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Transracial adoption

The term 'transracial adoption' refers to children that are adopted by parents from a race different from their own. Transracial families are multiracial families (1). In Canada, there were nearly 2000 international adoptions in 2004 (Table 1), most of which were crosscultural and often transracial (Tables 2 and 3). There are also many domestic transracial adoptions. Physicians are in a unique position to provide anticipatory guidance to these children and their families for both medical and psychosocial issues. The present statement looks at how children come to understand their racial identity, reviews the outcomes of transracial adoption and provides guidance on how best to support children and their families in transracial adoptions.

METHODOLOGY

The present statement was developed by a review of the following databases from 1993 to 2003: Medline, PsychInfo, Education Resources Information Center, and sociological abstracts and social science abstracts (in English only). Given that many of the studies are from the social science literature and historical studies, the anticipatory guidance is based largely on consensus and expert opinion.

HISTORICAL CONTEXT

After World War II, many Canadian and American soldiers and their families adopted children from the war-ravaged countries of Asia. Nearly 3000 Japanese children and 840 Chinese children were adopted mostly by white American families between 1948 and 1962 (2). The Korean War (1950 to 1953) renewed interest in transracial adoption, with more than 38,000 adoptions of Korean children in the United States (US) between 1953 and 1981; there are still 1000 to 2000 Korean adoptions each year (3). There was also an increase in Asian adoptions as a result of the Vietnam War. Since the 1950s, the US has experienced a gradual increase in adopted children from Central and South America, with approximately 1000 adoptees annually. Similarly, the number of international adoptions in Canada have increased from fewer than 10 in 1970, when records were first kept, to the level described above (4).

In the 1960s, citizen advocacy groups in Montreal (Quebec) and in rural Minnesota (USA) prompted an increasing number of transracial adoptions involving primarily black children to white homes (5). In 1972, the National Association of Black Social Workers published a

position paper strongly opposing transracial adoptions. This position paper has since evolved, and it now advocates family preservation, with transracial adoption as a last alternative (6). Likewise, First Nations children in Canada and the US were adopted mainly by Caucasian families in the 1950s and 1960s. Since then, with recognition of the inherent right to self-determination of First Nations people and exclusive jurisdiction over child welfare, several provinces have introduced explicit adoption legislation reflecting the concern for the appropriate placement of First Nations children and the importance of preserving their cultural identity and unique status (7).

Since 1971, Canadian immigration policy has supported the notion that ethnic and racial identification are important not only to an individual's sense of identity, but also to the multicultural character of the country (8). Integration is defined as "a bidirectional process involving accommodation and adjustment on the part of both migrants and the host society" (9). Canada has supported the United Nations Convention on the Rights of the Child (10), which states that each child has the right to "preserve his or her identity, including nationality, name and family relations". Intercountry adoption is viewed as acceptable to provide continuity in a child's upbringing and ethnic, religious, cultural and linguistic background (10). When surveyed, Canadians have expressed overwhelming support for international adoption (11).

Since the 1980s, international awareness of children in Chinese and Romanian orphanages has resulted in increased Canadian and US adoptions. Most children currently adopted internationally in Canada are from China; smaller numbers of children have been adopted because of poverty, famine or because they lived in war-torn areas (Table 2).

CONTROVERSIES

Although transracial adoptions are controversial, the North American Council on Adoptable Children (NACAC), representing more than 400 Canadian and American child advocacy organizations, supports them. The NACAC does say that race and ethnicity are important in placing a child, and that a family of the same racial or ethnic background is both preferable and better able to provide children with the skills and strengths to combat racism (12). Yet the NACAC also believes that transracial adoption is preferable to long-term foster care, and should be considered when a suitable

Table 1
International adoptions in Canada

Year	Number of adoptions
2004	1955
2003	2181
2002	1926
2001	1874
2000	1866
1999	2019
1998	2222
1997	1800
1996	2061

Data from Citizenship and Immigration Canada (2005) (39)

Table 2
Country of origin of international adoptees in Canada in 2004*

Country	Number of adoptees
China	1001
Haiti	159
Russia	106
United States	79
South Korea	97
India	37
Philippines	62
Thailand	40
Colombia	38
Ethiopia	34

*Top countries by number of adoptions (data from Citizenship and Immigration Canada [2005] [39])

family of the same race cannot be found. NACAC believes that families who adopt a child of a different ethnic background must recognize that the ethnic and cultural heritage of that child is an essential right (12).

