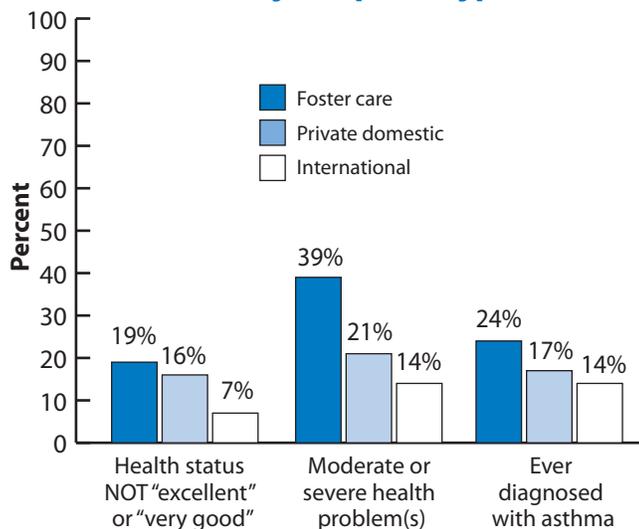
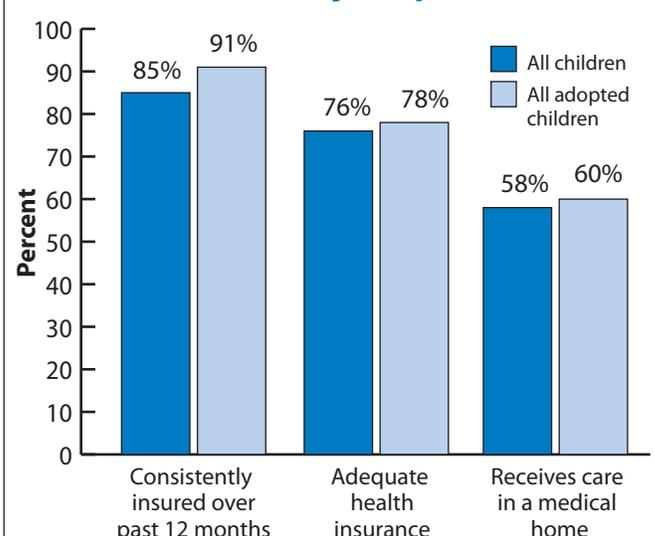


Figure 17. Percentage of children according to measures of health context and insurance, by adoptive status



the general population have adequate health insurance and have a medical home;ⁱⁱ see Figure 17.

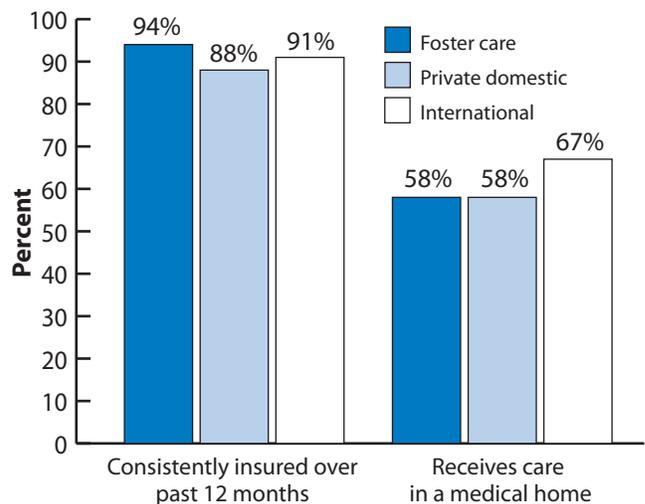
Adequacy and consistency of health insurance coverage is similar across adoption types.

Children adopted from foster care are as likely as the other two groups of adopted children to have any health insurance coverage and to have adequate coverage. In addition, children adopted from foster care are slightly more likely than privately adopted U.S. children to have been consistently insured for the prior 12 months (94 compared with 88 percent).ⁱⁱⁱ However, children adopted from foster care are less likely than children adopted internationally to receive coordinated, ongoing, comprehensive care within a medical home (58 compared with 67 percent);^{iv} see Figure 18.

The type of health insurance coverage varies by adoption type. Over half of children adopted from foster care (59 percent) and one-third of children adopted privately from the United States are covered by public health insurance. In contrast, internationally adopted

children are far more likely than children adopted from foster care and privately adopted U.S. children to be covered by private insurance (92 percent, compared with 37 and 61 percent, respectively).

Figure 18. Percentage of adopted children according to measures of health context and insurance, by adoption type



HEALTH MEASURES

Health status: To assess health status, we examined parents’ answers to the question, “In general, how would you describe [your child’s] health? Would you say [his/her] health is excellent, very good, good, fair, or poor?”

Special health care needs: Children with special health care needs are those who currently experience at least one of five consequences attributable to a medical, behavioral, or other health condition that has lasted or is expected to last for at least 12 months. The consequences include: 1) ongoing limitations in ability to perform activities that other children of the same age can perform, 2) ongoing need for prescription medications, 3) ongoing need for specialized therapies, 4) ongoing need for more medical, mental health, or educational services than are usual for most children of the same age, and 5) the presence of ongoing behavioral, emotional, or developmental conditions requiring treatment or counseling.

Moderate or severe health difficulties: Parents reported whether a doctor had ever told them that their child had any one of 16 health conditions.²³ Children whose parents reported at least one condition for their child that was currently moderate or severe were categorized as having a moderate or severe health problem.

Impacted by asthma: Parents first reported whether a “doctor or health care provider has ever told” them that their child had asthma. Parents who responded positively also reported whether the child currently still had asthma, and, if so, whether the symptoms were “mild, moderate, or severe.” We grouped children into three categories: those who had never been diagnosed with asthma, those with currently moderate or severe asthma symptoms, and those with mild or non-current asthma.

Missed more than 10 school days due to illness or injury: This indicator was based on parental reports regarding children ages 6 and older who were enrolled in school.

Injured during the prior 12 months: This measure was assessed for children ages 0 to 5 depending on parents’ reports that their child had “been injured and required medical attention.”

ⁱⁱ See the box labeled “Health insurance and health care measures” for the full definition of a medical home.

ⁱⁱⁱ The difference between 94 and 88 percent is marginally significant ($p < .10$).

^{iv} The difference between 58 and 67 percent is marginally significant ($p < .10$).

HEALTH INSURANCE AND HEALTH CARE MEASURES

Health insurance coverage: The NSCH first asked parents, “Does [your child] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid?” If a respondent answered “yes,” the NSCH asked whether the child was covered by “Medicaid or the State Children’s Health Insurance Program, S-CHIP?” We categorized children whose parents reported that their child was covered by Medicaid or S-CHIP as being covered by public insurance. We categorized all other children whose parents reported that they had health insurance as being covered by private insurance. However, some share of children may be covered both by public and private insurance.

Consistency of coverage: We assessed whether children were consistently insured over the 12 months prior to the survey, never insured over the year, currently insured but lacked coverage at some time during the year, or currently uninsured but had coverage at some time during the year.

Adequate health insurance: This measure depends on parents’ responses to three questions: 1) “Does [your child’s] health insurance offer benefits or cover services that meet (his/her) needs?” 2) “Does [your child’s] health insurance allow him/her to see the health care providers he/she needs?” And 3) “How often are [out-of-pocket] costs reasonable?” Children were categorized as having adequate insurance if their parents responded “usually” or “always” to each of the questions (or had no out-of-pocket costs and said usually or always to the other questions).

Care is received in a medical home: This measure is based on five components, each of which must have been present in order to categorize children as receiving care in a medical home. The five components are: The child 1) has a usual source for sick care, 2) has a personal doctor or nurse, 3) has no problems obtaining referrals when needed, 4) receives effective care coordination (i.e., the family is very satisfied with doctors’ communication with each other and with doctors’ communication with other programs, and the family usually or always gets sufficient help coordinating care if needed), and 5) receives family-centered care, including at least one visit in the past year. Family-centered care is care in which doctors usually or always spend enough time with the patient, listen carefully to complaints or concerns, are sensitive to families’ values and customs, provide needed information, and make the family feel like a partner, and in which families have interpretation services available when needed.

Social and emotional well-being

To assess the social and emotional well-being of adopted children, this section reports on whether children have ever been diagnosed with any of four psychological disorders, including attachment disorder, depression, attention deficit disorder/attention deficit hyperactivity disorder (ADD/ADHD), or behavior/conduct disorder. Additionally, we report on the percentages of children who exhibit positive and negative social behaviors. See Appendix Table 8 on page 66 for detailed data on each indicator.

