SOCIAL WORK STUDENTS' ADOPTION PREFERENCES: TITLE IV-E AND NON TITLE IV-E PARTICIPANTS

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Division of Social Work
Abstract

of

SOCIAL WORK STUDENTS' ADOPTION PREFERENCES: TITLE IV-E AND NON TITLE IV-E PARTICIPANTS

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This study studies adoption preferences of MSW students in the Title IV-E (child welfare) and Non Title IV-E (non child welfare) programs. Adoption is becoming more common and acceptable throughout the United States and other countries of the world. As many adoptive families are more willing to adopting healthy infants, the adoption of older children and children with disabilities has become a major challenge. Findings from this quantitative questionnaire survey study personal experience are a major factor affecting one’s adoption preferences. Age, gender and ethnicity/race, however, are not prohibiting concerns when considering adoption. Issues of child disabilities including physical, mental, behavioral, and developmental disabilities are found to be prohibiting concerns for the respondents as adoptive parents. Both Title IV-E and Non Title IV-E MSW students were more agreeable to adopting healthy young children rather than special needs children. However, contradict to the research hypothesis, Non Title IV-E
students are significantly more willing than the Title IV-E students to adopt children with disabilities.

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Francis Yuen, DSW, ACSW

Date: ______________________________
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Chapter 1
THE PROBLEM

Introduction

The adoption process has become more open and accepted in American society. As more Americans have experience with adoption, more attention is focused on those involved in adoption, including the adopted person, the birth parents, and the adoptive parents. However, even though adoption has become exposed and more accepted in the U.S., there are still many children, newborn to adolescent, in anticipation of being accepted into a family and who are essentially waiting for a “real” home. There are many reasons why people choose to adopt a child. Yet, whether it is due to some adoptive parents being infertile and medically unable to bear children or because they lack an appropriate partner, the most basic reason is a desire to build or expand a family. Some families choose to adopt because it is believed a child would be saved who otherwise would not grow up with the benefits of a loving and supportive family. “Such a belief in the goodness of saving a child through adoption often has its genesis in adoptive parents’ religious, ethical, and/or emotional feelings and their desire to make the world a better place, even if only for a single child or a few children” (Patricelli, 2007, p. 2). Thus, adoption is a means of saving the world, one child at a time. In spite of this, however, children who are most looked at for adoption are healthy newborns or young children leaving the older children and adolescents behind, along with those who are presented
with special needs including those of physical, behavioral, mental, and developmental disabilities.

I have an interest in this topic because my father was left by his biological mother in a hotel room and was soon adopted at a young age. I spoke with my father many times about his adoption process, though he does not remember much besides what was told to him by his adopted parents. I became fascinated by his story that at times I consider adopting a child myself in my near future. My father says that being adopted was the best thing that has ever happened to him because he was raised in a loving family. I would love to adopt a child into my family who was left or whose mother or father was not able to care for him or her. As a social work student in the Non-Title IV-E program, I have recognized my own adoption preferences and am interested in researching other social work students’ preferences and views about adoption.

Background of the Problem

Since the beginning of time, individuals have been known to adopt the biological children of others. According to Joseph Devine (2009), “the idea of adoption is mentioned in the Bible, in the works of the ancient Greeks and Romans, and even by the Babylonians” (p. 1). While its roots go back thousands of years, adoption did not become a thing people spoke of until the latter half of the 20th century, and “there were no laws in place prior to the 1850s governing the adoption of children in the United States” (Devine, 2009, p. 1). During the early years of American society, there were also no formal procedures in place to record births or name changes of a baby, which made it very easy
for individuals to adopt a child informally. In many cases, sadly, “adoptions were economically motivated [and] industrialization resulted in massive immigration to cities, [as well as], a family would not have the financial ability to support their children” (Devine, 2009, p. 1). Much like today, the above are only two factors of a problem for children looking for a home in which to permanently stay and obtain a new family. As the total number of informal adoptions increased, it became evident to lawmakers everywhere that something needed to be done to create a formal process for adoption. According to Devine (2009),

In 1851, Massachusetts became the first state to have an adoption statute [where] adoption had to be approved by a judge, required the consent of the child's parents or guardian, and could only occur if the prospective adoptive family had the financial means to raise a child. (p. 1)

At the turn of the 20th century, “states began creating ways to keep an adoption record private [and it was not until the] 1930s did statues begin to implement the closed adoption style of secrecy” (p. 1).

Children who are waiting to be adopted arise from several different circumstances. First, there are those young mothers who find themselves pregnant while not in a committed relationship or who are not ready and willing to accept the responsibility that comes with raising a child. Second, parents begin to raise a child, but due to irresponsibility, drug abuse, or other circumstances, they find their child or children taken away from them by Child Protective Services and placed in foster care.
Third, parents may be living in poverty and find themselves unable to support a child adequately (Patricelli, 2007). These are only a few reasons why children are up for adoption, presenting another problem because those children are left, hypothetically, homeless without a family. It is only hoped that an accepted and responsible family will be able to provide a good life for the child or the children who are up for adoption.

When adopting a child, the adoptive parents have the decision as to what preferences, with regard to characteristics, they want. Therefore, depending on adoptive parents' needs and desires, children can be selected for adoption based on age, gender, ethnic background, and whether any disability of a child would be a prohibiting concern. Children may also be selected singly, or there may be siblings available that must be adopted as a group. One major issue concerning adoption is that it has been recognized that many adoptive parents would only want to accept infant/toddler children as opposed to older children. For most adoptive parents, “infant adoption is the only choice they are willing to consider, as they want to raise their child from as close to birth as possible” (Patricelli, 2007, p. 11). Although, there are those adoptive parents who “feel that it is better to adopt an older child who, by virtue of his or her age, may not be as ‘adoptable’ as are younger children” (p. 11), there are many older children still looking for a permanent home. With regard to racial and ethnic background, “many parents desire to adopt a child who fits their own racial and ethnic background believing the child will better fit into the family and be exposed to appropriate ‘intended’ cultural values” (p. 11). On the other hand, other “parents take an opposite approach and specifically seek out
children of different races and backgrounds to make their family more diverse” (Patricelli, 2007, p. 11).

Adoptive parents must also decide whether they are able and willing to handle an adoptive child who has special needs. In a special needs adoption, the child being adopted has mildly, moderately, or severely physically, mentally, behaviorally, and/or developmentally disabling conditions. “Special needs children may possess a variety of potentially disabling conditions including mental retardation, blindness or deafness, or neurological damage secondary to the birth mother's use of drugs or alcohol during gestation, among others” (Patricelli, 2007, p. 11). Therefore, it is essential for adoptive parents to fully consider adopting a special needs child, especially if they are not certain or confident that they are able to care for a child with a disabling condition. Most of the time, parents are more apt to adopt a young child in good health with no relevant disabling condition.

While some families feel they are prepared to deal with a child's special needs and can give that child a good life, others feel that they are not equipped financially or emotionally to handle the additional responsibilities a special needs adoption entails. (Patricelli, 2007, p. 11)

Thus, it is important for adoptive parents to be clear about what characteristics they desire and those they wish to avoid in an adoptive child so they will not be matched with someone who will disappoint or exhaust them.
Statement of the Research Problem

Adoption is becoming more common throughout the United States. Although many families have opened themselves to adopting a child, healthy infants are the most common aged child currently adopted by families. This presents a problem because it leaves older children and children with disabilities in foster homes or orphanages with no permanent family. Many factors may affect adoption preferences including that of personal experience, family history, professional experience, economic/financial situation, religious belief, and a sense of social responsibility. Issues of child disabilities may become a prohibiting concern for adoptive parents. It is relevant to my study that Non-Title IV-E and Title IV-E students may have different opinions in their adoption preferences. It was interesting to see whether those students who have worked in the area of child welfare were more open to adopting those older children and children with disabilities rather than the healthy infants.

Purpose of the Study

The purpose of the study was to determine adoption preferences between Non-Title IV-E (non child welfare) and Title IV-E social work students. The study also aimed to explore social work students’ willingness to adopt a child or children despite a child’s age, gender, ethnicity, physical disabilities, mental health disabilities, behavioral disabilities, and/or developmental disabilities.
Theoretical Framework

One particular theory that would better describe the research problem concerning adoption would be that of attachment theory. The attachment theory is relevant to that of the bonding between a child and at least one primary caregiver for social and emotional development to occur normally. Wagner (2009) suggests, “failure to form secure attachments early in life can have a negative impact on behavior in later childhood and throughout the life” (p. 1). It is especially true if the adopted children are previously diagnosed with oppositional defiant disorder (ODD), conduct disorder (CD), or post-traumatic stress disorder (PTSD). Children with the aforementioned disorders already have attachment problems due to early abuse, neglect, or trauma. Therefore, it is extremely essential that the adoptive parents reassure that the child’s needs will be met consistently with trust, good interaction, patience, and the expression of genuine love and caring shown through meeting the needs of the child.

