Article

International Adoptees' Sexual Health: To Be Seen or to Be Visible?

Anna Linde [1,*] and Michael C. Sims [2]

[1] Faculty of Health and Society, Malmö University, 205 06 Malmö, Sweden
[2] School of Education, Bath Spa University, Bath BA2 9BN, UK; michaelcarlsims@gmail.com
[*] Correspondence: lindestherapy@gmail.com

Abstract

International adoptees share the experience of unwanted separations as well as exposure to racism. Previous research has a general focus on adoptees' infancy, childhood, and adolescence rather than adoptees in adulthood, which makes their own contributions and voice in research insufficient. The purpose of this study is to address the gap in research around sexual and reproductive health and rights (SRHRs) for adoptees in adulthood. By interviewing 35 international adoptees in Sweden and with the use of semi-structured interviews, the connection between Sexual Health and being adopted was explored. Anchored in a decolonial approach, this study draws on Hooks' Critical Race Theory and Simon and Gagnon's script theory when analysing the informants' answers. Findings show that adoptees' sexual health is partly shaped by structural racism, internalised norms, and the tension between expectations and adoption narratives. The knowledge gained from this study is expected to be of importance to people in the care sector as well as people working with adoptees because of its importance in understanding and exploring the lived experience of adoptees. Although the study is conducted in a Swedish context, it is relevant in a wider environment as it contributes to how colonial and historical contexts may inform and continue to impact adult adoptees' sexual health, reflecting the complex interplay between societal expectations, personal identity, and sexual and reproductive health and rights.

Keywords: racial fetish; international adoptees; adoptees' sexual and reproductive health; adoption and reproductive justice; SRHR; adoption; critical adoption studies

1. Introduction

International adoption (also called 'intercountry adoption') emerged in the mid-1950s after the Korean War and the Second World War (McKee 2018), making international adoption a well-known effect of war. International adoption mainly involves non-white children from postcolonial 'Third World' countries adopted by white parents in North America and Western Europe. Most adoptions in Sweden have been transracial, with children of colour adopted by white Swedish parents (Osanami Törngren 2022). In the twentieth century in Sweden, 60,000 international adoptions from more than 190 countries were made, making Sweden one of the countries with the largest proportion of transracial and international adoptions in the world (Yngvesson 2010; Hübinette and Lundström 2020; Hübinette 2021). Research after the Second World War emphasised the importance of the child–mother bond (Herman 2008), influencing Western family ideals, whereas Bowlby's (1969, 1988) attachment theory suggests that children are biologically programmed to form

attachments for survival. According to the theory, the type of attachment formed between the child and their caregiver influences their future relationships. Many different things influence the development of the different attachmentstyles; racism and discrimination being examples of things that can cause a negative influence.

On a group level, research on the mental health of international adoptees has revealed alarming tendencies (Strand and Hillerberg 2024); for example, studies show international adoptees at higher risk of suicide (Hjern et al. 2002; Von Borczyskowski et al. 2006), eating disorders (Strand et al. 2019), substance use (Askeland et al. 2018), and psychiatric treatment (Elmund et al. 2007). International adoptees are also more likely to become single parents (Lindblad et al. 2003), and although adoptees often come from higher-income families with better health outcomes (Tieman et al. 2005; Hjern et al. 2002), their specific psychological needs remain unmet in Swedish healthcare. The 2023 Swedish Healthcare Board survey noted adoption-related needs but failed to mention Sexual and Reproductive Health and Rights (SRHRs), highlighting the invisibility of SRHRs issues for this group (The Swedish Healthcare Board 2023).

1.1. Purpose & Research Questions

This study aims to contribute to the knowledge and understanding of sexual and reproductive health for international adoptees in Sweden. Through the important contribution of decolonised knowledge production in the field of sexology, the authors of this research hope to create awareness for the unique challenges of adoptees' adolescence, and adulthood. To this day, there have been few contributions in the field of sexology in the name of this group, with their voices at the decolonised centre, except for the Sims's (2017) doctoral dissertation. We hope that this research, carried out in a Swedish context, inspires others to continue the vital research in this field and for adoptees that has not yet been done.

The overall questions of the conducted study were as follows:

○ What does good sexual and reproductive health and rights mean for the group of international adoptees in Sweden?
○ Are there specific challenges relating to sexual and intimate connections that can be described as characteristic of this group?

1.2. Background

1.2.1. What Is International Adoption?

International adoption, also called intercountry adoption, is when a child is removed from one family and placed in another family in another country. Almost 90% of the international adoptions being made are with children belonging to Black, Indigenous, and People of Colour (POC) communities, while their adoptive families are white households; also called transracial adoption (Child Welfare Information Gateway 1994). There is strong evidence to this day that transracial adoption as a practice is rooted in colonial violence, such as the forced removal of native children from their homes (Ahmed et al. 1986; Wyver 2019; Schindele 2022). A recent investigation from the Swedish government (The Swedish Government 2025) confirms that irregularities—including both illegal and unethical practices—have occurred in international adoptions to Sweden over several decades. The commission found that, in some cases, Swedish actors were aware of these issues but continued processing adoptions under varying circumstances. Due to these findings (across different exporting countries) the commission recommends a complete halt to international adoptions to Sweden. These practices—and the conscious disregard of known irregularities—must be understood as rooted in colonial violence (The Swedish Government 2025).

International adoption has, over the years, become a multi-billion-dollar industrial complex: a global, wide-reaching, unregulated, and capitalistic business system enmeshed with social, cultural, economic, and political structures in the service of profit and power (Harvard Political Review 2012; Raleigh 2018), in which the individual adoptee's experience—such as their Sexual and Reproductive Health and Rights—is not in focus. Rather, individual families' motivations for building a family are often prioritised—sometimes based on stereotypical beliefs that BIPOC/POC children are genetically superior; a less conventional form of colorism. This means that some white adopters lay claim on Indigenous children, favorising darker skin tones (Ozor Commer 2023). Important to remember is that *Blackness* is not merely physical aesthetic, but can also be code for the systems of domination in connection to the oppressor and the oppressed (Brah 2001, p. 432).

The good intentions many adopters have, are quickly overshadowed by the broader system of international and transracial adoption, which is rooted in colonial power structures (Wyver 2021; Schindele 2022). A growing body of scholarly research, including the recent Swedish commission (The Swedish Government 2025), highlights that even regulated adoptions cannot guarantee voluntary consent—despite this being a fundamental principle in the regulations for international adoption. For this reason, it becomes irrelevant to discuss the potential of alternative, voluntary adoption systems, since they still are embedded in colonial frameworks. Norway and Denmark have since 2024 decided to partly or fully stop international adoptions to their countries because of the ongoing irregularities and unethical principles (The Swedish Government 2025). Some researchers believe that the harmful and oppressive structures outweigh the positive impact that adoption can bring to the adoptee and the adoptive family (e.g., Ozor Commer 2021).

What is Sexual and Reproductive Health and Rights (SRHR)?

Good sexual health means having the conditions to decide over one's own body, free from violence, coercion, and discrimination and with that, having equal possibilities and rights (Starrs et al. 2018). Statistically, 350 million individuals around the globe contract a sexually transmitted infection (STI) annually (Starrs et al. 2018), and women exposed to violence in their relationships are particularly at risk (World Health Organization 2013).

A good Reproductive Health is defined as a state of well-being regarding the reproductive system, including physical, mental, and social well-being. This means, among other things, having access to satisfactory maternal and maternity care (The Swedish Public Health Authority 2023).