Most adopted children fare well, according to six measures of socio-emotional well-being, but a small minority experience serious problems. Parents' responses indicate that the majority of adopted children have never been diagnosed with each of the four psychological disorders included in the survey. Twelve percent of adopted children have ever been diagnosed with attachment disorder. The survey did not ask about the severity of the disorder. Most adopted children diagnosed with attachment disorder have parents who report a "very warm and close" relationship with their child, although such reports are rarer than among adopted children without attachment disorder (64 compared with 84 percent). Overall, 4 percent of adopted children both have been diagnosed with attachment disorder and have a parent who reported the relationship as not being very warm and close.

The incidence of the other three disorders examined here is lower than for attachment disorder. Fourteen percent of adopted children ages 6 and older have been diagnosed with ADD/ADHD and have parents who rated the condition as moderate or severe. Eight percent of adopted children ages 2 and older have moderate or severe behavior or conduct problems, according to their parents. Parents of 2 percent of adopted children report their child has been diagnosed with depression and currently has symptoms that are moderate or severe. Also based on parent responses, 14 percent of adopted children have problems with

social behaviors. However, parents also reported that 88 percent exhibit positive social behaviors.

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.²⁴ For example, 9 percent of adopted children ages 2 and older have ever been diagnosed with depression, compared with 4 percent of children in the general population. Additionally, 26 percent of adopted children ages 6 and older have ever been diagnosed with ADD/ADHD, compared with 10 percent of children in the general population. A similar pattern of differences emerges for behavior/conduct disorder: 15 percent of adopted children have ever been so diagnosed compared with 4 percent of children in the general population. Adopted children are also somewhat more likely than the general population of children to exhibit problems with social behaviors, and are somewhat less likely to exhibit positive social behaviors; see Figure 19.

Differences in social and emotional well-being by adoption type are apparent for five out of six measures, with children adopted from foster care more likely to have problems. Children adopted from foster care are more likely than those adopted privately from the United States or internationally to have been diagnosed with ADD/ADHD (38 percent compared with 19 and 17 percent, respectively), behavior/conduct problems (25 percent compared with 11 and 7 percent), and attachment disorder (21 percent compared with 6 and 8 percent). Furthermore, children adopted from foster care are more likely to have problems with social behaviors than privately adopted U.S. children (18 percent compared with 10 percent), and they are somewhat less likely to exhibit positive social behaviors (83 percent compared with 91 percent);ⁱ see Figure 20. However, depression is rare among all adopted children regardless of the type of adoption.

ⁱ Differences between children adopted from foster care and from other domestic sources in the percentages exhibiting negative and positive social behaviors are marginally significant ($p < .10$).

Figure 19. Percentage of children according to measures of social and emotional well-being, by adoptive status

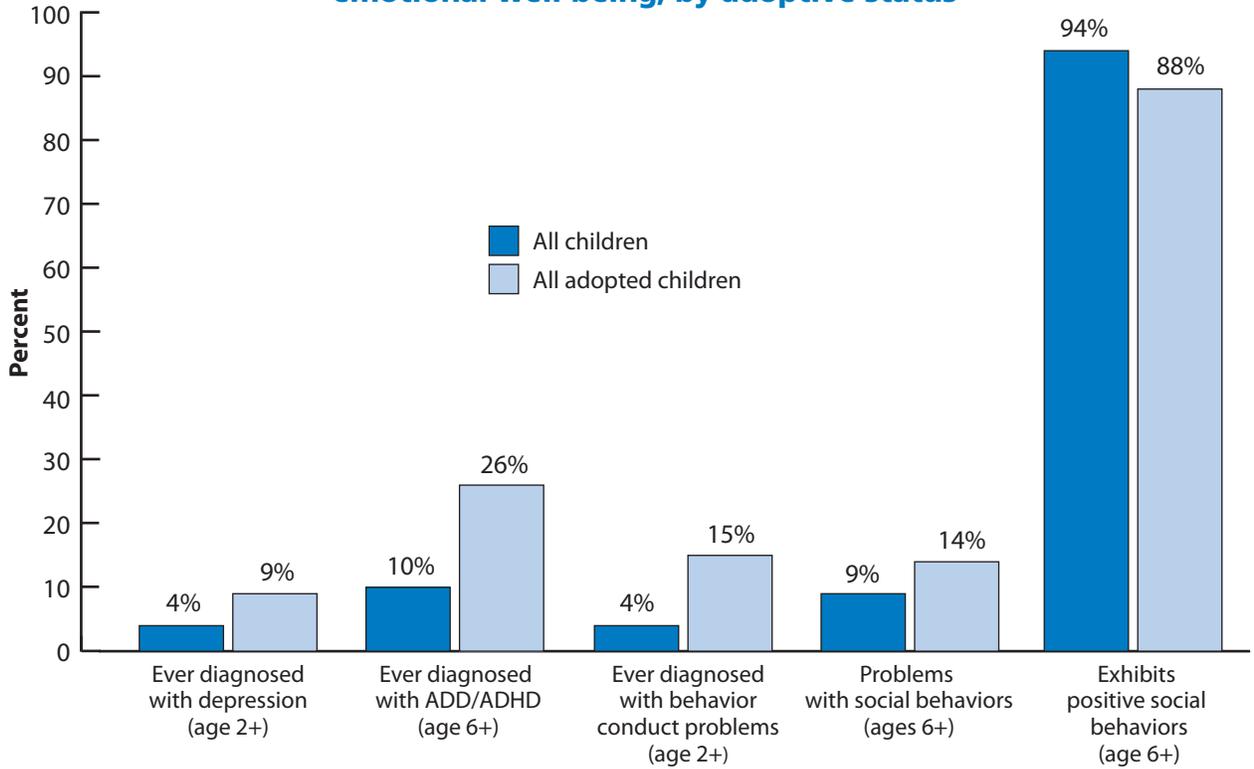
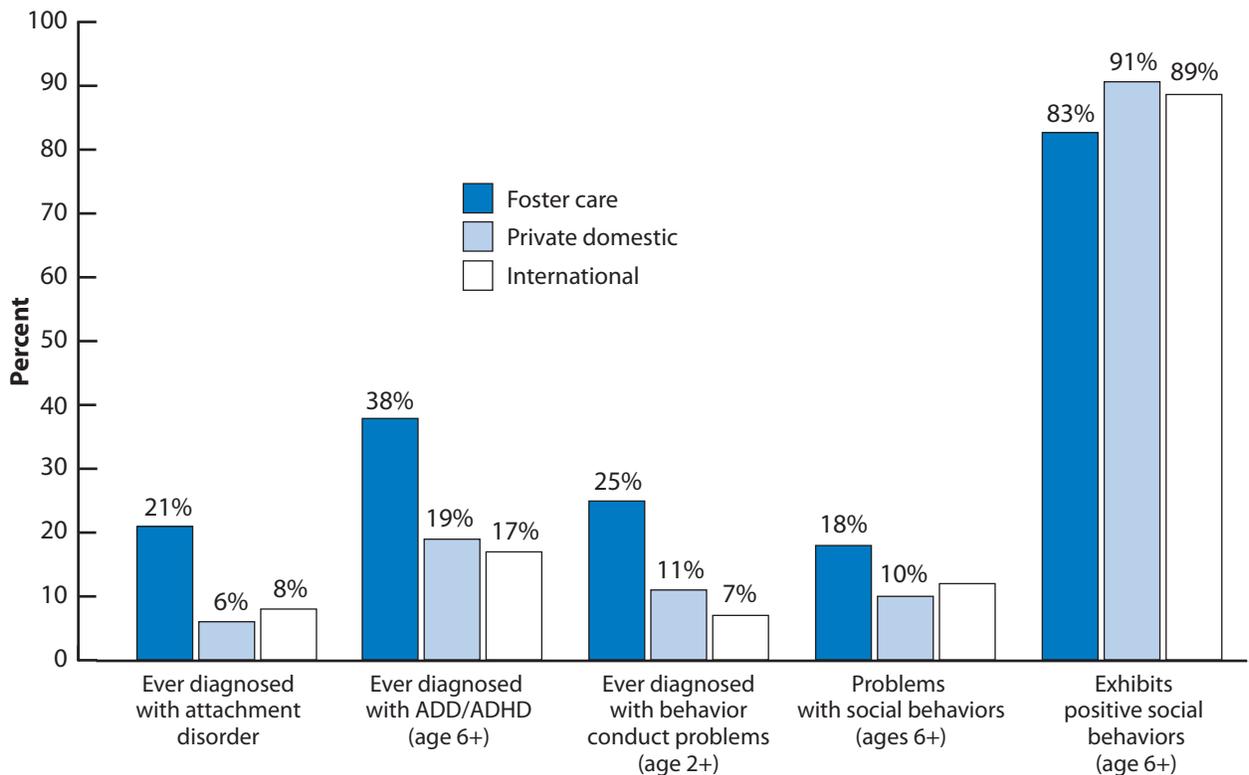


Figure 20. Percentage of adopted children according to measures of social and emotional well being, by adoption type



Note: Values corresponding to unreliable percentage estimates have been suppressed in this figure.