DEVELOPMENT OF RACIAL IDENTITY

Racial identity has been defined as "one's self-perception and sense of belonging to a particular group including not only how one describes and defines oneself, but also how one distinguishes one's self from other ethnic groups" (27). The development of racial identity in childhood involves two stages: the child first distinguishes between races at a conceptual level and then evaluates his or her own membership in a racial group (13). Children become aware of racial differences by three years of age and are able to distinguish between skin colour and hair texture. They gradually acquire values and beliefs about racial groups from their peers and significant others (14).

Between three and seven years of age, children become aware of the labels and emotional responses associated with various racial groups and begin to observe and evaluate what it means to be different from another race. Their attitudes toward their own racial group are heavily influenced by their interactions with, and the observations of attitudes and behaviours of, significant others (14). In families where there is little dialogue about racial awareness, a child may

Table 3
International adoptions by census metropolitan area

Area	2003	2004
Montreal	468	404
Toronto	402	340
Vancouver	136	124
Quebec	92	73
Ottawa	80	69
Calgary	34	36
Hamilton	47	33
Edmonton	36	31
Gatineau	49	29
Winnipeg	28	28
Other regions	808	788
Total	2180	1955

Data from Citizenship and Immigration Canada (2005) (39)

believe it is not appropriate to express either positive or negative feelings about race. On the other hand, if parents are preoccupied with racial classifications, then a child may learn that race is very significant, which some authors believe may cause anxiety (14). Children do not understand race permanence until approximately seven years of age (15). In adolescence, children search for their identity and learn to separate from their families. This is a time of exploration of their racial and ethnic identity (5). Teenagers are focused on their appearance, and the obvious physical differences between themselves and their adoptive parents are more apparent at this time. The reality of physical differences may make feelings of isolation even more significant for adopted teenagers relative to their nonadopted peers.

ADJUSTMENT OUTCOMES OF TRANSRACIAL ADOPTIONS

To analyze adjustment among transracially adopted African-Canadian and African-American children in Canada and the US, researchers administered personality tests to the children and evaluated data from parents and teachers (including interviews) to determine an overall measure of success. By this assessment, 77% of adoptions were considered successful. Among children with serious difficulties, race was central to the underlying difficulty in only 13% of the cases (16). Another study of transracial and same-race adolescent adoptees found that forming a positive and unambiguous identity was more problematic for black children in white families than for children adopted by same-race families (17). Some children tended to devalue their black heritage, to espouse the same values of their white peers and family, and to renounce similarities or allegiances to black people. However, same-race and transracial adoptees had similar self-esteem scores. The behaviour of the adoptive parents was as important as their attitudes in shaping the perspective of their adopted children. Families whose children attended racially integrated schools, lived in integrated communities, and accepted their child's black racial identity tended to have children who felt more positively about themselves as black people (17).

Other studies have not disclosed problems in racial identity formation to that degree (3). A review (18) of Caucasian families who had adopted black, Korean, Vietnamese, Colombian or white children suggested that most adoptees adapted reasonably and that most developmental problems could be traced to preadoption experiences. Delays in placement and problems in preadoptive environment were most likely linked to later adjustment problems, including difficulties with attachment. Scandinavian and US studies have shown few recorded differences in behavioural problems, quality of life and self-esteem between intercountry adoptees and other adolescents and young adults (19,20).

A 12-year longitudinal study (21) of 204 families and 366 children whose families included transracially adopted children, adopted white children and white birth children, found that the transracial adoptees were just as integrated into the family as the biological children. There was no significant difference in self-esteem. After 12 years, with approximately one-half of the families still in the study, 18 adoptees had serious problems, all of which were traced to older age at the time of adoption (older than four years of age), learning disabilities, developmental delays or previous abuse. In only one case was race considered significant (15).

A subsequent follow-up of the same study group (21) reviewed 41 black children, 14 children of other races, 13 white adoptees and 30 biological children, all of whom were adults at the time of the survey (22). They were asked whether having a different racial background from their siblings had affected their relationship with those siblings as they grew up. Ninety per cent felt that race had not made a difference, while equal proportions of the remaining 10% indicated an adverse effect, a positive effect or were uncertain. When the transracial adoptees were asked whom they would seek out if a serious problem arose, they were as likely as or more likely to turn to parents or siblings than were white adoptees or biological children. Another review study (23) found that 75% to 80% of transracially adopted children and adolescents functioned well, with no more behavioural and educational problems at home and at school than other children.