Attachment should be the first issue a new adoptive family faces in accordance to how well their relationship with their new adopted child or children will develop as they become a family. “It is vital to the integrity of any family that its members bond with one another, recognizing one another as members of the family group and develop caring, committed relationships” (Patricelli, 2007, p. 20). Bonding tends to occur rather quickly and spontaneously in the case of young adopted infants; however, it may take a bit longer to occur for older adopted children, or children adopted from another country. Older children must not only adapt to a new family, but must also deal with the loss of earlier
living situations as internationally adopted children are old enough to have memories of birth parents, past foster parents, or other caregivers in his/her birth country. It is here where the adoptive parents find that bonding takes longer because they usually have feelings of loss and tend to feel “that they ‘missed out’ on critical parts of their child’s life” (Particelli, 2007, p. 20).

Definition of Terms

For the purpose of this study, *Title IV-E* is a competency based program at California State University, Sacramento designed to prepare Master Social Work students for a career in Public Child Welfare Services. This program offers stipend or reimbursement support for students interested in Child Welfare practice and policy.

*Adopt* is a legal process that creates a new, permanent parent-child relationship in which two parents become or a single parent becomes responsible for a child who is not the adult’s biological offspring.

*Healthy* is pertaining to or a characteristic of a child who is in good physical condition and has a sound and vigorous mind.

*Non-Title IV-E social work students* are persons who graduated from or are currently in the Master of Social Work program at California State University, Sacramento who can both lead and serve the richly diverse region in the development and delivery of services that contribute to human well-being and social justice.

*Title IV-E social work students* are persons who graduated from or are currently in a competency based program at California State University, Sacramento designed to
prepare social work interns for a career in Public Child Welfare Services. Students in this program are required to attend monthly seminars, take Social Work electives 213 and 258, and complete placements in Public Child Welfare with CPS, State Social Services, Indian Reservations, and/or Ranceris offering Child Welfare Services.

Assumptions

In this study, there are a few premises upon which the researcher based the implicit and/or explicit logical arguments in the research effort. The premises that the researcher wishes the reader to accept is that adoption is very much needed. Adoption is a natural beneficial way to form a family and may bring about happiness for both the adoptive parent and the adoptee. It is assumed and becomes remarkable that individuals who consider adoption are not only open to adopting the healthy young infants of various backgrounds, but also those special needs children of various backgrounds with various conditions. So they are more willing to continue adopting those children who are most in need of an enduring and permanent home, it is essential that people are aware that older children and children with disabilities are more difficult to place. At best, it is a goal for all children to feel that they are loved and nurtured.

Justification

In my research findings, I will see, specifically, what preferences social work students have in adopting a child. Research findings will also help further define how social workers can make a difference and a social change in someone’s life, as well as
promote well-being or how they may build important human relationships for those children who want a permanent home with a permanent family.

Adopting a healthy child of any age, 0-18 years, may further help the adopted child/children achieve social norms and guidance that are acceptable in today’s society. If those are the children people would want to adopt, potential adoptive parents and the rest of society may want to ask themselves, what about those children with mental, behavioral, developmental, or physical disabilities who are up for adoption? Don’t those kids deserve a loving home too? Thus, this study will inform social work students that many children are in need of a family no matter what their physical, mental, or behavioral abilities. When one adopts a child and that child is then removed from foster care, the adopted parent(s) set up higher standards for the child and expect him/her to develop normally. Adoption builds that one-on-one relationship and may create the bond of love, trust, and a sense of belonging. Adopting a child may also build self-confidence for the child, making them feel they are wanted, as well as for the parent, if they are unable to bear any children of their own.

Limitations

This study drew data from a group of students at CSUS. Study findings may not be generalized to other populations or locations.
Chapter 2

REVIEW OF THE LITERATURE

Introduction

The purpose of this study is to determine the adoption preferences between those social work students of the child welfare program (Title IV-E) and the non-child welfare program (Non-Title IV-E). With this in mind, it is only fair to first discuss the process of adoption in order to allow readers become more aware of the adoption process itself, along with the factors that may be presented with a prohibiting concern of adopting a child. It is imperative to understand that there are many children who are adopted, but there are also many children who are considered to be the unadoptables. The unadoptables are identified as those children who possess any special needs. They are the older children with severe emotional and behavioral challenges; children who have sight, hearing, height issues are presented with any other serious disabilities or other significant health problems; children with visible development deficiencies; or those who are mentally challenged. Age, gender, and race are also existing factors by which individuals choose to adopt. In conjunction with adoption preferences, there are also factors that may affect an individual’s adoption preferences including personal experience, family history, professional experience, economic/financial situations, and religious belief, which is also discussed. Children’s reactions to being adopted is also an important issue. Depending on the age of the child being adopted, this process can be not only an emotional rollercoaster for the adopted parents, but also for the child.
According to Donaldson (2007), “each year in the United States, approximately 14,000 women and a growing number of men make an agonizing parenting decision that they hope will provide their children with the best possible future: they place their babies for adoption” (p. 4). It is excellent news for those parents who are involuntarily childless or who have tried to have children many times by undergoing medical fertility treatment and want a child of their own but cannot seem to become pregnant. Among the eligible adoptees are children with special needs who also would love to be matched up with a loving and caring family. Some families also consider adopting a child internationally. There is a current rise in inter-country adoptions, indeed, connected with the changing patterns of childbearing and family formation, which will be discussed further in the international adoption section of this chapter.

Several studies found that most parents considering adoption want to be matched up with a healthy child. Sadly, gender, race, “age, physical and/or mental disabilities, [developmental deficiencies,] and behavioral problems all contribute to the difficulties in finding appropriate and nurturing adoptive families” (Speirs, Duder, Grove, & Sullivan, 2003, p. 4). However, Daly and Sobol (as cited in Speirs et al., 2003) indicated “almost a decade ago that adoption…was already waning as a means of family formation due to fewer available healthy infants” (p. 2). This becomes a conflict because those parents wanting to adopt healthy children have a lesser chance while those children with special needs are waiting patiently and, at times, restlessly for a home.
“The adoption process itself propels prospective parents to work through the emotional aspects of infertility toward parenthood” (Martin, 2008, p. 1). For most individuals, the decision to adopt is a process itself. Adoption is a selfless act of love and tends to take place when two parents or a single parent is committed to the willingness in taking care of a child and bringing them into a nurturing and established family environment. According to the Adoption Network Law Center (2009), “adoption bestows on the adoptive parent(s) all the rights and responsibilities of a legal parent, and gives the child being adopted all the social, emotional, and legal rights and responsibilities of a family member” (¶ 2). This can make two parties happy; the parents who are adopting a child into their family and the child who is becoming adopted and will finally live a nurturing life with a loving family who wants to care for him/her.

The Adoption Process

Adoption has existed throughout history, as it is referenced in the Bible (Devine, 2009) and has been a traditional practice in the United States. When considering adoption, adoptive parents ultimately decide to adopt either domestically or internationally; each may offer advantages and disadvantages. However, domestic adoptions are more likely considered by the adoptive parents due to the fact that they are provided with more thorough information regarding a child’s medical family history (Patricelli, 2007). Unfortunately, domestic adoption started to decrease during the 1960s, “most notably in the USA” (Hoksbergen, 2000, p. 93) as a result of changes in abortion practices and the availability of contraceptives, and again in the 1990s because of the
decrease in the numbers of young children available for domestic adoption (Parviainen, 2003). While domestic adoption started to decline in the United States, China and Eastern European countries were issued new sets of restrictions when considering domestic adoption (Sanomat, 2006). For instance, adoptive parents in China who considered adopting within their own country were informed that adoption comprised only of a one-child policy despite considerable willingness to adopt within the country. A one-child policy means that regardless of parents already having a child of their own, if considering adopting, they were limited to adopting only one child within their country. Then international adoption became more common (Hogbacka, 2008) in all countries. “International adoption was [also more] favoured by the government” (Johnson, 2002, p. 388). People were concerned regarding child abandonment in countries experiencing global inequities and extreme poverty. Thus, the supply and demand of potential adopted children would increase, with a possible increase in international adoption as well.

Altstein and Simon (as cited in Hogbacka, 2008) commented, “the global numbers of transnational adoptions have more than doubled recently compared to the situation at the beginning of the 1990s” (p. 311). In 2004, over 45,000 children have been known to be adopted worldwide (Selman, 2007). One can understand adoption as “a legal process that creates a new, permanent parent-child relationship where one did not exist before” (Adoption Network Law Center, 2009, ¶ 1). Adoption is often seen with a positive outlook, especially when a child has been appropriately accepted into a new permanent family. However, when the process is carried out in a callous manner, there
may be negative consequences for the birthparents, the adoptive parents, and the adoptee (Smith, 2006). Adoptions entail social, psychological, and legal procedures. Hence, the adoption process could include both gains and losses for those involved. “While the supply of adoptable children sets the limits, adoptive parents are the actors whose decisions, rooted in very private hopes and anxieties, determine the number and direction of adoptions” (Hogbacka, 2008, p. 1).

