THE WELL-BEING OF RUSSIAN AND ROMANIAN INTERCOUNTRY ADOPTEES IN NEW ZEALAND

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ABSTRACT

The study investigated the well-being of 54 Romanian and 62 Russian children in New Zealand who were adopted between 1990 and 1995. The samples represented 50 per cent of the Russian children and 44.6 per cent of the Romanian children adopted during these years and resident in New Zealand. Well-being was defined in terms of competence, happiness, health and problem behaviours. The primary source of information for the assessment of well-being was Achenbach's parent reported Child Behaviour Checklist upon which the survey questionnaire was based. The Child Behaviour Checklist was also used by Rosenwald (1994) in a study of intercountry adoptees (ICAs) in Western Australia and the Western Australian Child Health Survey (WACHS) (Silburn, Zubrick, Garton, Burton, and Dalby, 1994) which studied children in the general population of Western Australia. These two surveys provided a comparison for the well-being of Russian and Romanian children in New Zealand.

Intercountry Adoption New Zealand (a non-government organisation aiding and supporting intercountry adoption) facilitated access to the participants in the survey which was carried out anonymously. Adoptive parents completed a four part Intercountry Adopted Child Questionnaire for each adopted Russian and/or Romanian child.

Attachment theory provided the theoretical framework for the prediction that adoption after the age of six months, experience of adversity prior to adoption and institutionalisation affected attachment and later well-being. Adversity was based on parental reports of knowledge about the Russian and Romanian children's pre-adoption experiences of neglect, abuse and changes of care. Length of institutionalisation prior to adoption was also based upon parental knowledge.

The survey results indicated that the majority of Russian and Romanian children were considered to be happy (87.6 per cent), and healthy (94 per cent). On the basis of information provided by adoptive parents, about two-thirds were found to be competent in activities, social and school functioning (65.5 per cent) and 68 per cent had Problem Behaviour Scores within the normal range. However, it was found that the Russian, but particularly the Romanian children, had experienced very high levels of adversity prior to adoption. This seemed to have negatively impacted upon their later competence socially

and at school and their level of problematic behaviour when compared with ICAs in Western Australia and children in the general population of Western Australia.

The length of institutionalisation prior to adoption also appeared to negatively impact upon levels of problematic behaviour for the Romanian but not the Russian children. Health on arrival in New Zealand was negatively affected by length of institutionalisation for both Russian and Romanian children. Adoption after the age of 6 months was found to negatively impact upon the later well-being of Romanian but not Russian children and was related to levels of problem behaviour, length of institutionalisation and experience of adversity prior to adoption. For Romanian children, the duration of their institutionalisation appeared to be related to the degree of satisfaction experienced by all parties to the adoption. It was also found that adverse pre-adoption experiences did have long-term effects on the extent to which the children were able to recover once adopted.

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CHAPTER ONE: INTRODUCTION

Reasons for Conducting this Research

During the late 1980s I was working in the Department of Social Welfare as an Adoptions Officer and through this work came into contact with several couples who hoped for a range of reasons (not always infertility) to adopt a child from overseas. I undertook home studies with some of these couples and became concerned when I realised that there was, in reality, little chance that their applications for intercountry adoption would be successful. This was largely due to the reluctance, at that time, of the Department of Social Welfare to proceed with applications for intercountry adoption. The Department of Social Welfare's argument against intercountry adoption was that it could result in a feeling of "cultural dispossession" and "identity crises" for intercountry adoptees (ICAs) when they became adolescents. That is, a feeling of not belonging to either the country and culture they were born into, or the country and culture they were adopted to.

I remember explaining this possibility to every couple who wanted to apply to adopt from another country and always feeling very uncomfortable, and somewhat unconvincing in my explanations. I did not, and still don't, doubt that feelings of cultural dispossession could cause difficulties for ICAs. In my role as Adoptions Officer I had encountered similar feelings in Maori adolescents who had been adopted by Pakeha parents and were seeking information about their birth parents. But I always had this nagging feeling in the back of my mind as I was explaining this possibility, that for a child who was fighting to merely survive (often against great odds), concerns about "cultural dispossession" seemed to be secondary to escaping from great suffering and to survival itself. I also felt that if we understood what contributed to the feelings of cultural dispossession, then it might be possible for adoptive parents to parent, and social workers to interact with ICAs and their adoptive parents in ways that could minimise these negative effects.

In 1988 I became a mother and from that gained a greater understanding of the needs of children both physically and psychologically. I also came to understand, from the experience of parenting a child with long-standing medical problems, just how demanding parenting could be. About the same time I became involved in promoting the work of World Vision and sponsoring a child through that organisation. Once again the desperate plight of many children around the world was in the forefront of my mind. I became motivated to try to do something, albeit small, to contribute to alleviating the suffering that

children in such circumstances endure. I had worked within the Department of Social Welfare in several social work positions for a period of ten years and after having my own two children, returned to work for a further five years as a Child and Family Services Co-ordinator for Barnardos. Experience of both statutory and private agencies has contributed to my thoughts about the roles both these sectors could play in the provision of intercountry adoption services in this country. Currently I am employed as the Social Work tutor at my local polytechnic.

Through all this time I have remained interested in the practice of intercountry adoption, as a means of child rescue for those children who have no hope of adoption in their own country. And in the hope that social work practice and international co-ordination could be developed that would minimise the many negatives that can arise from poor practice in this area. Completing this thesis has given me the opportunity to pursue this. My interest in the field of study was heightened because of the many legal, policy and social work practice changes in adoption, both internationally and in New Zealand.

For children who have been adopted, either through domestic or intercountry adoption, attachment to their adoptive parents is always an issue particularly for those who are not adopted as newborn infants. Political events in Romania and Russia resulted in many children being institutionalised in appalling conditions and this was brought to the attention of New Zealanders through media reports. As children from these countries came to New Zealand, the necessity to understand the effects of institutionalisation upon these ICAs, and how adoptive parents could best cater for the needs of their children, became very important. Prior to 1995 such adoptions often did not have the involvement of social workers in New Zealand. Or sometimes the support they were able to give was minimal due to the demands of their work and/or lack of knowledge about the needs of children who had been institutionalised prior to adoption.

Excluding adoptions from Western Samoa (often carried out by extended family for the purpose of immigration), Romania and Russia are the two countries from which the greatest number of ICAs in New Zealand have originated since 1980 (Griffith, 1997). During 1990 and 1991, 159 Romanian children, a large proportion of whom had been institutionalised, were adopted by New Zealanders. These adoptions were legally accepted in New Zealand by way of citizenship applications under s17 of the Adoption Act 1955 (Griffith, 1997). In 1991 the Romanian government ceased adoptions to New

Zealand as part of an effort to restrict illegal adoptions and those bypassing the appropriate agencies (Scribanu, 1997).

From 1992 to September 1998, 327 Russian children were adopted by New Zealanders and Russian ICAs were still coming into New Zealand at the start of the new millennium due to the compatibility between New Zealand and Russian adoption legislation[1]. Russian law has prohibited children being available for intercountry adoption until they have been made available for adoption to Russian families and institutionalised for at least 6 months.

The Adoption (Intercountry) Act 1997 has direct implications for the practice of intercountry adoption in New Zealand and the delivery of intercountry adoption services. A model of service delivery by private organisations based on the Adoption (Intercountry) Act 1997 has been established by the Department of Child Youth and Family Services (1999b).

Although there have been many overseas studies[2] there is a dearth of empirical data on the well-being of recent ICAs in New Zealand. Studies done in New Zealand have being largely qualitative, focusing on individual case histories (for example Stace, 1997) and there have also been two television documentaries. Rosenwald (1994) collected data on the well-being of ICAs in Western Australia and with Rosenwald's consent (see Appendix B) I have used the Intercountry Adopted Child Questionnaire developed by her.

Objectives of the Research

The ability of adoptees to form lasting attachments to their new adoptive parents and families is the key issue in any adoption. The inability of children to form attachment is viewed by adoptive parents as one of the primary reasons for failures in adoption (Schmidt, Rosenthal and Bombeck, 1988). For children who have been institutionalised, the potential to form attachments has often been damaged by their experience of abuse and/or neglect, lack of opportunity to form mutually satisfying attachments with caregivers, lack of sensory input to stimulate cognitive development, and poor physical health and development. When adoptive parents bring their adopted children to New Zealand they

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[1] Personal communication with W. Hawke, Co-ordinator, Intercountry Adoption New Zealand.

[2] For example Calder (1978); Harvey (1980), Hoksbergen, Juffer and Waardenburg (1987a), Hoksbergen, Spaan and Waardenburg (1987b), Kumar, Booth, Nguyen and Wringe (1987), Tizard (1991), Bagley (1993) and Benson, Sharma and Roehlkepartain (1994).

are hopeful that through the provision of better care and a loving home environment these children will be able to recover from the negative affects of their prior life experience. Children who have been institutionalised appear to be among the most damaged adoptees and therefore have the least potential for recovery and pose the greatest challenges for their adoptive parents. The presence of Romanian and Russian ICAs in New Zealand who have suffered the affects of institutionalisation provides an opportunity to ascertain the ability of these children to recover from such adversity. Overseas research has generally shown that most children do not show any long-term adverse reactions to intercountry adoption.

The literature review contained within this thesis (Chapter Two) discusses the negative affects of institutionalisation upon children's ability to form attachments and their cognitive and physical development. The research questions focus on the degree to which Romanian and Russian ICAs coming to New Zealand have been able to recover from this adversity. The research uses measures of competence (based on out of school activities, social functioning and school functioning) happiness, physical health and problem behaviour as indicators of the degree of their recovery. Throughout this thesis links are established between the affects of institutionalisation, damage to the ability of children to form attachments and the measures of recovery that I have chosen to use. This information was gathered in the form of a survey questionnaire (Intercountry Adopted Child Questionnaire) the nature and origins of which are detailed in Chapter Four.

The thesis investigates three key questions:

1. What is the level of well-being of ICAs in New Zealand adopted from Romania during the period 1990 to 1995?
2. What is the level of well-being of ICAs in New Zealand adopted from Russia during the period 1992 to 1995?
3. Are there differences in well-being between the two groups of ICAs from Romania and Russia?

Comparisons are also made between Russian and Romanian ICAs in New Zealand, ICAs in Western Australia (Rosenwald, 1994) and children in the general population of Western Australia (Silburn, Zubrick, Garton, Burton and Dalby, 1994). The Western Australian studies provide a baseline against which the well-being of Russian and Romanian ICAs in New Zealand can be gauged.

There are two reasons why I have confined myself to investigating the recovery of Russian and Romanian ICAs. First, because all Russian ICAs have been institutionalised prior to their adoption (in accordance with Russian law), as have most Romanian ICAs. Seventy per cent of the Romanian children included in this study had been institutionalised prior to their adoption. Second, all of these children have been in New Zealand with their adoptive families for at least four years during which time they will have been influenced by, and made adaptations to life in New Zealand. Where appropriate, comparisons will be made with the results of research on ICAs in Western Australia (Rosenwald, 1994) and children in the general population of Western Australia (Silburn, et al., 1994).

Intercountry Adoption in New Zealand: History, Legislative Changes and Current Debates

> Simply discouraging adoption by inertia, however, is arguably more irresponsible than allowing it to happen (Benet, 1976, p.131).

Debate about intercountry adoption has been occurring in New Zealand for some years now. This debate appears to have polarised opinion into two opposing categories; that is, either not giving intercountry adoption any formal recognition in law because one is opposed to it, or being so in favour of it that the dangers and difficulties associated with its practice (both in the long- and short-term) are not given due recognition. The Adoption (Intercountry) Act 1997 provides a means whereby the practice of intercountry adoption can be regulated internationally to give some degree of protection to all the parties involved and address some of the failures of the past. A glaring example of such failures was the organised immigration of large numbers of British children to New Zealand between 1949 and 1954 under a Child Migration Scheme (McDonald, 1998).

History of Intercountry Adoption in New Zealand

The experience of intercountry adoption in New Zealand has, until the early 1990s, been limited. Between 1949 and 1954 a Child Migration Scheme initiated by the Royal Overseas League brought 600 British children to New Zealand with the intention that they be placed in foster homes until they were old enough to work. The Superintendent of Child Welfare was to have the right of guardianship over the children but there was no provision for supervision or after-care when legal guardianship passed from the Superintendent to the foster parents (Wagner, 1982). Most of these children left close relatives in Britain, and some experienced abuse and/or a series of placements. Griffith

(1997) asserts that many of these children were adopted. The negative experiences of these children (now adults) has recently been brought to public attention (see McDonald, 1998).

In November 1944, 755 orphaned Polish children and children whose relatives could not be located, plus a small number of nurses and adult men and women, travelled to New Zealand by ship. This movement was accomplished with the agreement of the New Zealand Government and the assistance of the International Red Cross. These people were refugees of World War II and had suffered great privation (Burnley, 1970). The refugees were welcomed by the New Zealand public and housed in a collection of prefabricated buildings at Pahiatua. Adoption of the children in New Zealand was opposed by the Polish adults in the camp at Pahiatua on the grounds that it was not known exactly how many of the children were orphans and a few children had discovered that they had parents who were still alive overseas (Sawicka, 1990). Those relatives who were located overseas were permitted to enter New Zealand on humanitarian grounds (Burnley, 1970). The Polish children were educated in Polish and followed a Polish curriculum at the primary and secondary schools established at the camp (Sawicka, 1990). The secondary school children gradually passed out of the camp into Catholic secondary schools, apprenticeships and jobs. The secondary school was closed in 1946 but the primary school remained open until 1948. Guardianship of the children was initially vested in a Polish Board of Guardians appointed by the New Zealand Supreme Court until 1949 when the Child Welfare Division of the Department of Education assumed responsibility for the administration of their placement and care. The New Zealand Catholic Church carried out daily work with the children. Two hostels were established in Wellington for those Polish young people who were working or attending school as day pupils (Sawicka, 1990).

In 1963, 62 Chinese children (61 girls and 1 boy) were brought to New Zealand from Hong Kong for adoption in response to a refugee situation in Hong Kong (Lee, 1997). Two studies have been carried out on this group of ICAs. Brash (1963) conducted a study on the problems of adjustment faced by these children when they first arrived. More detailed information about Brash's research is contained Chapter Two of this thesis. In recent years (1995-1998), Lovelock has conducted an investigation into their adult adjustment.

In recent decades, almost all intercountry adoptions in which New Zealand has been involved were processed in the child's country of origin. Between 1980 and 1990 this was

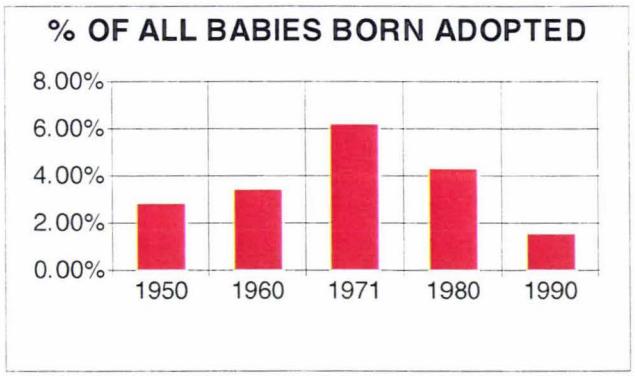
most commonly (in descending numerical order) England, Canada, Australia, Fiji, Tonga, Hong Kong, South Africa, Papua New Guinea and the United States of America (Griffith, 1997). In 1981, New Zealand accepted 36 children by way of intercountry adoption and in 1990, 135 children (Griffith, 1997). From 1993 to 1995, the Department of Social Welfare was involved in approximately 135 stranger adoptions (i.e. cases where there is no family relationship between the adoptee and adoptive parents) from overseas (Palmer, 1995). These figures exclude adoptions from Western Samoa, as it is generally held that intercountry adoption is used by Western Samoans as a means of bringing family members into New Zealand who would not otherwise be able to gain permanent residency (Griffith, 1997). New Zealand has a strong history of domestic adoptions and has had the highest number of adoptions per head of population in the Western world (Palmer, 1995). In this country we have been accustomed to stranger adoption as a primary solution for infertile couples.

A decline in the numbers of children available for adoption in New Zealand is evident from Figure 1 (p. 8). This is one of the reasons that prospective adoptive parents in New Zealand are now seeking children from further afield. Several factors have contributed to the reduction of children available for adoption in New Zealand since the early 1970s: widespread sex education; implementation of family planning practices; growing sterility among childbearing couples; retention of ex-nuptial children by parents who (due to marital status, income, age and other variables) may have been expected to surrender their children for adoption; the introduction of the Domestic Purposes Benefit; and the restricted legalisation of abortion. All of these factors have played a role in reducing the numbers of children available for adoption in New Zealand, and increasing the demand for intercountry adoption.

Historically, the Department of Social Welfare has worked against the immigration of children by way of intercountry adoption. " The Department of Social Welfare believes that seldom is inter-country adoption an appropriate way to address the needs of children without families in the developing countries" (Department of Social Welfare internal circular cited in Barber, 1990, p.24). It has effectively blocked approvals of prospective adoptive parents or delayed them so long that they withdrew or did not pursue their application. Arguments put forward by officials from the Department of Social Welfare against intercountry adoption were based on the belief that cross-cultural placements could not engender the identity and pride in racial heritage that is necessary for psychological well-

being. This could lead to feelings of cultural dispossession in the adoptee - that is, feelings of not belonging to either their country of origin or their country of adoption.

