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Mary Ann Davis

# Children for Families or Families for Children

## The Demography of Adoption Behavior in the U.S.

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# Children for Families or Families for Children

## The Demography of Adoption Behavior in the U.S.

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# Preface

My initial interest in adoption began when I was a graduate student at the University of Texas at Arlington, School of Social Work, which offered an internship at the Edna Gladney Maternity home. During this period the revolution of single women keeping their children and raising them as single parents was beginning along with the transition from secret to open adoptions. This was also the era when fellow Texan Sara Weddington was the winning attorney in the 1973 Roe vs. Wade Supreme Court decision. The legality of abortions (along with the availability of improved contraception and the increased social acceptance of single parenthood) ended the maternity home movement. Almost immediately, the abundance of healthy White infants available for adoption ended and the acceptable adoptee in the adoption triad morphed into any child of any age, race, ethnicity, health, or ability for which an adoptive family could be located.

My first professional social worker position was as an adoption worker for the State of Texas, working to place the hard to place child including minorities, sibling groups, and children who had emotional and physical scars of abuse. Prior to the early 1970s these children would have been considered unadoptable. The majority of adoption seekers continued to be the married, infertile or sub-fecund, essentially the same population who in the past would have adopted from maternity homes. Although they would have preferred a healthy White infant had these children been available, the cultural and legal changes that drove a narrower scope of availability led to a broader acceptance of who they would adopt. So my special area of interest is in studying the changes in who is adoptable and the adoptions of foster children and hard-to-place children. Later, I was a clinical social worker in a state psychiatric facility with psychologically and behaviorally impaired juveniles, many of whom had been adopted as younger children. Now, as a demographer, I rely on my clinical social work background to direct my research in adoption issues.

Although adoptions represent a small portion of family growth, from a demographer's point of view it is significant. The United Nations (2009, p. xv) estimates that approximately 260,000 children are adopted each year; of these in 2001 the United States (U. S.) adopted 127,000 children; next in frequency is China, with 46,000 adoptions and the Russian Federation, with 23,000 adoptions. The 2000 United States census data are that in the United States in 2000, there were 2.1 million adopted children, about 2.5 percent by age group, with an additional 4.4 million,

about five percent, stepchildren in households (Kreider, 2003, p. 2). Adopted children were 7.7 percent or 6,443,496 of the 84 million household children; 257,792 were foreign born adoptees (Kreider, 2003, p. 12).

Second, there are changes in all three aspects of the adoptive triad: the adopter, the adopted child and the family members who relinquish the child for adoptive placement. Social acceptance of racial and ethnic groups, along with physical and emotional challenges, has changed dramatically in the past 100 years. These changes affect the frequency of child adoptions, the types of adoptions and variables related to the children who are adopted such as their age, race, ethnicity, physical and emotional health and country of adoption). Since the early 1970s adoptive parents are no longer White, middle to upper class, financially secure, married couples. Increasingly racial minorities; those with lower incomes; older ages; relatives, including grandparents; and the single, divorced and cohabiting as well as the married adopt. Data from the 2007 National Survey of Adoptive Persons (NSAP) in Chapter 1 describe the demographic characteristics of the adoptive parents by the types of adoptions. Next, Chapter 4 uses the National Survey of Family Growth (NSFG) to present current demographic analyses detailing the characteristics of those who adopt. Chapter 6 addresses gay and lesbian adopters who are increasingly adopting, but are difficult to study due to data issues.

The children who are considered available for adoption and those who are actually adopted have changed dramatically in the last half of a century. Criteria that once, during the post World War II adoption boom, selected only certain young, healthy, infants for adoption have expanded into thriving foster care adoption programs for hard- to-place children. The current perspective of the Child Welfare League of America is that adoption of all children, including sibling groups, is only limited by the ability to recruit families who meet the specific child's needs. Demographers report on both trends and outliers. Chapter 1, addresses who is the preferred child, through data from the National Survey of Adoptive Parents, which describes who is adopted by the three types of adopters (Intercountry, Foster Care and Domestic Private). Next, data from the Adoption and Foster Care Analysis and Reporting System provides a picture of the foster children adopted in 2004 and 2005. This discourse continues in Chapter 2, a historical perspective of social norms of which children were preferred for adoption. Chapters 6, 7 and 8 give an international perspective on the adopted child. These changing norms are evident in a major film directed by Hancock (2009) *The Blind Side,* which tells the fictionalized but true story of a wealthy White Christian family adopting an African American, inner city, homeless teen, who became a professional football player.

Who adopts? Adoptive parent(s) have changed since the early 1970s. They are no longer White, middle to upper class, financially secure, married couples. Increasingly they are racial minorities; those with lower incomes; of older age; relatives, including grandparents; the single, divorced and cohabiting as well as those who are married. In Chapter 4, Christine Guarneri collaborates with this author to present a demographic analysis of those who adopt using the NSFG Cycle 6.

Characteristics of placing and relinquishing families are also changing. Dual issues of protecting families from dissolution in times of financial stress and

protecting the rights of parents are addressed along with the recognition that the psychological and developmental needs of children are negatively affected by lengthy periods awaiting legal clearance for adoption. Chapter 2 provides a historical perspective; Chapters 6 through 9 an international perspective.

Third, we are on the cusp of significant changes in the availability of having sufficient data pertaining to adoptions for demographic analysis. Data issues are explored in Chapter 3. Unfortunately, accurate statistics regarding twentieth-century adoptions are almost impossible to locate. A national reporting system existed for only 30 years (from 1945 to 1975) and even during this period, data were supplied by states and territories on a purely voluntary basis (Adoption History Project (2008). This social demography of adoption in the United States will address the need for compiling current available data, while continuing to address data needs; in Chapters 3 and 9.

These justifications for the relevancy of a social demography of adoptions led to a compilation of social demographic topics pertaining to the changing face of adoption. What is the history of adoption in the U.S? What data are available for demographic analysis? Who are the adopters, the adoptees, and those who place their children for adoption (e.g. the adoption triad)? What are the criteria for being adoptees or adopters? Why do persons adopt? How many children do they adopt, their ages, race and ethnicity, physical and psychological health, country of origins, relationship to the adopter? Internationally, who sends and who receives adoptees? Why are intercountry adoptees available for adoption and how does this vary by country of origin? How do adoptions vary within the types of adoption (formal versus informal adoptions; the adoption of related versus unrelated children; domestic versus intercountry adoptions; and private versus foster child adoptions)?

The response to this list of questions was refined into three parts. The first part, Overview: Chapters 1 and 2, provides a brief overview of the adoption of orphaned, abandoned, or voluntarily placed children and the laws regulating those adoptions. Chapter 1, "Adoption as a Support System for Orphaned, Abandoned, or Voluntarily Placed Children", discusses who adopts and justifies the relevancy of adoption as a support system for orphaned, abandoned, or voluntarily placed children using data from the first national survey of adoptive families, the 2007 National Survey of Adoptive Parents. This chapter also addresses adoption of "hard to place" children using administrative data from the Adoption and Foster Care Analysis and Reporting System. Chapter 2, 'History: The Changing Face of Adoption", provides a historical background of adoption practices in the United States beginning with the pre colonial Era through the present.

The next part, A Demographic Analysis of Adoptions in the United States: Chapters 3, 4 and 5, presents a demographic analysis of adoptions. Chapter 3: "Sources of Adoption Data", addresses both the sources and limitations of adoption data. International data for adoption analyses are primarily from The Hague Convention statistical reports; U. S. data are primarily from United States Census and the state Department's immigration statistical reports and two National Center for Health Statistics surveys (the National Survey of Family Growth, and the National Survey of Adoptive Parents). Chapter 4, Adoption Behavior of

United States Women, continues the data discourse by analyzing adoptions using Cycle 6 of the National Survey of Family Growth (Refer to Groves et al., 2005 and Chapter 3 for additional information about the National Survey of Family Growth). This chapter (first author Christine Guarneri) uses the female respondent files to analyze the demographic characteristics of adopters such as age, race and ethnicity, education level, income level and marital status. Chapter 5, "Demographic and Social Issues of Same-Sex Adoptions", addresses the special issues related to gay and lesbian adoptions. This chapter that provides both a discussion of the background and legal issues surrounding gay and lesbian adoptions with limited data analysis using United States Census data, the 2000 IPUMS 5 percent sample, and an attitudinal survey question from Cycle 6 of the National Survey of Family Growth to explore same sex adoptions.

Part III, Intercountry Adoptions: Chapters 6, 7 and 8, explores intercountry adoptions. Chapter 6: "Intercountry Adoption to the United States" sets the stage for a demographic analysis of intercountry adoptions to the United States by providing a social historical perspective. This chapter provides review of the historical trends in intercountry adoption, through four waves of intercountry adoptions beginning with World War II. I examine historical immigration data from the United States State Department to explore intercountry adoption from World War II to date. In Chapter 7, "Intercountry Adoption to the United States: A Quantitative Analysis" provides an analysis of immigration data of these intercountry adoptions, questioning whether demographic variables used in other migration research can be used to predict the flow of intercountry adoptions (ICAs) to the United States. Chapter 8, "Global Intercountry Adoptions", expands this intercountry analysis to a global analysis of intercountry adoptions, using United Nations data from the Hague Convention countries to analyze global intercountry adoptions.

Chapter 9, "Conclusion and Implications", integrates information from earlier chapters to conceptualize an overall framework for the future of the demographic analysis of adoptions addressing the policy and research implications.

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I would like to acknowledge with gratitude the encouragement of Dudley L. Poston Jr. and Christine Guarneri for the inspiration and stimulus to author this book. The conception began with a discussion at a conference among Dudley L. Poston, Jr., Christine Guarneri and me, Mary Ann Davis, about changes in adoption during the National Survey of Family Growth Surveys. Dr. Poston and colleague Ruth Cullen investigated the demography of adoptions using the National Survey of Family Growth (NSFG) in the 1980s. They found that adopters were significantly unchanged from the peak years of adoptions which occurred along with the baby boom immediately following World War II. White, middle class women, at zero parity, with higher socioeconomic status, and higher education were more likely to adopt. However, harbingers of changes in adoptions were also evident in relative adoptions among blacks, the poor and those with lower education while unrelated adoptions were more common among Whites, and the well-educated with higher incomes. Dr. Poston learned that Dr. Guarneri and I had begun to independently study the current 2002 NSFG Cycle 6; he strongly encouraged our research. The collaboration with Dr. Guarneri is presented in Chapter 4; she is the first author of Chapter 4.

Finally, I would like to acknowledge and thank my husband Ronald Davis and his ongoing assistance and editing. This book has been years in the making and I could not have completed it without his support. I also want to thank my colleagues at Sam Houston State University for their ongoing encouragement, including Karen Husband who assisted in earlier edits of Chapter 2.

Huntsville, TX Mary Ann Davis

# Contents

# Part I
# Overview

# Chapter 1
# Adoption as a Support System for Orphaned, Abandoned, or Voluntarily Placed Children

## 1.1 Introduction

Although adoptions represent a small portion of family growth, from a demographer's point of view it is significant. The United Nations (2009, p. xv) estimates that approximately 260,000 children are adopted each year; of these in 2001 the United States (U. S.) adopted 127,000 children; next in frequency is China, with 46,000 adoptions and the Russian Federation, with 23,000 adoptions. This book focuses on the U. S. the country that consistently adopts the largest number, approximately 120,000 children annually (Nickman et al., 2005).

Part I, Chapters 1 and 2,[1] provides a brief overview of the adoption of orphaned, abandoned, or voluntarily placed children and the laws regulating those adoptions. This discussion of who adopts begins the discourse on the relevancy of adoption as a support system for orphaned, abandoned, or voluntarily placed children. Chapter 1 addresses who is the preferred child, through data from the National Survey of Adoptive Parents, the first national survey of adoptive families, which describes who is adopted by the three types of adopters (Intercountry, Foster Care and Domestic Private). Next, adoption of "hard to place" children is explored using data from the Adoption and Foster Care Analysis and Reporting System. These data provide a picture of the foster children adopted in 2004 and 2005.

## 1.2 Overview: Adoption as a Support System for Orphaned, Abandoned, or Voluntarily Placed Children

Child adoption is an accepted practice. O'Halloran (2009) argues that adoptions have four social constructions. First, adoptions are used to clarify inheritance. Second, they strengthen and maintain family ties through kinship adoptions; which are more likely in the United States than are adoptions by ethnic minorities. Third, adoptions, like marriages, have been used to strengthen alliances between families.

[1] Chapter 2 provides historical background of adoptions in the U. S.

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An example of this in feudal times was placing a child with a lord or in court to show allegiance. Fourth, adoptions have been a way for the family to increase the number of family laborers. Fifth, adoptions, both in the past and currently, meet welfare or humanitarian motives of caring for neglected, abandoned or neglected children. Sixth, adoptions provide children to childless couples.

These social constructions of adoption are evident in social values and norms in the United States, many of which support adoptions. In the United States we value children as an integral part of family life. Family Sociologist Goode (1964) argued that the presence of children is one criterion that defines a family unit. We value the family unit as the best vehicle for a child's development, so that permanent adoptive homes are preferable to institutional care or foster care. We believe that the influence of socialization is more important than genetics for a child's intellectual and personal development, so we accept adoption as a valid route to family membership.

These values are embedded in our marriage and family laws. For example, if we value children and presume that all children are wanted, it follows that only those with deceased parents would need adoptive placement. Thus, if we accept this premise, then we can safely ignore concerns of dual relationships between the adoptive family and the family of origin, expecting that once adopted the child becomes a permanent part of only their adoptive family. Initially, both domestic and international adoption standards used the term "orphans" to describe the children available for adoption, discounting the fact that adoptive children come from multiple sources and often have living parents (Chapter 2 addresses the history of adoption and Chapters 6, 7, and 8 address intercountry adoptions). In the U. S. the process of adoption includes procedures for legal clearance for adoption; protections for relinquishing parent's rights; decisions about whether the adoption is open, with all parties having knowledge of each other, or closed, with no or limited knowledge of each other and all contact with the biological family ending with the termination of parental rights. Internationally the Hague Convention standards were developed in 1993 with the goal of global child adoption policies protecting the rights of children in adoptions.

I also argue that adoptions are subject to demographic analysis, as adoptions like fertility, migration and mortality, follow demographic trends influenced by political, social and economic conditions. (Please refer to Chapters 2 for historical trends.) In the United States, the number of adoptions has followed trends ranging from a low of 50,000 per year in 1944, just prior to the post World War II baby boom, to a high of 175,000 in 1970. This coincided with the baby boom in fertility, fueled in part by the supply of healthy infants from unwed mothers who were socially relegated to maternity homes. Adoption rates declined when abortions were legalized, ending the flow of healthy infants. In 1990, the number of adoptions decreased to a low of 118,138 and has remained relatively stable during the 1990s (Carp, 2002; Maza, 1994).

In 2000, United States census data indicate 2.1 million adopted children and an additionally 4.4 million stepchildren who were adopted. Eight percent or 6,720,000 of 84 million household children were adopted and 119,136 or 12.6 percent were

intercountry adoptions (Kreider, 2003). This rising number of adoptions in the United States (U. S.) represents a change in the family structure challenging the traditional concept that shared genes or bloodlines are necessary for family membership and that non-sanguine relationship are lesser (Carp, 2002; Gailey, 2000; Tritt, 2009).

### *1.2.1 Types of Adoptions*

There are at least four types of adoptions. First, adoptions are either formal or informal. Formal adoptions are entered into using the criteria that the adoption is in the best interest of the child and legally sanctions the rights of the child as a biological child in the family ensuring the right to inheritance, while at the same time they are legally separated or terminated from the rights they would have as biological children of the terminated biological parents. Formal adoptions also safeguard the adopting parent by legally clarifying their rights. Although there is no one recognized listing of parental rights these generally include the following rights: physical possession; clear legal custody; giving the child the parent's name; following the parent's moral and ethical beliefs, including beliefs about discipline; controlling and managing a child's earnings or property and; making medical, educational, religious decisions (Hubin, 1999).

Conversely, informal adoptions provide for the care and nurturance of the child but do not have the same legal protections for the child or for the adoptive parent(s). Formal versus informal adoptions are also related to social, cultural and economic factors. Social acceptance of adoptive parents may be affected by the age of the parent. For example grandparents and even great-grandparents may function as the parent although their age would make them socially unacceptable as parents. They may enter into this relationship unintentionally, never formally adopting, expecting a short term arrangements, but are functionally the adoptive parents. Informal adoptions are socially accepted in African American and ethnic minority cultures where the social norms are for extended family and fictive kin to provide homes for children. As legal termination of parental rights and the subsequent adoption are expensive, adoptions are further limited to those with economic access to the legal system.

Second are relative or non-relative adoptions. Step-parent adoptions are a large part of these though there are data limitations in knowing the exact number of step-parent adoptions. Kreider (2003) estimated that in 1992 about 42 percent of all adoptions were by stepparents or a relative and in 1996 approximately 50 percent of domestic adoptions were by relatives. In 2000, United States census data show 4.4 million stepchildren were adopted. These data are considered by the United States census to represent only two thirds of step parent adoptions due to the wording of the question of relationship to head of the household. Step-parent adoptions are increasingly more common because of the number of children in blended families resulting from both high divorce and remarriage rates.

Grandparent adoptions comprise another large portion formal and informal related adoption. Simmons and Dye (2003) reported from 2000 United States Census data that there were 2.4 million "grandparent caregivers," with the primary responsibility for grandchildren. Although data did present a question of whether this was a short term or long term relationship they found that 39 percent reported that they had cared for their grandchildren at least five years, data did not clarify the legal status of this relationship. Race and ethnicity were strongly related to co residence and primary responsibility. Only 2.5 percent of White alone race lived with grandchildren. Of these, 42.0 percent had primary responsibility and 38.5 percent had this care for longer than five years. Nine percent of Blacks lived with grandchildren, 51.7 percent of these had primary responsibility and 45.2 percent had this care for longer than five years. A slightly higher percentage of Hispanics, 9.4 percent, lived with grandchildren; but only 34.7 percent of these had primary responsibility and 33.3 percent had this care for longer than five years. Six and four tenths of Asians lived with grandchildren, 20.0 percent of these had primary responsibility and 32.7 percent had this care for longer than five years.

Third adoptions are either domestic or intercountry, one of the demographic variables examined in this book (Please refer to Chapters 6, 7 and 8). In 2000, 15 percent of adoptions were intercountry (ICAs) (Selman, 2006). Annually, we adopt an average of 23,000 children from other countries; primarily Caucasian or Asian children. Selman (2006) reported 21,000 adoptees came to the United States from other countries in 2003, with China, Russia, Guatemala, and South Korea as the top sending countries (please refer to Chapters 6, 7 and 8 for information on ICAs.) Although the United States is the leading receiving country in absolute terms, other countries have higher adoption rates. The United States had 5.1 international adoptions per 1,000 births in 2003. In the same year, Sweden, Norway, and Spain received twice as many adoptees from abroad per 1,000 births (11.4, 13.5, and 10.4, respectively) (Selman, 2006).

It is less known that the United States also exports children to be adopted by other countries (see Chapter 6). Although I document, through U. S. State Department immigration data, the approximately 21,000 ICAs who immigrate to the United States annually I do not currently have accurate records regarding the number of ICAs who emigrate from the United States. Hague convention statistical reporting of adoptees sent from the United States were initiated following entry into the Hague Convention in December 2007 enforcement began for the United States on April 1, 2008 so data on intercountry adoptees emigrants are now required. The first United States statistics reported 6 children, all under age one were placed in 2008; 30 children, 25 under age one were placed in 2009 (United Nations, 2005–2009).[2] The Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption (Hague Adoption Convention) marks the beginning of uniform standards and international protections for the intercountry sending

[2]Refer to Chapter 8: the top twelve receiving countries reporting intercountry adoption statistics to the Hague Convention reported 217 children received from the U. S. from 2005 to 2009.

and receiving of adoptive children. Thus, there will be comparable data from the 70 plus convention countries.[3] One of these requirements is to document data about adoption emigrants.

Canadian data indicates that in Canada the United States ranks second as a sending country of ICAs. From 1993 to 2002 approximately 800 children from the United States were placed in Canada for adoption (Adoption Council of Canada, 2008). This number appears to be increasing in that the 2009 report by the Adoption Council of Canada noted that in 2008, 189 children from the United States were placed for adoption in Canada (Adoption Council of Canada, 2009). However the Hague statistics from Canada are conflicting, reporting 91 children from the United States placed in 2008 (United Nations, 2005–2009). (These conflicting reports are a harbinger of the need for uniform data discussed in Chapters 3 and 9.)

Fourth are foster child adoptions, a part of governmental child welfare agencies plan to provide homes for children who have been abandoned or removed from their biological homes because of neglect or abuse. Historically in the United States, adoptions developed to deal with orphaned, abandoned, or voluntarily placed children's care and nurturance. Initially, they were informal placements in family homes but later were formalized through a developing legal process. Arguably, the most important function of adoptions was to provide humanistic care for the infant(s)/child(ren) without families. Unlike earlier times when unwanted infants were abandoned, discarded or "laid out"; adoptions integrate children into family homes, provide them with a safe, secure environment. Thus, adoptions provided the opportunity for normal psychological and biological development into adulthood. The annual number of adoptions for 2000 and 2001 averaged 127,000. Of these about 40 percent, or 50,000 per year, were adoptions from child welfare agencies. The remaining two fifths were private adoptions (about 15 percent were intercountry adoptions) with no determination made as to whether they were kinship or stepparent adoptions (United States Department of Health and Human Services, 2004). The remainder of this chapter will explore adoption of children in the child welfare system.

### *1.2.2 Preferred Adopter*

Simon and Altstein (2002) argue that currently there is an unofficial "worthiness scale" used by adoption agencies to rank the acceptability of potential adoptive couples. Multiple researchers (Brooks & Goldberg, 2001; Kenyon, 2003; Quiroz, 2007a, 2007b; Ryan, Pearlmutter, & Groza, 2004) agree there is a ladder of perceived desirability for the selection of adoptee families. They suggest that the most preferred adoptive parents are heterosexual, two-parent families (especially middle or upper-middle class whites). Next, in order of acceptability, are unmarried

[3]The full text of this convention adopted in 1995 is available online at: http://www.hcch.net/index_en.php?act=conventions.pdf&cid=69.

heterosexual couples. These are followed by single-parent families and, finally, by lesbians and gay men. Class and social status are integrated into this hierarchical context so that highly educated nonwhite families, although they may be less desired by adoption agencies, are also preferred adoption candidates by other agencies.

Quiroz's (2007a, 2007b) study of adoption agency requirements uses a racial stratification of desirability using Bonilla Silva's (2003) categories of White or European heritage, "Honorary White" which includes Latin American or Asian, and African American. Since the most desired families are young, healthy, and wealthy/at least financially secure, heterosexual, and married, found that families who did not have these qualities would be encouraged to adopt less desirable children. So, middle and upper income adopters were selected to adopt healthy infants, scarce in the United States due to the legalization of abortion in the 1970s and the increased social acceptance of single parenthood. Less desirable adopters, for example gay and lesbian couples, are encouraged to adopt those children considered to be "hard to place" older children, racial minorities and sibling groups.

### *1.2.3 Preferred Adoptees*

Quiroz (2007a, 2007b) argues that the market value of the adoptee is based on the perceived desirability for the selection due to age, differing abilities, and, importantly, racial composition of the adoptee of adoptee families.

The preferred adoptable child is a healthy infant. In 1973, Roe vs. Wade, legalizing abortion, along with the acceptance of single parenthood and the advent of widespread usage of modern contraceptives, diminished the domestic availability of healthy infants. This led to a greater demand and social acceptability of children who were older, from diverse racial and ethnic backgrounds, as well as those with siblings or physical or mental challenges. Quiroz (2007a, 2007b) analyzed roughly 1,600 adoption websites which confirmed that domestic listings for adoptive children ranked adoptees. This ranking of adoptees was evident in the fees charged for adoptions. Older children, sibling groups, children with mental or physical challenges and African American or interracial children (if interracial mix included African American) had lower fees for adoption, averaging half those for other races of children. The families with lower income, homosexual preference, or unmarried status were also ranked and directed to these lower market value children.

Quiroz (2007a, 2007b) uses Bonilla-Silva's racial triad of White or European, "Honorary White", (those from Asia and Latin America who are granted the higher status) or Black to describe the racist selection of children in both national and international adoptions. "White" children are preferred for adoption. Quiroz argues that internationally the influx of large numbers of Asian adoptees from Korea, China, and Japan along with later adoptees from Latin America, were eagerly adopted due to their preferential racial status (Quiroz, 2007a, 2007b). This status is most evident in intercountry adoptions. The top countries of origin of ICAs from 1997 to 2007

were: China, Russia, Guatemala, S. Korea, Ukraine, Kazakhstan, Vietnam, India, and Romania (Refer to Chapters 6 and 7 for further information).

## 1.3 "Hard to Place" Foster Children

The largest domestic source of orphaned, abandoned, or voluntarily placed children in the United States is foster children who are in the Child Welfare System. Adoptions of approximately 50,000 foster children annually function to give permanent homes to children in the custody of child welfare agencies. Foster children are domestic children removed from families and placed in protective state agency custody due to severe neglect or abuse (10 percent), mental illness of the mother (11 percent), emotional issues of the child (17 percent), physical illness or incapacity of the caregiver (29 percent), and general family problems (33 percent) (Widom, 1991).

Initially, foster children were screened and deemed adoptable if they were mentally and physically healthy, young, without siblings, and European or White. Medical and psychological testing of children was conducted to appraise a child's readiness for adoption, ostensibly to protect adoptive families through assuring the quality of the child. This practice is changing. Grover (2004) argues that psychological or medical testing to determine fitness for adoption is actually detrimental to the child. Children who are undergoing the trauma of parental abandonments or separations are justifiably likely to obtain a psychiatric diagnosis, but this does not mean that the condition is fixed. She argues that psychological or psychiatric testing may benefit the adoptive agency but if a child is labelled this may decrease the likelihood of successful adoptive placement. Others consider adoption a "natural experiment" testing the psychological theories about the importance of early stimulation and bonding to healthy child development (Haugaard & Hazan, 2003). (Chapter 6 discusses the developmental catch-up in intercountry adoptees who suffered developmental lags due to malnutrition, disease and severe neglect as well as poor quality institutional caregiving.)

### *1.3.1 Who Adopts These Special Needs Foster Children?*

Child Welfare League of America (CWLA) standards, in place to ensure normal psychological attachment, advocate minimizing moves and preserving significant emotional relationships so that attachments ideally initiated at a young age remain secure. CWLA suggests that the best opportunity for psychological attachment, especially of the older child who has an existing relationship, is to remain with relatives or in a stable foster home (Schofield, 2002). Therefore, foster children are more often adopted because of their need to have a family than as the result of a family's need to have a child. Tatara (1993) noted that 47 percent were adopted by foster parents, 7 percent by relatives, and the remaining 41.2 percent by unrelated

persons (23). Glidden (2000) argues that child welfare policies actually work against adoptions of children with medical or psychological needs because they limit the number of special needs children a family can adopt. Her follow-up study of families who had adopted children with developmental "disabilities" or challenges found that those families who sequentially adopted more than one child with developmental issues experienced successful placements. She argues that policies need to be flexible to allow the placement of multiple children with physical or psychological issues within a nurturing home that has adequate supports and a proven track record in dealing with such challenges.

### *1.3.2 Multi-Ethnic Placement Act of 1994; The Adoption and Safe Families Act of 1997*

The adoption of these foster and special needs children is promoted through legislation including the Multi-Ethnic Placement Act of 1994 and The Adoption and Safe Families Act of 1997 (ASAF). Additional financial incentives for adoption are available through Federal tax credits for adoptions. McDonald, Salyers, and Testa (2003) found that since the ASAF of 1997, incentives through the United States Department of Health and Human Services (DHHS) to adopt children in state foster care programs, totaling $14.9 million in 2002, doubled the number of adoptions of these youth from 28,160 in 1998 to 58,573 in 2002.

### *1.3.3 Adoptions Supported and Tax Benefits Received*

Geen (2007) questions whether the adoption tax credit incentives help foster care adoption by supporting lower income people who adopt. He found instead that tax credits benefit private and ICAs by those with higher incomes instead of those who adopt foster children, especially the older foster children. Brown, Hashim, and Marin (2008) reported that those who have incomes below $25,000 adopt all ages of children, including the hard to place older children; 43 percent of those adopted are older than age 5. Eighty-four percent of those with the highest incomes, those over $195,960, adopt the younger, more desirable children, those under the age of five.

### *1.3.4 Adoption Subsidies*

In 2005 Adoption and Foster Care Analysis and Reporting System (AFCARS) (2008) data show that 89 percent (45,590) of those who adopted received adoption subsidies, incentives for adopting foster children. Adoption subsidies began in New York in 1968 with the state funding the program in an effort to maintain the provision for special needs adoptions; those older, physically challenged, or minority

children who were otherwise considered unadoptable. This experiment was successful and quickly spread to all other states; federal funding for adoptions incentives was included in the Adoption Assistance and Child Welfare Act of 1980. Since the 1980 Act, the program has grown dramatically from no federal funding in 1980 to $1.2 billion in 2000. According to the North American Council of Adoptable children, these adoptions subsidies, authorized by The Adoption and Safe Families Act of 1997, averaged about $450 per month for adopted children aged 2 and above with up to $1500 for non reoccurring expenses, such as legal fees (North American Council of Adoptable Children, 2007).

Next, I use two data sources to present an overview of the current status of adoption in the United States: the National Survey of Adoptive Parents (NSAP) and The Adoption and Foster Care Analysis and Reporting System (AFCARS).

## 1.4 National Survey of Adoptive Parents (NSAP)

### *1.4.1 Overview of NSAP*

I use descriptive data from the NSAP to present an overview of the current state of adoption in the United States The NSAP is the first large, nationally representative survey of adoptive families in the United States The NSAP, conducted by the State and Local Area Integrated Telephone Survey (SLAITS) program, included 2,089 households who had adopted children, up to age seventeen, between 1990/1992 and 2007/2008 (Vandivere, Malm, & Radel, 2009). (For additional information on this survey refer to Chapter 3.) This survey was sponsored by the United States Department of Health and Human Services' Office of the Assistant Secretary for Planning and Evaluation and Administration for Children and Families. The NSAP was a follow-up to the 2007 National Survey of Children's Health survey (NSCH). Response rate to the NSAP interview was 74.4 percent; however, if one considers the response rate to the NSCH, the overall response rate was 34.6 percent (SLATS; Bramlett, Foster, & Frasier, 2010). (As an added advantage of the NSAP researchers can submit research proposals to obtain linked NSCH data from CDC.) I use NSAP data to address aspects of adoptions: the types of adoptions in the United States; the characteristics of parents who adopt by the types of adoptions; the family's reasons for adoptions by type; specific reasons for selecting intercountry adoptions; the adoptive family's efforts to support transracial adoptee's culture; the characteristics of children who are adopted; and what are the primary reasons for considering termination of the adoption process. The NSAP does have limitations; specific demographic characteristics are limited and there is no longitudinal comparison, but as this is the first national survey of adoptive families I begin by addressing the findings from NSAP (Vandivere et al., 2009).

Methodology used is weighted survey analysis using STATA 10.1 svy analysis. Data are weighted using NSAP protocol: the *pweight* is the variable *nsapwt*; strata are in the variable *psuid*. I use weighted percentages to describe the data. I use three dependent variables: the type of adoptions; Intercountry, Foster, and Private. I use

survey logistic regressions, using these three dependent variables, providing odds ratios, of the likelihood of family characteristics and child characteristics by type of adoption.

### *1.4.2 NSAP Findings*

First, I present the weighted percentages of the NSAP responders in Table 1.1. Immediately evident is the variety of the types of adoptions. Private domestic adoptions are not the norm in the United States Of those sampled the percentages of domestic private adoptions, 38 percent, are closely followed by foster care adoptions, 37.08 percent. However, almost one fourth of the adoptions, 24.92 percent, are international adoptions. Second, adoptions are not limited to those with higher incomes. Although 53 percent of those who adopted had a family income of

**Table 1.1** Weighted percentages of NSAP family characteristics

| Type of adoption | International | Foster care | Private domestic | | | |
|---|---|---|---|---|---|---|
| | 24.92 | 37.08 | 38 | | | |
| Household income | > $10,000 | 10 to 19 K | 20 to 39 K | 40 to 59 K | 60 K or more | |
| | 4 | 6 | 15.4 | 21.6 | 53 | |
| Highest education | > High school | High school | High school + | | | |
| | 7.7 | 17.4 | 75 | | | |
| Number of adults | 1 adult | 2 adults | 3 or more | | | |
| | 17.6 | 64.5 | 17.9 | | | |
| Number of children | 1 child | 2 children | 3 or more | | | |
| | 37.8 | 37.2 | 25 | | Never | |
| Parent's marital status | Married | Separated | Divorced | Widowed | Married | Cohabiting |
| | 76.8 | 2.2 | 9.5 | 3.2 | 8.4 | 2.2 |
| Primary household language | English | Not English | | | | |
| | 99 | 1 | | | | |
| Census region | Northeast | Midwest | South | West | | |
| | 19 | 24.7 | 36.9 | 19.4 | | |
| Metropolitan statistical area | MSA | Not in MSA | | | | |
| | 85.8 | 14.2 | | | | |

*Source*: Centers for disease control and prevention, National center for health statistics, National survey of adoptive parents (2007) and Bramlett et al. (2010)

$60,000 or above, all income levels adopted. Ten percent of those who adopted had household incomes of under $19,999; 15.4 percent between $20,000 and $39,999; and the remaining 21.6 percent had incomes from $40,000 to $59,999. This diversity in socioeconomic status is also evident in the education level attained with only 75 percent having above a high school education. Adoptions are not limited to the married. Approximately 65 percent of the households had two adults and 76.8 percent of the adoptees were married. A limitation of the survey is that it targeted English speaking households so 99 percent of the families surveyed lived in households where English was the primary household language. The geographic data available are limited to regions. The highest percentage lived in the south, 36.9 percent. About 86 percent lived in metropolitan statistical areas.

Table 1.2 presents data on family characteristics by the three types of adoption, limited to formal adoptions. Intercountry adoptions are, in the first column; adoptions from foster care, in column two; private adoptions, in column three and; total adoptions in column four. The first issue with the data represented in this table is that not all questions have the same number of responders, with the sample size ranging from an n of 1,388; with a population N of 1,095,313 to an n of 1,950; with

**Table 1.2** Weighted percentages of family characteristics by adoption type

| Type of adoption | Intercountry (%) | Foster (%) | Private (%) | Total (%) |
|---|---|---|---|---|
| *Relationship to other adoptive parent in household* | | | | |
| Spouse | 29.45 | 35.85 | 32.32 | 97.62 |
| Partner | 0.48 | 0.42 | 0.60 | 1.51 |
| Other | 0.00 | 0.10 | 0.15 | 0.24 |
| Single | 0.48 | 0.00 | 0.14 | 0.63 |
| Total | 30.42 | 36.37 | 33.21 | 100 |
| $Chi^2 = 12.2556$ | P = 0.3453 | n = 1,388 | N 1,095,313 | |
| *Ethnicity of adoptive family* | | | | |
| Hispanic | 4.28 | 5.90 | 5.10 | 15.28 |
| non-Hispanic white | 4.69 | 13.75 | 18.82 | 37.25 |
| non-Hispanic black | 0.72 | 13.13 | 9.34 | 23.19 |
| non-Hispanic Asian | 14.65 | 0.51 | 0.20 | 15.37 |
| non-Hispanic other | 0.59 | 3.79 | 4.54 | 8.91 |
| Total | 24.92 | 37.08 | 38.00 | 100 |
| $Chi^2 = 1111.63$ | P = 0.000 | n =1,388 | N 1,095,313 | |
| *Poverty level of household (FPL)* | | | | |
| 0–100% of FPL | 0.07 | 5.94 | 6.44 | 12.44 |
| 100–200%FPL | 1.58 | 10.94 | 6.91 | 19.43 |
| 200–300% FPL | 2.68 | 7.09 | 7.67 | 17.44% |
| 300–400% FP: | 5.90 | 3.44 | 4.74 | 14.09 |
| 400% + FPL | 14.40 | 9.36 | 12.83 | 36.60 |
| Total | 24.63 | 36.77 | 38.60 | 100 |
| $Chi^2$ | P = 0.000 | n = 1,950 | N 1,646,094 | |

*Source*: Centers for disease control and prevention, National center for health statistics, National survey of adoptive parents (2007)

a population N of 1,646,094. This table addresses three questions: the relationship of the adoptive parent to the other adoptive parent; the ethnicity of the adoptive family and the poverty level of the household. Notably, 98 percent of those who adopted reported having a spouse, (conflicting with the marital status noted in the 2,089 sample in Table 1.1 which reported about 80 percent either married or cohabitating). Ethnicity data, also limited to a sample of 1,388, indicate that the three groups significantly differ. Although, Non-Hispanic whites are the dominant ethnicity in the United States only 37.3 percent of those who adopted were Non-Hispanic White. Similarly, 38 percent of the adoptions were private domestic adoptions and the greatest portion of the private domestic adoptions, 19 percent, by Non-Hispanic whites with 9.34 percent by Non-Hispanic blacks. Although only 15.37 percent of the adopters were Non-Hispanic Asians, 14.65 percent of the Intercountry adoptions were by Non-Hispanic Asians. Poverty level was addressed as a percent of the Family Poverty Level. This category had an n of 1,950 and a weighted N of 1,646,094. Even though 37 percent of those who adopted had an income which was 400 percent of the family poverty level, about 12 percent of those in 0–100 percent of the family poverty level adopted.

Table 1.3 addresses the reasons why the adoptive family selected the type of adoption. The NSAP only questions the reasons for intercountry adoptions and foster child adoptions and asks different questions for each type. The numbers of responders are limited to about an n of 523; N of 423,887 for the intercountry adoption question (though there was some variation in the numbers) and about an n of 346; N of 313,233 for the domestic adoption question. The Intercountry adopters clearly wanted an infant, 62.68 percent. The answers to the other questions were more evenly divided. About 45 percent wanted a specific child; 45 percent were interested in a particular culture and; 49 percent thought it would be quicker.

**Table 1.3** Weighted percentages of the reason for adoptions: Intercountry and foster child

| *Reason for intercountry adoption* | NA (%) | Yes (%) | No (%) | (%) |
|---|---|---|---|---|
| Encouragement by adoption worker | 80.65 | 19.20 | 0.15 | |
| Wanted an infant | 36.39 | 62.68 | 0.93 | |
| Wanted a specific child | 55.06 | 44.86 | 0.09 | |
| Interest in a particular culture | 55.06 | 44.86 | 0.09 | |
| Thought would be quicker | 50.88 | 48.66 | 0.46 | |
| Lawyer encouraged me/us | 80.65 | 19.20 | 0.15 | |
| n =523 | N = 423,887 | | | |
| *Reason for foster child adoption* | No | Yes | Don't Know | Refused |
| Thought it would be quicker | 70.31 | 26.83 | 1.98 | 0.88 |
| Less costly | 38.91 | 59.08 | 1.18 | 0.83 |
| Wanted "Special Needs" child | 75.41 | 23.67 | 0.07 | 0.86 |
| Prior foster child adopter | 76.32 | 22.78 | 0.04 | 0.85 |
| n = 346 | N = 313,233 | | | |

*Source*: Centers for disease control and prevention, National center for health statistics, National survey of adoptive parents (2007)

Foster care adopters clearly (59 percent) thought it would be less costly. The other percentages were lower. About 27 percent thought it would be quicker; 24 percent wanted a "special needs" child; and about 23 percent had previously adopted a foster child.

Table 1.4 addresses the general questions regarding reasons for adoption by the type of adoption. The reasons for adoption evidence the changing trends in

**Table 1.4** Weighted percentages of reason for adoption by adoption type

| | | Intercountry (%) | Foster (%) | Private (%) | Total (%) |
|---|---|---|---|---|---|
| *Do you or your spouse have other biological children?* | | | | | |
| $Chi^2$ 136.35 | No | 17.64 | 14.30 | 17.31 | 49.26 |
| P = 0.000 | Yes | 7.28 | 22.78 | 20.68 | 50.74 |
| *Was the biological child(ren) born prior to the adoption?* | | | | | |
| $Chi^2$ 14.31 | No | 1.51 | 2.37 | 4.50 | 8.38 |
| P = 0.000 | Yes | 12.83 | 42.53 | 35.98 | 91.34 |
| *Were you unable to have a biological child?* | | | | | |
| $Chi^2$ 145.69 | No | 6.94 | 22.17 | 18.08 | 47.19 |
| P = 0.000 | Yes | 17.85 | 14.23 | 19.82 | 51.89 |
| | Don't know | 0.13 | 0.66 | 0.10 | 0.89 |
| *We wanted to expand our family* | | | | | |
| $Chi^2$ 181.07 | No | 2.04 | 14.37 | 14.99 | 31.41 |
| P = 0.000 | Yes | 22.84 | 22.68 | 22.80 | 68.32 |
| *We wanted a sibling for our child* | | | | | |
| $Chi^2$ 108.68 | No | 7.91 | 31.94 | 24.75 | 64.61 |
| P = 0.000 | Yes | 12.92 | 13.18 | 9.28 | 35.38 |
| *We had already adopted a sibling of the Selected Child* | | | | | |
| $Chi^2$ 9.69 | No | 6.82 | 44.55 | 14.66 | 66.04 |
| P = 0.089 | Yes | 1.34 | 20.32 | 12.30 | 33.96 |
| *We wanted to adopt a child who needed a permanent home* | | | | | |
| $Chi^2$ 106.47 | No | 2.40 | 5.09 | 11.30 | 18.79 |
| P = 0.000 | Yes | 22.47 | 31.86 | 26.70 | 81.03 |
| *Did you or your spouse know the Selected Child prior to adoption* | | | | | |
| $Chi^2$ 259.67 | No | 23.88 | 22.37 | 21.11 | 67.36 |
| P = 0.000 | Yes | 1.04 | 14.71 | 16.89 | 32.64 |
| *Were you adopted as a child?* | | | | | |
| $Chi^2$ 10.04 | No | 23.99 | 34.86 | 36.63 | 95.47 |
| P = 0.5234 | Yes | 0.93 | 2.07 | 1.37 | 4.37 |
| *Was your spouse adopted as a child?* | | | | | |
| $Chi^2$ 10.51 | No | 29.44 | 35.05 | 32.86 | 97.35 |
| P = 0.264 | Yes | 0.76 | 1.44 | 0.35 | 2.55 |
| *Do any of your (or spouse's) relatives have adopted children?* | | | | | |
| $Chi^2$ 15.47 | No | 15.01 | 23.43 | 25.37 | 63.80 |
| P = 0.264 | Yes | 9.87 | 13.53 | 12.14 | 35.54 |
| n= 2,089 | N 1,782,025 | | | | |

*Source*: Centers for disease control and prevention, National center for health statistics, National survey of adoptive parents (2007)

adoptions in the United States. The percentages of adopters were evenly split between those who had biological children, 51 percent, and those who did not have biological children, 49 percent. Of these, 91 percent of the biological children were born prior to the adoption, with the highest percentage, 43 percent, being foster care adoption, and the lowest, 13 percent, intercountry adoption. Interestingly, about 52 percent noted they were unable to have a biological child; an issue for 18 percent of the intercountry adoptions, 14 percent of the foster adoptions and 20 percent of the private adoptions. Eighty-one percent wanted to give a child a permanent home; the highest percentage, 32 percent, being foster care. Three question address personal experiences with adoptions and none of these were significant. Only 4 percent were adopted as a child; 3 percent had a spouse who was adopted as a child and; 36 percent had relatives who had adopted.

Table 1.5 addresses the adoptive family's support of the child who has a different race or ethnicity or culture than the adopting family. The NSAP includes a subset, n of 2,080 weighted to an N of 1,775,409, of transracial adoptions. NSAP data reveal that 60 percent of adoptees have a different race, ethnicity or culture from the adoptive parents. This 60 percent includes 4 percent intercountry; 26.56 percent foster care adoptions and; 29.82 percent private domestic adoptions. Of those who adopted transracially, 58 percent participated in activities of the race, ethnicity or culture and 36 were intercountry adoptions. Eighty-five percent read books about the child's race, ethnicity or culture. Fifty-nine percent participated in ethnic holidays; 38 percent of these were intercountry adopters. Multiple questions found no significant differences among the three types: two questions addressed whether the family moved in support of race, ethnic or cultural exposure or to schools and neither were significant. Also not significant were questions about choosing teachers or child care or role models; selecting friends of the child's race, ethnicity or culture; selecting and preparing ethnic foods.

Next, I examine the three dependent variables (types of adoption Intercountry, Foster and Private). Table 1.6, "Odds Ratio of Family Characteristics by Type of Adoption: Percent of Family Poverty Level (FPL)", Ethnicity and Has Biological Child uses the five income levels. Notably, the odds of intercountry adoption are greatest in the highest incomes. Those with incomes >300–400 percent and >400 percent of FPL are about 37 and 36 times respectively, more likely to adopt intercountry than other types of adoptions. The referent income level is the lowest level, less than 100 percent of the FPL. Ethnicity is interesting in that Non-Hispanic Whites are not significantly more likely to adopt in any of the three dependent variables. (The referent category is Non-Hispanic Others.) The odds ratio of adopting intercountry by Non-Hispanic Asians is 310 but they are significantly less likely to adopt either through Foster or Private adoptions, 0.066 and 0.008 respectively. The presence of a biological child is significant with those who adopt intercountry having lower odds of having a biological child and those foster care adopters having a 1.5 odds ratio of having a biological child. The only variables significant for Foster Adoptions were the presence of a biological child and being less likely to adopt if Non-Hispanic Asian. Private adoption were significantly less likely to be in the income group >100–200 percent of the federal poverty level. Other

**Table 1.5** Support of transracial adoptee; Weighted percents by adoption type

| | Type | Intercountry (%) | Foster (%) | Private (%) | Total (%) |
|---|---|---|---|---|---|
| Race/ethnicity differs | Yes | 4.07 | 26.56 | 29.82 | 60.44 |
| from adoptive parents | No | 20.94 | 10.54 | 8.08 | 39.56 |
| | Chi $^2$ = 574.388 | | P = 0.00 | n = 2080 | N = 1,775,409 |
| Family support child's race/ ethnicity/culture (REC) | Transracial adoptions | | | n = 809 | N 702,345 |
| Lived in or moved residence | NA | 30.34 | 14.17 | 13.21 | 57.71 |
| to REC neighborhood | Yes | 20.54 | 12.94 | 8.78 | 42.25 |
| ($Chi^2 = 7.94$ P = 0.418) | No | 0.01 | 0.00 | 0.03 | 0.04 |
| Live near or moved | NA | 31.41 | 13.38 | 12.82 | 57.61 |
| to schools of REC | Yes | 21.52 | 13.26 | 7.56 | 42.35 |
| ($Chi^2 = 5.87$; P = 0.50) | No | 0.01 | 0.00 | 0.03 | 0.04 |
| Participate in activities of REC | NA | 16.15 | 13.12 | 12.53 | 41.79 |
| | Yes | 36.65 | 13.52 | 7.89 | 58.07 |
| ($Chi^2 = 53.966$; P = 0.001) | No | 0.14 | 0.00 | 0.00 | 0.14 |
| Select REC entertainment | NA | 10.91 | 7.20 | 5.52 | 23.63 |
| | Yes | 40.93 | 19.44 | 14.90 | 75.27 |
| ($Chi^2 = 11.904$; P = 0.548) | No | 1.10 | 0.00 | 0.00 | 1.10 |
| Chose teachers/child care | NA | 28.52 | 13.36 | 11.98 | 53.86 |
| /role models of REC | Yes | 24.41 | 13.29 | 8.40 | 46.10 |
| ($Chi^2 = 4.178$; P = 0.755) | No | 0.00 | 0.00 | 0.04 | 0.04 |
| Participate in ethnic holidays of REC | NA | 15.10 | 13.11 | 12.10 | 40.31 |
| | Yes | 37.71 | 13.51 | 8.20 | 59.42 |
| ($Chi^2 = 57.772$; P = 0.000) | No | 0.13 | 0.02 | 0.12 | 0.27 |
| Select friends of the child's REC | NA | 13.92 | 4.28 | 5.18 | 23.38 |
| | Yes | 39.00 | 22.37 | 15.24 | 76.61 |
| ($Chi^2 = 8.88$;P = 0.406) | No | 0.02 | 0.00 | 0.00 | 0.02 |
| Select and prepare ethnic foods of REC | NA | 9.59 | 8.05 | 8.16 | 25.80 |
| | Yes | 43.35 | 18.60 | 12.19 | 74.14 |
| ($Chi^2 = 8.88$;P = 0.457) | No | 0.00 | 0.00 | 0.07 | 0.07 |
| Read books about child's REC heritage | NA | 4.21 | 6.57 | 4.08 | 14.86 |
| | Yes | 48.72 | 20.07 | 16.34 | 85.13 |
| ($Chi^2 = 35.979$;P = 0.002) | No | 0.00 | 0.00 | 0.00 | 0.01 |
| Would you encourage others | NA | 0.02 | 0.05 | 0.05 | 0.12 |
| to adopt transracially | Yes | 52.61 | 26.59 | 20.20 | 99.40 |
| ($Chi^2 = 2.165$; P = 0.3453) | No | 0.31 | 0.00 | 0.17 | 0.48 |
| | Refused | 0.01 | 0.00 | 0.00 | 0.01 |

*Source*: Centers for disease control and prevention, National center for health statistics, National survey of adoptive parents (2007)

income groups were not significant. The significant odds ratios of private adopters by ethnicity, compared to Non-Hispanic Others, are: Hispanic, 0.5; Non-Hispanic Black, 0.6; and Non-Hispanic Asians, 0.008. The Non-Hispanic Whites was not significant.

Table 1.7 "Odds Ratio of Child Characteristics by Type of Adoption Age Group, Sex, and Special Health Care Needs" most notably shows the increased odds ratio

**Table 1.6** Odds ratio of family characteristics by type of adoption percent of Family Poverty Level (FPL), Ethnicity and has biological child

| | Intercountry | | Foster | | Private | |
|---|---|---|---|---|---|---|
| | Odds ratio | P> | Odds ratio | P> | Odds ratio | P> |
| >100–200% FPL | 8.728 | ** | 1.799 | | 0.521 | * |
| >200–300% FPL | 13.075 | *** | 1.198 | | 0.763 | |
| >300–400% FPL | 36.584 | *** | 0.787 | | 0.692 | |
| >400% FPL | 35.463 | *** | 0.830 | | 0.655 | |
| NH white | 2.104 | | 0.760 | | 1.033 | |
| Hispanic | 5.623 | ** | 0.900 | | 0.492 | * |
| NH black | 0.815 | | 1.746 | | 0.553 | * |
| NH Asian | 309.483 | *** | 0.066 | *** | 0.008 | *** |
| Biological child | 0.397 | *** | 1.500 | * | 0.988 | |

*Data Source*: Centers for disease control and prevention, National center for health statistics, National survey of adoptive parents (2007)
Referent: <100%FPL; NH Other
n = 1950; N = 1,646,094; *= $P<0.05$; **= $P<0.01$; ***= $P<0.001$

**Table 1.7** Odds ratio of child characteristics by type of adoption age group, sex, and special health care needs

| | Intercountry | | Foster | | Private | |
|---|---|---|---|---|---|---|
| Odds | Odds ratio | P> | Odds ratio | P> | Odds ratio | P> |
| 0–2 years | 4.221 | *** | 0.486 | * | 0.583 | |
| 3–4 years | 4.117 | *** | 0.738 | | 0.439 | ** |
| 5–9 years | 3.044 | *** | 1.080 | | 0.416 | *** |
| 10–12 years | 1.651 | | 0.921 | | 0.813 | |
| 13–14 years | 1.072 | | 1.662 | | 0.584 | * |
| Male | 0.465 | *** | 1.368 | | 1.319 | |
| Special needs | 0.675 | * | 2.399 | *** | 0.541 | *** |

*Data Source*: Centers for disease control and prevention, national center for health statistics, National survey of adoptive parents (2007)
Referent: 15–17 years
n = 2089; N = 1,782,025; *= $P<0.05$; **= $P<0.01$; ***= $P<0.001$

of adoption of the youngest children, ages 0–2 and 3–4, were significant for the Intercountry adopters; 4.22 and 4.12 respectively. The Intercountry group, ages 5–9, was also significant with an odds ratio of 3.04. Males were less likely to be adopted in Intercountry adoptions, 0.47 odds ratio.

Foster care adoptions were significantly less likely to be aged 0–2, 0.49; and had an increased odds of having special health needs, 2.40. Private adoptions were less likely to be older, 3–4, 5–9 and 13–14 had odds ratios of 0.44, 0.42 and 0.58 respectively. They were significantly less likely to have special health care needs, odds ratio of 0.54.

### *1.4.3 Discussion of National Survey of Adoptive Parents*

The NSAP, welcomed by adoption researchers as the first national survey of adoptive parents, has limitations. First is the response rate. If one considers the response rate to the NSCH, the overall response rate was 34.6 percent (CDC; SLATS). Second, the NSAP was a follow-up survey so questions answered in the original survey were not repeated. This limited NSAP public use data as primary demographic characteristics were in the original set of questions in the 2007 National Survey of Children's Health survey (NSCH). Linked NSCH and NSAP data are available to adoption researchers who submit research proposals as the small numbers require regulating release for confidentiality and privacy protection. Third, there are limitations of the SLATS system due to increased cell phone usage which affects sampling bias (this is being addressed in later surveys). Fourth, it is a onetime sample, so unlike the NSFG, data are not comparable over time. Fifth, it does not cover informal adoptions, limiting the investigation of a preferred way of caring for orphaned, abandoned, or voluntarily placed children and for minorities. Adopted children living with one biological parent were considered to be step-parent adoptees and were also excluded. Seventh, it was conducted in English, and 99 percent of those surveyed noted that English was the primary language spoken in the home.

In spite of these limitations the NSAP provides weighted data on a nationally representative sample of 2,089 adoptive families with 572 public-use file variables available for analysis. In this chapter data, presented in Tables 1.1 through 1.6, provide a clearer picture of the current status of adoptive families and three types of adoptions: intercountry adoptions, foster care adoptions and domestic private adoptions. Adoptions are no longer limited to those who are White, those with higher incomes and those with no biological children. In spite of the survey's English only selection 15 percent of those who adopted were Hispanic and 24 percent were Non-Hispanic Black across all income levels adopted. They continue to be the wealthy, but all income levels adopt. Almost even percentages of those respondents and their spouses with and without biological children adopted.

The three types of adoptions, Intercountry, Foster and Private, have significant differences. The Intercountry type has significantly higher income. What was especially notable is that Non-Hispanic Asians have a 310 odds ratio of Intercountry adoptions. Intercountry are less likely to have a biological child. The Foster care type are not significantly different than the other types of adopters, except that they are less likely to be Non-Hispanic Asian, and they are more likely to have a biological child. The Private type is less likely to have incomes from 100 to 200 percent of the family poverty level. They are less likely to be Hispanic, Non-Hispanic Black and Non-Hispanic Asians.

The children placed by the three types are also different. The intercountry adopters are more likely to adopt the younger children and those without special needs. Foster care adopters have greater odds of adopting children with special health care needs. Private domestic adopters have greater odds of adoption of slightly older children, aged three to four and five to nine, and are less likely to adopt children with special health care needs.

This survey also highlights the reasons for selection of a type of adoption; the efforts families make to support the race, ethnicity and culture of the transracial adoptive child.

## 1.5 The Adoption and Foster Care Analysis and Reporting System (AFCARS)

### *1.5.1 Overview of AFCARS*

AFCARS data are administrative data, required child welfare reporting of children in state custody who are placed in adoption. These data provide a picture of foster children adopted in 2004. The data used in this section were made available by the National Data Archive on Child Abuse and Neglect, Cornell University, Ithaca, NY. Data have been used with permission of the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, United States Department of Health and Human Services, responsible for the collection and sharing of the data archive at Cornell University. Their agents or employees bear no responsibility for the analyses or interpretations presented here (NDACN, 2002, p. iii).

### *1.5.2 Findings*

Table 1.8 shows that, in general, adopted foster children are older with 44.9 percent under age five, 25.64 percent aged six to nine, 22.29 percent aged ten to fourteen; and 7.18 percent aged fifteen and over. Foster children typically have special needs which limit their adoptive placement. They are from a variety of races and ethnicities and frequently have medical, emotional, and physical conditions which require treatment. Foster children may be part of a sibling group, needing a family willing to adopt siblings. Table 1.8 reveals that only 1 percent of foster children adopted in 2004 did not fit into at least one special needs group. Twenty-six percent were older, 22 percent were part of a sibling group and 26.47 percent had a medical or physical condition.

Furthermore, there are twice as many children in foster care awaiting adoptive placement with others in legal limbo unable to be adopted due to parental termination issues. In Fiscal Year 2004 there were 118,000 children in foster care averaging nine years of age.

> Thirty-eight percent of the children were White, Non-Hispanic; 38 percent were Black, Non-Hispanic; 14 percent were Hispanic; and 9 percent were other races or ethnicities. At the end of FY 2004, they had been in foster care an average of more than $3\frac{1}{2}$ years (44 months)… 24 percent of all children adopted from foster care in FY 2004 were adopted by relatives. (United States Department of Health and Human Services Administration of Families and Children 2005, p. 4)

**Table 1.8** Frequencies and percent of foster care adoptees by age, sex, race and ethnicity, and special needs in 2004

| | | Frequency | Percent |
|---|---|---|---|
| Total adopted | | 52,465 | |
| Sex | Male | 26,572 | 50.65 |
| | Female | 25,893 | 49.35 |
| Age | >1 | 72 | 0.14 |
| | 1–5 | 23,483 | 44.76 |
| | 6–9 | 13,453 | 25.64 |
| | 10–14 | 11,695 | 22.29 |
| | 15 plus | 3,765 | 7.18 |
| Race and Ethnicity | White | 26,705 | 50.9 |
| | Hispanic | 7,522 | 14.34 |
| | African American | 17,711 | 33.76 |
| | Asian | 515 | 0.98 |
| | Pacific islander | 334 | 0.64 |
| | Native American | 1,140 | 2.17 |
| Prior Relationship | Stepparent | 52 | 0.1 |
| | Other relative | 11,404 | 21.74 |
| | Foster parent | 28,038 | 53.45 |
| | Non relative | 7,151 | 13.63 |
| | Other | | |
| Special needs | None | 590 | 1.3 |
| | Racial or ethnic | 4,649 | 10.22 |
| | Age | 11,875 | 26.1 |
| | Sibling group | 10,059 | 22.11 |
| | Medical /Physical | 12,046 | 26.47 |
| | MR | 1,129 | 2.29 |
| | Physical | 1,148 | 2.94 |
| | Visual/Hearing | 888 | 1.81 |
| | Emotional | 5,917 | 11.96 |
| | Other diagnosis | 9,196 | 18.7 |
| | Other | 6,285 | 13.81 |

*Source*: 2004 Adoption and foster care analysis and reporting system
Totals and percentages may include those in multiple categories

The AFCARS statistics for 2005 indicate similar trends. Of the 513,000 foster children in care, 114,000 were available for adoption. They have been in foster care an average of 41.6 months, taking on average 15.2 months for termination of parental rights, indicating readiness for adoption. Their average age was 8.6 years and they were 53 percent male and 43 percent female. In 2005, 311,000 entered care and 287,000 exited care with 18 percent or 51,323 going to adoptive placement. This same year, 60 percent (30,683) of adoptions were by foster parents and 25 percent (12,759) by relatives. In spite of a population which is about 12 percent African American, 26 percent of those who entered care were African American and 47 percent were Non Hispanic White.