There are many steps carried out with regard to the adoption process, which becomes easier to cope and deal with when its essential roles are understood as a whole. When a couple or a single individual decides to adopt a child he/she would contact an adoption agency and assemble an application to adopt, which requires remarkable disclosure information concerning details of the couple’s or individual’s life, including legal and financial details (Patricelli, 2007). After the completion of the application to adopt and once the fees are submitted or taken into account for the adoption process, the couple or individual adopting a child has the chance to consider what they are looking for in a child. At this stage, “the agency may provide a gallery of images of available children, or they may require the application process be completed before any matching of adoption candidates with children can take place” (Patricelli, 2007, p. 6).

As part of the application, it is mandatory for an agency to necessitate a home study where a social worker carries out a surprise home visit to make sure the home is safe and suitable for a child to live. Soon after, the application to adopt is processed and approved or denied. If approved, the couple or individual adopting will have the
opportunity to select a child in accordance to their adoption preferences. Though, according to Ames (1997), “parents do not [always] have a choice as to which child they ultimately adopt” (p. 11). Thus, the adopting parent(s) will be matched with a child. As a result, depending on the type of adoption, there may be additional administrative obstacles before an adoption is finalized. There are five different types of adoptions an adoptive parent may choose. They include closed adoption in which adoptive parents and birth parents have no contact with one another, semi-open adoption in which birth parents have the opportunity to decide which parents will be parenting their child, and open adoption in which the birth parents and adoptive parents can be contacted either before or after the adoption is finalized (Patricelli, 2007). The other types of adoption are domestic adoption in which birth parents and adoptive parents live in the same country and international adoption in which the biological parents have transferred their parental rights to a third party adoption agency (Patricelli, 2007). For instance, if the adoption is taking place internationally, it may be mandated by the court and/or adoption agency that the adoptive parent visit the international country. If the adoption is domestic and, specifically open in nature, it is instructed that the adoptive parents will be introduced to the birth parent(s). When the adoption becomes finalized, the court judge signs all official adoption papers, making it permanent. It is indicated, “the entire [adoption] process may take as little as six to nine months, or as long as two years” (Patricelli, 2007, p. 6).
Domestic Adoption

Domestic adoptions occur when the biological parents and the adoptive parents of a child reside in the same country. Depending on the preferences of the adopting parents, domestic adoptions may be a benefit outcome or a deficit (Patricelli, 2007). Domestic adoptions vary extensively in their degree of openness and depend on the needs of the biological parents in which it becomes a choice for the adopting parents to be matched up with an expecting mother who has not yet given birth. Consequently, depending on the decisions of the biological parents and the adoptive parents, both are able to have the option and decide whether an open or semi-open adoption would work for them. In considering adopting domestically, the adopting parents may be able to better participate in a newborn or young infant adoption, and generally, “more detailed and accurate information about birth parent’s medical information” (Patricelli, 2007, p. 10) is thoroughly provided.

International Adoption

International adoptions are more likely to be closed by nature, with little or no contact between birth and adoptive parents and tend to occur when both sets of parents reside in different countries (Patricelli, 2007). Some adoptive parents consider adopting internationally due to huge numbers of children in need of families and assistance that have been affected by natural disasters and political and economical situations such as poverty, wars, and conflicts. It is indicated that there are an unfortunate “143 million children in the world who have lost one or both parents, of which about 18 million are
total orphans” (UNAIDS, UNICEF, & USAID, 2004, p. 28). This may be signifying the reason why there is more of a demand for international adoption than domestic adoption. Often, adoptive parents choose to adopt a child internationally because they enjoy feeling humane when a child is removed from destructive or poverty-level situations. “The huge increase in intercountry adoptions…coincided with the appearance on the adoption market of [the predominantly poor third world countries], which have proved the most popular among adoptive parents” (Hogbacka, 2008, p. 2).

Unlike domestic adoption, when dealing with international adoption, the adoptive parents are usually unaware of children until after they have been born. Even though the birth parents have already transferred their parental rights to an adoption agency or an orphanage, prior to the adoption being finalized, birth parents have the option to change their minds about placing their child for adoption (Patricelli, 2007). This becomes a difficult decision for the birth parents to contemplate and becomes alarming to the adoptive parents who are hoping to gain another loving individual in their loving family home. There is no right or wrong decision with regard to choosing to engage in a domestic adoption or an international adoption, for it is vital to understand that such choices are best made based on the personal preferences of a couple or a single individual looking to adopt a child.

Adoption Preferences

The adopting parents’ decision as to from where they will adopt may be influenced by their adoption preferences. Hence, depending on adoptive parents’ needs,
hopes, and desires, children are selected for adoption based on age, gender, and ethnic background. The adoptive parents also generally decide on whether they are able and willing to handle an adoptive child who has special needs in which the child being adopted may possess a variety of potentially disabling conditions including physical, mental, behavioral, and/or developmental disabilities. Adopted children may also be chosen singly or there may be siblings available that must be adopted as a unit, depending on the preferences of the adoptive parents (Patricelli, 2007). The decisions in adopting a child is primarily an ethical decision in which one intervenes in people’s lives and has an impact on their well-being by knowing they are bringing a new child in need into their family. “Ethical decision-making is part of almost every judgment in social work [as well as in everyday life for all individuals] as most such judgments are about what is better or more desirable” (Osmo & Landau, 2001, p. 1) in which the decisions of the adoptive parents in adopting a child are influenced by their personal values and own adoption preferences.

Age

Adoptions may very well be distinguished based upon the age of the child being adopted. It has been recognized in this study, that those who are determined to adopt a child would prefer to adopt a healthy infant, a child who is days, weeks, months, or at maximum only a few years old, rather than an older child. A child who is approximately three to five years of age or, at times, up to 17 years of age, with special needs may not be, by virtue of his or her age, as adoptable as are the younger children. Hogbacka (2008)
indicated that a healthy infant is considered to be the most desired option, while adopting an older child internationally is less desirable.

Speirs et al. (2003) also state that there are fewer infants and increased numbers of older children available for adoption. “Similarly, U.S. research has consistently found that age is a strong predictor for children remaining in long-term care, with those who are older remaining longer” (Burge, 2007, p. 8). Likewise, “ninety percent of the orphans in the world are over the age of six,” (UNAIDS et al., 2004, p. 14) making adoption very difficult for those children looking for a permanent home, as well as for those parents looking for a child who would be considered a good addition to their family. Even though it has been more common that adoptive parents select younger children to adopt, it has been acknowledged that there are some adoptive parents who would rather consider adopting older children. However, it is also recognized that families adopting older children are often faced with a challenge; they are expected to “master the developmental tasks [including that of individual psychological feelings of emotional separation, interdependence, closeness, self-autonomy and other responsibilities] of the biologically formed family [and] must develop guidelines for the process of becoming a family” (Elbow, 2001, p. 366). So, it is imperative that families adopting older children need to sustain boundaries and autonomy to not only make their parenting less challenging for those older adoptees, but to provide the adoptee with a sense of security and stability without becoming strict or closed.
Gender

Like age, gender may perhaps be an important aspect adoption preferences; yet, others may feel indifferent about gender preferences when adopting a child. While some adoptive parents would enjoy being more gentle and nurturing with a girl adoptee, others may prefer to become more actively playful with a boy adoptee. At times, adoptive parents do not want to wait for a long period of time for a child of their own, which may then lead to the adoption of a boy. Adopting a boy particularly tends to speed up the adoption process (Hogbacka, 2008). Though Dorow (2002) indicated, “most adoptive parents would prefer a girl” (p. 167). However, some adoptive parents may not have an adoption preference related to gender, and it is very possible that they only hope to be affectionate and attentive with any new child, girl or boy, who would be a delightful addition into their family.

In determining gender adoption preferences, adoptive parents tend to decide in adopting a child depending on their gender by reason of traditional values or cultural ideas (Hogbacka, 2008). Based on traditional conceptions of men continuing the kin lineage, “if a man cannot have a son of his own making, then it has been found that he would rather adopt a girl” (p. 6). Adoption preferences for female children is also connected to the cultural ideas concerning girls, who are usually thought to be easier to care for and are more submissive as they are growing up. The preference for girls was also “connected with ideas about parents being able to do a better job in guiding the child” for girls are typically assumed to be easier to raise and “to have an easier time
being foreign-looking” when adopted in another country other than the United States (Hogbacka, 2008, p. 10). On the other hand, boys are considered to be more active, and more of a threat. “Fear of the unknown is activated in the case of boys, whereas girls are regarded as less strange and easier to assimilate as part of the family” (Melosh, 2002, p. 54).

Ethnicity/Race

In gender preferences with regard to appropriate intended cultural values, adoptive parents typically desire to adopt a child that corresponds to the adoptive family’s racial and ethnic background (Patricelli, 2007). This is intended to make it easier to raise the child, as well as protect the child better from the societal views if he/she looked similar to the majority. “The racial/ethnic preferences of the parents were connected to their fears that a child who looked different from [the majority] might be subjected to racist remarks and other forms of racism later in life” (Hogbacka, 2008, p. 11). Based on the data collection, it is perceived that those who are considering or are open to adopt in the future do commonly intend to adopt those children who are most characterized with the majority of society. Hence, it has been indicated in the data collection that it is most frequent that parents or individuals adopt children of the Caucasian, African American, or Hispanic descent and more uncommon that children of the Asian American and Native American are adopted.