SOCIAL AND EMOTIONAL WELL-BEING MEASURES

For each of the first four disorders listed below, parents reported whether “a doctor or other health care provider ever told them that the child had the condition, even if he/she does not have the condition now.” It is important to note that, while these represent clinical psychological problems, data are based on parents’ recollections of doctors’ diagnoses, rather than actual diagnoses or direct observation of children. With the exception of attachment disorder, parents also reported whether children still had each condition at the time of the survey, and, if so, whether it was mild, moderate, or severe.

Attachment disorder (or reactive attachment disorder, RAD): This is a disorder of infancy/early childhood that can severely harm children’s abilities to develop appropriate social relationships. Children may be excessively inhibited; alternatively, they may be indiscriminately sociable. By definition, it begins before age 5; it is associated with severe neglect of children’s basic emotional needs. If parents had not heard of attachment disorder, we assumed children had not been diagnosed with it. This question was asked in the NSAP, so comparable data are not available for the general child population.

Depression: Depressive disorders can include relatively brief episodes (e.g., 2 weeks) of chronically depressed or irritable mood, changes in appetite or weight, changes in sleep patterns, and difficulty concentrating. It can be associated with separation anxiety, problems with social interactions, academic problems, substance use, and in serious cases, suicide. If parents were unfamiliar with depression, interviewers told them that “Depression is an illness that involves the body, mood, and thoughts. It is marked by persistent sadness or an anxious or empty mood. It affects how a person feels, and the way a person eats, sleeps, and functions.”

Attention deficit disorder or attention deficit hyperactivity disorder (ADD/ADHD): ADD/ADHD involves inattention and/or hyperactivity or impulsivity that occurs more severely and frequently than in other children of similar ages and that impairs children’s social or academic functioning. It is difficult to establish a diagnosis prior to age 4 or 5, although it develops prior to age 7. When asked, interviewers explained that “a child with attention deficit disorder or attention deficit hyperactivity disorder has problems paying attention or sitting still. It may cause the child to be easily distracted.”

Behavior or conduct disorder: Children with conduct disorders repeatedly and persistently violate the basic rights of others or social rules or norms. Children may threaten to or actually harm others, or engage in vandalism or theft. Parents reported whether their child had ever been diagnosed with behavior or conduct disorder, such as oppositional defiant disorder. Interviewers could explain to parents that “oppositional defiant disorder is an ongoing pattern of defiant and hostile behavior that interferes with a child’s life and daily activities.”

Positive social behaviors: Children are classified as exhibiting positive social behaviors if their parent reported that their child “usually” or “always” engaged in all four of the following behaviors: “[shows] respect for teachers and neighbors,” “[gets] along well with other children,” “[tries] to understand other people’s feelings,” and “[tries] to resolve conflicts with classmates, family, or friends.”

Negative social behaviors: Children are described as exhibiting negative social behaviors if their parent reported that their child “usually” or “always” engaged in two out of the four behaviors: “[argues] too much,” “[bullies or is] cruel or mean to others,” “[is] disobedient,” and “[is] stubborn, sullen, or irritable.”

Note: Detailed information on the symptoms of attachment disorder, depression, attention deficit disorder or attention deficit hyperactivity disorder (ADD/ADHD), or behavior or conduct disorder are available in: American Psychiatric Association. 2000. *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*. Washington, DC: American Psychiatric Association.

Cognitive development and educational achievement

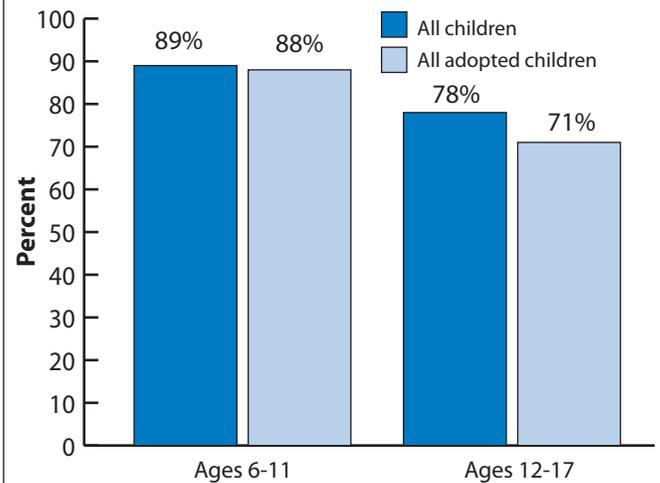
To assess the cognitive development and educational achievement of children who were adopted, the Chartbook summarizes parents' reports on four measures for school-age children: reading/language arts performance, math performance, engagement in school, and whether children spend time reading for pleasure. See Appendix Table 9 on page 68 for detailed data on each indicator.

More than half of school-age adopted children have excellent or very good performance in reading and language arts; the same is true for math. Nearly seven out of ten are engaged in school. Furthermore, about eight out of ten adopted children typically spend time reading for pleasure on a daily basis. Among elementary-school-age adopted children ages 6 to 11, about nine out of ten (88 percent) spent time reading for pleasure.

For elementary-school-age children, reading for pleasure is equally likely among adopted children and those in the general population. However, older adopted children ages 12 to 17 are somewhat less likely to have had their parents report that the child spent any time reading for pleasure on an average school day, compared with those in the general population (71 compared with 78 percent, respectively); see Figure 21. Additionally, adopted children are less likely than children in the general population to be engaged in school (69 and 81 percent, respectively); see Figure 22. Parents of children in the general population were not asked about their children's reading and language arts or math performance.

Children adopted from foster care are somewhat less likely than other adopted children to have excellent or very good performance in reading and language arts and in math, and they are less likely to be engaged in school. Fifty percent of school-age children who had been adopted from foster care had parents who rated their reading and language arts performance as "excellent" or "very good." Similarly, 41 percent had parents

Figure 21. Percentage of children ages 6-17 who spend any time reading on an average school day, by adoptive status and by child age



who rated their math performance as "excellent" or "very good"; see Figure 23. This pattern generally holds true regardless of children's ages. Among 6- to 17-year-olds adopted from foster care, 61 percent are engaged in school, compared with 74 percent of those adopted privately from the United States and 73 percent of those adopted internationally. However, reading for pleasure is equally likely for all three types of adoptions among school-age children, both for those of elementary school age (6 to 11 years) and for older children (ages 12 to 17).

Figure 22. Percentage of children ages 6-17 who are usually or always engaged in school, by adoptive status and by adoption type