Figure 1: Percentage of All Babies Adopted in New Zealand, 1950 - 1990



Source: (Palmer, 1995)

New Zealanders who had become aware through news media reports of the plight of institutionalised children in Romania and wanted to adopt from that country challenged this Department of Social Welfare policy in 1989/90. Cabinet members (for example, the Rt. Honourable Mike Moore) also lobbied both in Parliament and informally for intercountry adoption. Dr. Cullen told Parliament in February 1990 that the criterion that adoptive parents should "have particular personal, social and cultural characteristics which equip the applicant to parent a special needs child and provide an appropriate family and community environment for a child of a particular race, culture and religion" was too rigidly interpreted to mean that adoptive parents had to be of the same ethnic origin as the adoptee. He also believed that this had forced people to try to adopt from overseas without getting official approval and increased the risk of baby trafficking which was what the policy had been designed to avoid (Dr. Cullen's comments cited in Barber, 1990, p.24). A Ministerial Committee, which reported in June 1990, was established to review the way adoptions were handled by the Department of Social Welfare (Tapp, 1990). In July 1990 the Department of Internal Affairs decided that properly conducted Romanian adoptions would comply with s17 of the Adoption Act 1955 although each would be dealt with on a case by case basis. Government policy and criteria for transracial adoption placements were changed in 1990, making the Department of Social Welfare more willing to facilitate and support intercountry adoption (Stuart, 1996).

Adoptions to New Zealand from Romania ceased in July 1991. Owing to concern about illegal adoptions occurring, the Romanian Government stopped adoptions to foreign countries to allow them to scrutinise all agencies with which they were dealing. Since then, due to compatibility between New Zealand and Russian adoption law, most children adopted from other countries to New Zealand have originated from Russia. Until September 1995, the Russian government did not require evidence that private agencies, such as Intercountry Adoptions New Zealand (ICANZ), had a licence for their activities. In September 1995, however, it became necessary for adoptive applicants intending to adopt from Russia to have their applications approved by the Department of Social Welfare (Stuart, 1996). Many ICAs coming to New Zealand have previously been institutionalised (predominately those from Romania and Russia) and arrive with serious medical problems, attachment disorders, behavioural problems, malnutrition and delayed physical, intellectual and social development (these difficulties will be explored in greater depth later in this thesis).

Provisions of the Hague Convention on Protection of Children and Co -operation in Respect of Intercountry Adoption (1993)

The Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption (1993) (hereafter referred to as the Hague Convention) is an attempt by the international community, including New Zealand, to develop policies and procedures that safeguard the security and legal rights of children adopted between countries. It resulted from recognition of the need to protect children from becoming subject to illegal and immoral activities that can be associated with intercountry adoption.

The Convention, signed at the Hague Conference on Private International Law at its 17th Session on 29 May 1993, was the culmination of twenty years of work by the international community and organisations such as the Organisation of American States and the United Nations. The Convention takes into account the principles set forth in the United Nations Convention on the Rights of the Child established in November 1989 and the United Nations Declaration on Social and Legal Principles Relating to the Protection and Welfare of Children, with Special Reference to Foster Placement and Adoption Nationally and Internationally established in December 1986. Both these documents address the issue of protection of the basic human rights of ICAs. Romania has been a signatory to the Hague Convention since its inception. Russia is not currently a signatory to the Hague

Convention.

Prior to the Hague Convention, there were only bilateral agreements between countries governing intercountry adoption. An example is the 1966 treaty between the National Social Welfare Board of Sweden and the Child Placement Service in Korea that was renewed in 1975. Social agencies (such as the International Social Service, the Centre International de l'Enfance, the Adoption Resource Exchange and others) tried to develop policies and procedures to safeguard the security and the legal rights of children adopted between countries. Their attempts were hampered by the diversity of procedures and regulations between countries, particularly as intercountry adoption involves legislation on both adoption and migration in sending and receiving countries. This variability in legislation made it difficult for social agencies to operate with clear guidelines and caused concern about questionable practices in intercountry adoption.

The absence of policy and regulations had three direct consequences for the practice of intercountry adoption in New Zealand. These were:

1. Failure to provide adequate protection to the parties involved in intercountry adoption; that is, the child, birth parents, adoptive parents, the country of origin and the receiving country. Specifically, there was inadequate protection to ensure that ICAs were in fact legally available for adoption and not subject to illegal trafficking in children.
2. The possibility for adoptive parents to adopt overseas and to have those adoptions recognised in New Zealand under s17 of the Adoption Act 1955 (when coupled with s3 of the Citizenship Act 1977), without having been through any assessment procedures in New Zealand.
3. Failure to provide adequate post-adoption support services in New Zealand for families involved in intercountry adoption.

Attempts to redress these failures are stated in the objectives of the Hague Convention (1993) Article 1:

"*a* to establish safeguards to ensure that intercountry adoptions take place in the best interests of the child and with respect for his or her fundamental rights as recognised in international law;

b to establish a system of co-operation amongst Contracting States to ensure that those safeguards are respected and thereby prevent the abduction, the sale of, or

traffic in children;

c to secure the recognition in Contracting States of adoptions made in accordance with the Convention" .

The Hague Convention sets international standards (Article 4) which must be met before an intercountry adoption can take place and which signatory states must adhere to. Provision is made for the licensing and supervision of competent authorities (public or private) by a central authority to carry out intercountry adoptions in accordance with the Hague Convention (Articles 11 and 22). Recognition is given that intercountry adoption may offer the advantage of a permanent family to a child for whom a suitable one cannot be found in their country of origin (Article 4b). The Convention commits contracting states to expedite intercountry adoption procedures (Articles 9 and 35). It requires reports to be prepared on prospective adoptive parents and ICAs (Articles 5 and 15) and the preservation and exchange of this information (Articles 9 and 30). Profit making from intercountry adoption is prohibited but the payment of reasonable expenses to competent authorities is allowed (Articles 8 and 32). Contracting states must recognise adoptions carried out in other contracting states (Articles 23 and 26) and ensure that a child entering a country for the purpose of intercountry adoption is able to permanently reside there (Articles 5 and 17). Procedures that should be carried out in the event of an adoption placement proving unsuitable are also specified (Article 21). Overall, therefore, the Convention sets up a system whereby Contracting States can co-operate in intercountry adoption procedures.

Although many countries disapprove of intercountry adoption, it is regarded as acceptable in limited circumstances by the United Nations (United Nations, 1986 and 1989) and the practice is likely to continue unless governments legislate against it. Therefore, regardless of their attitude towards intercountry adoption, it is vital that sending and receiving countries establish suitable controls over intercountry adoption.

Adoption (Intercountry) Act 1997

New Zealand's signature to the Hague Convention (1993) was dependent upon the passing of the Adoption Amendment Bill (No.2). This amended the Adoption Act 1955 and implemented the Hague Convention into the law of New Zealand. In June of 1997 the Bill entered the House for its third reading and was passed in December 1997 creating the Adoption (Intercountry) Act 1997. Until the advent of this Act, New Zealand was without

coherent policy and specific regulations to either inhibit or assist intercountry adoption. New Zealand became party to the Hague Convention (1993) on 1 January 1999. Currently there are 29 countries that are party to the Convention. It should be noted, therefore, that the ICAs participating in this research were governed by policy that existed prior to the Adoption (Intercountry) Act 1997.

The Adoption (Intercountry) Act 1997 provides for the delegation by the central authority of functions associated with intercountry adoption to competent non-profit organisations both public and private. This may include the authority to act abroad. In New Zealand the central authority is the Chief Executive of the Department of Child Youth and Family Services. An intercountry adoption order made under the Hague Convention (1993) will in New Zealand have the same status in law as a domestic adoption order under the Adoption Act 1955. The Chief Executive Officer must retain all reports received relating to intercountry adoption and all accredited organisations must provide copies of their reports to the Chief Executive Officer. The Chief Executive Officer has the responsibility of supervising accredited organisations and has the right to suspend or revoke accreditation. Accredited organisations must report annually to the Chief Executive providing also a copy of their financial accounts. They are permitted to receive payment for reasonable costs and expenses and to advertise the functions delegated to them.

Under Article 9c of the Hague Convention (1993) "Central Authorities shall take, directly or through public authorities or other bodies duly accredited in their State, all appropriate measures, in particular to promote the development of adoption counselling and post-adoption support services in their States". When intercountry adoptions have occurred in New Zealand without the approval of the Department of Social Welfare (under s17 of the Adoption Act 1955) there has been no statutory requirement for the provision of post-adoption support services for those ICAs and their adoptive families. What has occurred is the creation of post-adoption services carried out by Intercountry Adoption New Zealand (ICANZ), the only private organisation in New Zealand facilitating intercountry adoptions. Intercountry Adoption New Zealand is a voluntary organisation established as an incorporated society in 1989. Services offered by this organisation include information and education to prospective adopters, arranged contacts in the sending country, assistance with documentation throughout the procedure of intercountry adoption and provision of post-adoption support and advice.

In summary, the Adoption (Intercountry) Act 1997 has removed the monopoly the

Department of Social Welfare has had on the intercountry adoption process. It has also provided for the scrutiny of accredited private organisations and created a statutory requirement for the provision of post-adoption support services for intercountry adoptions which may either be provided by the Department of Social Welfare itself, or private agencies such as ICANZ that may become accredited under the Adoption (Intercountry) Act 1997.

Current Debates Surrounding the Practice of Intercountry Adoption

One of the major criticisms of intercountry adoption in New Zealand and overseas that has emerged from the development of human rights issues among indigenous peoples relates to transracial adoption placements (Griffith, 1997). Ethnic pride, self-determination and the minimisation of institutionalised racism (unrecognised racism built into the structure and practice of organisations) are crucial requirements from this point of view. It is argued that children should be kept within their country and culture of origin to facilitate the development of their cultural identity, which is necessary for psychological well-being, and the preservation of cultural differences.

However, the approval or disapproval of any proposed transracial placement must involve a consideration of the merits of what alternative care is available for each individual child. Transracial placement may be an option preferable to long-term institutional care (the negative effects of which are detailed later in this thesis) where these are the only alternatives. Race and culture may rightly become a secondary issue when dealing with institutionalised, abandoned children who have no prospects of placement within a family in their own country or culture. Adoptive parents can teach a child about its culture of origin and to have pride in that heritage and ethnic identity whereas many institutionalised children get little or no opportunity to experience the positive aspects and richness of their culture in their own countries.

Associated with this argument against transracial intercountry adoption, is the idea that parents cannot teach adopted children from ethnic backgrounds other than their own how to cope with the prejudice and discrimination that exists in society. ICAs have to fuse their dual heritage and come to terms with their minority status (Griffith, 1991). Opposing this argument, is the belief that children can gain a sense of identity and belonging in an adoptive home of another race that supports them in dealing with racist incidents.

Problems for ICAs in acquiring a clear sense of personal identity have also been a major argument against intercountry adoption. This argument has its origins in Erikson's (1963) ideas about teenage development and this time being crucial to the formation of personal identity. It is therefore predicted that when ICAs become teenagers, particularly in transracial placements, they will suffer psychological difficulties that will not allow them to become happy, fully functioning and adapted members of their families and communities. They may suffer from personal isolation and identity confusion, not experiencing a sense of belonging to either their culture of origin or the culture of their adoptive country and family. The children who participated in this research are all under 16 years of age. Therefore it could be argued that issues relating to culture and personal identity could yet arise for Russian and Romanian children adopted by New Zealand families.

It is sometimes argued that as an alternative to intercountry adoption, concerned people should be sending financial support to orphaned and abandoned children to support them within their country of origin. However sending money still does not provide institutionalised children with the personalised love, care, stimulation and support of a family that is necessary to overcome developmental delays and lack of attachment. Money sent might never reach the child, and children whose needs can be met through sponsorship alone are not generally available for adoption.
Moreover related to the previous argument is the assertion that adoption workers and Western governments should lobby for health and welfare programmes in developing countries rather than practice intercountry adoption. Many Western governments and international aid agencies do contribute directly to the development and provision of economic and welfare programmes in developing countries through organisations such as the World Bank, the International Monetary Fund, World Vision and Oxfam to mention a few. However it takes time for such programmes to take effect over the large and changing areas in need. That being the case, it could be argued that this approach cannot be used to validate not doing anything to assist those children who are desperately in need of immediate help.

The extent to which Russian and Romanian ICAs coming to New Zealand are able to recover from the effects of institutionalisation is a key issue in the research reported in this thesis. This potential for recovery will also be of considerable interest to both current adoptive parents and those considering adoption for the first time. Most Romanian and all Russian ICAs in New Zealand were institutionalised prior to their adoptions. Thus an

opportunity is available for this thesis to investigate the degree to which these children are able to develop more positive patterns of attachment and behaviour post-placement. An indication of the nature of a child's attachment behaviour system can be gained by examining aspects of their lives that are known to be affected by it; that is, factors such as behaviour, happiness, social competence, cognitive ability, and physical growth and health. Several researchers do have information to offer about the potential for recovery from the effects of institutionalisation and are discussed in Chapters Two and Three of this thesis.

In 1994 Rosenwald produced an unpublished thesis that investigated the well-being of 238 ICAs aged 4 - 16 years in Western Australia. The children originated from a variety of countries. Rosenwald assessed their well-being from parental reports on competencies (both social and educational), happiness, health and problem behaviours. Quantitative data on these four independent variables was collated using the survey method. Rosenwald compared the data she collected with data collected about children in the general population of Western Australia that had been collected by the Western Australian Institute of Child Health Research in its 1993 Western Australian Child Health Survey (WACHS) (Silburn et al., 1994). As similar data is not available in New Zealand, it is my intention to use the data collected in both these studies (where appropriate) as a point of comparison for Russian and Romanian ICAs in New Zealand. To facilitate this comparison, the survey questionnaires used in this thesis aside from Achenbach's Child Behaviour Checklist, were created by Trudy Rosenwald (1994) and are being used with her permission (see Appendix B).

Overview of Thesis Chapters

Chapter Two of this thesis focuses on research that has been carried out in New Zealand and overseas regarding intercountry adoption and includes information about the characteristics that are shared by intercountry adoptive parents internationally. Chapter Three is about the development of attachment theory, how institutional care affects the ability of children to form attachments and patterns of behaviour found in adoptees generally. It explores links between care-giving behaviour and the patterns of attachment these produce in children. Chapter Four is concerned with the methodology used in the thesis research. Details of how the dependent variables of total competence, happiness, physical health and problem behaviour were measured by way of the Intercountry Adopted Child Questionnaire are included. How participants were recruited, details regarding the

size of the two target populations (Russian and Romanian children), response rates to the questionnaire and ethical concerns are other issues dealt with in Chapter Four.

Chapter Five provides the results of the thesis research in relation to Russian and Romanian children. Details about how the dependent variables were scored are in the first section, but subsequent sections focus purely on the results obtained. Results are presented in sections corresponding to the dependent variables that were measured. These are total competence (made up of information about out of school activities, social functioning and school functioning), happiness, physical health and problem behaviours. Chapter Six covers the results of the thesis research in respect of other issues such as age at adoption, the experience of pre-adoption adversity and the effects of institutionalisation. Chapter Seven details the results obtained with regard to the satisfaction of intercountry adoptive parents with the progress of their adopted children and with the overall adoption experience. The use of outside help by intercountry adoptive parents is also included in this chapter. Comparisons are made within Chapters Five to Seven between the results of this thesis, and the results obtained by Rosenwald (1994) in her study of ICAs in Western Australia, and the results obtained in the Western Australian Child Health Survey (WACHS) about children in the general population of Western Australia.

Chapter Eight is the final chapter. It reviews, and draws conclusions about, the key findings of the thesis research in the areas covered in Chapters Five, Six and Seven. Comparions with Rosenwald's (1994) research and the WACHS are included. This is followed by a discussion of the implications of these findings for policy and practice in the field of intercountry adoption. The limitations of the thesis research are covered followed finally, by suggestions for future research in this area.

CHAPTER TWO: LITERATURE REVIEW

Introduction

Research on the experience and adjustment of ICAs and their families has been carried out on a wide basis internationally but little has been done in New Zealand. Countries where considerable research has been carried out include Australia, Canada, Great Britain, Holland, Sweden and the United States of America. Less extensive but useful research has also been conducted in Denmark, Finland, Norway and West Germany.

To assess the later development ICAs, most studies have examined the frequency of behavioural and emotional problems, usually by means of a standardised inventory (for example Achenbach's Child Behaviour Checklist, 1991) completed by the adoptive parents, or by researchers in the course of an interview with the parents. The findings from different studies are to some extent conflicting. Inconsistencies in basic data - such as the age distribution of the sample when assessed, the age of ICAs on arrival, the physical and mental well-being of the children on arrival and a lack of information about their life experiences prior to adoption - can make it difficult to interpret the research.

This chapter will summarise the research that has been carried out in New Zealand and overseas on the experience and adjustment of ICAs and their adoptive families. The information on overseas research has been presented in sections on relevant themes. These are: the experience of abuse and neglect by ICAs prior to adoption; health and developmental problems; behavioural problems; post-adoption recovery; age at time of placement for adoption; recovery of health and development; attachment and socialisation of ICAs; education; and adolescence and identity formation. Research relating to adoptive parents is also discussed including the characteristics of intercountry adoptive parents, their satisfaction with the adoption experience and the stresses associated with parenting adopted children with special needs.

Research on the Experience and Adjustment of Intercountry Adoptees and Their Families

Research in New Zealand

Eljean Brash submitted a thesis to the University of Canterbury in 1963 about the problems of adjustment faced by a group of 50 Chinese orphans (49 girls and one boy) from Hong Kong who entered New Zealand in 1963. In the eight years prior to 1963 there

had been an influx of refugees from China to Hong Kong due to famine in China. Many babies, particularly girls, were abandoned on the streets of Hong Kong and subsequently placed in orphanages. All the children were under 3 years of age at arrival in New Zealand and had spent their lives almost entirely within the walls of the orphanages from which they came. The one boy had been operated on for a hare lip.

From the time of their arrival, and in the 6 months following, information was gathered from the adoptive parents about 15 of the children from Hong Kong. This was done by way of letters, diaries that were kept by adoptive parents and interviews with some. Thirteen of the 15 children studied experienced severe disturbance and distress when they first arrived. They were of small stature in comparison to New Zealand children of the same age but underwent rapid increases in height, weight and muscular development with good nutrition. According to Brash, most initial difficulties were overcome. The children made the transition from institution to family life well and adjusted to a new diet without too much difficulty. There were indications that many of the children had received a good standard of care in Hong Kong.