Though the data presents that most individuals who consider adoption adopt children of the Caucasian, African American, and/or Hispanic descent, Dorow (2002)
states, “a white skin color is the most highly desired, followed by Asian looks, whereas those with a dark skin color lie at the bottom” (p. 167). Therefore, it is recognized that adoptive parents merely want their adopted child to integrate comfortably within society. It is also realized that those who adopt express the wish to adopt children who look as similar to their own race/ethnicity as possible assuming that a new child will most likely adapt more contentedly with a new family. Perhaps, the reasoning behind wanting to adopt a child that most resembles their own race/ethnicity is that the adopted family would be better able to give the child a better life, feeling as if they would be capable of protecting their child better if he/she looked similar to the majority. Adoptive parents would also consider themselves to be more capable to provide the children with the necessary skills and strengths to counter the effects of racism, following the obligation of parental responsibilities. Yet, as it is not always possible to obtain the kind of children hoped for, it is necessary for adoptive parents to reconsider the options. For instance, Hogbacka (2008) stated,

If it is not possible to obtain a young, healthy and [of the majority] Western-looking child, [then one would be open to adopt] a child who is a bit older and maybe had minor health-related issues, [and would appear to be] at least Western-looking. (p. 11)

“Western-looking” is considered by some to be of the majority. From the perspective of adoptive parents, the discrepancy between demand and supply of adopting a child results
in very long and uncertain waiting times which, in turn, enables adopted parents to overlook their options and become more open with their adoption preferences.

In contrast, other adoptive parents distinctively inquire about children of different races and ethnicity backgrounds to make their family more diverse, thus indicating that skin color is not always an issue. However, “only a few empirical studies have explored the impact of transracial adoption on adoptive children and their families” (Adujo, 2001, p. 4) and very rarely were children of the minority “considered for adoption” (p. 531). On the other hand, there are adoptive families whose decisions and preferences result in adopting a child of a different race/ethnicity in order to make their family more diverse. There are also those adoptive parents who merely avoid alienation or cultural strain and choose to adopt based on their notions that children, no matter what their ethnic identity, need a permanent home. Hence, “adoption is often seen as a viable alternative to ensure that children who have been permanently placed in foster care will [eventually] have a stable home of their own” (Bradley & Hawkins-Leon, 2002, p. 433). “Moreover, because of a shortage of African American adoptive families and fewer White American infants and toddlers available for adoptive placement, some African American children have been permanently placed with White American families” (Bradley & Hawkins-Leon, 2002, p. 433). Whether these adoptive families had an intent to make their family more diverse or if they preferred a child of a different race, they are recognized as the more open families who seek to disregard the transracial adoption controversies. Thus, they are
challenged and more capable of developing healthy racial and cultural identities within the majority of society.

Parents who adopt tran ethnically should demonstrate a willingness to accept ethnic and cultural differences between themselves and their child…should be willing and able to acknowledge and deal with racism and [in addition,] should be committed to imparting a sense of ethnic identification to their children. (Adujo, 2001, p. 534)

Families who adopt children of a different ethnic background than their own must recognize that the ethnic and cultural heritage of the child is an essential part of their psychosocial sense of self. For that reason, families who adopt out of their own race should benefit from services and resources in the community that will help support the child’s ethnicity and should not be limited in their personal cultural orientations to link themselves and their children with the ethnic community.

Children’s Disabilities That May Be a Prohibiting Concern

Children who are presented with a disability are unfortunately a prohibiting concern for some adoptive families. Based on the data collection, as well as recent research, rarely were special needs children, meaning those children who are essentially physically, mentally, behaviorally and/or developmentally disabled, considered candidates for adoption (Adujo, 2001). Weber (as cited in Speirs et al., 2003) concurred but “suggested that families would adopt many of the hard-to-place children; however, families are often actively discouraged from continuing in the [adoption] process” (p. 76).
Throughout the research, it was more recognized that cuteness and health were both significantly and positively related to adoption preference, suggesting that adoptive parents prefer infants who are perceived as cute and healthy. “Studies show that the ‘beautiful is good’ stereotype applies to adults’ ratings of infants (Waller, Volk, & Quinsey, 2004, p. 2) and “a healthy young infant was the most desired option” (Hogbacka, 2008, p. 5) when considering adoption. Speirs et al. (2003) state that most “adoptive families were, and are, unwilling to adopt special needs children” (p. 76) generally because they are not equipped financially or emotionally to handle the additional responsibilities a special needs adoption entails. It is unfortunate for those children in need of a home. However, conversely there are those loving families who “choose to adopt special needs children because they have enjoyed bringing up several children of their own [and] say that they want to go on being parents but are ready to do something more challenging than ordinary parenting” (Argent, 1998, p. 41).

Rosenthal, Groze, and Aguilar (1997) reported, “families who adopted children with handicaps had been mostly positive or very positive” (p. 7). However, they also claim that a child with any disability may experience different outcomes of the adoptive families’ decisions, whether it is positive or negative, depending on how minor or major the impairment may be. For instance, developmental delays and learning disabilities were predicted to have a negative outcome. “Although some of the children with handicaps possess minor impairments, the degree of impairment in their development is, on balance, more pronounced than is that of the children with learning disabilities and developmental
delays” (Rosenthal et al., 1997, p. 12). Hence, the major developmental impairments of children with disabilities appear less problematic for the adoptive families. Rosenthal et al. (1997) continue to state, “major impairments are readily apparent to the prospective adoptive parent [and] in contrast, minor impairments are more difficult to discern,” which may take the adoptive parent by surprise (p. 12). Children with physical or mental impairments or medical problems are presented with unique challenges for child welfare services and their adoptive parents, which may bring a potential barrier to timely adoptive placement. Quite often people are looking for healthy infants, and that is not often the case for children in care; however, despite the difficulties, “experience and anecdotal evidence suggest that a family can be found for even the most profoundly impaired children” (Argent, 1998, p. 40). Though it may be a challenge to even locate such responsible families considering adopting.

Adoptive parents must also decide whether they are able and willing to handle an adoptive child who has special needs. In a special needs adoption, the child being adopted has serious medical and/or psychological conditions or is considered at risk for developing medical or psychological problems.

Special needs children may possess a variety of potentially disabling conditions” including mental retardation, blindness or deafness, or neurological damage secondary to substance or alcohol use and “may have been conceived as the result of rape or incest, or may have been born to parents with a history of serious mental illness. (Patricelli, 2007, p. 11)
In reference to children with physical disabilities, some forms of severe mental retardation, such as Downs Syndrome or Fetal Alcohol Syndrome, are easily recognized by the facial features, whether it be the width of the eyes relative to the distance between the eyes, the vertical indentation between the nose and upper lip, or a thin upper lip. Such features tend “to be present in newborns and growth deficiencies remain recognizable throughout development, [as well as] may experience cognitive and behavioral dysfunction” (Waller et al., 2004, p. 102). With regard to neurocognitive status, “a number of such studies have found that 70 percent to 90 percent of such children have impaired global cognition and/or multifaceted developmental delays at the time of adoption” (Judge, 2003, p. 1). Additionally, Rutter, Kreppner, and O’Connor (2001) found that “greater than 70 percent of children adopted after the age of 24 months evidenced at least one area of behavioral impairment as compared to 30 percent of children adopted before six months” (p. 11). Therefore, it is imperative that adoptive families are clear about what preferences they desire and those they wish to avoid in an adoptive child.

It is crucial that families prepare themselves, allowing them to respectively deal with a child’s special needs that they live a good life. If adoptive parents are not prepared and/or are not familiar with what a special needs child would require, the parent must understand that it can definitely be a challenge. All parents considering adoption should know that if they are not emotionally ready to handle the responsibilities a special needs child entails, there is a chance it may lead to negative parental satisfaction causing the
parent to become less nurturing for their child, thus presenting a problem for both the adoptive family and the adoptee himself. In fact, Waller et al. (2004) state, “infants and children who are known to have health problems [and are with visible developmental deficiencies] may be at a disadvantage in terms of eliciting [appropriate] parental [attention and] care,” (p. 103) even though they might need it the most. So adoptive parents with the presumed time, resources, and dedication to caring for a special needs child are more apt to consider adopting children with a broad array of challenges and are keener to become extra nurturing to provide the needed affection their adopted special needs child requires.