## 1.6 Conclusion

The overview of adoption justifies the need for a demographic analysis. The description of the four types of adoptions (formal versus informal, relative versus non related adoptions, domestic versus intercountry, and private versus foster child adoptions) begins the discourse that changing norms are redefining who can adopt and who is eligible for adoption. This discourse continues in Chapter 2 with the transitioning, but not abandonment, of an unofficial "worthiness scale", used to judge both the adoptive child and the adoptive family.

The title of this book *Children for Families or Families for Children: the Demography of Adoption Behavior in the United States* raises the question of whether child adoption functions to serve the child or to serve the family. The National Survey of Adoptive Parents analysis reveals that intercountry adoptions seem to attract those who do not have a biological child and who have higher income, indicating that adoptions appear to function to provide children to those families. Conversely, foster care adopters appear to function more to provide homes for those children who are labelled "hard to place", including the older child, and the child with special health care needs. Foster adopters, though in many ways similar to the other types of adopters are significantly more likely to have a biological child. Arguably, these foster adoptions function more to provide homes for children.

The "families for children" aspect of adoptions, examined through the use of descriptive administrative data from the Adoption and Foster Care Analysis and Reporting System (AFCARS), reveals children in foster care in the United States typify the "hard-to-place children." AFCARS data show that the foster care adoptees are children who are part of sibling groups; racial and ethnic minorities; over half are age six or older; and about 27 percent have a mental or physical disability. Thus, this and future chapters will deconstruct who is adoptable and of who can adopt.

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# Chapter 2
# History: The Changing Face of Adoption

This chapter presents a historical discussion of adoption in the United States. We begin with the precursors to U.S. adoption laws, and then cover the Colonial Era, the Progressive Era, and the Heyday of Adoptions; we end with a presentation of current adoption practices. Many adoption traditions, primarily functioning to care for orphans,[1] are grounded in historical events such as wars and disasters, and ethnic and religious cultures.

## 2.1 Precursors to U. S. Adoption Laws

This overview of the history of U.S. adoptions begins with the history of adoption per se which spans over 4,000 years. Adoptions were mentioned in the Babylonian Code of Hammurabi in 285 BCE as well as in Hindu, Roman and Greek law (United Nations, 2009). The most often recognized adoption was that of Moses by the Emperor Octavian Augustus (United Nations, 2009, p. 25). Adoptions in Roman law were primarily to maintain family lineage or to secure political loyalty. Adoption traditions in Roman law functioned primarily to secure inheritance, and thus differentiated between relatives and nonrelatives. These laws were written codes which outlined the relationships between those with blood or consanguine ties and those with legal or code created familial relationships (Catholic Encyclopedia, 2007a). Adoptions thus safeguarded inheritance claims, maintaining an undisputed lineage for family wealth and social status (Sokoloff, 1993). Greek laws followed the same pattern of adoptions as a way to provide heirs for those without legitimate sons.

During the middle ages adoptions became less used. Unwanted or foundling children were donated to convents or monasteries, preceding children's institutions or founding homes which began in the twelfth or thirteenth centuries. Institutional care versus adoptions grew, possibly over stigma related to being illegitimate. Institutional placements grew in the mid 1800s to 11,000 children entering the home

[1] The term orphan is not accurate as many children who are adopted have one or both living parents but are placed either voluntarily due to health or financial reasons or involuntarily due to economic or legal pressures.

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annually in Moscow; about 5,000 children were admitted annually to a foundling home in Paris, about 2,500 admitted annually in Venice. Later children were transported to the colonies (Australia, Canada New Zealand, the United States, South Africa and Zimbabwe) as laborers much like the later orphan trains in the United States (United Nations, 2009, p. 10).

The Napoleonic Code of 1804 ushered in the era of modern adoptions laws. Biological parents were to give consent to the adoption. The adopted children were to inherit equally with biological children. Most importantly the code specified criteria for adopters: they were to be over age 50, childless with no heirs (United Nations, 2009). The first adoption law recognized as a modern adoption law was the Massachusetts Adoption Act of 1851.

Another way to address the history of adoption is through religious traditions. The religious texts and traditions of Christianity, Judaism, and Islam (the three major religions in the U.S) share similar concerns about adoptions. Adoptions protect the sanctity of marriage from incestuous relationships, and assure a clear line of inheritance. Adoptions are viewed in the context of moral and humanitarian obligations to care for orphaned children, the needy, and the infirm. The term *orphan* applies to many categories of dependent children, not only those whose parent(s) were deceased. Children whose parents were unable to care for them due to financial destitution or physical and health-related challenges are also referred to as orphans (The Adoption History Project, 2008a).

Christian traditions supporting the charitable caring for the widow and orphans accepted adoption as a way to legitimatize children and protect them against incest by not allowing marriage among adopted family members. The Roman Catholic canon specifying *cognatio legalis* were based on Roman laws which made the legal relationship of adoption the same as a biological relationship. Incest laws were applicable to adoptive parent-child and sibling relations since all aspects of the parent-child relationship were considered to be the same as consanguine relationships (Catholic Encyclopedia, 2007a). These concerns were clarified by Thomas Aquinas (1225–1274) in his *Summa Theologica* (1920, pp. 1265–1274). He included the importance of adoption in legitimizing a child so as to not punish the child for being illegitimate, which is thought to be the sin of the parents rather than that of the child. Regarding incest, Aquinas provided the following instruction:

> The Divine law especially forbids marriage between those persons who have to live together lest, as Rabbi Moses observes (Doc. Perp. iii, 49), if it were lawful for them to have carnal intercourse, there should be more room for concupiscence to the repression of which marriage is directed. And since the adopted child dwells in the house of his adopted father like one that is begotten naturally human laws forbid the contracting of marriage between the like, and this prohibition is approved by the Church. Hence it is that legal adoption is an impediment to marriage. (Aquinas, 1920, pp. 1265–1274)

The *kafalah* of Islamic law and the *Tzedakah* Jewish traditions require the charitable care of dependent children (Friedman, 1994). Yet, within religious teachings, adoption is also a matter of debate. For instance, Islamic Sunnis and Orthodox Jews are required to care for dependent children, but not to the extent of

adopting them. Stipulations prohibiting adoption were designed to maintain clear lineage which would avoid incest by siblings who might marry, unaware of their blood relationship.

Islamic countries are divided on adoption. Muhammad was orphaned and adopted. Although the *Qu'ran* requires care for orphans this care, *kafalah,* is customarily undertaken by extended family, such as was provided to Muhammad (Bullough, 2006a). Islamic law, *Sharia*, as is written in the fifth verse of the thirty-third *Surah* is seen to prohibit adoptions. Accordingly, the African nations of Algeria, Djibouti, Egypt, Libyan Arab Jamahiriya, Mauritania, and Morocco as well as Asian nations of Afghanistan, Bahrain, Iran, Iraq, Jordan, Kuwait, Maldives, Oman, Pakistan, Qatar, Saudi Arabia, Syrian Arab Republic, United Arab Emirates and Yemen do not recognize adoptions (United Nations, 2009, p. 26). On the other hand, Shii'tes (for example in Iran) allow adoptions. Indonesia, Tunisia and Turkey allow adoptions.

Jewish law, *Halacha*, allows adoptions. Some Jews prefer adopting one whose mother is Jewish because the Jewish religion is matrilineal. However, the adoption of a Gentile assures the adoptee is not related to other family members precluding the risk of incest (Friedman, 1994). Such religious teachings and traditions, together with other factors, provided a foundation for the creation of U.S. adoption laws which influenced immigrant groups as to the proper way to care for orphans – whether through adoption or other means.

## 2.2 The Colonial Era

In Colonial America, particularly in Puritan Massachusetts and Dutch New York, adoptions were common. Typically these were informal placement of abandoned children, or those from poor families who were unable to care for them (Bussiere, 1998; Carp, 2002; Sokoloff, 1993). There were three placement practices: children placed as indentured servants, children apprenticed with a tradesman, and children placed in the households of the privileged as servants.

The colonial poor policies followed Elizabethan Poor Laws which provided for the poor, including indigent children, by providing poor houses or making them indentured laborers. Western European poor of all ages came to the colonies seeking financial opportunities. Many paid for their ocean crossing by becoming indentured servants. It was also common for the dependent children, either orphaned or from poor families, to immigrate without their families. "As early as 1627, for example, fourteen hundred poor or orphaned children were apprentices directly to the Virginia Company; in 1740, one wealthy Georgia planter took in sixty-one orphans to join his 'family' and work his fields" (Spar, 2006, p. 163). The children were viewed as chattel, a commodity due to their value as laborers. By the large number of orphans joining a family, one can see that they were more likely to be laborers than family members. However, informal adoptions did occur as child indentured servants were assimilated into families.

Apprenticeship tended to follow European traditions. The young, even those with families, were apprenticed to tradesmen to learn a skill and thus have a way of supporting themselves as adults. Children were also placed in the homes of privileged families instead of into indentured servitude, but it was by no means the "preferred system of child care" (Carp, 2002, p. 3). The poor houses mixed young children with the poor of all ages; however the risk of child exploitation led to orphanages housing only children. By the early nineteenth century, adoption was used by female managers of orphan asylums as a cost saving mechanism. It was commonly believed that placing children with their blood relatives was best, assuring their acceptance by family members. Nonsanguine adoption was used only when blood relatives were unavailable. Even when children were adopted into families, they were usually treated as having lower status, more like servants (Carp, 2002).

The dominant Anglo historical perspective of adoption seems to neglect the variety of adoption practices in the Native American and African American cultures. In Native American families, nuclear families composed solely of married couples and children were rare (refer to Askeland (2006) for details of the varied family relationships in multiple tribes). Depending on economic means, the responsibility for children was shared among family members, but the assumption was that one of the relatives would assume responsibility. The first actual adoption codes in America are from the Iroquois whose governmental system served as a model for the U.S. constitution. Iroquois law specified the functions of adoption: to legitimize tribal members; as replacement of deceased family members by assigning a child to carry on their function; to provide homes for the needy; and to integrate needed specialists into the tribe or family (Askeland, 2006, p. 6).

The African American culture in pre-Colonial and Colonial periods was dominated by slavery. Slaves were denied the opportunity to marry. Slave families had no legal status, including maintaining custody of their children. Slave children, more so than the indentured servants, were viewed as chattel, to be sold or traded as laborers. Parentless children were common due to high mortality rates and low life expectancies for slaves. "Fictive kin," or unrelated adults who acted as relatives, who were too old or infirmed for harsh fieldwork, raised the orphaned children until they were able to work and were then sold as workers (Askeland, 2006). Slavery and racism were accepted norms in the Civil War period when most child-caring institutions were formed. Thus, these institutions were racially segregated creating a legacy of racism in the child welfare system (Askeland, 2006).

## 2.3 Prior to the Civil War

### *2.3.1 Early Care for Dependent Children*

In the Colonial Era, and until the time of the Civil War, there were four primary ways of dealing with dependent children: "outdoor relief" (direct charity to the poor in their own homes); "farming out" (placement with other families); apprenticeship;

and placement in public almshouses, where no distinction was made between the youngsters and adult paupers, some of whom were criminals (Friedman, 1994, pp. 1–2).

Direct charity to keep children with their families was considered the best option. Helping families remain intact through charity was less expensive to the community than supporting orphanages, where a child might remain until he/she reached self-sufficiency. As an added bonus "outdoor relief" maintained familial blood ties. If the parents could not keep the child, the next best choice for child placement of orphans or indigents was relative placement. This also maintained blood lines, and families were assumed to more likely treat relatives fairly.

Children old enough to work were apprenticed to learn a trade or became field or household workers in the household of a person of means. "Farming out", functioned both to keep administrative costs low and to satisfy humanitarian reasons. Unlike today when infant adoptions are preferred, during the Colonial period, older children, aged seven or eight, were favored for adoption because by that age one could assess their character. Children were often placed with a middle or upper class family where they could work for their keep as opposed to becoming a family member. They would be "helpful in the household" (Esposito & Biafora, 2007, p. 19). Early in the boom in institutional placement of children, child welfare reformers concerned about conditions in the almshouses, and mixing children with adults, were able to pass the New York State Children's Law of 1875. This law mandated that children aged three to thirteen be placed in children's institutions, segregated from adults. Other states quickly passed similar laws (Friedman, 1994, pp. 1–2). However, the consensus among children's advocates was that the family setting provided the best opportunity to raise children to become fully-functioning members of society.

At first, adoptive families were located on farms in New York, Connecticut, and Pennsylvania (Sokoloff, 1993, p. 20) where farmers often had a need for additional child laborers. Adoptions were the informal result of "farming out" younger children to these families. Older children were also placed, though they were treated more like unpaid laborers until they became independent adults.

Poor house placement, a remnant of the Elizabethan Poor Laws, was the last resort. These asylums were institutional placements sponsored by either religious organizations or women's charities. The poor of all ages were housed together. Children were mixed with indigent adults who included the physically ill, the mentally ill and those with substance abuse problems. Once infants and young children were placed, the almshouses and orphanages were pressured to use "farming out," or to place the indigent children in homes as soon as they were old enough

### *2.3.2 Orphan Trains*

C. Wright Mills (1959) wrote that sociology is the study of the intersection of biography and history. The orphan trains are an example of a social movement that

responded to this intersection. Charles Loring Brace was a Protestant minister who worked with the New York Children's Aid Society (founded in 1853) ministering to the poor immigrants whom he labeled as the "dangerous classes". (Adoption History Project, 2008b) During the years of peak immigration, New York was overflowing with destitute illiterate peasant immigrants. For instance, from 1844 to 1854, nearly two million Irish, primarily Catholic, immigrated during the potato famine years, most arriving in New York. Brace has projected there were from 20,000 to 30,000 children of impoverished Irish and German Catholic immigrants "on the streets," joining gangs for survival, destined to become criminals (Brace, 1880, pp. 28–31). Brace was influenced by the psychological developmental theories of John Locke and Horace stressing nurture over nature. He believed that family life was better than placement in poor houses. He believed that children would develop into hard working adults if they were exposed to strong Christian moral values, including temperance and hard work (Carp, 2002:1). Therefore, in 1854 Brace designed an innovative program, known as the "Orphan Trains." He assumed that Anglo-Protestant rural farming families in the west needed children to work in the fields and would be eager to adopt the homeless children from New York. Further, he believed that clean wholesome work, along with living in a Protestant family environment, would help these youth develop into moral adults (The Kansas Collection of Articles, 2008).

From 1854 to 1930, these trains placed about 200,000 children from New York and other Eastern cities in the western states, Canada and Mexico (Adoption History Project, 2008b).

An example of this process is shown in a newspaper article shown below in Box 2.1.

**Box 2.1 The Orphan Train Notification *Star-Courier*; Columbus, Kansas June 21, 1894**

As was announced in last week's papers, eighteen orphan children from New York City arrived in Columbus on the five o'clock train Friday morning. They were in the care of Messrs. King, Tice, and Mrs. Elston. After bathing and breakfast at the Middaugh hotel, the little ones were as wide awake and bright as if they had not traveled nearly 2,000 miles to find homes in the West. At an early hour many of the kind hearted citizens of Columbus and Cherokee County thronged the office and halls of the hotel to see the children and to choose from them such as they desired. Every mother's heart was touched at the sight of the little ones as at nine o'clock they were led onto the stage at the opera house. There was the chubby, dimpled baby, at once "Monarch of all he surveyed," the little boy still in his kilt skirt, his brother in the proud triumphal period of his first pants – all unconscious of how much this occasion meant for them; there were the restless, typical boys of the period, and the older and thoughtful who were evidently pondering these things. It was a

beautiful tribute to kindred love when little brothers tenderly said "good bye," and two little brothers (mere babies) positively refusing to be separated, one kind hearted man took them both. One could not look upon scenes like that and not have his faith in humanity strengthened. There were more demands for children than the supply. Some ladies even came in the afternoon, hoping that some child might be left; but they were all taken before leaving the opera house.

*Source*: The Kansas Collection of Articles (2008)

Children were transported on orphan trains from the East to the West, publicly displayed at each stop to prospective families. Interested families came to train stops to make selections. They then took the children home to do whatever labor the family needed in return for room and board. No attempt was made to set standards for who could select children or to verify that the children were not exploited by the families. An example of the limited agreement signed by the families who selected orphans from the trains is shown in Box 2.2.

**Box 2.2 Orphan Train Child Placement Agreement Children's Aid Society Placing-Out Department**

I, the undersigned, _____ hereby agree to provide for _____ now of the age of _____ years, until the said boy shall reach the age of 18 years, according to the following terms and conditions, and with the full understanding that the Society reserves the right to remove the child previous to legal adoption if at any time the circumstances of the home become such as in the judgment of the agent are injurious to the physical, mental or moral well-being of the child.

The terms and conditions for the retention of the boy in my family being as follows: – To care for him in sickness and health, to send him to school during the entire free school year until he reaches the age of 14 years, and thereafter during the winter months at least, until he reaches the age of 16 years; also to have him attend Church and Sunday School when convenient, and to retain him as a member of my family until he reaches the age of 17 years, and thereafter for the final year, until he is 18 years old, to pay the boy monthly wages in addition to his maintenance, the amount thereof to be previously determined after consultation with the Society's local agent and his approval. In case he proves unsatisfactory, I agree to notify the society and pending his removal, to keep him a reasonable length of time after such notice has been

given. I agree, moreover, to use my best endeavor then and at all times, to detain him, should he try to leave me, until the Society can take steps for his removal. I agree to keep him at all times as well supplied with clothing as he was when I received him.

I agree to write to the Society at least once a year, and should I change my address I will notify the Society. _____

Witness, _____Date, _____

HAVE THIS NOTICE AND RECEIPT IN YOUR HAND WHEN TRAIN ARRIVES

*Source*: The Kansas Collection of Articles (2008)

The Orphan Trains resulted in the adoption of about 90,000 children, less than half the children placed (Spar, 2006). This Christian evangelical humanitarianism movement was the harbinger of future adoption efforts based on rescuing innocent children from "adverse" situations as is currently played out in Christian agencies focusing on international adoptions.

### *2.3.3 Orphanages*

In the late 1880s the widespread disease and poverty resulting from frontier life led to large numbers of orphaned, neglected, or abandoned children (Hollingsworth, 1964, p. 43). The child-caring institution, designed specifically for children but without any standard regulations or policies, was the primary child welfare resource in America. As mentioned earlier, these orphanages or child-caring institutions followed the almshouse tradition and were founded by individuals and community social or religious groups. Most children entered the orphanages when they were under age 7 or 8 and left for apprenticeship when they were old enough for employment. Few, approximately 5 percent, were adopted (Carp, 1998).

An orphanage boom took place during the 1800s (Esposito & Biafora, 2007). Seventy-five orphanages opened between 1831 and 1851, with an additional 126 opening by 1870 (Carp, 1998). Abrams (1989/1990) has explained that the orphanage movement developed quickly in the U.S. due to both social control and altruistic interests. There. . ."were only six orphanages in the entire country in 1800, by 1925 the number had increased to 1,400, a large portion of them founded between 1890 and 1910 (Carp, 1998, p. 181) ". U.S. Census figures produced in 1909 reported 93,000 children living in children's institutions and a 1923 census survey reported 1,558 institutions (Friedman, 1994, p. 3).

During the late eighteenth and nineteenth centuries the Roman Catholic Church responded to the needs of poor inner city immigrant children, predominately Catholic German and Irish, either orphans or abandoned due to poverty, by building

over three hundred orphanages. These were an inexpensive way to care for the children as they were managed by unpaid members of religious sects, primarily Catholic nuns (Bullough, 2006b). These sectarian institutions followed the Catholic European model of abandoned children being cared for in monasteries and convents. Unfortunately this commitment to Catholic child-care institutions also delayed or limited adoptions since the orphanages became self-perpetuating institutions. The result was that children remained in orphanages, when others responded to progressive ideals which recommended the care for children in family homes over institutional care. Although the Roman Catholic Church primarily relied on institutional placement, they also participated in placing children out and adoption. Religious organizations also desired requirements for moral training. The Catholic institutions required that the family would provide for the children as their own and raise them in the Catholic faith.

The first orphanage was established in 1728 by the Sisters of the Ursuline Convent in New Orleans. The Ursuline orphanage was developed to care for children whose parents were killed in an Indian massacre and remained open from 1728 to 1825. Between 1728 and 1903, fifteen additional Catholic orphanages opened just in New Orleans (Hollingsworth, 1964; Religious Community Archivists of Greater New Orleans, 2008). The largest Catholic orphanage, founded in 1862, was the New York Catholic Protectory, at any one time serving between 1,000 and 2,000 children. By 1900 there were six Catholic orphanages in New York City serving 68,269 children (Catholic Encyclopedia, 2007b). By 1910 the Catholic orphanages served almost 70,000 children annually through institutional placement (Adoption History Project, 2008b).

Jewish Charities were also significant providers of child social services. Between 1860 and 1920, the Hebrew Orphan Asylum of New York served 13,506 children (Friedman, 1994, p. 1). An example of how institutions were founded as a response to need is a Jewish institution in Denver, Colorado, The Denver Sheltering Arms (Abrams, 1989/1990). Tuberculosis (TB) was the leading cause of death in the late nineteenth century and the only known treatment was to live in a dry sunny environment. Jewish immigrant TB patients left the urban northeast and rushed to Colorado. Indigent Jewish migrants with TB who died or were too ill to care for their children became dependent on the Jewish community who quickly built the Denver Sheltering Arms orphanage.

Racially segregated orphanages were developed for black children. As mentioned earlier, black children were originally cared for by kin or fictive kin. As their numbers grew, due to the widespread mortality of slaves, more and more black orphanages opened. The first black orphanage was the Colonial Orphan Asylum (1836) in New York City, which exists today as the Harlem-Dowling Children's Service Agency (Adamec & Miller, 2007). Black communities founded hundreds of similarly segregated institutions for black children, such as the Reed Home and School in Georgia (1884) (Askeland, 2006). These were designed as safe havens for black parentless children protecting them from not only a lack of parental caretakers but also the double jeopardy of. . ."a racist society – horrors which included unjust incarceration, exploitative labor practices and even lynching (Askeland,

2006, p. 13)". W.E.B Du Bois opened eight homes for black pregnant women in 1909 to "save the women and 'uplift the race' " (Askeland, 2006, p. 13). These underfunded, racially segregated social services (orphanages, settlement houses, schools, and homes for the aged) grew after the civil war with Jim Crow laws until segregation ended with the passage of the Civil Rights Act of 1964.

### *2.3.4 Orphanages versus Orphan Trains*

In the U.S., Catholic religious orders with already established child care institutions rallied against Brace's Orphan trains. Catholics accused Brace of stealing children rather than rescuing them (Pfeffer, 2002). They accused the orphan trains of proselytizing by abducting the children of Catholic Irish and German indigents and placing them in rural Protestant families. Orthodox Jewish charities expanded Jewish orphanages so that dependent Jewish children would not be placed in Protestant families and thus strengthen Protestant social control over orphans. The orthodox Jewish beliefs did not allow adoption; however, *Tzedakah* traditions required responsibility for charitable care of the impoverished, neglected and orphaned. If Jews did not make provision for these dependent children, they would have been integrated into state or non-Jewish homes, so there was a religious imperative to provide for these children or lose them to conversion through Christian orphanages or adoptive homes (Friedman, 1994, p. 1).

## 2.4 The Progressive Era

### *2.4.1 Modern Care for Children*

The heyday of orphanages in the late nineteenth and early twentieth century, responding to progressive ideals of saving children from exploitation and abuse in poorhouses, where they were mixed with adults, including criminals and the insane, gave way to additional reforms during the Progressive Era. During this era adoptions and child care were modernized and conducted in a more professional manner. Instead of providing basic needs for survival, there began a debate of how to best raise children to be "good Americans."

These debates questioned institutional care versus being "placed out" in foster care or adoptive placement. Progressive advocates focused on adoption to integrate the orphaned, abandoned or placed children, most from indigent families, into mainstream America. "It is better to save a child than retrain a criminal (Hart, 2005, p. 144)". Proponents of institutions argued that they could provide family life. The larger institutions began to use a cottage plan of groups of children living with house parents, simulating living in a family home.

In spite of efforts to individualize and humanize institutions, progressive social and charitable agencies supported family placements over institutional care.

A movement began on the East coast called "placing out." Placing out (paying someone to care for infants or children) has a long history, from the Middle Ages in Europe through the English Elizabethan Poor Laws of 1601. Placing out was rife with exploitation, particularly, infants dying of malnutrition and older children exploited for their limited stipend or as laborers. Charles Dickens, a novelist instrumental in spreading the need for the reform of Elizabethan Poor laws, portrayed the exploitation of "placing out" children in this passage in *Oliver Twist* (1941).

> Oliver should be "farmed,"... to a branch-workhouse some three miles off, where twenty or thirty other juvenile offenders against the poor-laws, rolled about the floor all day, without the inconvenience of too much food or too much clothing... for the consideration of sevenpence-halfpenny per small head per week..., she appropriated the greater part of the weekly stipend to her own use, and consigned the rising parochial generation to even a shorter allowance than was originally provided for them. (Dickens, 1941, p. 5)

Due to this dark history, humanitarian child advocates were concerned that families who would take money for children who were "placed out" might exploit them. In 1868, when the Massachusetts Board of State Charities began paying for children to board in private family homes rather than in institutions, the challenge was how to determine if placed children were safe. Unlike placements by the orphan trains, with no investigation or follow-up to check on the condition of the orphans, in 1869 the Massachusetts Board of State Charities began to check on the conditions of these children by sending agents to visit the children in their homes, a precursor to present day adoption studies, as a means to determine if the families were providing fit homes.

### *2.4.2 The Rise of Adoption Legislation*

English Common Law did not address adoption until 1926. English common law focused on provisions for orphaned, abandoned, or placed children including apprenticeships for the poor, appointing wards or guardians for orphaned children of wealth, and protecting inheritances. Instead, adoption laws were based on Roman laws (Freundlich, 2007). Roman laws addressed securing lineage and inheritance for adoptees (see Freundlich, 2007 for a more complete timetable of adoption legislation).

As noted, U.S. adoption laws were based on Roman laws which allowed nonrelated males to be designated as legal heirs to families without offspring. The first adoption laws, primarily dealing with inheritance issues, were passed in Mississippi in 1846 and in Texas in 1850. According to Carp (2002) both of these states were influenced by Roman adoption laws as incorporated into the Napoleonic Code, the legal structure used during French and Spanish colonialism.

The first comprehensive adoption statute in the U.S. is credited to the Massachusetts *Act to Provide for the Adoption of Children* (1851). This gave equal weight to the rights and protection of the child while safeguarding the adoptive parents through severing the rights of the biological parents (Sokoloff, 1993). It set the

principle of the judge determining what was in "the best interests of the child" with the following four standards: 1. young children of "tender age" need maternal custody; 2. older boys need paternal custody; 3.the court recognizes and respects the child's existing relationships; and 4. the court should listen to the child's wishes if the judge deems the child, at about age 14, able to exercise "reasonable discretion" (Bussiere, 1998, p. 5; Carp, 2002, p. 5; Freundlich, 2007).

After the institution of the Massachusetts law, twenty-four states passed similar laws over the next 25 years, followed by the remaining states by 1931 (Carp, 2002, p. 6; Simon & Altstein, 2002, p. 39). These laws were very different than the European tradition of *paterfamilias,* which granted full decisions to the father, as their primary function was to safeguard the child.

Following passage of the first adoption law in 1851, adoption began to be considered as a preferred option. The previous informal transfers of children to family homes were legitimized, so the child could inherit. During this period adoptions were considered appropriate for children who were without family ties and under age ten, because they were considered to be in their formative years and thus better able to adjust to an adoptive home. Orphanages or placing out were considered to be the best option for children who were over age ten or who were considered to be temporarily in need of care, with their parent(s) indigent or ill, remaining in contact.

Concern over codifying the protection of children grew. Bussiere (1998) notes informal Charity Boards such as the Massachusetts Board of State Charities (in 1868) and the New York State Charities Aid Association (in 1872) promoted a consistent legal structure for child protection. In 1891 Michigan passed a law requiring that the judge should be satisfied that the adopter have a suitable home, be of moral character, and be able to support and educate the child.

In 1917 Minnesota passed the Children's Code of Minnesota, the first law that required that both the home and child meet standards prior to placement by requiring the following: 1. a home study prior to adoptive placement; 2. the child live in the adoptive family's home for six months as probation, prior to legally consummating the adoption; 3. adoption records be sealed or confidential except for access by the adoption triad, (the adoptive parents, the adoptee, and the birth parents); and 4, the adoptive parents give consent or have their parental rights terminated (Carp, 2002).

### *2.4.3 The Professionalization of Child Placement*

The Progressive Era (the early twentieth century) was a period of "the growth of sectarian child welfare institutions, the professionalization of social workers, the standardization of adoption procedures, and an expanded state role in regulating adoptions (Carp, 2002, p. 7)". In the beginning of the Progressive Era, non-consanguine relationships were socially unacceptable, and considered to be inherently flawed because adoptive children were illegitimate and thus considered to have "bad heredity" (Carp, 2002, p. 9). The professionalization of adoptions included using scientific standards to address social stigma against adopted children.

In the early twentieth century, legislation addressed adoption as a part of a social welfare policy, linking adoption to children's protective services. Legislation protected the rights of the child by having a judge determine what was best for the child. Adoption was a progressive reform, incorporating poor immigrant children into families where they would have no contact with their family of origin (rescuing the orphaned children from the decadent immigrant lifestyle), and would grow up as moral, hardworking, citizens. President Theodore Roosevelt demanded "a square deal for every child," which he determined was an Anglo Christian home for every dependent child (Hart, 2005).

During the Progressive Era childhood began to be viewed as valuable. The psychologist Stanley Hall (1824–1924) stated that childhood was a valued developmental stage. This respect for childhood became widely accepted (Kessen, 1965). Children began to be sought for adoption, not only for their economic value as workers, but also for their emotional and sentimental worth as family members. Adopters began to prefer healthy infants instead of children aged seven and older. This set in motion a demand for available babies, changing the expectation of who was adoptable.

### *2.4.4 The Maternity Home Movement*

The maternity home movement, from the 1890s through Roe v. Wade in 1973, typified changing norms in adoptions. Kunzel (1993) has written that the maternity home movement, from about 1890–1945, which grew as a part of evangelical women's gendered reforms in saving "poor fallen women". Evangelists founded maternity homes both to rescue sinners and to convert them. Initially homes were sectarian, Catholic, Jewish, and Protestant agencies, embedded in religious traditions. Infants were placed in "good" homes so they could become good citizens.

The characteristics of the birth mother who lived in maternity homes also changed. Initially homes were designed as shelters for indigents, criminals and prostitutes. The sectarian agencies preferred the unwed mother, often a working class young woman, whose only transgression was her pregnancy. In spite of the beginning of the sexual revolution following World War II, there was a double standard in that men were expected to be sexually active, but women were seen as "loose" or "fallen" if they had sex outside of marriage. Women still did not have access to birth control or sex education and were held totally responsible for the "shame" of an unwed pregnancy. Once a woman became pregnant out of wedlock, stigma rooted in the social expectations of families, schools, and peers combined to force her to hide her transgression (Beauchamp, 1972). She was expected to leave school, move from her community to a maternity home before her pregnancy was visible and then, in secrecy, place her child for adoption. Maternity homes allowed families to save face by hiding the pregnancy and placing the child (Fessler, 2006).

The first of these homes were the Florence Crittenton Homes, founded in 1892 at the Women's Christian Temperance Union's national convention. Charles Crittenton originally funded five homes in memory of his deceased daughter. By 1909 there

were 75 Florence Crittenton Maternity Homes. At the start the homes were designed as women's shelters, opened to redeem prostitutes and others who were sexually involved. The evangelical volunteers quickly discovered that unwed mothers were much easier to deal with than the prostitutes or criminals who frequented the shelters. Since unwed mothers were viewed as more salvageable, the focus of the homes changed from women's shelters to maternity homes (Kunzel, 1993). The Salvation Army, also involved in homeless shelters, joined in the mission and built the second largest maternity home network. In the early twentieth century these homes reverted to only offering unmarried mothers residential and maternity care.

Both of these agencies were staffed by evangelical women, who saw themselves as doing missionary rescue work rooted in the charity organization movement of the 1870s (Kunzel, 1993, p. 37). Simultaneous with the maternity homes movement, professional social workers began to enter the work force and replace volunteers. Professional pressures grew for maternity homes to meet Child Welfare League of America (CWLA) standards. These standards transformed the sectarian agencies into rational bureaucracies using scientific principles to develop standards, minimize duplication of services, and become fiscally sound. These agencies used the latest scientific methodology to diagnosis the pregnant women, write up treatment plans, and legally consummate the adoption of the children. The streamlined process allowed the placement of healthy infants in adoptive homes within days of their birth.

The Gladney Center for Adoption is an example of both traditional maternity homes and the changing norms in adoptions (Gladney Center for Adoption, 2008). The Edna Gladney network has a 120 years history and has placed over 27,000 children in adoption. Gladney's history began with the orphan trains that placed healthy children from the eastern immigrant cities into adoptive homes along the railway lines. Fort Worth, Texas was one of the stops at the end of the train. Children who made it to this final stop had been rejected at earlier stops, usually because they were too young to be useful as farm laborers. In 1887, I.Z.T. Morris, a Methodist missionary who was instrumental in finding homes for children on the orphan trains, founded an orphanage to care for these children. He was hopeful that these placements would be short-term until they could be placed for adoption. This orphanage was first named The Children's Home Society in 1887, The Texas Children's Home and Aid Society in 1904, the Edna Gladney Home in 1950, and now the Gladney Center for Adoption. Edna Gladney became the superintendent of the Texas Children's Home in 1927, just as the orphan trains were ending. She responded to the growing needs of the unwed mothers and transitioned the role of the home as a placement of orphans to become a leader in the maternity home movement. Edna Gladney also successfully advocated for adoption legislation and is credited with two pieces of landmark legislation (removing the legitimacy of the child from the birth certificate and thus decreasing the stigma of being an illegitimate child and granting children who were adopted the same inheritance as biological children in the family) (Gladney Center for Adoption, 2008).

The Gladney Home was transformed again following the decline of unwed mothers placing children in adoption to offering a full range of services: counselling

to unwed mothers who desired to keep their children. Adoptions continue to be a focus but are no longer the secret placements of children born to unwed mothers in maternity homes. Currently, the one third of adoptions that are domestic adoptions, are usually "open adoptions", and remaining two thirds are intercountry adoptions (Gladney Center for Adoption, 2008).

## 2.5 The Professionalization of Adoptions

In the process of the discipline of social work becoming a credible profession, social workers carved out the distinct field of child welfare and as part of this territory set adoption standards. They challenged agencies to ensure that children were safeguarded through adoptive placement by trained social workers according to specific guidelines and stipulations. This was a distinct improvement from relying on evangelical missionary volunteers with no training and an absence of regulations. Social workers began to advocate for uniform national standards with the founding of the U.S. Children's Bureau in 1919. In 1921 it was reorganized into the Child Welfare League of America (CWLA), the agency that continues to this date to set national standards for child-placing (Child Welfare League of America (CWLA), 2000).

The first CWLA Standards in 1938 were in response to adoption and child placement abuses. These abuses included commercial adoption mills, inadequate legal termination of parental rights, and parental consent to adoption and accusations of selling babies. The 1938 CWLA Standards required that agencies: 1. Safeguard the legal rights of the biological parents; 2. Recognize the kinship ties of the child (inherent in this is the recognition that family or kin placement is most desired); 3. Require a study to determine if the adoptive family would provide a good home for the child and that the adopter has "suitable motivation" (in the 1930s, motivation was defined as wanting a child to be a part of the family, usually meaning that the adoptive parents were infertile); 4. Protect the confidentiality and privacy of the clients (here the adoptive agency would keep the identities of the adoptive family from the biological family and vice versa); 5. Have a probationary placement, usually six months, prior to adoption consummation; 6. Limit placement to CWLA recognized child placing agency (Carp, 2002, p. 11).

In 1933 the U.S. Children's Bureau declared that all children should have "a chance to live in a normal family group (Gill, 2005, p. 61)". Social Services Agencies assumed the role of determining what would be the best or the most normal home for the limited supply of adoptable children. Initially, agencies attempted to select homes by matching them with the adopted child. Matches were made according to race, physical appearance, religion, personality, and even intelligence.

> . . . agencies reported that they considered it important to match by "religious background," "racial background," "temperamental needs," "educational background," "physical resemblance to child," "cultural background," "nationality background," and "level of intelligence and intellectual potential" (Gill, 2005, p. 165).

A professional "nature versus nurture" debate in the early twentieth century also affected whether infants or children would be considered adoptable. Agencies became gatekeepers to assure that children available for adoption did not have parents with diseases, such as "psychosis, feeble mindedness, epilepsy, addiction, criminality, or general emotional instability (Gill, 2005, p. 167)". Agencies began delaying child placement until the child was older so that they could professionally evaluate the child to assure the adoptive family that the child was healthy (Carp, 2002, p. 10).

By 1948 the CWLA changed standards regarding a child's adoptive fitness to include any child for which a family could be found. Melosh (2002, p. 174) has noted that agency attempts to racially and ethnically segregate adoptions was futile. There were more Black or African American infants than same race adoptive families. The recruitment efforts of minority families hence failed. The attempt in Minnesota of a project from 1955 to 1958 to recruit Black or African American families had almost no results. Since White healthy infants were in limited supply, the qualifications for their adoption became more rigorous. In spite of an abundance of Black or African American infants, Black or African American applicants were required to meet the same stringent criteria as for adopting White infants, and averaged almost 13 interviews with one fourth being rejected (Gill, 2005, p. 166). At the same time a few agencies began transracial placement, initially with biracial or mixed racial children.

> By 1968, transracial adoptions were reported at 733-accounting for only about one percent of all stranger adoptions, but a notable figure considering the long history of an intensive defended color line. By 1971 the figure had increased three fold to its historic peak of 2,574 (Melosh, 2002, p. 175).

Potential adoptive parents were increasingly scrutinized as agencies began to determine whether those adopting were "premium families." Gill has described this as the expectation that an agency "assumed that the 'best' families were those who were the most 'normal' (Gill, 2005, p. 161)". CWLA standards, used by social workers to determine if the family was eligible to adopt a child required that the adoptive applicant fit certain patterns. The standard age limit for adopters, from the 1940s through the 1960s, was under age 35.

The Freudian psychosexual developmental model recommended the presence of two parents so as to promote normal development. Therefore, the "normal" family was married (with no divorce) and heterosexual. Single parents were unacceptable, regardless of whether the single person was never married, widowed, or divorced. Additional criteria for a "normal" married couple were that they practiced the same religion, had histories of happy childhoods, and had stable contact with their extended families, which were also expected to support the adoption. One aspect of the study process was to determine if the adoptive couple followed traditional roles, including the wife as homemaker and the husband as breadwinner, so that if they adopted a healthy infant, the wife would be available to provide total care following adoption (Maas, 1960).

Also assessed was their motivation for adoption. Infertility was the primary accepted motive, usually requiring medical support. An outline of an adoption study presented at a professional meeting in 1954, below, typifies how the study process, a series of interviews and reference checks, determined if the adoptive couple was fit for adoption (Box 2.3).

**Box 2.3 Helen Fradkin "Outline for Adoption Studies," 1954**

I. Presentation of Clients (How do they present themselves)
a. How do they come; tone of letter or telephone call; way of relating, participation, etc.
b. What do they know about the agency?
c. Worker's personal impression.
II. What is their expressed comfort with adoption (what do they tell us)
a. Personal experience with it.
b. Limits and requirements expressed.
c. First reaction to discussion of whether or not they will tell a child of adoption.
d. Expressed knowledge of source of supply of children; attitude toward out-of-wedlock births.
III. Our impression of their comfort with adoption (What do we think diagnostically)
a. Efforts to have own child.
b. Length of time involved in work-up
c. Difficulty and timing of decision to adopt
d. Reasons for delay.
e. Their attitude towards risks in adoption.
IV. Infertility and its implications (What does it mean to them)
a. Reasons, definiteness.
b. Medical exploration.
c. Reality to couple or family
d. Meaning to person and marriage
1. How do they talk about it.
2. Degree of acceptance.
e. Hints of possible contributing psychological factors.
V. Marital Relationship
a. Impression (with substantiating evidence)
b. Cross background facts (emotional tones)
1. Family relationships
2. Childhood and adolescence
3. Interests and hobbies
4. Meeting and courtship

c. Estimate of effect of background facts as evidenced by adult adjustments.
d. Indications of break with child's role, readiness for responsibility and parenthood.
e. Sexual adjustment.
f. Impression of dependency balance in the marriage.

VI. Attitudes toward parenthood and children
a. Expressed motivations for parenthood.
b. Experience with children.
c. Sensitivity to children and their needs
d. Kinds of children they like; qualities they admire and disapprove.
e. Expectations for a child; impression of pressures on a child.
f. Sex preference
f.1. Strength and expressed reason
f.2. Suspected reason
g. Impression of ability to take on and share a child.

VII. Ability to support a child
a. Financial position
b. Employment
c. Income
d. Insurance

VIII. Security with agency
a. Re. its decision in relation to selection of a child
b. Ability to work with the agency

Summation:

Worker's impression of positives and risks for child as evidenced by material from interviews, medical reports, references, and so forth.

Disposition:

a. What family was left with.
b. How worker accredited them as people
c. How worker prepared them for placement or rejection
d. Clients reaction and expectation

—NOTE—This Is Suggestive: Obviously, not all interviews will include all this. Rejections obvious early in the interview might omit whole sections and dwell on acknowledgment of all these people have and possibility of rejection notwithstanding, with reasons and preparation. Evidence supporting decision to reject should appear in dictation.

*Source*: Fradkin (1954)

Another factor affecting which children can be placed for adoption and the speed of adoptive placement has to do with the termination of parental rights. During the maternity home era, the legal termination of parental rights was predictably constrained by the term of the pregnancy which facilitated termination paperwork at the time of birth or shortly thereafter. The maternity agency had legal processes in place, and the females who placed their children for adoption knew that they were expected to terminate parental rights. Therefore, how and when to terminate rights, were foregone conclusions. When paternal rights of the unwed father became an issue, there came to be a specified period of time for contact and arranging for termination of the father's rights as well.

## 2.6 The Heyday of Adoptions

The heyday of adoption was the Post World War II pre- Roe v. Wade maternity home era. The growth in the number of adoptions during this period was due to multiple factors, including the increase in illegitimate pregnancies and cultural beliefs in nature versus nurture. Adoption changed from using children as workers or a Christian charitable act to a means for creating a family. There was a ready supply of healthy infants from maternity homes which allowed the immediate placement of healthy infants in adoptive placements, within days of birth. The U.S. Children's Bureau has reported that the number of adoptions grew from an annual number of 17,000 in 1937 to 50,000 in 1945 and then increased to 91,000 in 1957 (Creah, 2006, p. 37). From 1952 to 1972, one-half of unwed mothers placed their children for adoption. By 1980, only 3 percent placed their children for adoption (Creah, 2006, p. 42).

World War II itself was the catalyst for marked social change in the U.S.

> . . . adoption was transformed by a series of external circumstances – wartime necessity, economic changes, new ideas in social work, postwar affluence, an increase in the number of children available for adoption, repudiation of the standard of the "unadoptable" child, more liberal attitudes on race, and strong demand by childless couples for adopted children. The changes of the war years affected birth parents' age, education, occupation, and marital status; adopted children's age and birth status; and adoptive parents' child preferences and motivations for adopting (Carp, 2002, p. 12).

Adoption also came under professional social work agency influences which increasingly advocated for legislation mandating strict standards. By the beginning of the U.S. involvement in WWII in 1941, 34 states required a social work investigation as part of adoptions. Agencies offered to study the child, giving IQ and medical tests so that the adoptive parents could safely adopt. Many parents however preferred infant adoption and chose informal "black market adoptions" over agency adoptions.

Although the primary influx of adoptions following WWII came from maternity homes, a secondary influx was inter-country adoptions (see Chapters 7, 8, and 9 for additional detail about intercountry adoptions). Racial and international adoptions of war orphans changed in waves immediately following WWII (Lovelock, 2000).

In the first wave there was an influx of about 6,000 orphans or abandoned children from countries devastated by the war, especially Greece, Germany and Japan, between 1946 and 1953 (Carp, 2002, p. 14).

Natural disasters, economic depressions, civil wars, and pronatalist domestic family policies also ramped up the adoptive process by creating a supply of children available for adoption. International adoptions began with those children born between 1946 and 1964, the post-war baby boom, when the economy in the U.S. was flourishing. Parenthood was viewed as patriotic and childlessness shameful. During this time the national discourse was favorable to families having four to five children. This created the expectation that families needed children so the infertile or those with one or two children were eager to adopt (Carp, 2002, pp. 12–13).

Because of the influx after WW II of adoptable children of multiple ages, races and differing abilities, social workers and agencies agreed that any child in need of a family, not just healthy infants, could be considered an "adoptable" child. This new definition extended to adoptions of the disabled, minority, older, and foreign-born children (Carp, 2002, pp. 13–14). The wave of war orphans also increased the acceptance of interracial adoptions beginning with Japanese children, Afro-German babies, and later Korean and Vietnamese babies. The media encouraged these adoptions. Pearl S. Buck, the noted novelist, humanitarian, and transracial adoptive parent, formed Welcome House in 1949 to place biracial American-Asian children or "G.I. babies." The Refugee Act of 1953 followed, with 4,000 non-quota visas for war orphans. Its longer term consequence was to facilitate the intercountry adoptions of war orphans by setting the expectation that the U.S. should be non-restrictive of adoptions of war orphans (Forbes & Weiss, 1985, p. 10). From 1954 to 1958 the U.S. military stationed in war torn Germany, Japan and Korea adopted about 10,000 of these war orphans (Lovelock, 2000, p. 914).

There were also concerns raised by intercountry adoptions. At first there were no intercountry adoption policies or regulations. The Hague Conference on International Adoptions 1993 was signed by the U.S. on December 12, 2007 (Hague, 1993, 2007). Initially intercountry adoptions were delegated to private adoption agencies, though they were to be monitored by the U.S. State Department. However, in 1957 this monitoring was assumed by the Department of Justice, Immigration and Naturalization Service (INS). But the INS was more concerned with national security than CWLA adoption standards (Lovelock, 2000, p. 914). CWLA professionals were concerned that there was a two level adoption system: a stringent home study process and evaluation of the qualifications for those who adopted domestically from agencies, and no criteria for international adoptions which could lead to a "baby market". For intercountry adoptions the criterion was more of whether a family had the financial means to pay rather than meeting adoption criteria set by a social service agency.

Intercountry adoptions were driven by a demand for adoptive children rather than only relief to war torn areas (Chapters 6, 7, and 8 will focus on the social, economic and political conditions which are associated with intercountry flows). Children from Asia, Eastern Europe, Africa and Latin America are involved in this intercountry adoptive flow to the U.S.

The impetus for intercountry adoptions is multifaceted. One of the primary forces now driving intercountry adoptions is that there is limited infant availability forcing couples seeking to adopt an infant to find an intercountry route. Many prefer intercountry adoptions since internal adoptions are subject to open adoption regulations, with information shared among the adoption triad, so many couples seek intercountry adoptions to avoid birth parent contact. Many adopt intercountry because age, marital status, or sexual preference lead to difficulties in domestic agency adoptions.

The U.S., while adopting the most intercountry children, has the dubious distinction of being the sixth largest supplier of adoptive children to Canada. From 1993 to 2002 Canadians adopted almost 800 orphans, about 4 percent of all intercountry adoptions, from the U.S. These were primarily black infants (Citizenship and Immigration Canada, 2008). So while there has been a widespread acceptance of adopting interracial children from abroad, no similar acceptance exists for the adoption of domestic interracial children, primarily African American.

## 2.7 Domestic Interracial Adoptions

The decline in the numbers of healthy infants forced adoption agencies to reevaluate their racial and ethnic ideologies in order to maintain their role as adoption or child placing agencies. This meant reevaluating the policies and practices with regard to transracial adoption despite the anticipated backlash (Simon, Altstein, & Melli, 1994, p. 1). Social workers, attempting to place available children, often found there were some families requesting any child for adoption, including transracial children, and other families who would accept transracial children if they knew that they were available (Carp, 2002, p. 15).

During the post World War II baby boom domestic transracial adoptions began targeting Native American children. Efforts to inculcate the majority Anglo Saxon Protestant belief system in indigent Native American children led to social control movements such as the Indian Boarding School movement and the placement of Native American children in Anglo adoptive homes.

Paralleling Post WWII's transracial international adoptions, from 1958 to 1967 a CWLA project began a joint plan between the CWLA and the Bureau of Indian Affairs to promote the adoption of American-Indian children by non-Indian parents (Ishizawa, Kenney, Kubo, & Stevens, 2006, p. 1209; Silverman, 1993, p. 105). During the term of the project, 395 Native American children were placed with Anglo families. In the 1970s with the civil rights movement under way, transracial adoptions of Native American children came under professional scrutiny. Native American activists voiced concerns that these adoptions were a form of ethnic genocide of the Native American culture (Adoption History Project, 2008c). With the resurgence of Indian consciousness, adoptions were seen as a form of baby marketing and "a final contemptuous form of robbery (Simon & Altstein, 2002, p. 31)". This resulted in the Indian Child Welfare Act of 1978,"designed to prevent the decimation of Indian tribes and the breakdown of Indian families

by transracial placement of Native American Children (Simon & Altstein, 2002, p. 18)". This act essentially prevented any adoption of Native American children by non-Native American parents except in very select circumstances (Ishizawa et al., 2006, p. 1209). These restrictions were viewed as promoting the best interests of Native American children as well as the stability and security of the tribes and their families (Bussiere, 1998, p. 18).

The transracial adoption movement also led to the placement of thousands of Black or African American babies with White families. CWLA's adoption standards were revised disallowing the use of racial background as a determinant for placement. In 1951, only 4 percent of U. S. adoptions were of Black or African American children, and by 1960 only 5 percent of Black or African American babies were adopted versus 70 percent of White babies (Creah, 2006, p. 36). Blacks or African Americans were excluded from White charities and institutions until *Brown v. Board of Education* in 1954; but segregated services did not end until the passage of the *Civil Rights Act* of 1964. For a brief period, from 1960 to the early 1970s, when a combination of birth control pill use, legalized abortions, and the greater social acceptance of single parenthood led to declines in the available number of White infants, an estimated 15,000 Black or African American infants were placed transracially (Creah, 2006, p. 36). Silverman (1993) has noted that transracial adoptions peaked at 2,574 in 1971. This increase in transracial adoptions occurred at the height of the civil rights movement. Black activists were appalled at the rising number of interracial adoptions. In April 1972 The National Association of Black Social Workers (NABSW) denounced transracial adoptions. Black social workers argued that efforts should focus on finding black homes for black children instead of continuing transracial adoptions which were considered "cultural genocide... diminishing and destroying the integrity of [the black] community (Silverman, 1993, pp. 105–106)". Their efforts were successful and the number of transracial adoptions fell to 831 by 1975 with the consequence of African-American children remaining in foster homes even when transracial placements were available (Carp, 2002, pp. 15–16). The NABSW argued that Black or African American children raised in transracial homes would not be taught their cultural heritage or how to cope with racial prejudices as adults. However Melosh has argued that "outcome studies... find black children raised by white parents have as strong and positive sense of themselves as African Americans, and that most feel a sense of belonging within both white and African American communities (Melosh, 2002, p. 177)". She has further noted that the decrease of interracial adoptions by two-thirds in three years was aided by the subtle racism of the placing social workers. Social workers used the NABSW statement as a justification for continuing racial selection in placement.

Today Black or African American children are most likely to be removed from their parents and placed in foster care and least likely to be placed in adoption or to have adoptive placement delayed by longer stays in foster care (Adamec & Miller, 2007; Kapp, McDonald, & Diamond, 2001). Racial discrimination in adoptive placement was not directly banned until the passage of the Multiethnic Placement Act in 1995.

These anti-transracial adoption acts came at a time when the population of adoptable children in the U.S. was changing dramatically. A combination of factors including the sexual revolution of the 1960s, a new tendency for whites to delay childbearing, the legalization of abortion, greater access to birth control, and a reduction in the stigma attributed to unwed motherhood, led to a steep decline in the number of healthy infants available for adoption (Carp, 2002; Gailey, 2000; Simon et al., 1994; Sokoloff, 1993). In fact, some adoption agencies stopped taking requests for infants altogether (Carp, 2002, p. 16; Sokoloff, 1993).

Those in favor of continuing interracial adoptions were in a political minority. Simon and Altstein (2002) conducted four phases (1972, 1979, 1984, and 1991) of a longitudinal study of transracial adoptions. The overwhelming results were that it was a positive experience. In the fourth wave 88 of the original 96 families responded. Of these 92 percent responded that they would transracially adopt again, knowing what they now know. The transracially adopted children (55) and the non adopted siblings (30) were also included in the study with the limitation that fewer were living at home so fewer responded to all waves. Only one agreed with The National Association of Black Social Workers' opposition to interracial adoptions, stating that "I feel that I missed out on black culture. I can sit and read a book about Martin Luther King but it is not the same (Simon & Altstein, 2002, p. 220)".

## 2.8 "Color Blind Racism" in Adoptions

Quiroz has argued that in spite of a "color blind" adoption narrative that is accepted by both the public and professionals, in the U.S. adoptions continue to be racist. She analyzed on-line data from around 1,600 agencies and found that while it is socially unacceptable to play up race, adoption language often uses code words. White infants are labeled "healthy newborn infants (Quiroz, 2007, p. 45)", while Black or African American infants are described under the category "special needs." The lesser value of Black or African American children is shown by using descriptive words such as "hard to place," "special needs," or "minority." Intercountry adoptions are part of the racial discourse as the top sending countries are European, Asian, and Latin American.

> . . . almost 20,000 children were adopted for other countries. At the same time, nearly 125,000 U.S. children, mostly African American and biracial, remained in need of adoptive homes. . .. less likely to be adopted, or hard to place – codes for older or minority (Quiroz, 2007, p. 66).

Quiroz has also analyzed the lesser value of black adoptees through adoption fees charged by these agencies and the length of the waiting period to adopt. She found that "the average cost of adopting a black child is less than half the fee for a white child (typically between one-third and one-half the price) (Quiroz, 2007, p. 72)". Also there was frequently a shorter period for adopting black or biracial (used only for races mixed with blacks) children.

## 2.9 Current Adoption Issues

### *2.9.1 Recent Adoption Legislation: The Multiethnic Placement Act of 1995*

The concerns of professionals about adoptive practices led to the formation of the Multiethnic Placement Act (MEPA) of 1995. These professionals, who included legislators, social workers, attorneys, child welfare administrators and others, wanted to assure both that adopted children had access to their cultural heritage and to minimize the risk of placing ethnic children solely in Anglo middle class homes which had led to the earlier claims of cultural genocide associated with Native American placements and the transracial placements of black infants. They also wanted to minimize the length of time children of color were on waiting lists for adoptions. At the time of the legislation, adoption policies and practices across the country were still favoring placements according to race and ethnicity (Brooks, Barth, Bussiere, & Patterson, 1999, p. 167). Policies mandating racially specific placement were often delaying placements for children of color, resulting in a "disproportionate number of these children [languishing] for long periods in foster care or institutional settings (Ishizawa et al., 2006, p. 1210)".

The MEPA was later amended as the Interethnic Adoption Provisions of 1996 which prohibited discrimination in either barring or delaying placement on the basis of race, color, or national origin of either the adoptive parent or of the child, with the exclusion of Native American children (Ishizawa et al., 2006, p. 1210). The current CWLA standards acknowledge that due to racial and ethnic differences in income and general attitudes of accepting adoptions, there are an increased number of minority children available for adoption than there are same ethnic families desiring to adopt. Therefore, although transracial adoption is not the first choice of placement, race and ethnicity matching should be considered but should not be the primary factor in making adoptive placement (Brooks et al., 1999, p. 17; Clemetson & Nixon, 2006; Simon & Altstein, 2002, pp. 31–32).

### *2.9.2 The Adoption and Safe Families Act of 1997*

On November 19, 1997, President Bill Clinton signed the Adoption and Safe Families Act which addressed two concerns affecting the adoption of children in foster care placement. The first was that child welfare workers who returned children immediately after removal to at- risk family situations, neglected to protect the child. The second concern was foster care drift, or a child remaining in the foster care system for a long period of time prior to a permanent or long term placement (either family reunification or adoption). The act, as revised in 2000, addressed both returning children to an untreated safe family and foster care drift. To address returning a child to an unsafe family, it disallowed any family reunification plans if the family violently assaulted or seriously injured the child, tortured

or sexually abused the child, or if the parent committed murder or manslaughter (some states added life-threatening neglect). To address drift, the act mandated that a child have a permanency plan hearing within 12 months of entering care, and if adoption was the permanency plan that the state must petition the courts for parental rights termination and legal clearance for adoption (Humphrey, Turnbull, & Turnbull, 2006, p. 114). This act continued the preference for placement of children within their ethnicity by increasing efforts in recruiting minority foster homes and adoptive families as well as kinship foster homes and adoptive home placements.