In a Canadian survey involving families from British Columbia, Ontario and Quebec who had adopted internationally and whose children were now adolescents or young adults, the self-esteem of the intercountry adoptees was found to be higher than that of the general population, but lower than that of their siblings. Approximately 10% of the adoptees said they thought of themselves as white despite having come from Korea, Bangladesh and Haiti. A large majority of adoptees reported being comfortable with their ethnic background, and more than 80% said they had experienced discrimination or racism. By comparison, only 26.5% of parents felt their children had not experienced discrimination or racism (4). In a study of a subset of the same population, the majority of intercountry adoptees adjusted well to life in Canada when analyzing family integration, self-esteem, school achievement, peer relations and racial and ethnic identity. There were differences in

adjustment between intercountry adoptees and their siblings, with siblings showing more positive adjustment (although there were no sex differences). The investigators hypothesized that because intercountry adopted children tend to be adopted into achievement-oriented families of higher socioeconomic status, there may be tension if they do not achieve as well as their siblings or their parents (24).

A review of Korean children adopted in the US and several European countries (25) looked at whether well-recognized issues in an adoptee's development – such as a lack of knowledge of their biological heritage, and conflicts in identity formation and parent-child relationships – were more complicated and intense in transracial adoptions. Korean adoptees appeared to fare better than adoptees of other ethnic groups. The review suggested that these children may have experienced less preadoption trauma because Korean adoption agencies have facilitated organized medical and foster care antenatally. The over-representation of girls among Korean adoptees may account for the positive postadoption adjustment because girls have been shown to be at lower risk of emotional and behavioural problems.

Sweden has the largest population of transracial adoptees in Europe, mainly from Korea, India and Colombia. A cohort study (26) was conducted on 11,320 transracial adoptees with their 2343 Swedish-born siblings, 4006 immigrant children being raised with at least one biological parent, and a general population of 853,419 Swedish-born residents. After controlling for socioeconomic status, the transracial adoptees were found to be three to four times more likely to have serious mental health problems such as suicide, suicide attempts and psychiatric admission, five times more likely to be addicted to drugs, and two to three times more likely to abuse alcohol or commit crimes. Contributing factors included pre-existing conditions such as extreme poverty, malnutrition, prenatal exposure to alcohol, genetic predisposition to mental illness and the effect of institutionalization. Adoption after four years of age was found to have a higher risk of maladjustment. All of these are factors known to increase the risk for mental health problems, including attachment disorder. The investigators from this study hypothesized that discrimination and prejudice against children and youth with non-Swedish appearance may contribute to the similar odds ratios between the immigrant children and the transracial adoptees. Overall, 82% of the male and 92% of the female transracial adoptees had no indication of a mental health disorder of social maladjustment (26).

A meta-analysis of six studies that reviewed the effect of transracial/transethnic adoption on children's racial and ethnic identity and self-esteem concluded a moderate negative effect of transracial/transethnic adoption on racial and ethnic identity. However, there was no statistically significant effect on self-esteem (27).

An extensive review of studies that examined the outcomes of transracial adoption for black children in the US and Britain (28), including adoption disruptions (a child

permanently removed from the adoptive home), educational attainment, peer relationship, and self-esteem and behavioural problems, found a successful adjustment in 70% to 90% of cases. The risk of adoption difficulties increased with older age of placement. In several of these studies, racial identity was associated with some difficulties for transracial adoptees, with at least one study finding that some transracial adoptees wanted to be white and did not feel comfortable spending time with people of their own race (28). Other studies have found that some transracial adoptees were uncomfortable with their appearance, ashamed of their origins and attempted to distance themselves from immigrants of the same racial and ethnic backgrounds (23). Some authors questioned whether adjustment had come at the cost of the adoptee's unique ethnic-cultural heritage and identity (25).

Adjustment outcomes of transracially and same-race adopted young adults by parental assessment showed that transracial adoptive parents' decisions on where to live had a substantial impact on the child's adjustment (23). Transracial adoptive parents living in predominantly white communities tended to have adopted children who experienced more discomfort about their appearance than those living in integrated communities. Factors such as whether the adoption was transracial, whether the adoptive parents remained married and the age at which the child was adopted were not linked with variation in adjustment outcomes. The investigators suggested that racism negatively impacted the adolescent and young adult adjustment outcomes.

A large majority of intercountry-adopted Canadian children were found to be comfortable with their ethnic and racial background. There were no significant differences between comfort with ethnicity and the types of activities the parents encouraged their children to be involved in to heighten their child's awareness of their ethnic and racial background. There was no relationship between experiencing racism and comfort with ethnic and racial background (8).