Other Factors Affecting Adoption Preferences

Several additional factors may affect adoption preferences including personal experience, family history, professional experience, economic/financial situation, and religious belief. Although some factors are more apparent than others, it appears that all factors affect the decisions of the adoptive parent at some point during the adoption process. Martin (2008) claims, “six out of every ten Americans has had a personal experience with adoption [and] two to five percent of American households have adopted children” (p. 2). Adoption offers adoptive parents the opportunity to become parents and raise children in a family environment. Adoption, in itself, is a personal decision and it tends to become even more personal when considering what types of adoption and adoption situations to which an adoptive parent is open. For instance, while some couples are open to adopting a child of a race different from that of themselves, others find
themselves uneasy with that possibility. Instead many adoptive parents prefer to limit their adoption preference, such as only being open to one race or are not willing to consider any adoption situations in which the biological mother may have a certain medical or substance use history. While most people choose to adopt because they are unable to reproduce or are unable to have children due to health reasons, others choose to adopt for other personal reasons. Perhaps an adoptive parent or couple choose adoption not only to provide themselves with feelings of hopefulness but also to provide hope for a child who desperately needs love and attention. “Other times a family decision is made to adopt a child who is less fortunate and needs a loving family” (Melchior, 2006, p. 1).

Whether the adoption is locally or internationally preferred, adoptive families are determined and committed to sharing their stable, loving home-life with an adopted child who has been met by their personal preferences of an adoptee.

When adoptive parents first begin the adoption process, many are very adamant in wanting to obtain the child’s family history. To some, being aware of the adoptee’s history is important so the adoptive families could be attentive to what they are getting themselves into, as well as be conscious of how to care for the adoptee if any extreme needs exist. Hence, the awareness of a child’s family history becomes dependent on communication between family members. It is often essential for the adoptive family to inquire about concerns of a child’s history, especially if a child is at high risk for any medical problem or disability. For instance, “age is the most significant risk factor for breast cancer, with the majority of cancers occurring after age 40” (Sinicrope, Pattern,
Clark, Brockman, & Frost, 2009, p. 169) and it would be beneficial if an adoptive parent was informed that their adopted child had a history of breast cancer or any other malignant cancer. A family history of cancer increases risk for the disease and “studies have shown that those having a first degree relative with [cancer] are at two to three times higher risk of developing the cancer compared with those with no family history” (Sinicrope et al., 2009, p. 170). Therefore, it is imperative that those adoptive parents with adoptees who do obtain a family history of cancer are informed of genetic testing and engage in early detection behaviors (Sinicrope et al., 2009).

Through the data collection and the research, professional experience was not found to be a factor for adoption preferences. Instead, it was noted that adoptive parents were more likely to seek professional help throughout the adoption process, as well as post-adoption. “Adoptive mothers have initiated professional help for their adoption-related struggles” (Forbes & Dziegielewski, 2003, p. 317) and have mainly expressed feelings of frustration, isolation, alienation, exhaustion, and anger based on societal, health, emotional, family, financial, and child issues or concerns. From a societal perspective, the stigmatization of adoptive motherhood was not overtly present. “Yet, the adoptions were not supported through adequate post-adoption services and comments adoptive mothers received reflected an ignorance of the understanding of adoption in general” (Forbes & Dziegielewski, 2003, p. 317). With health, emotional, and family issues, adoptions seemed to place strain on the marital relationships and, therefore, resulted in both physical and mental stress leading to feelings of isolation, anger, and
grief, causing adoptive parents to experience changes in self-image (Forbes & Dziegielewski, 2003). For this reason, many adoptive families needed a place to go to ask for advice, both before and after the adoption. To meet adoptive families’ particular needs, “there must be sufficient insight within all welfare professions about conditions that distinguish adoptive families from other families” (Rykkje, 2007, p. 513). Other than receiving the therapy and support one needs to attain feelings of hope, it is determined that financial stress was also prevalent in many of the adoptive homes.

Funding needs to be allocated throughout the process of adoption to support necessary pre- and post-adoption services, such as therapy, respite care, and parenting supportive groups. “Even with pre-adoption preparation and training, a full understanding of the challenges that accompany the adoption of a special needs child can be almost impossible” (Forbes & Dziegielewski, 2003, p. 317). “Despite the fact that the majority of adoptive families did not incur direct expenses towards the adoption, 64 percent agreed that adoption has put a financial strain on their family” (p. 315). This indicates that much of the financial burden came from out-of-pocket expenses mainly related to post-adoption therapy. Forbes and Dziegielewski (2003) claim that some adoptive families were informed that the state agencies “would not acknowledge the seriousness of their children’s issues” (p. 315), thus denying additional funding to support needed therapy. By means of adoption funding, it is recognized that adoption is not cheap and may cost considerably more than what’s involved in having a birth child.
Similar to professional experience, religious beliefs do not appear to be a major factor in adoption preferences. However, there are views about the morality of homosexuality when prospective adoptive parents happen to be gays or lesbians. It has been unfortunate to some that Catholic Churches believe that such adoptions cannot benefit children and are in every instance gravely immoral. To many adoptive parents, especially those who are considered Catholic, this is discrimination wherein adoption, a public activity, should not be an act of discrimination. “Adoption is about helping children in care, not about issues of the homosexual lifestyle,” claims Pearce and Smith (2003, p. 1). As it is true that adopters are a special group of people who are able to provide secure, stable, loving and supportive homes and families to children in need, there is also “the idea that good parenting is the preserve of heterosexuals is plainly fanciful” (Pearce & Smith, 2003, p. 1). Though regardless of the personal view individuals hold about same-sex adoption, it is clear that in placing children for adoption, workers are required to exercise discrimination and good judgment to ensure that the adoptee and the adoptive parents uphold the social responsibility of parenting and are representing the best match.

Summary

In conclusion, adoptive parents ultimately make extreme decisions in which they are looking to adopt based on their preference of age, gender, ethnicity, and disability. They also tend to turn to their personal experiences when considering adoption and try hard to manage their financial situations so that, as a family, they can be supported.
comfortably with additional service/resource needs. Those who consider or adopt children with special needs also tend to reach out for support, financially and emotionally, more than those who adopt healthy newborn babies.

Consequently, families adopting special needs children, as well as older children, are often faced with special challenges. As adoptive families master these challenges, by means of accepted community resources needed to care for special needs children, they develop a history that includes the child’s history. Therefore, the history of a child is developed with a sense of living in the present so behaviors, responses, and expression of feelings are appropriate to the situation. Adoptive families are encouraged to take advantage of services and approaches to services for adopted children and their new and previous family members. Professional adoption support may be effective and beneficial for adoptive parents and the adoptee, especially when children are placed from public care. It is imperative that adoptive families possess stability and continuity of family relationships and have a sense of family belonging and participation for children and autonomy in family decisions. It is impressive and fortunate that many children, either healthy or disabled, both locally and internationally, are being adopted into loving, stable, and supportive families. Yet, it is still remarkable the many children are waiting to be adopted.
Chapter 3

METHODOLOGY

Study Design

The proposed research question was studied through a descriptive research design. The study was conducted for in-depth descriptions of the similarities and differences between social workers, both Non-Title IV-E students and Title IV-E students, pertaining to their preference on the children they may adopt. Therefore, the study was intended to carry out a quantitative research study by surveying social work students. As part of the study, voluntary persons completed a questionnaire in order for the researcher to assess their personal values on the children they may adopt.

Sampling Procedures

The population for this study involved social work students, students in Non-Title IV-E program and Title IV-E program who were enrolled or have been enrolled at California State University, Sacramento in the 2009-2010 school years. The study essentially targeted at least 20 Non-Title IV-E students and another 20 Title IV-E students. There were approximately 30 Title IV-E MSW students at California State University, Sacramento, both first- and second-year, along with 118 Non-Title IV-E MSW students; therefore, a quota sampling method was used.

To obtain voluntary Title IV-E participants for this study, the researcher located the classes, which were intended for those Title IV-E students only. Following instructors’ approval to recruit in class, the researcher gave students a brief summary of
what the study was about and informed them that the questionnaire to be completed was confidential and no names were requested. To ensure that the researcher did not take up much time in the classroom, the researcher notified the participants that there was a sealed box in back of the their classroom with the researcher’s name on it in which they were to place the questionnaires. When their class ended, the researcher picked up the sealed box.

In targeting Non-Title IV-E students, the researcher used the systematic sampling method in which the researcher distributed approximately 80 questionnaires to the sampled MSW students in their mail folders located in the student’s mailroom. Acknowledging that some students failed to remember to check their mail folders, the researcher followed up with her peers and reminded them that it would be appreciated if they participated in the thesis study. After distributing the questionnaires, the researcher anticipated at least 40 questionnaires to be returned in a sealed box identified with her name on it and located in the students’ mailroom.

To ensure sufficient samples for the study, the Non-Title IV-E population was over sampled to 80 and the first 40 completed questionnaire surveys were chosen to conduct the data analysis. It was the researcher’s desire that social workers’ adoption preference would be identified.

Data Collection Procedures

For this research study, the researcher distributed a questionnaire to social work students at California State University, Sacramento. The researcher distributed
questionnaire surveys to two different Title IV-E practice classes, as well as to the Non-Title IV-E mailboxes. The researcher respectfully reminded her peers that it would be generous for them to fill out a survey as part of this study. Those who participated in this research were informed that it was a voluntary study and strictly confidential. Along with the questionnaire (see Appendix A), a consent form (see Appendix B) was signed by participants, separately from the questionnaire itself, as the researcher clarified before the participants filled out the questionnaire. This assured participants of the study the issues of confidentiality and their voluntary participation. Prior to surveying social work students in the MSW program and the Title IV-E Program, the researcher also briefly explained the purpose of the study so that participants had an indication of what the study was concerning.