As mentioned in Chapter 1, abused and neglected children removed from their parents continue to be a driving force for current adoptive placements. There were approximately 127,000 adoptions in 2001. About 39 percent were adoptions made by child welfare agencies (United States Department of Health and Human Services, 2004). During the maternity home era when pregnant women were placing healthy infants for adoption, the legal termination of parental rights process was clear and timely. With the older child removed by the child welfare system the process is now not as clear cut. Typically, children, who are removed from their families due to neglect or abuse, are assessed for permanency planning with the preferred plan being that of family reunification. Agencies will frequently terminate parental rights, for adoption, only after reunification and kinship placement plans fail. This has proven to be a lengthy legal process so that even if the child is removed from families during infancy, they are usually older at the time of adoptive placement, and, as we know, older children are harder to place with adoptive families. Professionals in the field have argued over whether the guidelines for permanency were in themselves discriminatory as, for example, incarcerated parents, more likely to be minorities, would be less likely to meet permanency planning time frames.

The adoption of foster children and children who have special needs has been promoted through legislation including the Multi-Ethnic Placement Act of 1995 and The Adoption and Safe Families Act of 1997 (ASAF). Financial incentives for adoption were increased through federal tax credits for adoption. McDonald, Salyers, and Testa (2003) found that since the ASAF of 1997, incentives promulgated by the U.S. Department of Health and Human Services (DHHS) to adopt children from state foster care programs, which totaled $14.9 million in 2002, doubled the number of adoptions of youth who were in foster care from over 28,000 in 1998 to almost 59,000 in 2002. Foster children are primarily adopted by foster parents, relatives, and families unrelated to the child. In fiscal year 1990, for example, almost half of the children adopted were adopted by former foster parents, 7 percent by relatives, and the remainder, almost 42 percent, by strangers (Tatara, 1993).

### *2.9.3 The Indian Child Welfare Act of 1978*

The Indian Child Welfare Act of 1978 addressed what the American Indian movement saw as racial genocide, i.e., removing large numbers of Native American children from Native American families and placing them for adoption in Anglo families. The American Indian movement defined children as tribal resources

requiring that adoptions be within the tribe. As indicated by a Government Accounting Office report in 2005, the controversy continues to be debated between tribal rights and children's rights advocates who argue there is a limited pool of tribal adoptive parents so that placement in an Anglo home is preferable to remaining in the limbo of foster care.

### *2.9.4 The Hague Convention of 1993 on Protection of Children and Co-operation in Respect of Intercountry Adoption*

Following the decrease in the number of healthy infants available for adoption in the 1960s and 1970s, and international crises and conflicts which provided orphaned, abandoned, or placed children, there was a dramatic but steady increase in intercountry adoptions (Selman, 2006). These geographically and culturally diverse adoptions were of international concern because there were insufficient international laws preventing child trafficking. This was especially the case in situations where indigent parents were under duress, such as during the Romanian adoption scandals of the early 1990s. This climate was the basis for the Hague Conference on International Adoptions in 1993 which included member states, non member states, and governmental and nongovernmental organizations focusing on protecting the safety and rights of abandoned or orphaned children. The 1993 Hague Convention participants are presented below in Table 2.1.

The Hague Convention recognized that intercountry adoptions involved member and nonmember states, as well as nongovernmental organizations involved in the welfare of children and refugees. The welfare could include foster placement, adoption, or if necessary, placement in suitable institutions. When considering solutions, due regard needed to be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background (Hague, 1993).

The members recognized there was a need for open communication between the sending and receiving countries, as well as a consensus regarding ethical and professional standards to protect both the children and their families. Although there was disagreement about some issues, the consensus among nations was that a child should grow up in a family environment, preferably his/her biological family. Admittedly, the family of origin is not always able to provide for the child, so that adoption may be necessary. Although it is preferable for a child to remain in his/her country of origin, intercountry adoption may be necessary to obtain a permanent family. Children, however, have the right to know of the cultural traditions of their national and ethnic origins. The risk is that children will be treated as a commodity and wealthy or more developed countries may exploit countries in financial crisis or at time of disaster; thus it recognizes the importance of intercountry cooperation to prevent child trafficking. The U.S. practice of relying on private adoptive agencies to provide adoptive services is under some criticism because there is often the risk of placement of children due to financial concerns versus ethical considerations. Finally, while the best interests of the child are paramount, the legal rights of the

**Table 2.1** The Hague convention member states in 1993

| Member states represented | Non-member states represented | Inter and non-governmental international organizations |
|---|---|---|
| Argentina, | Albania | United Nations (UN) |
| Australia | Belarus | United Nations high commissioner for refugees |
| Austria | Benin | (UNHCR) |
| Belgium | Bolivia | International criminal police organization (Interpol) |
| Canada | Brazil | Inter-American children's institute International |
| Chile | Bulgaria | commission on civil status |
| China | Burkina Faso | International bar association |
| Cyprus | Colombia | International social service International society |
| Czech Republic | Costa Rica | on family law International association of juvenile |
| Denmark | El Salvador | and family court magistrates |
| Egypt | Ecuador | Inter-American bar association International |
| Finland | Haiti | federation Terre des Hommes |
| France | Holy See | Defense for children international International |
| Germany | Honduras | union of latin notaries International academy of |
| Greece, | India | matrimonial lawyers |
| Hungary | Indonesia | International association of voluntary adoption |
| Ireland | Kenya | agencies and NGOs Euradopt |
| Israel | Republic of Korea | Committee for cooperation within the nordic |
| Italy | Lebanon, | adoption and parent organizations |
| Japan | Madagascar | North-American council on adoptable children |
| Luxembourg | Mauritius | |
| Mexico | Nepal, | |
| Norway | Panama | |
| Netherlands | Peru | |
| Poland | Philippines | |
| Portugal | Russian Federation | |
| Romania | Senegal | |
| Slovenia | Sri Lanka | |
| Spain, | Thailand | |
| Sweden | Viet Nam | |
| Switzerland | | |
| Turkey | | |
| United Kingdom | | |
| United States of America Uruguay | | |
| Venezuela | | |

*Source*: Hague Convention

parents must be safeguarded. The U.S. became the 75th member to join the Hague Convention on International Adoptions on December 12, 2007.

Hague Convention standards require documentation of the number of children, their country of origin and their receiving country. These common standards sometimes lead to controversy in that nations are politically embarrassed if they must publically report that they are unable to care for their children. Currently the U.S. has the reputation for receiving the most children for adoption. This documentation will, for the first time, provide evidence of interracial infants leaving the U.S. for intercountry adoptions.

## 2.10 Adoption and the Media in the 21st Century

During the Progressive Era, adoption became popularized through print media. Women's magazines encouraged civic minded women to confront prejudices that adopted children were products of illegitimacy and thus had bad blood, while stressing that a mother's love would override any inherited flaw. Popularized versions of orphans, such as Little Orphan Annie (n.d.), and Madeline, are familiar to generations and have been used to describe for children the experiences of being an orphan and adoption. DellaCava, Phillips, and Engel (2004, p. 154) have suggested that adoption is entrenched in American consciousness in their observation that 58 percent of Americans know someone who is part of an adoption triad. The popular media has accepted adoption, fully integrating adoption narratives into popular self help books and magazines, films, television variety and news shows, and advertisements. We conducted a search on Amazon.com (n.d.) for books on adoption, and we came up with 195,816 results. A similar search for DVDs on adoption came up with 273 results.

The Little Orphan Annie (n.d.) story is perhaps the longest running adoption saga. The comic strip was written by Harold Gray starting in 1924, and continued until his death in 1968. Others authored the strip until 1979, when Leonard Starr picked it up and was the sole author from 1979 to 2000. Little Orphan Annie was a radio drama from 1930 to 1942. There were two Little Orphan Annie films, one in 1932, and one in 1982; and a play in 1938. Also, *Annie* ran on Broadway from 1977 to 1983.

*Madeline* by Ludwig Bemelmans (n.d.) has had a similar popularity, with five sequels, made into a movie in 1998. Popular movies in 2007 were *Juno* and *The Martian Child*.

The popularity of celebrity adoptions is presented by a website *Adoption Celebrities: Well-Known Adopted Persons, Birth Parents & Adoptive Parents* at http://celebrities.adoption.com/ The site lists sixty-nine celebrities who are adopted persons, as well as ten birthparents, and 116 adoptive parents. Box 2.4 shows some of these personalities.

**Box 2.4 Adoption Celebrities**

| Adopted Persons | Birth Parents | Adoptive Parents |
|---|---|---|
| Dave Thomas – Wendy's | Andy Kaufman – actor | Al Roker – news anchor |
| D.M.C. – hip hop artist | Clark Gable – actor | Angelina Jolie – actress |
| Eleanor Roosevelt | David Crosby – singer | Billy Bob Thornton – actor, |
| Faith Daniels – news anchor | Faith Ireland – judge | Connie Chung – news anchor |
| Faith Hill – country singer | Hank Williams, Sr. – country music legend | Diane Keaton – actress |
| Jesse Jackson – minister | Kate Mulgrew – actress | George Lucas – film director |
| John Lennon – musician | Joni Mitchell – singer | Jamie Lee Curtis – actress |
| Langston Hughes – poet | Roseanne Barr – actress | |
| Malcolm X – civil rights | | |

| Adopted Persons | Birth Parents | Adoptive Parents |
|---|---|---|
| Melissa Gilbert – actress | Mercedes Ruehl – actress | Jane Fonda – actress |
| Nancy Reagan – First Lady | Strom Thurmond – politician | Kirstie Alley – actress |
| President Gerald Ford - | | Magic Johnson – athlete |
| President William Clinton - | | Meg Ryan – actress |
| Priscilla Presley – actress | | Michelle Pfeiffer – actress |
| Sarah McLachlan – singer | | Nicole Kidman – actress |
| Scott Hamilton – skater | | Patti LaBelle – singer |
| Steve Jobs – Apple computer co-founder | | Paul Newman – actor |
| Tim McGraw – singer | | Rosie O'Donnell – actress |
| | | Sen. John McCain – politician |
| | | Stephen Spielberg – film director |
| | | Tom Cruise – actor |

*Source*: Adoption Celebrities, 2008

A web search of "adoption" on the site of the popular entertainment magazine, *People*, provides 27 pages of articles about celebrity adoptions. Jamie Lee Curtis has adopted two children and has written a popular children's book about adoption, *Tell Me Again about the Night I Was Born* (Curtis & Cornell, 2000). Mary-Louise Parker adopted a child from Africa (Jones, 2007). Brad Pitt and Angelina Jolie have adopted three children from Asia or Africa (Hammel, 2007).

Television and newscasts have always tended to be instrumental in humanitarian adoption efforts. However, sensationalizing by the media has not always resulted in what was best for the child. Bartholet (1993, p. 97) has described how, following a CBS News Broadcast about an estimated 100,000 children living in about 600 orphanages in Romania in destitute conditions, there was a stampede by Americans to adopt these Romanian orphans. According to the Immigration and Naturalization Service, 2,287 Romanian children were adopted by Americans from Oct. 1, 1990 to Sept. 4, 1991 (Lawson, 1991). Unfortunately, although the media images of the deplorable conditions led to a massive humanitarian adoptive effort, they also led to exploitation. Children were often sold, and parents who could have kept their children with financial support, were pressured into using placement as their only viable option (Bartholet, 1993). The Romanian adoption scandals were part of the driving force behind the development of the Hague Convention of 1993 on Protection of Children and Co-operation in Respect of Intercountry Adoption.

Most of the media presentations of adoption tend to be geared to assist the adoptive triad and to both normalize adoptions and generate positive public images about them. An example of the media aiding in normalizing adoptions is *The Discovery Health Channel's* 30 min series "Adoption Stories," which airs twice daily, with individual presentations on specific adoptions.

Media efforts to recruit adoptive parents continue to be popular. Following the CBS adoption blitz in 1992, NBC began an ongoing news segment called

"Wednesday's Child" in the Washington D.C area (named after the line in the popular nursery rhyme, "... Wednesday's child is full of woe") presenting photos of children in foster care hoping to find adoptive families (DellaCava et al., 2004, p. 155).

The Internet presents another aspect of adoption in the media. There are many examples of internet based adoptive family programs nationally and internationally. Two U.S. examples are those sponsored by the Freddie Mac Foundation (2007) and the Dave Thomas Foundation (2010). The Freddie Mac Foundation's "Wednesday's Child" programs focus on Atlanta, Los Angeles, New York, Philadelphia, and the Washington, DC areas with an active web link (http://www.adopt.org/wednesdayschild), updating photos and information about children available for adoption. The Dave Thomas Foundation for Adoption, established by the founder of the Wendy's Hamburger Chain, supports a similar site in Philadelphia, namely, "Wendy's Wonderful Kids" at http://www.davethomasfoundation.org/Our-Programs/Wendy-s-Wonderful-Kids. Adoptive couples even use classified ads to recruit pregnant birth mothers to select them (DellaCava et al., 2004, p. 155). Such an ad was used in the 2007 movie *Juno* with respect to how the pregnant teen selected the adoptive family to place her child.

One policy response to increase adoptions by foster parents was initiated by President Bush in 2007, In the U.S.; there is also a "National Adoption Day," the Saturday before Thanksgiving (Freddie Mac Foundation, 2007). "In 2010, 4,800 children from foster care found their forever families during the 11th Annual National Adoption Day on Nov. 20. After more than a decade, the number of children in foster care adopted on National Adoption Day totals nearly 35,000 (National Adoption Day, 2010)" (Freddie Mac Foundation, 2007).

## 2.11 Conclusion

In this chapter we have reviewed the history of adoptions, focusing mainly on the U.S., from the Colonial times to the present. We find that, by and large, adoptions in the U.S. have almost come full circle. During the Colonial period, adoptions were seen as placements of abandoned or destitute children of all ages; consanguine adoptions were preferred. Initially older children, usually of around aged seven and above, were preferred because by this age one could determine their character, thus limiting the fears of the illegitimate child having "bad blood". Also, older children were useful to the household in terms of the work they could perform. During the Progressive Era, armed with the scientific knowledge that childhood was a distinctive time, valuable in itself, infants began to be preferred, with a shift toward the humanitarian and family emotional aspects of adoption. The combination of poverty, lack of birth control, and the work of evangelical missionaries with poor women, along with the demand for healthy infants, led to the maternity home movement beginning in the late nineteenth century through the 1970s and *Roe v. Wade*. The actual heyday of adoptions was from the World War II period through the 1970s.

Maternity home placements increased along with a surge of intercountry adoptions from war ravaged areas. Intercountry adoptions followed U.S. international military involvement, during a time when the norm in the U.S. was for larger families. The concept of who was adoptable was broadened to include transracial adoptions and older children. Initially, these adoptions began with Japanese and Korean War orphans, but spread to children from other countries following the Vietnam conflict.

The Child Welfare League of America standards, begun in the Progressive Era, recommend the placement of children in accepting families instead of the prior agency driven practice of matching the adoptive child and parent. Interracial adoptions gained some acceptability, driven by Native American adoptions and the disproportionate availability of African American or Black infants. Older children, transracial children, and physically and mentally challenged children, were considered adoptable if an adoptive family could be found. The Romanian orphan crisis of the early 1990s showed that the media could attract adoptive families; thus the media became a useful tool in adoptive recruitment.

Adoptions today involve more than infant placements. As mentioned in Chapter 1 in the United States Department of Health and Human Services (2004) reports that of the 127,000 annual adoptions occurring in 2000, about 40 percent were from child welfare agencies. These included children considered to be "hard- to-place" children because they were typically older, were often part of sibling groups, were likely to be minorities, and may have had physical or mental challenges. Fifteen percent of adoptions are intercountry adoptions, and these are likely to be infants, primarily from European, Asian and Latin American sending countries. The remaining two fifths are private, and many of these are kinship or stepparent adoptions. These relative adoptions return full circle to the preferred adoption pattern experienced in the U.S. during the Colonial era that we discussed much earlier in this chapter.

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# Part II
# A Demographic Analysis of Adoptions in the United States

# Chapter 3
# Sources of Adoption Data

## 3.1 Introduction

Chapter 3 presents an overview of data issues along with a listing of adoption data sources and their limitations. Data for demographic analyses generally are from three sources: vital statistics or registration data, Census Data, and large scale surveys (Poston & Bouvier, 2010). In the United States (U. S.) there is no unified vital statistics or registration system for child adoptions despite over 60 years of efforts to obtain a single accurate registration of adoptions. Instead, adoptions statistics are compiled from data from multiple sources (public child welfare agencies, state courts, private adoption agencies, and tribal agencies) with no cross referencing, making trends in adoptions difficult to discern. In spite of the lack of a single source, there are multiple sources of existing data which can be combined to provide a demographic analysis of the adoption of children in the U. S.

Limited data are available from the Adoption and Foster Care Analysis and Reporting System (AFCARS) (United States Department of Health and Human Services, n.d.) and the Child Welfare League of America National Data Analysis System. Census data are richer source of demographic research data on adoption as the variable "adopted child" was one of the options of member of household in both 2000 and 2010. Census data are available both from census and the 5 percent Integrated Public Use Microdata Sample (IPUMS) (Ruggles et al., 2010). The U. S. State Department reports those persons who enter the country as an adopted child through immigration data. There are two large scale survey data sets available for adoption researchers: the National Survey of Adoptive Parents (NSAP); the National Survey of Family Growth (NSFG) (National Center for Health Statistics (2002, 2006–2008, and 2006–2010)). Finally, Hague Convention members are required to submit an annual statistical report of those who were adopted or placed from member nations (See HCCH, n.d. for the reports of convention members from 2005 through 2009).

For more detailed information on these sources, a chapter by chapter use of data sources follows. Chapter 1 employs the 2007 NSAP, AFCARS data, and selected U. S. Census data. Chapter 4 applies the Cycle Six of the NSFG female respondent files to analyze the demographic characteristics of adopters such as age, race and

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ethnicity, education level, income level and marital status. Chapter 5 uses data from the 5 percent Public Use Microdata Sample of the 2000 U. S. Census focusing on same sex adoptions. Immigration data from the U. S. State Department are used in the analyses of intercountry adoption from World War II to date in Chapters 6 and 7. Chapter 8 uses international Hague Convention adoption statistical data in the exploration of global intercountry adoption.

## 3.2 Overview of National Registration Data Issues

Accurate data about twentieth-century adoptions are problematic as there is no federal requirement for national data. "The Children's Bureau and later the National Center for Social Statistics (NCSS), the federal government collected adoption data periodically between 1944 and 1957, then annually from 1957 to 1975" (Stolley, 1993, p. 27). But even during this period, data were limited as they were supplied by states and territories on a purely voluntary basis and included only court record data. As was mentioned in Chapter 2 there have been efforts to professionalize and standardize child placement beginning with the founding of the U. S. Children's Bureau in the early 1900s. In spite of a 90 year history of standards for adoptive placement these standards are not consistently followed by all agencies. The greatest numbers of adoptions are assumed to be relative adoptions, step-parent and second parent adoptions. These are arranged by private attorneys with no agency intervention. These are considered to be private legal concerns. Since there is no common family court system and the numbers in each court are small, they are only reported in a residual, other category, if reported at all. The end result is no standard data from these court procedures. The sum result is data are limited as there is no central clearing house for adoptions; no consistent vital statistics reporting of adoptions; and no mandatory reporting by all courts with comparable data.

The lack of standardized data is further complicated by the variety of adoptions: formal or informal; related/unrelated; domestic/intercountry; Native American tribal adoptions; foster child adoptions of children in the state child welfare systems. Each of these types of adoption may or may not involve a legal consummation of adoptions, so there may not be a clear record of the adoption. Following is a brief background into two record systems both of which might be logical custodians of a national registration data on adoptions: The National Center for State Courts (NCSC) Court data system and the National Center for Health Statistics (NCHS).

## 3.3 Family Court System

Formal adoptions require a judicial approval so one possible source for standard data is the NCSC which collects and maintains annual court statistics. Court data are problematic as family laws, including adoption laws, are regulated by states. The U. S. has a long history of states resisting federal regulations or control. Each

state independently determines how to judicially regulate adoptions and other family law issues with individual standards for reporting or lack of reporting.

Kaleina (2008) argues that two factors are necessary for obtaining standard data: a data sharing protocol and a uniform family court legal system so that administrative data available are comparable with common variables. She noted that family judicial reform requiring sharing of data is a timely issue especially as the already initiated coordinated efforts in criminal cases have shown the value of tracking child welfare and neglect decisions across state lines. In the interim, until national exchanges of data protocol are mutually agreed upon, the NCSC collects voluntary data annually by either calendar year or by State fiscal year. But, these data are voluntary and thus incomplete. There are uniform data sharing protocol which leads to major gaps with some states electing to not report foreign adoptions as these may be filed in the country of origin of the child or if adoptions are rare these are reported only in a residual "other civil petitions" category (Kaleina, 2008).

Standardization is a current national discourse as a way to improve all family court issues with the argument being that family law should be in a separate family court system in order to assure all children would have treatment following practices in the best interest of the child. This would be advantageous to adoption researchers as a separate family court system would facilitate data sharing. In 1998 and 2006 Babb (2008) conducted two statewide surveys examining family court systems. These surveys indicate a relatively rapid trend moving to statewide standard family court systems, facilitating uniform reporting and data exchange. Only 67 percent of the states surveyed in 1998 had some statewide family court system. However by 2006, 75 percent of the survived states had some statewide family court system. Babb's (2008) survey found that in 2006 fourteen states had separate family courts. Eighteen states had separate courts in some areas, usually large metropolitan areas. Five states were piloting programs or had trial family law courts. The remaining states, a total of thirteen, (Alaska, Arkansas, Idaho, Iowa, Mississippi, Montana, Nebraska, Oklahoma, South Dakota, Tennessee, Utah, Virginia, and Wyoming) have no separate family court system (Babb, 2008).

This state by state determination of which court is charged with administering adoptions affects data collection as the multiple court systems have no agreed upon exchange protocol or data exchange standards. The NCSC recommends data exchange as a critical issue (Flango, 2008). He reports that in 2007 the NCSC, in a convened a meeting funded by the U. S. Bureau of Justice Assistance, recommended national standards for information exchange. Recommendations were that these protocols must necessarily be independent of any specific operating system. They recommended that there are existing models to follow, possibly the Global Justice XML Data Model and the National Information Exchange Model. Therefore, the state court system may be on the cusp of having uniform data about child adoptions available for research. This integrated data would allow for the first time the variety of jurisdictions, state courts, private attorneys, private agencies, and tribal agencies to have a standardized reporting mechanism (Flango, 2008).

## 3.4 The National Center for Health Statistics

The second system which could be the data repository in the U. S. is the NCHS the repository for national vital statistics data; birth, death, marriage and divorce data. Data are obtained contractually from a variety of jurisdictions which are legally responsible for vital statistics registration. Historically the national need for coordinated data mentioned in the court system was also an NCHS issue. Census data have been standardized since 1790 but vital statistics lagged. Standardized vital statistics advocated by the Public Health Movement in the 1880s began with voluntary data but wartime need for vital statistics in World War I drove the issue. Poston and Bouvier (2010) note that even with the federal need for uniform data due to wartime issues of mortality, death certificate standardization occurred on a state by state basis. In 1933 Texas became the last state that registered all births and deaths. In 1942 mortality statistics were assumed by the Division of Public Health Methods, in 1946 the National Office of Vital Statistics and in 1949 the National Office of Vital Statistics was formed the as the National Center for Health Statistics (NCHS) (Hetzel, 1997).

This is not to say that standardization of other areas of vital statistics was an easy, swift process, following the standardization of death statistics. It proceeded slowly, standard birth certificates were achieved only recently in spite of nearly 200 years of work. Marriage and divorce statistics are still incomplete and relatively primitive as these also fall in the area of state control (Hetzel, 1997). The NCHS National Vital Statistics System (NVSS) is also the current vital statistics repository of birth data, fetal death data; linked births/infant deaths; mortality data; along with marriage and divorce data. There was no similar national security push for the registration of marriages and divorces.

> The registration of marriages and divorces in the U. S. has lagged behind the registration of births and deaths. The National Registration Areas for Marriages and Divorces were not established until 1957 (marriages) and 1958 (divorces). In the 1990s, the U. S. government ceased publishing yearly detailed marriage and divorce data from the states (Poston & Bouvier, 2010, p. 45).

Although birth certificates may be altered upon adoption to include a listing of the adoptive parents as parents at the time of birth, a hangover for the time of secret adoptions, there is no uniform reporting of adoptions. To maintain secrecy at the legal consummation of adoption court records were sealed and birth certificates were altered to include only data on the adoptive parents, deleting biological parent information (Testa, 2004). He reports that openness is slowly evolving since the 1970s. It is beyond the scope of this chapter to include all of the controversy over open or closed adoptions, but the residual effects of secrecy continue and this issue clearly limits data availability. Currently, the NCHS does not require records regarding adoptees, their orphan status, or the adopters. Arguably, these data could be incorporated into the NCHS the national repository for similar registration of births, deaths, marriages and divorces.

### 3.4.1 National Surveys and the National Center for Health Statistics (NCHS)

The NCHS, as the national data repository, also maintains longitudinal databases of National Surveys which are used for both administration and research. For example, the National Health Care Surveys are a series of nationally representative health care providers designed to provide policy makers, public health professionals, and researchers with uniform national data on health care resources, care and health care disparities (Bramlett, Foster, & Frasier, 2010). Two of these national surveys are of special interest to adoption researchers: the National Survey of Family Growth (NSFG) and The National Survey of Adoptive Parents (NSAP) conducted using the State and Local Area Integrated Telephone Survey (SLAITS) (CDC, n.d.[d]).

### 3.4.2 The National Survey of Adoptive Parents (NSAP)

The Centers for Disease Control describes the NSAP as the first large, nationally representative survey of adoptive families in the United States (Bramlett et al., 2010). The NSAP included 2,089 households who had adopted between 1990/1992 and 2007/2008. The survey included families with adopted children, up to age seventeen, in 2007. The survey was limited to English-speaking households who were identified as adopted in the National Survey of Children's Health (NSCH). Adopted children living with one biological parent were considered to be step-parent adoptees and were excluded. Questions on the NSAP survey were devised to determine the health and well-being of adopted children and their families. Questions also covered other adoption related matters including information about post-adoption services received (Bramlett et al., 2010; CDC, n.d.[a]).

The NSAP data are obtained through the State and Local Area Integrated Telephone Survey (SLAITS), a list-assisted random-digit-dialing telephone survey followed by a mailed follow-up, initially developed by the Centers for Disease Control (CDC, n.d.[d]) for the National Immunization Survey. The system provides a sampling methodology designed to obtain high quality data which can be specialized to provide specific data. The NSAP interviews were obtained by the National Opinion Research Center at the University of Chicago (NORC), in 2007. Response rates consider that the NSAP was a follow-up to the NSCH interview; 74.4 percent completed the NSAP. However, if one considers the response rate to the NSCH, the overall response rate was 34.6 percent (Bramlett et al., 2010).

NSAP data are available for public download at the CDC site (CDC, n.d.[b]). To maintain confidentiality researchers must apply for research projects using NSAP data linked with the NSCH-NCHS data researchers through the CDC Research Data Center.

#### 3.4.2.1 Variables

Although it is beyond the scope of this chapter to detail the 572 public-use file variables available for analysis, since this is the first nationally representative survey a brief description some of the data available for analysis are included. NSAP data are a follow-up to the NCHS so data variables common to both surveys were limited both for expediency and to prevent matching by the public to maintain confidentiality (Bramlett et al., 2010). Adoption researchers are able to submit research proposals for linked files. The adopted child variables include the child's age, (age at placement and adoption), sex, special health and other special needs of the child. Family variables include the adoptive parents' age, employment status, poverty level, ethnicity, and marital status. Types of adoption are whether the adoption was domestic or intercountry adoption; a foster parent adoption; a private or public agency adoption, an open or closed adoption; if open what were the relationships with birth siblings or biological. These are followed by questioning the reason for adoption; the family's reasons for the specific type of adoption; their personal experience with being adopted; whether friends or relatives have adopted; or if there was a prior relationship with the child. A series of questions regarding transracial and multicultural adoptions issues are addressed including what actions the family has taken to learn or experience the culture of the multiracial or multicultural child. Questions also specifically target coping with a child who was physically or sexually abused or neglected, or had developmental, health or emotional challenges in a series of questions. These questions address whether the adoption meet the family's expectations, how the adoption changed their lives, and whether the adoption caused family conflicts. Following these questions are a series about whether the family had considered termination of the adoption and if so why. Next, are a series of financial questions which address the cost of the adoption and if there was an adoption subsidy or tax credits. Financial questions also detail the special services which might be incurred such as mental health, dental, hearing, vision, counselling for the child and whether these were paid through state or private insurance. Questions address the types of adoption support services received such as adoptions support groups, mental health services, mentoring by other adoptive families, special tutoring, respite care, residential treatment or mental health services. The survey also asks where the family learned of these and whether these were helpful. The survey asks about whether the adoption process was positive and if the family has been asked to recruit other adoptive families (Bramlett et al., 2010). In spite of this inclusiveness there are some omissions in the survey, already mentioned is the language limitation which limits ethnicity. There also are no questions exploring gay and lesbian adoptions.

### *3.4.3 The National Survey of Family Growth (NSFG)*

#### 3.4.3.1 Purpose of NSFG

The NSFG was designed as a longitudinal survey of fertility and family growth issues including fertility and infertility, contraception, adoption, and maternal and

child health in the U. S. It is a nationally representative sample, weighted for representative analysis (CDC, n.d.[b]). Groves, Mosher, Lepkowski, and Kirgis (2009) note the NSFG has Six Cycles: Cycle One in 1973 (9,797 interviews of ever-married women aged 15–44), Cycle Two in 1976 (8,611 interviews of ever-married women aged 15–44), Cycle Three in 1982 (7,969 interviews of all women aged 15–44), Cycle 4 in 1988 (8,450 interviews of all women aged 15–44), Cycle 5 in 1995 (10,847 interviews of all women aged 15–44), and Cycle Six in 2002 (12,571 interviews; 7,643 of all women aged 15–44; 4,928 of men). Beginning July 1, 2006 the survey will be completed on a continuous basis, annually, as funding permits. The 2006–2010 sample was drawn from 110 primary sampling units, with about 5,000 interviews annually (CDC, n.d.[c]). As of June 2009, there were 13,000 interviews and the continuous data are being prepared for public use (Groves et al., 2009).

#### 3.4.3.2 Variables

The NSFG, along with fertility, pregnancy and maternal health issues, had provided valuable data for analysis of adoptions. It is beyond the scope of this chapter to list the multiple variables, which have been slightly modified with each cycle of the NSFG, please refer to the CDC (n.d.[c]) website for detailed variables. Adoption researchers including Bachrach (1983) and Bachrach, Stolley, and London (1992) Cycle Two; Bachrach, London, and Maza (1991) and Bonham (1977) Cycle Four; Chandra, Abma, Maza, and Bachrach (1999) using Cycles One, Three, Four and Five; Jones (2008) Cycle Six; and Poston and Cullen (1989) Cycles One, Two, and Three agree that the NSFG is the most complete source of data available for adoption analyses. However, data are limited as each survey had only limited frequencies of adoptions. In July 2010 data from the continuous survey for the period 2006–2008 were released for public use.

Variables include: age, of both adoptive and relinquishing parents and the child; relationship to the child, including foster care status, race and ethnicity; income level and poverty level; education level; infertility status; fertility services used; and marital status. Variable available Additional information about the use of NSFG are in Chapter 4, which provides demographic analyses using NSFG Cycle Six. Public use data for all cycles are available on CDC website. Contextual or geographic data, using U. S. Census 2000 summary files, is also available to researchers, for a fee, through the NSFG Research Data Center (CDC, n.d.[c]).

The primary limitation of the NSFG data is the size of the "ever adopted" sample which has averaged around 150. In Cycle One, 191 had "ever adopted" in Cycle Six, 121 had "ever adopted". The NSFG has over selected under-represented populations, primarily racial minorities to obtain sufficient numbers for statistical analyses thus a similar over sampling of families who have adopted would allow for richer and more complete analyses of this special, under-represented, population.

## 3.5 The Adoption and Foster Care Analysis and Reporting System (AFCARS)

### *3.5.1 Overview of AFCARS*

The third possibility to be a clearing house for adoption data is the Adoption and Foster Care Analysis and Reporting System (AFCARS) available through the National Data Archive on Child Abuse and Neglect (NDACAN, 2002) and National Data Archive on Child Abuse and Neglect Family Life Development Center (n.d.). AFCARS data are administrative use information on children in the custody of state child welfare agencies and their foster and adoptive parents. Although the AFCARS regulations encourage states to report on the children adopted who are not in state custody this is not a requirement so data are limited to voluntary reports. This voluntary nature of the reports makes the AFCARS less likely to become the central data repository.

AFCARS reporting is required under three conditions: if the child is in child welfare custody; if the child has "special needs" and the adoptive family has been reimbursed for care or if the adoption service was arranged or contracted with the state agency. As is suggested by the title there are actually two available data sources: foster care information and adoption data for those children who were placed in adoptions. Data are reported to AFCARS semiannually from the SACWIS case management system. State compliance with reporting is encouraged as SACWIS funding is contingent on mandatory reporting to AFCARS (NDACAN, 2002).

The centralization of child welfare data has been a subject of concern along with the standardization of child welfare standards. Child welfare systems are also state systems so issues noted in the legal and vital statistics systems above – including the data obtained, the timing of reporting and the willingness to comply with providing data to a central federal program – all limit data. One of the first steps in a central national database on foster care and adoption was a voluntary system, Voluntary Cooperative Information System (VCIS), initiated by the Department of Health and Human Services Administration on Children, Youth and Families, in 1982.The VCIS was problematic as reporting was inconsistent and, there were no common definitions for the variables or for the timelines for reporting. Four years later, in 1986, a congressional amendment to the funding of child welfare services, Title IV-E of the Social Security Act (Section 479), required an advisory committee to explore a national reporting system. The committee recommended a national system, AFCARS, which was implemented in 1993 (NDACAN, 2002).

### *3.5.2 Variables*

Research using AFCARS data is limited as it is an administrative, program management database that is collected by staff whose reporting is not held to rigorous scientific research criteria. Compared to foster care data, the numbers of adoptees by geographic area may be quite small, so to maintain confidentiality of children in care, the data are manipulated, and the FIPS codes and day of birth are not available

in adopted children data. Also it should be noted as a limitation that states are inconsistent in the reporting of racial and ethnic classifications. Variables available from the AFCARS files are: state agency involvement, child's year of birth, child's sex, child's race and ethnicity, the special needs status of child: age, mental retardation, visual or hearing impaired, physically disabled, emotionally disturbed, other diagnosed condition; the biological mother and father's year of birth; the marital status of mother; the date the adoption was legalized, year, month, and day; the adoptive family structure (Not applicable, Married couple, Unmarried couple, Single female, Single male, Unable to determine); the adoptive mother and fathers year of birth; the adoptive parent's race and ethnicity; the pre-adoptive relation: (stepparent; other relative foster parent; non-relative); the date parental rights of each parent was terminated; whether an adoption subsidy was received and the amount of the monthly adoption subsidy; and whether other IVEAA 37 IV-E Assistance was claimed (NDACAN, 2002).

ASCAR public use data availability is funded by the through the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U. S. Department of Health and Human Services National Data. Data collected by the Children's Bureau are stored and released through the Archive on Child Abuse and Neglect (NDACAN) Beebe Hall -FLDC, Cornell University, Ithaca NY 14853; tel. 607-255-7799 | fax 607-255-8562 or their website www.ndacan.cornell.edu. To further aid researchers NDACAN provides data in SAS, STATA, SPSS or other file formats upon request. The data are restricted to the above variables due to confidential issues. Data users are to provide copies of manuscripts to the archive to share information with other researchers and provide information on data use to the funding agency (NDACAN, 2002).

## 3.6 The Child Welfare League of America National Data Analysis System (NDAS)

### *3.6.1 Overview of the National Data Analysis System*

The Child Welfare League of America (CWLA) National Data Analysis System (NDAS) online statistical database is the second, alphabetically, as a data repository (Child Welfare League of America National Data Analysis System, 2009). As was mentioned in Chapter 2 the CWLA is a coalition of public and private agencies that has worked to promote professional standards of child welfare services, including adoption and foster care, since 1920. The mission of CWLA is to support public policies and practice standards that promote access for every child to a permanent, loving and stable family (Child Welfare League of America National Data Analysis System, 2009).

The purpose of the NDAS was to provide state service stakeholders and researchers a collection of national data from a variety of child welfare and comparison statistics both as a resource to learn about programs and services across the 50 states and as a repository which can give a longitudinal perspective to available data. Data available are from 1997 to 2009. This shared data can then

be used by states to improve their data. The collection of data also is a vehicle working to attain standard definitions and standard collection of data so these can be compared longitudinally across state lines.

### *3.6.2 National Data Analysis System Variables*

The NDAS system provides online data access analysis at their website (Child Welfare League of America National Data Analysis System, 2009). NDAS data are administrative data obtained from the separate entities involve in child welfare administration. According to the website agencies that provide data to NDAS are: AFCARS, the U. S. Census (used to compare children in care with state and national children by age, race and ethnicity), the CDC (vital statistics data including birth and death rates, immunization rates), the Centers for Medicare and Medicaid Services (comparable child health insurance data), the Child Welfare League of America State Agency Survey (conducted every two years since 1993), the Green Book (the financial data on federal entitlement allocations for Title IV-B, expenditures for Title IV-E, and average number of children receiving Title IV-E adoption assistance and foster care), the North American Council on Adoptable Children adoption expenditures and adoption subsidy rates, outcomes annual reports published since 1998, (based on AFCARS data), the Urban Institute (a survey, begun in 1996 and conducted every two years afterwards, of child welfare finances by funding source), breakdowns of federal expenditures, and spending for specific types of services, and the voluntary state court reporting system (VCIS) mentioned in the section on the family court system, years 1990–1995 (The Child Welfare League of America National Data Analysis System, 2009).

Although much of the information available for analysis is a carbon copy of the AFCARS system, it has the added advantage of easily accessible online analyses, multiple year comparisons for longitudinal analyses, as well as built in comparisons with the general population through the data from sources as the and CDC. Refer to the CDC for a complete list of available survey data (CDC, n.d.[e]). The data limitations are also similar to those in the AFCARS system. Although the systems acknowledge the need for standardization, variables continue to have multiple definitions. Next, data are collected for administrative uses, not for research, so they are not subject to rigorous scientific standards. Additionally, the variables for analysis are limited. The function of the CWLA to improve standards of care focuses heavily on administrative, financial and funding issues so that research involving family life, psychological and psychosocial measures are not included.

## 3.7 Department of Homeland Security and State Department: Immigration Data

### *3.7.1 Overview of Immigration Data*

The State Department and since 2002 the United States Department of Homeland Security (2009) maintain immigration records as administrative documentation of

United States' immigration and emigration flows. The United States Immigration and Naturalization Service (INS), and The Department of Homeland Security data include limited data on intercountry adoptions.

### *3.7.2 Immigration Variables*

The data on intercountry adopted children, documented as part of the immediate relative of U. S. citizen category, include the age, sex, and country of origin (region and country of birth) of the intercountry adopted child by fiscal year. Chapter 7 combines these variables for analysis: orphan, a dummy variable; age group, (categories under one; ages one to four; ages five and above); sex and country, with other data for a quantitative analysis of intercountry adoptions. Individual migration data are available from the Inter-university Consortium for Political and Social Research (ICPSR). Washington, DC: U. S. Dept. of Justice, Immigration and Naturalization Service [producer], U. S. Dept. of Justice, Immigration and Naturalization Service. *Immigrants Admitted To The United States, 1972–2000* [Computer Bibliographic Citation: file]. 2000. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2008-03-19. The Department of Homeland Security (DHS) also provides aggregate data in online statistical yearbooks from 1996 through the prior fiscal year.

## 3.8 The U. S. 2000 Census, The Five Percent Public Use Microdata Sample (IPUMS)

### *3.8.1 IPUMS Overview*

As the gold standard for demography is to have population data, usually from a population census, the most widespread source of U. S. data available for demographic analysis is the census. The U. S. census has been taken every 10 years since 1790 (with more frequent surveys of specific topics). Analysis is simplified by using integrated public use microdata files (IPUMS), either the IPUMS 5 percent (about 14 million), or 1 percent (about 2.8 million) sample available from the Inter-university Consortium for Political and Social Research, distributor (ICPSR) (U. S. Census Bureau, 2003; ICPSR, 2000) or IPUMS USA (Ruggles et al., 2010).

### *3.8.2 IPUMS Adoption Variables*

Variables which may be of interest specifically to adoption researchers are: race and ethnicity, income, education attained, marital status, geography, date and place of birth, ancestry and citizenship status. Perhaps the most important variable for our research is the "relationship to the head of the household". In the 2000 census this

variable was expanded to include adopted child as a relationship to household head. Chapter 5 also explores the household head and relationship to household head to examine same-sex partners (male-male or female-female) and adoptions.

Census IPUMS data are available for public use download, in ASCII format, on the Census website. The easier access is through Integrated Public Use Microdata Series (IPUMS) data available through the ICPSR (2000) or IPUM. IPUMS provides access to microdata for individuals from U. S. censuses from 1850 through the current census (Ruggles et al., 2010).

There are some data limitations; different data was obtained by census, variables and data were coded differently in various years, in 1890 the census records were burned, and during the war years of the 1940s there was strict confidentiality so data may be limited. The "relationship to head of the household" question is one of seven so-called 100 percent census questions asked of all persons. The relationship of adopted child was included as a census question in the years 1880 through 1930, omitted from 1940 through 1990, and added in 2000. This relationship to head of the household question also asks about the relationship of children in the household to the head of the household and thus one can identify whether a household child is adopted by the head of the household, providing frequency data about the number of adopted children (U. S. Census, 2003; ICPSR, 2000).

The other significant addition to the census relationship question is the category unmarried partner. In 1990 the category, unmarried partner, was added and in 2000 the relationship to the head of the household question was revised so that an unmarried partner could self-identify as a same-sex partner as one possible response. (In 1990, but not in 2000, the unmarried partner households were imputed to be of different sexes. See Chapter 5 for a more complete discussion of same sex households.) This relationship to head of the household question also asks about the relationship of children in the household to the head of the household and thus one can identify whether a household child is adopted by the head of the household. A limitation is there is no data on whether the unmarried same sex partner adopted a child so single parent adoptions by the partner are not reported. These changes in U. S. Census data have facilitated both the study of the extent of both same-sex couples and the presence of adoptees in these same-sex partnered households (U. S. Census, 2003). The household relationship of "adopted son or daughter" is also included in the 2010 census, with 2010 data available for release in 2011, and American Community Survey data available on a continuous basis.

## 3.9 Hague Convention Annual Statistical Reports

### *3.9.1 Hague Convention Overview*

The Hague Convention of 29 May 1993 on Protection of Children and Co-Operation in Respect of Intercountry Adoption: Intercountry Adoption Section was founded to insure uniform standards to protect the children in intercountry adoptions (United Nations, 1993). The United Nations (2005–2009) requires annual statistics of

member nations of the Hague Convention on Intercountry Adoptions. (Refer to Chapter 8 for additional information on Hague Convention members and adoption data.) Currently, as of 2010, there are 83 member states. Since not all member states joined simultaneously available data varies by member states.

### *3.9.2 Hague Convention Variables*

Annual Statistics by State Hague Convention data are limited to required administrative reports which each member state is required to report on an annual basis. The same data are required of those states that are considered to be the sending, or states of origin of the adoptive child and receiving states. The states of origin data are: the number of children the state of origin placed in adoptions; the receiving state; the total number of completed adoptions; the sex of the adoptee by age of adoptee (less than one, one to four, five to nine, and ten and above); the number of adoptions of special needs children; the location of the child prior to adoption (institution, foster care, or the family of origin). The same information is required in reverse of the receiving states. Section 3.7 describes the data available regarding the adoptees received into the United States. However, since the United States joined the Convention in December of 2007, data from the United States will for the first time document the United States as a country of origin of intercountry adoptees. Hague Convention statistics will document the number of children the U. S. places in other countries by year. Data for 2008, the first year are limited. In 2009, the report documents that thirty children were placed for adoption; of these 19, all under age 4, were placed in the Netherlands (United Nations, 2005–2009).

A limitation of Hague Convention statistical data is that it is restricted to data reported by member nations and the data reported are minimal. The United Nations (2009, p. 65) reports that 173 of the 195 countries allow adoptions. Of these 128 provide some data, minimally the number of adoptions; 88 have some data on both domestic and ICAs; 23 on all adoptions; nine only on ICAs; and eight only domestic adoptions (United Nations, 2009, p. 65).

## 3.10 Conclusion

This chapter presented an overview of U. S. data available for demographic analyses of adoption: National Center for State Courts (NCSC) Court Statistics, the CWLA-NDAS, the NSFG, the NSAP, the AFCARS, the U. S. Census, the Department of Homeland Security and internationally, the United Nations Hague Convention statistical reports. While these available sources do provide data for research, more data are needed to better understand the differences in adoption behavior among racial and ethnic groups.

The consensus of the National Center for State Courts is that national data sharing protocol leading to exchanges of uniform variables in a standardized family court system would be a practical step in improving family law legal services. These data

protocol would not only insure that the rights of the adoptive child and relinquishing and adopting parents were protected, it would provide for a standardized way of documenting the numbers and types of adoptions available. A practical benefit of the standardized data sharing protocol would be data for adoption research. Since the family court systems, if available, finalize adoptions they could provide for the first time accurate data on formal adoptions in the U. S. whether arranged through the child welfare systems, private agencies, or private attorneys. These data would be able to specify clearly which of these adoptions had a prior relationship with the adoptee, be they step-children, foster children, children of one biological parent, or other relative adoptions.

The NSAP and the NSFG are two national surveys with series of adoption-related questions, but these both have limitations. The NSFG is directed primarily to the general population, and all cycles have included few adopters. The NSAP has a larger population of 2,098 but is limited to English speakers, has only occurred once and as of this date is not a longitudinal survey (CDC n.d.[a], n.d.[b]). What is needed is a larger sample of adoptive parents, targeting multiple ethnicities, expanded to multiple languages, to better reflect the current population of the U. S. There are two possibilities for improved data collection. First, adoptive parents could be oversampled in the continuous NSFG, much like racial minorities are currently oversampled. Since this is an ongoing longitudinal survey from the early 1970s this would allow for an analysis of long term adoption trends. Second, the NSFG variables used in adoption research could be included in the NSAP survey to allow social demographers more beneficial data regarding current adoption issues, which could be compared to the NSFG data.

These survey data can be combined with the three areas of administrative data (from the court systems, the U. S. Census and the State Department/Department of Homeland Security INS data), for a more complete picture of adoptions in the U. S. As is mentioned in Chapter 1, data from the 2000 census are there were 2.1 million adopted children, with an additionally 4.4 million adopted stepchildren, which are 8 percent, or 6,720,000, of the 84 million household children (Kreider, 2003). The census data are limited, as they do not indicate whether these adoptions were formal or informal, relative or non relative, but do roughly provide the race, ethnicity, and relationship to the head of the household and age of these children. Of these 119,136 or 12.6 percent were foreign born adoptees, so immigration data are also a valuable resource for the examination of intercountry adoptions (Kreider, 2003). Immigration data, however are limited, and omit some vital data, specifically the race or ethnicity of the adoptee, and whether the adoptee has a prior relationship with the adopter.

So, in spite of the advances in national surveys, allowing adoption researchers greater access to data than in the past, existing data continue to have limitations. The remaining chapters will therefore both present demographic analyses of domestic and intercountry adoptions and highlight the limitations of these analyses. Most notably, data do not address the large number of informal kinship adoptions or guardianships which continue to be a primary source of support for orphaned, abandoned or otherwise dependent children.

The United Nations (2009) concurs that it is timely to begin obtaining standardized data about both domestic and intercountry adoptions, recommending that uniform data be available for both domestic and intercountry adoptions to facilitate

compliance with international standards and to compare adoptions internationally. The minimum data recommended are in Box 3.1, minimum data needed for domestic adoptions, and Box 3.2, minimum data needed for intercountry adoptions. Interestingly the recommended information for persons relinquishing and adopting does not specify the sex of the person who relinquish or adopt but does request their marital status and relationship, and the number of biological children prior to the adoption. Both document the place of the adoption and the country of citizenship of all five persons with the ICAs asking specific questions about type of exit permit, type of visa or type of residence permit (if applicable).

**Box 3.1**

**Minimum Data Needed for Domestic Adoptions**

| Country | Date when the Form is Filled | | | | |
|---|---|---|---|---|---|
| Characteristics of the event | | | | | |
| Type of adoption: | | | | | |
| Date when adoption request was received | | | | | |
| Date when adoption was granted | | | | | |
| Date when adoption came into effect | | | | | |
| Authority granting the adoption: | | | | | |
| Place of the adoption: | | | | | |
| Locality (city or town); | | | | | |
| State/Province | | | | | |
| Characteristics of the persons involved in the event | | | | | |
| | Persons relinquishing guardianship | | Adopted Person | Persons adopting | |
| | Person 1 | Person 2 | Person 0 | Person 3 | Person 4 |
| Sex | | | | | |
| DOB | | | | | |
| Country of citizenship: | | | | | |
| Locality (city or town) | | | | | |
| State/Province | | | | | |
| Country of Citizenship | | | | | |
| Number of children before adoption comes into effect | | | Not applicable | | |
| Of which, biological children | | | Not applicable | | |
| Marital Status | | | Not applicable | | |
| Relationship to adopted person | | | Not applicable | | |

*Source*: United Nations, 2009, p. 142

**Box 3.2**

**Minimum Data Needed for Intercountry Adoptions**

Form ID:

| **Completed by Authorities in Country of Origin** | **Completed by Authorities in Country of Destination** |
|---|---|
| Country of Origin: | Country of Destination: |
| Current Date (DD/MM/Year): | Current Date (DD/MM/Year): |
| Type: | Type: |
| Date when adoption request was received | Date when adoption abroad was recognized |
| Date when adoption was granted | Date when adoption was granted |
| Date when adoption came into effect | Date when adoption came into effect |
| Place of the adoption: | Place of the adoption: |
| Locality (city or town); | Locality (city or town); |
| State/Province | State/Province |
| Date of departure | Date of Arrival |
| Type of exit permit (if required): | Type of visa: |
| | Type or residence permit (if appropriate): |

Characteristics of the persons involved in the event

| | Persons relinquishing guardianship | | Adopted Person | Persons adopting | |
|---|---|---|---|---|---|
| | Person 1 | Person 2 | Person 0 | Person 3 | Person 4 |
| Sex | | | | | |
| DOB | | | | | |
| Country of habitual residence: | | | | | |
| Locality (city or town) | | | | | |
| State/Province | | | | | |
| Country of Citizenship | | | | | |
| Number of children before adoption comes into effect | | | Not applicable | | |
| Of which, biological children | | | Not applicable | | |
| Marital Status | | | Not applicable | | |
| Relationship to adopted person | | | Not applicable | | |

*Source*: United Nations, 2009, p. 142

Member and non-member nations of the Hague Convention are engaging in discourse over practices deemed to be in the best interest of the child; whether these practices should be regulated or allowed to continue unregulated; how to best protect the ethnic heritage of the child; and how to insuring for the best practice of family care in a timely manner. Thus, collecting and reporting basic uniform data are seen as for cornerstones necessary for both domestic and intercountry program planning and policy development for services to a growing population of orphaned, abandoned or otherwise dependent children.

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# Chapter 4
# Adoption Behavior of U.S. Women

## 4.1 Introduction: Predictors of the Likelihood of Adoption

This chapter is the first of two demographic analysis chapters. Chapter 4 examines adoption behavior in the United States, through an analysis of Cycle 6 of the National Survey of Family Growth (NSFG). As is noted in Chapter 3 the NSFG's main strength as a data source on adoption, according to Bachrach (1986), is it provides data comparing the women who adopt, those who place children for adoption, and those who do not adopt. Thus, the NSFG is the best source for individual-level data (Bachrach, 1986; Chandra, Abma, Maza, & Bachrach, 1999). Arguably, with the completion of the 2007 National Survey of Adoptive Parents this may no longer be the case (e.g. see Section 1.4.1). However, the NSFG has the added value of being a longitudinal and currently ongoing survey, which allows researchers to document trends. This chapter looks at adoption, with specific emphasis on female adopters using available data from the NSFG female respondent files in two sections. First, we explore commonly associated with increasing or predicting the likelihood of adopting a child. Second, we then examine the effects of race and ethnicity on the predictors of adoption behavior.

## 4.2 Hypotheses

A review of the existing literature reveals significant relationships between age, parity, fecundity status, marital status, race and ethnicity and certain indicators of socioeconomic status and adoption behavior. Based on this literature seven hypotheses are explored:

1. Age will be positively related to whether a woman has adopted.
2. Parity will be negatively related to whether a woman has adopted.
3. Infertility and subfecundity will be positively related to whether a woman has adopted.

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4. Women with higher educational attainment will have a higher likelihood of having adopted.
5. Income will have a positive relationship with whether a woman has adopted.
6. Socioeconomic status indicators will vary in their significance by race and ethnicity.
7. Infertility and subfecundity will have significant positive relationships with whether a White woman has adopted, but not with whether an African American, Asian, Mexican or non-Mexican/Mexican-American Hispanic woman has adopted.

## 4.3 Methodology

The data we use are the NSFG Cycle 6, conducted in 2002 and early 2003. The NSFG is "an ongoing series of sample surveys designed to provide current information about childbearing, contraception, and related aspects of maternal and child health for the United States" (Lepkowski et al., 2006, p. 4). Responses, a nationally representative sample of the 6,967 females aged 18–44, are weighted so data can be used to estimate the number of individuals with particular characteristics in the U.S. household population. Adoption statistics derived from the data have fairly large sampling errors, as relatively few women have actually adopted a child (Bachrach, 1986). Of the 6,967 women who responded to adoption-related questions, only 201 indicated that they adopted a child, including both related and unrelated formal adoptions. If this small sample is further divided in racial and ethnic subgroups there are limitations on valid statistical analyses.

Each of the analyses conducted in this investigation uses a single dependent variable, whether or not a woman in the U.S. has ever adopted a child. This binary variable was constructed from the NSFG variable *everadpt*, which measures a woman's experience with adoption (whether she had adopted, had not adopted but was in the process of trying to adopt a particular child, or had never adopted and was not attempting to adopt a particular child). These data were not the result of a single survey question, but rather a series of questions on nonbiological children that the woman considered herself to have raised. This variable was recoded for this research so that both women in the process of trying to adopt and women who had never adopted and were not attempting to do so were included as never having adopted.

Table 4.1 highlights the percentage of women in this sample who have ever adopted a child according to selected characteristics. The characteristics associated with women who have adopted in the U.S. include being at least 35 years old, having ever been married, sterility, a parity of 2, a high school education, having never used infertility services of any sort, and being a non-Hispanic White.

**Table 4.1** Percent of women 18–44 years of age who have ever adopted a child, according to selected characteristics in 2002 (Total sample = 6,967)

| Selected characteristics | Number of sample cases | Number of women in population (Thousands) | Number who ever adopted a child | Percentage who ever adopted a child |
|---|---|---|---|---|
| *Age at interview* | | | | |
| 18–24 years | 1,839 | 13,855 | 9 | 0.11 |
| 25–29 years | 1,296 | 9,252 | 25 | 0.27 |
| 30–34 years | 1,354 | 10,266 | 40 | 0.65 |
| 35–39 years | 1,269 | 10,851 | 61 | 1.19 |
| 40–44 years | 1,209 | 11,515 | 66 | 1.42 |
| *Parity at interview* | | | | |
| 0 births | 2,577 | 19,986 | 51 | 0.77 |
| 1 birth | 1,499 | 11,013 | 37 | 0.62 |
| 2 births | 1,601 | 13,393 | 63 | 1.20 |
| 3 births | 828 | 7,140 | 25 | 0.43 |
| 4 births | 308 | 2,776 | 14 | 0.33 |
| 5 or more births | 154 | 1,427 | 11 | 0.28 |
| *Parity at average age of 1st adoption* | | | | |
| 0 births | 2,888 | 22,427 | 58 | 0.85 |
| 1 birth | 1,624 | 12,278 | 46 | 0.87 |
| 2 births | 1,497 | 12,746 | 56 | 1.01 |
| 3 births | 636 | 5,479 | 25 | 0.59 |
| 4 births | 226 | 2,018 | 10 | 0.17 |
| 5 or more births | 96 | 791 | 6 | 0.14 |
| *Marital status at interview* | | | | |
| Ever married | 4,124 | 35,843 | 152 | 2.99 |
| Never married | 2,843 | 19,891 | 49 | 0.64 |
| *Fecundity status at interview* | | | | |
| Sterile (surgical and nonsurgical) | 1,806 | 15,845 | 99 | 1.82 |
| Impaired fecundity (subfecund or long interval) | 722 | 5,657 | 31 | 0.57 |
| Fecund | 4,439 | 34,237 | 71 | 1.24 |
| *Ever used infertility services?* | | | | |
| Yes | 845 | 48,427 | 61 | 1.39 |
| No | 6,122 | 7,307 | 140 | 2.23 |
| *Educational attainment* | | | | |
| Less than high school degree | 1,045 | 7,368 | 37 | 0.52 |
| High school graduate (diploma or GED) | 2,156 | 17,122 | 70 | 1.49 |

**Table 4.1** (continued)

| Selected characteristics | Number of sample cases | Number of women in population (Thousands) | Number who ever adopted a child | Percentage who ever adopted a child |
|---|---|---|---|---|
| Some college but no degree | 1,621 | 13,109 | 45 | 0.81 |
| Associate or bachelor's degree | 1,724 | 14,591 | 37 | 0.54 |
| Graduate or professional degree | 421 | 3,539 | 12 | 0.26 |
| *Income at interview* | | | | |
| Under $19,999 | 2,087 | 14,340 | 60 | 0.92 |
| $20,000–$39,000 | 2,063 | 15,728 | 58 | 0.81 |
| $40,000–$59,999 | 1,184 | 10,562 | 33 | 0.72 |
| $60,000–$74,999 | 570 | 5,066 | 18 | 0.51 |
| More than $75,000 | 1,063 | 10,038 | 32 | 0.67 |
| *Race* | | | | |
| American Indian or Alaskan native | 225 | 1,515 | 6 | 0.07 |
| Asian | 219 | 1,833 | 4 | 0.09 |
| Black or African American | 1,526 | 8,457 | 64 | 0.70 |
| Native Hawaiian or other Pacific island | 44 | 384 | 0 | 0.00 |
| White | 4,946 | 43,514 | 127 | 2.78 |
| *Hispanic origin* | | | | |
| Mexican or Mexican-American | 851 | 5,215 | 17 | 0.25 |
| Hispanic or Latin (non-Mexican) | 593 | 2,959 | 16 | 0.16 |
| Non-hispanic | 5,519 | 47,544 | 168 | 3.22 |

### *4.3.1 Variables*

The independent variables used in this investigation were selected in part to represent the predictors of adoption behavior found to be significant in the literature. Most of these variables are coded as dummy variables, coded as 1 if yes and 0 if no:

1. *Age*: This variable represents the age of the respondent at the time of the interview. Age is consistently found to have a significant relationship in past studies with the adoption behavior of women. A positive relationship may indicate that women who are getting older suddenly wish for children, but are unable or unwilling to go through a pregnancy. However, it is important to note that because this variable represents the age of the woman *at the time of the interview*, it is likely that a positive relationship with having adopted simply represents the

greater amount of opportunity had by older women to have adopted a child, and not an increased propensity to adopt over time. The other issue with the *age* variable is though the expanded age range of women in the NSFG sample has overall use, in studies such as this it presents a unique problem: women under a certain age are not very likely to have adopted, and may even be prohibited by law from adopting. For this reason, the sample in this study was restricted to women who were at least 18 years of age (the youngest age at which a woman reported having adopted a child).