Our Reproductive Rights include the right to freely and responsibly decide the number of children we want, as well as the time between different pregnancies. These rights include access to information, education, and the means needed to exercise it (The Swedish Ministry of Foreign Affairs 2016). Because of the longstanding practices of child removal, some scholars frame adoption as a reproductive justice issue that, with time, has created racialised and classed notions of who is 'fit' and deserving to be a parent (McKee 2018). The demand for adoptable orphans following war and disaster is a consequence and routine in the humanaitarian response from the U.S., for example, the separation of families at the Mexican border under the Trump administration. Wexler et al. (2023) describe these families as "a microcosm of domestic and global inequalities where the international adoptees unintentionally get positioned in the middle" (Wexler et al. 2023, p. 5).

1.2.2. The Adoptees After Second World War: An Important Tool in the Racial Colorblind State

During the Second World War, African American soldiers from the U.S. spent their off-duty time with local women in Europe and Japan. Their sexual relationships were viewed

as 'deviant', which derives from the promiscuity that is assigned to Black people and is part of the construction of a sexualized system of racism (Hill 2005), and this as a consequence led to biracial children being denied citizenship and access to their civil rights in the U.S. While children born to German soldiers with Dutch, Danish, and Norweigan mothers were regarded as racially 'valuable' and received support from the state (Linde et al. 2013; Koegeler-Abdi 2022), biracial children were stuck in the occupied parts of Germany. In Denmark, women who fraternised with German soldiers were framed in the public as prostitutes, rape victims, or Nazi collaborators. However, research by Anette Warring shows that most of these women were participating in romantic relationships (Warring 2005). It is well known that war and occupation produce different forms of sexual contact and the boundaries between coercion and consent becomes difficult to define, particulary as the legal, social, and political consequences of fraternisation vary depending on the conflict. The consistent stigmatisation of the women involved with foreign enemy soldiers also led to biracial children bearing the stigma of transgressing ethno-national and racial boundaries through their mothers' relationships. In particular, children born to German women and Afrian American soldiers became potent symbols in shaping post-WWII transatlantic racial histories (Stelzl-Marx 2015).

Between 1956 and 1964, Danish families illegally adopted 2000–3000 biracial children from Germany (Linde et al. 2013), which coincided with the rise of transnational adoption in the 1950s, driven largely by private initiatives and public–private partnerships. War orphans and children born of war from Central Europe, Korea, Japan, and later Vietnam were adopted into families in the U.S and Scandinavia. These adoptees were framed as vulnerable children in need of humanitarian rescue, while little attention was given to the fact that they would be racialised in their new societies. The coincided illegal and legal adoptions made at this time makes it impossible to truthfully evaluate the intentions behind every decision, and it is for that reason hard to distinguish how the legal and policy frameworks in these countries impacted the adoption process at this time.

According to Vilna Bashi Treitler, adoption in the U.S has functioned as an index of racial vulnerability. The reasons why families relinquish children and why others adopt are, in her view, deeply racialised—even if masked by claims of colorblindness (Bashi Treitler 2014). Adoption is often idealised as the ultimate proof that love transcends all differences, particularly racial ones (Raleigh 2018). Yet, racial colorblindness not only denies the existence of race but often coexists with an obsessive focus on skin color (Wyver 2019). While many adoptive parents embraced colorblindness to protect their children from perceived stigma or to minimise their racial difference, broader society is quick to label adopted children as 'Others', especially in school and public life. In Sweden, racial colorblindness is embedded in the national identity and forms part of the collective self-image of how a Swede truly is (Wyver 2019; Hübinette 2021). This belief system leaves little room for critique and often suppresses the racialised experience of transnational adoptees. While colorblindness was intended to shield children it also erased their racial and ethno-national identities, reinforcing stigma through invisibility (Wyver 2021).

International adoption played a key role in transforming Sweden from a racially homogeneous nation into a multicultural society that claimed anti-racism as a central value (Hübinette and Lundström 2020; Wyver 2021). This distancing from Nazi Germany and Second World War ideology was crucial to the post-war redefinition of 'Swedishness'. A similar process is noted in Dutch studies, where white individuals attempted to distance themselves from colonial histories and recast their roles as innocent in the modern context (Wekker 2016; Hübinette and Lundström 2020). This shift had significant consequences for how *race* is understood in Sweden. The concept of race has been abolished in official Swedish government discourse, making it largely irrelevant in discussions of discrimi-

nation, inequality, and social justice (Osanami Törngren 2022). This article argues that recognising race is essential—particulary in the context of sexual identity formation and sexual and reproductive rights.

The Swedish abolition of race not only limits the use of theoretical frameworks in this study, but also restricts how current legal and policy frameworks—intended to highlight the universal human rights of adopted children—can effectively ensure their protection. It further constrains the application of theories such as *racial hybridity*, as the concept of race is officially not recognised. Although the scholarly literature on transnational belonging is expanding (e.g., Nikielska-Sekula 2023), this paper argues that such frameworks remain insufficient for capturing the lived realities of international adoptees, whose experiences are often marked by a persistent sense of disconnection and non-belonging. Hooks (1990) emphasises the importance of home and one's relationship to the past, arguing that 'the very meaning of home changes the experience of decolonisation or radicalisation' (Hooks 1990, p. 148). This perspective reinforces the claim that transnational belonging, as commonly theorised, does not adequately reflect the complexities of adoptees' positionalities in this study.

1.3. Previous Research

The characteristic of previous research in the field of adoption is dominated by studies of adopted children and adolescents with a focus on attachment and adjustment to their new families. Rarely has the dominating adoption research prioritised interest in the situations of adult adoptees, nor their experience of being treated differently due to issues on a societal level. The scholarly literature on adult adoptees' experiences of parenthood is gradually growing (e.g., Kim et al. 2025), and authors view this as an important contribution to the field. While recognising the significance of extending SRHR frameworks to include adoptees' experiences of parenthood, this paper focuses specifically on existing research concerning mental health, sexual identity formation, and the sexual health of adult adoptees.

Adoptees' mental health has been extensively investigated by a large number of clinical studies, showing an overrepresentation of 2–3 times compared to non-adopted children and adolescents in Sweden (Cederblad et al. 1999; Dery-Alfredsson and Katz 1986; Strand and Hillerberg 2024), and the same results can be found worldwide (Kim et al. 1988; Zucker and Bradley 1998). Von Borczyskowski et al. (2006) conducted an extensive study where 6065 internationally adoptees were compared with 7340 nationally adopted and 1,274,312 non-adopted children, all born between 1963 and 1973. The goal of the study was to evaluate the increased risk of suicide in internationally adopted teenagers and young adults, and the participants were followed until the year 2002 in the National Swedish Register. Nationally adopted children had a lower risk than internationally adopted children, but still had an increased risk of suicide compared to non-adopted children (Von Borczyskowski et al. (2006).

Sims's (2017) doctoral dissertation is the first of its kind, highlighting adult adoptees' sexual identity formation from the informants own perspectives. The dissertation includes a multi-perpective of theories and concepts within social constructionistic traditions and empazises the importance of highlighting the marginalised voices of the informants (Sims 2017).

1.3.1. Methodological Approach

This study uses a qualitative approach, based on semi-structured interviews, to explore the racialised structures that may influence adoptees' experiences of sexual health in Sweden. It also aims to contribute to a new narrative around sexuality—one that challenges

adoptees' marginalised positions and supports a shift toward what Hooks (1989) calls a *decolonised centre*. Additionally, this study seeks to recognise adoptees as experts of their own lives and experiences.

Throughout the research process, I (Linde, A) made a conscious effort to reflect on my own positionality. The interviews were semi-structured, meaning they began with a shared set of questions but developed naturally based on the direction of the conversation. It is important to consider the possibility of an 'interview effect'—where the informants' respones may have been influenced by their expectations or by my behaviour and reactions during the interviews (Rosengren and Arvidson 2010).