The researcher provided the voluntary students who signed the consent form with the study instrument Adoption Preferences Survey questionnaire. Social work students were instructed that completing this questionnaire would be an immense help to the study, yet they could refuse to participate by merely not responding to the questionnaire or signing the consent form. Individuals who did not participate in the study were instructed to not place their names or any identifying information on the instruments. The researcher gave instructions on how to complete the instrument, which took about 10 minutes to complete, and remained in the classroom until all students completed the survey. Students were advised to place their completed instrument in a box placed in the back of the classroom. To get cooperation and support the researcher needed from
voluntary participants for this particular study, the researcher informed them that with every questionnaire she received she would donate $1 toward Shriners Hospital for Children to show her appreciation.

Instruments Used

The development of the Adoption Preferences Survey questionnaire was guided by the research questions and informed by the current literature. There was a chance for normal discomfort for the participants in the study. Their participation in the study was voluntary; they had the right to withdraw from participation at any time without consequence, as mentioned in the consent form attached with this application. The study was considered to be of minimal risk of psychological discomfort; however if one began to feel psychological discomfort while completing the survey, they were recommended to discontinue participation.

Data Analysis

The SPSS program was used for statistical analysis for this study. The preferences of social workers on the children they may adopt, along with their own personal values, were organized for each student. The questionnaire determined whether more students in the Title IV-E program would be more likely to adopt children of any ethnicity, age, sex, and physical, behavioral, mental, and/or developmental issues. Students’ adoption preferences could be based on different demographic variables, like gender, age, and ethnicity, are specified. Other specific factors that may affect a student’s adoption preferences including one’s personal experience, professional experience, family history,
economic/financial situation, religious belief and sense of social responsibility are also specified.

Descriptive statistical analyses were used to provide a better understanding of the data collected and their readiness for further statistical analyses. Chi-square tests were computed to differentiate the significant relationship/difference in the direction hypothesized of adoption preferences. To obtain the statistic, the observed and expected values were calculated into a Chi-square applet to perform a cross-tabulation. The crosstabs procedure allowed the researcher to analyze the dependent variable (willingness to adopt) by the independent variable of the students' preferences and values and was performed with categorical, not interval data.

Protection of Human Subjects

The protocol for the Protection of Human Subjects was submitted and approved on November 20, 2009 by the Division of Social Work as posing minimal risk. The study was a minimal risk because it pertained to social work adult students concerning their preferences on the children they may adopt. Children or minors were not participants in this study. Participants were not identified in any way and reviews of pre-existing questionnaires were completely confidential and anonymous. There were no physical procedures that resulted in any discomfort or harm in this study.

Confidentiality

Participants were informed that names were not to be collected for the data, and a consent form was required for the participants to sign. The completed surveys and
consent forms from the participants in this study were kept in a folder locked in a filing cabinet where the researcher resided. After the final thesis was completed, all consent forms and original questionnaires were destroyed. Confidentiality and anonymity was important in this study.
Chapter 4
DATA ANALYSIS AND STUDY FINDINGS

The study examined the adoption preferences among Non-Title IV-E and Title IV-E MSW social work students. It was also aimed at those students who either intended or did not intend to work with child welfare issues and determined their willingness to adopt a child regardless of a child’s age, gender, race, and disability, if any. To achieve the aim of the study, a criterion-referenced survey questionnaire was constructed to measure student’s adoption preferences. The survey questionnaire consisted of 33 items. The sample of the study consisted of 65 MSW social work students including 38 Title IV-E students (58.5%) and 27 Non-Title IV-E students (41.5%) from CSUS during the academic year 2009-2010. Of those students, 20 (30.8%) were first-year MSW students and 45 (69.2%) were second-year MSW students.

To establish whether Title IV-E students were more devoted to adopting children regardless of their demographics, various statistics including the Chi-square test ($X^2$) was used to assess the research hypotheses. Personal factors may affect their adoption preferences including one’s personal experience, family history, professional experience, economic/financial situation, religious beliefs, and sense of social responsibility. Chi-square statistics concluded that an individual’s personal experience was perceived as significant, while the other factors were perceived as non-significant among Title IV-E social work students.
Study data revealed a surprising finding that adoption preferences are not affected by an individual’s personal factors including family history, professional experience, financial/economic situation and the sense of social responsibility. However, even though the findings showed that the factors are non-significant when MSW students are considering adoption, students’ responses to the questionnaire survey professed that those personal factors were, in fact, taken into consideration. The findings indicated that 68% (n= 43) agreed/strongly agreed that family history factors may affect adoption preferences while only 31% (n= 20) disagreed that family history was a factor. In reference to professional experience being a factor affecting one’s adoption preferences, 82% (n= 51) agreed/strongly agreed while only 18% (n= 11) disagreed. In addition, 68% (n= 44) agreed/strongly agreed to the sense of social responsibility being a factor while only 32% (n= 21) disagreed. When considering if one’s financial/economic situation was a factor, 89% (n= 56) agreed/strongly agreed that it may have an affect when considering adoption while only 11% (n= 7) disagreed. In terms of religious beliefs, findings indicate that 69% (n= 45) strongly disagreed/disagreed that religion was an issue to adopting a child while 31% (n= 20) thought otherwise. Although there tends to be higher percentages in which these factors may possibly affect one’s adoption preferences, they are not considered significant. Hence, personal factors do not have an effect on a student’s adoption preferences.

As seen in Table 1, 75% (n= 48) of first- and second-year MSW students who were voluntarily involved in the study either agreed or strongly agreed that personal
experience would affect adoption preferences while 25% (n= 16) disagreed. Table 1 also shows that 87% (n=33) were Title IV-E graduate students who agreed/strongly agreed that personal experience would affect adoption preferences while only 57% (n= 15) were Non-Title IV-E students. A student’s personal experience Chi-square test ($X^2 = 6.99$, df = 1, $p < 0.10$) confirms that personal experience is more likely to have an effect on a student’s preference when choosing to adopt.

Table 1

**Personal Experience and Adoption Preferences**

<table>
<thead>
<tr>
<th>Personal experiences that may affect adoption preferences</th>
<th>Title IV-E</th>
<th>Non-Title IV-E</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>5</td>
<td>11</td>
<td>16</td>
</tr>
<tr>
<td>Agree/Strongly</td>
<td>33</td>
<td>15</td>
<td>48</td>
</tr>
<tr>
<td>Agree</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>26</td>
<td>64</td>
</tr>
</tbody>
</table>

There are strong relationships/differences pertaining to a child’s disability. Table 2 demonstrates that 55% (n= 36) of MSW students had an opinion as to whether or not a developmental disability in a child is a prohibiting concern when considering adoption, while 45% (n= 29) were more likely to hold an “it depends” attitude. Table 2 also shows that 37% (n= 14) of the students who had an opinion of adopting a child with a developmental disability were Title IV-E graduate students and 81% (n= 22) were Non-
Title IV-E. Sixty-three percent (n=24) of Title IV-E students and 19% (n=5) of Non-Title IV-E students carried no opinion yet. Chi-square statistics ($X^2 = 12.73, df = 1, p < 0.10$) reflect that there is a significant difference between Title IV-E and Non-Title IV-E respondents with regard to adopting children with disabilities. Judging from the raw frequency distribution, Title IV-E students were more likely to not adopt a child with a developmental disability.

Table 2

*Developmental Disability and Adoption Preferences*

<table>
<thead>
<tr>
<th>Developmental disability concern</th>
<th>Title IV-E or Non-Title IV-E</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Title IV-E</td>
</tr>
<tr>
<td>Yes/No (has opinion)</td>
<td>14</td>
</tr>
<tr>
<td>It depends (no opinion yet)</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
</tr>
</tbody>
</table>

As indicated in Table 3, 54% (n=35) of MSW students claimed they have an opinion as to whether or not they decide to adopt a child with a mental disability, while 46% (n=30) were more likely to hold an “it depends” attitude. Of those students, 42% (n=16) were Title IV-E graduate students and 70% (n=19) were Non-Title IV-E students who had an opinion while 58% (n=22) Title IV-E students and 30% (n=8) Non Title IV-
E did not hold an opinion yet. Similar to the opinions of an MSW student with concerns around adopting a child with developmental disabilities, Title IV-E students were also more likely to not adopt a child with a mental health disability ($X^2 = 5.07$, df = 1, p < 0.05).

