Introduction

The 2007 National Survey of Adoptive Parents (NSAP) is the first large, nationally representative survey of adoptive families across adoption types. The NSAP was conducted as a collaboration among the Office of the Assistant Secretary for Planning and Evaluation (ASPE), the Administration for Children and Families (ACF), and the National Center for Health Statistics (NCHS), all agencies within the U.S. Department of Health and Human Services. Data were collected via telephone interviews during 2007-2008, and provide information about the characteristics, adoption experiences, and well-being of adopted children and their families in the United States. The NSAP was conducted as an add-on to the National Survey of Children’s Health (NSCH), surveying NSCH respondents who identified as adoptive parents. Comparable data for the general population of children in the United States were drawn from the NSCH.

This article highlights some of the findings that can be explored in greater detail in Adoption USA: A Chartbook Based on the 2007 National Survey of Adoptive Parents (Vandivere et al., 2009). Further details about the survey’s methodology are also available in the chartbook.

Focusing on key population characteristics of adopted children and their families, this article makes comparisons between adopted children and the general population of children in the United States and between children across adoption types (foster care adoption,1 private domestic adoption,2 and international adoption3).

In 2007, about 2 percent of all U.S. children were adopted. Among all adopted children—with the exclusion of those living with at least one biological parent (i.e., in step-families)—one out of four was adopted from other nations; of the remaining children adopted domestically, half were adopted from foster care and half from private sources; see Figure 1.

1 Children adopted from foster care are those who, prior to their adoption, were involved with the child protective services system and were removed from their families due to their families’ inability or unwillingness to provide appropriate care.

2 Private domestic adoptions involve children who were adopted privately from within the United States and were not part of the foster care system at any time prior to their adoption.

3 Children adopted internationally originated from countries other than the United States. Typically, adoptive parents work with private U.S. adoption agencies, which coordinate with adoption agencies and other entities in children’s countries of origin.
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Children’s History, Prior Relationship with Parents

According to the survey findings, children’s experience living with their birth families and in other settings varies depending on the type of adoption. The data also indicate that, while the vast majority of internationally adopted children were adopted by nonrelatives, nearly half of children adopted within the United States were adopted either by a relative or by someone else who knew them previously.

More than four out of ten adopted children (43 percent) lived with their birth families at some time prior to their adoption. The proportion of children who at one time lived with their birth families varies across all adoption types; it is highest for those adopted from foster care (59 percent) and lowest for children adopted internationally (25 percent).

Children’s pre-adoptive placement differs depending on adoption type, with the majority of children adopted internationally living in congregate care facilities (70 percent) and with foster families (24 percent) prior to the adoptive placement. In contrast, 62 percent of children adopted privately in the United States lived in their adoptive placement as newborns or when they were younger than one month old.

Twenty-four percent of adopted children were adopted by relatives, and an additional 12 percent were adopted by a non-relative who knew the child prior to adoption, although this distribution varies by adoption type. Parents of children adopted privately in the United States were most likely to be related to the child, and parents of children adopted from foster care were most likely to be nonrelatives who knew the child prior to adoption.

Race, Ethnicity, and Gender

The race and ethnic distribution of adopted children is different from that of children in the general population and varies across adoption type; a substantial number are in transracial adoptive placements. The gender distribution of adopted children differs as well.

Adopted children are less likely to be white or of Hispanic origin than children in the general U.S. population, and they are more likely to be black; see Figure 2. Children adopted from foster care are most likely to be black (35 percent), children adopted privately from the United States are most likely to be white (50 percent), and the
majority of children adopted internationally are Asian (59 percent).

The race and ethnic distribution of adopted children also differs from that of adoptive parents. Whereas the majority of adopted children are nonwhite, the majority of these children’s parents are white (73 percent). Given that the racial and ethnic distribution of adopted children differs from that of their parents, it is not surprising that, for 40 percent of adopted children, the adoption is transracial.4 Eighty-four percent of children adopted internationally are in transracial adoptions, compared to 28 percent of children adopted from foster care and 21 percent of children adopted privately from within the United States.

While about half of all adopted children are male, gender distribution varies substantially by adoption type. Only one-third of children adopted internationally are male (33 percent), compared with a slight majority of children adopted from foster care and through private domestic adoptions (57 percent and 51 percent, respectively).

This gender difference is largely driven by the high proportion of girls adopted from China. Among internationally adopted children, more than twice as many were born in China as in any other country. Specifically, 33 percent of internationally adopted children lived in China prior to their adoption; the second most common country of origin is Russia, representing 13 percent of internationally adopted children.