2. *Parity*: This variable represents the number of biological children born to the respondent at the time of the interview. Though it has been consistently found to be statistically significant in the literature on the adoption behavior of women, *parity* suffers from the acknowledged simultaneity bias (Chandra et al., 1999; Bachrach, 1986). Consequently, though a negative relationship between the number of biological children born to a woman and having adopted a child may seem to suggest that women with more children are less likely to adopt. But women could adopt a child and then have biological children; or some women have biological children and later adopt. A new variable was constructed to represent parity at the average age of first adoption making it possible to see if having a certain number of children is actually related to a woman's decision to adopt a child. Construction of this variable entailed first determining the average age at first adoption. For 77.59 percent of cases in which adoption occurred, the century month[1] was available for the date the child first began to live with the respondent and the century month for the mother's date of birth. The results for each adopter were then averaged, providing the average age at first adoption: 382.98 century months, which translates to about 31.915 years, or roughly 31 years and 11 months. The pregnancy history[2] of each respondent was examined against this average age of first adoption in order to determine how many children each woman had given birth to by this point in her life.

    a. *Fecundity Status*: The variable *fecund* was recoded into a dummy variable in order to assess the relationship between various fecundity statuses and

[1] A century month is calculated by the following formulas (National Center for Health Statistics, 2002): Century Month = (Year of Interest – 1900) * 12 + Month of Interest and (Century Month Child Came – Century Month of Respondent's Birth)/12 (National Center for Health Statistics, 2002).

[2] While this variable represents a clearer picture of the relationship between the number of biological children a woman has and whether or not she adopts, not every respondent in the sample has reached the average age of adoption. For example, a woman who currently has no children but is only 22 may be misrepresented by this variable as she still has many years in which to bear children before the average age of first adoption. Likewise, a woman who is currently pregnant and under the age of 31 may also be misrepresented, since her pregnancy (not yet a live birth) could not be counted toward parity at the average age of adoption due to the possibility that the birth may face complications. In an effort to rectify this situation, the first analysis was run once with the original measure of parity, and once with the variable measuring parity at the average age of first adoption, in order to assess the extent of any difference in both the impact of these variables, as well as any other significant relationships in the mode.

whether a woman has adopted. Other constructed dummy variables were: *Sterile*; *Impaired fertility,*[3] and *Fecund*, the dummy variable in which 1 indicates that a woman is fecund. *Fecund* is the reference variable, and hence left out of the regression.

3. *Infertility services*: It is a dummy variable in which 1 represents a woman who has ever used infertility services of any sort.
4. *Married*: This dummy variable was included as an indicator of marital status; 1 represents a woman who has ever been married, while 0 represents a woman who has never been married. This variable was selected as because, like the *parity* variable, this item suffers from the simultaneity bias. So more important than her current marital status is distinguishing between whether a woman has ever been married, and investigating whether having been married is related to whether or not she has ever adopted.

    a. *Educational Attainment*: The respondent's educational attainment is an indicator of socioeconomic status. Like parity and marital status, the educational attainment is measured at the time of the interview, so is also likely to suffer from the simultaneity bias. Without a manner of determining the woman's education at the time of adoption, the following dummy variables were constructed and utilized instead: *Less than high school* (*less than a high school* education is the reference variable for this series and thus was omitted from the regression);*High school graduate; Some college; Associate or bachelor's*; and *Graduate or professional* degree.
    b. *Income*: A measure of the respondents' income was included as a second measure of socioeconomic status. It was recoded into dummy variables in order to determine whether being in a particular income bracket had a significant relationship with whether or not a woman had adopted. The dummy variables are as follows: *Income under $19,999*: a woman's total family income at the time of the interview was less than or equal to $19,999, the reference variable, left out of the regression; *Income $20,000 to $30,000*; *Income $40,000 to $50,000*; *Income $60,000 to $74,000*; and *Income more than $75,000*.
    c. *Race*: Cycle 6 of the NSFG includes data on five separate racial categories: American Indian or Alaska Native, Asian, Native Hawaiian or other Pacific Islander, Black or African American, and White. Due to limitations in sample size, the *race* variable was recoded into four dummy variables, leaving out the category of Native Hawaiian or other Pacific Islander, which only had 44 cases between the ages of 18 and 44, none of whom had ever adopted a child. The dummy variables are as follows: *Asian*; Black; American *Indian or Alaska Native; and White.* White is the reference variable, left out of the regression.

[3]This variable indicates that a woman has impaired fecundity either due to Subfecundity (being told by a doctor that it is difficult or impossible to conceive or deliver or a doctor) or a long interval (no pregnancy following 36 or more months without having used any form of contraception) (Poston and Cullen, 1986).

d. *Ethnicity*: The NSFG also includes data on Hispanic or Latin origin, as well as whether a Hispanic individual is specifically Mexican or Mexican-American. Subsequently, these data were recoded into three dummy variables: *Mexican; Other Hispanic or Latin; and* Non *Hispanic or Latin*.

### *4.3.2 Analyses*

This investigation contains two sets of analysis. In the first, multivariate logistic regression is used, as the most effective and appropriate choice for predicting dependent variables that are dichotomous, to determine which of the independent variables has a statistically significant relationship with have adopted. Prior to running this regression, the tolerance of each independent variable was examined, with each sufficiently above 0.35. These regressions were run once with the original measure of parity and again with the measure of parity at average age of first adoption (see previous discussion).

The second set of analyses considers each of the variables of race and ethnicity independently. This entailed running a regression with many of the same independent variables as the first analysis, but specific for each group of women. The initial population of women was subdivided into "Hispanic or Latin" and "Non-Hispanic or Latin." Then, the group of non-Hispanic or Latin women was further subdivided into "White," "Black or African American," and "Asian" (there were not enough women in the "American Indian or Alaska Native" category to retain this as its own model). A regression equation was then estimated for each of these subgroups. In order to examine the relationship between the predictors of adoption and ethnicity, the "Hispanic or Latin" subgroup was further divided into Mexicans/Mexican-American women and non-Mexican Hispanic/Latin women. Each of these equations was estimated using the statistical software Stata's "svy, subpop (*race or ethnicity variable*)" command. This part of the investigation consisted of five separate regressions which included most of the measures of age, parity, fecundity status, marital status, and socioeconomic status, but did not include the additional variables of race and ethnicity. This allowed for an examination of the magnitude of the coefficients in order to learn about the dynamics of adoption between different groups of women, such as Mexican/Mexican-American adoption versus non-Hispanic adoption, non-Mexican Hispanic/Latin adoption verses non-Hispanic adoption, as well as Mexican/Mexican-American adoption versus non-Mexican Hispanic/Latin adoption. Since the majority of prior research has considered White, non-Hispanic women, this analysis provides a means for assessing the effects of each of these variables on the other predictors of adoption.

### *4.3.3 Results*

The statistically significant results for each model are interpreted below, and used as evidence to determine whether or not the hypotheses previously outlined are supported by the data.

As described above, the first analysis consisted of two models: the full model utilizing the newly recoded "parity at average age of first adoption" variable, and the full model utilizing the original "parity at the time of the interview" variable. This allowed for it to be determined which variables are statistically significant predictors of having adopted a child, as well as the effects (if any) of the original parity variable's simultaneity bias on the significance of the model. The tolerances of each of the independent variables utilized in these models were examined; the tolerances for every variable were sufficiently above 0.35, a rough "rule of thumb" for minimum tolerances. The results of both models can be found in Table 4.2.

In the first model, age at the time of the interview is statistically significant ($t = 6.83$; $p < 0.001$). Its $b$ coefficient of 0.086 indicates that, holding all other independent variables constant, for each additional year in age at the time of the interview, the predicted log odds of having adopted a child increase by 0.086. In terms of the odds ratio (the exponentiated values of the logit coefficients), for every additional year of age, other things being equal, the odds of having adopted a child

**Table 4.2** *b* Coefficients and odds ratios for logistic regression models 1 and 2 predicting the odds of ever having adopted, women 18–44 years of age

| | Model 1 | | Model 2 | |
|---|---|---|---|---|
| | *b* coef. | odds ratio | *b* coef. | odds ratio |
| *Age at the time of the interview* | 0.09*** | 1.09*** | 0.08*** | 1.09*** |
| Parity at the average age of 1st adoption | 0.13 | 1.13 | – | – |
| Parity at the time of the interview | – | – | 0.07 | 1.07 |
| Sterile | 0.23 | 1.26 | 0.28 | 1.32 |
| Impaired fecundity | 0.16 | 1.17 | 0.16 | 1.17 |
| *Ever received infertility services* | 1.37*** | 3.94*** | 1.34*** | 3.84*** |
| Ever been married | –0.01 | 0.99 | 0.01 | 1.01 |
| High school graduate (diploma or GED) | 0.07 | 1.08 | 0.05 | 1.05 |
| Some college education, no degree | –0.28 | 0.75 | –0.31 | 0.73 |
| *Associate or bachelor's degree* | –1.01* | 0.36* | –1.06* | 0.35* |
| Graduate or professional degree | –0.48 | 0.62 | –0.55 | 0.58 |
| Total income from $20,000 to $39,999 | –0.19 | 0.83 | –0.20 | 0.81 |
| Total income from $40,000 to $59,999 | –0.01 | 0.99 | –0.03 | 0.97 |
| Total income from $60,000 to $74,999 | 0.44 | 1.55 | 0.42 | 1.53 |
| Total income greater than $75,000 | 0.03 | 1.03 | 0.00 | 1.00 |
| Black or African American | 0.34 | 1.41 | 0.36 | 1.43 |
| Asian | 0.11 | 1.12 | 0.11 | 1.12 |
| American Indian or Alaska native | –0.21 | 0.81 | –0.18 | 0.83 |
| Mexican or Mexican-American | –0.18 | 0.83 | –0.18 | 0.83 |
| Non-Mexican/Mexican-American hispanic or Latin | –0.25 | 0.78 | –0.24 | 0.78 |
| Constant | –6.60 | – | –6.47 | – |

are multiplied by 1.09: that is, the odds of having adopted a child increase by 9 percent.

Having ever received infertility services is also significant in this first model ($t = 4.79$; $p < 0.001$). Its *b* coefficient of 1.37 means that for U.S. women ages 18–44 who have ever received infertility services, the predicted log odds of having adopted a child are 1.37 higher than those for women who have never received infertility services, controlling for all other independent variables. In terms of the odds ratio, this means that the odds of having adopted a child are almost four times higher for women who have ever received infertility services compared to women who have never received infertility services. Or, in other words, having received fertility services versus not having received infertility services increase the odds of having adopted by 294 percent.

The last statistically significant variable in model 1 is having an associate or bachelor's degree as the highest completed level of education ($t = -2.34$; $p < 0.05$). Its *b* coefficient indicates that for U.S. women ages 18–44 who have an associate or bachelor's degree, there is a 64 percent decrease in the odds of having adopted a child compared to women with less than a high school degree.

The statistically significant variables in the second model are exactly the same as in the first model: age at the time of the interview, having ever received infertility services, and having an associate or bachelor's degree. In fact, each of the *b* coefficients is within 0.05 of its counterpart in model 1. Thus, the interpretations of each significant variable are identical to those in the first model. However, what is interesting about these two models is the fact that neither a woman's neither parity, at the average age of adoption, nor parity at the time of the interview, were found to be significant. As it stands, the results of the first two models do not seem to suggest that the simultaneity bias of the parity variable has any effect at all on the results of the logistic regression.

Models 3 through 5 explore the likelihood of adoption according to the race of the woman: non-Hispanic or Latin White, non-Hispanic or Latin Black/African American, or Asian. As with models 1 and 2, the tolerances of all the independent variables in each of these models were calculated and examined. Due to a strong multicollinearity educational attainment was recoded into a new dummy series that combined the 5-category education series into a 3-category education series: high school degree or less; some college education but no degree; and a postgraduate degree (an associate, bachelors, graduate, or professional degree). This resulted in tolerances that were sufficiently above 0.35. Aside from these education variables, each of these three models included all of the predictors utilized in the full model, with the obvious exception of the race and ethnicity variables.

Model 3 (see Table 4.3) focuses specifically on the adoption behavior of non-Hispanic or Latin White women. As was the case in the first two models, age at the time of the interview was statistically significant ($t = 5.31$; $p < 0.001$). This means that, holding all other independent variables constant, for each additional year in age at the time of the interview, the predicted log odds of having adopted a child increase by 0.10. Interpreting this coefficient in terms of its odds ratio, for every

**Table 4.3** *b* Coefficients and odds ratios for logistic regression models 3–5 predicting the odds of ever having adopted, women 18–44 years of age, by race

| | Model 3: Non-hispanic white | | Model 4: Non-hispanic black | | Model 5: Asian | |
|---|---|---|---|---|---|---|
| | *b* coef. | odds ratio | *b* coef. | odds ratio | *b* coef. | odds ratio |
| *Age at the time of the interview* | 0.10*** | 1.10*** | 0.11*** | 1.11*** | 0.46 | 1.59 |
| Parity at the average age of 1st adoption | 0.20 | 1.23 | –0.06 | 0.94 | 1.89 | 6.63 |
| *Sterile* | 0.55 | 1.73 | –0.69^ | 0.50^ | – | – |
| *Impaired fecundity* | 0.57 | 1.78 | –0.94^ | 0.39^ | – | – |
| *Ever received infertility services* | 1.52*** | 4.58*** | 0.79 | 2.21 | – | – |
| Ever been married | –0.23 | 0.80 | 0.23 | 1.26 | –0.06 | 0.94 |
| *Less than high school degree* | – | – | – | – | 27.38*** | 7.82 e+11*** |
| High school graduate (diploma or GED) | – | – | 0.14 | 1.15 | – | – |
| Some college education, no degree | –0.58 | 0.56 | 0.52 | 1.68 | 23.23 | 1.22e+10 |
| Associate or bachelor's degree | – | – | –0.43 | 0.65 | – | – |
| Graduate or professional degree | – | – | 0.74 | 2.10 | – | – |
| *Associate, bachelor's, grad., or prof. degree*[a] | –1.13** | 0.32** | – | – | – | – |
| *Inc. from $20,000 to $39,999* | –0.69^ | 0.50^ | 0.06 | 1.06 | –2.67 | 0.07 |
| Inc. from $40,000 to $59,999 | –0.13 | 0.88 | –0.51 | 0.60 | – | – |
| Inc. from $60,000 to $74,999 | 0.32 | 1.38 | –0.06 | 0.95 | – | – |
| Inc. greater than $75,000 | –0.14 | 0.87 | –0.60 | 0.55 | –0.42 | 0.65 |
| constant | –6.83 | – | –6.51 | – | –38.00 | – |

^$p < 0.10$; *$p < 0.05$; **$p < 0.01$; ***$p < 0.001$
[a]only used in non-Hispanic White model

additional year of age, other things being equal, the odds of having adopted a child are multiplied by 1.10, or increase by 10 percent.

Also similar to the first two models, having ever received infertility services was found to be significant in this model ($t = 4.13$; $p < 0.001$). Its slope indicates that for U.S. non-Hispanic or Latin White women ages 18–44 who have ever received infertility services, the predicted log odds of having adopted a child are 1.52 higher than those for women who have never received infertility services, controlling for all other independent variables. In terms of the odds ratio, this means that the odds of having adopted a child are 4.58 times (358 percent) higher for women who have ever received infertility services than for women who have never received infertility services.

The next statistically significant variable in the third model was having an associate, bachelor's graduate, or professional degree as the highest level of educational attainment ($t = -3.18$; $p < 0.01$). Its *b* coefficient is interpreted to mean that for U.S. non-Hispanic or Latin White women ages 18–44 who have an associate, bachelor's, graduate, or professional degree, there is a 68 percent decrease in the odds of having adopted a child compared to similar women with a high school degree or less.

The last statistically significant variable in Model 3 was having a total family income between $20,000 and $39,999, which results in predicted log odds of having adopted a child that are 0.69 lower than for U.S. non-Hispanic or Latin White women ages 18–44 with a total family income less than $19,999, or a decrease in the odds of 50 percent.

Model 4 (see Table 4.3) focuses on the adoption behavior of non-Hispanic or Latin Black/African American women. In this model, age at the time of the interview was statistically significant ($t = 5.03$; $p < 0.001$). Holding all other independent variables constant, for each additional year in age at the time of the interview the predicted log odds of having adopted a child increase by 0.11. In terms of the odds ratio, this means that for every additional year of age (other things being equal) the odds of having adopted a child increase by 11 percent.

Sterility and impaired fecundity were also significant in this model. The slope of the *sterile* variable indicates that for non-Hispanic or Latin Black/African American women in the U.S. ages 18–44 who are sterile, the predicted log odds of having adopted a child are 0.69 *lower* than those for their fecund counterparts. This also translates as a 50 percent decrease in the odds of having adopted a child. In terms of impaired fecundity, the slope reveals that non-Hispanic or Latin Black/African American women with impaired fecundity are 51 percent less likely to have adopted a child than similar women who are fecund.

Model 5 (see Table 4.3) examines the adoption behavior of Asian women. This was a particularly troublesome model with regard to the prediction of adoption behavior because only 4 Asian women in the sample reported having ever adopted. Additionally, a number of variables (being sterile, having impaired fecundity, having ever sought infertility services, having a high school diploma or GED, having an associate or bachelor's degree, having an income between $40,000 and $59,999, and having an income between $60,000 and $74,999) were dropped from this model owing to a lack of variation for the dependent variable within one or more categories of the independent variables. In this case, it is said that the observations were predicted perfectly (Long & Freese, 2006, p. 140). The only statistically significant results was having less than a high school degree ($t = 11.17$; $p < 0.001$), which was interpreted to mean that for Asian women ages 18–44 who have less than a high school degree, the predicted log odds of having adopted a child are 27.38 higher than those for similar women who have a graduate or professional degree. In terms of the odds ratio, this represents an unreasonable increase in the odds of having adopted a child of 781,999,999,999 percent. This result alone is enough to flag this equation as not being very meaningful.

Models 6 and 7 focus on the predictors of adoption according to the ethnicity of the woman: Mexican or Mexican-American, and non-Mexican or Mexican-American Hispanic or Latin. Like the previous race models, each of these included all of the predictors utilized in the full model, with the obvious exception of the race and ethnicity variables. Tolerance levels for all of the variables in both models were calculated and examined. All the independent variables had tolerances sufficiently above the "rule of thumb" level of 0.35.

**Table 4.4** *b* Coefficients and odds ratios for logistic regression models 6 and 7 predicting the odds of ever having adopted, women 18–44 years of age, by ethnicity

| | Model 6: Mexican | | Model 7: Non-Mexican/ Mexican-American Hispanic or Latin | |
|---|---|---|---|---|
| | *b* coef. | odds ratio | *b* coef. | odds ratio |
| Age at the time of the interview | 0.08 | 1.09 | 0.06 | 1.06 |
| *Parity at average age of 1st adoption* | 0.05 | 1.05 | 0.39** | 1.47** |
| Sterile | 0.75 | 2.12 | –0.60 | 0.55 |
| Impaired fecundity | 0.37 | 1.45 | 0.25 | 1.28 |
| Ever received infertility services | 1.01 | 2.76 | 1.00 | 2.71 |
| Ever been married | 0.35 | 1.42 | –0.37 | 0.69 |
| High school graduate (diploma or GED) | 0.32 | 1.38 | –3.26 | 0.62 |
| *Some college education, no degree* | –1.17ˆ | 0.31ˆ | –0.39* | 0.04* |
| Associate or bachelor's degree | –0.07 | 0.93 | –0.39 | 0.68 |
| Graduate or professional degree | –0.08 | 0.92 | 1.99 | 0.68 |
| *Total income from $20,000 to $39,999* | 0.19 | 1.20 | 2.39* | 7.31* |
| *Total income from $40,000 to $59,999* | 0.65 | 1.92 | 1.26* | 10.94* |
| Total income from $60,000 to $74,999 | 0.67 | 1.95 | 2.77 | 3.51 |
| *Total income greater than $75,000* | 1.40 | 4.04 | –6.96** | 15.96** |
| Constant | –7.55 | – | 0.06 | – |

ˆ$p < 0.10$; *$p < 0.05$; **$p < 0.01$; ***$p < 0.001$

In the sixth model (see Table 4.4), the sample was limited to women of Mexican and Mexican-American descent. The only variable found to be significant in this model was having some college education, but no degree, as the highest completed level of education ($t = –1.79$; $p < 0.10$). The slope indicates that for Mexican or Mexican-American women in the U.S. ages 18–44 who have some college education but no college degree, the predicted log odds of having adopted a child are 1.17 lower than those for women who have less than a high school degree. This also translates as a 69 percent decrease in the odds of having adopted a child if a woman has some college education but no degree as opposed to less than a high school degree.

Model 7 (see Table 4.4) examines the adoption behavior of non-Mexican/ Mexican-American Hispanic or Latin women (referred in this analysis as "other Hispanic/Latin women"). This model produces the most statistically significant relationships: parity at the average age of first adoption ($t = 2.74$; $p < 0.01$); having some college education but no college degree ($t = –2.50$; $p < 0.05$); and having a total family income between $20,000 and $39,999 ($t = 2.47$; $p < 0.05$), $40,000 and $59,999 ($t = 2.37$; $p < 0.05$), or greater than $75,000 ($t = 2.76$; $p < 0.01$) were all found to be significantly related to whether other Hispanic/Latin women had ever adopted a child. These relationships are interpreted as follows: for each additional biological child at the average age of first adoption, holding all other independent variables

constant, the odds of the other Hispanic/Latin woman having adopted a child are multiplied by 1.47, or increase by 47 percent.

The slope for having attended some college but not having received a degree indicates that for other Hispanic/Latin women ages 18–44 who have some college education but have not received a degree, the predicted log odds of having adopted a child are 0.39 lower than those for women who have less than a high school degree, which represents a 96 percent decrease in the odds of having adopted a child as opposed to women who have less than a high school education.

The relationship between having a total family income of $20,000 to $39,999 and having adopted a child reveals that, holding all other independent variables constant, being the other Hispanic/Latin woman aged 18–44 with a total family income between $20,000 and $39,999 results in an odds ratio of having adopted that is 631 percent higher than non-Mexican/Mexican-American Hispanic or Latin woman with a total family income less than $19,999. Similarly, a total family income between $40,000 and $59,999 results in predicted log odds of having adopted a child that are 1.26 higher than for the other Hispanic/Latin woman with a total family income less than $19,999, or an increase in the odds of 994 percent. Finally, a total family income greater than $75,000 results in predicted log odds of having adopted a child that are 6.96 lower than for the other Hispanic/Latin woman with a total family income less than $19,999, which is the equivalent of an increase in the odds of 1,496 percent.

### *4.3.4 Discussion*

Hypotheses were proposed according to expected relationships between age, parity, fecundity status, marital status, and certain indicators of socioeconomic status and adoption behavior.

1. Age at the time of interview was positively related to whether a woman has adopted, and was found to be statistically significant in four separate models. This hypothesis was supported more frequently than any other. The full model, the full model with the original parity variable substituted, the non-Hispanic or Latin White model, and the non-Hispanic or Latin Black/African American model all exhibited statistically significant relationships between age and whether or not a woman had adopted.
2. Parity at the average age of first adoption was never found to have a negative relationship with whether a woman had adopted, and was in fact exhibited a positive significant relationship in the non-Mexican/Mexican-American Hispanic or Latin model.
3. Interestingly, the non-Hispanic or Latin Black/African American model was the only one to exhibit any statistically significant relationships between the fecundity status dummy variables and having adopted a child, and its relationship was negative, as opposed to the positive relationship hypothesized. However, the variable representing whether a woman had ever received any infertility

services – also an indicator of fecundity status – was found to have a significant positive relationship with whether a woman has adopted in three separate models: the full model, the full model with the original parity variable, and the non-Hispanic or Latin White model.

4. At least one variable from the educational attainment dummy series was found to be significant in every model except the non-Hispanic or Latin Black/African American model. However, the relationships of the educational attainment variables to whether a woman had adopted were surprising in that they were *negatively* related to the dependent variable: women with higher educational attainment had a *lower* likelihood of having adopted than women with lower educational attainment. Thus, this hypothesis was not supported, and in fact was opposite to the direction predicted.
5. Income was found to have significant relationships with whether a woman has adopted in the non-Hispanic or Latin White and the non-Mexican/Mexican-American Hispanic or Latin models. However, the relationships were both positive and negative.
6. The socioeconomic status indicators were found to vary in their significance by race and ethnicity: education variables were found to be statistically significant in all but the non-Hispanic or Latin Black/African American model, while income variables were significant in the non-Hispanic or Latin White and the non-Mexican/Mexican-American Hispanic or Latin models.
7. This final hypothesis was not supported. In fact, the only model in which any of the fecundity status variables were found to be statistically significant was the non-Hispanic or Latin Black/African American model. Yet it is interesting to note that the variable representing whether a woman had ever received any infertility services was found to have a significant positive relationship in the non-Hispanic or Latin White models, as well as Models 1 and 2, which may be considered to be predominantly White (see Table 4.1). Thus, in a sense, the results for this indicator may be seen as confirming the hypothesis. This will be explored further in the following discussion section.

As previously outlined, most of the hypotheses proposed and tested in this investigation received at least a modicum of support in the series of logistic regressions estimated, and some considerably more. This study provides evidence that race and ethnicity are important variables in the adoption behavior of U.S. women. However, the results of this investigation were not always consistent with those of other similar studies (Bachrach, 1983, 1986; Poston & Cullen, 1986; and Mosher & Bachrach, 1996). Some of these issues are examined according to the independent variables.

#### 4.3.4.1 Age

Models 1 and 2 were the "full models" in this analysis, representing most closely those analyses run in previous studies. As was the case in the literature, age at the time of the interview was found to be statistically significant in these full models. Of all the statistically significant results, this is perhaps the easiest to understand: it

remains that the older a woman is, the more time she has had during which to adopt a child. Thus, it was not surprising to see that age at the time of interview was not only significant in the full models (Models 1 and 2) and the non-Hispanic or Latin White model (Model 3), but in the non-Hispanic or Latin Black/African-American model as well (Model 4).

#### 4.3.4.2 Parity

Every model, besides Model 2, utilized the newly recoded "parity at average age of first adoption" variable. However, only one model exhibited a significant relationship between parity and whether a woman had adopted: the non-Mexican/Mexican-American Hispanic or Latin model (Model 9). Based on the fact that any differences between the use of parity at the time of interview in Model 2 and parity at the average age of first adoption in Model 1 were negligible, this lack of significance throughout most of the models suggests that using the original parity at the time of interview variable could well have resulted in similar findings. The one significant relationship indicates that the odds of a non-Mexican/Mexican-American Hispanic or Latin woman having adopted a child increase by 47 percent for each additional biological child she has at the average age at first adoption. In other words, every additional biological child the woman has by the time she is age 31 increases by 46 percent the likelihood that she has also adopted a child. In one sense, this may seem counterintuitive: a woman capable of having a number of her own biological children is not often thought to be a likely candidate for adopting, which has traditionally been associated with subfecund or infertile women. Though this result may be interpreted as a tendency of non-Mexican/Mexican-American Hispanic or Latin women who already have biological children to also adopt, it must not be forgotten that the limited sample size also hampers the ability to identify any relationship between the likelihood to adopt and other characteristics that may be having a significant effect, such as having a particular income or occupation. Ultimately, this is another issue that needs to be taken into consideration for future research (see section below).

#### 4.3.4.3 Fecundity Status

The results for the indicators of fecundity status were particularly interesting: while having ever received infertility services was significant in three models (the full model, the full model with the original parity variable substituted, and the non-Hispanic or Latin White model), variables from the fecundity status dummy series only exhibited significant relationships with having adopted in the non-Hispanic or Latin Black/African American model, and actually were *negatively* related to having adopted. This appears counter to the hypothesis. Additionally, it prompts two questions: why would receiving infertility services matter when fecundity status does not, and why would being sterile or having impaired fecundity make an individual *less likely* to have adopted? One possible explanation for the first question is that a change has taken place in the trends of family formation in the U.S. In the past,

being subfecund or infertile may have been enough to push an individual or couple to adopt a child. In today's society, there are fewer stigmas attached to being childless or "child free," which might mean that individuals or couples who are unable to conceive a child may not feel as obligated to investigate other means of starting a family, such as adoption, as would have been the case in prior generations. Yet individuals who have received infertility services clearly are still interested in starting a family. Thus, it is more likely that these individuals and couples will have adopted a child precisely because they are actually making the effort to have a child, and it is always possible that infertility services are ultimately inefficient or too expensive. This is consistent with a finding by Chandra and her colleagues, who explain that "adoption and adoption demand is more prevalent among. . .fecundity-impaired women, but many women considering or seeking adoption do not have [this characteristic]" (Chandra et al., 1999). In other words, the results of their study as well as other recent analyses using the NSFG data suggest that the relationship between infertility and interest in adoption may be weakening.

Yet this does not explain why being sterile or having impaired fecundity would result in a non-Hispanic or Latin Black/African American woman being *less likely* to adopt a child than her fecund counterpart. One possible explanation is that adopting due to infertility could well be largely a White proclivity, while Black/African American women are more likely to adopt related children completely unconnected from any issues they may be experiencing with their fecundity status. This higher tendency of African American women to adopt related children is well-documented (Chandra et al., 1999; Mosher & Bachrach, 1996; Simon & Altstein, 2002; Stolley, 1993). Ultimately, more complete data on the relationship between fertility and adoption among Black/African American women are necessary to investigate this further.

#### 4.3.4.4 Socioeconomic Status

The variables that indicate socioeconomic status included a highest level of education completed dummy series (modified slightly for the non-Hispanic or Latin White model) and a total family income dummy series. Education was frequently found to be significantly related to whether a woman had adopted, with at least one statistically significant variable from the dummy series in the full model, the full model with the original parity variable substituted, the non-Hispanic or Latin White model, the Asian model, the Mexican/Mexican-American model, and the non-Mexican/Mexican-American Hispanic or Latin model. Yet, contrary to the fourth hypothesis, the education variables were all *negatively* related to the likelihood of having adopted. In other words, women with higher educational attainment had a *lower* likelihood of having adopted than women with lower educational attainment. This seems counterintuitive, especially based on the literature which showing a positive relationship between education and expressing support for adoption: individuals with a college degree were notably more likely than those with only a high school education to express unqualified support for adoption (Evan B. Donaldson Adoption Institute, 1997, p. 3). Despite higher levels of unqualified support, as well

as a positive relationship found to exist between the prevalence of adoption and educational attainment (Chandra et al., 1999, p. 5), women were found to be less likely to have adopted the more education they had received. This may be a reflection of a greater emphasis placed on career by women in contemporary society: women with higher levels of education are more likely to be working in more demanding, higher-paid positions with less leeway for having children.

This negative relationship was particularly surprising when considered against what is known unofficially as the "worthiness scale," a system utilized by adoption agencies to measure the potential of adoptive couples (Simon & Altstein, 2002, p. 12). In this hierarchy, heterosexual, two-parent families (especially middle or upper-middle class whites) are the most preferred type of adoptive parents, followed by unmarried heterosexual couples, by single-parent families, and finally by lesbians and gay men (Ryan, Pearlmutter, & Groza, 2004; Kenyon, 2003; Brooks & Goldberg, 2001). Consequently, it would be expected that a positive and significant relationship should exist between educational attainment and having adopted in the non-White models. The fact that this was not found may be evidence that, with time, the "worthiness scale" is losing some of its influence, perhaps in the interest of placing more dependent children into homes.

Simon, Altstein, and Melli (1994) posit that the costs of adoptions are a barrier to the Black families eligible to adopt while increasing adoptions by White families with greater financial resources. However, our findings were mixed. Having a total family income between $20,000 and $59,999 increased the odds that the other Hispanic or Latin woman had adopted a child as compared to her counterpart making less than $19,999 a year, having an income greater than $75,000 decreased the likelihood of having adopted. Similarly, having a total family income from $20,000 to $39,999 decreased the likelihood that a non-Hispanic or Latin White woman had adopted a child, compared to her counterpart making less than $19,999. This disparity among the results is consistent with the variable findings on income in the literature: income has been shown to be positively related (Chandra et al., 1999, p. 5; Stolley, 1993, p. 38, Bachrach, 1983, p. 861) and unrelated (Harris Interactive, 2002) to adoption behavior. Although it seems logical and intuitive that having more money would facilitate adoptions perhaps this is simply no longer as motivating a factor in today's society. Instead, it may just be that individuals who really want to adopt children find a means to do so, despite their income.

#### 4.3.4.5 Marital Status

A woman's marital status (in this investigation, having ever been married versus never having been married) was not found to be significantly related to having adopted in any of the models. Although there may be an issue with the data, it is also a possibility that marital status is becoming less critical in the adoption process now that there is less stigma attached to single parenthood, and now that gays and lesbians are adopting with growing frequency (and in most states still unable to marry). An increased prevalence in singles adopting may be contributing to a decreased significance of marital status. Further research with more detailed data will be necessary to examine this possible trend.

## 4.4 The Effects of Race and Ethnicity on Adoption Behavior

In the first two models (the full model and the full model with the original parity variable substituted), race and ethnicity dummy series were included to identify any relationships between a particular racial or ethnic group and having adopted. However, not one of these variables was found to be statistically significant. This may be a reflection of the manner in which the majority of adoptions are still conducted by White individuals and couples, or simply that race is not an important factor in the adoption of children.

Examining race and ethnicity as reveals an opportunity structure in our society relating to forming a family via adoption. Different adoption strategies of White and nonwhite parents may be a function of "(1) different understandings of race, (2) differences in the ease of adopting children from different countries, and (3) and presence of community and familial transnational networks" (Ishizawa, Kenney, Kubo, & Stevens, 2006, p. 1218). The decision to adopt and the actually opportunity to go through with the process can vary extensively, especially at the discretion of a particular adoption agency. Thus, while racial or ethnic differences in income may be significant, education or parity are likely to be the variables that are most essential in navigating the particular opportunity structure for that group. Furthermore, without larger samples, it is impossible to examine all of the important predictors for each racial and ethnic group: consider the way in which several variables were dropped from the regression equations for Asians. It is still very possible that statistically significant relationships exist for this group, but the data do not yet permit us to detect and measure them accurately.

*Implications*: The most important conclusion we found is that significant differences exist among racial and ethnic groups in terms of adoption behavior, and, importantly, among the predictors that affect that behavior. Further research is needed. A better picture of these opportunity structures will enable both agencies and the American public to expand their pictures of who "acceptable" adoptive parents are, a move that can only benefit waiting children in the long run.

### *4.4.1 A Closer Look at the Discrepancy in Adoption Behavior of Blacks*

Despite the focus on the differences in predictors of adoption behavior by race and ethnicity, there is a lack of research questioning if certain variables might have a greater effect on non-White women. This gap prompted a closer look at how adoptions differ across racial and ethnic groups.

As mentioned previously, Blacks have been found to adopt at approximately the same rate (and sometimes greater) than whites, and the reasons they give for adopting are virtually identical (Adamec & Miller, 2007, p. 61–62). In a qualitative study conducted by Prater and King, it was found that infertility was the primary reason given by African American adoptive families for having adopted, followed by the

desire to "share their life and love with a child," which was also cited as the most rewarding aspect of adoption (1988, p. 543). These are two of the most common reasons that whites elect to adopt children. Yet it appears that the *types* of adoptions being conducted by the two groups differ. Brooks, Allen, and Barth (2002) found that Blacks are less likely to adopt children through private agencies and are more likely to adopt through the public child welfare system, and especially from those agencies known to place children who are in Child Welfare custody due to abuse and neglect. Markley (2007) concurs, finding that adopting through private agencies who charge large amounts for adoptive placements is seen as buying children, taboo in the Black culture. She acknowledges that adoptions through the public child welfare system also are problematic, but that they are also (typically) less costly, and frequently subsidized, possibly including a monthly stipend to assist with the child's expenses.

Blacks also more commonly engage in informal adoptions involving family members of fictive kin. Jackson-White and his colleagues (1997) maintain that participation in the system of formal adoptions is a recent development among the African American community, not to say that there were no adoptions, but rather that these adoptions were informal (refer to Chapter 2 for additional discussion). This is consistent with cultural traditions of African Americans which value caring for children and kin with an emphasis on kinship, family and providing for children found throughout African American adoption literature (Jackson-White, Dozier, Oliver, & Barnwell Gardner, 1997). Prater and King (1988) argue that Black kinship care maintains the privacy of the family business. It is this attitude which is sometimes linked to the myth that blacks are disinterested in formal adoption when it entails bringing in someone outside of their "critically important" blood ties (Prater & King, 1988, p. 544). Conversely, some research has found that Black adopters are *less* likely to be related to the children they adopt than White, Hispanic or Native American parents" (Brooks & James, 2003, p. 465). Of course, this could be due to the high level of unreported informal related adoptions within the Black community.

This emphasis extends to religious practices, another significant aspect of African American culture. However, an affiliation with a particular church is not necessarily as central as a personal, spiritual connection to a Creator or higher power. Jackson-White et al. (1997) suggest there are three pillars of strength in the Black culture: the family, faith in God, and the church. It seems reasonable that a desire to provide homes for children in need may follow from such an emphasis on the importance of both family and spirituality.

Additional studies have focused on the characteristics of Black adopters in comparison to their White counterparts. Kapp, McDonald, and Diamond found that adoptive families of color in general, not limited to blacks, are more likely to be older, of a lower income, single parents, and participating in subsidized adoption (2001, p. 220). Brooks and James (2003) reached similar conclusions regarding age and income, finding adoptive parents of color to be older and of lower income.

One significant comparison between whites and blacks conducting adoptions is in regard to experiences with the adoption process itself. Courtney et al. (1996)

found that non-Caucasian families adopting non-Caucasian children took, on average, over three months longer to have their adoptions legalized – a process that entails simply having the court order that has already been signed approved. Adamec and Miller (2007) describe how some blacks feel that adoption agencies are dominated by whites who then impose similar criteria on the Black families interested in adoption as they do on the whites, despite significant cultural differences. They elaborate that the White-dominated social work system does not provide sufficient assistance to blacks interested in adoption, resulting in blacks becoming frustrated and withdrawing from adoptions. While the relationship between race, ethnicity, and child welfare services and outcomes is admittedly complex, Courtney et al. (1996) report the overall picture is of one that depicts families and children of color as being provided fewer services than White families and children, and subsequently experiencing poorer outcomes.

Although, the experiences of blacks and African Americans with the adoption process is so markedly different from that of whites, yet virtually no research studies focus exclusively on the predictors of adoption behavior for this group, this investigation attempts to fill in part of this gap by considering a few additional predictors of adoption behavior and how they specifically relate to the African American community.

### *4.4.2 Hypotheses*

Based on the literature, it appears that factors relating to the emphasis on family, kinship and religion among blacks would constitute additional variables positively related to the likelihood of adoption, whereas factors relating to negative experiences with the process of adoption would constitute variables negatively related to the likelihood of adoption. Consequently, it may be hypothesized that Black women who either place a stronger emphasis on family and kinship or define religion as an integral part of their life are the type of Black women more likely to adopt a child. Meanwhile, Black women who have had a negative experience with the adoption process are less likely to have successfully completed the process and ultimately adopted a child.

More specifically, the following hypotheses are investigated:

(1) Non-Hispanic Black or African American women in the United States who value kinship and family highly or have had positive family experiences will have a higher likelihood of having adopted a child.
(2) Non-Hispanic Black or African American women in the United States who define religion as an important part of their life will have a higher likelihood of having adopted a child.
(3) Non-Hispanic Black or African American women in the United States who have had a negative experience with the adoption process will have a lower likelihood of having adopted a child.

(4) Non-Hispanic Black or African American women in the United States who have been previously rejected as prospective adoptive parents will have a lower likelihood of having adopted a child.

### *4.4.3 Analyses*

This study consists of two analyses: one examining the effects of the newly selected variables on the likelihood of having adopted for all women, and one examining only the effects of the new variables on the likelihood that a Black or African American woman has adopted a child. The dependent variable in both cases is identical to that used in the previous study: a dichotomous variable representing whether or not a woman in the U.S. has ever adopted a child (see discussion above for details on the construction of this variable). This variable, as well as all the independent variables, were drawn from the NSFG Cycle 6, as consistent with the study above.

While the independent variables used in the original version of this study were selected in part to represent the predictors of adoption behavior found to be significant in the literature – namely, measures of age, parity, fecundity status, marital status, and socioeconomic status – as well as to represent and investigate those predictors whose presence within the literature thus far has been relatively fleeting (such as race and ethnicity), the majority of variables selected initially did not exhibit any statistically significant relationship with having adopted.

Not all of these variables were included in both analyses; analyses were limited to variables that had been significant: representing age at the time of interview, having ever received infertility services, and having at least an associate or bachelor's degree (as compared to less than a high school education), in addition to the three new variables of having lived on her own before the age of 18, feeling the rewards of parenting are worth the costs, and the importance of religion in her life.

*Lived on own prior to age 18*: a dummy variable coded 0 if the respondent did not live on her own prior to the age of 18, and 1 if she did. This is one of the new variables incorporated to operationalize the importance of family. Due to the central role of family described in the African American adoption literature, it was hypothesized that an individual who was out on their own prior to the age of 18 would possibly be more likely to adopt in order to provide dependent children with homes and thus prevent them from having to have the same experience.

*Having a child is worth the reward despite the cost*: This variable identifies on a scale how strongly the respondent agrees with the statement that the rewards of being a parent are worth it despite the costs, and was included as another new measure representing the importance placed by the respondent on kinship and family. The variable is coded: 0 indicates that R strongly disagrees with the statement; 1 indicates that R disagrees with the statement; 2 indicates that R insisted to the survey-taker that she neither agrees nor disagrees with the statement; 3 indicates that R agrees with the statement; and 4 indicates that R strongly agrees with the statement. It was believed that someone who believed more strongly with this statement would be more likely to adopt a child.

*Importance of Religion in R's life* – This is a variable that indicates how important religion is in the daily life of the respondent, coded 0 if "not important," 1 if "somewhat important" and 2 if "very important." It is the last new variable introduced based on the African American adoption literature.

*Educational Attainment*: Due to a lack of statistical significance in the first analysis, the *Associates of Bachelor's degree* variable is recoded in these analyses to represent having *at least* an Associate or Bachelor's degree. That is, a response of 1 represents that a woman has either a Bachelor's or Associate degree, or that she has a graduate or professional degree and a response of 0 indicates that a woman has less than a Bachelor's or Associate degree.

Multivariate logistic regression is used to determine which of the independent variables has a statistically significant relationship with have adopted in both analyses. Logistic regression was utilized because it is the most effective and appropriate choice for predicting dependent variables that are dichotomous. Prior to running this regression, the tolerance of each independent variable was examined, with each sufficiently above 0.35 – a rough "rule of thumb" for minimum tolerances. In fact, no variables had tolerances lower than 0.94 in the model of all women and 0.75 in the African American model. Consequently, it is not likely that these models suffer from any problems with multicollinearity.

### *4.4.4 Results*

The results for both analyses can be found in Table 4.5. The first analysis was based on a regression model that predicted the likelihood of adoption for all women, regardless of race or ethnicity. In this first model, all but one of the variables proved statistically significant:

**Table 4.5** *b* Coefficients and odds ratios for logistic regression models 1 and 2 predicting the odds of ever having adopted, women 18–44 years of age

| | Model 1: All women | | Model 2: Black and African American women | |
|---|---|---|---|---|
| | *b* coef. | odds ratio | *b* coef. | odds ratio |
| Lived on own prior to age 18 | 0.512* | 1.669* | 0.427 | 1.532 |
| Having a child is worth the reward despite the costs | 0.104 | 1.101 | 0.198 | 1.219 |
| Importance of religion in R's life | 0.280 | 1.323 | 0.045 | 1.046 |
| Age at time of interview | 0.096** | 1.101** | 0.097*** | 1.102*** |
| Ever received infertility services | 1.426** | 4.160** | – | – |
| Associate or bachelor's degree | –0.841** | 0.431** | – | – |
| Sterile | – | – | –0.542 | 0.582 |
| Impaired fecundity | – | – | –0.497 | 0.608 |
| constant | –7.603 | – | –6.922 | – |

*$p < 0.05$; **$p < 0.001$

Of the three newly introduced variables, one was found to be significant: the respondent having lived on her own prior to age 18 ($t = 2.21$; $p < 0.05$). The *b* coefficient of 0.512 means that for U.S. women ages 18–44 who lived on their own prior to age 18, the predicted log odds of having adopted a child are 0.512 higher than for women who did not live on their own, holding all other independent variables constant. In terms of the odds ratio (the exponentiated values of the logit coefficients), having lived on her own before age 18 increases the odds that a woman has adopted a child by just under 67 percent.

Age at the time of the interview is also statistically significant ($t = 9.00$; $p < 0.001$). Its *b* coefficient of 0.096 indicates that, holding all other independent variables constant, for each additional year in age at the time of the interview, the predicted log odds of having adopted a child increase by 1.101. In terms of the odds ratio, for every additional year of age, other things being equal, the odds of having adopted a child are multiplied by 1.101: that is, the odds of having adopted a child increase by just over 10 percent.

Having ever received infertility services is significant as well in this first model ($t = 4.91$; $p < 0.001$). Its *b* coefficient of 1.426 means that for U.S. women ages 18–44 who have ever received infertility services, the predicted log odds of having adopted a child are 1.426 higher than those for women who have never received infertility services, controlling for all other independent variables. In terms of the odds ratio, this means that the odds of having adopted a child over four times higher for women who have ever received infertility services compared to women who have never received infertility services. Or, in other words, having received fertility services versus not having received infertility services increase the odds of having adopted by 316 percent.

The last statistically significant variable in model 1 is having at least an associate or bachelor's degree as the highest completed level of education ($t = -3.74$; $p < 0.001$). Its odds ratio indicates that for U.S. women ages 18–44 who have an associate or bachelor's degree, there is approximately a 57 percent decrease in the odds of having adopted a child compared to women with either more or less than an associate or bachelor's degree as their highest completed level of education.

Interestingly, only one variable was significant in the second model: age ($t = 4.15$; $p < 0.001$). Its *b* coefficient of 0.097 indicates that, holding all other independent variables constant, for each additional year in age at the time of the interview, the predicted log odds of African American women having adopted a child increase by 0.097. In terms of the odds ratio, for every additional year of age, other things being equal, the odds of having adopted a child are multiplied by 1.101: that is, the odds of having adopted a child increase by just over 10 percent.

### *4.4.5 Discussion*

Based on these results, it appears that none of the hypotheses were confirmed. In the first model, the addition of the three new variables – whether the respondent

had lived on her own prior to the age of 18, how strongly the respondent agreed or disagreed that the rewards of being a parent are worth it despite the costs, and the importance of religion in the respondent's life – had an overall positive effect on the model. Not only were two of them statistically significant, but the other variables were more strongly significant than they were in the study this analysis is based on. Of course, a lot of that has to do with the removal of all the *insignificant* variables, but nonetheless the model appeared to be at least relatively sound.

In the second model, which considered only the adoption behavior of African American women, only the variable of age at the time of the interview was statistically significant, and formerly significant variables were now insignificant. One potential explanation may be the manner in which the importance of family was operationalized. As the NSFG is not an adoption-centered survey, questions do not necessarily exist to accurately represent all the issues of importance to the topic, and consequently some operationalizations may be least less than ideal. A very simple explanation for why none of the hypotheses were statistically significant is due to the limited data. The adoption of children is an area in which data are sorely limited. Consequently, taking what little data *does* exist and breaking it down into even smaller populations for analysis (as has been done here) is unlikely to provide many statistically significant results, and when it does, those results are probably going to fall short on *practical* significance.

Another method to make use of the data that *are* currently available would be to examine not the likelihood of having adopted, but instead the *propensity* to adopt, or the likelihood of having engaged in adoption *seeking* behavior. Studies with such focuses were conducted by Poston and Cullen (1989) and Bachrach, London, and Maza (1991) respectively, both utilizing NSFG data from earlier cycles. Investigations on the propensity to adopt and engaging in adoption seeking behavior often reveal that the same predictors are pertinent: parity, fecundity status, and age. What could be potentially very interesting would be to consider how variables thought to account for differences in adoption behavior by race and ethnicity affect having a propensity to adopt, as well as the likelihood of exhibiting adoption seeking behavior. After all, the samples for these two types of investigations would be considerably larger. As a result, it may be possible to see whether certain groups exhibit a strong propensity to adopt and actually being the process of looking to adopt a child, but then back out. Furthermore, it may even be possible to get a better idea of the reasons for not going through with an adoption and how those reasons vary by racial and ethnic group. This is certainly an area where there is still research to be done, despite the limited adoption data available.

One of the greatest difficulties of conducting this sort of statistical adoption research is not only that the samples are not big enough, but that usually the data are from a larger survey with a broader mission. This provides further support to the need for a longitudinal large-scale survey given only to adoptive families and only on topics surrounding and relating to adoption, such as The National Survey of Adoptive Parents (NSAP), discussed in Chapter 3. This is really the only way we can expect not only to gain a better understanding of adoption behavior in general, but of the differences in adoption behavior among racial and ethnic groups and

*why* these differences exist. For instance, such a survey could undoubtedly provide a much clearer picture of the opportunity structures that exist for the various groups adopting children. This would mean, of course, that we could work to change those structures and increase the opportunity adoptions to occur. It is certain that the data produced by such a survey would undoubtedly be put to good use – after all, what better use is there than improving the lives and futures of children?

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# Chapter 5
# Demographic and Social Issues of Same-Sex Adoptions

## 5.1 Introduction

A demographic analysis of adoption would be incomplete unless it addressed the current issue of gay males and lesbians as adoptive parents. This chapter addresses social and demographic issues related to gay male and lesbian adoption. First, is the background of the social, political, and psychological issues related to gay male and lesbian adoptions. Second, is the current (as of March 2010) status of legal marriage and adoption by state; noting differences by state in single parent, joint, second parent adoptions and foster care. Third, is an exploration of intercountry-adoptions to the U. S. by gay males and lesbians using data from The Hague Convention and the U.S. State Department to identify countries that allow or exclude adoptions by single parents, gay males, or lesbians. Fourth, are results of a demographic analysis of same-sex adoptions using IPUMS 5 percent sample of the U.S. 2000 census. Finally, this analysis is supplemented with the admittedly limited survey data: the National Survey of Family Growth Cycle 6 Attitude Question; the Evan B. Donaldson Institute National Survey of adoption and foster care agencies; and the National Survey of Adoptive Parents (NSAP).

### *5.1.1 Background: The Social Movement and the "Lesbian Baby Boom"*

Family social policies and laws are instituted based on societal norms and ideals but tend to lag behind practices so the cultural lag between the actual parenthood by gay males and lesbians and the social and legal systems of the dominant society. Stereotypical concepts of what constitutes a family are changing as has been the case for some time. Over 60 years ago, when family Sociologist Goode (1964) posed that in the U.S. the family unit was a legally sanctioned nuclear unit composed of heterosexual partners with children, he was arguing that this definition of the extended family was an ideal and not reality. The norms and societal discourses about what makes a family have continued to change in the past three decades due to higher divorce rates, an increased age at first marriage, increased rates of

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nonmarital childbearing, and higher rates of cohabitation (Bumpass & Lu, 2000). Those opposing gay family rights view the changes in the U. S. nuclear family during the last three decades with alarm. Gay marriage and adoption are viewed as another assault on the stereotypical ideal American family.

Conversely, Howard-Hassmann (2001) notes that it is ironic that conservative moral and religious groups argue that gay male and lesbian marriages and adoptions will destroy the family when all that gays desire are equal access to being treated as a family unit to facilitate a stable family life. The gay rights movement seeks to obtain the same legal rights to marriage, inheritance, child custody, employment and military service as heterosexuals (Eng, 2003). This has instigated a current legal debate, on a state by state basis of the marital rights and the right of gay males and lesbians to adopt. Advocates for gay male and lesbian adoption suggest that for these couples adoption does more than provide children for the family. Adoption also provides secure legal protections and benefits for the children, generally accepted as parental responsibilities: access to health insurance, securing medical treatment along with access to the confidential educational and medical information of minor children, and being able to maintain custody of children if the custodial partner is disabled or deceased. But, a legal adoption provides an acknowledgment that the unmarried couple is, by statute, considered to be a family, providing a public statement of social support for the couple, when other venues for social acceptance are rare or nonexistent (Patterson & Friel, 2000).

The increase in gay male and lesbian adoptions began with the "lesbian baby boom" of the 1980s. Lesbians initiated a "baby maybe" movement holding demonstrations in New York, Portland, San Francisco and Boston (Chauncey, 2005). The movement was supported by changes in medical technology, particularly the development in the 1980s of in-vitro fertilization (IVF). Sperm banks became available to lesbians; in 1982, the sperm bank in Berkley opened to lesbians (The CQ Researcher, 2009). Advice was disseminated about having children through multiple methods including adoption, artificial insemination, and heterosexual relationships. The intended outcome of the "baby maybe" discourse was to raise consciousness about the need to have social acceptance as a normal family and legal clarity for financial support, insurance, and medical coverage as well as the ability of both partners to be included in major child decisions. At the same time the increase in AIDS fostered discussions about the need for legal support for caregiver partners who needed financial security and medical decision making capacity for their heretofore unrecognized family relationship (Chauncey, 2005).

### *5.1.2 Psychological Health of Adoptees by Same-Sex Couples*

Gates, Badgett, Macomber, and Chambers (2007) report that although social controversy exists about the effect on children of being raised by gay male and lesbian parents, professional and research communities agree that there are no negative consequences evidenced by children from these family structures. Multiple professional

organizations concur[1] and professionals organizations, including the American Academy of Child and Adolescent Psychiatry, have policies supporting gay male and lesbian adoptions.[2]

Although research is limited, meta-analyses of available data show no differences in children who are adopted by same-sex couples. Researchers Stacey and Biblarz (2001) examined 21 psychological studies that addressed parental sexual orientation and found no differences between lesbigay (the term used by Stacey and Biblarz to designate homosexuality) and heterosexual parents in the three child outcome variables studied "(1) gender behavior/gender preferences, (2) sexual behavior/sexual preferences, and (3) psychological well-being" (Stacey & Biblarz, 2001, p. 167). One of these was a 14 year longitudinal study of 27 heterosexual single mothers and 27 lesbian mothers, each group having 39 children. Most of these studies had the limitation of studying an urban white population (living in Los Angles, New York and San Francisco and university communities) so that the children were socialized in areas less likely to evidence social prejudice towards lesbigays.

Meezan and Rauch (2005) were critical of much of the research on same-sex children due to the difficulty in finding a representative sample, reliance on secondary analysis, and the limitations of statistical analysis with small samples. However, they selected four representative studies and concurred with the American Psychological Association that there is no scientific evidence that children with gay parents differ in development or psychological adjustment from children in heterosexual families. Many of the studies have small, convenience samples so results are limited in ability to generalize to a larger population. However findings are that although gay males and lesbians make considerable effort to overcome obstacles to acceptance, parenting abilities and the placed child's well being were positive (Brooks & Goldberg, 2001).

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[1]The American Academy of Child and Adolescent Psychiatry (1999); the American Academy of Pediatrics (2002); the American Bar Association (1999, 2003); the American Psychoanalytic Association (2002); the American Psychological Association (2004); the Child Welfare League of America (2006); the National Adoption Center (2008); the National Association of Social Workers (2009); and the North American Council on Adoptable Children (2005)

[2]Policy Statement of the American Academy of Child and Adolescent Psychiatry on Gay, Lesbian and Bisexual Parents (1999): The basis on which all decisions relating to custody and parental rights should rest on the best interest of the child. Lesbian, gay, and bisexual individuals historically have faced more rigorous scrutiny than heterosexuals regarding their rights to be or become parents. There is no evidence to suggest or support that parents with a gay, lesbian, or bisexual orientation are per se different from or deficient in parenting skills, child-centered concerns and parent-child attachments, when compared to parents with a heterosexual orientation. It has long been established that a homosexual orientation is not related to psychopathology, and there is no basis on which to assume that a parental homosexual orientation will increase likelihood of or induce a homosexual orientation in the child. Outcome studies of children raised by parents with a homosexual or bisexual orientation, when compared to heterosexual parents, show no greater degree of instability in the parental relationship or developmental dysfunction in children. The AACAP opposes any discrimination based on sexual orientation against individuals in regard to their rights as custodial or adoptive parents as adopted by Council.
Source: American Academy of Child and Adolescent Psychiatry (1999)

Lobaugh, Clements, Averill, and Olguin (2006) studied gay male adoption by a comprehensive review of historical and scientific data as well as the media. They countered arguments that adoptions by gay males would affect a child's sexual orientation, mental health status, or increase their risk of suicide. They conclude that while sexual orientation is complex and affected by multiple factors and while prenatal hormonal influences and childhood socialization both appear to influence sexual orientation, multiple studies show that gay male parents do not impact the sexual orientation of their children. No current evidence connects homosexuality and pedophilia. In fact, the majority of child molesters are heterosexual men (Kenyon et al., 2003; Brooks & Goldberg, 2001). Thus, Patterson's conclusions remain:

> . . . not a single study has found children of gay or lesbian parents to be disadvantaged in any significant respect relative to children of heterosexual parents. Indeed, the evidence to date suggests that home environment provided by gay and lesbian parents are as likely as those provided by heterosexual parents to support and enable children's psychosocial growth (Patterson, 1992, p. 1036).