CONCLUSIONS AND ANTICIPATORY GUIDANCE

There is consensus in the literature that transracial adoptees, whether domestic or intercountry, need to create an identity that accepts their own physical appearance, their birth heritage and their heritage of upbringing. Yet transracial adoptees and their families do experience racist and/or stereotypical remarks (4,20,29) and are more likely to be the target of racial teasing than are same-race adoptees (30). Social workers, for example, recognize that adoptive parents need to improve their awareness, skills and knowledge to help their children adjust at home and develop lifelong adaptive skills (31). The American Academy of Pediatrics also acknowledges that paediatricians play an important role in helping adoptive families handle the challenges they may face, such as racial, ethnic and cultural differences (32). Transracial adoptees may develop a unique racial and cultural heritage based on a combination of their own race and that of the family in which they are being raised (8,33,34).

To be healthy, children need a secure and loving home, positive self-esteem and the skills to handle life's challenges. Transracial adoption is one way to provide a stable home for children who cannot be raised by parents of similar ethnicity. These children appear to have self-esteem similar to that of nonadopted children raised in their biological home, and the majority of them are well-adjusted. Among the factors that may affect a child's outcome are older age at the time of adoption, a history of abuse or neglect, institutionalization and health problems. Transracial adoption affords families an opportunity to experience another culture and to celebrate diversity. Transracial adoptive families need to help their children develop the skills to meet life's challenges to become emotionally healthy children and adults.

RECOMMENDATIONS

Physicians can play a crucial role in promoting children's healthy development within transracial adoptions by encouraging adoptive parents to do the following:

- Recognize that children's knowledge and understanding of their cultural history are important (1,12,30,31).
- Recognize that children need help to develop pride in their racial identity, as well as coping skills to deal with racism (32).
- Develop racial awareness, coping skills and multicultural family planning (creating opportunities for the child to learn about and participate in their birth culture) (31).
- Recognize their child's racial identity, rather than denying it or acting as if race does not matter (1,31,37).
- Acknowledge that their family is visibly different from others, and help their children develop the skills to deal successfully with the challenge of being a racial minority (1,31,35).
- Recognize and be aware of their own biases (1,35,37). Those who have not personally experienced racism may need to be especially attuned to teaching their children effective ways to respond to racism (32).
- Understand that their interest and involvement in their children's birth culture will help children be involved and comfortable in their culture of origin.
- Help adoptees form relationships with adults and children of the same race or ethnic origin (1,28,35,38).
- Celebrate diversity and show their children that all ethnic groups have something worthwhile to celebrate (1,35). While it may be difficult for families living in smaller communities to find a multicultural experience, some ideas include planning a family vacation to a larger centre to coincide with multicultural festivals, exploring existing opportunities through churches, schools and communities, or developing multicultural friendships (35).
- Help their children develop a strong self-image despite racism, and communicate with their children about these issues honestly and openly (1).

- Recognize that the other children in their family who are not of colour sometimes experience verbal abuse about their transracially adopted siblings, especially from peers. Parents may anticipate this and help all of their children learn to deal with racism and not to side with their peers (1,37).
- Develop coping strategies to deal with situations when they are not with their parents; this may be done through role playing with parents (32,36).
- Be aware of subtle stereotypes presented in the media (34). Children can be taught that all racial groups have historical figures who have made both positive and negative contributions to the world (1).
- Stay in contact with families facing similar issues, practise responses to insensitive comments from others, and demonstrate a lack of tolerance for racially or ethnically biased comments, so that they provide a positive role model for responding to racism (35,37).