With two exceptions, the children were very quick in learning to speak English. Brash concluded that after 6 months in their new homes the children were well placed, in families where their adjustment problems were given careful and loving consideration, and they were generally accepted by the communities in which they lived. Nevertheless, it is notable that in the early period after the children arrived in New Zealand three of the families reported some difficulties of acceptance of the new arrival. Brash concluded that this was due to the particular circumstances of the families at the time. For example, she recommends that there should not be a very young baby in the home (or expected within three months) at the time of arrival of the adoptee due to the likelihood of resentment and jealous behaviour on the part of the adoptee. Brash did indicate though that such jealous behaviour could be overcome with careful handling to develop a "helping attitude" on the part of the adoptee. But if handled unsympathetically, such behaviour could continue to be troublesome for a long period. Other recommendations made by Brash were that all adoptive parents should be briefed on the kind and amount of disturbed behaviour that is likely to show itself as a result of the disruption involved, especially during the first few weeks of insecurity. She also recommended that it would be advantageous if all older ICAs could be taught at least a few words of the language of the adoptive parents before they left their country of origin to help break down feelings of extreme isolation.

The second part of Brash's thesis was concerned with considering the likelihood of later difficulties in education, choosing a career and finding a marriage partner. She attempted to do this by studying the well-being of Chinese children in 25 classes in 5 New Zealand primary schools. Children in the classes answered three short questionnaires developed by Brash, they were also observed at play and their school teachers provided further information. Brash concluded that the Chinese children in these schools appeared to be well integrated. Language was the one factor mitigating against their academic and social success, particularly if English was not spoken in the home from which they had come. In 42 out of 58 cases, Brash found that the Chinese children experienced no problems in social adjustment at school, half of them performed above average academically and none had conduct problems.

Kirsten Lovelock , conducted some research during the late 1990s following up the Chinese children, now adults, who were adopted by New Zealanders from Hong Kong during the mid-1960s. In total, there were 62 children adopted from Hong Kong. Lovelock's adopted sister is one of these children. Thirty New Zealand Chinese ICAs responded to Lovelock's request for meetings and she interviewed 27. "Most felt that their parents, through no fault of their own, had been ill-equipped to adopt Chinese children. All spoke of racism, taunts and bullying at school" (Campion, 1998, p. 9). Lovelock is reported as saying that many of the adoptions proved to be traumatic particularly for children adopted in the 4 – 13 year age group. That most of the children had formed very close relationships with their caregivers in the orphanages and were happy in Hong Kong. Given the length of time since these adoptions were carried out I wondered how Lovelock was able to ascertain this. Lovelock did not report on how many of these children experienced adversity prior to adoption although Brash (1963) had indicated in her thesis, there were signs that the children had been well cared for.

The children were adopted into families in New Zealand who were either Catholic or Protestant. The government of the time agreed to the adoptions at the behest of the New Zealand National Council of Churches and the Society of St Vincent de Paul but there was no follow up support or counselling from these organisations for either the adoptive families or the Chinese children. Lovelock reported many of the Chinese ICAs grew up feeling as though they were charity cases, which they deeply resented. ICAs also spoke of feelings of frustration, anger and loneliness that their adoptive parents were unable to understand. The younger children appeared to settle more easily but they had problems

too. Quite a few had experienced alcohol and drug problems but had been able to rise above this to become "strong individuals with good jobs, good relationships and tight family units of their own. Most had faced their demons and triumphed" (Campion, 1998, p. 9).

Lovelock organised a reunion of the Chinese ICAs and this was reported in two television documentaries called *Chinese Dolls* which were screened in the series *Asia Dynamic* in May 1999. In these television programmes five of the ICAs spoke about their experiences and feelings. They spoke of the patronising Christian values of their parents making them feel guilty, and that they always had to be grateful to their parents especially when in conflict with them. Also, that adoptive parents were unable to admit they were experiencing problems because of people in the wider environment constantly praising the fact that they had adopted a Chinese child.

Lovelock reported identity issues and issues resulting from their minority racial status as causing difficulty for many ICAs. In a personal discussion with Lovelock in early 2000 She was unable to comment on whether or not pre-adoption experiences of neglect and abuse may have contributed to these difficulties but did comment that some of these ICAs had experienced post-adoption abuse. Lovelock believes a weakness prevalent in the intercountry research that has been conducted to date is that it has largely been based upon parental reports about their ICAs, and that ICAs may be unwilling to share the kind of difficulties they spoke to her about with their adoptive parents.

Rachel Stace, has edited a book (1997) and produced two television documentaries. Her first television documentary *Instant Families*, screened in 1997, and was about the progress of the first group of Romanian children adopted by New Zealanders. Stace's second television documentary *Return to Romania* (screened in 1999) was about adoptive parents who later travelled with their children back to Romania to visit the birth families and/or institutions from which the children had originated. Her book *Love Has No Borders. True Stories of the Tragedy and Triumph Behind Intercountry Adoption* (1997) has fifteen chapters written by adoptive parents (mainly mothers) and one written by an intercountry adoptee from Hong Kong. Their stories tell of the searches and journeys of adoptive parents to a variety of destinations: Europe, Africa, India, Fiji, South America and China, to find their children. Stace's introduction to her book says how researching and filming 'Instant Families' changed her attitude from one of scepticism, to commitment to the ideals

of intercountry adoption as a form of child rescue. It provides support to adoptive parents and a fuller background than mass media attention often gives to the controversial practice of intercountry adoption. Mixed valuations are given by adoptive parents about both the helpfulness and otherwise less helpful practices of statutory social workers in New Zealand and social services in other countries. Stace's work gives sensitive qualitative insights into the practice of intercountry adoption in New Zealand.

Research Overseas

Experience of Abuse and Neglect by Adoptees Prior to Adoption

Studies[3] have found that pre-placement care and the length of time the child is exposed to adversity (which is associated with age at time of placement) predicts differences in adoption outcome. Pre-placement experience of abuse and rejection can lead to higher levels of behavioural problems and difficulties in relationships between the adopted child and their new family. Little research examines the overlap among identified risks or how the effects of individual risks may be moderated by other factors in the prediction of adoption outcome. The complexity of and co-variation between parent, child and family factors confounds our understanding of individual risks. However, in the research there is general agreement that both child-based and family-based risk factors influence the likelihood of a successful placement.

Rosenwald (1994) in her study of ICAs in Western Australia, found that upon arrival in Australia, 35 per cent of children who had experienced adversity were in a poor state of health compared with 4 per cent of those who had not experienced adversity. Children adopted after six months of age, particularly boys, were more likely to have suffered adversity. This negatively affected the later well-being of about half of the children who had experienced pre-adoption adversity. Rosenwald found children with adverse backgrounds were less likely to be competent,[4] than those who had not experienced adverse backgrounds (69 versus 85 per cent). Abuse and neglect appeared to have the most negative effects on later competence, 33 per cent of abused and 29 per cent of

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[3] Tizard and Joseph, 1970; Yarrow and Goodwin, 1973; Yarrow, Goodwin, Manheimer and Milowe, 1973; Tizard and Rees, 1974, 1975; Tizard, 1977; Tizard and Hodges, 1978; McRoy, Grotevant and Zurcher, 1988; and Howe, 1996.

[4] As assessed by 18 questions in Part C of the *Intercountry Adopted Child Questionnaire* used by Rosenwald and myself. Details of the basis upon which these 18 questions are formulated are contained in the section of this thesis on the Nature and Origin of the Intercountry Adopted Child Questionnaire.

neglected children showed a low level of competence particularly at school. Children who had suffered adversity were less likely to be seen by their parents as happy with life than those who had not experienced adversity (65 versus 69 per cent), and abuse seemed to have the most negative effects.

Malnutrition in the first two years of life, common in ICAs, when combined with other socio-economic deprivations that generally accompany it, is associated with retarded brain growth and mental development that persists into adult life. Malnutrition appears to depress mental performance if combined with a lack of social and intellectual stimulation (Loyd-Still, 1976).

Health and Developmental Problems

Common initial medical and physical difficulties seen in ICAs range from anaemia; compromised growth; being underweight; developmental delay; skin rashes; diarrhoea; malnutrition; intestinal parasites; dehydration; ear infections; yeast infections; bronchitis; premature birth; jaundice; physical trauma; minor congenital handicaps; hepatitis; congenital syphilis and tuberculosis.[5] Medical and developmental problems were found to be a more serious problem with older children and could continue to cause concern for some parents up to two and a half years after placement (Smith, 1997b, p.26).

Recent research has confirmed the presence of such health and developmental problems in Romanian ICAs who were institutionalised prior to being adopted in the United States (University of Minnesota Hospital and Clinic, 1992) and Canada (Ames, 1997). From October 1990 to September 1991, the international adoption clinics at the University of Minnesota Hospital and Clinic, Minneapolis, and the New England Medical Centre, Tufts University, Boston, Massachusetts, evaluated 65 Romanian ICAs ranging in age from 6 weeks to 73 months. Only 10 children (15 per cent) were judged to be physically healthy and developmentally normal. Eight of these 10 were infants 5 months or younger whose mean length of stay in the orphanage system was extremely short (Mean = 1.6 months; range, 0 to 4 months). Two normal older children, 11 and 16.5 months, had lived with their birth families until just prior to their adoption in Romania. The remaining 55 (85 per cent)

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[5] Smith-Garcia and Brown, 1989; Bagley, Young and Scully, 1993; Marcovitch, Cesaroni, Roberts and Swanson, 1995; Ames, Fisher and Savoie, 1994; Albers, et al., 1997; Fisher, Ames, Chisholm and Savoie, 1997.

exhibited clinical laboratory findings of serious medical, developmental or behavioural disorders including a high incidence of growth failure (34 per cent), the severity of which correlated with the length of time they had been within the orphanage system. The children had endured psychological stress and abuse within the orphanage system both from their caregivers and from unsupervised older children. Many infants and older children exhibited behaviours commonly observed in conditions where stunted growth is associated with emotional neglect or abuse. These include decreased gross motor activity, retarded speech, solitary play, temper tantrums, gaze aversion or shyness and enuresis. Despite improvement in many of the children, their ultimate development was jeopardised by the conditions they had endured and often required professional intervention. Early nutritional and emotional deprivation had affected brain growth, producing a high incidence (41 per cent) of small head size.

From June 1991 to March 1995, the International Adoption Clinics at the Floating Hospital for Children, Boston, Massachusetts, and the University of Minnesota Hospital, Minneapolis, evaluated 56 ICAs from Eastern Europe (Albers, Johnson, Hostetter, Iverson and Miller, 1997) including Russia (36 children), Moldova (7 children), Ukraine (5 children), Albania (4 children), Kazakhstan (1 child), Latvia (1child), Poland (1 child), and Bulgaria (1 child). Forty of the 56 children (72 per cent) were seen in the clinic within a month of arrival. All the children evaluated had resided in state-run institutions before placement. Most appointments for these evaluations were made by adoptive parents before they received their children. Twenty-six of the children were male and 30 were female. The median age on arrival in the United States was 26 months (range, 2.5 months to 9 years). Medical records from birth countries were available for 47 of the 56 children and indicated that no child had been adequately vaccinated with 24 of the children (43 per cent) having received no vaccinations at all. Most alarming were the numerous diagnoses of serious central nervous system pathology which were not supported when the children were examined in the United States. Numerous obscure neurological and other diagnoses were also recorded.

Evaluations in the International Adoption Clinics frequently revealed growth delays with children having one month of linear growth lag for every five months in an orphanage. Developmental delays, also common, were; gross motor delays (in 70 per cent of children), fine motor delays (82 per cent), delayed language (59 per cent) and social emotional delays (53 per cent). Serious medical problems were corroborated in 11(20 per

cent) of the 56 children evaluated (including congenital handicaps and infectious diseases, with the exception of HIV infection or syphilis) but no child had severe neurological problems. Albers et al. (1997) concluded that diagnostic terminology and medical practices in the former Soviet Union and Eastern Europe clearly differed from those in the United States, especially in the area of neurology.

Given the reported high levels of alcohol use by women reported in Russian (Associated Press, 1995; Davis, 1994) the incidence of foetal alcohol syndrome in children adopted from Russia is of concern. Albers et al. (1997) reported that 19 per cent of the records cited maternal alcohol use during pregnancy. Aronson (1999) reported an incidence of foetal alcohol syndrome in children born in Russia that was eight times greater than the world-wide incidence. Children with foetal alcohol syndrome may display mild to moderate mental retardation, behavioural problems, attention deficit disorder with hyperactivity, congenital abnormalities and poor co-ordination. Behavioural and learning problems may not become apparent until a child enters pre-school. Conversely, many children who are exposed to alcohol before birth may not show any perceptible problems at all.

Institutionalised children often show either under-reactions or over-reactions to the sensations of touch, movement, sight, sound and smell. This is due to severe sensory deprivation which affects how the brain processes information (Carlson and Earls, 1997; Sapolsky, 1997; Schanberg, Kuhn, Field and Bartolome, 1990; Stein, Brailowsky and Will, 1995) and is likely to contribute to the child's ability to interpret, integrate, and use information received from the senses. Children who are under-sensitive are often less sensitive to pain and may seek more stimulation to achieve greater sensations of touch, movement etc. Other children may be over-sensitive to sensory input and over-react, become over-aroused or react badly to sensory input. These children are described as being 'sensory defensive' (Royeen and Lane, 1991; Wilbarger and Wilbarger, 1991). Sensory defensiveness is manifested in either a tendency to avoid or to respond negatively to certain types of sensory stimuli. Caregiver deprivation, reduced handling, reduced opportunities for interaction, and overall decreased stimulation caused by early institutionalisation, can contribute to sensory integration problems.

For children adopted from Eastern European institutions, language development, even in their native language, is often delayed due to the limited opportunities to use or hear language. Between 55 and 60 per cent of such children demonstrate speech and language

deficits (Hough, 1999). Because adoptive parents usually do not have fluency in the child's native language communication can be a difficult issue (Judge, 1999). Due to isolation and the unfamiliarity of the environment, some children may resort to physical expressions of grief or anger such as self-abusive behaviours, aggression and crying. Because children will lose their native language in months it is often difficult to differentiate a genuine language disorder from a temporary delay in language skills in general and the acquisition of a second language in particular (Judge, 1999). So if significant language development is not occurring within six months of adoption, language related services may be needed. Speech and language therapy should where appropriate go hand in hand with instruction in English as a second language (Judge, 1999).

Behavioural Problems

Clinical studies, based on reviews of small numbers of children who present with behavioural and emotional problems, have highlighted the less positive side to intercountry adoption. Examples of this type of research are S. Kim (1980) and Harper (1988). Both therapists attributed the children's problems of lack of emotional attachment to the family, aggression and unhappiness to their adverse experiences prior to adoption. Therapeutic intervention was reported as having been successful although two children in Harper's study did not return to their adoptive families. In a later study, Harper (1994) identified behavioural issues such as acting out, inappropriate sexual behaviour and temper tantrums, as the most common reasons for referrals to child psychotherapists, while in a study by Marcovitch et al. (1995) intercountry adoptive parents reported that stereotypical behaviours such as repetitive, meaningless movements or verbalisation were common. Other less commonly reported behavioural problems were sleeping problems, hyperactivity and indiscriminate (over friendly) approaches to strangers. Loenen and Hoksbergen (1986) found a correlation between lack of attachment and over-representation in child guidance clinics. The results of such clinical studies have helped to identify problem areas although the generality of their findings is limited by small sample sizes.

Verhulst, Versluis-den Bieman, van de Ender, Berden and Sanders-Woudstra (1990b) undertook an in-depth study in Holland of 132 intercountry adopted adolescents, aged 14 years, whose Problem Behaviour Score on the parent reported Child Behaviour Checklist (Achenbach, 1991) fell within the clinical range. Problems were found to be more prevalent than in the general Dutch population, particularly in boys. However, no gender

differences were found amongst the most severely disturbed adolescents. The more serious problems included anti-social behaviours, school problems, poor social relations (particularly with parents) and unhappiness.

Hoksbergen and colleagues (Hoksbergen, Spaan and Waardenburg, 1987b; Hoksbergen, Spaan and Waardenburg, 1991; Hoksbergen, 1992) assessed 145 ICAs also in Holland, aged 15 to 21 years, who had spent some time in residential care since their adoption. Their ages at adoption ranged from under 6 months to over 6 years. The problem behaviours which led to the disruptions were similar to the more serious problems identified by Verhulst et al. (1990b). Hoksbergen et al. identified the most significant predictors for problem behaviour as age at placement, poor physical health at adoption, and adverse pre-adoption experiences. Children who had been placed between 18 and 30 months were found to be particularly at risk of later disruption of their adoption placement. Lack of attachment was considered to have been the most critical factor in the development of problematic behaviour (Geerars, t'Hart and Hoksbergen, 1991; Hoksbergen et al., 1991; Hoksbergen, 1992). The inclusion of control groups and the use of mainly standardised measurement instruments are major strengths of both the Verhulst and Hoksbergen studies.

However, most non-clinical studies of ICAs with larger sample sizes (studies where the children have not been referred for therapeutic intervention) indicate that the majority are well adjusted as adolescents (discussed later in the section on adolescence and identity formation).

Post-Adoption Recovery

Research amongst non-clinical populations have generally shown positive results for intercountry adoption. Early intercountry adoption studies reported that the overall long-term development of most ICAs living in a variety of countries was within the normal range. This was in spite of adoption at an older age and in some cases severe pre-adoption adversity (Rathbun, McLaughlin, Bennett, and Garland, 1965; Winich, Meyer, and Harris, 1975; Kim, 1977, 1978; Kim, Hong and Kim, 1979; Cederblad, 1982 and; Kuhl, 1985). Similar results have been reported in Australia (Calder, 1978; Harvey, 1980).
From a meta-analysis of intercountry adoption studies, Tizard (1991) estimated that 75 to 80 per cent of ICAs experience well-being which suggests that for the majority of children the underlying assumption that intercountry adoption can provide adoptees with a good

experience of life is supported. Research does show, however, that there is a strong correlation between the time during which the child has been exposed to negative influences and the incidence and severity of post-placement problems.