## 5.2 The Legality of Same-Sex Adoptions

Family law, which includes adoption, are state statutes and each state can determine the requirements for adoption and marriage, though legal decisions appear to support states recognizing the family laws from other states (Appell, 2001). The difference between adoption and marriage is that marriage is considered a right while adoption is a statutory privilege (Lavely, 2007). There are four common elements in adoption statutes: First, is the assumption, due to heterosexual monogamous norms in the U.S., that adoptees will be a heterosexual married couple. Dalton and Bielby (2000) argue that, with the exception of single parent adoptions, this presents a fundamental anti-gay bias in all adoption statues in that they assume a legal marriage. Judges must then legally construct parenthood from a heterosexual, nuclear family bias, assuming that paternity is based on biology. Second, since adoption laws generally require that the legal rights of the biological parents be terminated, parental rights of both parents are terminated upon adoption. This poses a challenge for gay partner adoptions where one of the unmarried partners is the biological parent. The statutes do not allow for the biological parent to retain rights in the adoption process, which would be the case whether or not the couple was gay. Third, judges are expected to narrowly interpret adoption statutes. This is problematic as these statutes were written specifically for married couple adoptions. Fourth, adoptions require that the judicial system follow the principle of the "best interest of the child".

### *5.2.1 Best Interest of the Child*

The "best interests of the child" element is the only part of the law that favors gay males and lesbians. Gays who have an existing relationship with a child (either a biological or a foster parent relationship) are advantaged because it is deemed in the

best interest of the child to not disrupt a relationship. The other best interest issue is raised by the large number of children available for adoption who are deemed less desirable because they are older, have health or emotional problems, are siblings, or are minorities. The issue then becomes whether or not the child's best interests is protected in a family setting or by remaining in foster care or in an institution. Professionals agree that family placement, including gay male and lesbian family placement, is preferred (Brodzinsky, Patterson, & Vaziri, 2002; Evan B Donaldson, 2006).

The need for placement of children removed from their homes by child welfare has led to gay males and lesbians becoming foster parents as a pathway to adoption. Foster care placement decisions, like adoptive placement decisions, are made by judicial decisions based on what is considered by the court to be in the best interest of the child (Ryan, Pearlmutter, & Groza, 2004). As was mentioned in Chapter 2, child placing agencies prefer foster care placement over institutional placement as foster placement provides the dependent child with a normalized life in the least restrictive setting with greater opportunities for bonding or attachment and strengthening of emotional well-being. Due to the perception that foster care is precipitated by crisis and is short-term together with the limited supply of foster homes, the regulations regarding who can become a foster parent are more flexible. The Donaldson Institute considers that gay males and lesbians are valuable assets and should be targets for both foster parent and adoptive home recruitment for children in the child welfare system needing adoptive placement (Evan B Donaldson, 2006). Gates et al. (2007) estimated, from United States census and Adoption and Foster Care Reporting System data, that 6 percent (14,100) of foster children live with gay male and lesbian parents. About 80 percent of the households are single parent households and 20 percent are same-sex unmarried partner households. Approximately three-fourths are female.

To this end Congressman Pete Stark of California's introduced HR 3827 Every Child Deserves a Family Act on October 15, 2009 "To prohibit discrimination in adoption or foster care placements based on the sexual orientation, gender identification, or marital status of any prospective adoptive or foster parent (U.S. Congressional Record, 2009)". Stark's bill proposes that since the federal government spends eight million dollars funding the approximately 500,000 children in the child welfare system, with over 125,000 waiting to be adopted, federal standards should promote eliminating barriers to the placement of children in gay male and lesbian adoptive (and foster) homes. He supports his argument by the fact that currently 2 million gay male or lesbian parent households are interested in adopting or fostering. At the time of his proposal in 2009, 65,000 adopted and 14,000 foster children were placed in gay male and lesbian homes. He supports his argument by referring to the studies that show these homes have the same benefits to the children as heterosexual homes. This act would fine state with discriminatory practices and insure that placement decisions were made solely on what is in the best interest of the child. If enacted, this bill would restrict federal child welfare funding to the five states that currently ban gay males and lesbians from adoption (Utah, Florida, Arkansas, Nebraska, and Mississippi) (Every Child Deserves a Family Act, 2009).

### 5.2.2 *Legal Structure of Adoptions by States*

As mentioned earlier, laws applicable to families, including adoption, are state statutes with each state determining the legality of adoptions, the recognition of marriages, divorces and adoptions from other states. Table 5.1 presents an overview of current state laws that address gay and lesbian adoption, adoption by single persons and gay male and lesbian marriages as of March 2010 obtained from Appell (2003) and the Human Rights Campaign (2010b). Florida became the first state to prohibit the adoption by gays in 1977. During this time the family structure in the U.S. was changing, especially with the advent of increased divorces and remarriages. New Hampshire followed with a law banning same-sex adoptions in 1986 but repealed the ban in 1999.

**Table 5.1** Adoption and marriage laws by states March 2010

| | Single | Joint | 2nd Parent | Pending | Marriage |
|---|---|---|---|---|---|
| *Alabama* | Allows | | Some JD | | |
| *Alaska* | Allows | | Some JD | | |
| *Arizona* | Allows S | | Unclear | | |
| *Arkansas* | Prohibits | Prohibits | Prohibits | | |
| *California* | Allows | Allows | Allows | Allows | DP (1999) |
| *Colorado* | Allows | Allows | Allows | | Spousal rights |
| *Connecticut* | Allows | Allows | Allows | | Allows (2008) |
| *Delaware* | Allows | | Some JD | | |
| *District of Columbia* | Allows | Allows | Allows | | Allows (2010) |
| *Florida*[a] | Allows | Allows | Allows | | |
| *Georgia* | Allows | | Unclear | | |
| *Hawaii* | Allows | | Some JD | | Spousal rights |
| *Idaho* | Allows | | Unclear | | |
| *Illinois* | Allows | Allows | Allows | | |
| *Indiana* | | Allows | | | |
| *Iowa* | Allows | Allows | Some JD | | Allows (2009) |
| *Kansas* | Allows | | Unclear | | |
| *Kentucky* | Allows | | Prohibits | | |
| *Louisiana* | Allows | | Some JD | | |
| *Maine* | Allows | Allows | | | Spousal rights |
| *Maryland* | Allows | | Some JD | | (recognizes) |
| *Massachusetts* | Allows | Allows | Allows | | Allows (2004) |
| *Michigan* | Allows | Prohibits | prohibited | | |
| *Minnesota* | Allows | | Some JD X | | |
| *Mississippi* | Allows | Prohibits | unclear | | |
| *Missouri* | Unclear | Unclear | | | |
| *Montana* | Allows | | unclear | | |
| *Nebraska* | Unclear | | Prohibits | | |
| *Nevada* | Allows | Some JD | Some JD | | DP(2009) |
| *New Hampshire* | Allows | Some JD | Some JD | Allows | X(2010) |
| *New Jersey* | Allows | Allows | Allows | Allows | CU(2007) |
| *New Mexico* | Allows | Allows | Some JD | | |
| *New York* | Allows | Allows | Allows | | (recognizes) |

**Table 5.1** (continued)

| | Single | Joint | 2nd Parent | Pending | Marriage |
|---|---|---|---|---|---|
| *North Carolina* | Allows | | Some JD | | |
| *North Dakota* | Allows | Unclear | | | |
| *Ohio* | Allows | | Prohibits | | |
| *Oklahoma* | Allows | | Unclear | | |
| *Oregon* | Allows | Allows | Some JD | Allows | DP(2008) |
| *Pennsylvania* | Allows | | Allows | | |
| *Rhode Island* | Allows | | Some JD | | |
| *South Carolina* | Allows | | Unclear | | |
| *South Dakota* | Allows | | Unclear | | |
| *Tennessee* | Allows | | Unclear | | |
| *Texas* | Allows | | Some JD | | |
| *Utah* | Allows | Prohibits | Prohibited | | |
| *Vermont* | Allows | Allows | Allows | | X(2009) |
| *Virginia* | Allows | | Unclear | | |
| *Washington* | Allows | Allows | Some JD | Allows | DP(2007/2009) |
| *West Virginia* | Allows | | Unclear | | |
| *Wisconsin* | Allows | Allows | Prohibits | | Spousal rights |
| *Wyoming* | Allows | | Unclear | | |

*Source*: Human rights campaign March 2010; Appell (2003)
DP = Domestic Partnerships; JD = Jurisdictions; CU = Civil Unions
[a]Florida courts overruled prohibition to Gay-male and Lesbian adoptions in 2010

This issue is undergoing transformation as statutes are contested as is the "elastic" status of social acceptance of gay male and lesbian adoptions (Appell, 2003). Table 5.1 lists the states that allows or prohibit single adoptions. In 2009 only Arkansas and Florida clearly prohibited adoption by single parents although the statutes in Missouri and Nebraska are unclear about single parent adoptions. Barth and Parry (2009) argue that even though three fourths of the voters in Arkansas voted to ban same sex marriages in favor of only traditional heterosexual unions in 2008, the Arkansans attitudes supported individualism, disallowing state intervention in family matters. Florida is in flux. In 2009 the Florida Court of Appeals ruled in Embry vs. Ryan (2009) that Florida must recognize adoptions which were granted to same-sex couples in other states. So initially those who wanted to adopt in Florida could adopt in another state and then relocate to Florida. In September 2010 the Florida supreme court ruled in "The Florida Department of Children and Families vs. In re: Matter of Adoption of X.X.G. and N.R.G., Appellees" that it was unconstitutional to ban adoptions by gays and lesbians. Joint adoptions, are prohibited in Arkansas, Florida, Michigan, Mississippi and Utah. However, they are allowed in California, Colorado, Connecticut, District of Columbia, Illinois, Indiana, Iowa, Maine, Massachusetts, New Jersey, New York, Oregon, Vermont, Washington and Wisconsin. Additionally, same-sex couples have jointly adopted in Nevada and New Hampshire, in some jurisdictions (Human Rights Campaign, 2010a).

Second parent adoptions, shown in column four, are allowed in California, Colorado, Connecticut, District of Columbia, Illinois, Massachusetts, New Jersey, New York, Pennsylvania Vermont and Wisconsin. Second parent adoptions are

allowed in some jurisdictions of Alabama, Alaska, Delaware, Hawaii, Iowa, Louisiana, Maryland, Minnesota, Nevada, New Hampshire, New Mexico, North Carolina, Oregon, Rhode Island, Texas and Washington.

Marriage statutes in states which allow same-sex marriages or civil unions also affect the legality of adoptions as most adoption laws are written with the assumption that those who adopt are married. Five states and the District of Columbia (2010) allow same-sex marriage: Connecticut (2008), Iowa (2009), Massachusetts (2004), New Hampshire (2010) and Vermont (2009). Five states allow domestic partnerships or civil unions: California (1999, 2005), Nevada (domestic partnerships, 2009), New Jersey (civil unions, 2007), Oregon (domestic partnerships, 2008) and Washington (domestic partnerships, 2007/2009). Additionally four states allow some rights as spouses to couples of the same-sex: Colorado, 2009; Hawaii, 1997; Maine, 2004; and Wisconsin, 2009 (Human Rights Campaign, 2010a).

This table clearly indicates that family laws affecting same-sex couples are in flux during this past decade. Data in Table 5.1 suggests, as posited by Baumle and Compton (2007), if gay males and lesbians desire to legally adopt, with minimal legal resistance they can easily adopt as single parents in most states.

### *5.2.3 Do Couples and Agencies Function Within the Law?*

The Evan B. Donaldson (2006) Institute's National Survey of Adoption Agencies Policies and Practices explored whether agency practitioners, those who place children in homes, are aware the legality of adoptions by gay males and lesbians. Findings were that not all agency directors were aware of the adoption statutes in their states. Five and four tenths of the agency directors reported erroneously that gay males and lesbians were banned from adopting in their states and nine and nine tenths percent reported uncertainty about their state statues. They found that while almost two thirds of the agencies had specific policies concerning gay male and lesbian adoptions, these policies focused primarily on the private agency's religious funding stream and the regulations pertaining to the country of origin engaging in intercountry adoptions. The Evan B. Donaldson survey (2006) support other findings indicating that agencies and social workers tend to follow the legal imperative of what is in "the best interest of the child", leading to placing children in stable homes superseding other legalities.

Adoptive couples seem to be more aware of the laws governing adoption. However, Baumle and Compton (2007) note evidence that both gay male and lesbian couples are willing to function "outside of the law" in order to obtain adoptive children. Therefore, part of the increase in gay male and lesbian adoptions is due to both adoptive gay male and lesbian parents and adoption agencies willingness to turn a blind eye to legal and agency obstacles in order to place "hard to place" children.

Chapter 2 suggests that in adoptive placements there is a valuation of both adoptive children and adoptive parents. The most acceptable parents are young, married,

have both higher income and educational levels and are professional. The most valued children are infants and toddlers. The Evan B. Donaldson (2006) survey found that programs that focused on placing "hard to place" children (older children, and sibling groups, children with physical, emotional and learning challenges) were more likely to accept gay males and lesbians as adoptive parents than programs that placed infants and toddlers. Cooper and Colleagues (2006) base the American Civil Liberty Union's support for gay male and lesbian adoptions on the argument that there are around 119,000 foster children, many of whom are "hard to place" and in need of long term adoptive families. Therefore, it would be negligent to deprive these children of adoptive homes based on the sexual orientation of the families. They supplement their argument with research findings showing that children in gay male and lesbian adoptive homes have the same physical development and psychological benefits as those placed in heterosexual homes. Both family structures provide more positive outcomes for the children than if they remained in institutional or foster care placement.

## 5.3 Intercountry Adoptions for Gay Males and Lesbians

Just as domestic adoptions are legally complex and subject to the laws of the fifty states, each nation determines the legality of intercountry adoptions and the criteria for who is available for adoption and who can adopt. Table 5.2 presents the 2008 U.S. Department of State criteria for adoption and what is immediately evident are two selection criteria which are similar to those who are preferred candidates for domestic adoptions. Twenty-eight of the thirty- nine countries consider the age of the adoptive couple as criteria for adoption. This is based on the assumption that the children will need parents who are young enough to survive to provide a family until they reach adulthood and self sufficiency. Eighteen countries require that the adopters be a married couple. While only ten nations allow single parent adoptions as "special" criteria, only two prohibit single parent adoptions, China and the Dominican Republic.

Chapter 7 lists the countries of origin for the greatest number of intercountry adoptions to the U.S. Of these, the country with the most intercountry adoptions for the past 50 years is Korea, which notably does not restrict gay male and lesbian adoptions. Since 1990 the top four adoptive countries of origin are China, Korea, Guatemala, and Russia. Viewing U.S. television and media presentation of gay male and lesbian adoption, one would assume that intercountry adoption of a child from China is the preferred route for adoption by gay male and lesbian couples. However, supply and demand economics enter into the picture. As is discussed in Chapter 1 there is a gradient of preferred adoptive parents as well as preferred adoptive children. Gay males and Lesbians are viewed as less desirable so as the demand for infants from China has increased the regulations for adoptive parents have become more stringent. China has recently limited adoptions to married couples. Other criteria for adoptions from China are that one parent must travel to China to complete

**Table 5.2** Summary of the requirements by countries sending ICAs to the U.S

| | Residency | Married | Single | Gay/lesbian | Income | Health | Age |
|---|---|---|---|---|---|---|---|
| Armenia | – | | | | – | – | Yes |
| Belarus | | | | | | | |
| Brazil | Yes | | | | – | – | Yes |
| Bulgaria | Yes | | | | – | | Yes |
| China | Travel | Yes | No | No | Yes | Yes | Yes |
| Colombia | – | Yes | Limited | No | – | – | Yes |
| Dominican Rep. | Yes | Yes | No | No | | – | Yes |
| Ecuador | Yes | Yes | Limited | | | – | Yes |
| El Salvador | Yes | | | | Yes | – | Yes |
| Ethiopia | – | Yes | Females | No | – | – | Yes |
| Georgia | | | | | | | |
| Guyana | Yes | Yes | | | Yes | – | |
| Haiti | – | Yes | | | – | – | Yes |
| India | – | | | | – | | Yes |
| Jamaica | – | | | | – | – | Yes |
| Japan | Yes | | | | – | – | Yes |
| Kazakhstan | Travel | | | | – | – | Yes |
| Kenya | Yes | Yes | Female | Not allowed | – | – | Yes |
| Korea | | | | | | | |
| Latvia | Yes | | | | – | – | – |
| Liberia | – | | | | – | – | – |
| Mexico | Yes | | | | Yes | – | Yes |
| Moldova | – | Yes | Yes | | Yes | Yes | Yes |
| Nepal | – | Yes | Female | | – | – | Yes |
| Nicaragua | Yes | | | | – | – | Yes |
| Nigeria | Yes | yes | Same-sex | | – | – | Yes |
| Pakistan | – | Yes | Yes | | – | – | Yes |
| Peru | – | Yes | Yes | | – | – | Yes |
| Philippines | Yes | Yes | | | Yes | – | Yes |
| Poland | – | Yes | Yes | | – | – | Yes |
| Romania | Only biological grandparents | | | | | | |
| Russia | – | | | | – | Yes | Yes |
| Sierra Leone | Yes | | | | – | – | – |
| Taiwan | – | Yes | | | Yes | – | Yes |
| Thailand | – | Yes | | | Yes | – | Yes |
| Ukraine | – | Yes | | | Yes | – | Yes |

*Source*: U.S. State Department 2008 (Cambodia Guatemala, and Vietnam not allowed in 2008)

the necessary paperwork, the family must have an income of at least $80,000 and, the couple must be between 30 and 50 years of age (U.S. Department of State).

Intercountry adoptions also face intercultural and interracial issues. Bennett (2003) finds that international adoptions by gay male and lesbian couples face additional challenges regarding the definition of a family because the adopted child not only has no biological connection with the adoptive parents but also the family differs from the family of origin in sexual orientation, race and ethnicity.

## 5.4 The Demography of Same-Sex Adoptions: What is the Extent of Same-Sex Adoptions?

Because of data limitations, explored in Chapter 3, the current extent of same-sex adoptions is unknown. The first challenge faced by researchers interested in the extent of same-sex adoptions is to document the unmarried partner households, the population at risk for same-sex adoptions. Simmons and O'Connell (2003) found there were 594,391 same-sex unmarried partner households, about 1 percent of all coupled households. Of these households, 162,000 had one or more children. One-third of lesbian-headed and one-fifth of gay-headed couples reported they had children under age 18 living with them, compared to one half of heterosexual couples. The Evan B. Donaldson Adoption Institute's survey (2006) estimated this number to be low. For example, households are not included who did not identify their relationship as gay male or lesbian single parents or those who have a noncustodial gay parent. Patterson and Friel (2000) give a higher and broader estimate of from 1.6 to 14 million children living in same-sex households, arguing that an agreement of the population of gay male or lesbian households, based on identity, behavior, and desire, has not been quantified. The Evan B. Donaldson Adoption Institute (2006) estimated this number to be low. For example, households are not included who did not identify their relationship as gay male or lesbian single parents, or those who have a noncustodial gay male parent. Patterson and Friel (2000) used the National Health and Social Life survey definition of homosexuality as being composed of identity, behavior, and desire and found a higher range, estimating that 1.6–14 million children living in same-sex households. Evan B. Donaldson Adoption Institute (2006, p. 5) agrees with Stacey and Biblarz's (2001) more conservative estimation of from 1 to 9 million children (this estimate based on National Survey of Families assuming an equal portion of dependent children in the households who are raised by gay males and lesbians).

Changes in U.S. Census data have facilitated both study of the extent of both same-sex couples and the presence of adoptees in these same-sex partnered households. The U.S. Census (2003) reported that although asking about the relationship with the head of the household has been a part of the census since 1880, it was only recently revised in response to changes in family relationships. In 1990 the category, unmarried partner, was added. However the 1990 census imputed that the partners were heterosexual. In 2000 the relationship to the head of the household question was revised so that an unmarried partner could self-identify as a same-sex partner as one possible response. The "relationship to head of the household" question that allows for same-sex analysis is one of seven so-called 100 percent census questions asked of all persons. This relationship to head of the household question also asks about the relationship of children in the household to the head of the household and thus one can identify whether a household child is adopted by the head of the household (but does not identify whether the household child was adopted by the partner so the partner's single adoptions are not noted) (United States Census, 2003). Thus, statistical programs, including STATA 10 E, used in the analysis in this chapter, can combine variables to explore adoptees in same-sex partnered households (STATA, 2009).

### 5.4.1 *Who are the Children of Same-Sex Couples?*

Since children enter gay male and lesbian households by means other than adoption, and data on the number of children in these household are difficult to obtain, it follows that data on adopted children are also not readily accessible. Children raised by gay males and lesbians may be biologically related to one or both partners, conceived through assisted reproduction by artificial insemination or surrogacy as well as being either foster or adoptive children. Appell (2001) finds that most children in same-sex families may be the biological children of one of the partners. Next in number are the children from a prior heterosexual marital or sexual relationship which resulted in children. Lesbians may choose to be inseminated either through donated sperm (banks) or through known sperm donors. Gay men may become biological fathers through using a surrogate mother. Lesser numbers of children are the result of assisted reproduction. Dalton and Bielby (2000) suggest that lesbian mothers may also enter into parental agreements to seek donated sperm and then co-parent with the sperm donor. Unfortunately the nonbiological parent has no legal authority in any of these procedures. Finally, children may enter gay male and lesbian families is through adoption. As discussed in Chapter 1, adoption may be domestic, intercountry or adoption of a child through the child welfare system who was a foster child as well as adoption of the child of a partner, called "second parent adoptions", or other relative adoption.

Some of the most successful gay male and lesbian adopters are "second parents", adopting biological children or children who were adopted by the spouse as a single parent adoption (Connolly, 2002). The first "second parent" case was a 1991 New York case, "In the Matter a Child whose First Name is Evan (In re Evan) (Connolly, 2002, p. 326)". The second parent adoptions were processed through the judicial system by partners presenting themselves as family units similar to a commonly accepted heterosexual family unit. They face additional legal stumbling blocks in that one aspect of the adoption process is to legally terminate parental rights in order to give these rights to another. Thus the legal statutes that created adoption only allow adoptions if they first terminate parental rights. In the case of second parent adoptions, the first parent wants to maintain all parental rights which make current codes untenable for gay male and lesbian adopters.

## 5.5 Methodology: IPUMS Analyses of Adoptions by Same Sex Unmarried Couples

Data are from the 5 percent Public Use Microdata Sample (IPUMS) of the 2000 U.S. Census, a sample of 14,081,466 (Ruggles et al., 2008) and the variable PERWT, or personal weight for a weighted analysis as it provides the weight of the population represented by each individual or person in the 5 percent sample. Weights allow for the sample to be expanded to the relevant total population (U.S. Census Bureau, 2003). This analysis follows the assumptions of Baumle and Compton (2007) and

Walther and Poston (2004) that these data represent same-sex households (male-male or female-female) and reflect a "marriage-like" relationship which is, in part, the result of a concerted effort by the gay male and lesbian community to document their presence via the unmarried partner relationship variable on the 2000 census. Black, Gates, Sanders, and Taylor (2000) provides a justification for demographic analysis of the same-sex population using the Census 1990, the General Social Survey and the National Health and Social Life survey. These surveys support census findings through comparisons with other variables such as veterans' status, education level and income.

The relationship to head of the household and the serial variable, used for identify, were used to create three variables. First is the "relationship to the head of the household" variable, the unmarried partner. This is combined the unmarried partner with the sex variable. Then the variables are separated from the unmarried partner variable by sex into same-sex female unmarried partners, same-sex male unmarried partners and same-sex heterosexual partners. Next, are relationship variables: the head of household and, three census categories for children; child, step-child and adopted child. (Note there are no data on whether the partner has an adopted child in the household.) The unmarried partner household relationships are combined with the children variables, using three census categories for children; child, step-child and adopted child. The racial categories of European, Black, Asian and other were also used.

### *5.5.1 Results*

Data from the IPUMS 5 percent sample of the 2000 Census relationship to the head of the household provides frequency data pertaining to same-sex adoptions. Table 5.3 depicts the frequencies and percents of the relationships to the household

**Table 5.3** Relationship of child to the household head with an unmarried partner: Frequencies and weights

| Unmarried partner | Relationship to household head | | | |
|---|---|---|---|---|
| Sex orientation | Child | Adopted | Step-child | Total |
| Gay | 29,696 | 807 | 1,469 | 31,972 |
| Weighted | 0.0588 | 0.0016 | 0.0029 | 0.0633 |
| Heterosexual | 409,873 | 11,009 | 20,812 | 441,694 |
| Weighted | 0.8109 | 0.0216 | 0.0414 | 0.8739 |
| Lesbian | 30,313 | 805 | 1,638 | 32,756 |
| Weighted | 0.0581 | 0.0015 | 0.0031 | 0.0628 |
| Total | 469,882 | 12,621 | 23,919 | 506,422 |
| Weighted | 0.9279 | 0.0247 | 0.0474 | 1 |

*Source*: IPUMS 2000 5% files
Weighted proportions: Observations = 506,421
Population size: 10,536,894

head. Notable here were 103,051 adopted children or a weighted proportion of 0.007 or 7 percent (weighted to an N of 1,969,800) and 253,211 unmarried partners, or a weighted proportion of 0.019 weighted to 5,346,600. Twenty-seven and five tenths of household heads reported a child in the household; 1.6 percent a stepchild and 0.7 percent an adoptive child.

Next, are the percentages of adopted children in gay male, heterosexual, and lesbian unmarried partner households by race (racial categories of White, Black, Asian and Other) presented in Table 5.4. Almost equal percentages, 2.5 percent, of the children in white gay male, lesbian, and heterosexual unmarried partners were adopted. Black unmarried partners had greater variability; a slightly higher percentage of children in Black gay male unmarried partner households were adopted at 2.7 percent, compared to only 2.4 percent in heterosexual unmarried partner households, and 2.49 percent in lesbian unmarried partners. The lowest percentage of children were adopted in Asian gay male unmarried partner households, at 1.79 percent, while the highest percentage of all children were adopted children in Asian lesbian unmarried partner households, at 3.47 percent.

### *5.5.2 Discussion*

Although a limitation of the same-sex census data is that one does not know whether all same sex couples self identified; data only ask whether the householder adopted, and it is difficult to know how individuals might choose to categorize children on the census, these data suggest that biology rather than adoption is the primary way children enter into same-sex unmarried partnered households. Further, all of the three sexual orientations of unmarried partners report similar percentages of adopted children in the households.

The U. S. Census 2000 data reveal that the same sex partner households with adopted children in the household have higher socioeconomic status than different sex married and unmarried adoptive parent households. Gates et al. (2007, p. 11) found the medium household income for both gay male and lesbian adoptive households is over $102,000 compared to $81,900 for different sex married households and $43,746 for different sex unmarried households. The medium education level is also higher: 76 percent in same sex partnered households have some college or

**Table 5.4** Percentages: Relationship of child to unmarried partner by race

| | Gay | Heterosexual | Lesbian | Total |
|---|---|---|---|---|
| White | 2.53 | 2.52 | 2.5 | 2.52 |
| Black | 2.71 | 2.42 | 2.49 | 2.44 |
| Asian | 1.79 | 2.18 | 3.47 | 2.25 |
| Other | 2.42 | 2.43 | 1.94 | 2.41 |
| Total | 2.52 | 2.49 | 2.46 | 2.49 |

*Source*: IPUMS 2000 5%

above education (65 percent in gay male and 79 percent lesbian same sex partner households) compared to 64 percent in different sex married households and 36 percent in different sex unmarried households (Gates et al., 2007, p. 11).

## 5.6 Survey Data

Next, these results will be considered in the context of attitudes of adoptions from three national surveys.

### *5.6.1 National Survey of Family Growth Cycle 6 Attitude Question*

Cycle 6 of the NSFG attitudinal questions concerning adoption provides additional information concerning gay male and lesbian adoptions (Martinez, Chandra, Abma, Jones, & Mosher, 2006). The NSFG asked the attitude question whether "Gay or lesbian adults should have the right to adopt children". Table 5.5 summarizes the responses by selected social characteristics. Attitudes favoring gay male and lesbian adoptions followed sex and class lines. Overall, females (55.4 percent compared with 46.9 percent of males) and those with higher social status were more likely to accept gay male and lesbian adoption. The greatest percentages of males who agreed that gay males and lesbian adults should have the right to adopt were aged 15–24 (56.3 percent), never married and not cohabiting (56.6 percent); had no children (54.4 percent); had no religious preference (64.2 percent); were homosexual or bisexual (70.4 percent); had a bachelor's degree or above (56.3 percent); were 300 percent or higher than the poverty level (50.8 percent) and were non Hispanic White (49.6). The greatest percentages of females who agreed that gay males and lesbian adults should have the right to adopt were aged 15–24 (63.8 percent); never married and not cohabiting (65.3 percent); had no children (66.3 percent); had no religious preference (77.2 percent); were homosexual or bisexual (83.8 percent); had a bachelor's degree or above (61.2 percent); were 300 percent or higher than the poverty level (60 percent) and were non Hispanic White (59.1 percent). Most notably, the greatest percentages of males and females who disagree with the right of gay males and lesbians to adopt are based on religious characteristics (80.1 percent of Fundamentalist Protestant males and 61.6 of Fundamentalist Protestant females) (Table 5.5).

### *5.6.2 Evan B. Donaldson Institute National Survey*

In 1999 and 2000, the Evan B. Donaldson Institute conducted a national survey of the policies and procedures of both public and private adoption agencies regarding adoption by gay males and lesbians. This study included 48 states (agencies in New Mexico and Mississippi did not respond) and the Washington D.C. area.

**Table 5.5** Percentages of male and female responses to the NSFG cycle 6 statement "Gay and Lesbian adults should have the right to adopt" by characteristics

| | | Male | | | Female | | |
|---|---|---|---|---|---|---|---|
| | | Agree | Neutral | Disagree | Agree | Neutral | Disagree |
| | Total | 46.9 | 3.7 | 49.5 | 55.4 | 5.3 | 39.4 |
| Age | 15–24 years | 56.3 | 3.2 | 40.5 | 63.8 | 4 | 32.1 |
| | 25–29 years | 47.5 | 4.5 | 48 | 59.1 | 5.2 | 35.7 |
| | 30–44 years | 40.8 | 3.7 | 55.5 | 49.3 | 6.1 | 44.7 |
| Marital | status | 37.3 | 3.9 | 58.9 | 46.8 | 6.2 | 47.1 |
| | First marriage | 38.7 | 4.2 | 57.2 | 47 | 6.7 | 46.3 |
| | Second or later marriages | 30 | 2.6 | 67.4 | 45.5 | 4.3 | 50.3 |
| | Cohabiting | 48.2 | 5.4 | 46.4 | 60.6 | 6.2 | 33.2 |
| | Never married not cohabiting | 56.6 | 3.4 | 40.1 | 65.3 | 4 | 30.8 |
| | Former married not cohabiting | 46.3 | 1.7 | 52.1 | 56.1 | 4.6 | 39.2 |
| Parity | No children | 54.5 | 3.4 | 42.2 | 66.3 | 4 | 29.7 |
| | 1 or more children | 38.3 | 4 | 57.7 | 47.6 | 6.2 | 46.2 |
| Religion | None | 64.2 | 2.3 | 33.6 | 77.2 | 3.5 | 19.3 |
| | Fundamentalist protestant | | 4 | 80.1 | 33 | 5.4 | 61.6 |
| | Other protestant | 41.1 | 3.3 | 55.6 | 47.6 | 5.7 | 46.7 |
| | Catholic | 46.2 | 5.3 | 48.5 | 58.1 | 5.9 | 36.1 |
| | Other religion | 54.2 | 2.7 | 43.1 | 73.1 | 3.5 | 23.4 |
| Sexual | Heterosexual | 46.2 | 3.7 | 50.2 | 54.7 | 5.5 | 39.9 |
| Orientation | Homosexual or bisexual | 70.4 | | 24.6 | 83.8 | 2 | 14.2 |
| | Other or did not report | 43.2 | 2.6 | 54.3 | 45.8 | 4.7 | 49.5 |
| Education | Less than high school | 28.4 | 3.2 | 68.4 | 41.3 | 5.7 | 53.1 |
| | High school | 37.7 | 4.3 | 58 | 47.3 | 6.4 | 46.3 |
| | Some college | 45.9 | 3 | 51.1 | 53.8 | 6.5 | 39.7 |
| | Bachelor's degree or above | 56.3 | 5 | 38.7 | 61.2 | 4.8 | 34.1 |
| Poverty | 0–149 percent | 35.8 | 3.7 | 60.5 | 46.8 | 6.3 | 47 |
| Level | 0–99 percent | 38.1 | 4 | 57.9 | 44.1 | 7 | 48.8 |
| | 150–299 percent | 39.7 | 3.6 | 56.7 | 48 | 6.8 | 45.4 |
| | 300 percent or higher | 50.8 | 4.2 | 45 | 60 | 5 | 35 |
| Hispanic | Hispanic | 37.2 | 4.1 | 58.6 | 46.7 | 5.6 | 47.7 |
| | Non H White | 49.6 | 3.6 | 46.8 | 59.1 | 4.9 | 36 |
| | Non H Black | 41.8 | 3.9 | 54.4 | 45.5 | 6.4 | 48.1 |

*Source*: Martinez et al., 2006
Number: Male = 61147; Female = 61561

They had a response rate of 41 percent which were 277 responses. Most notably, the majority of social service agencies, 60 percent, support adoptions by gay males and lesbians. Consistent with the need for recruiting homes for those children designated as having "special needs" (those who were racial minorities, older, a part of a sibling group or had mental or physical challenges), 85.3 percent of agencies who placed children with special needs accepted gay males and lesbians. Two thirds or 68 percent of those agencies who specialized in intercountry adoptions accepted gay males and lesbians. Although only 16 percent of the agencies targeted gay male and lesbian communities for recruitment, 37.7 percent of the agencies had made at least one placement to a self-identified gay male or lesbian (Brodzinsky, 2006).

### *5.6.3 National Survey of Adoptive Parents (NSAP)*

Bramlett and colleagues (2010) presented an overview of findings from the National Survey of Adoptive Parents (NSAP), discussed in Chapter 3. Although NSAP data did not include sexual orientation, data serve as evidence of changes in the norms of who adopts in the U.S. Results found that adopters were more racially and ethnically diverse. In spite of the survey selecting only English speakers, 15.28 percent were Hispanic; 37.25 percent Non Hispanic White; 23.19 percent were Non Hispanic Black; 15.37 percent were Non Hispanic Asian; and 8.91 percent Other. Private, domestic adoptions are no longer the norm. The survey noted there were almost even percentages of foster care and domestic private adoptions, 37 percent and 38 percent respectively, with fewer intercountry adoptions (24.3 percent). Household income levels of adopters covered a broad range; 10 percent of adopters had household incomes of under $19,999; 15.4 percent between $20,000 and $39,999; 21.6 percent had incomes from $40,000 to $59,999; and 53 percent $60,000 or above. This diversity in socioeconomic status is also evident in the education level attained with only 75 percent having above a high school education. Adoptions are not limited to the married couples; 65 percent of the households had two adults and 76.8 percent of the adoptees were married. Arguably, this suggests that family formation by adoption has broadened to be more inclusive, which bodes well for increased acceptance of gay male and lesbian adoptions.

## 5.7 Conclusion

Adoption by gay males and lesbians is an important area of demographic research. Research involving same-sex family variables is difficult as there are multiple channels for adoption: private agencies, adoptions from private individuals, international adoptions and adoptions though the public child welfare system. Same-sex

adoptions may also be informal or function outside of the legal structure complicating data collection. A further complexity is that both the social acceptance and the legality of same–sex adoptions are in transition. Most of the legislation recognizing the rights of gay males and lesbians to adopt passed in the past decade. Only Arkansas prohibits single same sex adoption. Twenty-six states have some allowance for same-sex couples to adopt as second-parent adoptions. Unfortunately, the lingering anti gay bias which persists has limited the ability to document both the extent of gay male and lesbian partnerships or marriages and the extent of gay male and lesbian adoptions.

Analyses using the IPUMS, U.S. Census 2000, provide data regarding the relationship to the head of the household, including unmarried partner. These data of unmarried same-sex, or lesbian and gay male, partners allow a demographic analysis of the head of the household relationship to adopted children by those gay male and lesbian in same-sex unmarried households. These data reveal that in spite of laws, there are similar patterns of adoptions by gay males and lesbian unmarried partners and heterosexual unmarried partners. There are almost equal numbers of gay male and lesbian unmarried partners, 29, 696 and 30,313 respectively. There were similar numbers of adopted children by gay male (807, weighted to 16,859.03) and lesbian (805, weighted to 15,805.34) same-sex partners. A limitation is data do not reveal whether the child is adopted by the same-sex partner who is not the household head.

If the acceptance of gay male and lesbians follows the pattern of other similar human rights social movements such as minority rights movements of Blacks and Hispanics, then one would expect that innovators may lead the way into social acceptance followed by a gradual spreading of general social acceptance. Results of Cycle 6 of the NSFG attitudinal question whether “Gay or lesbian adults should have the right to adopt children” indicate that almost half of those surveyed supported gay males and lesbians having the right to adopt. The highest percentages were those who were females, non Hispanic White, had higher education, were 300 percent above the poverty level, were lesbian, and endorsed no religious beliefs. If survey results of over 50 percent acceptance are supported by votes this bodes well for the equal rights same-sex couples’ movement.

Increased social acceptance of gay males and lesbians along with their right to marry and adopt is evident in the widespread social movement for same-sex equality. Advances in the past decade are reflected in the changing state statutes, about half of which allow same-sex marriage or a form of domestic partnership. Reminiscent of the words of the children’s rhyme “ first comes love, then comes marriage, then comes the baby carriage”, children, whether adopted or biological, remain a central focal point of social acceptance as a family. While adoption laws appear to lag behind marriage laws by about five years, only Arkansas disallows single parent adoptions by same-sex partners, and this is disputed even though “Arkansans are uncomfortable with homosexuality, they are surprisingly hesitant to prescribe state-sanctioned discrimination” (Barth & Parry, 2009, p. 309). Therefore, it is likely that the frequencies of adoptions by same-sex couples will increase as additional states legalize equal marriages.

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# Part III
# Intercountry Adoptions

# Chapter 6
# Intercountry Adoption to the United States

## 6.1 Introduction

Chapter 6 is the first of three chapters exploring intercountry adoptions (ICAs). Chapter 6 provides a background on the four waves of ICAs to the United States (U. S.) and posits the beginning of a fifth wave from Africa. Chapter 7 uses data from the Department of Immigration Services (INS), the Hague Convention, the U. S. Census International database, and the World Bank to analyze the current adoptive flows to the U. S. Chapter 8 continues this analysis of ICAs as migratory flows through global analyses of ICAs from the global south to the global north.

### *6.1.1 Intercountry Adoption as a Migratory Flow: Push and Pull Factors*

In the last 30 years the United States (U. S.) Department of Immigration Services (INS) has documented 421,000 Intercountry adoptions (ICAs), an increase of 180 percent, or 234,358 from 1989 to 2005 (Kinder, 2007, p. 1). (Detailed information and analyses of INS data are in Chapter 7.) These flows are expected to continue due to global availability of orphaned or abandoned children. There are an estimated 109 million children needing caretakers (The Child Welfare League of America, 2007). The countries of the adoptees change depending on political and economic situations affecting the supply and financial burden of orphaned or abandoned children in the sending countries. Economic crises, political conditions and son preference are factors pushing the intercountry adoptions. For example, females from China, abandoned due to son preference, have led to females comprising about three fourths of adoptions from China. There is also a female preference for adopting females in the U. S., 66 percent of international adoptions in the U. S. were female (Kinder, 2007, p. 1). Columbia, which experienced war and violence, is a top South American country of origin for adoptions. Romania was a large source of adoptees in the 1990s during the economic transition from communism, until these were halted due to allegations of corruption in the adoption system. International adoptions are thus an increasing trend. U. S. parents adopted one foreign-born child for every 200 births in 2000 (Tarmann, 2003, p. 23).

M.A. Davis, *Children for Families or Families for Children*, The Springer Series on Demographic Methods and Population Analysis 29, DOI 10.1007/978-90-481-8972-4_6,

### 6.1.2 Do Adoptions Follow Migration Theories?

Intercountry adoptions (ICAs) are described as a form of migration (Selman, 2006) follow migratory theories. Thus ICAs, like migrations, are primarily influenced by structural economic and social issues that influence human agency at micro levels (Massey, 1990). In order to understand the migratory flows, including ICAs, one might examine the structural conditions in the sending and receiving countries. The structural push factors of adoptions, similar to migrations, are based on the household scarcities (of children in receiving countries and human resources in sending countries) influenced by economic, political and military factors. Household resources and consumption patterns affect the household's age and sex composition, who is needed and who is expendable. Countries of origin of adoptees typically have scarce economic resources and family household patterns which require certain age and sex compositions for family functioning. Receiving countries have wealth and require, in the case of the infertile or desire children, beyond the domestic supply. Just as migration is the fastest, most effective way of changing family resources, adoptions are a fast, effective way of limiting the number and controlling the sex composition of children in a household. Adoption is also a way of attaining U. S. citizenship, bypassing immigration quotas. Provisions of *The Child Citizenship Act 2000* automatically (with certain conditions) bestows U. S. citizenship on foreign-born children adopted by U. S. citizens on the date they immigrate to the United States (U. S. State Department, 2004, p. 66). There are no data on the number of ICAs which are actually relative adoptions.

General migratory flows become cumulative causative or self-feeding mechanisms so that successful migrations from a specific country of origin set the stage for additional migrants (Massey, 1990). The flow of adoptees follows such a pattern. Non government organizations begin with an initial few adoptees, learn how to negotiate the legalities of adoption placement within the sending countries and then expand the flow.

The Central Authorities regulate which adoption agencies are allowed to function within the country. In the U. S. there are two central authorities: The Council on Accreditation and The Colorado Department of Human Services.[1] In the U. S., as of January 2011, 208 agencies were accredited[2] to place intercountry adoptive children

[1] Article 4: 110 of the Hague convention 21 C requires that each member state designate a central authority to ensure that adoptions are carried out by competent agencies in accordance with standards including that the adoptions follow applicable laws, including informed consent and permission from the child's parents, that all pertinent and reliable information is obtained from parents, relatives and legal guardians. The central authority collects, maintaining records, and completes required reports (Parra-Aranguren, 1994).

[2] Parra-Aranguren (1994) Articles 8, 9, and 22 of the Convention permit the Central authority to delegate functions to accredited bodies and is flexible about which functions, other than central responsibilities for compliance and reporting are allowed. Article 11 set up the minimum requirements. Article 13 prohibits improper financial gain from ICAs, additionally it specifies that the directors, administrators, and employees of bodies shall not receive unreasonably high remunerations.

and 14 agencies were denied accreditation (United States State Department, 2011). The heart of the Hague Adoption Convention is that adoptions follow ethical and legal processes preventing the exploitation of children. This includes assuring that the birth parent's consent for adoption is freely given, not under financial duress, and is adequately documented. Both the potential adoptive parent and child are screened to determine if the placement is in the best interest of the child. This screening includes. . .

> . . . information about their identity, eligibility and suitability to adopt, background, family and medical history, social environment, reasons for adoption, ability to undertake an intercountry adoption, as well as the characteristics of the children for whom they would be qualified to care. (United Nations, 1993, p. 6)

### *6.1.3 The United States as a Top Recipient of Intercountry Adoptees*

The U. S. is numerically the top recipient of ICAs. However, it can be argued that if one considers these numbers in the context of adoptions relative to the population characteristics, the U. S. is surpassed by other top recipient countries in the global north. Chapters 7 and 8 use three population criteria to determine rates for comparison: the rate of ICAs per sending and receiving country by the midyear population per 100,000; the rate of ICAs by the midyear population of those aged zero to four, per 100,000; and the adoption ratios obtained by the number of ICAs in the country by the number of births in the country, per 1,000 (following Selman, 2002, 2006).

There are several factors that influence the U. S. as a top ICA recipient so the following list of factors influencing a preference in ICAs is not exhaustive. First, ICAs are compatible with U. S. norms of acceptance of immigrants. The U. S. is historically a country of immigrants due to political, economic and educational opportunities. According to the World Bank (2008) The U. S. had 38.4 million immigrants in 2005. One third of the population increase in the U.S, from 1990 to 2000, was due to immigrants who are 12 percent of the U. S. population (Martin & Midgley, 2006, p. 19). Second, the U. S. has norms, based on progressive values which support the imminence of socialization or nurturance over genetic factors, which allow acceptance of adopted children. Third, the U. S. has a strong economic base which functions as a pull factor for migratory flows, including ICAs from developing nations. Fourth, there is an increase of infertile females due to delayed marriage and postponed fertility so that there is an increased market for adoptive children. Intercountry adoptions are increasingly the primary source for the infertile to adopt a healthy infant or younger child, due to a domestic scarcity of young children. Domestic policies of open adoptions, lengthy waits and expense decrease the palatability of domestic adoptions. The ICA process is quicker, approximately one year. Fifth, domestic adoptions are primarily open adoptions, so ICAs may be preferred by those who do not desire contact with the family of origin. Sixth, the lack of gender preference in the U. S. increases adoption flows as those in the U. S. readily adopt the gender found less desirable in his/her country of origin. Seventh,

there is an increase in informal relative adoptions including stepparent adoptions from Mexico and Latin America.

## 6.2 Historical Intercountry Adoption Waves

### *6.2.1 Wave One: The Push of War Orphans*

Lovelock (2000) suggests that the first wave of ICAs were in the context of humanitarian concerns, to find families for children. Chapter 2 noted that intercountry adoptive flows began to be noted following the devastation of Europe and East Asia during World War II. From 1948 to 1957 there were about 19,000 adoptions (see Table 6.1). These ICAs met a limited need for care of needy children. Ericsson and Simonsen (2005, p. 274) report that WW II left about thirteen million children abandoned, orphaned or kidnapped by enemy forces. During this time the primary resource for homeless children were orphanages or institutions in countries whose infrastructures were devastated by the war. Unaccompanied minors were allowed to migrate as refugees. Forbes and Fagen (1984) note that orphanage or institutional placement was the primary service for unaccompanied refugee children who came to the U. S. as there was no direct legislation to standardize care for unaccompanied refugee children until the Refugee Act of 1980. Adoptions were considered for healthy infants and young children however most of the orphans were older.

Forbes and Fagen (1984) report that the U. S.'s ambivalence in accepting responsibility for war orphans, following WW II, is signified by the implementation of twelve separate crisis U. S. programs between 1939 and 1984 to deal with refugee children with no permanent means of dealing with unaccompanied child refugees

**Table 6.1** Top ten countries of adoption origin special wartime legislation

| | 1948 | 1953 Act | 1953 | 1957 | Total |
|---|---|---|---|---|---|
| Korea | | | 461 | 3,701 | 4,162 |
| Greece | 1,246 | 54 | 506 | 1,360 | 3,166 |
| Japan | | 287 | 1,315 | 1,385 | 2,987 |
| Italy | 568 | | 464 | 1,539 | 2,571 |
| Germany | 1,156 | 1 | 187 | 438 | 1,782 |
| Austria | 169 | 75 | 367 | 133 | 744 |
| China | 1 | 3 | 47 | 415 | 466 |
| Poland | 214 | | 1 | 184 | 399 |
| Hong Kong | | | 27 | 347 | 374 |
| Finland | 4 | | 5 | 314 | 323 |
| Total | 3,829 | 466 | 3,736 | 11,053 | 19,084 |

*Source*: Weil, 1984
1948 Displaced Persons Act
Act of July 29, 1953
1953 Refugee Relief Act
Act of September 11, 1957

until the 1980s. Much as adults migrate in times of social or political upheaval these children were adopted as a part of a humanitarian effort in response to the political and economic reactions to war. Initially the U. S. was reluctant to become involved in international politics prior to U. S. involvement in WW II. The first effort to protect children from WW II, the Wagner-Rogers Bill of 1939 designed to bring children who were victims of Nazism to the U. S. for wartime safety, failed to pass. European children were "out of sight", a combination isolationism, along with anti-Semitism, deemed that the Nazi risk was not real.

There are only fragmentary data about intercountry adoptions following WW II. Weil (1984) analyzed the U. S. Immigration and Naturalization Services I-600 visas issued (these numbers exclude foreign children under other strategies-such as medical or student visas). Table 6.1, based on Weil's data, shows the top ten countries of adoptee origin and the legislation that supported these adoptions: The 1948 Displaced Persons Act; The Act of July 29, 1953; The 1953 Refugee Relief Act and the Act of September 11, 1957. There were two additional law passes in 1959 and 1960 which he did not include in his analysis. Immediately following WW II the top sending countries were European, followed by Asian countries.

Table 6.1 shows the conservative number of 19, 084 intercountry adoptions to the U. S. as the result of four of the six wartime acts addressing intercountry adoptions. Most adoptees were infants or very young, from Germany, Greece and other European nations (Pertman, 2000). During this post war period there were also the beginning of transracial war orphan adoptions of about 2, 500 Asian children, primarily Japanese (Pertman, 2000, p. 54). Following is a summary of factors which have influenced adoptions in the top sending countries during the first wave of ICAs.

## Sending Countries in Wave One

### *6.2.2 The Axis Powers*

From 1948 to 1973 Germany, Japan and Italy, all Axis powers, followed as top ICA senders. Again adoptions were "pushed" by the devastation due to WW II fighting on Axis home soil. From 1948 to 1962 there were 2,987 ICAs from Japan; 2,571 from Italy and 1,845 from Germany.

All three Axis powers suffered devastation due to battles, which included the first use of nuclear weapons. Germany, with a pre war population of 6,850,000, lost about 9.50 percent of her population during WW II. Mortality in Germany was split equally between military deaths, which amounted to 3,250,000, and the civilian population, which amounted to 3,600,000 deaths. Japan fared better. In spite of Hiroshima and Nagasaki, Japan, with a pre war population of 2,000,000, lost only about 2.70 percent of the population. Italy fared best of the three. Only 0.90 percent of Italy's prewar population of 410,000 died during WW II. There were 330,000 military deaths and 80,000 civilian deaths (British Broadcasting Company, 2004). Data from these countries are focused on ICAs immediately following the war. However,

within the next 10 years, as the child care infrastructures and economies recovered the numbers of ICAs dropped dramatically. By the 1970s there were no ICAs from Italy, Greece or Japan while Germany continued to send a small number of adoptees, approximately 100 per year.

The other "pull" factor was that these orphans fit the domestic need in the U. S. During the post war baby boom, large families were the norm and infertile couples rushed to adopt. Initially, these adoptions followed the earlier patterns of middle class European American families adopting European American children, however, this changed due to exposure to the influx of Asian orphans.

From 1948 to 1953

> . . . nearly everyone adopting was white, and most of the children were very young. Infertile couples, along with some who wanted to provide homes for war orphans, also began reaching across color lines. During this same six-year period, they adopted 2,418 Asian children, about two thirds of them Japanese (Pertman, 2000, p. 54).

These Asian adoptions were popularized in the media, with the beginning of social acceptance of Asian, and biracial Asian European children as adoptees.

### *6.2.3 Korea*

Korea became the top sender of ICAs in 1953 and has maintained its rank as top sender of adoptees from 1950s to date, in spite of an improved economy and a strengthened infrastructure for child welfare services. About 160,000 Korean children have been placed for adoption in the U. S. in the past 50 years beginning with 4,162 adopted in the U. S. from 1953 to 1962 due to the Korean War (Kim, 2007a, p. 14). These adoptions have continued with about 2,000 intercountry adoptions to the U. S. per year in spite of Korea's economic advances. Korean adoptees compose about 10 percent of the Korean-American population in the U. S. (Kim, 2007b, p. 135).

The upsurge in Korean intercountry adoptions during and after the Korean War trailed similar surges from European and Asian countries after WW II "pushed" by war and subsequent slow economic recovery (Carp, 2002). Gailey found an intercountry adoption chain that shadows the U. S. military overseas up through the Vietnam War (Gailey, 2000, p. 301).

Next, was the "pull" factor of the norm of increased social acceptance of Asian and biracial Asian adoptees. The adoptions which followed the Korean War were notable in that they were the first time "relatively large numbers of Western couples – mostly in the United States – were adopting children racially and culturally different from themselves (Simon, Alstein, & Melli, 1994, p. 9)". In the U. S. Asian immigration had been prohibited since the 1920s so up until this period race discourses in the U. S. were Black or "African" and White or "European". During post WW II, race concepts extended to include Asians. There was increased acceptance of transracial Korean or mixed White and Korean children, both could be placed for adoption in the U. S.

In spite of this acceptance of these transracial adoptions the anti-Black racism continued so that the transracial African and Korean children, the children of African American soldiers could not be adopted in the U. S. (Gailey, 2000, p. 300). Echoes of Asian but not African American children being acceptable in the U. S. are still evident today. In popular media and advertising, Asian images of "little adoptees with their White parents can now commonly be found (Shiao, Tuan, & Rienzi, 2004, p. 3)". But these are only beginning to include images of children of color.

A brief background about the Korean War helps to explain the "push" of Korean adoptions. The Korean conflict, from 1950 to 1953, was a particularly devastating civil war that left Korea one of the poorest countries in the world. Eighty percent of the infrastructure was destroyed leaving few factories, limited transportation or public facilities. Kim (2007a) reports after the war there were approximately 100,000 war orphans, official reports document 80,250 abandoned from 1955 to 1970, however thousands of abandoned children were unreported, of these 21,890 children were placed for adoption internationally within the U.S (Kim, 2007a, pp. 5–9). The family structure, typically the support for orphans, was devastated as well with over 2,800,000 war deaths which resulted in about 200,000 widows. Social services were inadequate, in spite of approximately 500 orphanages supported through foreign aid.

Cultural factors heavily influenced adoptions. Even prior to the Korean War there was a tradition of child abandonment that included leaving infants at the door of a wealth family. Korea has a strong history of racial purity. Mixed-race children were abandoned because the norms of racial purity would lead to lifelong discrimination. During the Korean War and The Cold War, U. S. military presence in Korea was extensive. Mothers who conceived through interracial relationships were condemned, labeled "military prostitutes (Kim, 2007b, p. 136)". Their offspring would share this shame and cultural rejection throughout their lifetime thus the only option open to the mother was relinquishment through adoption.

Sex preference is an issue with Korean adoptions due to cultural values of sons in Korea. Having a son is important for family inheritance as well for traditional religious rituals. However, counter intuitively, this male preference does not translate into a preference of domestic adoption of males. Instead, nonsanguine/adopted males are not accepted. "Confucianism also places a strong emphasis on the importance of blood-relatedness in keeping a family's continuity and cohesion. Thus, there is a very significant stigma associated with adopting someone as a family member when he or she is not related by blood (Lee, 2007, p. 191)". As a result, the strong norm of preserving family blood lines leads to both a domestic prejudice against adoption, and sanguine values of relatedness which make males even less likely than females to be adopted domestically. This continues to date. Table 6.1 shows that from 1971 to 2009 there were 98,939 ICAs from Korea to the U. S., most were infants, under age one, though these have decreased significantly since 1990.

Adoptions continued during the economic recovery. During the 1970s and 1980s family size limitation was part of the Korean economic plan. Families were encouraged to "Raise only two children well (Kim, 2007b, p. 137)". During this time about 0.1 percent of all live births in Korea were placed in adoption, primarily full blooded

Korean infants whose mothers were poor young female factory workers who could not afford to raise their children (Kim, 2007b, p. 138). Emigration through intercountry adoptions was encouraged by the Korean government. The government spending prioritized building infrastructures to support modernization so there was the financial disincentive to build a social welfare system to provide long term care for "orphans". Not only was institutional care very expensive, experts recommended familial placement as providing better child outcomes.

The steady available pipeline for intercountry adoptions, primarily in the U. S., was economically and psychologically accepted without question until the 1988 Seoul Olympics. The global spotlight highlighting the progress in Korea during the Olympics questioned Korea as an economically affluent country continuing to export children rather than provide domestic services. NBC sport reporter Bryant Gumball shifted the favorable positive media presentation of Korea during the Olympics when he gave an international spotlight to the damaging practice of exporting Korean orphans to the U. S. Just as emigrants leave the poorest, politically unstable and disadvantaged countries, Intercountry adoptees were expected to be rescued from poor third world countries and communist bloc countries with economic issues. It became an embarrassment and affront to national pride that Korea continued to rank as one of the top sending countries. The large numbers of Korean ICAs were seen internationally as "embarrassing, perhaps even a national shame (Pertman, 2000, p. 226)". Instantly, domestic policies began to stem intercountry adoptions.

The immediate response of Korean officials was to promote birth control, upgrade child care facilities, support domestic adoptions and pledge to end intercountry adoptions by 1996. The placements of children in the U. S. dropped. Figure 6.1, U. S. State Department data are that ICAs dropped from 6,188 in 1986 to 1,818 in 1991. Pertman (2000, p. 227) reported an even more dramatic drop from over 8,000 in 1986 to around 2000 per year for the past 10 years. However, in spite of two decades of improved social services to support indigent families maintaining children instead of placing them for adoption and increased domestic adoptions in Korea, Korea remains one of the top five countries of origin.

Note in Fig. 6.1 that approximately 2,000 Korean children are adopted in the U. S. annually. These numbers have been steady for the past half of a century, although they fell below 1,000 in 2007. Many of these children are those considered to have special needs, the codeword for those with physical and mental challenges who would require the most expensive care in domestic child care facilities (Kim, 2007b, p. 138). The Korean Times (2007) reported that intercountry adoptions comprised 70 percent or 227,983 of the Korean children who were placed in adoption from 1958 to 2006. The percentage of those with special needs placed in intercountry adoptions was even higher. In 2006 "98 percent or 713 of handicapped children were adopted by overseas families (Korean Times, 2007)".

The adoptees from Korea have multiple advantages over other intercountry adoptions. First, Korea has a lengthy history of a stable economy and political system so that the legality of the adoptions is secure. Second, there is a significant infrastructure since the 1950s assuring that the adoptive process is streamlined, secure and predictable. Third, the infrastructure of a child care services supportive adoptions.