1.3.2. Gathering Informants and Collection of Data

A total of 35 international adoptees were interviewed, with the first 20 between the beginning of May 2023 and the end of August 2023. Fifteen international adoptees were interviewed between the beginning of September 2023 and the beginning of November 2023. From the first cohort of respondents, 19 of the 20 interviewed were adopted internationally and grew up in transracial families, while one informant grew up in a same-race family. All 15 informants in the second cohort of respondents were adopted internationally and grew up in transracial families. The main reasons given for the adoptions was the adoptive parents' infertility, but some of the adoptive parents also shared with their children that it felt nice to do 'something good for the less fortunate'. All respondents have in common that the race/ethnicity they were exposed to growing up was white. Nearly all respondents (33 out of 35) said that the family where they were raised did not include their original country, cultural background, traditions, or language in their upbringing.

The search for informants took place on social media, on two different accounts on Instagram (@adoptionspodden & @tobiashubinette) and on Facebook (VIA—Vuxen Internationellt Adopterad). An advert was posted seeking to interview international adoptees (18+) raised in Sweden who were willing to share their experiences regarding sexual and reproductive health. An informational letter was sent to everyone who expressed interest, and consent was obtained either in writing and/or at the time of the recorded interview. Informants in the first cohort consented to (1) being interviewed and having the results published in an academic article and to (2) Malmö University processing their personal data. Informants in the second cohort consented to (1) being interviewed and having the results published in an academic article, as well as (2) allowing me, the researcher, to process their personal data. Some informants shared my contact details with friends (a process known as 'snowballing') and all interviews were conducted via Zoom, except for one, which was carried out in writing through Messenger, in accordance with the wishes of that particular informant. Each interview lasted between one and two hours. Most were conducted in Swedish, while a few were conducted in English. None of the informants in this study were former or current clients, nor did any have an a priori established relationship with the researcher.

1.4. Method of Analysis & Ethical Considerations

The selected metholdogy was thematic analysis, involving a broad examination of the material through a deductive approach grounded in Critical Race Theory. Thematic analysis identifies, analyses, and reports patterns (themes) within data (Braun and Clarke 2006). All interviews were transcribed as soon as possible after they were conducted, and the recordings were subsequently deleted. Recordings were stored on a designated USB drive, which was physically secured until the material had been transcribed. According to Bryman (2018), four ethical principles guide Swedish research: information, consent, confidentiality, and usage. These principles were followed in accordance with the Swedish

Research Council's ethical guidelines for research involving humans. The information letter that all informants received outlined the study's purpose, voluntary participation, and anonymisation procedures. The participants were reminded of their right to withdraw at any point during the interview process. Consent was obtained at the time of the interview, including permission to record and handle the data. All 35 informants gave explicit consent for their biological sex, age, and country of birth to be inclued in the presentation of the material. To ensure confidentiality, pseudonyms were used, and identifying details were removed. One potential risk identified was the emotional sensitivity of the topics discussed, particularly in relation to participants' backgrounds and past traumas. Therefore, participants were reminded of available support resources.

1.4.1. Positionality

I argue for that my standpoint as a Black adoptee and scholar in sexology provides a platform that contributes to a deeper understanding of the chosen topic. My interest in the intersection of race and privileged ethnicity in this field reflects a commitment to addressing systemic inequality and structural racism, where colorblindness continues to perpetuate many ongoing issues. Some researchers argue that whiteness is maintained through silence (e.g., Berg and Lune 2012) and that avoiding the naming of race and racialised bodies can obscure the effects of race—both in terms of privilege and discrimination. Other scholars note that one reason for avoiding discussions about race is the discomfort such conversations provoke (Andreassen 2014; Andreassen and Myong 2017). Sara Ahmed (2006) describes discomfort as a catalyst for important research, stating: 'Discomfort identifies bodies which fail to align themselves with racial and gendered norms' (Ahmed 2006, p. 154).

Andreassen and Myong (2017) further remind us that speaking up about racial privilege and racial fetishism can destabilise the ideological foundations of these concepts by exposing the gap between societal ideals and lived reality (Andreassen and Myong 2017) and Sarah Ahmed notes that since racism recedes from social consciousness, it appears as if the ones who 'bring it up' are bringing it into existence (Ahmed 2010, p. 7).

It is the authors' hope that this study contributes to the decolonisation of sexual practice—for adoptees as well as other non-white individuals—since the theories and concepts discussed are relevant to many of us.

1.4.2. Theories

The concepts and theories in this study were chosen to examine Sexual and Reproductive Health and Rights from a sociological perspective, where Critical Race Theory is a vital lens. While multiple scholars continue to contribute to the evolving literature and contemporary iterations of Critical Race Theory (e.g., Harris and Leonardo 2018; Nayak 2021), the authors of this study have decided to not engage in those iterations. Given the scope of the article, we focus on Hooks' (1984, 1992, 1995) framework of Critical Race Theory, as it offers the most direct relevance to our topic. This section starts with a short introduction and explanation of this study's understanding of terminology, such as power, oppression, and concepts as Othering.

1.4.3. Feminist Studies and Critical Race Theory

Hooks (1989) explored the intersection of race, capitalism, and gender, and how these intersecting systems produce and sustain structures of power, and class domination. A key part of her work focused on the production of knowledge, which she argued is always situated and should never be considered objective. Closely related to Hooks' (1989) work is the concept of oppression, which can be viewed both as a state, where groups hold unequal power, and as a process, in which power is used to exploit, marginalise, and deny equal rights to less powerful groups. Oppression, by definition, cannot exist without the presence

of power and privilege. Power can operate on an individual level, through institutions, or via cultural norms that legitimise and protect dominant worldviews (David et al. 2019). Some people believe that Asian women are oppressed to a lesser degree than Black women, which is a wrong assumption. Asian American women, like African American women, both undergo discrimination and are likewise mislabeled and excluded through racialized sexism and sexualized racism (Mukkamala and Suyemoto 2018, pp. 32–46.)

International adoptees often grow up with what Hooks (1995, p. 34) refers to as a *critical ethnographic gaze*—an awareness rarely experienced by white individuals. The repeated experience of being 'Othered' shapes an intrapsychic consciousness marked by segregation. Within that consciousness, the white majority society remains central, while people of colour occupy the margins. This gaze can help Black individuals build a resilient sense of self and solidarity (Hooks 1984), while international adoptees often internalise the oppressive views held about marginalised groups, particularly because their upbringing typically occurs in a foreign cultural context. Developing a strong identity in this environment requires unlearning the critical and degrading inner voices shaped by these surroundings.

Hooks (1995, p. 86) defines white supremacy as an ideology that socialises non-white people to internalise and reflect its values and attitudes. This socialisation is reinforced daily through media, advertising, and popular culture, where adoptees may be implicitly taught to prioritise white privilege. These internalised critical voices—directed toward the self or others—are interpersonal manifestations of racism and can lead to self-doubt, self-disgust, and racial self-rejection (David et al. 2019). This internal conflict often stems from the broader phenomenon of Othering, where certain groups are positioned as outsiders in Western societes (Hooks 1992).