**Other Demographic and Socio-Economic Characteristics**

Adopted children tend to be somewhat older than children in the general population. Survey findings indicate that while adopted children fare better than children in the general population on certain socio-economic measures, there are substantial differences across adoption types.

Fourteen percent of adopted children are under five years old, compared with 27 percent of children in the general population. Among other reasons, this age difference is due to the fact that some children are adopted at older ages, rather than as infants. Additionally, the estimates presented here are representative of children with finalized adoptions, and adoptions typically take a minimum of six months to finalize.

Adopted children are less likely than children in the general population to live in families with incomes below the poverty threshold (12 percent compared with 18 percent), and they are more likely to have a parent who has completed education beyond high school. However, these characteristics vary substantially by adoption type; see Figure 3. Nearly half (46 percent) of children adopted from foster care live in households with incomes no higher than two times the poverty threshold.

![Figure 3: Percentage of adopted children by socio-economic and demographic characteristics, by adoption type](chart.png)

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

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4 Transracial adoptions are identified as those in which both adoptive parents are (or the single adoptive parent is) of a different race, culture, or ethnicity than their child.
Family Structure

The majority of adopted children live with two married parents. While most adopted children have known birth siblings, fewer than half of those children have birth siblings who were also adopted by the adoptive parent, and the presence of other children in the household varies by adoption type.

Over two-thirds of adopted children – 69 percent – live with two married parents, and they are just as likely to do so as children in the general population. Children adopted internationally are most likely to have two married parents (82 percent), while children adopted through private domestic sources are least likely (59 percent).

Seventy-one percent of adopted children have known birth siblings, and of these, 29 percent have birth siblings also adopted by the adoptive parent. Parents of internationally adopted children are less likely than parents of children adopted from the United States to have reported knowing of birth siblings.

Many adopted children (38 percent) are the only child in their parents’ household, and privately adopted U.S. children are the most likely to be the only child in the household (48 percent, compared with 27 and 37 percent of foster care and international adoptions, respectively). Children adopted from foster care are most likely to live in households with three or more children and have more complex family structures.

Children adopted from foster care are also most likely to live in families with both adopted and birth children; see Figure 4.

![Figure 4: Percentage of adopted children whose parents have other adopted children and biological children](chart)

Physical Health

The fact that the NSAP was an add-on to the National Survey of Children’s Health (NSCH) allows for the examination of many measures of health and well-being among both adopted children and all U.S. children. Here we focus on six health indicators: general health status, having special health care needs, having been injured, missing school due to illness or injury, having moderate or severe health difficulties, or having asthma; see Figure 5.
The majority of adopted children fare well on these six measures (e.g., 85 percent have parents who rate their health as “excellent” or “very good”). However, 39 percent of adopted children have special health care needs, which is defined to include those who currently experience at least one out of five consequences attributable to a medical, behavioral, or other health condition that has lasted or is expected to last for at least 12 months. In comparison, 19 percent of children in the general population had special health care needs. Additionally, while a minority of adopted children have moderate or severe health difficulties (26 percent) or have been diagnosed with asthma (19 percent), they are more likely to have experienced these health issues than are children in the general population (10 percent and 13 percent, respectively).

The vast majority of adopted children not only have health insurance (95 percent), but have been consistently covered over the prior 12 months (91 percent) and have adequate insurance (78 percent). Sixty percent of adopted children receive care in a medical home.5 Adopted children fare better than or as well as children in the general population on these measures; see Figure 6.

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5 A child was categorized as receiving care in a medical home if each of the following five components was present: the child (1) has a usual source for sick care; (2) has a personal doctor or nurse; (3) has no problems obtaining referrals when needed; (4) receives effective care coordination; and (5) receives family-centered care, including at least one visit in the past year.
While adequacy and consistency of health insurance coverage is similar across adoption types, the type of health insurance coverage varies. Over half of children adopted from foster care (59 percent) and one-third of children adopted privately from the United States are covered by public health insurance. In contrast, internationally adopted children are far more likely than children adopted from foster care and privately adopted U.S. children to be covered by private insurance (92 percent, compared with 37 and 61 percent, respectively).

**Social and Emotional Well-being**

Most adopted children fare well, according to six measures of social and emotional well-being, but a small minority experience serious problems; five of these six measures indicate differences by adoption type.

Parents’ responses indicated that the majority of adopted children have never been diagnosed with the four psychological disorders included in the survey (attachment disorder, depression, attention deficit disorder/attention deficit hyperactivity disorder [ADD/ADHD], and behavior/conduct disorder). Compared to the general population of children, adopted children are more likely to have been diagnosed with – and to have moderate or severe symptoms of – depression, ADD/ADHD, or behavior/conduct disorder; see Figure 7.