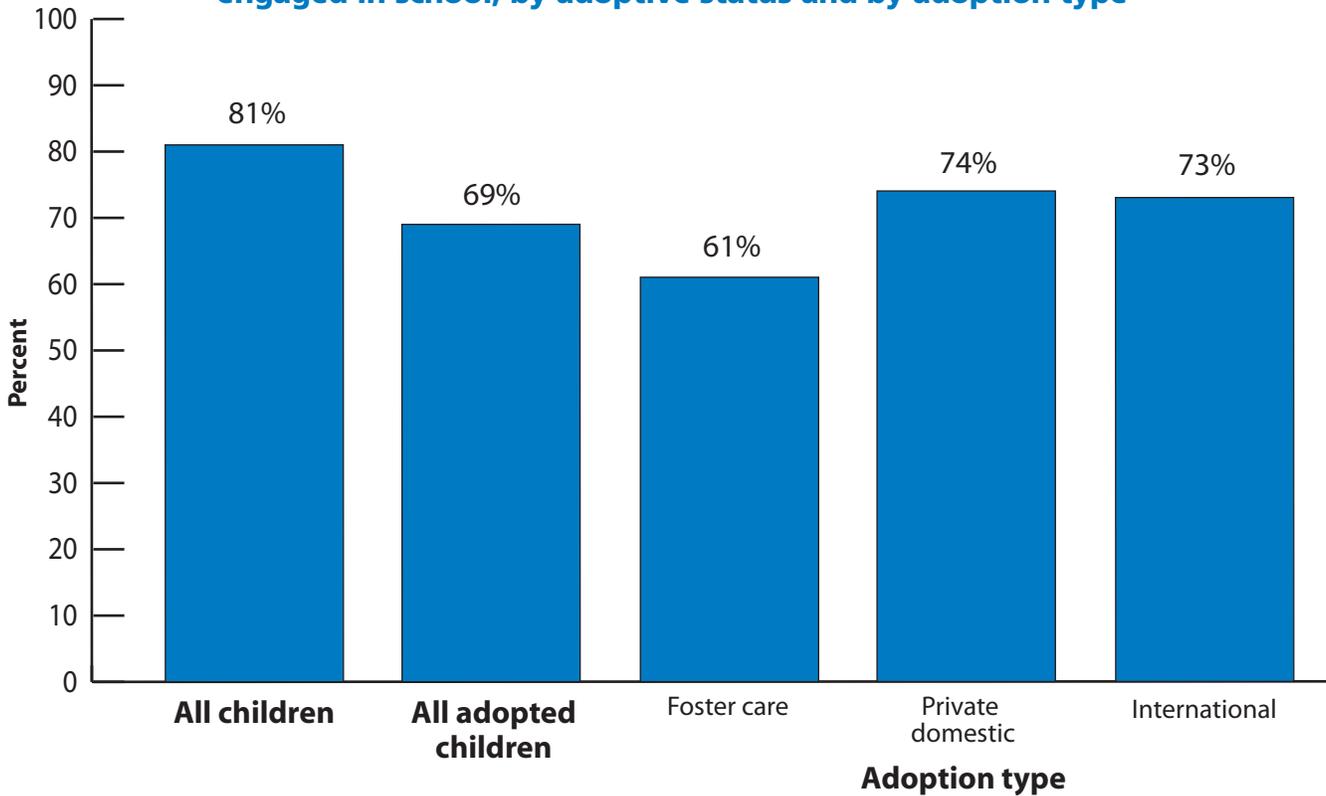
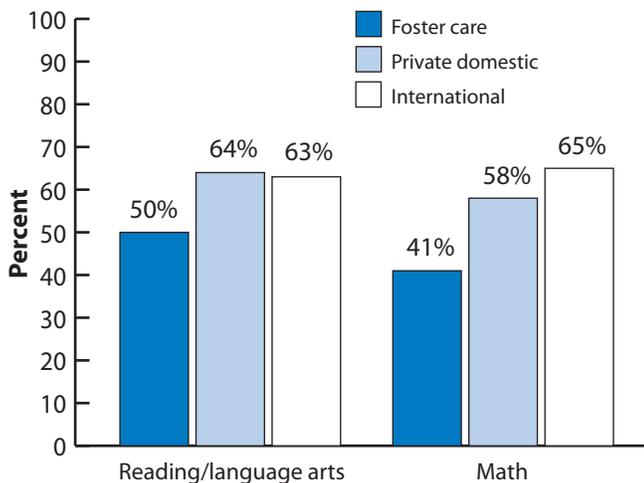


Figure 23. Percentage of adopted children ages 5-17 whose parents rated their school performance as "excellent" or "very good," by adoption type



COGNITIVE DEVELOPMENT AND EDUCATIONAL ACHIEVEMENT MEASURES

Reading and language arts performance:

For this measure, we compared the percentage of children ages 5 to 17 whose parents rated their "school performance in reading and language arts" as "excellent" or "very good," rather than "good," "fair," or "poor."

Math performance: For this measure, parents of children ages 5 to 17 rated their child's "school performance in math." Response options and groupings were the same as with reading and language arts performance.

Usually/always engaged in school: School engagement was assessed based on parents' responses about how frequently during the prior month children ages 6 to 17 "care[d] about doing well in school" and "[did] all required homework." Children whose parents answered "usually" or "always" to both questions were classified as being engaged in school.

Reading for pleasure: For this indicator, we identified whether parents who responded to the question, "On an average weekday, about how much time does [he/she] usually spend reading for pleasure?" reported that their child, age 6 to 17, spent any time reading.

Family and community activities

This section examines a set of activities that are often inherently of value to children and families and that are also predictive of child well-being. For example, reading to young children,²⁵ as well as telling stories and singing to young children,²⁶ supports children's early literacy development. Regularly sharing meals supports parent-child connectedness and family connectedness and may positively influence adolescents' nutrition habits and behavioral outcomes.²⁷ Finally, although children's participation in extracurricular activities takes place outside the family, parents typically facilitate children's participation. Extracurricular activities can positively influence children's academic performance and social skills, and they provide opportunities to develop supportive relationships with caring adults.²⁸ See Appendix Table 10 on page 69 for detailed data on each indicator.

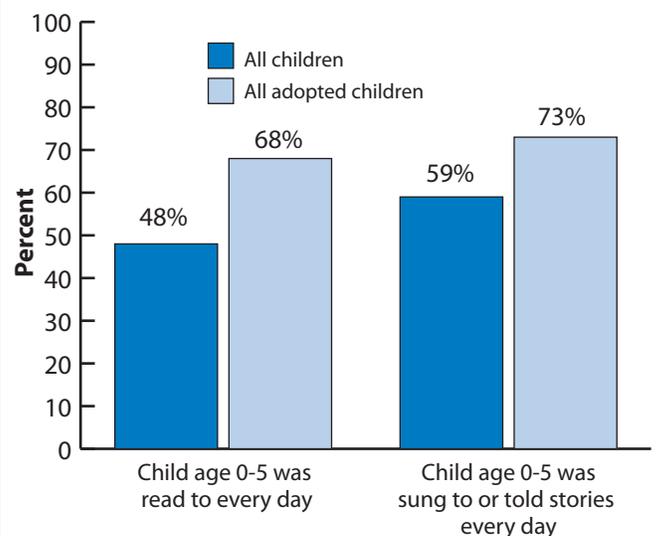
Overall, most adopted children have families that engage in positive and supportive activities. For example, almost seven out of ten adopted children under age 6 are read to every day, and more than seven out of ten adopted children under age 6 are sung to or told stories every day; see Figure 24. Over half of all adopted children eat meals together with their families six or seven days per week. More than eight out of ten adopted children ages 6 through 17 participate in extracurricular activities; see Figure 25.

Adopted children are more likely than children in the general population to experience each of the four family activities examined here. Specifically, 68 percent of young adopted children were read to every day during the prior week, compared with 48 percent in the general population. Similarly, 73 percent of young adopted children were sung to or told stories every day during the prior week; this was true of 59 percent of all young children; see Figure 24. Adopted children are also slightly more likely than children in the general population to eat meals with their families six or

seven days a week (56 compared with 52 percent).ⁱ Eighty-five percent of adopted children ages 6 and older participated in an organized activity, compared with 81 percent of all children ages 6 and older.ⁱⁱ

Results on two of the measures of family activities differ by adoption type, with internationally adopted children most likely to experience positive circumstances. Nearly two-thirds of children adopted internationally (64 percent) eat meals with their families six or seven days a week, compared with just over half of children adopted from foster care and in private domestic adoptions (54 and 52 percent, respectively). Additionally, children adopted internationally are more likely to have participated in an organized activity than children adopted from foster care or privately in the United States (93, compared with 81 and 85 percent, respectively). However, there are no differences across adoption types for reading to young children or in telling stories and singing to young children.

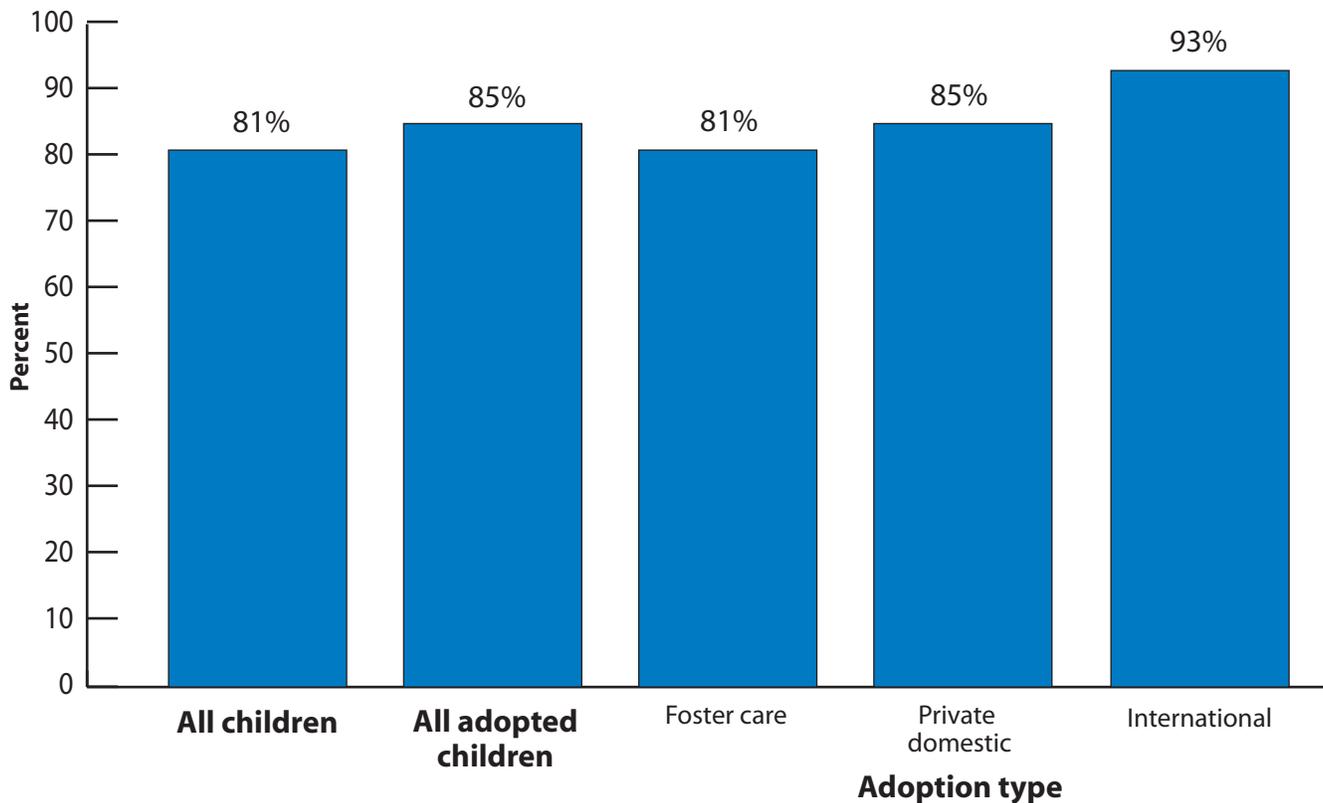
Figure 24. Percentage of children whose parents read to them and sing or tell stories to them, by adoptive status