Racism and white supremacy function institutionally (e.g., Hamed 2022), embedded in norms, policies, and systems that advantage some racial groups while disadvantagering others. These social structures are involved in shaping interpersonal dynamics and our interpersonal scripts (Simon and Gagnon 1986), as well as the relationships we have with ourselves. Racism and heterosexism share the same cognitive framework, relying on binary thinking to produce and reproduce their ideologies and structures. Race is viewed through two oppositional categories—white and Black—and sexuality through the binary of *heterosexual* and *homosexual*. These systems are bundled together through the dichotomy of Normal vs. Other (Hill 2005). Within this logic, 'normal' is equated with being white and heterosexual, and this status is easily taken for granted. This core binary logic of what is considered normal requires a concept of deviancy as its opposite. The idea of racial normality, for this reason, depends on the stigmatisation of the sexual practices of Black people—meaning that what is defined as normal white heterosexuality relies on the construction of deviant Black heterosexuality (Hill 2005).

1.4.4. Sexual Script Theory

Sexual Script Theory, developed by Simon and Gagnon (1973), examines how individuals understand and engage in sexual contact and behaviour through learned guidelines or 'scripts'. The theory suggests that sexual behaviour is strongly influenced by both written and unwritten societal rules, expectations, and personal experiences, with scripts functioning as broad guidelines that instructs individuals on what is considered acceptable or unacceptable sexual behaviour (Simon and Gagnon 1986). These guidelines are necessary due to significant variation in contexts and social settings, making it crucial to understand when, how, and with whom it is appropriate—or not—to engage in sexual interaction (Simon and Gagnon 1986). The theory operates on three levels. The first is *cultural scenarios*, representing the societal context in which sexual behaviour is expressed. The second level

is *interpersonal scripts*, which centre the interaction between individuals, and serves as a manual for interpreting a partner's behaviour. Simon & Gagnon highlight power dynamics and communication between individuals, emphasising that interpersonal scripts are not solely shaped by sexual desire (Simon and Gagnon 1986). From this perspective, the partner plays a critical role in shaping one's sexual actions (Bakhtin 1981), reminding us that individuals often adjust their behaviour based on how they perceive their partner's expectations. The third level, *intrapsychic scripts*, focuses on how individuals internally process emotions, desires, and fantasies. At this level, meaning is assigned to sexual actions and desires based on internalised expectations and societal norms. A key feature of the theory is that when there is incongruence between the cultural and interpersonal levels, it must be resolved at the intrapschic level—within the individual experiencing the conflict.

One cultural scenario that reinforces the belief that white people are better equipped to address issues in Black, Brown, and Indigenous families is the White Saviour Industrial Complex (SWIC) (Tubbs 2021). Under the guise of 'humanitarian' motives, transracial and international adoptions often involve 'saving' Black and brown children from their perceived circumstances—a narrative rooted in the Christian missionary tradition (Aronson 2017; Anderson et al. 2021). Similarly, mission-based tourism in the so-called 'disadvantaged third world' countries involves privileged white individuals offering help to the 'less fortunate' (Anderson et al. 2021; McGehee 2014, cited in Ozor Commer 2023, p. 3). On a personal level, this often results in children being socialised to assimilate into white families and cultures. These scenarios are problematic, as they imply white superiority and perpetuate the belief that only white people can solve the problems of racialised communities (Anderson et al. 2021; Cole 2012; Flaherty 2016; No White Saviors 2018).

2. Results

The data gathered from the 35 international adoptees interviewed revealed significant patterns in how they navigate their sexual and reproductive health and rights (SRHR). Key findings indicate that structural racism and internalised norms greatly influence both access to and perception of SRHR among this group. Based on the collected data, a thematic analysis was conducted, and four themes were chosen. The collected data was analysed through the lens of the presented theories.

2.1. Theme 1: Dominance & Submissiveness

The longing to be desired was, for many participants, reinforced through the process of Othering. As Hooks (1992) suggests, Otherness has historically been used to create a more intense and exotic form of interpersonal engagement. Many of the situations described by the informants suggest a constant navigation of power and oppression within intimate encounters.

> *'I mean, when we challenge it [the power imbalance] in our house, we are building trust and understanding for what is playful and sexy for both of us. But when we are out, in a restaurant or a club, I love showing everybody around us that we are not equal. I am in charge and I'm not interested in being challenged in this position.' Jonas, 32, Gambia*

> *'I like to step into the stereotype of being promiscuous, and as I have all the hunger for sex, everywhere, any day, anywhere. It lets me take control of the side of myself that isn't accepted by society. So, I accept the kind of stupid generalisations made about people with my skin color, and I live them [the stereotypes] out, by dressing down. I become the slut. Not everywhere and of course not with everyone—but sometimes, I just let the wildness out.' Camilla, 29, Brazil*

The quote above exemplifies how an intrapsychic script can be consciously adjusted to accommodate cultural scenarios and embedded stereotypes. The informant's response to external expectations is shaped by cultural narratives and enacted through deliberate symbolic choices—such as clothing or behaviour. This use of stereotypical imagery becomes a way to exert agency, albeit within restrictive frameworks.

> *'It was devastating for my self-esteem when I was younger—always meeting guys who wanted to put me in 'my place,' whatever that meant. I tried to change my pattern and began actively dating non-white men, but I still ended up with men who seemed to feel they needed to dominate me. I must be doing something wrong—I just don't know what.' Sabina, 36, Ethiopia*

Sabina's awareness of the role of stereotypes contributes to her sense of agency, yet it does not provide enough knowledge to fully navigate or resist the complexity of her experiences. Other informants described using stereotypes as a way to shape and understand their self-image. However, many were unable to escape the persistent societal messages that they should feel 'lucky', 'grateful', or 'chosen'—particularly when attempting to express that certain intimate encounters did not align with their own desires. These comments constrained the informant's sense of safety and their ability to express genuine thoughts and emotions. The expectation of gratitude was fundamentally misaligned with their lived experiences and instead suggested that the informant's discomfort or dissatisfaction was invalid.

> *'I've been told that I got the best of both worlds: the Swedish culture and an Asian appearance. This has made me feel very excited, at first. With Swedish culture came white privilege standards, which I find difficult to claim in a sexual context. The stereotypes are extremly hard to break.' Nina, 31, Thailand*

The experience of being held back or having limited options for a free sexual expression led some informants to feel silenced and lonely; making it difficult to engage in meaningful conversations about personal experiences. One informant described this in the context of dating in her younger years:

> *'I was trying to say that it made me uncomfortable to hear how beautiful babies we would have together, when we're making out. The immediate respons were that this is how we would fight racism together.' Daniel, 43, Gambia*

> *'I feel very invisible when it's not possible to talk about anything personal from my own perspective, without hearing how sexy and grateful all Asian women are. I don't want to talk at all after that.' Jennifer, 47, South Korea*

These quotes reveal how deeply internalised and culturally reinforced stereotypes can hinder open, equal, and emotionally safe sexual interactions. They also highlight the intersection of racialisation and sexualisation as a key site of tension and silencing but also resistance.

Filip shares how he tried to have a conversation with his parents about his relationship with a same-age girl in high school when he reached out for support about what was happening between them:

> *'It just wasn't possible to even lift these concerns with my parents. What do I say, and how do I say it, when there aren't even words to describe her [the date] behaviour or what she did?' Filip, 27, Brazil*

Other informants shared similar experiences of not finding a way to ask questions and for advice from their parents:

'It wasn't even possible to make a sentence in my head about it. How would that sound? Hey mom, so I realized that my nipples are not at all looking like the other girls, when we are in the locker-room. Am I still as normal as you said even though everyone else keeps laughing and I want to stop changing my clothes in school?' Charlotta, 46, South Africa

'I was in a situation where a girl at a party tried to undress me when I was drunk because she wanted to see what an Asian penis looked like. I got so mad and just pushed her off me. I tried to talk with my dad about it, but he made it sound like it was a joke going bad because she was drinking. It was not like that for me.' Erik, 38, South Korea

This theme highlights that equal rights and bodily autonomy are rarely upheld for the informants. The right to make autonomous decisions—free from violence, coercion, and discrimination—is undermined when individuals are continually Othered and profiled based on skin colour. This dynamic not only causes discomfort but also impacts reproductive health, as speaking out against discrimination is often not possible.