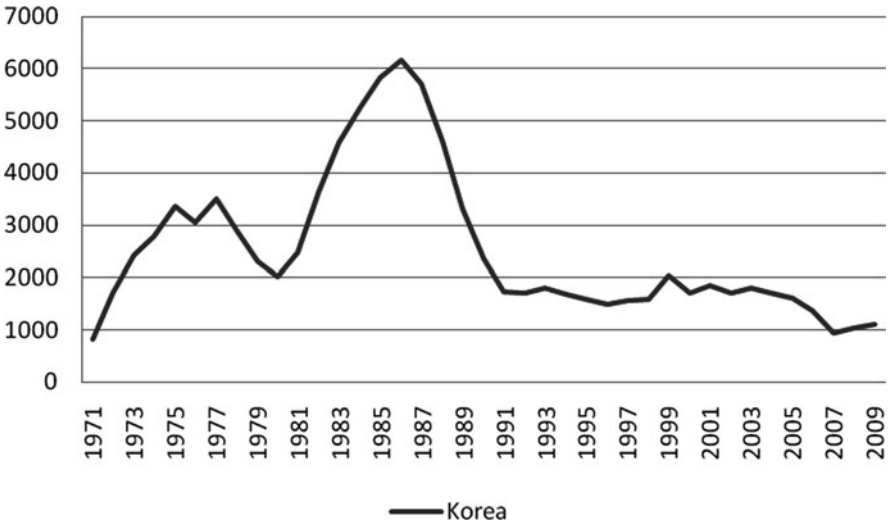


**Fig. 6.1** ICAs from the Republic of Korea 1971–2009
*Source*: U. S. Department of Justice Immigration and Naturalization Service (1982–1995); United States Department of Homeland Security (1996–2009).

Adoptions are most successful if infants or abandoned children receive family or individualized care versus institutional care prior to placement. Fourth, Korean adoptions are widely accepted in the U. S. as they provide availability of healthy infants. The Korean pattern had been to place infants and young children in quality foster care prior to adoptive placement and to place infants in adoption in a timely manner. "While 44 percent of all international adoptions are of children under one year of age, 96% of all children adopted from Korea are infants (Immigration and Naturalization Service, 2001)". These practices limit the likelihood of physical illnesses and psychological attachment issues in other countries.

It is important to note that Korea's continued reliance on adoption as an easy and inexpensive way of caring for orphaned or abandoned children is controversial, both domestically and internationally. This practice is viewed by some nations, including North Korea, as exploitative of children by "selling children" to the west instead of providing domestic services (Kim, 2007a, p. 16, 17). Hübinette (2005) argues that the continued reliance on ICAs presents a nationalistic threat to Korea. Hübinette further challenges that for Korea to have international acceptance as an economically strong modern nation, she must support and protect her infants. Next, Korea must deal with the 150,000 plus Korean international adoptees, many who need to explore their Korean roots, as self acceptance of their Korean heritage.

### *6.2.4 Vietnam*

The U. S. military presence during the Viet Nam war from 1965 to 1975, provided a new and ongoing supply of infants available for adoption as 75% Vietnamese

adoptees were under the age of one (Immigration and Naturalization Service, 2001). The intercountry adoptions from Viet Nam began in 1965 as a humanitarian effort. Adoption flows were well established when in 1970 "Operation Baby Lift" airlifted children for adoption. "Twenty-six Operation Baby Lift flights transported 2,547 children to the U. S. and 602 to other countries (Forbes & Fagen, 1984, p. 17)".

The adoptees from Vietnam were supported by an infrastructure of private U. S. adoption agencies (Holt International Children's Services – Holt; Traveler's Aid-International Social Services of America – TAISSA; Friends for All Children – FFAC; United States Catholic Conference – USCC; Friends of Children of Vietnam – FCVN; Pearl S. Buck Foundation – PBF; World Vision Relief Organization – WVRO). These agencies were licensed by the Government of the Republic of Vietnam, specifically for the adoption of Vietnamese orphans in the U. S. The agencies were solely responsible for selecting orphans qualified for adoption, obtaining unconditional releases from legal guardians, obtaining the consent of the Vietnamese Government, obtaining U. S. visas, and selecting qualified U. S. parents. Then the state agencies and courts of the U. S. approved the adoptive placements.

The flow of adoptive children continued after the baby lift with the U. S. adopting 3,267 children from Vietnam from 1963 to 1976 (Lovelock, 2000, p. 924). So many infants left Vietnam that in 1983, Hanoi declared a moratorium on further adoptions, which was later lifted (Kapstein, 2003).

Corrupt adoption practices in Vietnam echo fraudulent practices in other countries facing economic devastation. Currently, the U. S. State Department (2007b) considers Vietnamese adoptions are at high risk of exploitation and has verified multiple frauds. Orphanage administrators can make up to ten times more from placing a child in adoption than for state stipends for caring for the child. In spite of political strife and corruption, with allegations of "baby buying", the U. S. and Vietnam have worked to create a system that can provide safe ethical adoptions. Most recently, from 2006 to 2008, about 1,500 orphans were adopted from Vietnam with Vietnamese officials reporting several thousand pending adoptions (U. S. State Department, 2007a, 2008a).

### *6.2.5 The Pull of Military Families Supporting ICAs*

Initially, following WW II, military families led intercountry adoptive flows for many reasons (Cieslak, Huilink, Rajnik, & Ascher, 2006). Foremost were humanitarian issues. WW II was fought on multiple fronts with an estimated thirteen million abandoned children due to devastation, death of parents or kidnapping. Returning soldiers had lived in these war-torn environments. They had personally experienced the children's needs and were familiar with the destruction of their homelands. Military families had additional support because they were in the armed forces. They could travel. They had access to educational, medical and legal services to facilitate adoptions. Many of the first transracial adoptees were mixed racial children of servicemen who were not accepted in the mother's country due to the stigma of

being Eurasian. Unfortunately, it is unknown how many of these children may have been progeny of U. S. armed forces or were joining other family members in relative adoptions.

Upon returning, U. S. soldiers and the American public were eager to provide safe homes for the war orphans. U. S. adoption practices expanded to accommodate the thousands of foreign children left without homes following World War II (Simon & Altstein, 1987, 2000, 2002). Immediately following the end of W.W. II, on December 22, 1945, President Truman authorized provisions for intercountry adoption of displaced children or unaccompanied minors, from Europe. These provisions allowed the entrance of over 1,300 unaccompanied children, "primarily from Poland, Czechoslovakia, Hungary and Germany (Forbes & Fagen, 1984, p. 8; Lovelock, 2000, p. 911)". Three agencies managed the majority of these cases: The Catholic Committee for Refugees, the European-Jewish Children's Aid and the National Lutheran Council. Younger children were adopted, following the laws in the receiving state, while older children were placed in orphanages (Forbes & Fagen, 1984, p. 9). As the plight of war orphans continued, additional children entered the U. S. between 1948 and 1952. . ."3, 037. . . German, Greek, Polish, Italian, Latvian, Yugoslavian and Austrian" orphans entered with refugee status. The pattern of older children being placed in orphanages and the younger children adopted continued (Forbes & Fagen, 1984, p. 10).

Propaganda was another "pull factor". Gailey argues that the propaganda effects of these adoptions post WW II through the cold war cannot be discounted. These adoptions were "part of the US postwar de-Nazification program and public relations efforts to paint the US military occupation as a friendly and healing force (Gailey, 2000, p. 299)". Gailey (2000) suggests that the adoption of children by U. S. citizens was close behind U. S. military involvement in each involved country making it difficult to separate adoptions for humanitarian reasons from military efforts to instill American values in the populace of the occupied nations.

Next, Eastern European nationals escaping from communist regimes were accepted as refugees escalating the number of unaccompanied children. Again, as part of anticommunist propaganda, adoptions were portrayed as a humanitarian effort to protect those fleeing from communism. Families quickly responded, wanting to adopt the swelling ranks of refugee orphans. During this period, older children began to be seen as adoptable. The Refugee Relief Act of 1953 and the Refugee-Escapee Act of 1957 allowed an increase in the age limit of adoption from 10 years to 14 years of age. Also U. S. couples were required to meet with adoptive children, instead of adopting sight unseen (Forbes & Fagen, 1984, p. 11).

Although the eugenic stigma of adopting children from non Caucasian bloodlines decreased because of advances in scientific and medical research and rejection of Nazi concepts of racial purity, initially intercountry adoptions frequently matched the religious affiliation and race of adoptive families. Matching was simple when dealing with European orphans but difficulties arose when trying to place transracial Asian and Japanese orphans who were often biracial. At first, most intercountry/transracial adoptions were to military families who were less prejudiced as they had lived in the country-of-origin and so had some exposure to both the country

and the people. Also, members of military families had experienced the devastation of war and were personally involved in the humanitarian needs raised by war. The interracial adoptions which began with the Asian, primarily Japanese, post WW II adoptions, increased with Korean adoptees.

## 6.3 Wave Two: Latin America

### *6.3.1 Push and Pull factors*

The Second wave, beginning in the early 1970s, of ICAs was from Latin America. *Roe versus Wade* passed in 1973, effectively drying up the domestic supply of adoptees. At the same time Latin American countries were facing economic crises and political turmoil driving intercountry adoptions. Economically devastated countries sending adoptive children to the U. S. appears to be a pattern in poor nations in poor economic states or with political instability. These flows, beginning in the 1970s continue through date. Table 6.2 shows that top sending Latin American countries, in order of frequency Guatemala, 36,082; Columbia, 15,814; Mexico, 4,359; Haiti, 3,506; Brazil, 3,255; Chile, 3,179; El Salvador, 3,170; Peru, 3,075; Paraguay, 2,990; Honduras, 2,361 and Costa Rica, 1,655. Note in Table 6.2 that two countries who share similarities in economic crises along with political stability stand out; Guatemala, with a total of 36,082 ICAs and Columbia with a total of 15,814 ICAs.

### *6.3.2 Legal and Ethical Issues: The Market for "Latin American" ICAs*

Unlike in wave one when the pull factor for adoptions was a humanitarian effort to deal with war orphans, wave two was according to Lovelock (2000) driven by an increased demand for infants in the U. S. following the social changes in the U.S (legalization of abortion, social acceptance of single parenthood, the pill) which led to the end of the maternity home movement and with it the end of the supply of healthy infants. Selman's (2006) agrees that these adoptions differ from the humanitarian motives of rescuing war orphans, or children from political and economic crises to more of a transfer of resources from poor countries to rich countries. Infertile U. S. couples were wealthy, from a global standpoint. Thus, they had resources to adopt infants from poorer countries. The legal system of international adoptions, immediate access to immigration and the private agency structures and networks that had facilitated adoptions in wave one allowed infertile couples to quickly enter the Latin American adoption market.

The adoptive children in Latin America met the criteria as most desired. They fit the racial preference criteria described by Quiroz 2007a as having "White" or "Honorary White" status and they were primarily infants. Infertile couples seeking children were financially able to afford to spend large sums of money to adopt.

**Table 6.2** Intercountry adoptees from Latin America to U. S. from 1971 to 2009

| | 1971–1974 | 1975–1979 | 1980–1984 | 1985–1989 | 1990–1994 | 1995–1999 | 2000–2004 | 2005–2009 | Total |
|---|---|---|---|---|---|---|---|---|---|
| Brazil | 60 | 131 | 403 | 907 | 865 | 428 | 187 | 274 | 3,255 |
| Chile | 14 | 187 | 627 | 1,277 | 829 | 212 | 33 | 0 | 3,179 |
| Colombia | 591 | 2,688 | 2,850 | 3,383 | 2,157 | 1,248 | 1,390 | 1,507 | 15,814 |
| Costa Rica | 79 | 456 | 371 | 358 | 280 | 69 | 42 | 0 | 1,655 |
| El Salvador | 44 | 536 | 1,215 | 706 | 465 | 73 | 51 | 80 | 3,170 |
| Guatemala | 52 | 252 | 469 | 1,137 | 2,021 | 3,689 | 11,045 | 17,417 | 36,082 |
| Haiti | 12 | 25 | 54 | 201 | 260 | 471 | 1,116 | 1,367 | 3,506 |
| Honduras | 37 | 132 | 328 | 823 | 876 | 92 | 41 | 32 | 2,361 |
| Mexico | 329 | 712 | 600 | 653 | 505 | 654 | 456 | 450 | 4,359 |
| Paraguay | 6 | 3 | 31 | 817 | 1,580 | 549 | 4 | 0 | 2,990 |
| Peru | 39 | 157 | 157 | 677 | 1,668 | 95 | 124 | 158 | 3,075 |

*Source*: U. S. Department of Justice Immigration and Naturalization Service (1982, 2007) and United States Department of Homeland Security (1996–2009).

Additionally, the adoptive families were unscreened. Whereas domestic adoption in the U. S. required home studies, with set criteria for age, marital status, and psychological status, intercountry adoptions were unregulated. Older parents, single parents, or gay and lesbian couples who met with domestic discrimination or long waits for the adoptive children who were considered "hard to place", were able to adopt infants immediately from Latin America.

Unfortunately, adoption was unregulated globally, leading to corruption. Children became a commodity. Black markets were common, and increasingly large sums of money were being paid for children by adoptive parents to intermediaries. There were "baby selling" scandals highlighting corrupt intermediaries selling children to the highest bidder, poor women living in "baby farms"-supplying infants for adoption, and the pressuring of poor women to relinquish their children (Lovelock, 2000, p. 929). Lovelock (2000) reported these black markets with large sums of money paid by adoptive parents existed in top sending countries such as Honduras and other countries.

Roby and Shaw (2006) argue that transparency in the adoptive process, verifying protection of legal rights of biological and adoptive parents and adoptees, is vital. Currently the U. S. State Department cautions about adoptions from Guatemala where adoptions jumped from approximately 400 in 1996 to about 5,000 in 2007. Guatemalan adoptions which rapidly increased to a crude adoption rate averaging over 30 ICAs per 100,000 per year from 2002 to 2007 are suspect.

> The U. S. Government's ongoing concern with the adoption process in Guatemala results from the lack of government oversight necessary to protect children and families. The USCIS field office in Guatemala has denied orphan petitions due to unlawful practices in Guatemala. These include cases where an imposter purports to be the biological mother of the child and where the biological parent(s) have been deceived and there has been no true relinquishment of parental rights. Several adoption service providers are under investigation in the United States (United States State Department, 2007c).

The governments responded to the corruption. The Organization of American States held intergovernmental conventions: The Inter-American Convention on conflicts of Laws Concerning the Adoption of Minors in 1984, The UN convention of the rights of the Child 1989 and the Inter-American Convention on International Traffic in Minors in 1994. The consensus was there is a growing need for adoptive placement for orphaned and destitute children. Global standards were deemed necessary to protect the rights of the child and birth parent in a commodity driven adoption market of private agencies (primarily in the U.S and Canada) which possibly placed children for profits, supported by domestic intermediaries (Lovelock, 2000).

Currently, Guatemala adoptions to the U. S. are beset with widespread corruption due to the economically driven child market in adoptions. Guatemala as shown in Table 6.2 is the top Latin American sending country. Guatemala fits the pattern of post war economic devastation due to a "36-year civil war in which more than 100,000 people died (Jacot, 1999, p. 38)". Adoptions, which had averaged about 200 per year since 1970s began to rise dramatically, from 469 ICAs from 1980 to 1984 to 11,045 ICAs from 2000 to 2004 and 17,417 from 2005 to 2009, see Table 6.2.

Guatemala became the top country, with adoptive families paying up to $60,000 per child (Jacot, 1999) in part due to the illiterate peasant population, vulnerable to exploitation by financially driven adoption intermediaries

> . . . Lawyers seem to be in collusion with doctors, nurses and social workers who pressure mothers to let go of their children. They are then placed with foster mothers known to the lawyers in "clandestine orphanages" (Jacot, 1999, p. 38).

Some of the abuses included lawyers paying women to pass a child off as their child with the imposter illegally relinquishing custody for adoption.

In 2007 the U. S. Citizenship and Immigration Services (USCIS) and the Department of State issued a warning about Guatemalan adoptions. Adoption facilitators in the U. S. have been arrested due to unethical practices, highlighting that the rights of adoptive children and their parents are not protected and that they are deceiving adoptive parents about the child's health. Corrupt "baby selling" practices flourished including financial inducements to the mother or family, promising the mother that the placement was temporary, kidnapping from the biological mothers, and even taking infants across the border (for example from Guatemala to Honduras), for adoptive placement (Bunkers, Groza, & Lauer, 2009). Complaints led to a temporary moratorium on intercountry adoptions by the Guatemalan government and the requirement of DNA testing to insure that the biological parents[3] were the relinquishers. Immigration and Customs Enforcement (ICE) is also investigating adoption fraud, including the smuggling of Guatemalan children (U. S. State Department, 2007c, 2008b).

## 6.4 Wave Three: Eastern European Adoptions

### *6.4.1 Communist Bloc Countries: The Push of Economic and Political Instability*

The next wave involved those Communist countries that opened to global trade with the end of the cold war. The political and economic upheaval during the breakup of the U. S. S. R. and the nationals of the former Soviet Republic established independent states lead to thousands of abandoned and orphaned infants and children. Some countries did not provide resources for adequate institutional care of these children, so ICA provided a way to manage limited numbers of these orphaned or abandoned children. The opening of these communistic block countries to intercountry adoptions, similar to Latin American adoptive flows, provided large numbers of available

[3] "The National Adoption Committee has been reviewing all cases pending for adoption as of May 2008. In their review, 10 percent of the first 150 cases had questionable records and 40 percent of birth mothers did not participate in the hearings to ascertain whether coercion or inducements influenced their decision to adopt. While review of all 3,000 pending cases has yet to be conducted, the preliminary data raise many issues about the integrity of international adoption in Guatemala (Bunkers et al., 2009, p. 653)".

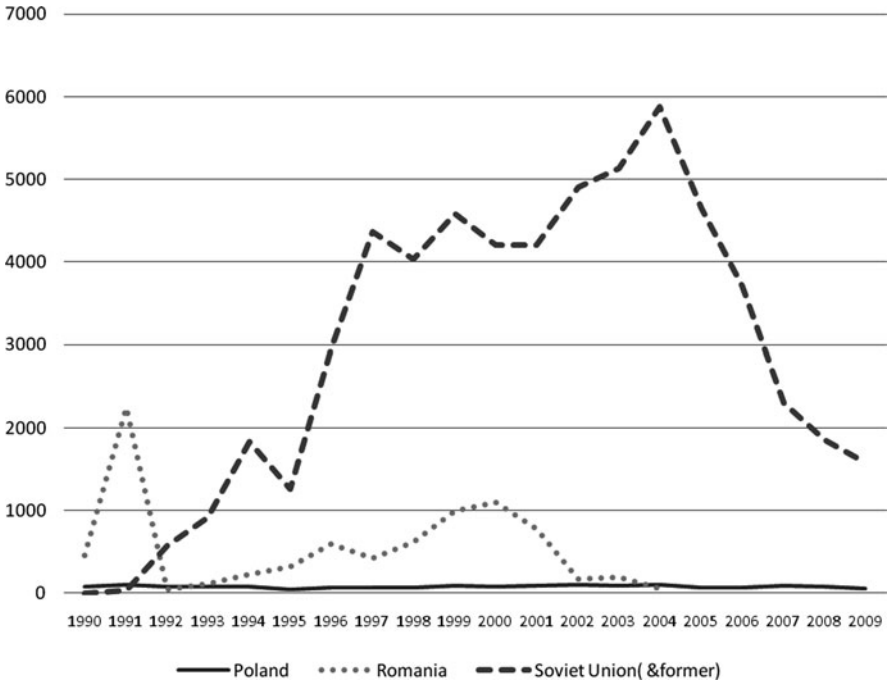


**Fig. 6.2** ICAs from the Poland, Romania and the Soviet Union (and Former) 1971–2009
*Source*: U. S. Department of Justice Immigration and Naturalization Service (1982–1995); United States Department of Homeland Security (1996–2009).

"European" orphans just as the domestic supply of children for adoption had ended in the U. S. Figure 6.2 depicts the ICAs from the post communistic countries of Poland, Romania and the Soviet Union and, beginning in 1992, the former Soviet Union (categories used by the State Department INS). Prior to 1990 there were few ICAs. Note particularly the peak in adoptions from Romania from 453 in 1990 to 2247 in 1991 to 49 in 1992. There was a second minor peak from 1998 to 2001 when ICAs from Romania were ended. The ICAs from the Soviet Union (and former) steadily trended upwards, peaking at 5,878 in 2004, for a total of 58,971 from 1990 to 2009.

### *6.4.2 Pull Factors: Media Portrayals of Available Orphans*

International media quickly opened the adoption market, showing pictures of the homeless infants, suggesting that there were thousands, possibly millions, of Eastern European children, needing homes. I began to look at Eastern Europe as a source of adoptive children, preferred by the U. S. adopters as they were pictured as beautiful European infants. This adoptive flow has continued. Table 6.3 shows the flow

**Table 6.3** Eastern European ICAs to U. S. 1996–2009

| | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Albania | 8 | 13 | 9 | 18 | 22 | 17 | 22 | 7 | 10 | 10 | 13 | 29 | 15 | |
| Armenia | | | | 14 | 7 | 25 | 27 | 43 | 29 | 23 | 44 | | 31 | 20 |
| Azerbaijan | | | | | | 16 | 48 | 61 | 26 | | 10 | | | |
| Belarus | | | | 23 | 41 | 129 | 163 | 187 | 200 | | | | | |
| Bulgaria | 157 | 137 | 147 | 213 | 207 | 288 | 261 | 196 | 112 | 29 | 29 | 19 | | 15 |
| Estonia | 8 | 11 | 9 | 3 | 7 | 10 | 10 | 13 | 12 | 12 | | 21 | 15 | |
| Georgia | | | 7 | 2 | 3 | 15 | 56 | 124 | 22 | 14 | | | | |
| Hungary | 51 | 63 | 29 | 20 | 24 | 13 | 21 | 17 | 8 | | 10 | 13 | 11 | |
| Kazakhstan | | | 54 | 108 | 392 | 664 | 801 | 819 | 824 | 755 | 580 | 547 | 380 | 298 |
| Latvia | 83 | 97 | 73 | 58 | 25 | 26 | 34 | 13 | 15 | 28 | 25 | 27 | 38 | 27 |
| Lithuania | 80 | 75 | 71 | 60 | 30 | 30 | 21 | 15 | 29 | 25 | 13 | 27 | 16 | 22 |
| Moldova | | | 57 | 60 | 78 | 47 | 7 | 12 | 30 | 58 | 14 | 17 | 32 | |
| Poland | 66 | 60 | 70 | 97 | 81 | 89 | 102 | 92 | 102 | 73 | 67 | 91 | 75 | 52 |
| Romania | 554 | 558 | 388 | 887 | 1,103 | 781 | 169 | 197 | 58 | | | | | |
| Russia | 2,328 | 3,626 | 4,320 | 6 | 4,210 | 4,210 | 4,904 | 5, 134 | 5,878 | 4,652 | 3,710 | 2,301 | 1,859 | 1,580 |
| Soviet Union | 2,531 | 3,867 | 4,621 | 4,250 | | 2 | | | | | | | | |
| Ukraine | 10 | 65 | 168 | 307 | 645 | 1,227 | 1,093 | 691 | 772 | 841 | 463 | 604 | 487 | 605 |
| Total | 5,876 | 8,572 | 10,023 | 6,126 | 6,875 | 7,589 | 7,739 | 7,621 | 8,127 | 6,520 | 4,978 | 3,696 | 2,959 | 2,619 |
| Total = 89,320 | | | | | | | | | | | | | | |

*Source*: United States Department of Homeland Security (1996–2009).

from Eastern Europe beginning in the mid 1990s. From 1996 to 2009 there have been 89, 320 adoptees were from post communistic Eastern European countries and the former Soviet Union. There are four top sending countries: 48,718 from Russia; 7,978 were from the Ukraine; 6,222 from Kazakhstan, and 4,695 from Romania.

The marketability of adoptive children is perhaps most clearly evidenced in the market oriented exit visa availability from the Ukraine, an Eastern European nation, prominent as a sender of "European" healthy infants. The Ukraine Embassy lists numbers of exit dossiers, allowing intercountry adoptions for five categories of children, with the more limited the dossier number the more "valuable" the adoptive child: under aged 3, only those with serious health problems (2.6 percent); aged 3–5 (6.1 percent- but 92 percent of these have serious health problems); aged six to eleven (24.9 percent- about half have serious health problems); aged twelve to 17 (66.4 percent). So exit dossiers are limited by both the age and the severity of the health problem of the adoptee, the older and more server the health issue are available in greater numbers (both terms evidencing labeling of children as undesirable) (Ukraine Embassy of the United States, 2008).

## *6.4.3 Romania*

### 6.4.3.1 Push: Economic and Political Upheaval

ICAs in Romania brought critical issues about the ethics of ICAs and the physical condition of adoptees to light. The dictator of Romania for 34 years, Nicolae Ceausescu banned contraception beginning in the 1960s as part of an effort to increase Romania's population to support national growth, in spite of limited resources for children. Families living in abject poverty had no option other than abandonment of babies and infants to state institutions, thus the desertion of children was widespread. The 1989 revolution deposed Ceausescu. The end of this regime opened the country globally. Immediately there was an international media blitz revealing horrible institutions deviated by extreme poverty. "Children were tied into beds. Some were found lying in their own excrement. In winter, many froze to death; the rest of the year, they atrophied away or died of malnutrition. Diseases went untreated, physical and emotional abuse seemed to be officially tolerated (Pertman, 2000, p. 72)".

The media reported that there were hundreds of thousands, possibly millions, of adoptable Eastern European children at the time when the domestic supply in U. S. was drying up and adoption regulations were tightening (Pertman, 2000, p. 55). This portrayal of these needy infants and young children started a rush of U. S. adoptive parents rushing to Romania, with money eager to adopt. "Would-be adopters from the United States and other countries were described as wandering through Romanian villages offering payments to induce baffled villagers to give up their children for adoption (Bartholet, 1993, p. 89)". In the 1991 the U. S. adopted 2,594 children from Romania (Johnson, 2005; Pertman, 2000, p. 73).

Actually, few were orphans, most had living parents who placed them due to poverty and alcoholism. Quickly Romania became the third largest source of intercountry adoptees. Figure 6.2 shows the flow of adoptees from Eastern Europe and notably the peak of adoptees from Romania in 1991 and 1992. The United Nations ( 2004a:3) reported that from 1994 to 2000, more than 12,000 children were adopted by families outside of Romania. As mentioned earlier 4, 695 were placed in the U. S. The free flow of money from adopting parents, coupled with the economic crisis in Romania, led to widespread corruption.

This flow ended just as dramatically. Romania's image demanded reform efforts. Romania needed international support to stabilize the prior communistic economy through acceptance into the European Union community as a modern capitalistic nation. Either continuing the corrupt intercountry adoptions or the aforementioned publicized institutionalized care of infants and children would be political suicide. First, there was a moratorium on intercountry adoptions in 2001. Next, the Romanian government began to reduce the number of institutionalized children.

> After reaching a peak of 100,000 in the mid -1990s, the number of institutionalized children decreased to fewer than 37,000 by the end of 2003. By mid-2003, 50 percent of children deprived of parental care were living in a family environment, compared to 20 percent in 1997 (United Nations, 2004a, p. 3).

However, the issue of child abandonment remained due to the economy and the continuing social norm of acceptance of child abandonment. The current extent is disputed. UNICEF reported that for the past decade an average of 10,000 children a year are abandoned in pediatric or maternity hospitals annually; other children are abandoned when one or both parents migrate for international employment (UNICEF, 2006, p. 11). Conversely, Romania's National Authority for the Protection of Child Rights reports that only 4,502 children were left in hospital care and over half were eventually returned to their parents. They report only 2,113 abandoned children and report that the number of abandoned or neglected children in government care is comparable to other Eastern and Central Europe countries with similar economic issues (Wood, 2005).

#### 6.4.3.2 Caveats: HIV, Fetal Alcohol Syndrome and Attachment Disorders

Just as the media caused the rush to adopt Romanian children, the media spread the issues of the risks of adopting a Romanian child. The Romanian adoptees presented a stark contrast to the Korean adoptees who were placed for adoptions due to financial or social stigma by young, healthy factory workers and who were with a foster family prior to adoptive placement. The Romanian "orphans" unfortunately had none of these pathways to good physical and emotional health. Instead, they were likely to come from "poorly nourished, destitute mothers who had abused alcohol or intravenous drugs or from institutional care settings where they received inadequate medical care and joined their adoptive families as toddlers or older children (Johnson, 2005, p. 1229)".

Most probably, Romania has the highest number of HIV infections in the subregions of Central and South Eastern Europe, but irregularities in case reporting prevent accurate assessments of the numbers of people living with AIDS (United Nations, 2004b, p. 2). Thus, HIV infection was an additional risk factor in adopting Romanian children. IV drug use with needle sharing was common, with "30,000 injecting drug users in Bucharest alone (United Nations, 2004b, p. 2)" accompanied by high rates of Hepatitis B and C. This led to a spiraling HIV epidemic as there was no preventive HIV/AIDS education and no blood supply security. Blood transfusions, from unsafe sources, were used to treat medical conditions of institutionalized children, many close to death due to malnutrition or lack of stimulation.

Next, in 1989, Romania experienced a unique, major nosocomial HIV epidemic in which several thousand institutionalized children contracted HIV through blood transfusions. Although data are scarce, the U.N. reported approximately "7,000–9,000 are children infected nosocomially (describes a disease or infection that originates or occurs in a hospital) during 1986–1991 (United Nations, 2004b, p. 3)".

The next questions posed by Romanian adoptions are whether genetics, including prenatal conditions or the environment are more responsible for personality and development than the benefits offered by adoptive families, who provided the adoptees with emotional and financial resources. Romanian adopted children, many of whom were exposed to in utero alcohol use, inadequate maternal nutrition and a lack of prenatal care were arguably susceptible to long lasting effects from these prenatal issues as well as their care following birth. Alcoholism was widespread in Romania, leading to Fetal Alcohol Syndrome (FAS). The Centers for Disease Control (ND), reports that there is no known safe level of alcohol use during pregnancy. A child with FAS. . .

> might have the following characteristics or exhibit the following behaviors: Small size for gestational age or small stature in relation to peers Facial abnormalities such as small eye openings, Poor coordination, Hyperactive behavior, Learning disabilities, Developmental disabilities (e.g., speech and language delays, Mental retardation or low IQ), Problems with daily living, Poor reasoning and judgment skills, and Sleep and sucking disturbances in infancy. (CDC, n.d.)

Both the amount of alcohol or drug usage of the mother and her general health history were unknown factors. The concerns about possible Fetal Alcohol Syndrome raised concerns about adoptions from other Eastern European nations, due to similar widespread alcohol abuse.

Next were concerns about the psychological effects of institutionalization producing psychological attachment disorders.

> The conditions in the institutions varied from poor to appalling. In most instances the children were mainly confined to cots; there were few, if any, toys or playthings; there was very little talk from caregivers; no personalized caregiving; feeding of gruel by bottles with large teats, often left propped up; and variable, but sometimes harsh physical environments. Thus washing often consisted of being hosed down with cold water (Rutter et al., 1999, p. 467).

Due to these conditions, upon adoption the children were malnourished, exhibited developmental lags and many had diseases, including intestinal parasites. There were immediate concerns of whether these children would ever be able to overcome the effects of early deprivation and form attachment bonds or achieve normal physical developmental growth.

The effect of such deprivation was a concern for researchers (Beckett et al., 2006; Fisher, Ames, Chisholm, & Savoie, 1997; Vorria et al., 2006). Harlow's studies of maternal deprivation in rhesus monkeys concluded that early deprivation had long term social consequences, as without extensive intervention the isolated monkeys were never able to function as normal in peer or parenting roles (Rutter et al., 1999; Rutter, Kreppner, & O'Connor, 2001). There were no large scale studies on the effect of such conditions in humans. Child development psychologists John Bowlby and Anna Freud based their projections on the effects of early childhood deprivation and institutionalization on limited findings. Humans were assumed to bond with their mothers as infants. This attachment process provides the child with the safety and sense of dependability necessary for developing trust in human relationships, the basis for secure social interactions with friends and intimate partners. The absence of early attachment through social depravation was seen to lead to longstanding personality and social damage including, antisocial behavior, autism, or what Bowlby labeled "affectionless psychopathy", the inability to form relationships (Bowlby, 1980; Rutter et al., 1999; Rutter et al., 2001). However, Freud studied post WW II adoptees and found that parent substitutes could provide this bonding attachment. Bowlby, although finding that bonding started in infancy, did support that bonding lasted throughout the life cycle (Bowlby, 1980; Rutter et al., 1999; Rutter et al., 2001). What was unknown was what would be the effect of the extreme physical and social depravation in the Romanian orphanages.

For optimum child development one would hope for a healthy, drug and alcohol free mother who received adequate nutrition and prenatal care during pregnancy. Afterwards the optimum post natal environment would be in a family like setting with stable caretaker(s), adequate caretaking and stimulation, so that the infant could attach, forming secure relationships. The less time without adequate, nurturing caretaking, the greater the likelihood of attachment issues. However, there are several unknowns. For example, humans socialize with non caretakers, raising the question of the extent of peer socialization during institutional placement. Also there are different emotional/affective and nurturing responses among adoptive parents so the type of caregiving provided by the adoptive parent, post adoption, affects the adoptees bonding (Groza & Ileana, 1996). For a review of the current literature on the interaction between attachment and the caregiving of the adoptive parent see Roberson (2006).

#### 6.4.3.3 Developmental Catch-up Following Adoption?

There was and continues to be little direct evidence about the effects of starvation and social isolation during the early phases of development. Haugaard and Hazan (2003) argue that in spite of the difficulties involved in using adoptive placements

as a natural experiment, due to the number of intervening variables, a database of information about the physical and emotional conditions, along with care given and household composition would be invaluable. Following the Romanian adoptions some research surfaced that supported that adoptees were able to catch up from earlier experiences. Rutter and colleagues of the Romanian Adoptee study team (1999) found that Romanian adoptees in the UK made remarkable developmental strides after four years of adoptive placement. As a group at the time of placement about half had cognitive developmental scales in the range of mental retardation (e.g. two standard deviations below the mean) and over half had body weights below the third percentile. Infants, under age six months, at time of placement made the greatest strides. There was no measurable cognitive or physical difference between Romanian adoptees who were adopted in the first six months and the general population. The older the child at adoption, translated into them having spent longer time in the institutional environment, the greater the cognitive deficits at the four year follow-up (Rutter et al., 2006).

This research was supported by a meta analysis, 270 studies totaling 230,000 children, by Van Ijzendoorn and Juffer (2006). Most studies focused on physical catch-up from severe malnutrition and attachment. Findings supported the findings of the Romanian Adoptee study team; infants made the quickest catch-ups and that the longer a child was institutionalized the greater the physical growth lags. Infants also had fewer attachment issues than those who were older at time of adoption. Most importantly this meta study showed negligible intellectual functioning differences among adopted and non-adopted siblings (Van Ijzendoorn & Juffer, 2006).

## 6.5 Wave Four: China

### *6.5.1 Push Factors: Population Policy and Economic Development Issues*

Currently China is the top sending country of ICAs to the U. S. China opened to intercountry adoptions in the U. S. in the mid 1990s, at a time when China was opening to outside trade. ICAs dramatically increased, see Fig. 6.3, from almost no adoptions in 1990, with and initial flow of 61 in 1991 to a flood of adoptions with about 6,500 in 2006. The roots of ICAs are based in the governmental population policies and the economy (Liang & Lee, 2006). A brief historical overview places these adoptions in perspective (Poston has written extensively about the dramatic population changes in China during modern times. Refer to Poston, Lee, Chang, McKibben, & Walther, 2006 for a discussion of fertility issues in China). China's land mass is similar to that of the U. S., 9.6 million and 9.8 million $km^2$ respectively. She has a population 4.4 times the U. S., in 2004; 1.3 billion and 293 million

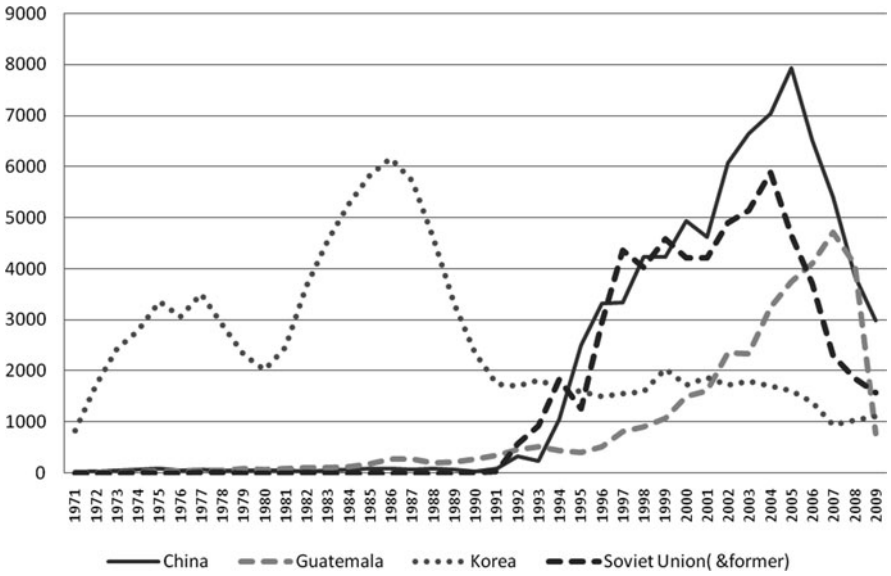


**Fig. 6.3** Top four countries of ICAs origin 1971–2000
*Source*: U. S. Department of Justice Immigration and Naturalization Service (1982–1995); United States Department of Homeland Security (1996–2009).

respectively (Poston & Walther, 2006). Beginning with the reconstruction following the New People's Republic in 1949, China's first census raised concerns about population versus food supply. During Chairman Mao's "Great Leap Forward", a combination of policies and natural disasters led to widespread starvation. An "estimated 30 million or more deaths from starvation or diseases related to undernourishment occurred during the decade of the 1960s (Liang & Lee, 2006, p. 11)". Immediately there was a "baby boom" during 1962–1966, with a TFR increasing to 7.5 with a baby boom echo in the 1980s, when the TFR increased to 2.9 in 1980 and 1982 (Poston & Glover, 2006, p. 174). Fear of an uncontrolled population growth in the mid 1970s led to the first fertility programs which were propaganda campaigns. Slogans such as

> . . ."one is not too few, two, just right and three too many" and "*wan, xi, shao* ", encouraged population control by late marriages, spacing children about every 4 to 5 years and to limit births to two or three per couples; setting in stage the one child policy (Liang & Lee, 2006, p. 13).

The next phase was the 1980 "one-child-policy". All families, except some ethnic minorities, could have only one child per family; drastically reducing the total fertility rate (TFR) in China to 1.2. China, like South Korea, mentioned earlier, has a strong son preference based on Confucian patriarchal traditions. Couples who could only have one child began to seek sex determining ultrasounds, aborting female fetuses. Although the data are questionable (there may be an underreporting of girl

births) Census 2000 data report the sex ratio at birth of 119.9, or about 120 boys are born for every 100 girls (Poston & Glover, 2006, pp. 177–178).

Son preference and the one child policy led to a chain of events related to ICAs. Female infants were more likely to be abandoned due to the cultural and economic preference of male infants and the one child policy which forced parents to limit family size. Female infants were highly valued in the U. S., where there is no sex preference at birth and even a slight preference of female adoptees who are seen as easier to parent than males. (Sex preference of adoptees is explored in Chapter 7.) Just as the Romanian adoptions followed a media blitz, in 1995 the Brian Woods and Kate Blewett documentary *The Dying Room* opened to the world the horrors of instructional care of abandoned infants, primarily females, in China (which can be seen online at: http://www.channel4.com/fourdocs/archive/the_dying_room_player.html). The response was a rush to adopt infants from these orphanages (Madigan-Curtis, 2005).

### *6.5.2 Pull Factor of "European", "Asian" or "Latin American" Status*

Figure 6.3 depicts the top countries of origin to the U. S. from 1971 to 2009. These four countries (China, Guatemala, South Korea and Russia) sent 270,466 of the 421,085 ICAs in this period. One can see that China easily is the top sending country with 76,469 adoptions, most since China opened fully to intercountry adoption in 1995. With the 50 year successful experiences with Korean (and earlier Japanese war orphans) adoptees, Asian infants, primarily from Korea and China became to be accepted as the norm for intercountry adoptees. Asian adoptees were preferred as they were "widely perceived as being docile and submissive, clever and hardworking, and kind, quiet, and undemanding (Hübinette, 2005, p. 228)". These adoptions were primarily females, in 2005 of the 7,939 adopted from China 7,545 or 95 percent were female (U. S. Department of Justice Immigration and Naturalization Service, 2006).

The adoption of large numbers of Asian children (98,939 children from Korea, 76,469 from China, and earlier wave one adoptees from Japan) has created new norms of cultural acceptance of who can be accepted as a mainstream American family. Quiroz (2007a, 2007b) agrees with Bonilla-Silva that these Asians are eagerly adopted as they have the status of "honorary Whites" and increased the acceptance of Asians in general in the U. S.

Eng (2003) argues that ICAs also functioned to validate gay and lesbian families. The ease of ICAs, without the rigid standards used by domestic adoption agencies, allowed for adoptions by gay and lesbian families and single parents. These families then became accepted in normalized school, sport, and other social events for the socialization of children; so adoptive children increased the inclusion of gay and lesbian families.

## 6.6 Africa a Fifth Wave

### *6.6.1 Background: The Crisis of HIV/AIDS Orphans*

Today African nations are facing economic and political crises which are intensified by HIV/AIDS. UNICEF (2002) reported an orphan crisis, especially hitting sub-Saharan Africa.

> By 2010, orphans will account for at least 15% of all children in 12 sub-Saharan African countries. The highest rate will be in Lesotho, where more than 25% of children will be orphaned, four out of five from AIDS. In Zimbabwe, where 21% of children will be orphans, 89% will be due to AIDS. In Zambia, Swaziland, and Namibia, 75% of all orphans will be due to AIDS. In South Africa, 16% of all children will be orphans, more than 70% of whom will be orphaned due to AIDS (UNICEF, 2002, p. 4–6).

The sheer numbers of children needing care raise the question of whether these children will also be considered for ICAs.

These numbers must be weighed with additional concerns. First, international Hague standards require that adoptions are only considered as a last resort. Second, adoptions in Africa are restricted by both social norms and religious norms that obligate families to care for abandoned or needy children as well as orphans. Third, interpretations of Islamic law in six African countries (Algeria, Djibouti, Egypt, Libyan Arab Jamahiriya, Mauritania, and Morocco) specifically prohibit adoptions; other countries may place restrictions on adoptions by non-Muslims (Sudan and Tanzania) (United Nations, 2009, p. 26).

### *6.6.2 Pull Factors: The Question of Desirability*

Earlier ICAs have been countries supplying "European" "Asian" or "Latin American" infants and young children. There has been a longstanding preference for "European" "Asian" or "Latin American" adoptees, what Bonilla-Silva's terms as "White" and "honorary White" adoptees (Quiroz, 2007a, 2007b). Bonilla-Silva (2003) argues that race is socially constructed and social status is ranked according to triracial categories of White, "Honorary White" and Black, versus biracial Black and White categories. Whites, who are persons of European Ancestry, have top status. Next, are those with "Honorary White" status (from Latin America/Hispanics and Asians). The lowest category is the "Black" group, which includes African Americans, and the dark-skinned (including those with multi racial backgrounds, Vietnamese, Cambodians, Filipinos and Laotians).

However, the social desirability of who is desired and considered adoptable is heavily influenced by availability and the media. Both of these factors may possibly be converging to create a fifth wave of ICAs from Africa. Private agencies placing children in adoption are invested in finding sources of available adoptees so as one source ends new sources are explored. As is mentioned earlier these flows follow

economic and political crises so the developing countries of Africa were the next available source of ICAs. This flow was also supported by widespread media coverage of celebrity adoptions: Angelia Jolie who earlier adopted a son, Maddox, from Cambodia, adopted a daughter, Zahara from Ethiopia, in 2003 (ABC News, 2005). Madonna's highly controversial failed adoption of a young boy from Zambia also highlighted ICA issues in Africa (Johnson, 2008). Almost immediately Ethiopian adoptees began to be sought with accredited agencies transferring their focus to the available supply of adoptees. Table 6.4, data from INS, are that from 1996 to 2009, Ethiopia sent 7,322 adoptees to the U. S., followed by Liberia sending 1,331 ICAs, Nigeria sending 601 ICAs, and Ghana sending 369 ICAs. This appears to be the beginning of a fifth waves of adoptions from Africa, with 11,390 ICAs placed from Africa from 1996 through 2009 signifying a dramatic change in desirability of Black adoptees.

Moreover, as the more desirable are the healthy, children from Ethiopia have been healthier than from other countries. Miller, Tseng, Tirella, Chan, and Feig (2008) compared the health of adoptees from Ethiopia, China, Guatemala, Russia and China. While they shared similar health issues overall those from Ethiopia has spent less time in institutions, because of the preferred family and extended care of children in Ethiopia. This family based care was found to be a positive indicator for attachment. Those placed from Ethiopia had less severe developmental and growth delays than other intercountry adoptees.

Table 6.5 further highlights the change in adoptions from Africa through presenting ICAs by region. Although Africa had not been ranked as a sending location there has been a recent steady increase in adoptions from Africa, from 217 in 2000 to 2,722 in 2009, despite increase the context that overall ICAs to the U. S. have declined from 18,120 in 2000 to 12,782 in 2009. African adoptions have surpassed those from Central and South America which declined primarily due to issues of corruption from 2,022 in 2000 to 354 in 2009. At the same time the ICAs from Europe and Asia are declining (in Europe from 6,911 in 2000 to 2,343 in 2009; in Asia from 8,639 in 2000 to 5,991 in 2009).

## 6.7 Hague Convention of the Rights of the Child

Important ethical issues concerning ICAs were raised through the Hague Convention of the Rights of the Child (United Nations, 1993). In the U. S. the supposition has been that adoptions rescued orphaned children from critical international situations involving disaster, war and other adversities, such as starvation. However, the UN finds that ICAs may not be the most ethical intervention. First, the Hague Convention agrees that adoption placements should be child driven, versus adoptive family driven. Adoptions should thus be directed by authorities (either private as in the U. S. or governmental as in other nations). All agree that disruption of a child from his family should be prevented if possibly through financial support in times of crisis or counseling. The next preference is for family based substitute care, while

**Table 6.4** Intercountry adoptions from Africa to the United States 1996–2009

| | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Africa* | 89 | 136 | 171 | 200 | 217 | 343 | 337 | 417 | 580 | 812 | 1,303 | 1,748 | 2,315 | 2,722 | 11,390 |
| Cameroon | | | 2 | 3 | | 4 | 2 | 7 | 6 | | 17 | 11 | 11 | | 63 |
| Eritrea | | | 2 | | 3 | 1 | 2 | 6 | 277 | 11 | | | | 11 | 313 |
| Ethiopia | 44 | 51 | 88 | 100 | 103 | 160 | 102 | 166 | 277 | 430 | 711 | 1,203 | 1,666 | 2,221 | 7,322 |
| Ghana | | 8 | 10 | 12 | 13 | 17 | 11 | 6 | | 16 | 28 | 33 | 100 | 104 | 358 |
| Kenya | | | 7 | 6 | 20 | 13 | 35 | 33 | 18 | 32 | 14 | 21 | 25 | 20 | 244 |
| Liberia | | 39 | 9 | 20 | 20 | 50 | 23 | 22 | 88 | 166 | 338 | 296 | 243 | 37 | 1,351 |
| Morocco | | | 2 | 8 | 5 | 8 | 6 | 8 | 7 | | 12 | | | | 56 |
| Nigeria | | | 13 | 7 | 5 | 33 | 41 | 46 | 59 | 62 | 53 | 35 | 114 | 122 | 590 |
| Sierra Leone | | | 17 | 28 | 23 | 10 | 33 | 56 | 36 | 24 | 18 | 16 | 10 | | 271 |
| South Africa | | | 1 | 2 | 2 | 14 | 28 | 26 | 12 | | 12 | | | | 97 |
| Uganda | | | 4 | | 1 | 3 | 19 | 3 | 14 | 15 | 15 | 52 | 52 | 67 | 245 |
| Other | 45 | 38 | 16 | 14 | 22 | 30 | 35 | 38 | 51 | 25 | 15 | 28 | 18 | 43 | 418 |

*Source*: United States Department of Homeland Security (1996–2009).
Totals include other category: Countries who sent fewer than 50 ICAs.

**Table 6.5** Frequency of ICAs to U. S. by region 2000–2009

| | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 |
|---|---|---|---|---|---|---|---|---|---|---|
| Europe | 6,911 | 7,637 | 7,796 | 7,652 | 8,158 | 6,591 | 5,032 | 3,807 | 3,074 | 2,343 |
| Asia | 8,639 | 8,642 | 9,721 | 10,018 | 9,797 | 10,558 | 9,141 | 8,277 | 6,735 | 5,991 |
| Africa | 217 | 343 | 337 | 417 | 580 | 812 | 1,303 | 1,748 | 2,315 | 2,722 |
| Oceania | 6 | 19 | 22 | 52 | 51 | 22 | 14 | 12 | 12 | 33 |
| North America | 1,890 | 2,015 | 2,750 | 2,773 | 3,869 | 4,261 | 4,682 | 5,166 | 4,630 | 1,325 |
| Central & S. America | 2,022 | 2,071 | 2,870 | 2,787 | 3,768 | 453 | 522 | 452 | 439 | 354 |
| All countries | 18,120 | 19,087 | 21,100 | 21,320 | 22,911 | 22,710 | 20, 705 | 19,471 | 17,229 | 12,782 |

*Source*: United States Department of Homeland Security (1996–2009).

remaining in the culture of origin. Temporary substitute care is preferable to permanent adoptive care. Children have a right to learn of their origins and their national culture, so domestic placement is preferable over intercountry placement. Finally, there must be authorities who ensure that legal processes, based on reliable information, obtain legal permission for adoption from the child's parents or guardians. The Hague Convention of 1993, was Ratified by U. S. on 12/12/2007, so the U. S. will now be in compliance. The Hague Convention is designed to standardize intercountry adoptions. The U. S. Department of Homeland Security's website also lists specific countries with illegal or unethical adoptive practices.

## 6.8 The Value of Adoptees

As with other market commodities, there appears to be a ranking of the value of children with a premium value placed on marketable children; those who are young, not a sibling group, healthy, and free of parental contact. (The valuation of children is addressed in greater depth in Section 1.2.3.) Dorow (2006) found that in the U. S. adopters will come to an agency stating that they will adopt any child. However, when they are given the option of a Black or transracial Black child, they refuse though denying their racism by responding, "Well really, it would be so hard for the child (Dorow, 2006, p. 46)". Conversely, among transracial adoptions Asian children are preferred. Asians, as the model minority, are assumed to be more intelligent. Dorow (2006) suggests a financial calculus in adoption from China. Though expensive, averaging $20,000 to $30,000, you are given an infant, honorary White, healthy child (the Chinese mothers are young, healthy and do not smoke unlike other countries where there is concern of HIV or Fetal Alcohol syndrome) and the adoption is legal with no risk of contact from the biological parent. Selecting a child with these specific criteria is precluded in a domestic adoption.

Thus, the child has a value as a commodity and this value is embedded in race (Yngvesson, 2002). Quiroz (2007) examined the internet adoption sites in the U. S., and found 1,552 agencies, 196 of which focused on intercountry adoptions. She found a similar valuation of adoptive children by age, race or ethnicity and special needs. Fees varied widely. There were fees of zero with financial incentive adoption subsidies (along with minimal waits and liberal eligibility requirements) provided to those who would adopt domestic Black infants, with disclaimers that these adoptions were subsidized. Fees for intercountry White or honorary White children ranged from $20,000 to $35,000. Even after these fees about 75 percent of those who adopted internationally were advised to take with them an additional $3,000 in cash for additional or hidden charges.

Kapstein (2003) reports the need for adoptive homes for Black infants is increasing and by 2010 may possibly include 25 million AIDS orphans, primarily from Sub-Saharan Africa. If one considers that intercountry adoptions were based on supply only, without race as a selection variable, one would expect adoptions to be primarily the adoptions of Black children. However, in the past intercountry

adoptions were primarily of "White" or "honorary White" children. Rush (2002) found that White parents select intercountry adoptees based on either conscious values of racial preference. However, intercountry Black children are selected over domestic Black children. There are multiple advantages to intercountry adoptions including transracial adoptions. While domestic adoptions are "open" adoptions, this is usually not the case in intercountry adoptions so intercountry adoptions are favored by adopters who are reluctant to have contact with the family of origin. Next, "White" or "honorary White" children adopted through intercountry adoption can be passed off to strangers as biological children. Third, Asian children, based on the above mentioned stereotype, are assumed to have superior intelligence. Fourth, Black children from a developing nation, may give the adopter prestige as saviors or rescuers, the moral imperative of a developed nation.

Rush (2002) argues that Western developed nations assume superiority over other less developed nations which she terms the "nationality precept". Developed nations have the moral imperative to be the rescuer of needy children throughout the world. Adoptive parents of intercountry interracially adopted children can publically announce that they are the saviors of poor orphans, giving the child from an impoverished country a better life in the U. S. (Rush, 2002). Historically, humanitarian concerns motivated the child rescue campaigns that followed wars or military occupation (Lovelock, 2000).

Following the nationalism precept, the advantaged nations who won the wars, adopted from the poorer nations who either lost the war or whose post-war economies were devastated, for example South Korea used intercountry adoptions during the post Korean War period when it was one of the poorest nations in the world. During the next 50 plus years it remained the top sender of intercountry adoptees as a way to care for orphaned or abandoned children instead of relying on public funding for long term care. Approximately 160,000 Korean children have been placed for adoption in the U.S with 2,000 intercountry adoptions to the U. S. per year in spite of Korea's economic advances. This proved to be a scandal during the 1988 Olympics when Korea's reputation as a developed nation was challenged due to their large numbers of intercountry adoptions (Kim, 2007a, pp. 5–9). A nation using intercountry adoptions to care for its children involves a global loss of prestige by demonstrating that it is not caring for its children.

Dorow (2006) agrees finding that there is a stigma associated with the placement of Chinese children for adoption. This was seen as an insult to national pride, signaling that China was dependent on the Western world to care for her abandoned children. Thus, the frequency of ICAs from China has begun to decrease. The overall top sending country, Korea, also has shown a decrease. The decrease in these Asian ICAs is due to multiple factors. First, there are few children born. The total fertility rate (TFR)[4] in the top sending Asian countries is below replacement level. The U. S.

[4]The TFR is the number of births women would have if their reproductive years followed the age specific fertility rates for a given period and location during their reproductive years, usually between of 15 and 49. A TFR of 2.1 is the replacement TFR.

Census International Database report that China has a TFR of 1.7 and the Republic of Korea has a TFR of 1.1. Also there is increasing cultural support for domestic adoptions and international prestige linked with providing for domestic children in the top Asian sending countries. The United Nations (2009, p. 204) reports that, in 2001, China had 81 percent domestic adoptions (37,200), with only 19 percent (8,644) ICAs. Korea with a longer history of ICAs, going back to the 1950s, has been steadily increasing domestic adoptions since 1986, though at a slower pace. In 2004, 42 percent (1,641) of adoptions were domestic and 58 percent (2,258) were ICAs (United Nations, 2009, p. 309).

## 6.9 Conclusion

This chapter focuses on intercountry adoptions, giving background about the trends in ICAs for the past fifty plus years. Although the U. S. does not have the highest international adoption receiving rates and China does not have the highest rates of sending adoption rates, they are numerically the highest countries. In the U. S. ICAs are driven or pulled by the desire to adopt at a time when domestic adoptions are decreasing. These ICAs are migratory flows, influenced by factors in both the sending countries and the U. S. as receiving country. The Child Welfare League of America estimates that ICAs will continue due to the need for homes. . ."in 2005, there were 109 million children with no available caregivers living. . . in Asia (62 million), Africa (39 million), and Latin America and the Caribbean (8 million) (Kinder, 2007, p. 1)".

Descriptive analyses of the Immigration and Naturalization Service data from 1972 to 2009 are combined with early data sources. These illustrate adoption flows by four, and I posit with the addition of an African flow, five main waves. During Wave one, following World War II, there were 19,230 ICAs with two notable sending countries: Korea (with 4,162 adoptions) and Japan (with 2987). Although Greece (with 3,116 ICAs) and Germany (1,845 ICAs) send many ICAs flows from these countries ended after the post war period when the economic and child care infrastructures recovered from the war (Greece in the Second World War, n.d.). Wave one adoptions are significant in that they set precedence for future waves. These adoptions set the stage for acceptance of Asian and Eurasian adoptees, along with legislative and structural supports which enabled future intercountry adoptions. Since these post war adoptions were placed under the control of private agencies, they also created a private infrastructure necessary to maintain adoption flows. These quickly replaced the stream of adoptees from the maternity homes which were failing following the social changes that occurred in the early 1970s, following Roe Versus Wade.

Wave two, the flow from Central and South America, was driven more by the need for adoptive children in the U. S. due to the tight baby market following Roe versus Wade. At the same time Central and South America were facing political strife, violence and an unstable economy-all push factors for migrations. Much like

the Korean adoptions, after the adoptions flows were initiated the private agencies that facilitated placements continued so that these flows became institutionalized.

Wave three, the flow from the post communistic European nations and the former Soviet Union began in the early 1990s when these countries opened to contact with Western markets in the midst of economic and political instability. Although, media had been used earlier to spread awareness of the needs of adoptive children, television and news accounts of orphaned children, especially the Romanian orphanage media frenzy, caused a stampede of ICAs from Eastern Europe. During wave three there were concerns about the psychological and physical health of institutionalized adoptees surfaced.

Wave four was the adoptive flow from China. Much like in wave three these adoptions began when China opened to capitalism and western markets due to political and economic pressures. The stage for Asian adoptions was set by successful adoptions from Korea and earlier Japan. The media played a part in popularizing the availability of Chinese infants through a television broadcast showing the depravation in a childcare institution, with infant needs overwhelming the limited resources of the caregivers. China's one child policy and son preference led to the abandonment of female infants. In the U. S. infants and particularly female infants were desired.