Three quarters of the children in Rosenwald's Western Australian study (1994) originated from Korea with India, Sri Lanka, Mauritius, the Philippines and Fiji each accounting for 7 per cent or less. Another 5 per cent came from other countries. The majority of ICAs were seen as competent, happy and healthy in body and mind. Their level of well-being was at least as positive as that of the children in the general population (Silburn et al., 1994). The well-being of girls was higher than that of boys, particularly in school and social activities. Four to 11year olds were seen as happier, more competent in social and school activities and displaying less problem behaviours than adolescents. According to Rosenwald (1994), despite the negative impact pre-adoption adversity seemed to have on later well-being, not all children who had experienced adversity were similarly affected and there was some indication that the negative after effects of adversity diminished over time. The children in Rosenwald's study who had experienced adversity and seemed to be coping well had been in their adoptive families for a long time.

Age at Time of Placement for Adoption

Several studies have found that, the older the child at the time of adoption placement the more likely he or she will display problems in social-emotional, behavioural and school-related adjustment (for example, Feigelman and Silverman, 1983; Tizard and Hodges, 1978).

Harper (1986) investigated the adoption of older ICAs (their average age at placement being over 4 years) in Australia. He investigated cultural and social issues in 27 ICAs aged 5 to 16 years at the time of the study many of whom had experienced pre-adoption adversity. He found continuing problems in 11 per cent of the families. Two years after placement, 15 per cent of the families seemed to have been unable to establish satisfactory emotional relationships. Two-thirds had sought professional help, particularly in areas such as language, learning and relationships. Harper's results contrast with those of Kumar, Booth, Nguyen, and Wringe (1987) who studied 126 ICAs in Australia under the age of 14 years. The children had an average age of 18 months at the time of placement and the study found few language, schooling and relationship problems.

Harvey (1980) assessed the well-being of 102 Vietnamese war orphans placed in Australia between 1972 and 1977. Their ages at placement ranged from one month to over eight years, many of them arriving in a state of poor physical and mental health. Harvey found placement before or after the age of three years distinguished the children with regard to ease of settling in, long-term problems and parental satisfaction with the intercountry adoption experience.

Verhulst, Althaus and Versluis-den Bieman (1992) ascertained that age alone was not a significant predictor of ICAs problems after the negative effects of neglect, abuse and number of placements were removed. It was the pre-adoptive environment, not age at adoption, which was significant. They believe that older children available for placement from countries where care and attention are satisfactory may be incorrectly portrayed as more likely to have problematic adjustment. Rosenwald (1994) also found that later well-being was most strongly affected by pre-adoption experiences of abuse and neglect and that children adopted after the age of six months were more likely to have had these experiences. She found intercountry adopted boys had a generally lower level of well-being and hypothesised that this could be due to the fact that ICAs generally come from patrilineal societies where boys may not be placed in care until their situation became critical.

Questions remain about the optimum age at adoption for secure attachments and later well-being. Some studies say there is an upper age limit of two years (Kim, 1980) while others have found the age of three years to be an important milestone (Harvey, 1980). The age of the child at placement has been the only consistent factor found to be associated with an increased risk of a poor outcome for adoption both in terms of breakdown and problem behaviours. [6]

Recovery of Health and Development

Many studies report, in follow up evaluations, that the number of areas in which children showed developmental delays had been reduced considerably (Essley and Perilstein, 1998; Morison, Ames and Chisholm, 1995). Most young children seem to recover from

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[6] Kadushin and Seidl, 1971; Feigelman and Silverman, 1983; Boyne, Denby, Kettering and Wheeler, 1984; Barth and Berry, 1988; Fratter, Rowe, Sapsford and Thoburn, 1991; Groze and Ileana, 1996; Verhulst, Althaus, and Versluis-den Bieman, 1990a; Mainemer, Gilman and Ames, 1998.

malnutrition after receiving proper amounts of food and mental stimulation (Loyd-Still, 1976). At the time Rosenwald (1994) did her survey 85 per cent of children who had experienced adversity were in good health compared with 100 per cent of those who had not experienced adversity. But children who had experienced adversity were three times more likely to have mental health problems than those who had not experienced adversity.

The degree of developmental deficit catch-up is dependent on a number of factors. The match between the child's needs and the resources of the family and the age of the child at the time of placement have been found to be the best predictors for positive outcomes (Morison et al., 1995, Rutter, 1998). Problems that commonly occur early in the adoption placement, such as feeding difficulties, sleep disorders, self-mutilating behaviours and indiscriminate friendliness, improve with time (Judge, 1999). Adoptive families may need only to be reassured that these behaviours are commonly experienced in children who have been adopted from institutions, and that these behaviours have developed in response to the deprivations of such environments. Judge (1999) suggests the following strategies for facilitating the transition from orphanage to adoptive home:

* Maximise the amount of time that parents spend with the child. Initially, children need to have primary exposure to both parents to provide for the child's basic needs so that the child learns to trust and rely on them.

* Initiate positive parent-child interactions. Activities such as reading, hugging, and playing games that require taking turns or mirroring behaviour promote attachment.

* Help the adopted child express and cope with feelings of anger, frustration, and anxiety. Adults need to model and express appropriate feelings to facilitate attachment.

* Provide a very well-structured environment with consistent routines. Starting out with a structured home life minimises regressive behaviour. This holds true for other childcare environments.

*Model language and avoid correcting as it may inhibit the child from trying to speak.

* Avoid over-stimulating environments. Children from institutions may not have the ability to properly organise sensory stimulation. Gradually introduce various sights, sounds, colours, and foods during the first 6 months of adoption.

* Childproof all environments in which the child receives care. Children of all ages are unaware of the danger posed by electrical appliances and outlets.

* Tolerate self-stimulating behaviours as long as they pose no safety risks. Most self-stimulating behaviours decrease over time. Self-stimulating may return when children are either bored, exposed to new situations, or stressed.

* Limit contact with individuals outside the family in order to reinforce parent-child attachment.

* Assist families in locating and evaluating local resources for intervention. Encourage parents to seek professional guidance and support early.

* Become familiar with issues related to early institutionalisation.

Judge (1999) concludes that:

> Research studies on the outcome of Eastern European adoptions show that these children generally do quite well. Attachment, identity, and comfort with adoption issues are generally reported to be good. This is strikingly positive evidence, as most children adopted from Eastern Europe have had problematic pre-adoptive histories that could be expected to cause difficulties in adjustment. The limited studies show that adoption has for the most part been very successful in enabling even those children who have suffered extremely severe forms of deprivation and abuse in their early lives to recover and flourish.

Attachment and Socialisation

Tizard and Hodges (1978) carried out a longitudinal study of 65 children whose first few years had been spent in institutions in England. They found that pre-school teachers experienced the children who had been institutionalised as more problematic than their peers. Problem behaviours included excessive attention seeking, restlessness, disobedience and poor peer relations. For the same group of children at 16 years of age,

Hodges and Tizard (1989a, 1989b) found adjustment difficulties similar to those found at four and eight years of age were still evident, primarily in social and peer relationships. Bohman and Sigvardsson (1980) did a study in Sweden on the long-term effects of institutional care on a sample of 579 children. In this study teachers reported more problems for the group who had been institutionalised than for their controls at 11 years of age but this difference was not evident at 15 years of age. Differences in these results may be accounted for by differences in the quality of institutional care experienced by the children in the two studies.

Ames and Carter (1992) described Romanian orphanages as providing extremely poor living conditions. Child-to-caregiver ratios have been found to range from 10:1 for infants to as high as 20:1for children aged three years and over in many Eastern European orphanages (Carlson and Earls, 1997; McMullan and Fisher, 1992). Thus children raised in such circumstances have little opportunity to form a strong emotional attachment with a primary caregiver. This may have long- term psychological consequences.

Marcovitch, Goldberg, Gold, Washington, Wasson, Krekewich and Handley-Derry (1997) studied a sample of 56 children, adopted from Romania to Canada between January 1990 and April 1991, using the Child Behaviour Checklist (Achenbach and Eldelbrock, 1983) as the primary measure of child behaviour problems. Thirty-seven of the children had spent less than six months in institutions in the first six months of life, 19 had been in institutional care for more that six months. The total range of institutional care for the sample was 0 - 48 months. Those who had spent long stays in institutional care were necessarily older at adoption.

The general picture of these ICAs is one of children who were reaching developmental milestones, functioning at least within the low average range and experiencing few behavioural problems. Time in institutional care was related to both developmental status and parental reports of behaviour problems. There was, however, a complete absence of avoidant attachment shown to mothers; avoidant attachment being generally considered to reflect a history of care in which the attachment figure frequently ignores the infant's distress. The child expects to be rebuffed and, after repeated rejections, tries to become emotionally self-sufficient and avoids emotional contact with others. Marcovitch et al. (1997) theorised that this could be because in the institutions the children came from avoidant attachment behaviours would not have been adaptive or that, post-adoption,

ICAs are generally unlikely to receive the kind of care that leads to avoidance. Overall, the behavioural development in the Romanian pre-schoolers, being within average limits, indicates the general resiliency of infants and young children adopted from difficult circumstances and also that the effects of early but short institutional care can be reversed.

Education

The long-term negative influence of adverse pre-adoption experiences on school performance has been reported by Hoksbergen, Juffer and Waarderburg (1978a) and was later confirmed by Verhulst et al. (1990a, 1990b). Australian research has yielded similar results (Calder, 1978; Harper, 1986, 1988). Marcovitch et al. (1995) found that children who were placed later, having had more exposure to negative influences, had difficulty attaining educationally. Geerars, Hoksbergen and Rooda (1996), however, found that the level of the adoptive parents' education affected the achievements of their adopted child. Children from less academic families performed better than those from more highly educated adoptive families. This could be because of stress created by chronic feelings of not being able to satisfy parental educational expectations.

Adolescence and Identity Formation

In comparison with adolescents in the general population of Western Australia (Silburn et al., 1994), Rosenwald (1994) found ICAs, as adolescents, appeared to be happier and less likely to have mental health problems (18 versus 21 per cent) but were less independent and more troubled in their relationships. The rate of increase in the incidence of poor mental health with increasing age was slightly higher for intercountry adopted adolescents (7 per cent) than for adolescents in the general Western Australian population (5 per cent) (Silburn et al, 1994). The majority of unhappy adolescents (80 per cent) were thought to have experienced severe adversity. Rosenwald also found that intercountry adopted adolescent girls with severely adverse experiences displayed the highest level of problem behaviours.

Other research conducted overseas, exploring the long-term social adjustment of ICAs, and covering a range of different racial mixes and ages of children at the time of adoption placement, does not support predictions of teenage identity confusion, personal isolation,

and psychological and social maladjustment[7].

Tizard's (1991) analysis of the relevant literature led her to believe that in 75 to 80 per cent of intercountry adoptions the children and adolescents function well. Young people do face a major task in establishing for themselves a satisfactory ethno-cultural identity that links their upbringing, physical appearance and heritage from their country of origin. Tizard found no evidence that for the great majority, this task of identity formation leads to serious psychological problems. Some problems that ICAs do have in accepting their origins may be due to racist attitudes in society (Tizard, 1991) and may therefore affect various ICAs differently, depending upon their obvious physical differences. Tizard found that they had no more behavioural and educational problems at school than other children and that they also had close and mutually satisfying relationships with their parents. Family and educational problems are most likely to occur when children are adopted at a late age, and as a consequence are more likely to have been exposed to adversity, rather than from the experience of intercountry adoption itself. There is some evidence that boys are especially vulnerable.

Bagley (1993) conducted longitudinal research on a group of 100 Chinese intercountry adopted females from a Hong Kong orphanage who were adopted by British families at the ages of a few months to 9 years. At adolescence 67 of the girls were found to be achieving well academically and to have higher levels of self-esteem than a similar age group from the general population. The adolescents seemed to be comfortable with their British-Chinese identity. At the age of 22 and 28 years, the earlier results were replicated. As adults, most expressed great satisfaction with the intercountry adoption experience. Benson et al. (1994) compared the well-being of 199 ICAs from Korea with 682 other adopted American adolescents. All children were under 15 months at the time of placement. They found no significant differences in well-being between the two groups. They did find, however, a correlation between increased levels of aggression and drug use in adopted adolescents.

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[7] Examples of this are Kim, 1976; Calder, 1978; Harvey, 1980; McRoy, 1981; McRoy, Zurcher, Lauderdale and Anderson, 1982; Feigelman and Silverman, 1984; Hoksbergen et al., 1978a; Kumar et al., 1987; Tizard, 1991; Bagley, 1993; Benson, Sharma and Roehlkepartain, 1994; Rosenwald, 1994; and Geerars et al., 1996.

There is research that gives conflicting results. Verhulst et al. (1990a) compared the behaviours and competencies of 2,148 Dutch intercountry adopted adolescents with the Dutch norms for Achenbach's Child Behaviour Checklist (Achenbach, 1991). They found ICAs, especially the boys, to be less competent in school and social relations and with higher levels of problem behaviours, but more competent in sport and non-sport activities. They also found an increase in the incidence of problem behaviours with increasing age for the ICAs compared to a decrease with increasing age in the Dutch normative sample. The less positive results obtained by Verhulst et al. (1990a) could be due to:

1. Differences between the samples in the ages of the children at the time of adoption. In the study by Benson et al. (1994) the children were all placed before the age of 15 months whereas Verhulst et al. included children placed at older ages.
2. The way results are reported. Benson et al. (1994) reported their study from a well-being perspective whereas the study by Verhulst et al. was undertaken from a more pathological or ill-being perspective.

Despite their results, Verhulst et al. (1990a, p. 102) concluded that " the majority of the ICAs did not show more problem behaviours than non-adopted children."

Issues Relating to Adoptive Parents

Characteristics of Intercountry Adoptive Parents

Smith (1997a), a New Zealand researcher, conducted a review of the international demographic data about intercountry adoptive parents. She concluded that (Smith, 1997a, p.30):

> .....internationally there is a typical group of people who apply to be inter-country adoptive parents. The majority are between the ages of 30 and 40 years (although significant numbers of people older than 40 years apply). A high proportion of applicants are tertiary educated and in highly skilled occupations. The income ranges reflect this, with incomes noted to be well above the average in most countries. Applications are predominantly received from couples, most of whom are married and have been so for some time. Single applicants seem to constitute around 5 to 6 per cent of applications.

Smith (1997a) found that the data she reviewed on intercountry adoptive applicants in New Zealand "generally mirrored the international information" (p.36).

Similarly, Tizard (1991) summarised the typical intercountry adoptive family as middle class with highly educated and slightly older parents. Comparable profiles of intercountry

adoptive parents have also been reported in the eastern states of Australia (Harvey, 1980; Tenebaum, 1984) and in Western Australia (Kumar et al., 1987).

From comparisons made with parents in the general population of Western Australia (Silburn et al., 1994) Rosenwald (1994), found that ICAs were more likely to be living in culturally diverse, stable, financially secure, two parent families than their Western Australian peers. She found a high level of well-being overall for ICAs and felt this could be partly due to being brought up in more stable and financially secure family environments. These factors were also identified as offering some protection against the development of mental health problems for children in the general population of Western Australia (Silburn et al., 1994). Growing up in a one parent intercountry adopted family did not carry the same level of risk as for Western Australian families in general.

Satisfaction with the Adoption Experience

Internationally the majority of intercountry adoptive parents and their children consider the adoption a positive experience even though some placements are quite problematic (Smith, 1997b). Rosenwald (1994), for example, found that in Western Australia intercountry adoption was mostly seen as a satisfying experience and a large majority of parents (89 per cent) considered it to be a success for their ICAs.

Despite the challenges faced, parents adopting from Eastern Europe, are typically satisfied with their decision. In several recent follow-up studies, a substantial majority of parents of children adopted from Eastern Europe reported good parent-child relations and positive adjustments of ICAs to their families (Essley and Perilstein, 1998; Groze and Ileana, 1996). Such parental and family satisfaction with the adoption is significant because it has been identified as an important correlate of the adopted child's well-being and development (Kuhl, 1985). Moreover, in a questionnaire survey of families who had adopted from Romania, Groze and Ileana (1996) found that 91 per cent of parents rated the adoption as having a positive impact on their family despite about half of the children having health and developmental problems. In other words the high level of problems amongst adopted children does not necessarily translate into dissatisfaction with the adoption.

Stresses of Parenting Adopted Child ren with Special Needs

Mainemer et al. (1998) evaluated parenting stress in families that adopted children who

were institutionalised for at least eight months in a Romanian orphanage and compared this with families who had adopted Romanian orphans institutionalised for less than four months and families with non-adopted Canadian-born children. Mainemer et al. (1998, p.165) used research by Morison et al. (1995) to define the special needs of children adopted from Romania as delayed in the area of fine motor-adoptive abilities, delayed in gross motor development, delayed in personal social abilities and delayed in language development. A majority of the children studied by Morison et al. (78 percent) were delayed in all four developmental domains. Mainemer et al. (1998, p.165-166) also identified special needs as relating to a host of medical problems, behavioural problems such as stereotyped behaviour (for example rocking back and forth on hands and knees), eating problems and altered attachment behaviours such as low attachment security or indiscriminately friendly behaviours (Fisher et al.1997).

Parenting stress was highest in the adoptive parents of Romanian children institutionalised for the longer period (at least 8 months). Predictors of parenting stress in this group included attachment security and the numbers of problem behaviours. Family factors such as income, mother's age and the number of Romanian children adopted also contributed to parental stress. The finding that the adoptive parents of Romanian children who spent less than four months in institutional care did not show elevated stress levels implies that institutional rearing was the critical variable rather than adoption itself. Furthermore, the finding that parental stress was more strongly related to behavioural problems, than to the children's other special needs, is consistent with previous research on special needs adoptions by Ronsenthal and Groze (1990). Mainemer et al. (1998) also found that parenting stress was more significantly negatively correlated with security of attachment. The extended period of neglect and social deprivation that many of the children experience in orphanages may make it more difficult for their parents to respond to them in ways adequate for the development of secure attachment. The cumulative impacts of stress from various sources may also have a negative effect on parental behaviour.