Sweden's official stance as a colorblind society is closely tied to the construction of a post–Second World War national identity, in which the figure of the "good Swede" is rooted in anti-racism—and, by extension, colorblindness (Wyver 2021). In the context of international adoption, this narrative becomes particularly complex. To uphold the image of colorblind, anti-racist love that adoptive parents want to embody, many choose to remain silent when their children raise experiences of racism. As a result, the racism encountered is often minimised or dismissed in order to preserve the self-image of moral goodness and to avoid challenging the idea of unconditional love within the adoptive family.

This dynamic is qualitatively different from that of a person of colour in an interracial romantic relationship. For adoptees, the dependency within the familial structure means that speaking openly about racism can feel like a threat to the relational stability of the family itself. The risk of disrupting the core narrative of unconditional love and belonging in the family adds a unique psychological and relational burden specific to the adoptee experience and is rarely shared by other racialised individuals in mixed-race relationships.

Another central challenge identified by the informants is the persistence of dominant stereotypes in sexual and intimate encounters; being fetishised was not always something they could freely choose or reject. Cruz (2016) reminds us that racial slurs never can be equal with race play, since it lacks the fundamental foundations of consent.

Some informants described how resisting such roles and adopting a broader sexual repertoire instead brought a sense of agency and freedom. This resistance reflects effort to reclaim control, where racialised sexual expectations are imposed.

2.2. Theme 2: Color and Colorblindness

A total of 32 out of 35 informants mentioned colorblindness as something they had encountered and recognised in intimate or sexual contexts. It is important to note that colorblindness functions as a cultural scenario that denies the relevance of race. While it may appear to promote equality, in practice it renders structural racism invisible—yet does nothing to prevent the hypervisibility of skin colour in intimate encounters.

'It is such a stupid situation when I try to address these things. You kind of think that you're safe and okay when you are naked and making out, and then Bam! Stereotypical slurs all over the place.' Josef, 31, Gambia

'I never say anything, it's too weird to start to try to name it now? I have no clue how to handle that type of argument with someone in the bedroom. If I had even thought this could be a thing, I would raise the question or concern earlier, but it has not been like that.' Maria, 37, Colombia

Many informants shared that it is difficult to foretell where boundaries are at risk of being overstepped and them being Othered. In many situations, food metaphors were used to reinforce and describe a racialized longing; also an expression of Othering (Hooks 1992; Wyver 2019). Sarek recalls a situation from his 20s:

> *'She said that she wanted to taste my chocolate… when we started to get undressed. I couldn't believe what I was hearing—I was aroused and confused at the same time. I became significantly distant from both myself and her. It felt like the trust required for intimacy was replaced by… disgust. What do you do with that—in that moment?' Sarek, 41, Zimbabwe*

Some informants realised that cultural scenarios had impacted their lives in ways they perceived as 'normal,' and that their lack of awareness of these structures allowed oppressive behaviour to be reproduced.

> *'I hate the word colorblindness. I thought I wasn't colorblind and that I made my choices based on love, but that's not true. I'm not straight, so I guess I moved outside the norms in some ways, but I never dated a non-white person. I'm as blind and stupid as everyone else talking about colorblindness, and I am ashamed of that.' Carola, 41, Uganda*

The internalised messages and implications of colorblindness carry significant consequences for the informants. Not all informants had the power or agency to define their position in situations where the cultural scenario of colorblindness was present. This highlights how oppression and racism can be reproduced—sometimes unconsciously—without the informants fully realising the extent of their role in sustaining such behaviours. This, because racism operates not only through overt actions but also through biased thoughts, attitudes, and subtle behaviours directed towards others (Hamed 2022). As a result, informants risk both perpetuating racist stereotypes and internalising values that lead to experiences of disrespect, self-doubt, or diminished self-worth related to their race or identity (Pyke 2010, p. 553, cited in David et al. 2019, p. 1060; Fanon 1965). Confronting and freeing oneself from internalised racism is a difficult process.

> *'I didn't think about it like this before. This is something I don't appreciate. I don't tell my white partners that they are white as vanilla or that I want to eat them because they look like whipped cream. It's disgusting. I'm very used to being referred to as something you can eat. I'm there for other people more than what I am there for myself and my own experience.' Jens, 47, Colombia*

Jens' quote suggests that it takes time to fully understand the depth of degradation someone can experience from being Othered. His decision to not treat his partner in the same way reflects an awareness of both the experience of being Othered and the role of whiteness as the norm. Because whiteness is considered the norm, it often remains invisible and white individuals are consequently protected from being Othered. As with all informants in this study, it is possible that the choice of partner is influenced by how white and non-white bodies are valued and privileged in society (Hooks 1992; Hill 2005). If this is the case, both partners may be reinforcing excisting hierarchies rather than challenging them (Carlström 2017). The reproduction of racial hierarchies can be difficult to recognise as it occurs—much like the invisibility of whiteness, which is tied to its status as the norm. Gabriel says:

> *'They all love my black skin; there are so many fantasies about size, performance, and passion. I embody a lot of that, but it's also so much that it makes me uncomfortable and makes me feel that I'm just an object, here to please someone else's fantasy, without giving consent that this is what we are doing or playing with. I don't know why I am not saying No.' Gabriel, 34, Ethiopia*

When Gabriel is asked follow-up questions, he answers:

'I guess I feel appreciated and seen when I get these comments and attention for myself and for my body. It's not the type of attention I need and want, but it took me a long time to figure this out. I wanted all types of attention from the beginning, everything, everything, and now. . . it tastes very different.' Gabriel, 34, Ethiopia

Internalised racism led some informants to adopt racist stereotypes, values, and images about both their own racial group and others, causing them to develop a sense of distance from themselves and from their racial or ethnic group (Lipsky 1987). This is reflected in their inability to express boundaries or articulate their sexual and intimate desires, as they struggle to see their equal worth in interpersonal relationships.

Other informants described consciously distancing themselves from their own group (non-white people) in the context of dating, sexual relationships, and family building.

'It was a very conscious decision. When I made the decision that I wanted to have kids, I could never have kids with a partner with the same origin as me. How would we protect them from racism and bullshit? No, it had to be with a white person.' Johanna, 33, South Korea

In an example like this, it is of importance to remember how identical acts can be expressed with a multiplicity of motives. According to the sexual scripting theory the information we need to make a decision is derived from the intrapsychic level (Simon and Gagnon 1986). It appears to be a conscious decision from the informant, based on the need for safety and acceptance for the informant's children. Another informant shares a similar view, which is painful to describe. It takes Rakel a while to be able to describe her feelings in words:

'I'm very ashamed over this. . . but, when I was pregnant and going into delivery, the worst thing I could think of was if my child was going to get my dark skin color. Then I was failing parenthood from day 1, because I know I cannot protect them from this extreme self-hate. At least I chose a white partner so that they got mixed.' Rakel, 31, South Africa

Another informant reflects on her choice of partner and family building, also sharing how her intrapsychic scripts helped her to navigate mixed feelings and longings:

'I'm craving to be held by a partner in the same color and shape as me, but I cannot even imagine how my parents and relatives would react. To see their reactions and disapproval would be double. They have been trying to include me, in the colorblindness, I mean, but I feel deeply that I don't belong like everyone else in this-mine-family.' Yosefine, 37, India

For two of the Black-identifying informants, it sometimes feels acceptable to participate in racial fetishisation—and sometimes it does not:

'(. . ..) It's a clear transaction, and I'm used to that. Maybe I'm even fine with it. But it makes me want to throw up when women start imagining how cute our chocolate-brown children would be. I can't handle the mixing of the two—it absolutely, 100%, needs to be either a relationship or a transaction. I can't deal with both.' Sanne, 39, India

'I do get a lot of attention because of me being born in a black body. I use that attention and I contribute to tension when I enter and accept their. . . imagination or stereotypical idea of me.' Jonas, 32, Gambia

The informants shared many insightful reflections when discussing whom they typically date and who they generally feel attracted to. Sabina described her experience of feeling more or less invisible. She referred both to growing up with her white parents and

to being around others at school, particularly as she began to explore intimate relationships during her teenage years:

> *'It took me many years to even understand what this question really meant to me. Growing up around bodies that didn't feel familiar—a rhythm that wasn't. . . for me. Year after year, never being mirrored in ME, for ME.' Sabina, 36, Ethiopia*

Filip sees his experience as a process—both of understanding himself and of exploring the possibilities that different roles offer.