ⁱ This difference is marginally significant ($p < .10$).

ⁱⁱ The difference in organized activity participation between adopted and all children was concentrated among 6- to 11-year-olds (89 percent compared with 79 percent).

Figure 25. Percentage of children ages 6-17 who participate in one or more organized activities outside of school, by adoptive status and by adoption type



MEASURES OF FAMILY AND COMMUNITY ACTIVITIES AND CONTEXT

Child is read to every day: This measure was assessed for children ages 0 to 5 based on parents' answers to the question, "During the past week, how many days did you or other family members read to [your child]?"

Child is sung to or told stories every day: This measure was assessed for children ages 0 to 5 based on the number of days during the past week that parents reported that "[they] or other family members [told] stories or [sang] songs to" the child.

Family eats meals together 6-7 days per week: Parents responded to the question, "During the past week, on how many days did all the family members who live in the household eat a meal together?"

Extracurricular activity participation: Parents of children ages 6 through 17 answered three questions regarding whether or not their child had been "on a sports team or ... [took] sports lessons after school or on weekends," "participate[d] in any clubs or organizations after school or on weekends," or "participate[d] in any other organized events or activities" during the 12 months prior to the survey. Children whose parents answered "yes" to any of the questions were categorized as having participated in extracurricular activities.

Note: Appendix Table 10 includes two additional measures: 1) involvement in community service or volunteer work, and 2) child attendance at religious services.

Parenting and parent well-being

This section examines five indicators related to parenting: 1) whether the parent-child relationship was rated as very warm and close; 2) the parent-child relationship compared to parental expectations; 3) the experience of having the child in his/her life as compared to parental expectations; 4) ability to cope with the demands of parenting; and 5) parental aggravation. Additionally, this section reports on the quality of the relationship between children's parents. The parents' relationship with each other can influence child well-being. For example, relationship factors such as positive affect and enjoyment have been linked with fewer child behavior problems.²⁹ For definitions of each measure, see the text box labeled "Measures of parenting and parent well-being." See Appendix Table 11 on page 70 for detailed data on each indicator.

The majority of adopted children fare well according to parenting measures, with a substantial portion having parents who rated the parent-child relationship and having the child in their lives as "better than they ever expected." Overall, 81 percent of adopted children have parents who described their relationship with their child as very warm/close, and 42 percent have parents who reported that the relationship is "better than ever expected." Fifty-one percent of adopted children have parents who reported that having the child in their lives is better than they ever expected. Just over half (53 percent) also have parents who feel that they cope "very well" with the demands of parenting. Eleven percent have parents who experience parental aggravation; see Figure 26.

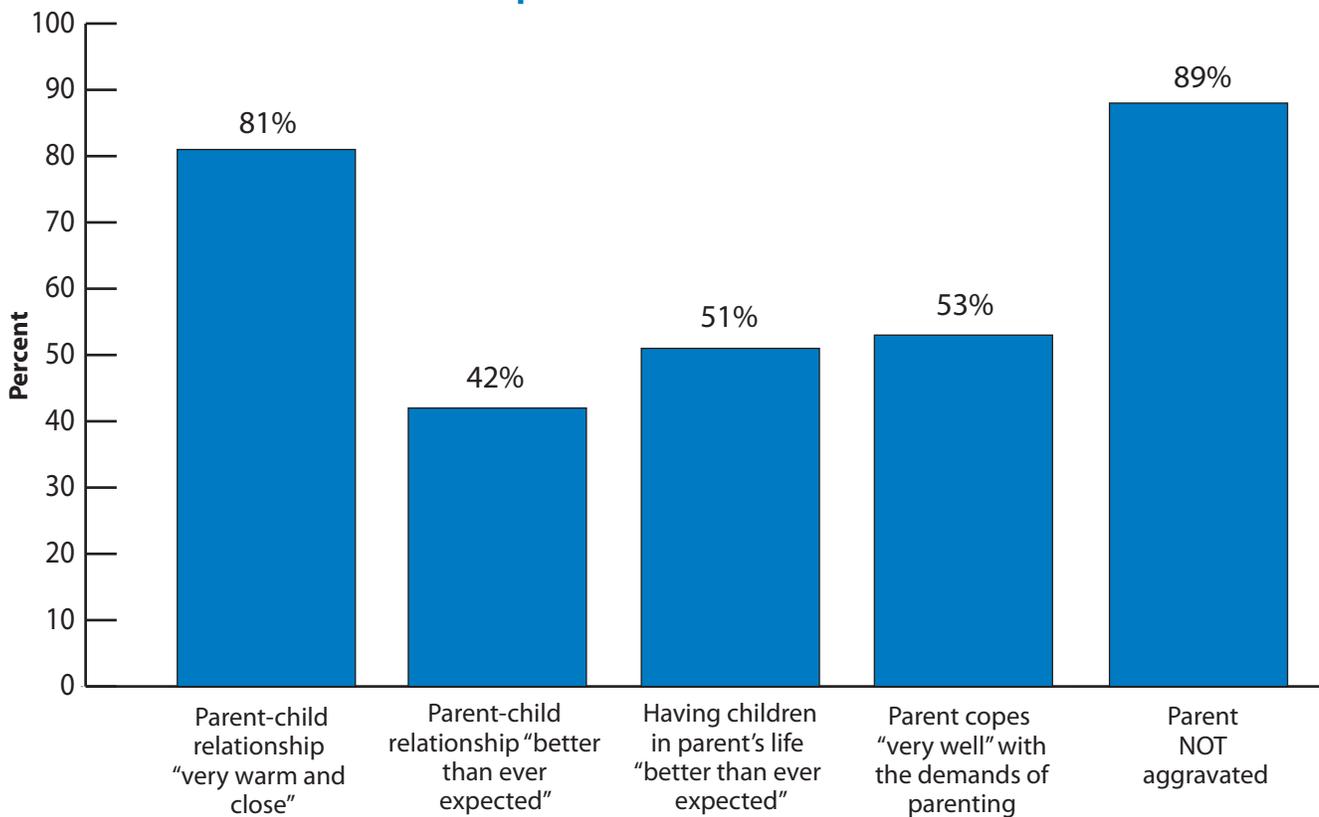
Furthermore, for the vast majority of adopted children living with two parents, their parents' relationship quality is high. Parental reports regarding the happiness of their relationships with their spouses or partners indicate that, among adopted children living with two parents, nearly nine out of ten have parents who reported that their relationship was "very happy" or "completely happy;" see Figure 27.

Adopted children are somewhat less likely than children in the general population to fare well on the parenting measures, but they are more likely to have parents who have satisfying relationships. Adopted children are somewhat less likely than those in the general population to have parents who reported that they cope "very well" with the demands of parenting (53 compared with 60 percent).ⁱ And, while parental aggravation is rare among all children, regardless of adoptive status, adopted children are more likely than children in the general U.S. population to have an aggravated parent (11 compared with 6 percent). However, adopted children live with parents who are at least as happy with each other as parents of children in the general population. Indeed, adopted children are somewhat less likely than children in the general population to have parents who said their relationship was either "fairly happy" or "not too happy" (12 and 17 percent, respectively).