Attachment disorder is not included in Figure 7, as this question was not asked of parents in the general population sample. Twelve percent of adopted children have been diagnosed with attachment disorder; however, most adopted children diagnosed with attachment disorder have parents who report a “very warm and close” relationship with their child.

Children adopted from foster care are more likely than those adopted privately from the United States or internationally to have been diagnosed with ADD/ADHD, behavior/conduct problems, and attachment disorder. Children adopted from foster care are also more likely to have problems with social behaviors than children privately adopted in the U.S., and are somewhat less likely to exhibit positive social behaviors.

**Cognitive Development and Educational Achievement**

Survey findings indicate that while the majority of adopted children fare well on measures of cognitive development and educational achievement, there are some differences when comparing this group with the general population of U.S. children. Reading and math performance also shows some variation by adoption type.

![Figure 7: Percentage of children according to measures of social and emotional well-being, by adoptive status](chart.png)
More than half of school-age adopted children have excellent or very good performance in reading and language arts, and the same is true for math. Nearly seven out of ten are engaged in school, and about eight out of ten typically spend time reading for pleasure on a daily basis. However, compared to children in the general population, adopted children are less likely to be engaged in school (69 percent, compared with 81 percent). Among children ages 12-17, adopted children are slightly less likely to read for pleasure; see Figure 8.

Children adopted from foster care are somewhat less likely than other adopted children to have excellent or very good performance in reading and language arts and in math, and this pattern holds true regardless of age; see Figure 9.

**Family and Community Activities**

Overall, most adopted children have families that engage in positive and supportive activi-
ties, and adopted children are more likely than children in the general population to experience each of the four family activities examined.

Sixty-eight percent of young adopted children were read to every day during the prior week, compared with 48 percent in the general population. Similarly, 73 percent of young adopted children were sung to or told stories every day during the prior week; this was true of 59 percent of all young children. Adopted children were also more likely than children in the general population to eat meals with their families six or seven days a week (56 percent, compared with 52 percent) and, among children ages 6 and older, participate in an organized activity (85 percent, compared with 81 percent).

**Parenting and Parent Well-being**

The majority of adopted children fare well according to parenting measures; some of these measures indicated differences by adoption type.

A substantial portion have parents who rate their parent-child relationship as “better than they ever expected”; see Figure 10. Furthermore, for the vast majority of adopted children living with two parents, their parents’ relationship quality is high. Adopted children are somewhat less likely than children in the general population to fare well on the parenting measures, but they are more likely to have parents who have satisfying relationships. Finally, children adopted from foster care fare less well than internationally adopted children on some parenting measures; on other
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measures there were no differences among adoption type; see Figure 11.

Adoption Satisfaction

Very few adopted children (3 percent) have parents who say that they “probably would not” or “definitely would not” make the same decision to adopt their child. In fact, 87 percent say they would “definitely” make the same decision.

Parents’ Prior Connections to Adoption

Three out of four adopted children have parents who have some prior experience with or connection to adoption (see Figure 12). Children adopted internationally were the most likely to have a parent with some prior personal connection to adoption, whereas those adopted privately from the U.S. were the least likely.

![Figure 12: Percentage distribution of adopted children by parents’ prior connection to adoption](chart)

Conclusion

The survey findings presented here provide the first nationally representative information about the characteristics and well-being of adopted children and their families in the United States. These findings indicate largely positive experiences, with the majority of adopted children faring well on measures of physical health, social and emotional well-being, cognitive development, and educational achievement. Most adopted children reside in enriching home environments, and more than eight out of ten adoptive parents report having a “very warm and close” relationship with their child.

Some differences do emerge, however, when comparing adopted children with children in the general U.S. population. While adopted children fare less well on certain measures of well-being (e.g., special health care needs, diagnoses of psychological disorders, and school engagement), they fare better than the general population of children on other measures (e.g., consistency and adequacy of health insurance, being told stories or sung to daily as young children, and participating in family and community activities). The NSAP also allows for comparisons across adoption types, which points to considerable variation on certain measures of child and family well-being depending on the type of adoption.

A more detailed analysis of these findings is available in Adoption USA: A Chartbook Based on the 2007 National Survey of Adoptive Parents (Vandivere et al., 2009), available online at http://aspe.hhs.gov/hsp/09/NSAP/chartbook/ or in hard copy from the Child Welfare Information Gateway (info@childwelfare.gov; 800-394-3366). Later this year, a special issue of Adoption Quarterly will draw on NSAP data to examine a
range of research questions. More information about the NSAP is available through the National Center for Health Statistics (http://www.cdc.gov/nchs/slaits/nsap.htm).


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