> *'I'm much more confident now, as I've gotten older, in playing with the roles and positions tied to race and stereotypes. I understand that I'm also navigating the space between being made into an object and choosing to hold power. If I can accept the situation, I might take part—but if I'm not the one in control, not the one dominating, then I won't play.' Filip, 27, Brazil*

Understanding the function of stereotypes made it possible for the informants to use their positioning to shape a desired sense of self (Simon and Gagnon 1986). Even without clearly defined rules in the cultural scenario where the interpersonal encounter occurred, some informants accepted and performed the stereotype to gain more control over the situation. In this context, control and power centred on how the sexual interaction would unfold.

Other informants described a growing awareness of the segregated world they live in (Hooks 1995), which they navigated by 'playing their cards right'—though in very different ways.

> *'I see how many POC is in the margin here and I understand that this is about class as well. I choose to dress up, to never be mistaken for a lower person. . . less. . .dignity. . . or pride, or values than others.' Carola, 41, Uganda*

> *'Well, this is why I date white people. Not only because I'm socialised to believe it is normal, but also because I never want to feel rootless, again. I need to belong somewhere and it's important for me.' Jonas, 32, Gambia*

> *'I never dated any other adopted person; I don't see how that would work. Nobody will be the safe and grounded one.' Sanna, 49, Finland*

The informants repeatedly identified challenges in navigating the cultural scenario of colorblindness, which shaped many of their sexual and intimate encounters and influenced which partners they felt were appropriate to choose. When the fear of being Othered limited their options, a rupture between the cultural scenario and the internalised script became apparent. Both conscious and unconscious awareness of the white norm suggests that some informants selected partners based—at least partly—on skin color. This reveals how the development of sexual and reproductive health may be shaped more by prevailing social norms than by genuine attraction or emotional connection. Choosing to have mixed-race children—or taking precautions to protect oneself from anticipated racist attitudes—reflects a strategic response that some of the informants considered. This influenced decisions about family size: an important but often overlooked aspect of reproductive health.

While family planning based on the need for safety and belonging is common in general, I argue that the challenges faced by international adoptees are more complex than those faced by non-adoptees. This complexity arises from what the adopted body comes to represent: a symbol of what the 'good Swedes' embody in terms of anti-racist values and unconditional love—a body that has been assimilated and 'purified' by being raised in a white society (Wyver 2021). Choosing a partner who is not ethnically Swedish might trigger relational and emotional tensions between the adult adoptee and the adoptive

parents—tensions that are hard to express in words, because of the lack of language to discuss topics around race in the Swedish vocabulary.

Another key difference is that there is no expectation for non-adoptees to assimilate into 'Swedishness', which may include the implicit idea of building a family with a (white) Swedish partner. The pressure on non-white, non-adopted individuals to choose a partner from a specific ethnic background or culture is different for the same reason: the foundation of belonging within the family has not been built upon assimilation.

2.3. Theme 3: Structural Racism

Many informants share experiences of societal interventions directly related to their sexual and reproductive health and rights, often sanctioned by the healthcare sector. These interventions were typically described as having the purpose to support the informant's development of a healthy sexuality, general well-being, or reproductive health. However, some informants recounted disturbing examples from their upbringing that complicated or contradicted these stated intentions:

> *'I remember the yearly doctor exams we all did. I didn't like to have that old man touching my genitals and feeling that everything was okay, but I understand that we all had to go through with that.' Erik, 38, South Korea*

Asking more questions, it became clear to Erik that these exams were not something that all adoptees were going through:

> *'What? Are you kidding? I did this every year until I was 15 years old. It was a doctor, in a white coat, you know, and my parents said that all adoptees did this because they could not be sure of our development. Not knowing anything about my background. I don't think my sister did this, though.' Erik, 38, South Korea*

The focus on Erik's body is legitimised through a sanctioned gaze, approved by Erik's adoptive parents. Already possessing a hypervisible body in Swedish white society—and with a representative from the healthcare sector involved—Erik's body appears to be public property. Not only is it widely acceptable for strangers to ask adopted individuals intimate questions, but this example shows how Eriks body also is used to satisfy others' curiosity. Hooks (1992) reminds us to look at the white desiring subject, not only at the person being consumed (Hooks 1992, p. 21). Hooks further states that the consumption of the Other is safe for the white desiring subject because it does not require them to permanently relinquish their position as subject, nor to lose any power or privilege.

Another disturbing story comes from Rakel, who remembers her pre-teen years:

> *'It made me feel very dirty, like I was filled with shame and problems or diseases because of the adoption, and for that, I needed to be monitored. They said it was because they did not know anything about my medical history, but why would full-body exams at the age of 11 or 12 be something necessary to do anyway?' Rakel, 31, South Africa*

Yosefine shared the same doubt and her thoughts of what was really happening to her:

> *'I don't think this was a real doctor. I think this was someone that my parents...shared me with. It makes no sense when I think about it; that this was an actual health-checkup. Sure, the doctor could have had his reception at home, but not like it was when I was there.' Yosefine, 37, India*

Yngvesson (2010) suggests that adoptees inhabit a unique world specific to their experiences—one shaped by a distinct set of cultural scenarios and narratives that impact their lives. Since good reproductive health is defined as a state of complete mental, physical, and social well-being, the ability to exercise reproductive rights means having the freedom to decide, without coercion, on the number and timing of pregnancies and children. This

also includes access to information, education, and the means to act on those decisions (The Swedish Ministry of Foreign Affairs 2016). Not all of the informants had access to these rights when they needed them:

> *'I got my period very early, when I was 9 years old. It was a disaster—I got it at school without knowing what it was. I was terrified, and the teacher called my mom. She was upset when I got home, because now I'd be even more complicated to deal with. I didn't understand what it meant at the time, but I knew for sure that I was complicated.' Sabina, 36, Ethiopia*

Jennifer described her last gyn-appointment, where an alarming conversation took place:

> *'She told me, when I was already undressed and lying in the chair, that I should date men of my kind, then there would be no damage or wounds. I am not sure what she saw or thought she saw, but I understood that it has to do with my small-sized Asian body and her. . . idea of what kind of people or men I date. It was humiliating.' Jennifer, 47, South Korea*

Other informants described more subtle signs that affected how—and to what extent—they engaged with the healthcare system throughout their lives. Gabriel is one of them:

> *'There are always a lot of unspoken questions about my health and identity. I feel it as soon as I walk into the waiting room. When I was younger, I just thought the staff weren't very good at English. But now that I'm older, I realize they always speak English because they simply can't believe I'm Swedish. The problem isn't the language they choose—the problem is the assumptions behind the 'not-speaking-Swedish' idea.' Gabriel, 34, Ethiopia*