Children adopted from foster care fare less well than internationally adopted children on some parenting measures; on other measures there were no differences among adoption types. Specifically, the percentage of children adopted from foster care with parents who reported the parent-child relationship being "better than ever expected" is lowest for children adopted from foster care (36 percent) and highest for internationally adopted children (46 percent). Similarly, 40 percent of children adopted from foster care have parents who reported that having the child in their lives is "better than they ever expected," compared with 54 percent of privately adopted U.S. children and 62 percent of internationally adopted children. Furthermore, children adopted from foster care are more likely to have aggravated parents than privately adopted U.S. children or internationally adopted children (16 percent, compared with 7 and 9 percent, respectively); see Figure 28. However, parents' reports regarding how well they cope with the demands of parenting do not differ by adoption type, nor does the quality of parents' relationships.

ⁱ This difference is concentrated among adolescents. For adopted adolescents ages 12 to 17, 47 percent have parents who reported that they coped "very well," compared with 55 percent of the general population of adolescents.

Figure 26. Percentage of adopted children according to parenting and parent-child measures



MEASURES OF PARENTING AND PARENT WELL-BEING

Spouse/partner relationship quality: To assess the relationship quality of parents who have a spouse or partner, we identified parents who described their relationship as "completely happy" or "very happy," as opposed to "fairly happy" or "not too happy."

Parent-child relationship very warm/close: Based on parents' responses to the question, "How would you describe your relationship to [your child]?" we examined children whose parents responded "very warm and close," compared with those who responded "somewhat warm and close," "somewhat distant," or "very distant."

Parent-child relationship, compared to parental expectations: This indicator is based on the question, "Thinking about [your child]'s relationship with you, would you say things are better than you ever expected, about what you expected, or more difficult than you ever expected?"

Having the child in their life, compared to parents' expectations: Parents answered the question, "So far, how has having [the child] in your life compared with what you thought it would be like?" Responses included "better than you expected," "about what you expected," and "more difficult than you expected."

Ability to cope with the demands of parenting: Parents also answered the question, "How well do you feel you are coping with the day to day demands of parenthood?" We identified parents who responded "very well," versus those who responded "somewhat well," "not very well," and "not very well at all."

Parent aggravation: Parental aggravation was assessed based on parents' ratings of how frequently during the prior month they felt the child "[was] much harder to care for than most children his/her age" and "[did] things that really bothered [the parent] a lot," and how often they "felt angry with him/her." A scale score was calculated such that typical parental responses of "sometimes," "usually," or "always," rather than "never" or "rarely," indicated parental aggravation.

Note: Appendix Table 11 includes two additional measures: 1) the relationship of the parent's spouse/partner to the child is very warm and close, and 2) the relationship of the parent's spouse/partner to the child, compared to parental expectations.

Figure 27. Percentage distribution of all children and all adopted children, by reported satisfaction of parent with spouse/partner relationship quality

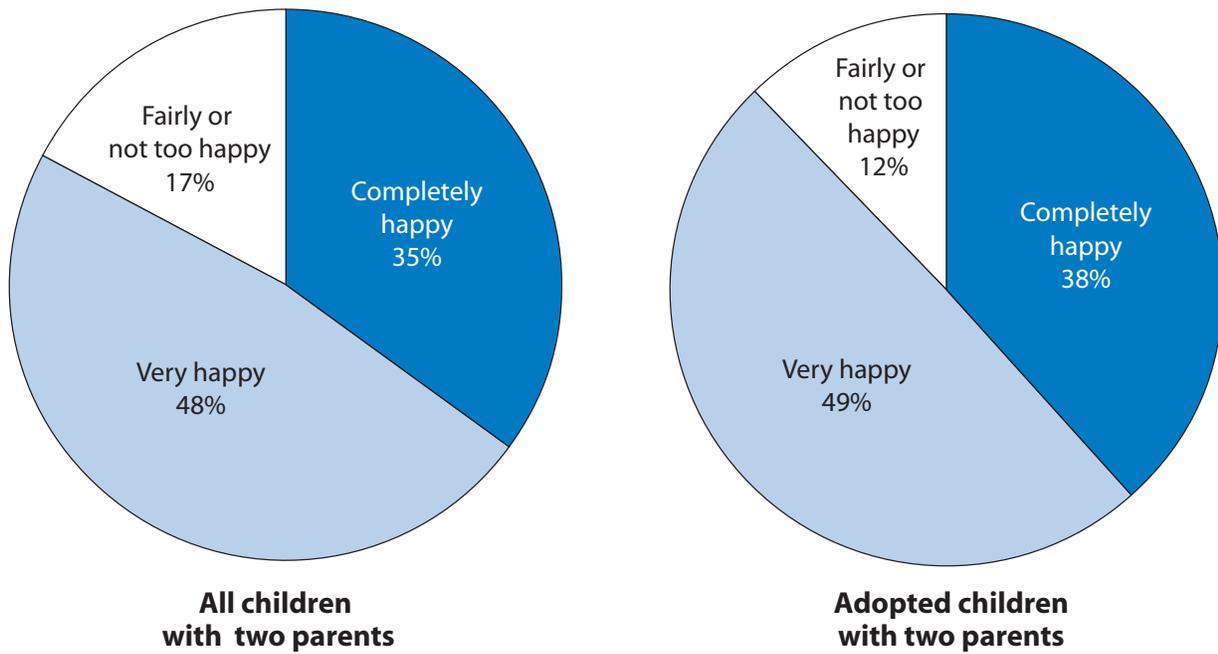
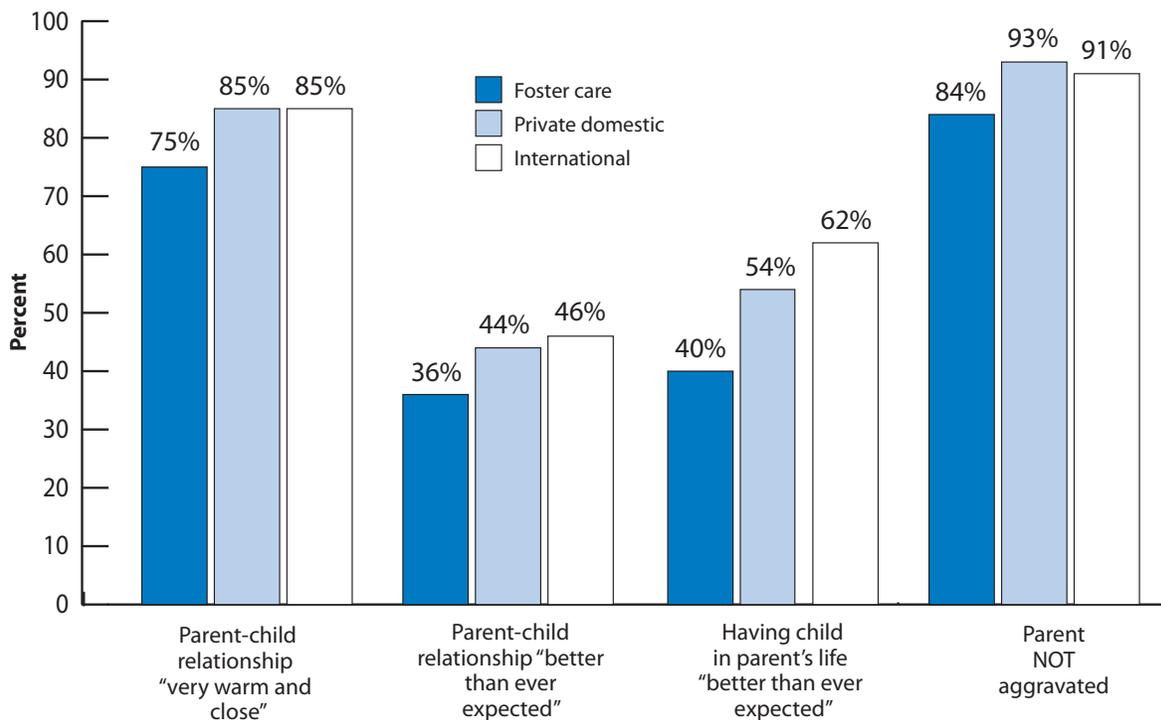


Figure 28. Percentage of adopted children according to parenting and parent-child measures, by adoption type



Adoption satisfaction

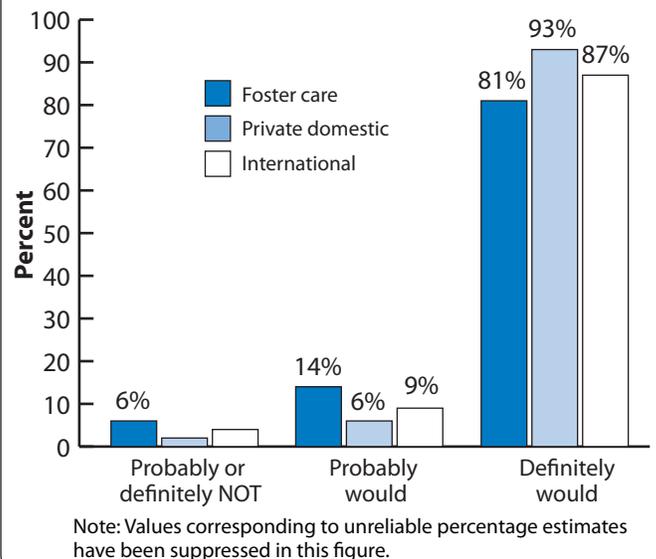
To examine adoption satisfaction, this section reports on three measures: whether parents would make the same decision to adopt their child again, whether parents considered dissolving the adoption, and parental perceptions of their child's feelings about being adopted. See Appendix Table 12 on page 72 for detailed data on each indicator.