There appears to be the beginning of a fifth wave from Africa. Data are that 11,390 ICAs were placed from Africa from 1996 through 2009. The United Nations (2009) projects the number of HIV/AIDS orphans, especially in sub-Saharan Africa, are a growing humanitarian crisis.

The continual flow of infants and young children to the U. S. has been essentially unregulated until the Hague Convention, ratified by the U. S. in December 2007, which addressed international regulations and legal restrictions standardizing ICAs. The U. S. demand for "light skinned healthy babies, which has led to a trade in children from and to countries where regulation of intercountry adoption falls short of even the minimum standards sought by the Hague Convention (Selman, 2000, p. 35)". The U.S. ratification of the Hague Convention in December, 2007 insures that ICA practices, under scrutiny over concerns about corrupt procedures in countries such as Guatemala and Vietnam, will meet Hague standards insuring that protection of the rights of the adoptees, their birth families, and their national origins. This raises questions of how the U. S. ratification of Hague Convention standards will alter ICA practices.

Researchers and policy makers alike agree that children need a nurturing environment, preferably with their biological family in their birth country. However, if efforts to support the family fail then the consensus is that children are better served in a family, versus an institution.. As is succinctly stated by Hoksbergen; "Let us hope that culture and economic circumstances in all Third-world countries change to the extent that it will be the exception when a child's only chance for a satisfactory upbringing exists with a family thousands of miles from its birthplace (1991, p. 156)".

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# Chapter 7
# Intercountry Adoption to the United States: A Quantitative Analysis

## 7.1 Introduction

Chapter 7 provides a quantitative analysis of Intercountry Adoptions (ICAs) to the United States (U. S.). The analysis of ICAs is possible because, unlike in other areas of adoption there are national ICA data. Immigration data document that an immigrant is admitted for purposes of adoption. Data used are historical data from prior researchers for data prior to the 1970s and current data from the U.S. State Department's Immigration and Naturalization Service (INS). The Inter-university Consortium for Political and Social Research (ICPSR) is the repository for the earlier INS data, 1971–1995.

### *7.1.1 Do ICAs Follow Migration Theories?*

Following Selman's (2002, 2006) position that ICAs are migrations; I question whether the theories used to explain migration also explain ICAs. E. G. Ravenstein's "Laws of Migration", written in 1885 and 1889, suggested that migration was motivated more because of attractions to advantages than leaving because of disadvantages. In the case of ICAs the pull factor is the U.S. desire and unmet need for healthy children, preferably infants, for placement in U.S families.

Massey et al. (1993) suggested additional migratory theoretical frameworks or "push" and "pull" factors; neoclassical economics, the new household economics of migration and world systems theory. Moreover migrants are generally pulled to the closest desirable location (Grigg, 1977). If ICAs follow this theoretical assumption ICAs would be greatest from those countries that are closest.

World systems theory suggests that migration follows the flow from peripheral countries, or the less developed countries, to the core countries. While, neoclassical economic theory suggests that migration follows supply and demand (Massey et al., 1993). When there was an ample supply of domestic infants ICAs were rare. The supply of a country having an excess of infants or children available as adoptees began with orphans following WWII and continued with U.S. involvement in the Korean and Vietnam wars. U.S. military presence abroad spread the awareness of

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the needs and the acceptance of Asian and Eurasian orphans. Financially devastated countries relied on ICAs as a support system for the unwanted children or as an economical way for the government to provide long term care for orphaned or abandoned children.

### *7.1.2 Supply and Demand*

Sex preference in some countries is an additional supply factor, creating a gendered supply of unwanted adoptees. China and South Korea both have an imbalance in sex selection at birth, with a preference for males. China's "one child policy" has led to a large excess of female infants available for adoption. Koreans also value male infants over females, but this sex preference for males affects available adoptees differently. Koreans also value consanguine relationships so a clear consanguine male decedent is necessary for the family's continuity. Thus male infants, who are not blood relatives, are less desirable and thus available for adoption, in spite of a high Sex Ratio at Birth (SRB), which indicates a preference for male infants.

The other side of the equation is the demand for ICAs in the U.S. ICA flows were driven by complex motivations including a declining market of domestic adoptees. As is discussed in Chapter 2 this decreased domestic supply was due to lower fertility rated resulting from increased contraception use and legalized abortions as well as social acceptance of single parenthood. The preference intercountry adoptions is not only supply driven, these are perceived to be quicker, have less threat of contact with biological parents-as open adoptions are the new norm. Finally ICAs have a supply of the preferred child, infants or young children, healthy, European origin orphans. The improved economy following World War II and subsequent baby boom with general social norms for large families also created a demand for ICAs for the infertile. The demand was intensified by media influences glamorizing ICAs and appealing to humanitarian norms of "saving or rescuing" the less fortunate.

### *7.1.3 Institutional Support for ICAs*

Network theory suggests that migratory flows are facilitated by human capital and institutional supports. Massey (1990) uses Mydal's term "cumulative causation" to describe the networks and the institutional supports for migration which facilitate migration streams. He suggests that migration is assisted though networks which facilitate movement though sharing significant information, which reduces both costs and risks of migration. Initially, migrants enter a new territory and develop formal and informal support systems which ease the path for additional migrants to follow.

Legislation following WWII allowed for immigrant adoptees to have immediate legalization, so federal legal support for ICAs has been consistent and positive. Private agencies also were designated as responsible for ICAs, many funded solely

through ICAs. Agencies that were developed for adoptees at a specific time, from a specific country, quickly moved to different locations following the supply of children. The media also supported ICAs quickly spreading news of available or needy children.

## 7.2 Methodology

### *7.2.1 Hypotheses*

Based on the migration theories mentioned above I analyze the relationships of Adoption rates with the above characteristics testing three "pull" hypotheses and six "push" hypotheses:

1. Preferred ICAS will be "European", "Latin American" or "Asian"
2. Preferred ICAs will be young infants.
3. Preferred ICAs will be female.
4. Countries with higher TFRs will send more ICAs. (+)
5. Those countries with a high SRB, evidencing male infant preference will place more in adoption as there will be unwanted babies. (+)
6. Countries will place a lower sex ratio of ICAs, indicating that they will place more females in adoption. (–)
7. I hypothesize that countries with a negative net migration rate place more ICAs. (+)
8. Adoptions are negatively related to distance. (–)
9. I hypothesize that peripheral countries with low GNI PPPs will be more likely to send ICAs to the U.S., a core country. (–)

### *7.2.2 Analyses*

ICAs data are migration data from the United States Immigration and Naturalization Service (INS), United States Department of Homeland Security (1996–2009), and from the Inter-university Consortium for Political and Social Research (ICPSR) (1972–2000) for fiscal years 1971–1995.

Variables for analysis are: the number who migrated under orphan status; age group, (categories under 1; ages 1–4; ages 5 and above); sex and country of origin. I focused on the top countries who sent over 100 ICAs between 1971 and 2009; twenty-five top sending countries comprise around 90 percent of the ICAs to the U.S. for the past 50 years. A limitation of the 40 year analysis is that the immigration data by country has changed during the past 30 years in conjunction with governmental changes, most notably following the breakup of the Former Soviet Union. Data reflect the coding used as the names of the countries change.

While I include analyses describing the long range flow of adoptees I focus on a five year period, 2003–2007 for an in depth analysis. This five year analysis was

selected to allow for a focus on selective time sensitive variables. I analyzed ICAs from 23 countries who sent at least 150 adoptees during this five year period. First, I calculate the adoption rates. For comparison I calculate adoption rates both per 100,000 population of the sending country, and the adoption rates per 100,000 aged zero to four, and the ratios per 1,000 births (Selman, 2002). Rates per 100,000 of the country's population use the midyear population of the countries in 2005, from the U. S. Census International Database and the five year average adoption frequency. Ratios per 1,000 births also use the U.S. Census International Database data per country for 2005. Other variables selected are: the fertility rate (TFR), and the sex ratio at birth (SRB) per country, for 2000. These data are from the International Database of the U.S. Census. The economical variable used is the GNI per capita, PPP (current international value) country, for 2000; these are obtained from the World Bank (2008). Distance is obtained using ArcGIS (2007) Release 9.2 to obtain two-point equidistant distances. The distance projections use the modified planar method, which depicts the true distance from two points on a map. I use the points of the largest city in the U.S., New York City, to the largest city in the 23 selected countries (usually the national capital).

I use descriptive data from INS data 1972–2009 to examine adoption trends of ICAs to the U.S. during recent history, mentioned in Chapter 6. I describe the ICAs by country, from 1972 to 2009, using INS data. I explore neoclassical economical theory using the proxy of the age of the adoptee, with the preference for healthy infants. If ICAs are pulled to the U.S. to provide health infants and young children for the infertile families then I would hypothesize that younger children, aged birth to one and one to four would be preferred in ICAs. I present ICAs by age group, exploring which of the three age groups are preferred: younger children, aged birth to one and one to four, versus aged five and above. Descriptive data are also used to address the gender issues. I examine trends by sex, analyzing which is the preferred sex.

Descriptive and Ordinary Least Squares (OLS) regression analysis focuses on current ICA trends. For ease of comparison of demographic characteristics, I analyze aggregate data using INS data from 2003 to 2007 to explore the remaining "push hypotheses". Adoption rates from 2003 to 2007 are calculated by summing the frequencies of ICAs from 2003 to 2007. This total is divided by five, to obtain a five year average. Two rates are calculated. For the rate by 100,000 the average is divided by the midyear population in 2005. This is multiplied by 100,000 to obtain the adoption rate per 100,000 and the rate per 100,000 aged zero to four. For the ratio by 1,000 births, the average is divided by the births in 2005 per 1,000.

I analyze the relationship between adoption rates by country with the country's demographic and geographic characteristics: Total Fertility Rate (TFR), Sex Ratio at Birth (SRB), Sex Ratio of Adoptee, Distance, Gross National Income, spending parity (GNI-PPP), and net migration rate. The Total Fertility Rate (TFR) is the "average number of children that would be born to a woman by the time she ended childbearing if she were to pass through all her child bearing years conforming to the age-specific fertility rates of a given year" (Haupt & Kane, 2004, p. 15). I obtain the sex ratio of adoptees in a manner similar to determining the sex ratio at birth, which is

the number of male to female adoptees, converted to a ratio through multiplying by 100. This analysis illustrates the influence of gender in the sending country on ICAs.

I will use GNI PPP as the economic variable. I hypothesize that peripheral countries with low economies will be more likely to send ICAs to the U.S., a core country.

The net migration rate is used to examine whether those countries with a negative net migration rate, indicating that more are leaving the country than are returning, also send the most ICAs.

## 7.3 Results

Hypothesis One: that preferred ICAS will be "European", "Latin American" or "Asian" appears supported. Table 7.1 presents the frequencies of the top sending countries in five year periods from 1971 to 2009. Notably, Korea (98,939 ICAs) and China (with 76,469 ICAs) rank respectively as first and second followed by the Former Soviet Union (58,976) and Guatemala (36,082). The changing flow of

**Table 7.1** Top countries sending adoptees to the U. S. from 1971 to 2009, ranked by totals

| | 71–74 | 75–79 | 80–84 | 85–89 | 90–94 | 95–99 | 00–04 | 05–09 | Total |
|---|---|---|---|---|---|---|---|---|---|
| Korea | 7,750 | 15,153 | 17,967 | 25,634 | 9,296 | 8,277 | 8,788 | 6,074 | 98,939 |
| China | 184 | 276 | 243 | 403 | 1,741 | 17,619 | 29,305 | 26,698 | 76,469 |
| Soviet Union[a] | 1 | 3 | 1 | 0 | 3,354 | 17,179 | 24,336 | 14,102 | 58,976 |
| Guatemala | 52 | 252 | 469 | 1,137 | 2,021 | 3,689 | 11,045 | 17,417 | 36,082 |
| Colombia | 591 | 2,688 | 2,850 | 3,383 | 2,157 | 1,248 | 1,390 | 1,507 | 15,814 |
| India | 49 | 558 | 1,867 | 3,227 | 1,901 | 2,050 | 2,350 | 1,655 | 13,657 |
| Philippines | 684 | 1,368 | 1,550 | 2,640 | 1,843 | 1,043 | 1,010 | 1,341 | 11,479 |
| Romania | 0 | 9 | 6 | 15 | 3,088 | 2,939 | 2,308 | 0 | 8,365 |
| Vietnam | 1,370 | 1,089 | 9 | 2 | 0 | 885 | 2,593 | 2,215 | 8,163 |
| Ukraine | 0 | 0 | 0 | 0 | 0 | 550 | 4,428 | 3,000 | 7,978 |
| Ethiopia | 0 | 0 | 0 | 0 | 0 | 283 | 808 | 6,231 | 7,322 |
| Kazakhstan | 0 | 0 | 0 | 0 | 0 | 162 | 3,500 | 2,560 | 6,222 |
| Mexico | 329 | 712 | 600 | 653 | 505 | 654 | 456 | 417 | 4,326 |
| Haiti | 12 | 25 | 54 | 201 | 260 | 471 | 1,116 | 1,367 | 3,506 |
| Brazil | 60 | 131 | 403 | 907 | 865 | 428 | 187 | 274 | 3,255 |
| Chile | 14 | 187 | 627 | 1,277 | 829 | 212 | 33 | 0 | 3,179 |
| El Salvador | 44 | 536 | 1,215 | 706 | 465 | 73 | 51 | 80 | 3,170 |
| Peru | 39 | 157 | 157 | 677 | 1,668 | 95 | 124 | 158 | 3,075 |
| Paraguay | 6 | 3 | 31 | 817 | 1,580 | 549 | 4 | 0 | 2,990 |
| Thailand | 285 | 400 | 83 | 284 | 444 | 318 | 359 | 248 | 2,421 |
| Honduras | 37 | 132 | 328 | 823 | 876 | 92 | 41 | 20 | 2,349 |
| Poland | 47 | 96 | 110 | 240 | 423 | 342 | 466 | 358 | 2,082 |
| Japan | 249 | 207 | 171 | 307 | 329 | 205 | 193 | 105 | 1,766 |
| Costa Rica | 79 | 456 | 371 | 358 | 280 | 69 | 42 | 0 | 1,655 |
| Taiwan | 0 | 0 | 0 | 0 | 0 | 65 | 302 | 1,019 | 1,386 |
| Liberia | 0 | 0 | 0 | 0 | 0 | 48 | 203 | 1,080 | 1,331 |
| Nepal | 0 | 0 | 0 | 0 | 0 | 56 | 141 | 217 | 414 |
| Pakistan | 0 | 0 | 0 | 0 | 0 | 84 | 130 | 190 | 404 |
| Total | 14,866 | 27,196 | 32,223 | 45,802 | 38,628 | 66,715 | 102,758 | 92,897 | 421,085 |

*Source*: ICPSR (1972–2000); United States Department of Homeland Security (1996–2009).
[a]Soviet union and former Soviet union

ICAs discussed in Chapter 6 is also evident. Korean adoptees began to decline following the 1988 Seoul Olympics whereas adoptions from China have followed the opening of China to the west, in 1991–1995. There are also indications of a recent trend, beginning in 2000–2005, in ICAs from Africa. Four African nations each sent over 100, ICAs to the U.S. after 2001, the top two are Ethiopia (7,322) and Liberia (1,331). Although none of these countries were ranked by INS as ICA countries of origin prior to 2001, Ethiopian ICAs ranks as one of the top 11 sending countries from 1971 to 2009. This appears to be the beginning of a fifth wave of adoptions from Africa, an addition to the four waves of ICAs Lovelock (2000) presented (see Chapters 2 and 6 for a description of these waves), signifying a dramatic change in desirability of black adoptees, possibly related to a decrease in the availability of "European", "Latin American" or "Asian" adoptees.

Table 7.2 represents ICAs by region from 2000 to 2009, further support for hypothesis one that preferred ICAS will be "European", "Latin American" or "Asian". The race or ethnicity of adoptees is difficult to quantify as it is not included in INS data. As a proxy for ethnicity I follow Quiroz (2007) use the global region, with adoptees from Europe as "European", adoptees from North, Central and South America, as "Latin American" Asia, "Asian". What is notable is although the largest number of ICAs continues to come from Asia; this number appears to be slightly waning from a high of 10,558 in 2005 to 8, 277 in 2007. European adoptions have also decreased from a high of 8,158 in 2004 to 3,807 in 2007. During this same period the ICAs in Africa have been increasing from 217 in 2000 to 2,722 in 2009.

The second trend that is evident in Table 7.2 is the decrease in ICAS which may be due to a standardization of ICAs through the Hague Convention. The international transparency of ICAs by Convention members places global scrutiny and international pressure directed towards the protection of children in adoptions. Also, previous top sending countries in Europe and Asia are facing loss of international prestige due to questions of why they are not providing for adoptees internally

**Table 7.2** Frequency of intercountry adoptions to U. S. by region 2000–2009

| Region | Europe | Asia | Africa | Oceania | North America | Central/South America | Total |
|---|---|---|---|---|---|---|---|
| 2000 | 6,911 | 8,639 | 217 | 6 | 1,890 | 2,022 | 18,120 |
| 2001 | 7,637 | 8,642 | 343 | 19 | 2,015 | 2,071 | 19,087 |
| 2002 | 7,796 | 9,721 | 337 | 22 | 2,750 | 2,870 | 21,100 |
| 2003 | 7,652 | 10,018 | 417 | 52 | 2,773 | 2,787 | 21,320 |
| 2004 | 8,158 | 9,797 | 580 | 51 | 3,869 | 3,768 | 22,911 |
| 2005 | 6,591 | 10,558 | 812 | 22 | 4,261 | 453 | 22,710 |
| 2006 | 5,032 | 9,141 | 1,303 | 14 | 4,682 | 522 | 20,705 |
| 2007 | 3,807 | 8,277 | 1,748 | 12 | 5,166 | 452 | 19,471 |
| 2008 | 3,074 | 6,735 | 2,315 | 12 | 4,630 | 439 | 17,229 |
| 2009 | 2,343 | 5,991 | 2,722 | 33 | 1,325 | 354 | 12,782 |
| Totals | 59,001 | 87,519 | 10,794 | 243 | 33,361 | 15,738 | 195,435 |

*Source*: United States Department of Homeland Security (1996–2009).

versus placing them internationally. Countries, such as Vietnam and Guatemala, were banned from ICAs to the U.S. due to corrupt practices. Thus, the ratification of the Hague Convention standards appears to be decreasing the ICA flow. The Hague was ratified in the U. S. in 2007. Frequencies decreased from 20,000 in 2006 to 17,229 in 2008 and 12, 782 in 2009. However, there was also a significant economic recession during this period.

Hypothesis two: preferred ICAs will be young infants is also supported. Figure 7.1 depicts the frequency of ICAs from 1971 to 2009 by age group (refer to Chapter 2 for a more complete historical review of adoptions). Of the 420,556 adoptees by age 196,942 were aged zero to one, 158,550 were aged one to four, and 65,064 were aged five and above. Clearly that one pull factor appears consistent; the most desired adoptees are the youngest, infants or under one year of age. Figure 7.1 shows those aged five and above appear to be steadily increasing since 1996, possibly as the supply of infants is decreasing. The peak of infant adoptions differs by year in specific countries. There is a peak in infant adoptions at the beginning of the flow from Latin America part of infant adoptions during this time were Korean infant adoptions, which decreased following to the Seoul Olympics in 1988. The next peak was during the Romanian media induced adoption frenzy in 1990. The adoptions of aged one to four crossed over the adoptions of those aged zero to one in 2002 at the time when infant adoptions were declining. ICAs of those aged five plus closely followed this increasing as those of infants were increasing.

Hypothesis three: that preferred ICAs will be female also appears to be supported. Although the U.S. has a balanced sex ratio of 105 at birth (International Database of the U.S. Census), there is a slight preference of adopting females in the U.S. Figure 7.2 shows this slight female preference that increased dramatically in

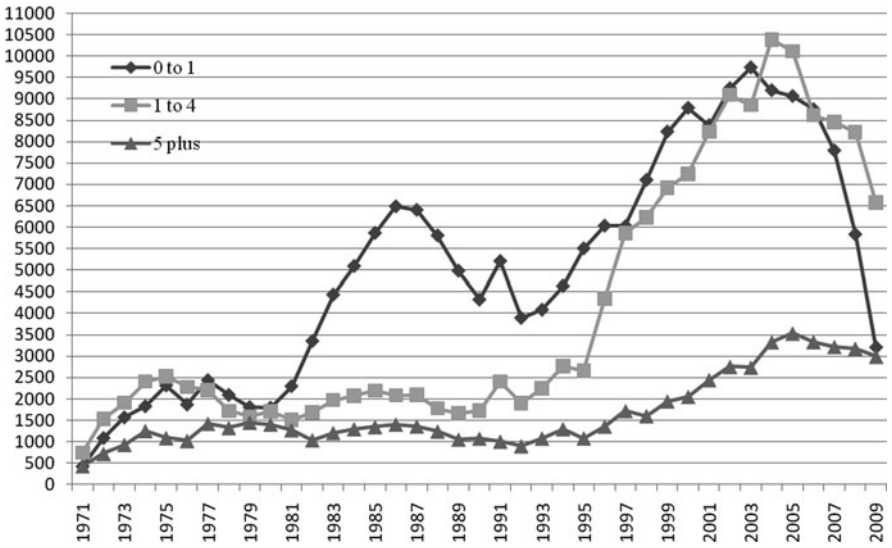


**Fig. 7.1** Frequencies of intercountry adoptions 1971–2009 by age group
*Source*: ICPSR (1972–2000); United States Department of Homeland Security (1996–2009).

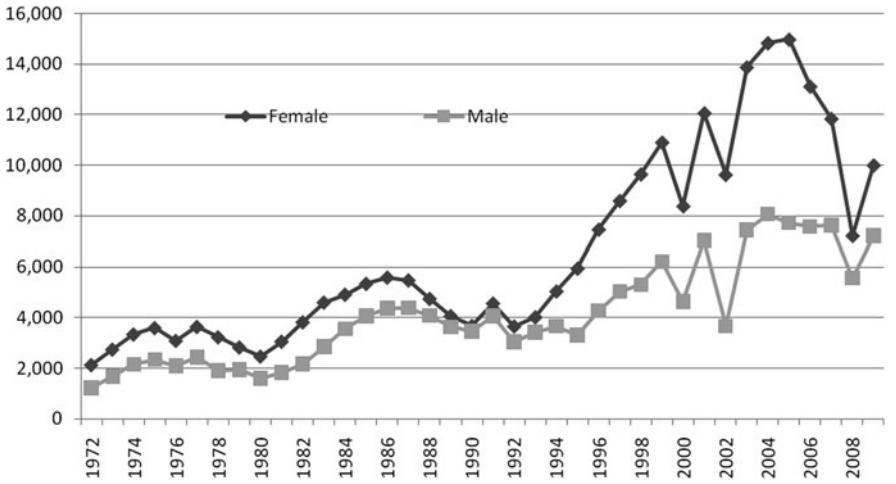


**Fig. 7.2** Frequencies of intercountry adoptions 1971–2009 by sex
*Source*: ICPSR (1972–2000); United States Department of Homeland Security (1996–2009).

the mid 1990s with the flow of adoptees from China. Of the 406,537 ICAs from 1971 to 2009, 249,304 were female and 157,223 were male; a sex ratio of adoptees of 63 males adopted for every 100 females adopted. The female preference in adoptees which is also evident in domestic adoptions as is discussed in Chapter 4. The gendered adoptions are fueled both by the U.S. preference for females as a pull factor and the push factor of excess females in the countries of origin.

The six "push" hypotheses are explored in the next tables. Following Selman, Table 7.3 presents the crude adoption rates (per 100,000 population, per 100,000 aged zero to four, and the adoption ratio per 1,000 births) of the 23 countries that sent over 150 ICAs from 2003 to 2007; 2007 was the most current year with full data. Although five years adoption frequencies are used the population data use the year 2007. Notably whether the rates are computed by 100,000 population or the ratio per 1,000 births the results are similar.

The top three sending countries (China, Russia and Guatemala) have widely varying raw frequencies, adoption rates, and ratios. Raw number would suggest that the greatest number of adoptees, come from China (33,527). However, if one looks at the crude adoption rate, the number of adoptees per 100,000, the impact of the number of adoptees per size of population is clearer. China has a crude adoption rate of 0.51 per 100,000 population or 7.67 adoptees per 100,000 aged zero to four, with a ratio of 0.44 per 1,000 births while Guatemala, with 18,141 ICAs has the highest rate of the 23 countries, or 28.51 per 100,000; strikingly 205.2 ICAs per 100,000 aged zero to four or 9.89 per 1,000 births. This adoption ratio of 1 percent of births raises grave concerns about the Guatemala (United States State Department, 2007). Russia placed 21,675 children in ICS; with a crude rate of 3.07 per 100,000; 58.57 per 100,000 aged zero to four; and a ratio of 2.85 ICAs per 1,000 births. Korea, the country who has placed the greatest number overall since 1971, placed 7,431 ICAs from 2003 to 2007, with a crude adoption rate of 3.08 per 100,000; 64.79

**Table 7.3** Characteristics of top sending countries of intercountry adoptees to the U. S.: 2003–2007

| | Number | Rate[a] | Rate[b] | Ratio[c] | TFR | SRB | Sex ratio[d] | Migration[e] | Distance[f] | GNI PPP[g] |
|---|---|---|---|---|---|---|---|---|---|---|
| Brazil | 295 | 0.03 | 0.33 | 0.02 | 2.2 | 1.05 | 95.36 | –0.07 | 7,322 | $6,840 |
| China | 33,527 | 0.51 | 9.01 | 0.44 | 1.5 | 1.12 | 7.95 | –0.41 | 10,957 | $2,340 |
| Colombia | 1,516 | 0.71 | 7.67 | 0.38 | 2.2 | 1.03 | 81.12 | –0.33 | 4,034 | $4,620 |
| Ethiopia | 2,664 | 0.67 | 3.58 | 0.16 | 5.3 | 1.03 | 86.17 | –0.93 | 7,194 | $460 |
| Guatemala | 18,141 | 28.51 | 205.20 | 9.89 | 4.2 | 1.05 | 93.39 | –11.43 | 3,054 | $3,410 |
| Haiti | 1,332 | 2.80 | 21.73 | 1.01 | 3.5 | 1.03 | 70.77 | –3.12 | 2,461 | $1,200 |
| India | 1,911 | 0.03 | 0.32 | 0.01 | 2.8 | 1.05 | 47.57 | –0.06 | 8,500 | $1,510 |
| Japan | 184 | 0.03 | 0.67 | 0.03 | 1.3 | 1.05 | 106.74 | 0 | 11,628 | $25,910 |
| Kazakhstan | 1,882 | 2.46 | 32.98 | 1.57 | 2.3 | 1.06 | 89.01 | –3.38 | 8,153 | $4,500 |
| Korea | 7,431 | 3.08 | 64.79 | 3.39 | 1.2 | 1.08 | 149.36 | 0.1 | 11,164 | $16,370 |
| Liberia | 910 | 5.57 | 31.96 | 1.49 | 6.8 | 1.03 | 76.02 | 0.28 | 5,205 | $270 |
| Mexico | 431 | 0.08 | 0.80 | 0.04 | 2.2 | 1.05 | 91.56 | –4.24 | 2,768 | $8,950 |
| Nepal | 279 | 0.20 | 1.67 | 0.08 | 3.3 | 1.05 | 50 | 0 | 8,974 | $810 |
| Nigeria | 255 | 0.04 | 0.22 | 0.01 | 5.3 | 1.03 | 100.79 | –0.12 | 5,776 | $1,130 |
| Pakistan | 160 | 0.02 | 0.14 | 0.01 | 3.5 | 1.05 | 102.53 | 4.65 | 8,022 | $1,690 |
| Philippines | 1,176 | 0.25 | 1.96 | 0.09 | 3.2 | 1.05 | 104.52 | –1.25 | 11,227 | $2,490 |
| Poland | 425 | 0.22 | 4.62 | 0.23 | 1.2 | 1.06 | 109.36 | –0.51 | 5,427 | $10,410 |
| Romania | 255 | 0.23 | 4.79 | 0.23 | 1.3 | 1.06 | 75.86 | –0.13 | 5,563 | $6,030 |
| Russia | 21,675 | 3.07 | 58.57 | 2.85 | 1.3 | 1.06 | 101.4 | 2.18 | 6,433 | $7,440 |
| Taiwan | 696 | 0.61 | 12.95 | 0.68 | 1.09 | 1.1 | 88.62 | 0.25 | 11,020 | |
| Thailand | 444 | 0.14 | 2.04 | 0.10 | 1.9 | 1.05 | 88.95 | 0 | 10,156 | $5,000 |
| Ukraine | 2,999 | 1.30 | 28.69 | 1.39 | 1.2 | 1.07 | 95.53 | –2.37 | 5,893 | $3,170 |
| Vietnam | 1,406 | 0.33 | 3.63 | 0.18 | 2.1 | 1.07 | 64.25 | –0.51 | 10,583 | $1,400 |
| Mean | 4347.57 | 2.21 | 21.67 | 1.06 | 2.65 | 1.06 | 85.95 | –0.93 | 7457.13 | $5,270 |
| Std. dev. | 8464.90 | 5.91 | 44.07 | 2.14 | 1.55 | 0.02 | 27.09 | 2.90 | 2929.35 | $6,039 |
| Minimum | 160 | 0.02 | 0.14 | 0.01 | 1.2 | 1.03 | 7.95 | –11.43 | 2,461 | $270 |
| Maximum | 33,527 | 28.51 | 205.20 | 9.89 | 6.8 | 1.12 | 149.36 | 4.65 | 11,628 | $25,910 |

Limited to countries who sent over 150 intercountry adoptees from 2003 to 2007
*Sources*: United States Department of Homeland Security (1996–2009); 2007 data from the World Bank (2008); International Database of the U.S. Census (n.d.).
[a]Per 100,000 population
[b]Per 100,000 aged 0–4
[c]Per 1,000 births
[d]Sex ratio of adoptees
[e]Net Migration per 1,000
[f]Distance in kilometres from the largest city of the country to New York City using AcrGIS
[g]GNI per Capita PPP

per 100,000 aged zero to four; and a ratio of 3.39 per 1,000 births. Pakistan, with 160 ICAs, the lowest number, also has the lowest rate of 0.02 per 100,000; 0.14 per 100,000 aged zero to four; or 0.01 per 1,000 births. However, as is discussed in Chapter 2, religious norms require family responsibility for orphaned or abandoned children in predominately Muslim countries. The second lowest rate is Japan; 184 ICAs with a rate of 0.03 per 100,000; 0.67 per 100,000 aged zero to four; or 0.03 per 1,000 births. Japan also has the highest GNI PPP of $25,910. Notably whether the rates are computed by 100,000 population, by 100,000 aged zero to four, or by the ratio to 1,000 births the results are similar.

Hypothesis four: that countries with higher TFRs will send more ICAs is not supported. Table 7.3 presents the TFRs, and Table 7.4 the regression results. The

**Table 7.4** Regression: Adoption rate and selected demographic characteristics 2003–2007

| Rate[a] | Coef. | Std. Err. | t | P > t | [95% Conf. Interval] | |
|---|---|---|---|---|---|---|
| TFR | 1.629 | 0.902 | 1.81 | 0.091 | 0.294 | 3.552 |
| SRB | 98.801 | 69.721 | 1.42 | 0.177 | –49.806 | 247.408 |
| Sex ratio | 0.044 | 0.041 | 1.09 | 0.293 | –0.042 | 0.131 |
| Net migration | –1.415 | 0.343 | –4.12 | 0.001 | –2.147 | –0.683 |
| Distance | 0.000 | 0.000 | –0.58 | 0.574 | –0.001 | 0.001 |
| GNI PPP | 0 | 0 | 0.26 | 1 | 0 | 0 |
| _cons | –110 | 75 | –1.47 | 0 | –269 | 49 |
| R-squared = | 0.690 | Adjusted R-squared = | | 0.56 | Prob. > F = | 0.003 |
| Rate[b] | | | | | | |
| TFR | 9.979 | 7.173 | 1.39 | 0.184 | –5.309 | 25.267 |
| SRB | 1061.723 | 554.360 | 1.92 | 0.075 | –119.867 | 2243.313 |
| Sex ratio | 0.614 | 0.323 | 1.90 | 0.077 | –0.074 | 1.302 |
| Net migration | –9.615 | 2.730 | –3.52 | 0.003 | –15.434 | –3.795 |
| Distance | –0.002 | 0.003 | –0.72 | 0.485 | –0.009 | 0.005 |
| GNI PPP | 0.000 | 0.002 | 0.02 | 0.987 | –0.004 | 0.004 |
| _cons | –1168.671 | 594.078 | –1.97 | 0.068 | –2434.918 | 97.576 |
| R-squared = | 0.649 | Adjusted R-squared = | | 0.509 | Prob > F = | 0.008 |
| Ratio[c] | | | | | | |
| TFR | 0.485 | 0.348 | 1.39 | 0.184 | –0.257 | 1.227 |
| SRB | 52.877 | 26.904 | 1.97 | 0.068 | –4.467 | 110.221 |
| Sex ratio | 0.031 | 0.016 | 1.98 | 0.066 | –0.002 | 0.064 |
| Net migration | –0.462 | 0.133 | –3.49 | 0.003 | –0.744 | –0.180 |
| Distance | 0.000 | 0.000 | –0.70 | 0.494 | 0.000 | 0.000 |
| GNI PPP | 0.000 | 0.000 | 0.02 | 0.983 | 0.000 | 0.000 |
| _cons | –58.261 | 28.831 | –2.02 | 0.062 | –119.714 | 3.191 |
| R-squared = | 0.648 | Adjusted R-squared = | | 0.508 | Prob > F = | 0.008 |

*Sources*: United States Department of Homeland Security (1996–2009); World Bank (2008); U.S. Census International Database (n.d.), ArcGIS (2007)
[a]Per 100,000
[b]Per 100,000 aged 0–4
[c]Ratio of ICAs per 1,000 births in 2007

regressions, in Table 7.4, which models the three dependent variables of the adoption rates (Rate[a] per 100,000; Rate[b] per 100,000 aged zero to four, and the Ratio[c] of ICAs to 1,000 births) also shows that TFR is not significant. If TFR alone was the cause of adoptions, with a high TFR as a measure of an excess of children, one would expect that those countries with the highest TFRs to have the highest adoption rates and those with the lowest rates to follow suit. TFRs range from 1.09, which is Taiwan to 6.8, Liberia. The mean TFR of the 23 countries is 2.65 with a standard deviation of 1.55. Liberia with the highest TFR had 910 adoptees, and a crude adoption rate of 6.2 or a ratio of 1.49 per 1, 000 births. Taiwan, with the lowest TFR, has 696 adoptees has a crude rate 0.615 or 0.68 per 1,000 births.

Hypothesis five: Countries with higher Sex Ratio at Birth (SRB) was not supported. The sex of adoptees has been a selection variable in both which children are

selected to be adopted and what children are available for adoption. Table 7.3 provides descriptive statistics on the SRBs of countries sending ICAs. The SRB ranges from 1.03, in Colombia, Ethiopia, and Liberia to 1.12 in China; the mean SRB is 1.05 with a standard deviation of 0.019. The United States and the Latin American countries have normal sex ratios at birth (SRB), usually 105 males are born for every 100 females, indicating that they do not have a sex preference. Although nine of the top sending countries (China, Taiwan, Korea, Ukraine, Vietnam, Kazakhstan, Poland, Romania, and Russia) have SRBs above 105, ranging from 112 to 106, indicating a slight male preference at birth. Table 7.4 shows that SRB was not significant.

Hypothesis six: that countries will place a lower sex ratio of ICAs, indicating they will place more females in adoption was also not supported. In many countries the male preference at birth, translates into having more of the less desired females available for adoptions. Korea, with an SRB of 108, is an exception due to norms of maintaining sanguine relationships which disallow the adoption of males. These norms favor the placement of males in adoptions. Thus, Korea has the highest sex ratio of adoptees of 149.36, or 149 males placed in adoption for every 100 females Nine countries (Korea, Poland, Japan, Philippines, Pakistan, Russia and Nigeria) have higher sex ratios of males placed in adoptions ranging from Korea's 149 to 100.79 in Nigeria. However, the remainders have lower adoptee ratios, ranging from Ukraine with a ratio of 95.5 to China with a sex ratio of 7.95, indicating that about eight male adoptees are placed for ever 100 females placed in adoption. The long range descriptive data in Fig. 7.2 indicate that female preference appeared at the time China was opened to adoptees. Note that Guatemala, the top sending country in Latin America, has a SRB of 105 and a sex ratio of adoptees of 93.49 indicating a female preference in adoptees. China has a strong son preference, with an SRB of 1.12, or 112 males are born for every 100 females. China has a sex ratio of adoptees of 7.95, indicating 7.95 males are adopted for every 100 females. India and Nepal, both sending significant numbers of ICAs both have normal SRBs of 1.05 but have low sex ratios of adoptees, 47.57 and 50 respectively. Table 7.3 shows that the standard deviation for the sex ratios of adoptees is 27.09 with a mean of 85.95 indicating an overall preference for females in ICAs. However, Table 7.4 shows this is not significant.

Hypothesis seven: that countries with a negative net migration rate place more ICAs was the only hypothesis that was supported. Migratory flows are assumed to be from less developed countries so that those countries that send the most adoptees would be assumed to have negative net migration rates. Table 7.4 shows that the Net Migration is significant at the 0.001 level in the model using the ICA Rate[a], per 100,000; the other two models are also significant at the 0.01 level. In all three models the direction is negative, signifying that those countries with higher emigration than immigration also have higher rates and ratios of ICAs. Table 7.3 provides additional descriptions of the relationship between then net migration rate and ICAs. The mean net migration rate is –0.93; the standard deviation is 2.90 with a range from –11.43, Guatemala, to 4.65, Pakistan. The country with the lowest net migration rate, Guatemala with a net migration rate of –11.43 also has the highest Rate[a],

28.51. But the second lowest net migration rate, Mexico with a net migration rate of –4.24, ranks with a low Rate[a], 0.08 and the country with the highest net migration rate, Pakistan with a net migration rate of 4.65 also has one of the lowest Rate[a], 0.18. (It should be noted that Pakistan is predominately Muslim and as is noted in Chapter 2 adoptions are either forbidden or discouraged by the Kafalah of Islamic law which supports family care of orphans.)

Hypothesis eight: that ICAs are negatively related to distance was not supported. Migrants generally are pulled to the closest country that can provide the desired economic or political factor. If ICAs follow this trend, distance would have a negative relationship with ICAs, i.e. the countries sending the most in ICA would be closest to the U.S. Table 7.3, column eight, presents the distance from the most populous city in the U.S., New York City, to the city with the largest population in the sending country, usually the national capital. Regression analysis of distance in Table 7.4 is also not significant; ICAs do not follow the trend of the closest countries sending the most adoptees. Table 7.3 shows distances vary greatly. The range is wide, the closest country, Haiti is 2,461 km from the U.S. and sends 1,332 ICAs with a Rate[a] of 2.8. Japan is farthest, 11,628 km, and placed 184 ICAs with a Rate[a] of 0.03. The distance standard deviation is 2929.35 km with a mean of 7457.13. During the third ICA wave the adoptions were from Latin America, closest to the U.S. However, Asian countries are the top sending ICA countries. Korea is 11,164 km from the U.S. and has been a top sending country for the past 50 years. China, 10,957 km, is also a top sending country.

Hypothesis nine: that peripheral countries with low GNI PPPs, per capita, would place more ICAs was also not supported and is not significant in Table 7.4. Column nine in Table 7.3 presents the income variable GNI PPP. World systems theory would suggest that migratory flow is from less developed countries to more developed countries. The GNI PPP standard deviation is 6039.03 and the mean is $5,270 indicating great variability. The African nations of Ethiopia and Liberia with GNI PPPs of 460, and 270, respectively have the lowest GNI PPPs; with ICA Rate[a]s of 0.667 and 5.57 respectively. Guatemala, with the highest Rate[a], has a low GNI PPP of $3,410, but has a higher GNI than both China, with a GNI PPP of $2,340 and India with a GNI PPP of $1,510. Japan has the highest GNI PPP, $25,910; with a low crude adoption rate of 0.03. Korea, the longstanding position of top supplier of ICAs has a high GNI, $16,370, but has a crude rate of 3.08. The Korean GNI PPP is almost five times that of Guatemala, the country with the highest crude adoption rate.

## 7.4 Future Issues

Adoptions in the U. S. are supported by specialized legislation which allow for immediate access to citizenship, and facilitated through private, secular and non secular, social service agencies. These agencies have followed the availability of adoptive children, transmitting their knowledge of coordinating ICAs within the

legal structure of the U. S. and sending nations into new countries, developing new sources for adoptive children. A limitation of INS data is that it does not include information about the private or public agency that facilitated the ICA so an analysis of networks and institutions supporting ICAs is not possible and adoptions require institutional supports so they are heavily influenced by these networks. With the U.S. ratification of The Hague Convention these agencies must be certified for intercountry adoption through The Hague, thus those agencies that have gone through the certification process for one nation will be positions to move to other countries (Hague Convention, 2008). Despite concerns that the Hague Accreditation would interrupt the flow of ICAs, this does not appear to be the case. As was discussed in Chapter 6, in the U. S. there are two central authorities: The Council on Accreditation and The Colorado Department of Human Services.[1] In the U. S., as of January 2011, U. S. State Department website notes that 208 agencies were accredited[2] to place intercountry adoptive children and only 14 agencies were denied accreditation.

Further research is necessary to explore the role of institutional support and networks in facilitating ICAs and rapidly expanding to new countries where there are available children for adoption. Antidotal data support that ICAs appear to follow institutional and personal networks that are specific to adoptions instead of general migratory flows. Holt International began with the Holt family adopting eight Korean orphans, opening an agency in 1956. The agency has expanded, placing about 40,000 children. Currently Holt International places children from Bulgaria, China, Ethiopia, Guatemala, Haiti, India, Korea, Philippines, Romania, Thailand, Uganda, Ukraine and Vietnam (in the past children from Mongolia and Guatemala were placed but these program ended) (Holt International, n.d.).

Pearl S. Buck's Welcome House is a similar example. Pearl Buck, who grew up in China, with missionary parents, was a popular novelist who used the media to raise awareness of the needs of orphans in China and other Asian nations. In 1949, following World War II, she began popularizing the acceptance of Asian and Eurasian adoptees, opening Welcome House. Agency adoptions expanded to include Korea in 1965, Thailand in 1967, the Philippines in 1968, Vietnam in 1975, and most recently Kazakhstan. Welcome House has placed over 5000 children from 26 countries (Pearl S. Buck International, 2000–2010).

[1] Article 4: 110 of the Hague convention 21 C requires that each member state designate a central authority to ensure that adoptions are carried out by competent agencies in accordance with standards including that the adoptions follow applicable laws, including informed consent and permission from the child's parents, that all pertinent and reliable information is obtained from parents, relatives and legal guardians. The central authority collects, maintaining records, and completes required reports (Parra-Aranguren, 1994).

[2] Parra-Aranguren (1994) Articles 8, 9, and 22 of the Convention permit the Central authority to delegate functions to accredited bodies and is flexible about which functions, other than central responsibilities for compliance and reporting are allowed. Article 11 set up the minimum requirements. Article 13 prohibits improper financial gain from ICAs, additionally it specifies that the directors, administrators, and employees of bodies shall not receive unreasonably high remunerations.

Other agencies (i.e. Buckner Family Serivces (Buckner, 2008; Hope Cottage, 2008; and Edna Gladney, 2008) had their roots in domestic adoptions during the maternity home movement and expanded to include ICAs as the supply of domestic adoptees dwindled. Currently Buckner is placing children from China, Ethopia, Guatemala and Russia (Buckner, 2008). Hope Cottage, with 85 years of experience in adoptions is currently placing children in intercountry adoptions from: El Salvador, India, China, Russia Ethiopia, Nigeria, Liberia, and Kazakhstan. Edna Gladney, expanded to ICAs in 1992 and is currently placing children from: China, Colombia, Ethiopia, Guatemala, Kazakhstan, Mexico, Nepal, Rawanda, Russia, and Taiwan (Edna Gladney, n.d.).

Although untested, agency expansions into additional countries, along with the immediacy of large ICA flows, appear to be based on a network theory that once an agency is accredited to process intercountry adoptions, and has a marketing scheme for attracting adoptive parents these are easily transferable wherever there are available adoptees. Further research is needed into how the network of private agencies and media influence the flow of ICAs.

## 7.5 Conclusion

INS data are examined to explore whether ICAs function as a form of migration. If ICAs are migratory flows then it would follow that the theories used to explain migration (push and pull factors; neoclassical economics, the new household economics of migration and world systems theory) would also explain ICAs. State Department Immigration data from 1971 to 2009, presented in Table 7.1, depict the total number of ICAs sent to the U.S. and the changing flow of ICAs (discussed in Chapter 6).

The “pull” hypotheses appear to drive adoptions more than the “push” hypotheses. The preferred children are infants and children aged one to four. The most desired adoptees are the youngest, although the aged 5 and above appear to be steadily increasing since 1996, possibly as the supply of infants is decreasing. The peak of infant adoptions was affected by country specific factors. For example the availability of infants from Korea grew from the war to the Seoul Olympic in 1988 media exposure (see Chapter 6 for further information). The next peak was during the Romanian media induced adoption frenzy in 1990.

The adoptions of aged one to four crossed over the adoptions of aged zero to one in 2002 at the time when the supply of infant adoptions were declining. ICAs of those age five plus closely followed this as well. Therefore, ICAs appear to follow the pull, of U.S. couples desiring infants and young children instead of factors in the sending countries.

The “Push” hypotheses analyzed through descriptive and regression analyses using the dependent variable of the adoption rate and the selected demographic variables of Distance, TFR, SRB, Sex Ratio, GNI PPP, and the Net Migration presented in Table 7.4 shows that the only significant variable was the Net Migration

rate. Other variables: TFR, SRB, the Sex Ratio, Distance, and GNI PPP are not significantly related to the crude adoption rate of the country.

In conclusion, the flow of adoptees to the U.S., a core nation, from peripheral, less developed nations, arguably treats these children as desired commodities.

> It can be viewed as the ultimate in the kind of exploitation inherent in every adoption, namely the taking by the rich and powerful of the children born to the poor and powerless. It tends to involve the adoption by the privileged classes in the industrialized nations of the children of the least privileged groups in the poorest nations, the adoption by whites of black- and brown-skinned children from various Third World nations, and the separation of children not only from their birthparents, but from their racial, cultural, and national communities as well. (Bartholet, 1993, p. 90)

The counterargument is that as a core country the U.S. can provide ICAs financially security, political stability, educational opportunities, and psychological nurturance for children during critical developmental years. ICA placement also provides care for children otherwise be in institutions in an internationally preferred, family setting instead of receiving either no care or care in a less preferred institutional setting.

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# Chapter 8
# Global Intercountry Adoptions

## 8.1 Introduction

Chapter 8, the third chapter addressing intercountry adoptions (ICAs), addresses ICAs from a global level. This perspective examines ICAs through an analysis of the top twelve Hague convention member nations: Australia, Belgium, Canada, Denmark, France, Italy, Netherlands, Norway, Spain, Sweden, Switzerland, and the U. S. These countries were selected as they adopted over 1,500 ICAs from 2005 to 2009. This period was selected as was the most recent period reported. The sending countries including in the examination are those countries sending over 250 ICAs to the top twelve sending nations during this period. This examination includes the U. S. as both a sending nation and a receiving nation as Hague data indicate that 217 ICAs were sent from the U. S. to the other top nations from 2005 to 2009 and 92,897 ICAs were received by the U. S. during this time. This dominance of the U. S. as a top recipient of ICAs is longstanding. Of the approximately 260,000 children who are adopted globally each year almost half (about 127,000 children in 2001) were adopted in the U. S. (United Nations, 2009, p. xv).

Global discourses question whether Intercountry adoptions serve to provide families for children who need homes, "saving orphans", or children for families, "buying babies"? The argument supporting adoption is that children have a fundamental right to a family and that the care of children is best provided by family. Historically, intercountry adoptions served as one of many efforts to care for children who are victims of the aftermath of conflicts in war torn countries. Adopters, including many military personnel who had seen the devastation of war firsthand, adopted the children, to provide safe nurturing homes for the war orphans (Lovelock, 2000). During the post war period intercountry adoptions were charitable, driven by humanitarian values along with post war baby boom child oriented families.

Subsequent adoption flows followed international crises. The wars, famine and disaster which drove adoption to the U. S. also precipitated global intercountry adoptions (refer to Section 2.6 for additional information). Nationalism, religion and propaganda factor into flows. During the cold war and the following period, adoptions were part of a moral imperative to save children from Communism (Rush,

M.A. Davis, *Children for Families or Families for Children*, The Springer Series on Demographic Methods and Population Analysis 29, DOI 10.1007/978-90-481-8972-4_8,

2002). In 1970 the plight of Vietnamese war orphans led to a massive removal of children for adoption. "Twenty-six Operation Baby Lift flights transported 2,547 children to the U. S. and 602 to other countries (Forbes & Fagen, 1985:17)". The global availability of orphaned or abandoned children is expected to continue. The Child Welfare League of America (2007) estimates that there are approximately 109 million children outside of Europe needing caretakers; 62 million in Asia, 39 million in Africa, 8 million in the Caribbean and Latin America.

> The baby trade is likely to continue to grow, partly because it is no longer simply a response to wars and humanitarian crises. For better or worse, it now behaves much like a commodities market, with demand informing supply; and neither demand nor supply is likely to subside (Kapstein, 2003, p. 115).

## 8.2 The Value of Adoptees

### *8.2.1 The Marketing of Children: Internet Sites and the Mass Media*

A major stimulus in intercountry adoptions is the influence of media. As is noted in Chapter 2, Lovelock (2000) traces the media influence in intercountry adoptions to the noted novelist in the United States, Pearl Buck, who promoted placement of the biracial American-Asian children or "G.I. babies". A CBS News Broadcast concerning an estimated 100,000 children living in Romanian orphanages in destitute conditions, led to a media driven frenzy of adoption of Romanian orphans (Bartholet, 1993). Lawson (1991) reports 2,287 Romanian children were adopted in the U. S. from Oct. 1, 1990 to Sept. 4, 1991. These adoptions ended as dramatically as they began due to allegations of corruption, including bribery, kidnapping and baby selling. Adoptions from Ethiopia are also an internet site and celebrity media driven phenomena. Notably in the U. S. Angelia Jolie's adoption from Ethiopia increased awareness of the plight of the children from Africa and the social acceptability of adoption from Africa (ABC News, 2005) which led to a rapid increase in adoptions from Ethiopia in the U. S. In the 1990s, fewer than 100 children were adopted from Ethiopia annually, primarily by the Netherlands and the U. S. The media and internet sites that pictured the available adoptees has increased this flow with 15,424 ICAs adopted from Ethiopia from 2005 to 2009. The top receiving countries were the U. S. (6,231), Spain (3,282), Italy (1,390), Canada (472), The Netherlands (277), Denmark (324), Australia (249), Norway (161), and Switzerland (218) (Hague Convention, 2010–2011).

Individuals and families also seek adoptees through internet adoption exchanges which function much like multiple listing services in the real estate market. Cartwright (2003) suggests that the photographs of children "waiting for adoption" are a powerful message inducing the selection of adoptive children by age, sex, health, racial characteristics and nationality. Cartwright argues that since the 1920s adoption discourses in the U. S. have treated children as commodities or goods.

Adoptive parents were expected to be selective about qualities they prefer in the desired adoptive child. Prospective parents use photographs and videos to satisfy diverse personal selection criteria such as attempting to screen for fetal alcohol syndrome and analyzing whether a racially mixed child will fit into the adopter's selection by race. The largest and oldest of the internet sites is "Precious in His Sight", http://www.precious.org/ (Precious.org, n.d.). This site lists photographs of over 26,000 children available for adoption through 80 adoption agencies.

### *8.2.2 The Baby Market: Adoptees as Global Commodities*

The Hague Convention on Intercountry adoptions was initiated, in part, to regulate intercountry adoptions and to prevent the use of adoptive children as a commodity. Arguably, this trade in children is a flow from underdeveloped to developed states. Masson (2001) posits that the U. S., as the largest recipient of intercountry adoptions, has exacerbated the view of adoptive children as a commodity because of a preference for a private market versus state or government regulation of adoptions. Private agencies and organizations were developed or expanded as highly profitable businesses to facilitate intercountry adoptions. This privatization model supports intercountry adoptions as a market driven businesses. Two top adopting nations, the U. S. and Spain, rely on private agencies to regulate intercountry adoptions.

Prior to the Hague Convention there were no international standards to protect the rights of the child and biological parent. Allegations of trafficking were widespread. Seventeen of forty intercountry adoption sending countries were forced to either temporarily or permanently cease adoptions due to either allegations or proven improprieties (Quirzo, 2007). Guatemala (note in Table 8.3) the sending country with the highest adoption rate, is noted by the U. S. State Department to have adoptions suspended due to allegations of child marketing (Department of State, 2009). Allegations of child marketing are widespread in multiple countries: Albania, Guatemala, Vietnam, Romania, China, Honduras, India, Romania and Russia (Kapstein, 2003). Allegations include deceptive practices such as leading parents to believe that their children are in temporary institutional or foster care; persons who are not the biological parents kidnapping and placing children for adoption; and women subjugated to baby mills to produce infants for adoption. Allegations of baby buying are especially notable in the poorest countries, where there are limited opportunities for income so that healthy babies are a basic commodity.

> The basic economic incentives that rule markets have a powerful hold, even when the trade is for humans. Infants can fetch anywhere between $1,000 and $20,000. Even if the biological parents see only a small fraction of that amount, in impoverished countries that may be a hefty sum. And parents in receiving countries buy babies in spite of corruption, in the hope of giving them a better life, without realizing that they may be encouraging more trafficking. (Kapstein, 2003, p. 115).

These individual sums of money have an impact on national economies. The exact financial benefit of intercountry adoptions is difficult to access but there are estimates that they contribute between "$200 million to $400 million" (Quiroz, 2007, p. 112) to the annual income of sending nations.

## 8.3 The Hague Adoption Convention

The Hague Adoption Convention also raises ethical concerns about whether the best interests of the child are met through intercountry adoption. In domestic adoptions the child loses the identity of the birth family. However, for the child of intercountry adoptions, under the age to give informed consent, the loss is compounded with a loss of national origin and ethnic identity. Intercountry adoptions are therefore to be considered only after domestic efforts to maintain the child with his biological family and domestic adoptions are exhausted.

International repugnance of child abduction and trafficking of children led to the *Hague Convention of 29 May 1993 on Protection of Children and Co-operation in Respect of Intercountry Adoption.* The Hague Convention on Adoption function " to ensure that intercountry adoptions are made in the best interests of the child and with respect for his or her fundamental rights, and to prevent the abduction, the sale of, or traffic in children" (Hague Adoption Convention, n.d.). The "best interest of the child" assumption by The Hague convention is although placement in an intercountry adoptive home is better than domestic institutional placement, the best interest of the child is to live with his biological family or at least in a domestic adoption where he can maintain his sense of ethnic and national identity. Member states agree to standardized ethical and legal protections for the child which includes the assumption by the Hague Convention that such placements are in the "best interest of the child" (Parra-Aranguren, 1994).

As of June 2010 there were 81 member states. Greece and Cape Verde joined in September, 2009 and the Republic of Togo in October 2009 (refer to Table 2.1 for a list of Hague Convention member states). In these 81 member states there are around 550 Central Authorities; competent authorities and accredited bodies whose coordinated efforts ensure that member states protect children in intercountry adoptions (Hague Adoption Convention, 2009).

Hague Convention standards that ensure intercountry adoptions follow ethical and legal standards and are regulated by the Central authorities in each member country. The Central authorities then both certify as competent and regulate "accredited bodies" which function to ensure that parties follow Hague Convention rules. Table 8.1 presents the member nations who are top Receiving and Sending Nations of intercountry adoption, the year of their entry into the Hague Adoption Convention and whether their Central Authority is public or private. Only two of the top receiving nations use private agencies as the Central Authorities, the U. S. and Spain. Other nations criticize the privatization of adoptions, arguing that it leads to the commoditization of the adoptees. Ireland and the U. S. were the last top receiving

**Table 8.1** Hague adoption membership by year and central authority

| Receiving nations | | | Sending nations | | |
|---|---|---|---|---|---|
| Hague adoption convention year of entry | Central authority | Country | Hague adoption convention year of entry | Central authority | Country |
| 1997 | Public | Norway | [a]2002 | Public | Bolivia |
| 1995 | Private | Spain | 1999 | Public | Brazil |
| 1996 | Public | Ireland | 2002 | Public | Bulgaria |
| 1997 | Public | Sweden | 2006 | Public | China |
| 1997 | Public | Denmark | [a]1998 | Public | Colombia |
| 1998 | Public | Netherlands | | | Ethiopia |
| 2008 | Private | U. S. | [a]2003 | Public | Guatemala |
| 2000 | Public | Italy | | | Haiti |
| 2000 | Public | Iceland | 2003 | Public | India |
| 2003 | Public | Switzerland | | | Ivory Coast |
| 1997 | Public | Canada | | | Kazakhstan |
| 1998 | Public | France | [a]2006 | Public | Mali |
| 1997 | Public | Finland | 1995 | Public | Mexico |
| 1999 | Public | Israel | | | Nepal |
| 1998 | Public | Australia | 1996 | Public | Peru |
| 2002 | Public | Germany | [a]1996 | Public | Philippines |
| 2003 | Public | United Kingdom | 1995 | Public | Poland |
| 2009 | Public | Greece | | | Russia |
| 2008 | Public | The former Yugoslav republic of Macedonia | | | Somalia |
| | | | 2003 | Public | South Africa |
| | | | | | South Korea |
| | | | [a]2004 | Public | Thailand |
| | | | | | Ukraine |
| | | | | | Vietnam |

*Source*: Hague Adoption Convention (2010–2011)
[a]Non member

nations to enter the Convention, in 2008 and 2007 respectively. Of the sending nations, China entered the Convention in 2006. Top senders, including but not limited to Ethiopia, Haiti, Russia, the Ukraine and Vietnam, have not entered the Hague Convention.