Carola shares the experience of being Othered by the healthcare sector. She described how she was visiting the hospital together with her adoptive parents as a child:

> *'It wasn't obvious to my parents; how uncomfortable I felt being around them in these situations. The shame of being the one and only different body in a room full of non-colored people, inspecting, looking, investigating, made me feel very wrong in my body.' Carola, 41, Uganda*

> *'I didn't even think of this topic until I was an adult because this was when it was clear that something was fundamentally wrong with how they treated me. I never felt so awkward in my whole life, as I did in the meetings with the healthcare sector. Not because I feel awkward in general, but because they simply can not drop the idea that I'm an immigrant or someone that they need to separate from 'them' to make me make sense.' Charlotta, 46, South Africa*

Sanna's experience reflects the assumptions healthcare staff make about her health and the kind of information she is expected to provide:

> *'I can never answer their questions. Sometimes I just tell them I can't, and sometimes I say I don't want to share the information they're asking for. It doesn't matter what I say—they don't like it. It's clear they want me to be more open about my medical history than I'm able to be. What bothers me the most is when they get curious, and their questions aren't about helping me, but about satisfying their curiosity—about me, my birth parents, or whatever.' Sanna, 49, Finland*

The informants' sexual health is clearly affected by the structural racism embedded in society. Sexuality is a fundamental aspect of being human (Elmerstig 2012), and our sexual feelings, behaviours, and experiences are deeply intertwined with psychological factors.

Several informants reported difficulties in accessing appropriate information and education that reflected their specific circumstances. Instead, racialized structures and systemic racism led to ongoing discrimination. Many consistently encountered inadequate maternal and general healthcare. Discriminatory attitudes—combined with internalised racial hierarchies—had a significant impact, particularly given that healthcare professionals act as gatekeepers to treatment, interventions, and medication. These experiences profoundly shape a person's sense of being Othered and contribute to an intrapsychic awareness of existing at the margins.

2.4. Theme 4: Sexual Violence

Sexual violence profoundly affects both an individual's sexual and reproductive health and rights (SRHRs) and their mental health and overall well-being. Several informants shared experiences of such violations during their upbringing and adolescence:

> *'My body has always been offered to people around my parents. It's very painful to say, but my earliest memories are of being afraid to attend family gatherings when I was around five or six. I was scared because I didn't want to spend the night at that place.' Maria, 37, Colombia*

Maria continues:

> *'My mom didn't protect me. I don't want to say that she offered me to others, but I know that she didn't protect me. I keep asking myself if this kind of lack of boundaries is built into our relationship because of the adoption.' Maria, 37, Colombia*

Other informants describe similar situations, where a lack of boundaries was present early in their childhood:

> *'I remember a person working in my school that came to our house after school hours. I was in the 2nd grade or something and she was there to brush my hair. We were the only black people in school. And because it was difficult to brush my hair when it was dry, she showered me and brushed it. I can't imagine how this situation would be acceptable for any parent, anywhere: A person working in school, who comes home to you after school to shower with your 8- or 9-year-old, alone? To brush your child's hair... because the school-person wants it. How is this logic? How is that safe?' Charlotta, 46, South Africa*

> *'They always put me in the front, so people could adore... me, my skin color, my special eyes. When people wanted to touch me, my parents always said yes. When I was a little older and tried to avoid being touched, I got told to not be so mean. This got problematic... since I never really could say no when I got abused a couple of years later. People could touch me if they wanted, couldn't they?' Sanne, 39, India*

Othering (Hooks 1989) positions the informants outside the norm based on their looks. Developing a white identity without having white skin color is problematic, since it is hard to obtain support to handle the racism that the informants are exposed to. The association between being Othered and being unsafe and at risk (e.g., for sexual violence) can cause the exposed individual to think that it is their non-whiteness that is putting them at risk. This could lead to a fear of identifying with non-whiteness and with other cultures, which by itself amplifies the white norm.

> *'I never wear my natural hair. I always made it straight or like the last years, I just shaved it off instead. People think that I'm gay, which is a relief compared with having to feel insecure about everyone wanting or just touching me without my consent. I would love to be able to carry up my natural hair, the natural me, but I just... I can probably never do that.' Camilla, 29, Brazil*

Camilla describes what appears to be a painful and complex relationship with her natural hair, shaped by negative experiences. To protect herself from being constantly Othered—especially from unconsentual touch and boundary violations—she has begun to trade parts of her natural identity. While this offers some relief, the oppressive and degrading acts she has endured are rooted in societal cultural narratives and have permeated both interpersonal and intrapsychic levels.

Hooks' (1992) concept of Othering—as a more exciting way of 'doing and feeling'—might explain the motivations behind the sexual abuse some informants have faced. The racialised objectification of non-white bodies can also help to explain why, in the examples given, biological parents sometimes fail to protect their children from sexual predators. Importantly, sexual actions do not always stem from erotic motives (Simon and Gagnon 1986). When adoptive parents receive praise for their 'exotic', 'beautiful,' or 'special' child, it may fulfil an intrapsychic longing for validation. It might also serve as an affirmation of their noble act—the adoption itself— and as a symbol of their unconditional love that transcends differences (Raleigh 2018). Being recognised as a parent to a beautiful child may carry deep significance, especially for those who struggled to build a family. From this perspective, the SRHR of adoptees might be in direct conflict not only with those of their adoptive parents but also with those of their biological parents, since it has become clear that not all adoptions were carried out legally and with consent (The Swedish Government 2025).

Many of the informants expressed resistance to being Othered, possibly to try protect themselves against sexual abuse. Carola is one of them:

'Don't we all do this? Switch or tone down some of the things that we keep getting negative attention about? I thought it was natural. I mean, dressing in white when I was a child and my breasts started to grow was insanely disgusting because I was far more visible than everyone else. My nipples don't look the same as well, so I just kept feeling wrong, ugly. Kids in my class touched me and touched them and my teacher kept saying that they just liked me. As stupid as when you say that boys hit girls, just because they like them.' Carola, 41, Uganda

Two of the informants experienced being protected from many negative consequences of Othering. Johanna describes it like this:

'My mom never answered these questions. She has never feared being uncomfortable or having non-smooth conversations with people. She was very protective of me and our story, our family, and my boundaries as well as her own. I appreciate that because she has been a role-model in how I can keep my integrity.' Johanna, 33, South Korea

Jens felt a physical form of protection from his father when people tried to violate his boundaries.

'My dad told me that he told everyone in the family to not touch my hair or to give comments about my skincolor. He said that they [my parents] wanted to give me to feel kike a natural part in the family, and that it's nothing natural by constantly being valued, criticized or exposed, and that they [my parents] certainly didn't like all the questions they got in their process of adopting me. Boundaries.' Jens, 47, Colombia

Sexual abuse is always a violation of the right to good sexual health. It also jeopardises the right to good reproductive health—through the risk of unintended pregnancy and by undermining an individual's ability to experience physical, mental, and social well-being in relation to their reproductive system. The sexual abuse and violence described in this theme can be understood as masked by racial fetishisation. A perpetrator who inexcusably violates others sexually may attempt to manage their own guilt or shame by fetishising the victim—using racialised stereotypes to justify the behaviour.

It raises serious concerns when racist stereotypes operate on both individual and institutional levels, since survivors of such violence and abuse may not be guaranteed access to the support, interventions, or treatment needed to heal and reclaim their sexual and reproductive health and rights.