Very few adopted children (3 percent) have parents who say that they “probably would not” or “definitely would not” make the same decision to adopt their child. In fact, 87 percent of adopted children have parents who said they would “definitely” make the same decision. This percentage varies somewhat by adoption type with 93 percent of privately adopted U.S. children, 87 percent of internationally adopted children, and 81 percent of children adopted from foster care having parents who expressed this opinion;ⁱ see Figure 29.

Very few adopted children have parents who reported ever having considered dissolving the adoption. The number of children whose parents reported ever considering dissolution was too small to generate reliable estimates of its frequency. It should be noted, however, that families in which the child's adoption has been legally dissolved do not appear in the survey sample. Furthermore, parents were only asked this question if they had reported the adoption had negatively affected their family or that they would definitely or probably not have accepted the child, knowing everything they now know about the child.

The vast majority of adopted children have parents who reported that their child feels positive about their adoption. More than nine out of ten adopted children ages 5 and older (92 percent) have “positive” or “mostly positive” feelings about their adoption, according to their parents.³⁰ This is true regardless of adoption type and regardless of the child's age; overall, 49 percent of adopted children were reported as having positive feelings and 43 percent were reported as having mostly positive feelings about their adoption.

Figure 29. Percentage of adopted children according to whether their parents would make the same decision to adopt again, by adoption type



MEASURES OF ADOPTION SATISFACTION

Parents would make the same decision to adopt their child:

Parents were asked, “If you (and your spouse/partner) knew everything about [your child] before the adoption that you now know, how might that have affected your decision to accept him/her for adoption?” Responses included whether the parent would have “definitely,” “probably,” “probably not,” or “definitely not” have accepted the child.

Parent considered dissolving the adoption:

Parents were first asked how having their child in their life affected their family and whether they would have made the same decision to adopt the child. If they responded that the child affected their life “somewhat” or “very negatively” or that they would “probably” or “definitely not have accepted the child,” they were asked: “Have you [or your spouse/partner] ever thought about ending this adoption?” We identified parents who answered “yes,” compared with those who answered “no” or who were not asked the question due to their responses to the previous questions.

Parents’ perceptions of the child’s feelings about adoption:

Parents of children at least five years old were asked, “Overall, how do you think [your child] feels about being adopted?” Responses included that the child feels “positive,” “mostly positive,” “neither positive nor negative,” “mostly negative,” or “negative” about it. Three percent of children ages 5 and older were excluded from this analysis because their parents reported that the child did not know that he or she had been adopted.

ⁱ The difference between the percentage for children adopted from foster care and those adopted internationally (81 compared with 87 percent) is marginally significant ($p < .1$). The difference between private domestic and international (93 and 87, respectively) is also marginally significant ($p < .1$).

Parent involvement and advocacy in the adoption community

This section examines whether adoptive parents have ever helped other adoptive families, for example, whether they have mentored new adoptive parents, and whether they have recruited other families to adopt children. See Appendix Table 13 on page 73 for detailed data on each indicator.

Most adopted children have parents who had never been asked to help or recruit other adoptive families. Specifically, 56 percent of adopted children have parents who reported never having been asked to help, and 92 percent have parents who reported never having been asked to recruit other families. Very few children have parents who declined to help when asked. Only 3 percent of adopted children have parents who reported that they had not helped if asked to assist other adoptive families; see Figure 30. Two percent have parents who declined to recruit other adoptive

families; see Figure 31. These figures suggest that adoptive parents are a largely untapped resource of individuals who may be willing to help or to recruit other adoptive families.

Internationally adopted children are the most likely to have parents who helped other adoptive families. And although recruiting by parents was rare among children with all three types of adoptions, children adopted from foster care are the most likely to have parents who recruited other adoptive families. Specifically, 60 percent of internationally adopted children have parents who reported that they helped other families, compared with 38 and 34 percent of children adopted from foster care and privately in the United States, respectively; see Figure 32. Parents of nine percent of children adopted from foster care reported recruiting other adoptive families.

Figure 30. Percentage distribution of adopted children according to whether parents helped other adoptive families

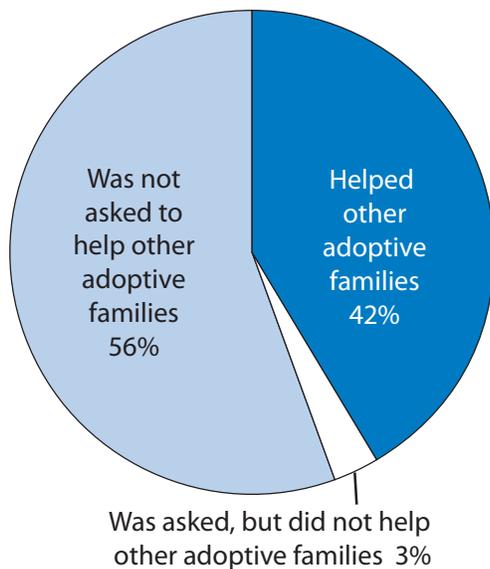
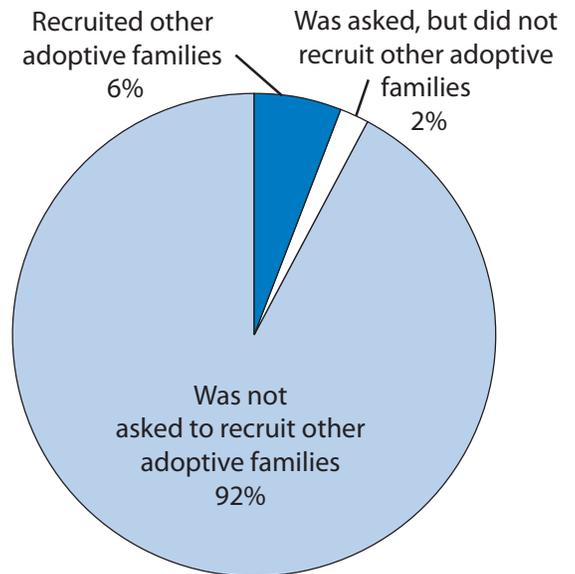


Figure 31. Percentage distribution of adopted children according to whether parents recruited other adoptive families