The heart of the Hague Adoption Convention is that adoptions follow ethical and legal processes, preventing the exploitation of children. This includes assuring that the birth parent's consent for adoption is freely given, not under financial duress, and is adequately documented. Both the adoptive parent and the adoptive child are screened to determine if the placement is in the best interest of the child. The screening includes: "a report including information about his or her identity, adoptability, background, social environment, family history, medical history including that of

the child's family, and any special needs of the child (Hague Adoption Convention, 1993, p. 7)". The adoptive parents are to be screened through a home study process to determine that their home will provide a safe, nurturing environment

> . . . including information about their identity, eligibility and suitability to adopt, background, family and medical history, social environment, reasons for adoption, ability to undertake an intercountry adoption, as well as the characteristics of the children for whom they would be qualified to care (Hague Adoption Convention, 1993, p. 6).

Most importantly the Convention ensures that there are standardized regulations of intercountry adoptions. However, Kapstein (2003) argues that the convention does not prevent a continuation of corruption in individual states, which have longstanding endemic political corruption and bribery. If corruption allowing payoffs and bribery is the usual and customary practice, a state based central authority will not protect convention standards.

The idea of "buying a child" has heightened ambiguity when private, for profit, agencies are sanctioned by the Hague Convention. As was mentioned earlier the U. S. is the primary nation that relies on privatization of intercountry adoptive placements and so has received such criticism. These criticisms carry additional weight because of allegations, founded and unfounded, of U. S. adoptions from sending countries with corrupt practices. If private agencies are sanctioned by The Hague Central authority for the nation, then financial exchange is acceptable and though the child is not bought, pecuniary transactions are allowable. The agency expenses are allowable which makes it possible for profit agencies to conceal financial exchanges within the agency budget. Also allowable are charitable contributions to the child care institution where the adopted child resided and payments for medical and living expenses of the parent, with limited verification of the extent of these expenses. Corruption is difficult to expose because multiple parties including the adoptive parents, the private agencies and governmental agencies all may benefit. These adoptions then are legitimized by both sending and receiving countries. Thus, adoptions are one aspect of a continuing interconnected economic relationship between developing and developed countries.

Smolin (2004) agrees that although not all ICAs are problematic, there is a systematic and reoccurring pattern of child exploitation in the U. S. "According to one estimate, over 40 percent of significant sending nations over the last 15 years have been shut down due primarily to adoption scandals concerning corruption and child trafficking for ethical standards for intercountry adoptions (Smolin, 2004:324)". So the benefits of ICAs in providing homes for children must be carefully weighed with the risks for child trafficking.

## 8.4 Methodology

This research questions whether world systems migratory theory, used to explain adult migratory flows from underdeveloped to developed countries, can be employed to explain intercountry adoptions. The question as well as the variables parallels the analyses of ICAs to the U. S. (refer to Chapter 7 for more information).

If adoptions follow other migratory flows then one would assume that the recipients of intercountry adoptees are privileged, developed countries and sending countries are economically disadvantaged and developing.

### *8.4.1 Hypotheses and Data*

1. Countries in the global north, the core countries, are the top recipient countries; countries from the global south, peripheral countries with lower GNI PPPs, are the top sending countries.
2. Countries with higher TFRs will send more ICAs. (+)
3. Those countries with a high SRB, evidencing male infant preference will place more in adoption as there will be unwanted babies. (+)
4. Countries with a negative net migration rate place more ICAs. (+)

Data consists of online Hague Convention on Adoptions statistical reports of member nations[1] (data are not complete as not all adopting countries are members of the Hague Convention and not all members completed statistical reports, for example Germany did not report for 2005–2009). Demographic population characteristics used are for 2007 (a midpoint of the 2005–2009 period of analysis): population, population aged zero to four, and TFR are from the United States Census International database; SRB is from the United Nations (n.d.); economic data are from the World Bank.

Variables for analysis include: adoption rates by country with the country's demographic and geographic characteristics: total fertility rate (TFR), sex ratio at birth (SRB), per capita gross national income, spending parity (GNI per capita PPP based on international comparisons), net migration rate, percent below the poverty rate, and the literacy rate. I use the ICA frequencies and both the crude adoption rates, depicted as the number of adoptees per 100,000; the number of adoptees per 100,000 aged zero to four; and the adoption ratio, or the frequency of ICAs per 1,000 births. Rates standardize global population comparisons; so for example, the numbers of adoptees from the three most populous nations of the world (China, India and the U. S.) may be compared with the populations of smaller nations, such as Guatemala.

Demographic and economic data are used to further examine the effect of population characteristics on intercountry adoptions. The Total Fertility Rates (TFR) is defined as the average number of children born to a female during the childbearing years, aged 15–49. For a population to replace itself a TFR of 2.1 is needed. TFR is used to examine whether sending countries have an excess supply of children;

[1] The top twelve receiving nations, according to Hague Convention adoption statistics, that reported over 1,500 ICAs from 2005 to 2009 are examined in this chapter. Finland, Iceland, Luxemburg, Malta, New Zealand, Portugal, and the United Kingdom reported under 1,500 ICAs from 2005 to 2009. Sending countries examined are those who sent over 250 ICAs to the top twelve receiving countries; the U. S. that sent 217 ICAs was also included.

that is, above replacement TFRs. Conversely, is the question of whether the recipient countries adopt due to fewer children available as is indicated by TFRs below replacement total fertility rates.

The next population characteristic is the Sex Ratios at Birth (SRB). If there is no sex preference the usual sex ratio at birth (SRB) is 1.05. The SRB addresses the question of whether countries with a preferred sex, indicated by an imbalanced SRB, would tend to place the less preferred child in adoption. If so, the sending countries would have an imbalanced SRB, indicating either male or female preference.

World systems theory assumes a migratory flow from less developed to developed nations. To aid in determining whether intercountry adoptions follow the same flow from underdeveloped to developed nations is an examination of the net migration rate; the net migration per 1,000. The question raised is whether the top sending intercountry adoption nations will also have negative net migration rates, indicating that the general population is also migrating from the country. Conversely, is the question of whether the receiving countries are recipients of migrants in general, as evidenced by having positive net migration rates.

Other economic variables employed are national development measures, for 2007, of both the sending and receiving countries. Included here are the Gross National Income, spending parity (GNI per capita PPP), and the percent literate. The Gross National Income, spending parity (GNI-PPP), are from the World Bank data which estimate both the official financial exchange rate and the standardized international dollar purchasing power parity of this rate.[2] I use the World Bank data for the percent literate, although this also varies by country, I use the general definition as the percent of the population age 15 and over can read and write.

### *8.4.2 Analyses*

Descriptive analyses are used. First, I calculate the adoption rates from the frequencies. I present two rates used by adoption researchers: rates based on the total population or the number of adoptees per 100,000; rates based on the population aged zero to four per 100,000; and ratios or the number of adoptees per 1,000 births (Selman, 2002, 2006). I use rates to present a more standardized global population comparison of adoptees from the three most populous nations of the world (China, India and the U. S.) and smaller nations, such as Guatemala. Rates per 100,000 of the country's population and per 100,000 of the population aged zero to four used are the midyear population of the countries, in 2007, from the U. S. Census International Database and the adoption frequencies from Hague Statistical data. Ratios per 1,000 births also use the U.S. Census International Database data per country.

[2]The World Bank definition of the *GNI* purchasing power parity (*PPP*) is the gross national income (*GNI*) converted to international dollars if the international dollar had the same purchasing power over *GNI* as a U.S. dollar has in the United States.

## 8.5 Results

The first hypothesis is arguably obvious, but it is worthwhile to document that ICAs follow the flow expected by world systems theory from the global south to the global north. Hypothesis one is supported in that the top receiving countries are in the global north and conversely the top sending countries are in the global south.

Table 8.2 provides the adoption frequencies from the sending countries to the receiving countries from 2005 to 2009 (data from Switzerland from 2005 to 2008). According to data from the Hague Convention Statistical Reports for this period, the top twelve receiving countries were: Australia, Belgium, Canada, Denmark, France, Italy, Netherlands, Norway, Spain, Sweden, Switzerland, and the U. S. During this period these twelve countries adopted 174,467 ICAs. (Note these countries were selected as they received over 1,500 ICAs from 2005 to 2009.) The U. S. is the top recipient country with 92,897 ICAs reported; though was also a top sending country with 217 ICAs sent, 199 to the Netherlands, 17 to Switzerland. Over half of ICAs were adopted in the U. S. Next, in order of ICA frequency, is Spain with 19,705; France with 17,563; and Italy with 17,423 ICAs. This table identifies the top recipient countries as Western developed nations.

Notably the primary sending countries were China, sending 40,741 ICAs and Russia, sending 24,038 ICAs and interestingly Guatemala, a country with a much smaller population, sent 17,525 ICAs, 17,417 to the U. S. (Note in Chapter 7, of allegations of corruption in Guatemala.) The U. S. State Department (2007) is investigating illegal placements including placements made without terminating parental rights, deception of biological parents, persons posing as biological parents giving consent for adoptions. Refer to Jacot (1999) for additional information about corruption in placements from Guatemala.

Although it is beyond the scope of this chapter to describe the colonial relationships between countries, further justification for world systems theory is noted in the flow of adoptees from the developing or global south countries who were historically economically dependent or colonial nations to the developed countries, the global north. Special relations (prior colonial relationships, military alliances, or shared languages) between countries also appear to influence these flows. Note in 8.2 the flows from Bolivia, Columbia, Mexico, and Peru to Spain; from Haiti and Vietnam to France; from Guatemala, the Philippines, South Korea, and Vietnam to the U. S. and; from Ethiopia, Nigeria, and South Africa to the Nordic countries of Norway, Sweden, The Netherlands, and Denmark.

Table 8.3 details further Demographic characteristics of the 39 nations who sent over 250 ICAS from 2005 to 2009 (the U. S. with only 217 was included as this is the only receiving nation that also was a notable sending nation). For further comparison this table lists the total ICA frequency along with the rates per 100,000 population; per 100,000 aged zero to four; and the ratio per 1,000 births. Seventeen nations sent over 1,000 in this period. For example Guatemala has the top rates based on both population (27.54 per 100,000; 198.23 per 100,000 aged zero to 4); and ratios per 1,000 births (9.47). This means that in from 2005 to 2009, almost 1 percent, 0.947 percent, of births was placed in intercountry adoption. The top sending nations by

**Table 8.2** Frequencies of ICAs from sending countries to receiving countries 2005–2009

| | Australia | Belgium | Canada | Denmark | France | Italy | Netherlands | Norway | Spain | Sweden | Switzerland | USA | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Country | 2005–2009 | 2005–2009 | 2005–2009 | 2005–2009 | 2005–2009 | 2005–2009 | 2005–2009 | 2005–2009 | 2005–2009 | 2005–2009 | 2005–2008 | 2005–2009 | |
| Total | 1,799 | 1,677 | 8,191 | 2,381 | 17,563 | 17,423 | 4,232 | 2,098 | 19,705 | 4,467 | 2,034 | 92,897 | 174,467 |
| Bolivia | | | | 83 | | 274 | 39 | | 204 | | | | 600 |
| Brazil | 4 | | | | 322 | 1541 | 55 | 30 | 52 | | 58 | 274 | 2,336 |
| Bulgaria | | | | 10 | | 300 | 4 | | 87 | | | 92 | 493 |
| Burkina Faso | | | 2 | 7 | 155 | 96 | | | 30 | | | | 290 |
| Cambodia | | | | | | 626 | | | 4 | | | | 630 |
| Chile | | | | | | 249 | | 13 | 37 | | | | 299 |
| China | 507 | 436 | | 664 | 1194 | 23 | 1975 | 821 | 6763 | 1510 | 150 | 26698 | 40,741 |
| Colombia | 28 | 94 | | 164 | 1535 | 1792 | 297 | 299 | 1023 | | | 1507 | 6,739 |
| Congo | | 20 | 24 | | | 123 | 12 | | 340 | | | 23 | 542 |
| Ethiopia | 249 | 482 | 472 | 324 | 2151 | 1390 | 277 | 161 | 3282 | 187 | 218 | 6231 | 15,424 |
| Ghana | | | 44 | | | | 5 | | 4 | | | 281 | 334 |
| Guatemala | 4 | | 8 | 7 | | 60 | 5 | | 24 | | | 17417 | 17,525 |
| Haiti | | 40 | | | 2830 | 17 | 271 | | 101 | | 16 | 1367 | 4,642 |
| Hungary | | | | | | 350 | 20 | 32 | 47 | | | 34 | 483 |
| India | 129 | 24 | | 185 | | 688 | 69 | 69 | 286 | 226 | 118 | 1655 | 3,449 |
| Jamaica | | | 6 | | | | | | | | | 261 | 267 |
| Kazakhstan | | 168 | | | | 81 | | | 540 | | | 2560 | 3,349 |
| South Korea | 371 | | | 160 | | | | 276 | | 437 | | 6074 | 7,318 |
| Latvia | | | | | 92 | 157 | | | | | | 145 | 394 |
| Liberia | | | 54 | | | | | | | | | 1080 | 1,134 |
| Lithuania | | | | | | 335 | 5 | | 12 | 40 | | 103 | 495 |
| Madagascar | | 4 | | | 424 | 17 | | | 74 | | | | 519 |
| Mali | | 46 | 3 | | 409 | 48 | | | 2 | | | | 508 |
| Mexico | | | | | | 64 | 1 | | 145 | | | 450 | 660 |
| Moldova | | | | | | 119 | | | 18 | | | 121 | 258 |

**Table 8.2** (continued)

| | Australia | Belgium | Canada | Denmark | France | Italy | Netherlands | Norway | Spain | Sweden | Switzerland | USA | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Country | 2005–2009 | 2005–2009 | 2005–2009 | 2005–2009 | 2005–2009 | 2005–2009 | 2005–2009 | 2005–2009 | 2005–2009 | 2005–2009 | 2005–2008 | 2005–2009 | |
| Nepal | | 6 | | 5 | | 281 | 7 | | 476 | | | 217 | 992 |
| Nigeria | | 7 | 23 | | | 27 | 115 | | 4 | 23 | | 386 | 585 |
| Peru | | 8 | | 12 | | 357 | 6 | 2 | 172 | | | 158 | 715 |
| Philippines | 221 | 21 | | 16 | | 126 | 5 | 55 | 151 | 43 | 66 | 1341 | 2,045 |
| Poland | | 7 | | 6 | | 1131 | 140 | | 7 | 102 | | 358 | 1,751 |
| Russia | | 75 | | | 1402 | 2989 | 4 | | 5274 | 113 | 79 | 14102 | 24,038 |
| South Africa | | 58 | 50 | 264 | | | | 88 | 12 | 209 | | | 681 |
| Sri Lanka | 17 | 16 | 9 | 17 | | 45 | 49 | 13 | 1 | | | | 167 |
| Taiwan | 140 | 10 | | | | | 191 | | | 85 | 244 | 1019 | 1,689 |
| Thailand | 84 | 64 | | 111 | 200 | 32 | 66 | 42 | 6 | 114 | | 307 | 1,026 |
| Ukraine | | 14 | | | 362 | 2223 | 1 | | 1299 | 23 | 38 | 3000 | 6,960 |
| USA | | 1 | | | | | 199 | | | | 17 | | 217 |
| Vietnam | | | | 253 | 2392 | 1185 | | | 65 | 316 | | | 4,211 |

*Source*: Hague Adoption Convention (2010–2011)

**Table 8.3** Sending nations (in 8.2) demographic characteristics and adoption rates and ratios 2005–2009

| Country | Total | Pop.[a] | Age 0–4[b] | Births[c] | Rate[d] | Rate[e] | Ratio[f] | TFR | SRB | Mig.[g] | GNI-PPP | Literacy |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bolivia | 600 | 9,426 | 1209.59 | 255.00 | 1.27 | 9.9 | 0.471 | 3.4 | 1 | −1 | 3890 | 90.74 |
| Brazil | 2,336 | 193,919 | 18031.91 | 3686.00 | 0.24 | 2.6 | 0.127 | 2.2 | 1 | 0 | 9600 | 90.01 |
| Bulgaria | 493 | 7,323 | 346.52 | 70.00 | 1.35 | 28.5 | 1.409 | 1.4 | 1 | −4 | 11340 | 98.3 |
| Burkina Faso | 290 | 14,797 | 2733.43 | 666.00 | 0.39 | 2.1 | 0.087 | 6.4 | 1 | 1 | 1127.39 | 28.73 |
| Cambodia | 630 | 13,719 | 1644.94 | 369.00 | 0.92 | 7.7 | 0.341 | 3.2 | 1 | −2 | 1750 | 77.59 |
| Chile | 299 | 16,306 | 1232.91 | 245.00 | 0.37 | 4.9 | 0.244 | 2 | 1 | 0 | 12280 | 98.65 |
| China | 40,741 | 1,310,584 | 74384.56 | 15347.00 | 0.62 | 11.0 | 0.531 | 1.5 | 1 | 0 | 5640 | 93.7 |
| Colombia | 6,739 | 42,597 | 3951.80 | 798.00 | 3.16 | 34.1 | 1.689 | 2.3 | 1 | −1 | 8300 | 93.38 |
| Congo | 542 | 3,802 | 681.25 | 160.00 | 2.85 | 15.9 | 0.678 | 6 | 1 | 0 | 2580 | 67.2 |
| Ethiopia | 15,424 | 79,936 | 14894.95 | 3539.00 | 3.86 | 20.7 | 0.872 | 6.2 | 1 | −3.4 | 787.98 | 35.9 |
| Ghana | 334 | 22,981 | 3186.80 | 690.00 | 0.29 | 2.1 | 0.097 | 3.9 | 1 | 0.12 | 1370 | 65.8 |
| Guatemala | 17,525 | 12,728 | 1768.14 | 370.00 | 27.54 | 198.2 | 9.473 | 3.7 | 1 | −2 | 4580 | 73.8 |
| Haiti | 4,642 | 9,500 | 1225.96 | 258.00 | 9.77 | 75.7 | 3.598 | 3.6 | 1 | −4 | | |
| Hungary | 483 | 100,343 | 486.01 | 98.00 | 0.10 | 19.9 | 0.986 | 1.3 | 1 | 2 | 17900 | 99 |
| India | 3,449 | 1,124,135 | 119247.54 | 25259.00 | 0.06 | 0.6 | 0.027 | 2.8 | 1 | 0 | 2870 | 62.75 |
| Jamaica | 267 | 2,782 | 284.36 | 57.00 | 1.92 | 18.8 | 0.937 | 2.4 | 1 | −6 | 7230 | 85.9 |
| Kazakhstan | 3,349 | 15,285 | 1141.13 | 248.00 | 4.38 | 58.7 | 2.701 | 1.9 | 1 | −3 | 9590 | 99.7 |
| Latvia | 394 | 2,260 | 101.77 | 21.00 | 3.49 | 77.4 | 3.752 | 1.3 | 1 | −2 | 16520 | 99.8 |
| Liberia | 1,134 | 3,270 | 569.40 | 131.00 | 6.94 | 39.8 | 1.731 | 5.4 | 1 | 0.62 | 280 | 58.1 |
| Lithuania | 495 | 3,575 | 152.71 | 32.00 | 2.77 | 64.8 | 3.094 | 1.2 | 1 | −1 | 17440 | 99.7 |
| Madagascar | 519 | 19,449 | 3283.47 | 751.00 | 0.53 | 3.2 | 0.138 | 5.2 | 1 | 0 | 990 | 70.68 |
| Mali | 508 | 12,769 | 2435.05 | 602.00 | 0.80 | 4.2 | 0.169 | 6.8 | 1 | −6 | 1100 | 26.18 |
| Mexico | 660 | 108,701 | 10824.86 | 2213.00 | 0.12 | 1.2 | 0.06 | 2.4 | 1 | −4 | 14280 | 92.8 |
| Moldova | 258 | 4,329 | 218.28 | 47.00 | 1.19 | 23.6 | 1.098 | 1.2 | 1 | −1 | 3000 | 98.3 |
| Nepal | 992 | 27,828 | 3345.90 | 685.00 | 0.71 | 5.9 | 0.29 | 2.9 | 1 | −4 | 1060 | 57.9 |
| Nigeria | 585 | 143,312 | 22997.86 | 5419.00 | 0.08 | 0.5 | 0.022 | 5.1 | 1 | −1.7 | 1860 | 60.1 |
| Peru | 715 | 28,050 | 2780.91 | 572.00 | 0.51 | 5.1 | 0.25 | 2.5 | 1 | −4 | 7110 | 93.6 |
| Philippines | 2,045 | 94,157 | 12009.56 | 2517.00 | 0.43 | 3.4 | 0.162 | 2 | 1 | −1 | 3690 | 93.6 |
| Poland | 1,751 | 38,518 | 1838.20 | 383.00 | 0.91 | 19.1 | 0.914 | 1.3 | 1 | 0 | 16060 | 99.5 |
| Russia | 14,038 | 141,378 | 7401.35 | 1544.00 | 1.99 | 37.9 | 1.818 | 1.4 | 1 | 0 | 16410 | 99.5 |
| South Africa | 681 | 48,367 | 4744.47 | 993.00 | 0.28 | 2.9 | 0.137 | 2.5 | 1 | 7 | 9660 | 89 |

**Table 8.3** (continued)

| Country | Total | Pop.[a] | Age 0–4[b] | Births[c] | Rate[d] | Rate[e] | Ratio[f] | TFR | SRB | Mig.[g] | GNI-PPP | Literacy |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| South Korea | 7,318 | 48,250 | 2293.78 | 443.00 | 3.03 | 63.8 | 3.304 | 1.2 | 1 | −1 | 26230 | 100 |
| Sri Lanka | 167 | 20,508 | 1843.31 | 385.00 | 0.16 | 1.8 | 0.087 | 2.3 | 1 | −4 | 4230 | 90.56 |
| Taiwan | 1,689 | 22,859 | 1075.16 | 205.00 | 1.48 | 31.4 | 1.648 | 1.1 | 1 | 1 | | |
| Thailand | 1,026 | 65,110 | 4348.05 | 882.00 | 0.32 | 4.7 | 0.233 | 1.6 | 1 | 0 | 7550 | 93.51 |
| Ukraine | 6,960 | 46,300 | 2090.49 | 438.00 | 3.01 | 66.6 | 3.178 | 1.2 | 1 | 0 | 6890 | 99.7 |
| USA | 217 | 301,580 | 20921.29 | 4316.00 | 0.01 | 0.2 | 0.01 | 2.1 | 1 | 3 | 46740 | 99 |
| Vietnam | 4,211 | 86,519 | 7743.30 | 1607.00 | 0.97 | 10.9 | 0.524 | 1.2 | 1 | 0 | 2540 | 92.5 |
| Mean | 3,923 | 108,938 | 4897.86 | 1956.77 | 2.30 | 25.1 | 1.216 | 2.7564 | 1 | −1.13744 | 8761.216 | 83.10757 |
| Std. Dev. | 7,805 | 269,086 | 12400.00 | 4647.81 | 4.61 | 36.8 | 1.759 | 1.6786 | 0 | 2.47297 | 9167.186 | 20.95064 |
| Min | 151 | 1,316 | 0.57 | 13.00 | 0.01 | 0.0 | 0.01 | 1.1 | 1 | −6 | 280 | 26.18 |
| Max | 40,305 | 1,310,584 | 74400.00 | 25259.00 | 27.54 | 198.2 | 9.473 | 6.8 | 1 | 7 | 46740 | 100 |

*Sources*: Hague Adoption Convention (2010–2011); World Bank (2011a, 2011b, 2011c); U. S. Census IDB (n.d.); CIA World Factbook (n.d.)

[a]Population per K

[b]Age 0–4 per 1,000

[c]Births per K

[d]Rate per 100 K

[e]Rate per 100 K aged 0–4

[f]Ratio per 1,000 births

[g]Per K

100,000 population rate were Guatemala (27.54); Haiti (9.77); Liberia (6.94); and Kazakhstan (4.38); and Ethiopia (3.86). India and the United States are ranked last in rates based on population per 100,000 rates (0.06 and 0.01 respectively) and birth ratios (0.03 and 0.01 respectively). The top sending nations based on the population aged zero to four: Guatemala (198.23); Latvia (77.43); Haiti (75.73) and the Ukraine (66.59). Although China sent the most adoptees from 2005 to 2009 (40,741), with a population of 1,310.584 million, the adoption rate is only 0.62 per 100,000; 11.0 per 100,000 aged zero to four (or 0.53 per 1,000 births) with a rank of twenty-three among the top sending nations ranked by rate per 100,000 population. Most notably, Ethiopia ranked fourth in ICA frequency with 15,424 adoptees, fifth in the number of ICAs per 100,000, fourteenth in the number of ICAs per 100,000 aged zero to four; and seventeenth in ranking by ratio per 1,000 births, 0.75. As Ethiopia has a higher TFR, 6.2, the ranking by ratio is significantly lower than China with a TFR of 1.5.

Table 8.3 provides further support for sending countries following the world systems theory. Sending countries had a mean GNI PPP of $8,761. The poorest nation was Liberia, with a GNI per capita PPP of $280 (note the World Bank did not estimate a GNI PPP for Haiti and Taiwan is considered part of China). The outliers are the United States, with a GNI per capita PPP of $46,740 and South Korea, generally viewed as a developed "Asian Tiger" country, which is a top sending country, sending 7,318 adoptees with a GNI PPP in 2007 of $26,230. South Korean adoptions appear to be more influenced by their longstanding use of ICAs so the infrastructure for care of children relies on adoptions for long term care as South Korea does not fit the pattern of sending countries having a low GNI. With these notable exceptions, the other sending nations fit the criteria as developed or developing nations. The GNI PPP's of 26 (27 if one includes Haiti) of the top 39 sending countries are below $10,000; of the remaining countries only the United States and South Korea have GNI PPPs above $25,000. Comparatively, in Table 8.4, the top receiving nations all have GNI PPPs above $31,000.

Literacy rates are comparatively lower than in the receiving countries. All of the top receiving countries have 97 percent or higher literacy. Eleven have 75 percent or lower literacy. So, many of the sending nations fit the pattern of being poorer or developing nations.

Table 8.4 supplies comparable data for the top twelve recipient nations: the ICA frequency, rate per 100,000; and rate per 100,000 aged zero to four; and the ratio per 1,000 births as well as the demographic and economic characteristics mentioned above. These data along with measures of central tendency provide additional support for Hypothesis one. Notably the mean GNI PPP of the receiving countries is $39,305; ranging from $31,480 in Spain to $54,730 in Norway (which also has the second highest adoption rate).

Sweden (with 4,467 ICAs) ranks first based on population with a rate of 9.89 per 100,000; 190.17 per 100,000 aged zero to four; and 9.71 ICAs per 1,000 births. Norway (with a total of 2,098) ranks second with 9.07 per 100,000; 154.57 per 100,000 aged zero to four (with the ratio of 8.07 per 1,000 births) followed by Spain with 8.72 per 100,000 (ranked third with 166.23 ICAs per 1,000 births). The

**Table 8.4** Top twelve recipients of intercountry adoptions (in Table 8.2): Rates and demographic characteristics

| Country | Total | Pop.[a] | 0–4[b] | Births[c] | Rate[d] | Rate[e] | Ratio[f] | GNIPPP | TFR | Net. Mig[g] |
|---|---|---|---|---|---|---|---|---|---|---|
| Australia | 1,799 | 20,750 | 1,291 | 262 | 1.73 | 27.86 | 1.37 | $34,830 | 1.8 | 6 |
| Belgium | 1,677 | 10,392 | 545 | 107 | 3.23 | 61.54 | 3.13 | $35,830 | 2 | 13 |
| Canada | 8,191 | 32,936 | 1,697 | 340 | 4.97 | 96.55 | 4.82 | $37,830 | 1.6 | 6 |
| Denmark | 2,381 | 5,468 | 314 | 60 | 8.71 | 151.49 | 7.94 | $37,560 | 1.7 | 3 |
| France | 17,563 | 63,682 | 4,037 | 822 | 5.52 | 87.01 | 4.27 | $33,630 | 2 | 1 |
| Italy | 17,423 | 59,627 | 2,782 | 564 | 5.84 | 125.26 | 6.18 | $31,550 | 1.3 | 8 |
| Netherlands | 4,232 | 16,571 | 929 | 177 | 5.11 | 91.09 | 4.78 | $41,110 | 1.7 | 3 |
| Norway | 2,098 | 4,628 | 271 | 52 | 9.07 | 154.57 | 8.07 | $54,730 | 1.8 | 2 |
| Spain | 19,705 | 45,212 | 2,371 | 491 | 8.72 | 166.23 | 8.03 | $31,480 | 1.4 | 16 |
| Sweden | 4,467 | 9,031 | 470 | 92 | 9.89 | 190.17 | 9.71 | $39,300 | 1.7 | 2 |
| Switzerland | 2,034 | 7,555 | 370 | 73 | 6.73 | 137.48 | 6.97 | $43,600 | 1.4 | 3 |
| USA | 92,897 | 301,580 | 20,921 | 4316 | 6.16 | 88.81 | 4.30 | $46,740 | 2.1 | 3 |
| Mean Std. | 14,539 | 48,119 | 3,000 | 613 | 6.31 | 114.84 | 5.8 | $39,016 | 1.71 | 5.5 |
| Std. Dev. | 25,617 | 82,521 | 5,765 | 1190.9 | 2.46 | 47.31 | 2.43 | $6,774 | 0.25 | 4.7 |
| Min | 1,677 | 4,628 | 271 | 52 | 1.73 | 27.86 | 1.37 | $31,480 | 1.3 | 1 |
| Max | 92,897 | 301,580 | 20,921 | 4316 | 9.89 | 190.17 | 9.71 | $54,730 | 2.1 | 16 |

*Sources*: Hague Adoption Convention (2010–2011); World Bank (2011a, 2011b, 2011c); U. S. Census IDB (n.d.); CIA (n.d.)
[a]Population per K
[b]Age 0–4 per K
[c]Births per K
[d]Rate per 100 K
[e]Rate per 100 K aged 0–4
[f]Ratio per K births
[g]Net migrant per K

U. S. (with 92,897 ICAs) ranks sixth, with a rate of 6.16 adoptees per 100,000; 88.81 ICAs per 100,000 aged zero to four; and 4.3 adoptees per 1,000 births. The lowest two top recipients are Belgium (with 1,677 ICAs) and Australia (with 1,799 ICAs). Australia ranks 12th in all three rates: 1.73 ICAs per 100,000 population; 27.86 ICAs per 100,000 aged zero to four; and 1.37 adoptees per 1,000 births.

Hypothesis two, that those countries with higher TFRs will send more ICAs is not supported. Tables 8.3 and 8.4 reveal that interestingly, the top sending countries also have low TFRs. Table 8.2 summarizes data that indicate the TFRs (total fertility rates) of sending countries are mixed. Twenty-two of the sending countries have an above replacement TFR of 2.1; with a mean TFRs of the sending countries, 2.76; a standard deviation of 1.68; and a range of 1.1 in Taiwan to 6.8 in Madagascar. Comparatively, in Table 8.4, of the receiving countries only the U. S. has a TFR at replacement level of 2.1. The mean TFRs of the receiving countries are lower, 1.7. The lowest TFR, 1.31 is Italy and the highest are is the U. S. with a TFR of 2.1. Consistent with the assumption regarding developed nations, there is little TFR variation with Table 8.4 revealing a TFR standard deviation of 0.25.

Hypothesis three, that those countries with a high SRB, evidencing male infant preference will place more in adoptions, was also not supported. If there is no sex preference the usual sex ratio at birth (SRB) is 1.05. One would assume that countries with a preferred sex, noted by an imbalanced SRB, would place the undesired child for adoption. Table 8.3 notes the mean SRBs of the sending countries is 1.06, still in the normal range, revealing normal sex ratio at birth. SRB standard deviation is slight, 0.04 in the sending countries. There is great variability in the four measures of the ICAs in the four countries with the highest SRBs (Cambodia, 1.28; Taiwan, 1.15; China, 1.14; and India, 1.08). Although China, with the third highest SRB, has the highest frequency of ICAs, 40,305, this belies their rank in the other three measures due to the population of 1,310.584 million.

Hypothesis four, that countries with a negative net migration rate will place more ICAs, confirming ICAs as a migratory flow, was supported by adoption frequency comparison. Table 8.2 reveals the net migration rate per 1,000 in the sending countries places the sending countries in the pattern of sending more general migrants. Thirty-four countries have a zero or below net migration rate. The mean net migration rate is –1, with a standard deviation of 2; the minimum is Jamaica, –6, the highest rate is South Africa, 7. Notably South Africa has the highest GNI PPP in the area ($9,960) and thus is surrounded by persons entering for low paying employment. The other outlier is the U. S. with a 3 net migration rate in 2007. Although the U. S. is included in the receiving country category, the U. S., with a high net migration rate of 3, is also a sending country with 217 ICAs adoptees.

Conversely, all of the net migration rates in the receiving countries are positive indicating more immigrants than emigrants. Table 8.4 reveals the mean net migration rate is 5.5 per 1,000 with a standard deviation of 4.7. Rates range from Spain with a net migration rate of 16 to France with a net migration rate of 1.

One additional issue affecting the intercountry adoptions is the geographic area of the sending countries. Table 8.5 outlines the four geographic categories “European”, “Latin America” “Asian” and “African”. Countries are listed by

**Table 8.5** ICA adoption frequency and rates by area 2005–2009

| Country | Total | Rate per 100,000 | Country | Total | Rate per 100,000 |
|---|---|---|---|---|---|
| *African* | | | *European* | | |
| Burkina Faso | 290 | 0.39 | Bulgaria | 493 | 1.35 |
| Congo | 542 | 2.85 | Hungary | 483 | 0.10 |
| Ethiopia | 15,424 | 3.86 | Kazakhstan | 3,349 | 4.38 |
| Ghana | 334 | 0.29 | Latvia | 394 | 3.49 |
| Liberia | 1,134 | 6.94 | Lithuania | 495 | 2.77 |
| Madagascar | 519 | 0.53 | Moldova | 258 | 1.19 |
| Mali | 508 | 0.80 | Poland | 1,751 | 0.91 |
| Nigeria | 585 | 0.08 | Russia | 24,038 | 3.40 |
| South Africa | 681 | 0.28 | Ukraine | 6,960 | 3.01 |
| Total | 20,017 | | | Total | 38,221 |
| *Asian* | | | *Latin America* | | |
| Cambodia | 630 | 0.92 | Bolivia | 600 | 1.27 |
| China | 40,741 | 0.62 | Brazil | 2,336 | 0.24 |
| India | 3,449 | 0.06 | Chile | 299 | 0.37 |
| South Korea | 7,318 | 3.03 | Colombia | 6,739 | 3.16 |
| Nepal | 992 | 0.71 | Guatemala | 17,525 | 27.54 |
| Philippines | 2,045 | 0.43 | Haiti | 4,642 | 9.77 |
| Sri Lanka | 167 | 0.16 | Jamaica | 267 | 1.92 |
| Taiwan | 1,689 | 1.48 | Mexico | 660 | 0.12 |
| Thailand | 1,026 | 0.32 | Peru | 715 | 0.51 |
| Vietnam | 4,211 | 0.97 | | | |
| Total | 62,268 | | | Total | 33,783 |

Total ICAs from top recipient countries 2005–2009 = 174,467

category. Table 8.5 depicts the frequency and rates of adoptions by the above categories. Notably, the greatest frequencies of adoptions are from the Asian countries, 62,268 adoptees from 2005 to 2009; 40,741 from China, the greatest frequency. Next, are the 38,221 ICAs from Eastern Europe. Of these, the second highest frequency is 24,038 from Russia; with 6,960 from the Ukraine. Kazakhstan, with 3,349 adoptees, is placed in the European category. Cartwright (2003, p. 92) argues that this is "geographically wrong but ethnically accurate". Third is the "Latin America" category. Two notably large senders with high rates are Guatemala, with the third highest frequency, 17,525, and the highest rate, 27.54, and Columbia with 6,739 adoptions and a rate of 3.16 per 100,000.

Although the majority of the of the 174,467 ICAs were from European, Asian and Latin American countries, the 20,017 adoptions from the African sending countries represent a change in adoption. The highest frequency, 15,424, is from Ethiopia, with a rate of 3.86 per 100,000. Referring to Table 8.1, note that many of the countries with the highest rates are not members of the Hague Convention. These include Haiti, Ethiopia, Kazakhstan, Russia, South Korea, the Ukraine and Vietnam. This raises questions about whether these countries are abiding by international standards for the protection of children.

## 8.6 Conclusion

This chapter begins with the question of whether adoptions serve to provide families for children who need homes or children for families. The argument that families serve to provide homes for children is that intercountry adopters have humanitarian motives of rescuing children who are orphaned, abandoned, homeless due to natural disaster or war, or from abject poverty. Adopters respond to relief efforts to provide care for children whose families have been devastated by war, disaster or famine. However, the needs of the children do not fully explain the adoption flows.

The counter argument is there is a private market in intercountry adoptions. Since intercountry adoptions are financially profitable, with tens of thousands of dollars in profit per child with agency costs easily obfuscated, private agencies use adoptions as a commodity. Similar to other commodity markets, this market is promoted through media coverage and internet advertisement on adoption websites. The financial benefits of intercountry adoptions have been criticized as "baby selling". Critics use allegations of child trafficking and corruption scandals to argue for standards to regulate intercountry adoptions.

I use current data from the Hague convention statistical reports from 2005 to 2009 depicting the current status of sending and receiving countries. A limitation of the Hague Convention statistical data is that not all sending and receiving countries report statistical data and the requested statistical data are minimal. Data show that there is, from a world system viewpoint, a flow of children as commodities from less developed to developed nations. With the exception of the U. S. and South Korea, the sending countries are less developed countries with lower GNI-PPPs, higher percentages of the population living in poverty and lower literacy rates.

The frequencies of the sending countries are converted into adoption rates (the rate of adoptions per 100,000; the rate of adoptions per 100,000 aged zero to four, and the rate of adoptions per 1,000 births). These rates highlight areas of concern. Guatemala, with the highest adoption rate of 27.54 per 100,000 (198.23 per 100,000 aged zero to four; or 9.47 per 1,000 births) has been an area with allegations of corruption, kidnapping and baby marketing. The primary source of adoptees form Guatemala has been the U. S., not a member of the Hague Convention until 2007. A U. S. Department of State adoption alert on 12/8/09 warned that although Guatemala joined The Hague Convention the implementation of standards is still in process so no new adoptions are accepted until the Hague Convention standards are enforced (Department of State, 2009).

The Hague Convention on Adoptions was convened in 1993 to address the global discourses on adoption, following scandals involving corrupt adoption practices such as in Romania in the 1990s. Prior to the convention, no international regulation of intercountry adoptions existed. The Hague Adoption Convention addresses the ethical and legal issues involved in protecting children from abuse, neglect and child trafficking through placements that are in the "best interest of the child". Standards rank intercountry adoptive placement above a child remaining long term in a domestic institution but lower than placement in a domestic adoption or remaining with the biological family. These standards consider the economic forces exerted

by wealthier, developed nations who desire healthy young children for adoption and the limited options of the underdeveloped nations who are senders.

In conclusion, yes, economic variables do affect the flow of intercountry adoptions. Receiving countries are significantly wealthier countries, with higher GNI-PPPs and positive net migrations. Conversely, the sending countries, with exceptions, are poorer, with lower GNI PPPs, negative net migration rates, and lower literacy rates. Thus, intercountry adoptions appear to follow the south to north flow advantaging the wealthy developed nations. However, both developed and developing countries appear to rely on ICAs as an option for permanent child care for dependent children who are orphaned, abandoned, or placed by parents or caregivers.

The human side of the calculus is that intercountry adoptions are designed to protect children, while providing equal family membership and national citizenship to the children. Other child protections monitored by other Hague Child Protection Conventions are designed to safeguard against clearly solely exploitative uses of children: trafficking of children to be soldiers, slaves or objects of sexual exploitation and abuse in the child sex trade. So, in spite of the risk of exploitation, the stated goal of adopters and the public and private agencies supporting these adoptions is to obtain permanent homes which are in "the best interest of the child" (Cox, n.d.). Adoption data indicate that whether this is the case continues to be an unanswered and ongoing question.

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# Chapter 9
# Conclusion

Adoptions are not a common topic for demographic analysis. Compared to marriage or childbirth, adoptions represent a relatively rare means of forming a family. The United Nations (2009, p. xv) reports that on an annual basis 426,000 children are adopted globally with almost half of those (127,000 in 2007) adopted in the U. S. In 2000 the U. S. Census reported 8 percent or 6.7 of the 84 million children in U.S. households were reported as adopted children. Of these 119,136 or 12.6 percent were foreign born adoptees (U. S. Census, 2003). If one considers adults who were adopted, five million Americans alive today are adoptees, and 2–4 percent of all families have adopted (Adoption History Project, 2008). Thus, this book has responded to the need for a discourse on the social demography of adoptions with researchers agreeing that adoption research is limited by data issues.

## 9.1 Data Issues

Future demographic research can be enhanced as better data, both nationally and internationally, become available. In the U. S improved data compilation appears to be on the horizon from three sources: vital statistics or registration data, U. S. census data and, large scale national surveys such as the National Center for Health Statistics (NCHS) surveys the National Survey of Family Growth (NSFG) and The National Survey of Adoptive Parents (NSAP).

International data is also on the cusp of standardization through Hague Convention statistical reports and the United Nations position supporting uniform reporting of Intercountry adoptions.

The first recommendation would be for including standardized adoption records in vital statistics or registration data. Vital statistics data currently includes birth, marriage, divorce and death records but not adoption data. The registration of adoptions would be facilitated through a standardization of the state court system's administrative records. Flango (2008) supports the National Center for State Courts instituting a standardized reporting mechanism with a national data sharing protocol. If all adoptions were documented through a standardization of the state court system's administrative records then this information could be maintained

M.A. Davis, *Children for Families or Families for Children*, The Springer Series on Demographic Methods and Population Analysis 29, DOI 10.1007/978-90-481-8972-4_9,

nationally with vital statistics or registration data similar to birth, marriage, divorce and death certificates.

Common definitions using uniform variables would simplify data exchanges, already successfully used in the exchange of criminal statistics. This would be a practical step in improving family law legal services through facilitating integrated data exchange and reporting from the variety of jurisdictions, state courts, private attorneys, private agencies, and tribal agencies. These data protocol would not only ensure that the rights of the adoptive child, the relinquishing and adopting parents were protected, they would provide for a standardized way of documenting the numbers and types of adoptions available. As an added benefit a standardized data sharing protocol would provide that information for adoption research. If the family court systems were required to finalize adoptions and document these using standardized reporting mechanisms this would, for the first time, provide accurate statistical information pertaining to formal adoptions in the U. S. whether arranged through the child welfare systems, private agencies, or private attorneys.

Second, is the continuation of adoption as a household membership variable in the U. S. census. The relationship of adopted child was included as a census question in the years 1880 through 1930 omitted from 1940 through 1990 but included in the 2000 and 2010 census. The U. S census data are updated each decade and, more frequently, through the American Community survey. The household membership questions provide a longitudinal approach to examining the changes in household composition.

The third recommendation is to expand the two large scale national surveys from the National Center for Health Statistics (NCHS); National Survey of Family Growth (NSFG) and The National Survey of Adoptive Parents (NSAP) (see Chapter 3 for additional information) for more in depth analyses of adoptions. Currently, both surveys have limitations. The NSFG, currently in a seventh, ongoing wave, has historically only included a small number of adoptive parents in their samples. Note in Section 3.4.3.2, the size of the sample which has averaged around 150 (Groves, Mosher, Lepkowski, & Kirgis, 2009).

The NSAP is also limited, in spite of targeting only adoptive families. The NSAP was a follow-up survey to the National Survey of Children's Health (NSCH) of the English-speaking households who were identified as having an adopted person in the households. (Adopted children living with one biological parent were considered to be step-parent adoptees and excluded.) The NSAP survey included 2,089 households who had adopted between 1990/1992 and 2007/2008; constrained to English speaking families (Bramlett, Foster, & Frasier, 2010). The NSAP, unlike the multi waved NSFG, was a single survey. Data in the NSAP are further restricted as it excludes questions which were included in the original NSCH survey. This creates the need to link the two surveys for analyses. What is needed is a larger sample of adoptive parents, targeting multiple ethnicities and expanded to multiple languages so as to better reflect the current population of the U. S.

Chapter 3 presents two possibilities for improved data using these surveys. First, adoptive parents could be oversampled in the continuous NSFG, much like racial minorities are currently. Since this is an ongoing longitudinal survey beginning in the early 1970s, this would allow for an analysis of long term adoption trends. Second, the NSFG variables used in adoption research could be included in the

NSAP survey to allow social demographers data concerning current adoption issues (the type of adoption, motivations, etc.) which could be compared to the NSFG data.

International data is also in transition. The United Nations (2009, p. 65) agrees that there are limited international data pertaining to adoptions. Of the 195 countries, 173 allow adoptions; 128 provide data on at least the number of adoptions. Of the 128 countries with adoption data 88 have some data on both domestic and ICAs; 23 on all adoptions; nine only on ICAs and; eight only on domestic adoptions (United Nations, 2009, p. 65). Although Hague Convention data are another recent source of analyses about inter-country adoptions with statistical reports from member nations required annually, improvement is still needed. The United Nations (2009, pp. 137–142) recommends uniform standards for both domestic adoptions presented in Box 9.1 and intercountry adoptions in Box 9.2. Note these recommendations would provide uniform data regarding the family status of the adoptee or adopter; the length of time required for placement; whether the adopter has biological children; the location or the placement and legal completion or; the immigration status, and whether exit or entry visas are required. Uniform data would also enable compliance with the Hague Convention standards by requiring documentation that offers transparency about the adoption process.

**Box 9.1**

**Minimum Data Needed for Domestic Adoptions**

Date (DD/MM/Year)
Characteristic
Type of adoption
Date when adoption request was received
Date when adoption was granted
Date when adoption came into effect
Authority granting the adoption:
Place of the adoption: Locality (city or town); State/Province

Characteristics of the persons involved in the event

| | Persons relinquishing guardianship | | Adopted Person | Persons adopting | |
|---|---|---|---|---|---|
| | Person 1 | Person 2 | Person 0 | Person 3 | Person 4 |
| Sex | | | | | |
| DOB | | | | | |
| Place of habitual residence: | | | | | |
| Locality (city or town) | | | | | |
| State/Province | | | | | |
| Country of Citizenship | | | Not applicable | | |
| Number of children before | | | Not applicable | | |
| adoption comes into effect | | | Not applicable | | |
| Marital Status | | | Not applicable | | |
| Relationship to adopted person | | | | | |

*Source*: United Nations, 2009, p. 137

**Box 9.2**

**Minimum Data Needed for Intercountry Adoptions**

Form ID:

| Completed by Authorities in Country of Origin | Completed by Authorities in Country of Destination |
|---|---|
| Country of Origin: | Country of Destination: |
| Current Date (DD/MM/Year): | Current Date (DD/MM/Year): |
| Type: | Type: |
| Date when adoption request was received | Date when adoption abroad was recognized |
| Date when adoption was granted | Date when adoption was granted |
| Date when adoption came into effect | Date when adoption came into effect |
| Place of the adoption: | Place of the adoption: |
| Locality (city or town); | Locality (city or town); |
| State/Province | State/Province |
| Date of departure | Date of Arrival |
| Type of exit permit (if required): | Type of visa: |
| | Type or residence permit (if appropriate): |

Characteristics of the persons involved in the event

| | Persons relinquishing guardianship | | Adopted Person | Persons adopting | |
|---|---|---|---|---|---|
| | Person 1 | Person 2 | Person 0 | Person 3 | Person 4 |
| Sex | | | | | |
| DOB | | | | | |
| Country of habitual residence: | | | | | |
| Locality (city or town) | | | | | |
| State/Province | | | | | |
| Country of Citizenship | | | | | |
| Number of children before | | | Not applicable | | |
| adoption comes into effect | | | Not applicable | | |
| Of which, biological children | | | Not applicable | | |
| Marital Status | | | Not applicable | | |
| Relationship to adopted person | | | Not applicable | | |

*Source*: United Nations, 2009, p. 142

## 9.2 How Are Adoptions Quantified?

An important issue regarding adoption analyses is to have a shared language with shared agreement on how adoptions are documented for international and longitudinal comparisons. The frequency of adoptions, while intuitively appearing easy to understand, does not allow for comparisons among countries with vastly different population sizes and age structures. In chapters related to intercountry

adoptions (Chapters 8 and 9) I follow Selman's (2002, 2006) use of the adoption rate per 100,000 population of the sending and receiving country; the adoption rate per 100,000 aged 0–4, as 60 percent of those placed are between these ages; as well as the adoption ratio per 1,000 births. None of these options alone provide a satisfactory comparison. The adoption rate per 100,000 assumes that all in the population are at risk for adoption and, as is noted in Chapter 4, adoptions are not common in all ages. The United Nations (2009) posits that adoptions are primarily of young children up to age five and so uses as the denominator the population aged birth to age five to calculate an under-five adoption rate.

> The domestic under-five adoption rate is calculated by dividing the number of domestic adoptions of children under age five by the number of children under five. If data are not classified by age, it is assumed that 60 percent of adopted children were under age five at the time of adoption (United Nations, 2009, p. 120).

However, the age of children placed in adoption is in flux, so this assumption is also questionable as the age of adoptees is trending upward. Selman (2002, 2006) argues that the adoption ratio per 1,000 births is a better indicator in that the ages and other characteristics of those who give birth are similar to those who adopt. However, this leads to a comparison of infants to a broader age range of adoptees.

In earlier chapters I used four criteria: the number of adoptions, and the adoption rates per 100,000; the adoption rates per 100,000 aged zero to four; and the adoption ratio per 1,000 births. Possibly, until there is agreement, multiple variables should be used for international comparisons.

## 9.3 What Are the Future Adoption Trends in the U. S.?

Chapters 1, 2, and 4 address the transitioning of who adopts. In 2000 the U. S. census again included the category of adopted child as a household member so that for the first time since 1975 national data were available the number of adoptive children. Kreider (2003, p. 18) reports U. S. census data indicating that in 2000 two percent of U. S. households had an adopted child with an additional two percent having both an adopted and biological child. So it seems intuitive that adoptions will continue to increase.

The National Survey of Adoptive Parents (NSAP), presented in Chapters 1 and 3, sets the stage for future adoption trends. Tables 1.1 through 1.6, provide a summary of the status of adoptions. Private domestic adoptions no longer the norm in the United States. The survey noted there were almost even percentages of foster care and domestic private adoptions, 37 percent and 38 percent respectively with fewer intercountry adoptions, 24.3 percent.[1] Adoptions were racially and ethnically diverse: 15.28 percent were Hispanic, 37.25 percent, (in spite of the survey selecting

[1] The United Nations (2009, p. xvi) reports that globally 85 percent of adoptions are domestic, with only 15 percent intercountry; 57 of the 96 reporting countries reported that over half of the adoptions were domestic.

only English speakers), Non Hispanic White, 23.19 percent Non Hispanic Black, 15.37 Non Hispanic Asian and 8.91 percent Other. Household income levels of adopters covered a broad range. Ten percent of adopters had household incomes of under $19,999; 15.4 percent between $20,000 and $39,999; 21.6 percent had incomes from $40,000 to $59,999; and 53 percent $60,000 or above. This diversity in socioeconomic status is also evident in the education level attained with only 75 percent having above a high school education. Adoptions are not limited to married couples; 65 percent of the households had two adults and 76.8 percent of the adoptees were married.

### *9.3.1 Fostering as a Pathway to Adoption*

Fostering is expected to continue as a direct pathway to adoption as foster parents were the most likely adopters with 55.45 percent of foster children being adopted by foster parents. The NSAP analysis in Table 1.3 reveals that motivations for adopting a foster child include: "thought it would be quicker", 26.8 percent; "less costly" 59 percent; wanted a "special needs" child 23.67 percent; and "were a prior foster child adopter" 22.78 percent. In Table 1.4, NSAP analysis addressing motivation by type reveals that 42.53 percent of Foster parents who adopted had biological children.

The Adoption and Foster Care Analysis and Reporting System (2008) (AFCARS) data reported in Table 1.8 reveal that adopted foster children are, as a group, different from domestic private and intercountry adoptees. Foster children who are adopted are older: 44.9 percent under age five, 25.64 percent aged six to nine, 22.29 percent aged ten to fourteen, and 7.18 percent over age fifteen. Foster children typically have special needs which limit their adoptive placement. Table 1.8 reveals that only one percent of foster children adopted in 2004 did not fit into at least one special needs group. They are from both majority and minority races and ethnicities; 22 percent were part of a sibling group; and 26.47 percent had a medical, emotional, or physical condition requiring treatment. Foster children may be part of a sibling group needing a family willing to adopt siblings.

A related issue to foster adoption is presented in Chapter 5, Section 5.2.2, which explores gay male and lesbian adoptions. Congressman Pete Stark proposed a bill (Every Child Deserves a Family Act, H.R.3827, 2009) to promote eliminating barriers to the placement of children in gay male and lesbian adoptive (and foster) homes. He argued that the current barriers are moot as in 2009, 65,000 adopted and 14,000 foster children were placed in gay male and lesbian homes. Gates, Badgett, Macomber, and Chambers (2007) concur, using U. S. census and AFCARS data, that six percent (14,100) of foster children live with gay male and lesbian parents. Also, in 2009 two million gay male or lesbian parent households were interested in adopting or fostering and there were over 125,000 foster children waiting to be adopted.

### *9.3.2 Infertility and Adoption*

Who adopts must be considered in conjunction with changes in fertility. Demographers (Morgan & Rindfuss, 1999; Morgan & Taylor, 2006) agree that

increases in the age of first birth decreased fertility. In the U. S. the age at first birth is increasing. (See Martin, Hamilton, & Sutton, 2010 for the U. S. national vital statistics final data for 2008 which is briefly summarized.) The mean age at first birth was 25.1 compared to the mean age at birth of 27.4. In 2008 the Total Fertility Rate was 2.084, below replacement rate. The overall birth rate fell by two percent with decreased rates for ages 15–39 years. However, the birth rate for women 40–44 years was the highest reported in more than 40 years and the rates for aged 45–50 and over 50 also increased, with 541 births to women over age 50 reported in 2008 (Martin et al., 2010, p. 9). This indicates that there are older women seeking to have children. Adoptions are also sought by older women seeking to have children. Note in Table 4.2 that for every additional year of age, other things being equal, the odds of having adopted a child are multiplied by 1.09, an increase in odds of nine percent.

The CDC reports that about two percent, or 1.2 million, of reproductive aged women have received infertility treatment and about seven percent of married couples report that they were not able to conceive in spite of one year of sexual intercourse with no contraception use (Centers for Disease Control, 2010, p. 3). Instead of relying primarily on adoption, today's infertile couples have multiple options due to additional medical advances not available in the past, including Assisted Reproductive Technology (ART). The number of infants born through ART in the past decade has significantly increased from 30,629 in 1999 to 61,426 in 2008 (Centers for Disease Control, 2010, p. 3). Attempting fertility treatment is also related to an increased likelihood of adoption. In Chapter 4, Table 4.3 shows that the odds of having adopted a child are 4.58 times (358 percent) higher for women who have ever received infertility services than for women who have never received infertility services. So if one considers that of the 1.2 million women who have ever received infertility treatment have an increased likelihood of adoption the numbers of adoptions will continue to increase.

### *9.3.3 Intercountry Adoptions*

Children available for intercountry adoptions are affected by global supply and demand. As pointed out in earlier chapters (Chapters 6, 7, and 8) the flow of adoptees has followed waves driven by push factors from the sending country creating orphaned, abandoned or voluntarily placed children. Thus, sending countries are in continual transition. Chapter 7 describes waves of ICAs to the U. S. that ebb and flow with migratory push factors. For example the flow from China which began in the mid 1990s when China opened to Western trade decreased from a peak of 7,939 adoptions in 2005 to 2,990 in 2009 as the economy in China improved (see Chapter 7). A future trend that appears to be on the cusp is a wave from Africa. Prior to 1995 there were few children adopted from Africa. In 1996 there were 89 ICAs from Africa to the U. S. This has increased to 2,722 ICAs in 2009 with the majority coming from Ethiopia (2,221 in 2009). Globally, African adoptions increased to over ten thousand from 2005 to 2009. This increase does not begin to meet the need. The United Nations report the AIDS epidemic in Africa has led to "an estimated 7.7 million orphans. . . At a global level, the number of adoptions would have

to increase by a factor of 60 to provide families to all AIDS orphans (United Nations, 2009, p. xix)".

The United Nations (2009, p. 18) reports that availability of children for intercountry adoptions may be limited by restrictions set by sending countries. The Republic of Korea set the goal of reducing intercountry adoptions following the negative reporting during the 1988 Seoul Olympics (see Section 6.3.2 for additional information). In 2004 Romania ceased intercountry adoptions by non-relatives (see Section 6.5.3.1 for additional information). Benin, Poland, Viet Nam, and Uruguay will only allow intercountry adoptions as a last resort (United Nations, 2009, p. 18).

Pull factors of the receiving country, especially a strong economy, appear to influence adoption trends. In the U. S., the top recipient of ICAs, there has been a decrease in intercountry adoptions. There has been a total of 421.085 ICAs to the U. S. since 1971. Since 2000 ICAs have averaged 20,000 per year. The peak years of ICAs were 2004 with 22,911 ICAs and 2005 with 22,710 ICAs. Since then the numbers of ICAs has been decreasing to a low of 12,782 in 2009.

Further investigation is necessary to explore the reasons for this decrease. Two possible domestic determinants are events that occurred simultaneously with the decrease in adoptions: the economic recession in the U. S. and the U. S. entry into The Hague Convention which requires meeting global standards protecting the rights of the adoptee. Additionally, future research in the social demography of adoptions is needed to investigate the population at risk for being adopted and the pool of adopters willing and able to expand their families to provide care for the orphaned, abandoned or otherwise dependent children.

The title of this book questions whether the primary purpose of adoptions is to provide children for families or to provide families for children. Throughout the book I have argued for both functions with the underlying assumption that adoptions should function in "the best interest of the child". Thus the final aim of further adoption research is to facilitate the ethical care for dependent children as recommended in the Holt International Adoption Agency's "The Ethics in International Adoption Statement. . . An unfaltering commitment of adoption should be that it is intended as a means to provide families for children, rather than children for families (Cox, n.d.)".

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# Index



M.A. Davis, *Children for Families or Families for Children*, The Springer Series on Demographic Methods and Population Analysis 29, DOI 10.1007/978-90-481-8972-4,