Table 3

**Mental Disability and Adoption Preferences**

<table>
<thead>
<tr>
<th>Mental disability concern</th>
<th>Title IV-E or Non-Title IV-E</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Title IV-E</td>
</tr>
<tr>
<td>Yes/No (has opinion)</td>
<td>16</td>
</tr>
<tr>
<td>It depends (no opinion yet)</td>
<td>22</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
</tr>
</tbody>
</table>

Table 4 illustrates a slight significance that Title IV-E students were also more likely to not adopt a child with a physical disability. Table 4 shows that 52% (n= 34) of MSW students had a yes/no opinion with regard to adopting a child with physical disabilities, while 47% (n= 31) held an “it depends” attitude. Table 4 also demonstrates that 42% (n= 16) of students who had an opinion were Title IV-E graduate students and 67% (n= 18) were Non Title IV-E students while 58% (n= 22) of students who carried no opinion yet were Title IV-E students and 33% (n= 9) were Non Title IV-E. Judging by
the Chi-square statistics ($X^2 = 3.82, \text{df} = 1, p < 0.05$) and raw frequency distribution, Title IV-E students were, again, more likely to not adopt a child with a physical disability. Findings indicate that a child’s behavioral disability is less of a prohibiting concern when opting to adopt rather than a major concern comparable to that of a child’s developmental, mental, and/or physical disability. It was found that the Chi-square statistics ($X^2 = 2.40, \text{df} = 1, p < 0.20$) indicate that a child with a behavioral disability is preferred over one with any other existing disability when considering adoption.

Table 4

*Physical Disability and Adoption Preferences*

<table>
<thead>
<tr>
<th>Physical disability concern</th>
<th>Title IV-E or Non-Title IV-E</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Title IV-E</td>
<td>Non-Title IV-E</td>
</tr>
<tr>
<td>Yes/No (has opinion)</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>It depends (no opinion yet)</td>
<td>22</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>27</td>
</tr>
</tbody>
</table>

In addition, all preferences of social work students including age, gender, and race when an MSW social work student is considering adoption were non-significant. However, in accordance to the findings, those who consider adoption were more receptive to adopting newborn babies (61.5%) rather than adopting toddlers (23.1%) or
adolescents (15.4%). In the data, it was found that 58% (n= 22) of Title IV-E social work students preferred adopting a newborn while 67% (n= 18) Non Title IV-E students would consider adopting if the child was a newborn infant. The percentages changed when considering adopting a toddler/adolescent in which 42% (n= 16) of Title IV-E students would consider adopting a toddler/adolescent while only 33% (n= 9) of Non Title IV-E students would consider adopting. It appears that both Title IV-E and Non Title IV-E were more likely to adopt children no matter the child’s age.

Additionally, when looking at gender preferences, it was found that 58.5% of MSW students were more open to adopting male children while 41.5% of MSW students would rather adopt from the female gender. Of those MSW students, 50% (n= 19) of the students would prefer adopting from the male gender were Title IV-E, while another 50% (n= 19) would like to adopt a female. Non Title IV-E students would adopt from the male gender similar to Title IV-E students (50%; n= 19), but 30% (n= 8) would more willingly adopt from the female gender. Both Title IV-E and Non Title IV-E were more likely to adopt regardless of the child’s gender.

With reference to ethnicity, it is found that MSW social work students tended to prefer adopting a child of the majority. When considering adoption, the findings exposed that students would preferably adopt children of either Caucasian or African American descent. When interpreting which ethnicity would be considered to be more adoptable, Caucasian or African American children were more thoroughly preferred by the study MSW students if adoption was an option. When the percentages were compared
throughout all MSW, Title IV-E, and Non Title IV-E participants, 40% (n= 26) would prefer adopting a child of Caucasian descent, 30% (n= 20) of students would prefer to adopt from the African American descent, 17% (n= 11) would adopt from the Hispanic descent, .07% (n= 5) from the Asian American descent, and .03% (n= 2) from the Native American descent. When looking at only the two highest scores for what students preferred, 58% (n= 14) of students preferred adopting children of the Caucasian descent and 42% (n= 10) of students preferred to adopt children of the African American descent. Judging from the raw frequency distribution, MSW students are more likely to adopt based on their own personal values.

Hypotheses were made that underlie the beliefs that Title IV-E social work students would be more likely to adopt children no matter what the adopted child’s age, gender, race, and/or mental, behavioral, developmental, and physical disability. However, according to the findings, this assumption is inaccurate and insignificant, as it has been already discussed throughout the chapter. The findings indicate that no matter what program a student is in, either the Title IV-E or Non Title IV-E programs, he/she is equally willing and had considered a possibility that adopting a child in the future was relevant. Study data indicate that 60% (n=39) of social work students were more likely to adopt and 40% (n= 26) of social work students were unlikely to adopt.

Another hypothesis that the survey questionnaire was able to address was that Title IV-E and Non Title IV-E social work students are, similarly, more likely to adopt healthy children. This may be, in fact, true based on the statistic that 61.5% of the
respondents would prefer adopting a newborn child while 23.1% preferred adopting a toddler; only 15.4% would prefer adopting a teenager, assuming that the younger a child is, the fewer impairments a child obtains. It has also been noted that there is a statistical difference between Title IV-E and Non Title IV-E social work students when considering adoption based on a child’s disability. Title IV-E social work students were statistically more probable to hold an “it depends” attitude when considering adopting children who have physical, mental, and/or developmental disabilities indicating that Title IV-E students were more likely to not adopt a child with a disability. Children with behavioral disabilities are found to be not much of a prohibiting concern when considering adoption. Therefore, it is slightly accurate in which both the statistics and the research indicate that individuals are more receptive to adopting healthy children rather than children who appear to have more special needs.
Chapter 5

SUMMARY AND RECOMMENDATIONS

Summary and Conclusions

Adoption preferences between child welfare and non child welfare MSW social work students were explored and analyzed in this study. Respondents’ willingness to adopt and their own personal values to adopt were accessed through the survey. Throughout the study, the researcher sought accurate research during the literature review found in Chapter 2 and determined whether it was in fact valid that Title IV-E social work students were more likely to adopt children despite the child’s age, gender, ethnicity, and/or mental, behavioral, developmental, or physical disabilities.

The researcher also hoped to discover whether both Title IV-E and Non-Title IV-E social work students were more preferential toward adopting healthy children. Based on the findings from the data, the hypothesis regarding Title IV-E students being more likely to adopt children despite their age, gender, ethnicity and disability, if any, was not supported. Moreover, it was also confirmed that Title IV-E and Non-Title IV-E students were more preferential toward adopting healthy children, rather than children who are presented with special needs. Therefore, throughout the research and findings it has been concluded that first- and second-year MSW social work students in both Title IV-E and Non-Title IV-E programs who are considering adoption are more receptive to adopting children who do not have an existing disability and desire to adopt healthy young children.
When examining those students in the Title IV-E program, it was hypothesized that they were the individuals who would be more likely to adopt children regardless of the children’s health and medical concerns due to the fact that they, more often than not, have worked or have gained the most experience in the area of child welfare. However, it was found that Title IV-E and Non-Title IV-E students had similar opinions when considering adoption. Families who have adopted children with disabilities are well satisfied with the adoption (Rosenthal et al., 1991). In spite of this, a child’s health and age were priority factors in which a healthy young infant was the most preferred option, while adopting a special needs child or an older child were seen as less desirable (Hogbacka, 2008). Hence, preference for young healthy infants in adoption has to do with an individual’s personal values and experiences. As identified in the data, adoption preferences do show that personal experience does in fact have a significant relationship when considering adoption.

Research indicates that a child who possesses any physical and/or mental disabilities becomes more of a prohibiting concern for an adoptive parent during the consideration process. Hence, when a child possesses a mental or physical disability it becomes more difficult to find “appropriate and nurturing adoptive families” (Speirs et al., 2003, p. 3) for those children in need of a home. The study findings indicated that children presented with mental, physical, or developmental disabilities would be a prohibiting concern when considering adoption. Adoptive parents and MSW students involved in the study are less likely to consider adopting children who are presented with
any mental, physical, or developmental disabilities. Perhaps adoptive families are not readily prepared financially or emotionally to manage the additional challenging responsibilities a special needs child requires.

With regard to adoption preferences in gender, findings indicated that gender was not a major concern for most MSW students when considering adoption. Though research has pointed out that some adoptive parents would prefer a boy with the intent to speed up the adoption process (Hogbacka, 2008). When considering adoption, gender preferences of the adoptive parent are according to their own personal values.

When looking at adoption preferences pertaining to ethnicity, research stated that adoptive parents prefer to adopt a child that is most compatible to the adoptive family’s own ethnic background making it less challenging to raise the child from societal views if the child looked similar to the majority. The findings confirmed that this was significant in that MSW students were in fact more willing to adopt locally rather than internationally and were more likely to adopt children of Caucasian and African American consent. Adopting children of Hispanic consent was also more common as opposed to adopting children of the Asian American and Native American descent. Therefore, as mentioned in Chapter 2 and Chapter 4, research determined that if willing to adopt, MSW students preferred a child who was similar to their own ethnicity with the assumption that a new child would adapt more satisfactorily with his/her new family.
Implications for Social Work

Adoption is becoming more common throughout the world and individuals have been more aware of the adoption process. Although, adoption has become more common and acceptable, there are still countless children, especially the older children with special needs, who are waiting to be acknowledged and welcomed into a family. A growing number of parents are making an excruciating choice to place their babies up for adoption while other parents are deciding whether they want to adopt a child in need of a home because they are unable to become pregnant or simply because they want an addition to their family. Whichever decision needs to be made, biological and/or adoptive parents have an important one.