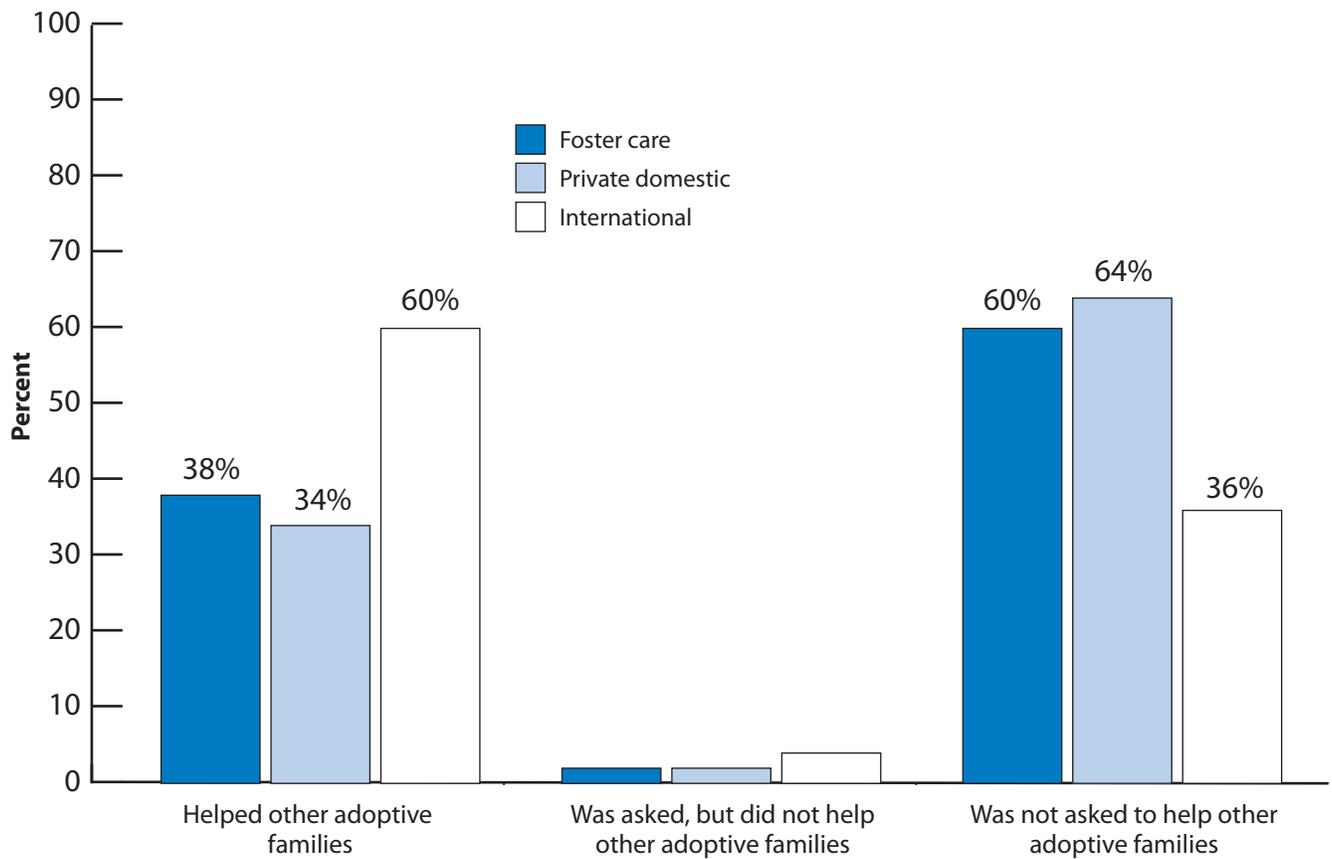


MEASURES OF PARENTAL INVOLVEMENT AND ADVOCACY IN THE ADOPTION COMMUNITY

Parent helped other adoptive families: To assess whether parents had helped other families, we examined whether parents said they or their spouse or partner had “ever been asked by anyone to assist in helping other adoptive families” and, for those who answered “yes,” whether they did “assist in helping other adoptive families.”

Parent recruited other adoptive families: This measure depended upon parents’ reports regarding whether they or their spouse or partner had ever been asked “to recruit other adoptive families” and, for those who answered “yes,” whether they had done so.

Figure 32. Percentage distribution of adopted children according to whether parents helped other adoptive families, by adoption type



Note: Values corresponding to unreliable percentage estimates have been suppressed in this figure.

Parents' prior connections to adoption

This section examines adoptive parents' prior experience with adoption. See Appendix Table 14 on page 74 for detailed data.

Three out of four adopted children have parents who have some prior experience with or connection to adoption. Six percent of adopted children have a parent who was himself or herself adopted. Given that the proportion of the general child population that is adopted is 2 percent, it seems likely that adopted children are more likely to have a parent who was adopted than are children in the general population. Four percent have an aunt or uncle who was adopted, but did not have an adopted parent, an additional 31 percent have other relatives who were adopted, and an additional 35 percent have parents with friends who have adopted. Twenty-four percent of adopted children have parents who reported no prior connection to adoption; see Figure 33.

Among adopted children, those adopted internationally were the most likely to have a parent with some prior personal connection to adoption, whereas those adopted privately from the United States were the least likely. Specifically, 10 percent of children adopted internationally

have a parent with no prior connection to adoption compared with 33 percent of those adopted privately from within the United States. Compared to other adopted children, those adopted internationally are particularly likely to have a parent who had friends who had adopted; see Figure 34.

Figure 33. Percentage distribution of adopted children by parents' prior connection to adoption

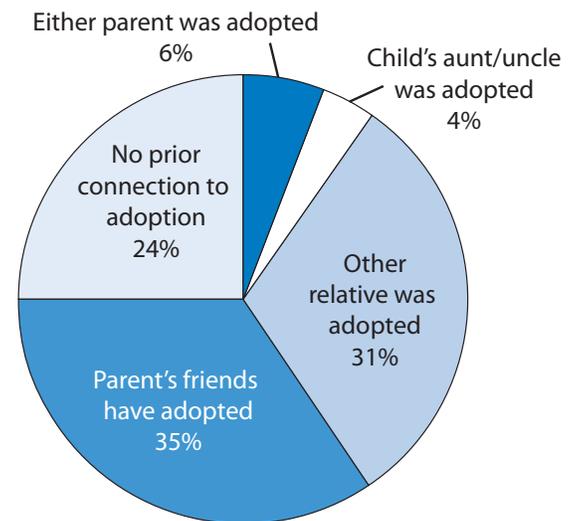
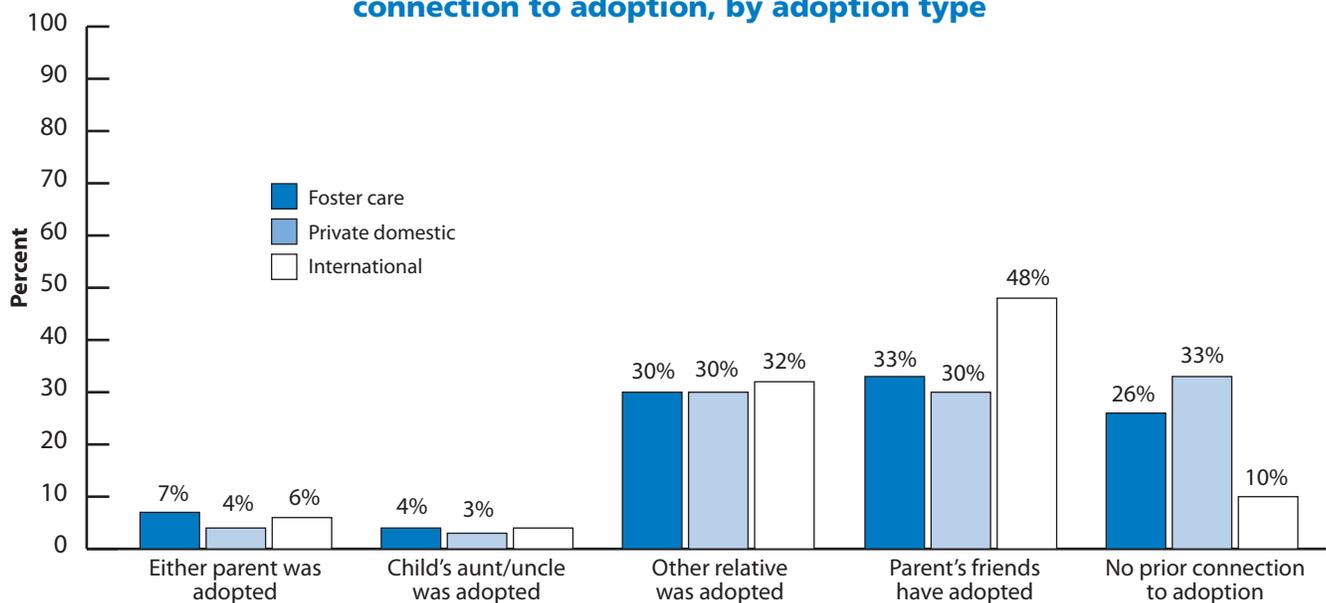


Figure 34. Percentage distribution of adopted children by parents' prior connection to adoption, by adoption type



Note: Values corresponding to unreliable percentage estimates have been suppressed in this figure.

MEASURES OF PARENTS' PRIOR CONNECTIONS TO ADOPTION

We identified parents' prior connections to adoption by examining their responses to a series of questions. First, we identified adopted children whose parent reported that either they or their spouse or partner (if they had one) had been adopted as a child. Among those adopted children who did not have a parent who had been adopted, we next identified those who had an aunt or uncle who had been adopted, based on their parent's responses to the question, "Do you [or your spouse/partner] have siblings who were adopted?" To identify whether any of the remaining adopted children had any other relatives who had been adopted, we looked at parental responses to the question, "Do any of your [or your spouse's/partner's] relatives have adopted children?" Next, for all adopted children who had no parents or relatives who had been adopted, we identified those whose parent reported having "friends or close acquaintances" with adopted children. We assumed that if parents answered "no" to all the prior questions, children's parents had no prior connection to adoption.