Harper (1986) isolated communication difficulties as being top of the list of parental stresses followed closely by their child's habits. The lack of opportunity for parents to plan, heightened their need for quick decisions. Parents reported that being ill-prepared was an important contributing factor in family disruption (Harper, 1994). Adoptees may see adoptive parents as providing the necessities of life and entertainment but have difficulty conceptualising the idea of a reciprocal affectionate relationship. This suggests that

parents should expect little and provide constant interaction over a long time (Harper, 1994).

Sensory defensive reactions from adopted children have the potential to negatively impact upon healthy parent-child relationships. A parent's hug or kiss, given as a sign of love or approval, may be responded to with hostility or rejection by the child. It is important in such cases for the parent to understand that this is not a rejection of them and that the behaviour should be understood for what it is (Judge, 1999).

Support for Adoptive Parents

Judge (1999, p.250) points out that it is not always possible to predict which children will catch up with developmental delays and which will not. Therefore early intervention programmes should not be delayed while one "waits to see". Because of the high incidence of growth and developmental delays seen in children adopted from Eastern Europe, Judge suggests that these children should be considered as having a high risk of developmental delay. Judge identifies risk factors that should be used to alert professionals and families that an adopted child may need a referral for services. The risk factors indicating the need for early intervention are: a diagnosis known to affect development (for example, cerebral palsy, foetal alcohol syndrome, autism); an identified medical problem; absent or poor eye contact; stereotyped behaviours such as rocking or head banging that are not diminishing; eating problems; attachment issues; developmental delays greater than those typically seen in children adopted from Eastern Europe; sensory defensiveness (overreaction to touch, light, or sound); delay in language development; excessive irritability or inconsolability; inappropriate behaviour such as aggression; short- and long-term memory problems; or any combination of the above factors.

Implications from the research into parental stress in special needs adoptions include the need for those involved in the adoption process and those providing post-adoption support to have a solid body of empirical evidence on which to base decisions. Newly arrived ICAs should have a thorough developmental assessment, at the initial physical examination, soon after arrival. Immunisations are likely to be incomplete and should be updated. Any developmental delays found should be re-evaluated within a short time and referred for early intervention if problems are not diminishing. Post-adoption services need to be available that are sensitive to the strong relationship between behaviour problems

presented by the adoptee (due to institutionalisation) and parenting stress. Appropriate pre-adoption education should incorporate the first hand experience of parents who have adopted institutionalised children. Parent support groups as well as professional support programs incorporating a team approach may be especially helpful. Pre-placement education and preparation of both the child and the adoptive family can greatly enhance their ability to rise to the challenge of raising an intercountry adopted child (Smith, 1997b, p.29).

The purpose of this chapter was to review research carried out in New Zealand and overseas on the experience and adjustment of ICAs and their adoptive families. This was done by discussing experience of abuse and neglect by ICAs prior to adoption; their health and developmental problems; behavioural problems; post-adoption recovery; the significance of age at the time of placement for adoption; recovery of health and development; attachment and socialisation of ICAs; education; and adolescent identity formation. Research on the characteristics of intercountry adoptive parents, their satisfaction with the adoption experience and the stresses associated with parenting adopted children with special needs was also discussed.

Several key points arise from this literature review. Standardised inventories such as the Child Behaviour Checklist (Achenbach, 1991) have frequently been used to assess the behaviour of ICAs as is the case in this research. Pre-placement experience of abuse, neglect and rejection can lead to higher levels of behavioural problems and difficulties in the relationships between the adopted child and their new family. This is linked with the age of the child at the time of placement as the older a child is at placement, the likelihood of exposure to adversity and duration of exposure may be greater. The severity of medical and physical difficulties a child has is correlated with the length of time spent in institutional care. Experience of abuse and neglect have the most negative affects on later competence, and lack of opportunity to form a strong emotional bond with a primary caregiver may have long-term psychological consequences.

Clinical studies of small numbers of children referred for emotional and behavioural problems have highlighted the less positive side to intercountry adoption. However, most non-clinical studies, with larger sample sizes, indicate that the majority are well adjusted as adolescents despite the range of physical and developmental problems found. There are indications that the negative affects of adversity diminish over time.

There is a high incidence of foetal alcohol syndrome in children adopted from Eastern Europe with a wide range in the severity of its affects. Diagnoses of serious central nervous system pathology in children from Eastern Europe have not been supported when the children were examined in America. Also significant language development problems can be confused with a temporary delay due to the acquisition of a second language. Several studies indicate that adverse pre-adoption experiences can have a long-term negative influence on school performance. Experience of abuse and neglect appear to have the most negative affects on later competence.

Information about age at time of adoption, experience of adversity in institutional care, the numbers of changes in environment prior to adoption and health on arrival are all addressed in the Intercountry Adopted Child Questionnaire used in this research. This can then be compared with overall competence, participation in out of school activities, later ability to form and maintain family and social relationships, school performance, general appearance of happiness, current health, the incidence of problem behaviour and satisfaction with the adoption experience.

Most intercountry adoptive parents are middle class, highly educated and slightly older parents. The general high level of well-being found in ICAs may be associated with these factors. Most also express high levels of satisfaction with their intercountry adoption experience. The level of satisfaction of the adoptive parent(s) is gauged by the Intercountry Adopted Questionnaire in order to determine whether this is in fact the case in New Zealand. Parenting stress has been found to be higher amongst the adoptive parents of children institutionalised for longer periods (at least 8 months) and again the applicability of this to New Zealand adoptive parents of Russian and Romanian children will be able to be established by this research.

CHAPTER THREE: ATTACHMENT THEORY AND ASSOCIATED CONCEPTS

Introduction

Attachment theory provides a framework upon which to hang our empirical knowledge of how deprivation, abuse, neglect and institutionalisation can affect a child's behaviour, health, ability to relate to others and performance educationally. It allows us to rationalise and explain a child's behaviour so that we can have a greater understanding of possible causes, and as a consequence, a more informed ability to respond in a constructive way. Having knowledge gained from both attachment theory and empirical research may provide some direction for adoptive parents who are considering intercountry adoption or who have already adopted. Also for professionals involved in providing services to those families involved in intercountry adoption.

In his early work, Bowlby (1969, 1975, 1980) laid the foundations of attachment theory and this has formed the basis upon which a great deal of subsequent critique, theorising and empirical research has since been carried out. Other significant researchers who have followed Bowlby in the area of attachment theory and who are also discussed in this chapter are Ainsworth (1967); Rutter (1972); Hinde (1982); Sroufe (1988); Carlson, Cicchetti, Barnett and Braunwald (1989); Main (1991); Groze and Rosenthal (1993); Howe (1995, 1996); Morris (1996); and Skeels (1996).

This chapter begins with a discussion of Bowlby's development of attachment theory and is followed by Rutter's reassessment of Bowlby's work. It then clarifies basic concepts used in attachment theory followed by a discussion of different patterns of care-giving and the patterns of attachment behaviour that these produce. These patterns of attachment are then related to patterns of behaviour in adoptees and four basic patterns of adoption outcome as identified by Howe. Finally, there is a discussion of the effects of institutionalisation and resilience to and recovery from these affects.

Bowlby's Attachment Theory

Attachment theory, initially developed by Bowlby in his 1951 review of the condition of institutionalised children which he conducted for the World Health Organisation, is described in detail in his trilogy *Attachment and Loss* (Bowlby, 1969, 1975, 1980). Bowlby defines attachment as a close, affectional and enduring bond formed usually with the mother or mother substitute. He saw attachment as a basic need of human beings at all

ages and stages, and regarded the capacity to establish emotional bonds as a prerequisite for effective personal functioning and good mental health. Bowlby disagreed with both social learning and psychodynamic theories which argued that "dependency" is a secondary drive developing out of association with feeding. This did not fit with his systematic and detailed observations of child development, actual behaviour and recognition of the effect of real life events on the child's experience of family relationships. He proposed that attachment between mother and child is a psychological bond in its own right, rather than an instinct derived from feeding, and was not related to infant sexuality. He was sceptical of psychoanalytic theorising about children because of its lack of scientific basis.

Attachment is seen by Bowlby as a species-specific behaviour that originated through evolution and the process of natural selection. That is, care-giving behaviour was elicited from the mother figure to protect the infant from predators. It is a biological mechanism that ensures children remain in close protective relationships. The primary role of attachment, according to Bowlby, is to obtain and maintain personal well-being. Attachment is one of a number of genetically based behaviours (others being seeking food, fear, caution, sociability and the exploration of new experiences) designed to engage the infant with the social and physical world, whilst at the same time ensuring his or her safety. Attachment behaviour is activated by external threats and dangers, not by the satisfaction of internal physiological needs. An infant will seek protection when he or she feels vulnerable and anxious. In evolutionary terms this makes perfect sense.

Bowlby (1979, p.127) describes attachment theory as:

> ....a way of conceptualising the propensity of human beings to make strong affectional bonds to particular others and of explaining the many forms of emotional distress and personality disturbance, including anxiety, anger, depression, and emotional detachment, to which unwilling separation and loss give rise.

Attachment theory predicts that the development of a secure attachment is promoted by a good quality, active and reciprocal interaction between child and caregiver. Secure attachment is threatened by lack of continuity in quality care, by abuse and by neglect. Separations, abuse and neglect are factors which seem to have long-term negative consequences on patterns of attachment (de Lozier, 1982). Bowlby's ideas have affected some aspects of childcare practice that are nowadays taken for granted. Examples of this are: a preference for individual foster care for children rather than group care in residential

nurseries and institutions; the importance of keeping mother and baby together after birth; and the need for parental visiting of hospitalised children.

Stages in the Development of Attachment

Ainsworth, Blehar, Waters and Wall (1978) observed infants in a standardised sequence of separations and reunions with the mother, with and without the presence of a stranger. This work provided empirical evidence for Bowlby's theory of attachment. Ainsworth et al. (1978) found four phases in the development of attachment, that had earlier been identified by Bowlby (1969), and called them:

1. Initial Pre-attachment:

This phase occurs from birth and during the first few weeks of life. The infant attracts adult attention by smiling and crying and actively promotes contact by rooting, sucking, grasping and moulding when held. These behaviours seem universal in the human species, appearing in all cultures and following a predictable pattern of development (Ainsworth et al., 1978).

2. Attachment-in-the Making:

This occurs in the second half of the first year of life. The child begins to show preferences and attachment behaviour becomes focused on a few specific persons, usually the mother, and significant others. The child shows a clear preference for a specific attachment figure.

3. Clear-Cut Attachment:

This occurs from seven months to two years of age. Separation distress is more likely, although not inevitable, for very brief periods (Ainsworth et al., 1978). It seems that clear-cut attachment occurs when the child has a cognitive representation of the attachment figure and the ability to conceive of absent objects, including the attachment figure (Bell, 1970). The child takes an active initiative in seeking proximity to the attachment figure. Ainsworth et al. (1978) suggest these behaviours show that attachment has been attained.

4. Goal-Directed Partnership:

This occurs at about two years of age with the development of an increasingly complex relationship between the child and its attachment figure. The child has a growing ability to see things from the mother's perspective and to be able to infer something of her behaviour. This phase of attachment establishes the process characteristic of mature attachments that continue for the remainder of the life span (Ainsworth et al., 1978).

Bowlby (1988, p.136) draws attention to the developmental aspects of attachment theory.

He sees every child as having the potential to develop good mental health if they experience sensitive and responsive parenting. Conversely, those who experience insensitive, unresponsive, neglectful or rejecting parents (or substitute parents) are more likely to experience mental health problems. He identified the following three slightly different experiences that can produce an affectionless and delinquent character in some children (Bowlby, 1995, p.47):

1. lack of *any* opportunity for forming an attachment to a mother-figure during the first three years;
2. deprivation for a limited period - at least three months and probably more than six months- during the first three or four years; and
3. changes from one mother-figure to another during the same period.

The Separated Child

Bowlby (1979) saw the sequence of behaviour manifested by the separated child as characteristic of all forms of mourning. Marris (1958) noted this as closely resembling the course of normal grief for adults, and Bowlby (1979) identified three phases in this sequence of behaviour:

1. Protest and Anger:

Protest and anger are usual and useful when separation is only temporary. It helps the child to reunite with the lost attachment figure and, after reunion, expressions of reproach make it less likely that the separation will occur again.

2. Grief and Mourning:

If attachment behaviours are activated but the mother-figure remains unavailable, yearning and actual searching for the lost attachment figure occurs. Bowlby (1980) sees this process of mourning as necessary to facilitate healing and renewal of the capacity to make and maintain attachment relationships.

3. Detachment:

This is a defence mechanism for dealing with anxiety and pain. In the early phases of detachment, if reunion with the attachment figure occurs, then renewed attachment will usually follow. Emotional detachment occurs as a result of deactivation of the attachment behaviour system if separation occurs frequently and for long periods. This is achieved by the defensive exclusion of any sensory input that might reactivate attachment behaviour and feeling (Morris, 1996). The result is emotional detachment which can be either partial (where reunion is delayed but eventually restored) or complete (when reunion itself does not enable the child to reform attachments to the caregiver/s) (Ainsworth and Boston,

1952).

The Affects of Institutionalisation

"Maternal deprivation" is a key concept developed by Bowlby (1995). He documented the effects of maternal deprivation on infants and older children describing the development of the institutionalised infant as being below normal from a very early age. For those under nine months of age it is characterised by: failure to smile at a human face; failure to respond to vocalisation; poor appetite; failure to gain weight in spite of good nourishment; disturbed sleep; lack of initiative; backwardness in talking; and being susceptible to infection. Exhibiting a form of depression, a large proportion aged 6-9 months are typically listless, quiet, unhappy and unresponsive. The cumulative effect of this impaired development is mental retardation in children at two, three or four years of age. The longer the period of maternal deprivation, the lower falls the child's development. The infant's later capacity for love is likely to be impaired, however recovery can be rapid if the child is restored to the mother or mothered by a substitute.

Bowlby described institutionalised children aged 3-5 years as being characterised by: infantile behaviour; lack of bladder and bowel control; masturbation; sucking a great deal; aggressive behaviour; withdrawal into him/herself; excessively demanding behaviour; acute jealousy; temper tantrums; shallow, cheerful attachment to any adult; withdrawal from emotional entanglements; monotonous rocking of the body; head banging; extreme fearfulness on leaving the institution; clinging behaviour and extreme possessiveness of substitute caregivers; and disruption of play activity due to anxiety about separation from the caregiver. Unseen emotional scars may give rise to emotional illness in later life.

Bowlby characterised institutionalised children aged above five years who had been deprived in infancy as prone to: persistent stealing; violence; egotism; sexual misdemeanours; hyperactivity; aggressive and asocial behaviour; lying; deceitful, often pointless behaviour; evasiveness; superficial relationships; having no real feeling; a lack of emotional response when it would be normal; an inaccessibility; and to a lack of concentration at school. These characteristics resulted in an inability to form relationships, a feature which led Bowlby (cited in Fry, 1965, p.38) to postulate that children reared in institutions undergo an isolation type of experience with a resulting isolation type of personality .

Michael Rutter's Reassessment of Attachment Theory

Rutter (1980) agreed with Bowlby that human beings are born with the capacity to relate. He also agreed that attachment develops as a consequence of parental responsiveness to the infant's innate tendency to seek proximity and be in a relationship. But Rutter (1972) developed Bowlby's work further. His review of Bowlby's work, and that of later researchers, led him to the belief that the term 'maternal deprivation' is misleading because it infers that all the deleterious influences are specifically tied to the mother. Rutter's review of the evidence led him to believe that in most cases damage came from either a lack or a distortion of care rather than from the loss of mother-love. He did, however, support Bowlby's idea that there may be a sensitive period for the development of attachment behaviour (that is, from five or six months to two or three years of age), after which bond formation becomes increasingly less likely.

Rutter saw Bowlby's unitary concept of 'maternal deprivation' as being used to cover what in fact is a range of different experiences, each having different outcomes. He hypothesised connections between specific negative childhood experiences and specific outcomes (Rutter, 1972, p. 122) which I have summarised as follows:

1. Acute distress is due to a disruption of the bonding process not necessarily with the mother.
2. Developmental retardation and intellectual impairment are both a consequence of lack of perceptual and linguistic experience.
3. Lack of growth is usually due to nutritional privation.
4. Enuresis is sometimes a result of stressful experiences in the first five years.
5. Delinquency follows family discord.
6. 'Affectionless psychopathy' (the inability to form affectionate relationships or to empathise with other people) may be the end product of a failure to develop bonds or attachments in the first three years of life.

Rutter proposed that different elements in a child's early life experiences play quite different roles in the developmental process producing 'insufficiency or distortions' that are each equally dissimilar.

Rutter's review of more recent evidence did not support Bowlby's view that the bond with the mother or mother surrogate is different from the bonds developed with others. Instead, his view was that the main bond (with mother or mother surrogate) is especially important

because of its greater strength but most children develop similar bonds with other people as well. Thus the main bond need not be with a biological parent, the main caregiver or a female. The influence and importance of various people in the child's life varies for different aspects of development. Rutter believes Bowlby's focus exclusively on the mother is incorrect. The implication for children who have been separated from their birth-mother, is that they do have the potential to develop equally significant bonds with long-term substitute caregivers (such as adoptive parents). Also that bonds with significant others can have the potential to influence the child's development in positive ways.