3. Discussion

This study explores how international adoptees in Sweden navigate their sexual health, as presented through four main themes. Across these themes, it becomes evident that contemporary cultural scenarios create substantial barriers for informants in forming equal and intimate sexual relationships. Sweden's denial of race (Osanami Törngren 2022) results in profound internal conflicts, particulary when partners engage in Othering to fuel desire for the 'exotic' (Hooks 1992). I argue for this to be especially hurtful for international adoptees that has been assimilated into the Swedish culture and not integrated (since there is no knowledge of the birth- culture/tradition/language to integrate), which means that being Othered for an exotic look becomes equal with being racialised and obejctified. At the same time, some informants reported using the same stereotypes to shape their sexual identities in ways they experienced as empowering for them (Simon and Gagnon 1986). Building on Hooks (1989) we argue that when informants repurpose the stereotypes to become tools, they perform acts of sexual liberation and, through that, assert agency. This not only demonstrates how oppressive hierarchies can be challenged (Carlström 2017) but also how individuals can gain greater control over their bodies and reduce the risk of discrimination. Furthermore, it opens up space for reframing power and agency within one's own sex life and relationships. It is crucial, however, to recognise that every action might carry multiple meanings depending on the individual and the specific context.

Adoption, as a concept, reveals deeply ingrained societal biases, many of which manifest as expectations for adoptees to be grateful and—according to this study—to conform to sexual stereotypes in intimate interactions. Although the informants—like many international adoptees—experience racialisation and Othering based on a perceived disconnection from 'Swedishness', the solution does not lie in terms such as *integration* or *privilege*. The informants were raised within this culture—yet are still treated as Others. One example of (white) privilege afforded through their upbringing lies in their ability to understand the value of contributing to research and producing data as a means of creating space for their voices to be heard, but that unfortunately does not correlate with having their SRHRs acknowledged on an invididual level. At least not in that moment.

Many international adoptees—and the informants in this study—describe a profound lack of being heard and a general lack of societal understanding of the realities in which they live. This highlights a disconnect between society's understanding of international adoption and the lived experiences of adoptees, with all their inherent complexities. As Schindele (2022) notes, society has yet to fully grasp these complexities, underscoring the need for continued research in this area—ideally through mixed methods approaches. Further research, beyond the scope of this paper, is needed to empirically determine whether similar conclusions can be drawn in other national, and cultural contexts. It remains to be seen whether comparative international research can help us better understand the sexual and reproductive health and rights of adoptees globally.

4. Materials and Methods

As part of the thesis conducted within the framework of the Master's Programme at Malmö University, 20 participants were interviewed. All participants provided informed consent to participate anonymously in the study. Consent was obtained either in written form or verbally and recorded at the time of the interview. Ethical approval was granted

by the Student Research Ethics Committee at the Faculty of Health and Society, Malmö University, on 25 May 2023.

Secondly, the 20 participants were individually asked whether they also consented to the study's findings being presented in scientific articles, in a summary specifically written for the Adoption Commission's ongoing investigation on Post-Adoption Support, and at both national and international conferences. This question was asked separately and was only given as oral consent by the participants.

The second set of interviewees (15 participants) were informed that the results would be presented in scientific publications, shared with the Adoption Commission's investigation, and presented at national and international conferences. All 35 informants gave their consent at the time when the interviews were conducted and were informed that they could choose to withdraw their participation at anytime.

For the second cohort of interviewees, oral consent was chosen over written consent due to the advantages of ensuring the secure handling of personal data exclusively through the Zoom-recorded interviews and not to store physical documents with personal information. The Zoom account used had been previously configured according to Malmö University's regulations and guidelines for conducting thesis-related interviews, and the same procedure was applied in this case. The interviews with oral consent were saved on a dedicated USB drive, which was kept locked away until transcription was completed, after which all recordings were deleted.

5. Conclusions

This study highlights the discomfort, discrimination, and dissatisfaction that adult adoptees in Sweden experience in relation to existing support systems and interventions concerning their sexual and reproductive health and rights (SRHRs). Due to limitations of time and scope, a longitudinal approach was not possible although it would have provided valuable insights and would have offered a more nuanced and intersectional understanding of international adoptees' experiences of their SRHRs and how these are experienced throughout their lifetime. There are reasons to believe that many of the negative experiences described in this article and outlined in the interviews are being expressed because of the lack of safe spaces to talk about these experiences without the risk of not being heard. It is for these reasons very important to continue to understand all different experiences and underlying meanings for international adoptees as a group to ensure interventions and information is suggested that match their needs. It is also important to consider the wide range of trans-ethnic experiences that international adoptees may encounter, as well as the diverse ways in which positive experiences of exercising the universal sexual and reproductive health and rights might offer.

A key insight from this research is the close link between experiencing good sexual health and being free from oppression and discrimination. The challenges faced by adult adoptees according to this study, often stem from being Othered, where racial colorblindness within societal institutions limited their ability to express and address these concerns. It is the author's belief that healthcare providers and organisations must acknowledge and confront their own biases in order to better understand the unique experience of international adoptees.

Racial colorbliness—and its earuse of lived racial relalities—significantly obstructs adoptees' ability to develop self-affirming sexual identities. It is important to understand the SRHRs from the perspective of international adoptee's, outside of the cultural scenario. Yngvesson's (2010) assertion that adoptees belong to a unique world is strongly linked to an informant's access to privilege and agency. This study shows that agency can—and is—created within constrainment, and we argue for when the informants strategically

could leverage racialised stereotypes to shape their sexual identities in ways that aligned with their own desires (Simon and Gagnon 1986), they were engaging in acts of resistance and sexual liberation. Agency, is a key aspect of resistance and is an aspect to repositioning themselves from the margins to a decolonised centre (Hooks 1989), while simultaneously reshaping the dominant gaze. A prerequisit for this to be relevant is that a consent and conscious decision of repositining needs to be made.

Many of the experiences described by the informants in this study can be seen as similar to what non-white individuals experience in relationships with white partners. One important difference, however, is that the international adoptees in this study were raised with the same white privilege, societal norms, and at times internalised white supremacy as white individuals in the same context. The complexity of externalising negative beliefs about oneself or one's group carries different consequences for adoptees, particularly because there is often no clear or available sense of belonging or recognition from the ethnic group they originate from.

For individuals born and raised with parents from a different culture—where that culture's language, music, and values are part of daily life—there is often a sanctuary, a space for comparison, and a bridge between differing worldviews. This is a privilege that international adoptees are rarely afforded, especially after the trauma of separation from ancestral lines, culture, and belonging has been imposed on them. How the white gaze percieve international adoptees based on their skincolor, and not necessarily with an understanding for their inherited white privilege, creates dissonance and forces the informants to repeatedly face the expressions of this dissonance. I argue that this becomes different from non-adoptees individuals that have a transnational belonging, since there is a stronger sense of being Seen, and not only Visible, in who you really are. With other words: the extent to which non-white individuals feel devalued, objectified, or dehumanised in society, influences how they perceive themselves and their surroundings.

Being accepted for one´s authentic self is vital; it directly shapes both the adoptee's self-concept and their sexual identity as well as experience of a good sexual and reproductive health and rights. Our authentic self can be formed in resistance that some of the informants are describing; through many decisions that together becomes a practice that challenges dominant norms. We argue that agency, from this point of view, is strongly related to the level of consciousness and awareness of one's desirees, longings, and right to exercise sexual connections and intimate meetings without violence, coercion, and discrimination. Conversely, the internalisation of inferiority led some informants to distance themselves from others and, at times, to reproduce oppressive behaviours.

To be seen—not merely visible—is crucial. For the informants, as well as for other international adoptees in similar contexts, being accepted for one's authentic self is a prerequisite for exercising agency and for deploying an oppositional gaze that allows them to reshape the outcomes of their intimate and sexual lives.

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