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REFERENCES

- Steinberg G, Hall B. Inside Transracial Adoption. Indianapolis: Perspective Press, 2000.
- Weil RH. International adoption: The quiet migration. *Int Migr Rev* 1984;18:276-93.
- Silverman AR. Outcomes of transracial adoption. *The Future of Children* 1993;3:104-18.
- Westhues A, Cohen JS. Intercountry adoption in Canada. Executive Summary. Ottawa: Human Resources Development Canada, 1994.
- The Psychology of Adoption. Brodzinsky DM, Schechter MB, eds. New York: Oxford University Press, 1990.
- National Association of Black Social Workers. Kinship Care. <www.nabsw.org> (Version current at July 27, 2006).
- McDade K. International Adoption in Canada: Public Policy Issues. Institute for Research on Public Policy, April 1991.
- Westhues A, Cohen JS. Ethnic and racial identity of internationally adopted adolescents and young adults: Some issues in relation to children's rights. *Adoption Quarterly* 1998;1:33-55.
- Thomas D. Immigrant Integration in the Canadian Identity. Ottawa: Employment and Immigration Canada, 1990.
- The United Nations. Convention on the Rights of the Child. <www.unhcr.ch/html/menu3/b/k2crc.htm> (Version current at July 27, 2006).
- Miall CE, March K. Social Support for Adoption in Canada; Preliminary Findings of a Canada-Wide Survey. Social Sciences and Humanities Research Council of Canada, 2000.
- North American Council on Adoptable Children position statements. <www.nacac.org/pub_statements.html> (Version current at July 27, 2006).
- McRoy RG, Freeman E. Racial identity issues among mixed race children. *Soc Work Educ* 1986;8:164-74.
- McRoy RG. An organizational dilemma: The case of transracial adoptions. *J Appl Behav Sci* 1989;25:145-60.
- Aboud F. The development of ethnic self-identification and attitudes. In: Phinney J, Rotheram M, eds. *Children's Ethnic Socialization: Pluralism and Development*. Newberry Park: Sage Publications, 1987:32-55.
- Grow LJ, Shapiro D. Black children, white parents: A study of transracial adoption. New York: Child Welfare League of America, 1974.
- McRoy RG, Zurcher LA. Transracial and inracial adoptees: The adolescent years. Springfield: Charles C Thomas Pub Ltd, 1983.
- Feigelman W, Silverman AR. Chosen children: New patterns of adoptive relationships. New York: Praeger, 1983.
- Rorbeck M. The Conditions of 18-25 year old foreign-born adoptees in Denmark. In: Altstien H, Simon R, eds. *Intercountry adoption: The seven country perspective*. New York: Praeger, 1990.
- Kim WJ, Shin YJ, Carey MP. Comparison of Korean-American adoptees and biological children of their adoptive parents: A pilot study. *Child Psychiatry Hum Dev* 1999;29:221-8.
- Simon RJ, Altstein H. Adoption, race and identity: From infancy through adolescence. New York: Praeger, 1992.
- Simon RJ, Altstein H. Adoption across borders: Serving the children in transracial and intercountry adoptions. Lanham: Rowman and Littlefield Publishers, 2000.
- Tizard B. Intercountry adoption: A review of the evidence. *J Child Psychol Psychiatry* 1991;32:743-56.
- Westhues A, Cohen JS. A Comparison of the adjustment of adolescent and young adult intercountry adoptees and their siblings. *Int J Behav Dev* 1997;20:47-65.
- Kim WJ. International adoption: A case review of Korean children. *Child Psychiatry Hum Dev* 1995;25:141-54.
- Hjern A, Lindblad F, Vinnerljung B. Suicide, psychiatric illness, and social maladjustment in intercountry adoptees in Sweden: A cohort study. *Lancet* 2002;360:443-8.
- Hollingsworth LD. Effect of transracial/transethnic adoption on children's racial and ethnic identity and self-esteem: A meta-analytic review. *Marriage Fam Rev* 1997;25:99-130.
- Rushton A, Minnis H. Transracial family placements. *J Child Psychol Psychiatry* 1997;38:147-59.
- Huh NS, Reid WJ. Intercountry, transracial adoption and ethnic identity: A Korean example. *Int Soc Work* 1997;43:75-87.
- Vroegh KS. Transracial adoptees: Developmental status after 17 years. *Am J Orthopsychiatry* 1997;67:568-75.
- Vonk ME. Cultural competence for transracial adoptive parents. *Soc Work* 2001;46:246-55.
- Borchers D; American Academy of Pediatrics, Committee on Early Childhood, Adoption, and Dependent Care. Families and adoption: The pediatrician's role in supporting communication. *Pediatrics* 2003;112:1437-41.
- Tizard B, Phoenix A. The identity of mixed parentage adolescents. *J Child Psychol Psychiatry* 1995;36:1399-410.
- Steward RJ, Baden L. The cultural-racial identity model: Understanding the racial identity and cultural identity development of transracial adoptees. East Lansing: National Center for Research on Teacher Learning, 1995.
- Graefe S, ed. Adoption: Piece by piece. Lifelong issues. Vancouver: Groundwork Press, 2003.
- Melina LR. Making sense of adoption: A parent's guide. New York: Harper Collins, 1989.
- Adesman A, Adamec C, Caughman S. Parenting your adopted child. New York: McGraw Hill, 2004.
- Hopkins-Best M. Toddler Adoption, The Weaver's Craft. Indianapolis: Perspectives Press, 1998.
- Adoption Council of Canada. <<http://www.adoption.ca>> (Version current at August 16, 2006).

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