Clarifying Basic Concepts of Attachment

This section clarifies three basic concepts used by those who work in the area of attachment. Bowlby (1988) himself acknowledged that he failed to make a clear distinction between an attachment (that is an affectional bond) and attachment behaviour while Hinde (1982) emphasised the need for clarity about the three basic concepts used by those who work on attachment. Hinde (1982, pp. 62-65) defined these concepts as follows:

1. Attachment

   The affectional bond or tie that an infant forms with a mother-figure. This is reflected over time in a continuing tendency for the infant to seek proximity and contact with a specific person.

2. Attachment Behaviour

   Attachment behaviour becomes activated when an individual experiences stress. Stress may be felt due to pressing physical needs, a frightening event or attack (environmental threats), or a relationship problem such as separation from or rejection by an attachment figure. Three characteristics are associated with attachment behaviour (Weiss, 1991, p.66):

   - *Proximity seeking* - the child will attempt to remain within protective range of his/her parents. This protective range is reduced in strange or threatening situations.
   - *Secure base effect* – the presence of an attachment figure fosters security in the child. This results in inattention to attachment considerations and encourages confident exploration and play.
   - *Separation protest* – a threat to continued accessibility to the attachment figure gives rise to protest and to active attempts to ward off the separation.

3. Attachment Behaviour System

This is the internal system thought to control the various types of attachment behaviour and includes an expectation that the attachment figure will be responsive. In infant-mother attachment, it will reflect the child's internalised representation of the mother-figure.

Hinde felt these definitions were necessary to avoid decision making based on incorrect inferences being made from observations of children's behaviour. The intensity of attachment behaviour shown by a child in a given situation is not an index of the strength of the attachment relationship. Thus there are problems associated with trying to measure attachment by observing attachment behaviours.

These problems have been summarised by Morris (1996, pp. 67-68) as follows:

1. Attachment behaviours become less overt and more internalised as a child ages.
2. No attachment relationship consists of uninterrupted proximity-promoting behaviour. There is a balance between dependence and self-sufficiency.
3. Close relationships also involve behaviours associated with envy, frustration and anger.
4. In ordinary circumstances that are not stressful, attachment behaviours may not be so apparent or intense. Freedom to explore is related to a child's sense of security.
5. Strongest attachment behaviour occurs when an infant or young child is intensely alarmed (that is, in response to a child's sense of insecurity) and therefore the intensity of attachment behaviour cannot be taken as an indication of the strength of an attachment.
6. There is a contradictory relationship between the observed strength or frequency of attachment behaviours and the child's sense of insecurity.

Morris (1996) believes that it is possible to make an assessment of a child's capacity to form attachments with significant others based on an examination of both their attachment and attachment behaviour. From this a hypothesis can be made about their attachment behaviour system. Observations of children's behaviour patterns will give indications of blocks in the attachment process. As the child grows older, this pattern of attachment behaviour becomes increasingly a property of the child thus forming their attachment behaviour system. This means that the child tends to impose it, or some derivative of it, upon new relationships such as with a foster or adoptive parent (Bowlby, 1988, p.127). In the case of adopted or orphaned children the disappearance of attachment behaviour does not necessarily indicate that a child has recovered from the loss of their original

attachment figure. Rather, it can be indicative of emotional detachment as a means of coping with prolonged separation and unresolved grief (Robertson and Robertson, 1989) and does not reflect the quality of the attachment relationship to the lost attachment figure.

Construction of an Inner Working Model of Self and Attachment Figures

All Russian and most Romanian children adopted by New Zealanders have experienced the negative effects of institutionalisation and disruption of their attachment to significant others. A person's attachment behaviour system (or inner working model of attachment) is constructed through their experience of the world and relationships with significant others. This is gradually built up over time and includes experience of the attachment figure's responsiveness and availability. Once constructed, the individual's attachment behaviour system tends to persist and comes to operate at an unconscious level (Bowlby, 1988). It will influence how the child behaves in times of stress and what effect separation experiences have on the child. It also influences the way a child develops new relationships.

The quality of care from parents, or substitute caregivers, experienced by the child will influence the nature of their attachment behaviour system (that is, their inner working model of self and attachment figure(s)). This is then reflected in the attachment behaviour manifested by the child. Based on early life experiences with their caregivers, children develop a cognitive model of themselves, their caregivers and the world around them. This model is then transferred to other relationships. To develop secure attachments and a cognitive model (attachment behaviour system) that is confident about relationships, children must receive sensitive nurturing care (Carlson et al. 1989).

Construction of the behaviour attachment system is dependent on the child's capacity to discriminate between people, to have in mind a cognitive representation of the attachment figure, and to be able to comprehend the existence of absent objects. The development of the behaviour attachment system is a process in which learning is clearly implicated. To form an attachment, therefore, an essential amount of cognitive development has to take place.

Attachment behaviours are age specific, reflecting the developmental stage of the child. As a baby matures, proximity promoting behaviours characteristic of infancy (for example, sucking, smiling, crying and following) gradually disappear. As the child matures

emotionally and cognitively, selective attachment behaviours become less overt and more difficult to observe. This is because the maintenance of proximity to an attachment figure increasingly becomes an internalised and symbolic process (Morris, 1996). The frequency and intensity of attachment behaviour diminishes steadily with age, but in adults it is evident when a person is distressed, ill or afraid. The attachment behaviour system does persist as part of a person's behavioural repertoire.

Caregiving Patterns and Patterns of Attachment

Three principal patterns of attachment behaviour were reliably identified by Ainsworth (1967) and Ainsworth et al. (1978). Ainsworth's work involved observing infants in a standard sequence of separations and reunions with the mother. This research provided the empirical evidence for Bowlby's theory of attachment.

Secure Attachment

Secure attachment is the norm and comprised 66 per cent of the sample of 106 infants observed by Ainsworth et al. (1978). Here the child is confident that the attachment figure will be available, responsive and helpful when adverse or frightening situations are encountered. With assurance, the child feels confident about exploring the world and has an internalised representation of self as loveable and worthy of care. Secure attachment is promoted in the early stages by a mother or caregiver being readily available, physically and emotionally sensitive to the child's signals, and lovingly responsive when protection or comfort is sought.

Insecure Ambivalent Attachment

Insecure ambivalent attachment was demonstrated by 12 per cent of the sample of infants observed by Ainsworth et al. (1978). Here the child is uncertain whether the mother or caregiver will be available, responsive or helpful when called upon. Because of this uncertainty caused by inconsistency, the child is always prone to separation anxiety, tends to be clinging and is anxious about exploring the world.

Insecure Avoidant Attachment

Insecure avoidant attachment was demonstrated by 20 per cent of infants in the sample observed by Ainsworth and colleagues (1978). Here the child has no confidence that there will be help when care is sought. The child expects to be rebuffed and, after

repeated rejections, tries to become emotionally self-sufficient and avoids emotional contact with others.

These behaviour patterns illustrate clearly the relationship between observable attachment behaviour and the corresponding underlying attachment behaviour system. Later large scale studies by Sroufe (1983) and Grossman and Grossman (1991) confirmed the view that the quality of care giving is related to differences in the classification of an infant's pattern of attachment behaviour.

Implications of Patterns of Attachment for Later Development

Sroufe and his colleagues (Matas, Arend and Sroufe, 1978; Waters, Wippman, and Sroufe, 1979) conducted a series of research projects investigating the links between patterns of attachment and other aspects of children's adaptation. At three and a half years old, children known to have secure patterns of attachment were considerably more advanced in their relationships. They were almost twice as likely to suggest activities, to be more sympathetic to peers' distress and to be sought out by other children as playmates.

These results were confirmed in a later study by Sroufe (1988) in which he brought together 40 pre-school children with known attachment classifications which had been ascertained at the younger age of 12 months. Sroufe found dramatic differences between the pre-schoolers assessed in infancy as securely and insecurely attached. Children with secure attachments were found to be more competent with peers, more empathetic and more likely to develop friendships. When playing in pairs, secure children neither victimised nor were made victims and relationships with their peers were less likely to be tinged with hostility. Children with insecure avoidant attachments were quite likely to victimise others and had a total absence of fantasy themes concerning people in their play. Teacher anger within the pre-school setting, although rare, was directed almost exclusively towards children with this attachment classification. Children with insecure ambivalent attachments tended to be targeted for victimisation, but they attracted teacher nurturing, being seen as needy and immature and therefore not yet able to comply fully with classroom demands. Generally, Sroufe found that children with insecure attachments received much more control and the teachers showed little expectation of compliance, often repeating and intensifying instructions. Overall, the predictive power of the attachment classifications from Ainsworth's work is demonstrated in the research of Sroufe

and his colleagues. It suggests that the quality of the relationship patterns established in the first year of life continues to have a powerful influence on the child's subsequent development.

In a later study (Sroufe, Carlson and Shulman, 1993) with children known to be at risk, it was found that the secure children scored higher in every aspect: ego resiliency; self-esteem; independence; ability to enjoy themselves and respond positively to other children. They were also seen as having superior social skills: initiating more interactions with other children; sustaining them for longer periods; and responding positively to other children's approaches. They had more friends, and were among the more popular children.

Other longitudinal research programmes have confirmed that children's early attachment status has a remarkable correlation with many aspects of development during later childhood.[8] In fact, there is growing evidence that the formation of attachment is the foundation of all aspects of a child's development, not only psychosocial, social and emotional but also physical, intellectual and moral. Main (1991) completed a follow-up study of 10 and 11-year-old children with known attachment classifications at 12 months of age in which he asked them for a spoken autobiography. Compared with insecurely attached children, the secure children's accounts were consistently more coherent, with greater access to memories, especially of their pre-school years. The secure children also showed more self-awareness and ability to focus on their own thought processes; that is, the ability to think about thinking which Main (1991, pp.145-151) called "meta-cognitive monitoring." It was apparent that the cognitive and expressive processes, including the use of language, were related to the children's attachment classification. Furthermore, Main, Kaplan and Cassidy (1985, p.94) suggested that early parent-child relationships result in a cognitive "template" that acts as a filter for the "perception of all succeeding experience and direct(s) all succeeding behaviour". This must have considerable implications for educational achievement.

According to Howe (1995, p.133), a child's attachment history has implications for the tasks of separation from family and increasing independence in adolescence:

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8 For summaries of this research, see Holmes, 1993; Karen, 1994 and; Howe, 1995.

> .....the more secure the child's attachment history, the easier it is for him or her to separate (from home) and achieve an independent, well-integrated personality. If security leads to coherent personality structures and if they in turn promote social competence and confidence, adolescents with secure attachment histories have a deeply founded and well-integrated personality which is well able to handle the demands of separation and independence and relationships beyond the family. Adolescents who have experienced insecure and anxious attachment histories find both the separation and requirement to meet their relationship needs outside the family more difficult and disturbing.

The evidence is therefore compelling that disturbances in the quality of early relationships can continue to have adverse effects throughout life. However, secure attachment as a toddler cannot necessarily be seen as a guarantee of a problem free childhood and future relationships. This would be an inappropriate extension of Bowlby's theory and the work of other researchers in this area. Rather, attachment status may make the emergence of problems more or less likely. Insecure attachment should be seen as a risk factor, indicative that development is proceeding in a manner that is likely to be related to later problems. Secure attachment, on the other hand, seems to act as a buffer to stress because of the child's capacity to engage with the environment flexibly, to maintain organised behaviour in the face of adversity and to seek support and draw strength from it (Morris, 1996).

Intercountry Adoption and the Behaviour of Adoptees

Attachment in Adoptees

The main interest of this research is to ascertain whether or not ICAs from Romania and Russia, now living in New Zealand, have been able to recover from the effects of institutionalisation and blocked patterns of attachment. Howe (1995) makes the point that those children who are placed for adoption or with foster parents are often expected to relate to these caregivers as securely attached children. However, adopted children bring with them pre-established ways of trying to cope when they join their new families. Their previous attachment experiences will, at least initially, affect the way they relate to their new caregivers. Those with insecure avoidant attachment experiences will have learned to mistrust closeness and intimacy. Having become emotionally closed and self-reliant, they will be slow to trust their new parents or to place any long-term hopes in this new

parents by behaving in difficult ways. And if this results in anger and rejection, they feel that their wariness and suspicions of these new parents were entirely justified. This can be very unrewarding for new parents who have little choice but to be very patient and to persist with consistent love and care.

Children who have insecure ambivalent attachments have experienced inconsistent and unpredictable parenting in which love and attention have been unreliable and intermittent. Howe (1996) characterises these children as approaching new relationships with some hope but also considerable ambivalence. This is demonstrated in exasperating mixtures of over-compliance, irritability, emotional rejections and tearful reconciliations. There is also a high degree of superficiality in the child's behaviour and emotional responses that have developed as a survival tactic to ingratiate and gain attention. The child is not yet secure or relaxed with the idea that love can be unconditional and that he or she can be simply valued for what he or she is.

Howe describes children who have never enjoyed any kind of attachment as the most developmentally damaged. With new parents they will initially have a surface charm and will relate happily but without discrimination. The new parents will engender no feelings of permanence or continuity. The social world is a place of temporary relationships in which the opportunity to get to know, understand and model the self, others and one's relationship with them has been severely limited. Mutuality is missing, impulses are rife and emotional reciprocity is limited. Non-attached children have limited experience and poorly structured representational models on which to build intimate relationships. They have a lot to learn about relationships and will present new parents with behavioural challenges and emotional confusions that will require considerable understanding and long-term love.

Groze and Rosenthal (1993) found in a random sample of adoptive families of children with special needs (defined as the child being older at placement, disabled, of minority heritage or a member of a sibling group) that attachment was the most positive for children with no abuse history and least positive for children with multiple abuse histories. Their findings suggest that a history of mistreatment is significantly related to parental reports of attachment difficulties and also that the number of prior placements negatively affects the attachment of children. However, when comparing the first three months of placement to the three months preceding finalisation or disruption of the placement, Barth and Berry

(1988) also found that positive attachment behaviours do generally increase over time. Furthermore, children who had developed secure attachments to prior caregivers, experienced more stable placements than did children who had not developed such attachments.

Most children adopted as young babies develop normally and in developmental terms compare favourably with non-adopted children. There is some indication that they may show a little more anxiety and uncertainty in social situations, but for most adopted children this poses no long-term problem (Howe, 1996). However, all adopted children do have an extra developmental task with which they must cope. They have to think about and adjust to the fact that they are adopted, and that they do have another set of parents who (for whatever reasons) gave them up for adoption. The adoptive parents also have to adjust to and reflect upon the meaning of this loss to both themselves and their children. With sensitive handling, love and support most adopted children manage to adjust to the knowledge that they are adopted (Howe, 1996).

But if children arrive in their new families already adversely affected by poor quality experiences they may not have the psychological strengths and sense of security to deal as well with their developmental tasks as those children who were adopted as very young babies. Adopting older children who may have been neglected or abused, means that parents have to cope with the disturbances resulting from the poor quality of their pre-placement care as well as children who are less able to negotiate the normal, but extra, developmental tasks that adopted children have to manage (Howe, 1996).

Patterns in Adoption

Howe (1996) uses attachment theory to identify from the reports of adopters, four basic patterns of adoption outcome in terms of the developmental pathways taken by adopted children. The quality of children's close relationships both before and after adoption are seen as key influences affecting the psychosocial development of adoptees. In identifying these patterns in adoption, Howe is associating a particular post-placement pattern of behaviour and development with a child's pre-placement history of relationships. There are, of course, exceptions to these generalised patterns and these I will discuss later (see section on Resilience and Reversibility). In spite of these exceptions, Howe was nevertheless able to detect a general pattern in which children with the more disturbed, upset and damaging experiences prior to adoption showed greater anxiety and insecurity

throughout their childhood. This has implications for the principles that must underpin both pre-adoption and post-adoption practices.

Secure Children

These are the children defined by Ainsworth et al. (1978) as having a secure attachment and representing the norm of the sample of infants they studied. These children experience rewarding, reciprocal and trusting relationships with their adoptive parents. They form strong, secure attachments with their adoptive mothers and fathers and emerge as sound, confident and socially competent people who handle their adoptive status well. Transitions into adolescence and early adulthood are negotiated relatively smoothly with ups and downs comparable to any well-adjusted individual. They are usually adopted as young babies, but also include some older children who had experienced some adversity prior to placement. This is the biggest category of adopted children in terms of numbers, particularly amongst those placed as babies.

Anxious to Please Children

The behaviour of these children throughout childhood indicates that home and family are very important to them but that they cannot quite take them for granted. They experience mild feelings of insecurity and anxieties arise whenever parental love, interest or availability appears in danger of being lost. These children are slightly vulnerable to the inevitable ups and downs of life such as changes of school, residential moves, parental exasperation, academic set backs and failed friendships. They are reasonably confident of their adoptive parent's love, but never quite assume its unconditional availability. These adoptions are usually successful and the adoptees enter adulthood with growing confidence. This pattern is more typical of children placed as older babies (around 6-7months of age) or children placed as toddlers with a short history of abuse or neglect. Children placed after 4 years of age who have experienced some love and care prior to placement also fall into this pattern. Generally, the older the child at placement, the higher the level of insecurity.

Angry Children

These children express their anxiety in the form of anger and hostility directed to those closest to them. Disruptions experienced in the first few weeks, months or years of life have left them feeling resentful and irritable. They wriggle and fight to reject any attempts at renewed intimacy and close contact. During adolescence their anger, irritability and

frustration is directed at either their adoptive parents (who appeared as a consequence of the disruption) or their birth mother (who seems to be the cause of the disruption) or both. Sometimes hostility is directed solely at the adoptive parents and the birth mother is seen as an innocent party and romanticised as the ideal parent. These adoptees remain wholly preoccupied with their close relationships. They find it hard to let go of their adoptive parents, yet cannot stop attacking them emotionally, verbally and even physically. They maintain an agitated preoccupation with their adoptive parents.