As a caring social worker, the researcher believes it is essential for social workers to be aware of the many children who are considered the unadoptable; those who have existing impairments of either physical, mental, behavioral, and/or developmental disabilities. Social workers are more often the individuals who work with the impaired, including children and their families, and frequently provide them resources allowing them the security and comfort to survive in today’s society. When helping the impaired, social workers may wonder if those children were some of the lucky ones raised by their biological parents or if they were lucky enough to become adopted into a loving family. So many children who have special needs who would be delighted to be matched up with a loving and caring family are waiting to be adopted. It is unfortunate that those children with special needs are the children who are not especially considered or preferred by
adoptive parents. With this in mind, such children are the ones who are often left behind, placed in foster homes or orphanages, or are from countries experiencing war, poverty, and financial conflicts forcing them to live in poor conditions with the lack of support systems and resources. Huge numbers of children are, therefore, in need of families and assistance, and social workers may be the ones to decide whether they are willing to adopt a child in need or not. Social workers can have the opportunity to make a difference and a social change in a child’s life, as well as encourage and support general well-being and build valuable human relationships for those children who can benefit from an enduring and stable home.

Evaluation

As I completed my thesis, I began to feel less overwhelmed and stressed and recognized that I was able to be more comfortably relaxed. My anxiety levels were lower and I had a sense of relief. Though this thesis study was not as horrific as I have made it out to be, in retrospect, I began to think of some things I would do differently with regard to my study. Though I would not change too many things, one thing I would change, a personal change, would be my procrastination skills. I wish I was more demanding on myself so I could have worked on the written piece of the thesis earlier rather than later. I am happily aware that my thesis will be completed on time, but if I could do it all over again, I would have wanted to finish my study within at least a month or two earlier than when I graduate.
Another thing I considered changing is the data collection. I believe that if I had had more participants in my study, I would perhaps have been able to illustrate more of a significant relationship/difference in the adoption preferences between child welfare and non child welfare social work students. Furthermore, I wanted to gain more knowledge of the statistical research I did in Chapter 4. Hence, my advice to students completing a thesis of their own is to understand thoroughly not only what their study is about and what it concerns but also the importance of seeking the specific findings in order to complete the statistical procedures used to determine whether the hypothesis was supported or not. I enjoyed working alone on this thesis study, and everything went smoothly besides minimal changes needed for the committee for the Protection of Human Subjects, which was completed and edited at least four times in the beginning of my thesis experience. Other than the above changes, I do not believe I would change anything else. I genuinely enjoyed finding the research and collecting data for my study. I was incredibly interested in it, especially since I have considered adopting myself.

Reflection

Looking back at the development of this thesis study, and as funny as this may sound, I have thought that this study has helped me to grow as a person. I realize that I am now more comfortable working with diverse children, impaired or not, and their families who are in need of assistance generally due to financial instability and poor living conditions. I am honest that I never thought this thesis study would end, but it did and I am thankful and very much relieved. I had a lot of constant understanding and
support from my family and friends and am happy that I was able to continue the completion of the study even though there were so many social activities I sought. I can now proudly say out loud that I have accomplished this major task and it makes me happy to think that my Grandma and Opa are now, finally, smiling down at me for getting an education and a Masters of Social Work.
APPENDIX A

Consent Form

You are being invited to participate in a thesis research study by Brianna L. Capello, MSW student at California State University, Sacramento. The purpose of this study is to explore the adoption preferences between Title IV-E and Non-Title IV-E Social Work students. If you have already filled out a questionnaire for this research study, please ignore this form.

You will be given a questionnaire to complete. Please answer the questions to the best of your ability. Your participation in this study will be kept confidential. You are asked to NOT put your name or any identifying information on the questionnaire. There is no right or wrong answer; you are asked to respond with your honest opinions. Please be advised that your participation is voluntary and you have the right to withdraw from participation at any time without consequence. You also have the right not to answer any question included in the survey. The survey should take you approximately 10-15 minutes to complete. For your knowledge, every completed questionnaire the researcher receives, she will be donating $1 dollar towards Shriners Hospital for Children to show her appreciation.

All survey information obtained from completed questionnaires will be kept for recording purposes only. Any information obtained in connection with your participation will only be used in a manner that does not compromise the individual’s anonymity. All consent forms will be collected separately and stored separately from the questionnaires. All collected consent forms, questionnaires and statistical data will be stored within a secured case in a locked filing cabinet at the researcher’s home. ALL CONSENT FORMS AND ORIGINAL QUESTIONNAIRES WILL BE DESTROYED AFTER THE RESEARCHER COMPLETES HER THESIS PROJECT.

The study is considered to be of minimal risk of psychological discomfort. The researcher anticipates that responding to the questions contained in the survey may create no more than normal psychological discomfort or emotional distress. If psychological discomfort becomes intense, you may discontinue participation. If you need to speak to someone regarding any concerns that arise out of your participation, please contact CSUS’s Psychological Services Center at (916) 278-6416. The Student Health Center offers free psychological services to enrolled students.

If there are any questions that arise from your participation in this research, or you have comments or concerns, you may contact the researcher, Brianna, at (916) 384-7760 or blcapello@aol.com. Dr. Francis Yuen is the thesis advisor in this study, in which you may also contact. If necessary, you may get in touch with Dr. Francis Yuen at (916) 278-6943.
I, _____________________________________, agree to participate in the research questionnaire outlined above.

__________________________________________________  __________________________
SIGNATURE                                              DATE
APPENDIX B

Adoption Preferences Survey

Social Workers, CSU Sacramento

Dear Participant:

This instrument will help explore adoption preferences between child welfare and non child welfare social work students. All data will be treated as confidential.

Directions: Please check all the items that best describes your values to the questions.

1) I am a: □ MSW I □ MSW II

2) I am a: □ Title IV-E Student □ Non-Title IV-E Student

3) I am familiar with the procedure in adopting a child/children:
   □ Strongly Disagree □ Disagree □ Agree □ Strongly Agree

4) There is a possibility that I may adopt a child/children in the future:
   □ Very Unlikely □ Unlikely □ Likely □ Very Likely

5) I have adopted a child/children: □ Yes □ No

Directions: Please check all the items in Table I that best describes your values ONLY if you have adopted. If you have NOT adopted, skip to Table II.

TABLE I:

<table>
<thead>
<tr>
<th>My adopted child/children is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>6) Age: □ Male □ Female</td>
</tr>
<tr>
<td>7) Gender:</td>
</tr>
<tr>
<td>8) Ethnicity: □ Caucasian □ African American □ Asian American</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Disabilities:</td>
</tr>
<tr>
<td>9) Physical: □ Yes □ No</td>
</tr>
<tr>
<td>Specify:</td>
</tr>
<tr>
<td>10) Mental Health: □ Yes □ No</td>
</tr>
<tr>
<td>Specify:</td>
</tr>
<tr>
<td>11) Behavioral: □ Yes □ No</td>
</tr>
<tr>
<td>Specify:</td>
</tr>
<tr>
<td>12)</td>
</tr>
</tbody>
</table>
TABLE II:
If I were to adopt a child for the first time (or again because I’m already an adopted parent), my preferences would be:

13) Age:
- ☐ Newborn
- ☐ Toddler
- ☐ Adolescent

14) Gender:
- ☐ Male
- ☐ Female

15) Ethnicity:
- ☐ Caucasian
- ☐ African American
- ☐ Asian American
- ☐ Native American
- ☐ Hispanic
- ☐ Other

Would the child’s disability, if any, be a prohibiting concern?

16) Physical
- ☐ Yes
- ☐ No
- ☐ It depends

17) Mental Health
- ☐ Yes
- ☐ No
- ☐ It depends

18) Behavioral
- ☐ Yes
- ☐ No
- ☐ It depends

19) Developmental
- ☐ Yes
- ☐ No
- ☐ It depends

TABLE III:
What factors may affect your adoption preferences/perspectives?
(Strongly Disagree= SD, Disagree= D, Agree= A, Strongly Agree= SA)

<table>
<thead>
<tr>
<th>20) Personal Experience</th>
<th>SD</th>
<th>D</th>
<th>A</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>21) Family History</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22) Professional Experience</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23) Economic/Financial Situation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24) Religious Belief</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25) Sense of Social Responsibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26) Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

27) I have worked in the area of child welfare. ☐ Yes ☐ No

28) How long have you worked in the area of child welfare? _____ years

29) Do you prefer local or international adoption? ☐ Local ☐ International

30) We should adopt American children first. ☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

31) We should adopt children that come from another country that has been affected by natural disasters and political and economical situations. ☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree
32) Adopted children should only go to adopted parents of the same racial background.
   □ Strongly Disagree  □ Disagree  □ Agree  □ Strongly Agree

33) Cross cultural adoption should be encouraged.
   □ Strongly Disagree  □ Disagree  □ Agree  □ Strongly Agree

If there are any comments you would like to add, please do so on the back of this page.

Thank you for your time. Please return the completed form in the sealed box.
REFERENCES