Uninvolved and Wary Children

These are adoptees with a history of neglect, physical and sexual abuse, and a large number of inconsistent, unreliable relationships with a series of caregivers. They either find it difficult to become fully involved in any new family life, or they are so unused to having close emotional relationships that they treat their adoptive parents as the latest in a long line of indifferent or hostile carers and other members of their adoptive family no different from most other people. Love does not appear to have featured in their lives prior to adoption. Emotionally they have had to fend for themselves, and they are distant and detached. The behaviour of these children is disturbed and they often receive unsuccessful psychological or psychiatric help. Typically they leave home early, preferring to live alone, and as adolescents they are often wanderers who may go missing from home for days or weeks but resurface again.

Howe's (1996) investigation found that children with a mixed ethnic background who were placed with white British parents, featured in all four categories at rates statistically similar to white children in same-race placements. In other words, mixed race placements did not appear to disadvantage the adoptees.

It is a truism that acquiring children by adoption is different from having children by birth. Though obvious, it is nonetheless important. Howe found that the happiest and most successful adoptions were in situations where adoptive parents and their adopted children acknowledged this difference. They would talk about the adoption from time to time in a comfortable and confident manner, the adoptive parents expressing much love and pride for their children, and discuss the birth parents. Sometimes the adopted children made contact with their birth parents in adult life.

Resilience and Reversibility

Howe (1996) points out that some children, in spite of experiencing considerable adversity prior to their adoption placement, manage to cope well with childhood after placement, show little seriously disturbed behaviour, make a reasonable emotional recovery and enjoy secure relationships with their new families. A number of intercountry adoption studies have also shown that the impact of pre-adoption adversity can be reversed (Harvey, 1980; Hoksbergen et al., 1987a). Psychologists such as Fongay, Steele, Steele, Higgit and Mayer (1994) have identified a number of common experiences and personal attributes of resilient children. These are: a good, warm relationship with at least one caregiver; absence of early separation or losses; removal from the adverse environment; a positive school experience; availability in adulthood of good social support; and easy temperament of the child who also possesses a sense of humour and a high I.Q.

Reversibility of Cognitive Ill-Effects

Dennis and Najarian (1957) found the intellectual handicap at 5-6 years of age shown by institutionalised children was less than the developmental retardation evident in the first year of life. There may, therefore, be some tendency to minor and partial recovery with age in the normal course of events. But this could also be accounted for if the circumstances the older children had been exposed to were less depriving than they were for the infants. Furthermore, IQ gains with age are usually only moderate and fall far short of reversing the early damage (Clarke, 1968; Stein and Susser, 1970).

From his review of the evidence, Rutter (1972) postulated that considerable reversal of cognitive ill-effects is possible with a complete and permanent change in environment, provided this occurs in infancy (Skeels,1966). Reversal of cognitive developmental delay has been reported by Winich et al. (1975) and Saetersdal and Dalen, (1991). What is uncertain is the upper age limit beyond which complete reversal is not possible. Reversal becomes less likely the longer the deprivation lasts and the older the child when removed from the institution. Even so, according to Rutter (1972), reversal may occasionally occur in older children. In the case of children with stunted growth, it has been reported (Money, Annecillo and Kelley, 1983a and 1983b) that those who are removed from their adverse environment before the age of 5.5 years can attain an IQ level in the normal range, while those removed after this point generally do not attain a normal IQ level.

Rutter (1972) reviewed evidence which showed that partial and temporary changes in environment do not have the same reversal effects of long-standing and persisting deprivation (Eisenberg, 1967; Jensen, 1969; Klaus and Gray, 1968). Only short-term benefits are attained if short-term environmental changes are followed by the child's return to a situation of deprivation. The degree of reversibility of cognitive ill-effects is dependent upon: the duration and severity of deprivation; the age of the child when deprivation ceases; and how complete and permanent the change of environment is. Therefore, in order to limit cognitive ill-effects, children require permanent removal from situations of deprivation (including institutionalisation) as early as possible in their lives.

Reversibility of Growth Defects

Rutter (1972) asserted that the reversal of growth defects can be rapid when malnutrition is corrected, but the compensation is not usually complete (Birch and Gussow, 1970). The reversibility of growth defects is dependent upon the duration and severity of malnutrition and the child's age when malnutrition is corrected.

It should be noted that malnutrition could occur due to poor food quality, insufficient food being provided or the child having a poor appetite. Fried and Mayer (1948) found an association between growth rate and emotional adjustment in institutionalised children. The provision of an adequate diet did not improve growth until the emotional disorders had been corrected. A study by Widdowson (1951) supported these findings. In adoption, therefore, it seems likely that there will be a relationship between a child's emotional recovery (that is, developing more normal and emotionally satisfying patterns of attachment) and recovery from growth retardation. However, the degree of growth recovery will also be dependent upon the length and severity of emotional and cognitive deprivation and malnutrition endured by the child pre-placement.

Reversal of 'Affectionless Psychopathy' (Emotional Detachment)

Rutter's (1972) review of the evidence in relation to this characteristic of children who have been institutionalised, led him to conclude that complete reversal of 'affectionless psychopathy' readily occurs if privation ceases during infancy. But it is not known if reversal can occur in children after two or three years of age. Evidence from animal studies reviewed by Rutter (1972) suggests that for 'affectionless psychopathy' to be completely reversible it is usually necessary for the child to have experienced normal relationships at some stage during early childhood. Bond disruption alone does not

normally lead to an affectionless character, but complete failure to form bonds in early childhood may have this outcome. This conclusion supports Bowlby's idea that there may be a sensitive period for the development of attachment behaviour (that is, 5-6 months to 2- 3 years) after which bond formation becomes less likely.

Changes in the way a child is treated can shift his or her developmental pathway in either a more or a less favourable direction. Although the capacity for developmental change diminishes with age, change continues throughout the life cycle so that changes for the better or worse are always possible. It is this continuing potential for change that means that at no time of life is a person invulnerable to adversity and also that at no time of life is a person impermeable to the benefit of favourable influence (Bowlby, 1988).

The possibility of changing an individual's attachment behaviour system offers hope for the possible outcome of therapeutic intervention to develop healthier future relationships and recovery in varying degrees. The overall aim of such interventions is to alter the person's internalised perceptions of self and attachment figures, in the past and the present, so that changes can be made in significant relationships in the person's current life.

Key Points on Attachment

1. Attachment theory provides helpful analysis and knowledge about how relationships develop and may become damaged. In doing so, it provides a theoretical framework for exploring and explaining empirical findings in relation to adoption.
2. Attachment is a distinct psychological bond based on the evolutionary need for protection of the young.
3. Secure attachment is promoted by a good quality, interactive, sensitive and nurturing relationship between child and caregiver(s). This can be either with biological parents or substitute caregiver(s). There appears to be a sensitive period during which the ability to form attachments is created.
4. Separations, abuse and neglect have long-term negative consequences on the ability to form attachments and on mental health.
5. The 'attachment behaviour system' is an internal working model of attachment formed from a person's experience of relationships with significant others. Once constructed, this system remains over time and will affect the person's behaviour in all current and future relationships.
6. Specific patterns of care giving produce specific patterns of attachment. Sensitive

nurturing care is necessary for a child to develop an attachment behaviour system that will lead to the formation of secure relationships. Frequent changes in caregiver, abuse and neglect are likely to inhibit a child's ability to form secure attachments.

7. Whether or not a child forms secure or insecure relationships will impact upon areas of their lives such as social competence, educational achievement and physical and mental health.
8. Institutionalisation can lead to mental and growth retardation, behavioural problems and an inability to form secure relationships. The longer the period of institutionalisation the lower falls the child's development.
9. Specific patterns in adoption can be linked to specific patterns of attachment.
10. In adoptions, attachment behaviours do generally increase over time post-placement.
11. Some children show remarkable resiliency to the negative affects of institutionalisation, neglect and abuse. The characteristics of these children have been identified.
12. It is possible that to varying degrees the negative affects of institutionalisation and/or blocked attachment patterns can be overcome. In severe cases, this may require therapeutic intervention.
13. Clinical studies have highlighted the problems that can occur in relation to a small proportion of ICAs.
14. Non-clinical studies, with larger sample sizes, indicate that a high proportion of ICAs do very well post-adoption (sometimes in spite of considerable pre-adoption adversity). This data has been largely collected from parental reports about their ICAs.

CHAPTER FOUR: METHODOLOGY

This chapter is broadly concerned with matters of research design, data collection and the ethics of social research. Particular attention is given to the origin and nature of the Intercountry Adopted Child Questionnaire, and to the desirability of making data collected in this study, comparable with data collected by Rosenwald (1994) and Silburn et al. (1994) in Western Australia. Pre-testing of the questionnaire, reliability and validity of measures of dependent variables such as total competence, happiness, health, problem behaviours, and satisfaction with the adoption experience are also discussed. Procedures for recruiting participants and obtaining informed consent, the calculation of response rates and the processes of data entry and data analysis conclude the section on the design of the investigation. Finally, the section on ethical concerns addresses the issues of access to the participants, procedures for maintaining anonymity and confidentiality, avoiding potential harm to participants, and possible conflicts of interest.

Design of the Investigation

Origin and Nature of the Intercountry Adopted Child Questionnaire

Given that no survey data had previously been collected on ICAs in New Zealand, I felt it was important to be able to make comparisons with Rosenwald's (1994) research in Western Australia. Furthermore, data collected about children in the general population in Western Australia (Silburn et al. 1994), upon which Rosenwald's study was based, provided another point of comparison with the information collected in this study. To facilitate these comparisons it was necessary to replicate the design and data collection methods used by both of these studies in Western Australia.

Rosenwald (1994) collected data on the well-being of ICAs from parental reports on competencies, happiness, health and problem behaviours using survey questionnaires that were mailed to participants. With Rosenwald's consent (see Appendix B) I have used the Intercountry Adopted Child Questionnaire developed by her. Rosenwald's Intercountry Adopted Child Questionnaire is divided into four parts, the nature and characteristics of which are outlined below.

Part A (see Appendix A) consists of fourteen questions. It combines general demographic items (such as current age and gender), from the Western Australian Child Health Survey Questionnaire (Silburn et al., 1994), with specific adoption items from Harper (1986) and

Verhulst et al. (1992). These items include questions about age at adoption, country of origin and pre-adoption experiences. Questions about the pre-adoption variables of abuse, neglect and number of changes of care, reflect the degree of parental knowledge of the child's experience of adversity prior to adoption. The final item is the Andrews and Withey (1976) 7-point Faces Scale of global well-being or happiness. As the focus of my research is the degree of recovery from the effects of institutionalisation, I added one question (Question 10) which asked for specific information about whether or not, and for how long, the adoptee was institutionalised prior to adoption.

Part B (see Appendix A) of the questionnaire consists of the 118 problem items (Question 56 contains eight sub-questions) of Achenbach's Child Behaviour Checklist for 4-18 year olds (Achenbach, 1991), which the Western Australian Child Health Survey (Garton, Zubrick and Silburn, 1995; Silburn et al., 1994) used for 4-16 year old children in the general population of Western Australia. Achenbach's Child Behaviour Checklist has been widely and successfully used in overseas research to gather information about children's behaviour. Comprehensive normative data as well as satisfactory reliability and validity are reported by Achenbach and Edelbrock (1983). Questions 2 and 4 of the Child Behaviour Checklist are questions relating to asthma and allergies that are included in the assessment of the health of ICAs.

Part C of the questionnaire (see Appendix A) contains three scales: the Social Scale with eight questions about friends and relationships; the Activities Scale with 12 items on out of school activities; and the School Scale with 10 items on school attendance, academic performance and special education. Six of the items covering education and special services (one of which, Question 32, was used in the calculation of the school portion of the Total Competence Score) came from Harper (1986). Modified versions of the self-concept and global self-worth items from the Western Australian Child Health Survey Youth Self Report (Silburn et al., 1994) were also included in Part C.

Modification of these last Western Australian Child Health Survey items allowed for parental reporting instead of self-reporting by the child. So in total, Part C comprised 35 items: 8 relating to social issues, 12 relating to activities outside of school, 10 relating to education and special services, and 5 relating to happiness and satisfaction with the adoption experience. Eighteen of the 35 questions in Part C contributed to the computation of the Total Competence Score which is one of four measures of overall well-

being investigated in this and Rosenwald's (1994) research (the others being happiness, health, problem behaviours).

Finally, Part D of the questionnaire (see Appendix A) consists of 3 items: the 5-point Success of Adoption Scale from Harper (1986) which was included in the assessment of satisfaction with the adoption experience; a question on which adoptive parent had completed the questionnaire; and a question on whether or not the relevant adopted child had contributed to the completion of the questionnaire.

Measures of Total Competence, Happiness, Health, Problem Behaviours, Satisfaction with the Adoption Experience, Exposure to Pre -Adoption Adversity and Institutionalisation

1. Total Competence Score

   Total Competence Scores are calculated from information collected in three scales within the Intercountry Adopted Child Questionnaire (see Appendix A): the eight questions in the Social Scale about friends and relationships; five questions from the Activities Scale; and five questions from the School Scale. In total, 18 questions from the Western Australian Child Health Survey were used to calculate the Total Competence Score (Silburn et al., 1994). These 18 questions were based on the competence part of Achenbach's Child Behaviour Checklist (1991). Total Competence Scores are then combined with data collected on happiness, health and problem behaviours to give an overall measure of the well-being of Russian and Romanian ICAs in New Zealand.

2. Happiness

   There are three measures of the happiness of ICAs. The first is the Andrews and Withey (1976) 7-point Faces Scale of global well-being or happiness in Part A of the Intercountry Adopted Child Questionnaire. The second is six questions within the Child Behaviour Checklist in Part B, and the third is four questions in Part C asking parents to rate how happy their adopted child is with their appearance and themselves.

3. Health

   The measures of health within the Intercountry Adopted Child Questionnaire are: firstly, in Part A where there is one question asking adoptive parents to rate the health of their child on arrival in New Zealand, and another asking them to rate their child's current

health; and secondly, two questions in Part B (the Child Behaviour Checklist), one relating to the incidence of asthma and the second relating to the incidence of allergies.

4. Problem Behaviours
   The occurrence and severity of problem behaviours is measured by 116 items (excluding the two items on health) in the Child Behaviour Checklist (Achenbach, 1991).

5. Satisfaction with the Adoption Experience
   Question 22 in Part C of the Intercountry Adopted Child Questionnaire asks adoptive parents to rate how satisfied they are with their child's progress. Also the 5-point Success of Adoption Scale, Question 1 in Part D of the questionnaire, asks for a rating of the success of the overall adoption experience for the adoptive mother, adoptive father, the adopted child and the family.

6. Pre-Adoption Adversity
   The three measures of exposure to adversity are all contained in Part A of the Intercountry Adopted Child Questionnaire. Two questions asked adoptive parents to rate their child's experience of neglect and abuse before arrival in New Zealand. Another question asked parents to state the number of changes of caregiver their child experienced before adoption.

7. Institutionalisation
   Question 10 in Part A of the Intercountry Adopted Child Questionnaire asked parents to give details relating to whether or not their child was institutionalised before adoption, the length of institutionalisation and the ages at which their child was admitted and permanently removed from institutional care.

Pre-Testing of the Questionnaires

Ten adoptive parents in Western Australia who were known to Rosenwald (1994), and who were not part of her main study sample, were asked to complete a pilot of her questionnaires. Nine provided feedback on the clarity and face validity of the items, the length of time to complete the questionnaires, and the layout. Suggestions from the respondents included the removal of scoring codes, and provision for indicating who had

completed the questionnaires. To assess face validity, the adoptive parents were asked to define well-being. They indicated that for them, well-being meant being " happy, healthy and doing all right", and recommended the inclusion of items on happiness and satisfaction for the measurement of well-being. These suggestions were incorporated by Rosenwald (1994) into the final Intercountry Adopted Child Questionnaire.

In order to retain comparability between this research and Rosenwald's (1994) it was necessary to use the same questionnaire. Furthermore, the Intercountry Adopted Child Questionnaire used by Rosenwald and myself gave access to reliable normative data for comparative purposes because it was largely based upon Achenbach's Child Behaviour Checklist (1991). Although I did receive suggestions for improvements to the questionnaire from adoptive parents, it was not possible to incorporate these suggestions into the questionnaire without compromising the desired comparability.

Reliability and Validity

The key points to note here are as follows. First, the Faces Scale of global well-being, for the measurement of happiness in Part A, has a reported validity coefficient of 0.82 (Andrews and Withey, 1976). Second, the estimated test-retest reliability of the Child Behaviour Checklist Total Problem Behaviour Score in Part B, was 0.92 for boys and 0.82 for girls (Achenbach, 1991, p.73). In Western Australia, the estimated reliability coefficient was 0.87 (Garton et. al., 1995). Content, construct and criterion related validity of the Child Behaviour Checklist is described in the manual by Achenbach (1991) and by Garton et al. (1995). Finally, for the total score on competence in Part C, Achenbach (1991, p.73) reported a test-retest reliability coefficient of 0.90 for boys and 0.82 for girls.

Procedures for Recruiting the Participants and Obtaining Informed Consent

The target population for my research comprised two groups as follows:

1. Children in New Zealand adopted from Russia during the four years 1992 to 1995. According to the New Zealand Department of Internal Affairs (see Appendix G) and reported by Griffith (1997, p.255), there were 123 of these children all of whom were institutionalised for at least six months prior to their adoptions. This figure, however, is not consistent with ICANZ records of 152 children. A detailed discussion explaining the difference in these figures is contained in a later section (Size of Target Populations) of this chapter. Russian children adopted after 1995 were not included in the research because they had not been in their adoptive placements long enough

and/or were too young for meaningful conclusions to be drawn about their well-being in New Zealand.

2. Children in New Zealand adopted from Romania during the years 1990 to 1995. According to the New Zealand Department of Internal Affairs (see Appendix G) and reported by Griffith (1997, p.255) there were 160 of these children, a high proportion (but not all) of whom were institutionalised prior to their adoption. All but one of these children entered New Zealand in 1990 and 1991. One Romanian child entered New Zealand in 1995. ICANZ does not hold a complete record on the number or location of adopted Romanian children living in New Zealand. Of the 159 Romanian children known to be adopted in New Zealand 131 were known to ICANZ.

Contact with the families adopting these Russian and Romanian children was made via Intercountry Adoption New Zealand (ICANZ), a private non-profit making organisation which assists prospective adoptive couples to adopt from abroad. ICANZ has social and educational meetings and support groups around the country. It was formed in 1989 by a couple who had worked with, and adopted street children in, Columbia. The group pioneered Romanian adoption in the early 1990s and assists prospective adoptive parents to negotiate the maze of bureaucratic and legal requirements involved in intercountry adoption. ICANZ has an established, comprehensive support network and sees the provision of support for intercountry adoptive parents and adoptees as its key function. This support network includes social workers, paediatricians, psychologists and intercountry adoptive parents, all of whom have a special interest in and experience with intercountry adoption. The development and assistance of such a network has been particularly important for the adoptive parents of children from Romania and Russia due to the range of problems that these children have presented.

In October 1999, ICANZ placed a notice in their newsletter advising members that I would be carrying out research on ICAs from Russia and Romania. In November 1999, ICANZ distributed a letter (see Appendix C), the Information Sheet (see Appendix D) and Intercounty Adopted Child Questionnaires to the adoptive parents of Russian and Romanian ICAs who were registered with them and who met the requirements of the two target groups. The letter and Information Sheet invited adoptive parents to return their completed Intercountry Adopted Child Questionnaire(s) to me in an enclosed prepaid reply envelope. The return of the Intercountry Adopted Child Questionnaire was taken to indicate that consent had been given for participation in the research. On the cover of the

Questionnaire participants were able to indicate, by ticking the appropriate box, whether they wished to have their questionnaire returned to them (via ICANZ) on completion of the research or whether they wanted it destroyed by incineration.

ICANZ allocated a code number for each ICA in the study and placed this on the cover sheet of each Intercountry Adopted Child Questionnaire before they were distributed. This was the only means of identifying which child a questionnaire applied to for follow up or reminder purposes. ICANZ did not reveal to me the names of any participating ICAs or their families. The Information Sheet included my name and contact phone number so that adoptive parents could contact me to discuss the research if they wished. During the course of the study I received many phone calls from adoptive parents who participated in the research and/or provided information that assisted me to keep accurate records regarding the fate of the coded questionnaires that were distributed.

Size of Target Populations

Statistics relating to the numbers of Russian and Romanian ICAs in New Zealand were supplied by the Department of Internal Affairs to Griffith (1997, p.255) and reflect the number of applications received from New Zealand citizens wishing to register their Russian and Romanian children as New Zealand citizens by descent (via a dependent child category application). Adoptive parents have up to the time the ICA is 24 years of age to register the child's claim to New Zealand citizenship and therefore not all Russian and Romanian children may yet be registered as New Zealand citizens and included in these figures. Also these families may or may not be residing in New Zealand. Of the 123 children adopted from Russia in my target group, 25 were found to be living overseas and ICANZ did not have a current address for three of them. Of the 159 known adopted Romanian children, 131 were registered with ICANZ and of these 8 were found to be living overseas. Children in the two target groups who were currently residing outside New Zealand were not included in the study.

ICAs may also be recorded by the New Zealand Immigration Service (NZIS). Adoptive parents who are permanent residents apply to the NZIS for residence for their ICAs as dependent children. While the NZIS does hold information on the nationalities of those applicants applying under the dependent child category, this in itself does not identify cases of intercountry adoption. The children concerned may be either biological or adopted children of New Zealand parents. In order to establish how many children

adopted from Russia and Romania entered New Zealand from 1990 to 1995 by way of dependent child category applications for New Zealand residence, the NZIS would have to extract this information from each dependent child category application made during this period. I wrote to the NZIS requesting this information on 15 June 2000 (see Appendix E) and received a reply from them on 26 June 2000 (see Appendix F). My request was "refused under s18(f)" of the Official Information Act "as the information requested cannot be made available without substantial collation or research". Consequently it is very difficult to establish, by official means, the exact number of children who entered New Zealand by way of adoption from Russia and Romania during the period in question.

Fortunately ICANZ does keep statistics of all Russian children entering New Zealand by way of adoption. According to ICANZ records, 152 Russian children were adopted by New Zealanders between 1992 and 1995. This figure is 29 more than the 123 Russian children reported by Griffith (1997, p.255). The figure reported by Griffith was supplied to him by the Department of Internal Affairs and was confirmed as correct by the Department of Internal Affairs in correspondence to me (see Appendix G). It seems likely that the difference between these two figures is due to adoptive parents who are permanent residents having applied to the NZIS for residence for their adoptee(s) but they had not yet registered their adopted child(ren) for New Zealand citizenship (as they have up to the time the adoptee is 24 years of age to do so). I have, therefore, taken the ICANZ figure of 152 Russian children having entered New Zealand by way of intercountry adoption between 1992 and 1995 as being the most accurate count of the total population of Russian children for the purposes of this research.

ICANZ was not sufficiently established in 1990/1991 to hold similar records for children adopted from Romania. Equally some Romanian children who entered New Zealand by way of intercountry adoption may not be recorded in the statistics supplied by the Department of Internal Affairs because their adoptive parents have not yet registered them (as New Zealand citizens). Because of the refusal of the NZIS to provide me with this information, I am unable to establish exactly the number of Romanian children who entered New Zealand by way of intercountry adoption. The nearest figure (159) available is that supplied by the Department of Internal Affairs to Griffith.

Response Rates

In November 1999, ICANZ sent out 149 Intercountry Adopted Child Questionnaires to the adoptive parents of Russian children. The three children that ICANZ did not have a current address for were not included in the mail out. At the same time 141 Intercountry Adopted Child Questionnaires were sent to the adoptive parents of Romanian children.

The first mail out in November 1999 yielded 67 questionnaires from the adoptive parents of Russian children and 52 from the adoptive parents of Romanian children. In an effort to increase the level of response to the study, a second mail out of the Intercountry Adopted Child Questionnaire, Information Sheet and a new letter (see Appendix H) requesting further responses were sent out in March 2000. This went to the 95 adoptive parents of Russian children and 102 adoptive parents of Romanian children, who had not responded to the first mail out.

The second mail out yielded a further 23 questionnaires from the adoptive parents of Russian children making a raw total of 90 of the total population of 149 Russian children registered with ICANZ. However, a total of 25 questionnaires were returned by the adoptive parents of Russian children where the family was residing overseas. As this research is concerned with the progress of Russian and Romanian ICAs resident in New Zealand, these children can be deducted from the total population size thereby reducing the target group to 124 Russian children who may be currently living in New Zealand, and the useable number of responses to 65. Three questionnaires relating to Russian children were also unusable because they were incomplete.[9] Therefore, *I received completed, useable questionnaires from 62 or 50 per cent of the population of 124 Russian children resident in New Zealand.*

The second mail out also yielded a further 22 completed Intercountry Adopted Child Questionnaires from the adoptive parents of Romanian children. In total 74 questionnaires were returned from the adoptive parents of Romanian children. However, of these 74 a total of 12 questionnaires were found to have been sent to people who were thought to be adoptive parents of Romanian children but were returned by people who indicated that their child(ren) had in fact been adopted from other countries. Another eight completed

[9] It is interesting to note that one of these was returned incomplete because the child was placed in foster care due to severe attachment disorder after residing with his adoptive parents for 4 ½ years.

questionnaires involved Romanian children living overseas. Therefore, *I received useable questionnaires from 54 or 44.6 per cent of 121 Romanian ICAs in my target group who may be currently living in New Zealand.*

It should be noted that these response rates are in fact no more than 'best estimates' from the data available because amongst those who did not respond to the survey there may be more Russian and Romanian children adopted by New Zealanders who are now living overseas. If this is the case, the populations of Russian and Romanian children adopted during the period 1990 to 1995 *and currently living in New Zealand*, may be smaller than the base figures that these response rates have been calculated upon. Table 1 gives a summary of the figures that are relevant to estimations of the number of Russian and Romanian ICAs, 1990 to 1995, and the calculation of the response rates for this research.

Table 1: Summary of Figures Relevant to the Size of the Target Populations of Russian and Romanian Children and Response Rate Calculation

	Russian	Romanian
Number of ICAs identified by the Department of Internal Affairs	123	160
Number of children adopted by New Zealanders identified by ICANZ	152	141
Number of questionnaires sent out by ICANZ	149*	141
Total number of responses received	90	74
Number of questionnaires incomplete	3	0
Number of children living overseas	25	8
Number of responses regarding children adopted from other countries	0	12
Total number of useable questionnaires	65	54
Size of population surveyed in this research (excluding those overseas)	124	121
Useable responses as percentage of population surveyed in this research.	50%	44.6%

*Excludes 3 cases where the current address was unknown.

Demographic Information on the Populations of Russian and Romanian Intercountry Adoptees

Figure 2 gives a break down of the sex and ages at arrival in New Zealand for both the Russian and Romanian children who were included in the study. In the group of Russian children there are 33 girls and 29 boys (age data were not supplied for 2 of the Russian girls included in the study). In the group of Romanian children there are 31 girls and 23 boys. It is apparent from Figure 2 that most of the children were adopted when under 3 years of age.

Table 2 gives similar data but in terms of percentages of children in each age category at the time of their arrival in New Zealand. From this it becomes apparent that 67 per cent of the children were in the birth to 3 years age group when adopted with 22 per cent aged 4 to 6 years. Ten per cent were aged 7 to 9 years, and very few (2 per cent) were aged 10 to 13 years. It is interesting to note that more Russian than Romanian children, particularly Russian girls, were in the older age groups at the time they were adopted and arrived in New Zealand.

Figure 2: Age at Arrival in New Zealand by Country and Gender

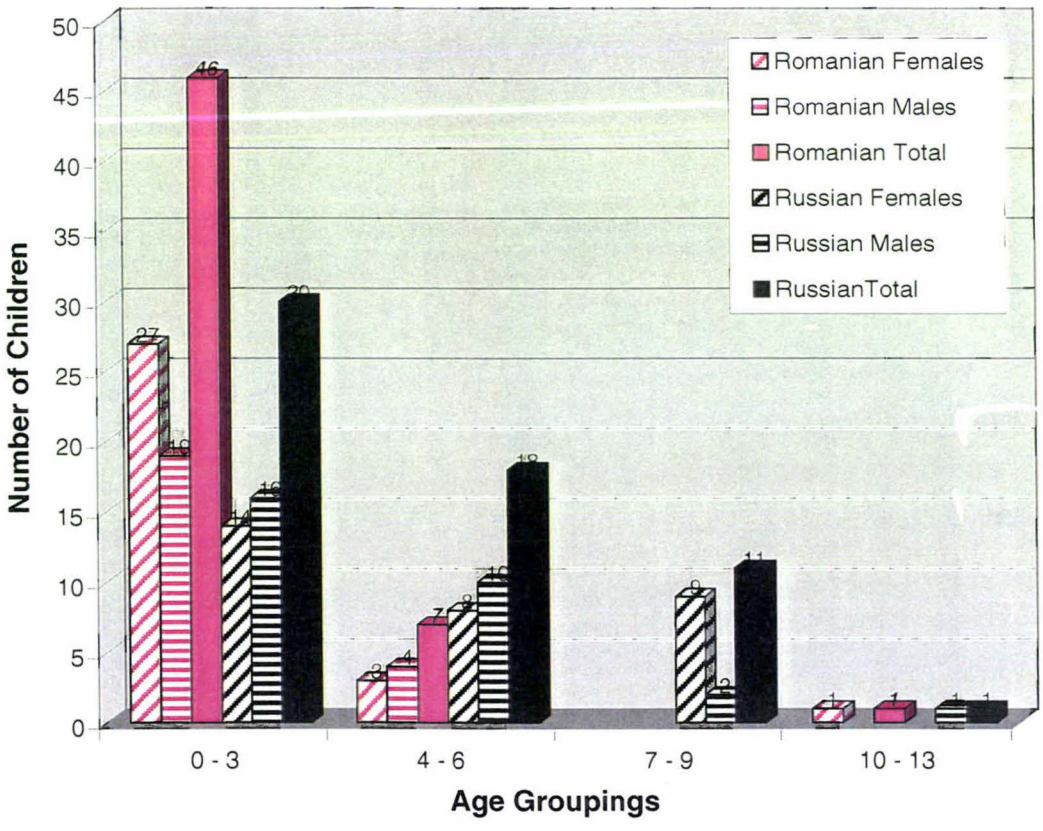


Table 2: Age at Arrival in New Zealand Classified by Country and Gender (Percentages)

Country	Gender	N	Age Groupings			
			0 - 3	4 - 6	7 - 9	10 - 13
Romanian	Female	31	87	10	0	3
	Male	23	83	17	0	0
Total		54	85	13	0	2
Russian	Female	31	45	26	29	0
	Male	29	55	34	7	3
Total		60	50	30	18	2
Grand Total		114	67	22	10	2

Figure 3: Age of Adoptees at Time of Research (2000) by Country

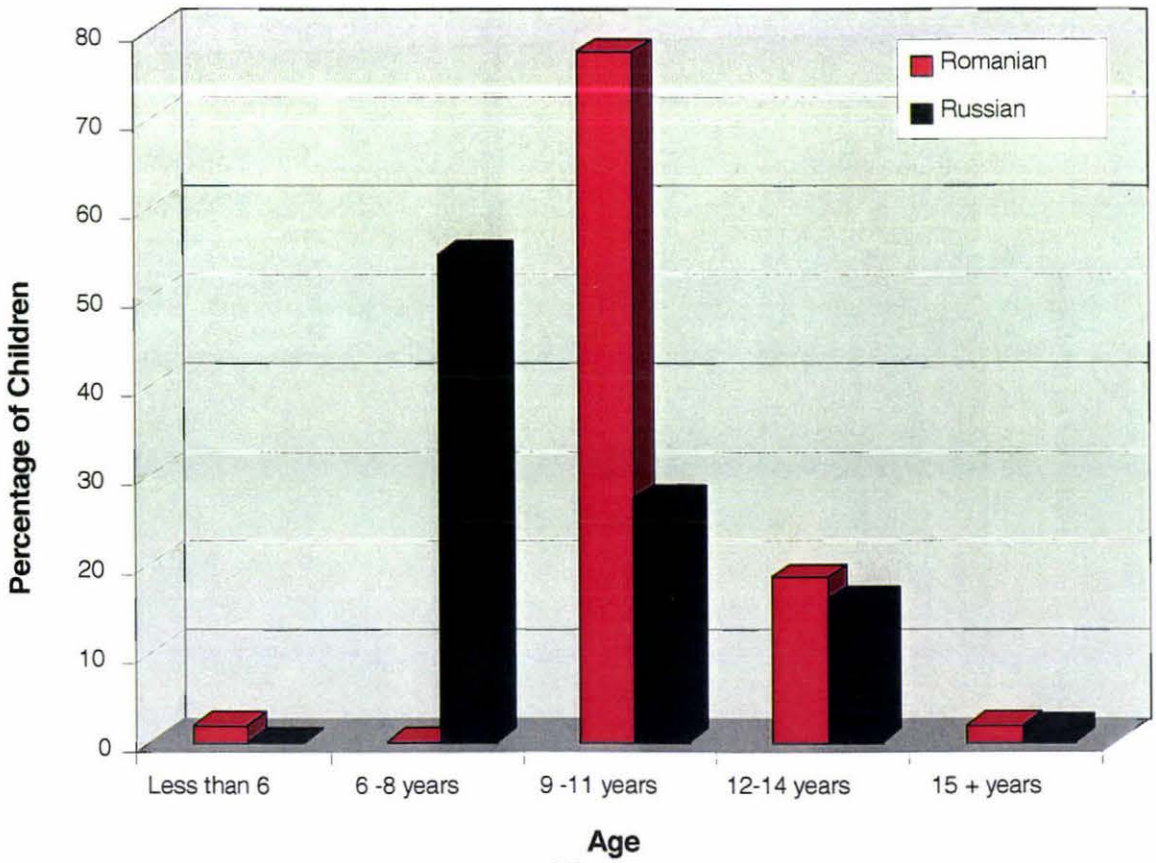


Figure 3 (p. 74) indicates the ages of the Russian and Romanian children at the time this research was carried out. These ages were calculated as at the beginning of 2000. The proportion of children in each age group is presented in percentages. Over half the Russian children (55 per cent) were in the 6 to 8 years age range whereas over three-quarters of the Romanian children (78 per cent) were in the 9 to 11 years age range. This is indicative of the fact that all but one of the Romanian children were adopted between 1990 and 1991, whereas Russian children did not begin arriving in New Zealand until 1992. Both groups had equal numbers of children aged 12 years and older (that is, 11 children).

Data Entry and Analysis

Raw data collected from the questionnaires were entered on a computer database using Microsoft Access 1997. Each participating child was identified in the database by the ICANZ code number alone. Creating an appropriate database for the storage and collation of the data collected in the questionnaires proved to be a long process mainly because of the size of the questionnaire. The first time this was attempted the data base was divided into four sections corresponding with the four parts of the Intercountry Adopted Child Questionnaire. This did not prove to be workable as problems were encountered moving between sections of the data base as the data were being entered. A second attempt was made to create a suitable database in one block (not divided into sections corresponding to the questionnaire) with the assistance of a colleague at the Bay of Plenty Polytechnic. This approach proved to be much more successful and was the format used to record the data.

I employed a suitably experienced assistant to enter the raw data. Accuracy of input was of prime concern to ensure the integrity of the data for analytical purposes. After the data from the first 10 questionnaires were entered, these were printed out on hard copy by running a query in Access 97. Some minor corrections were made to the data base format at that time. Data entry was backed up on disc each day. All data entered into the data base was checked for accuracy by printing out a hard copy that was checked against the original questionnaires. Any corrections required were then made.

Once all the data had been entered in the Access 97 database and checked for accuracy the entire database was transferred to Microsoft Excel 97 where the statistical analysis took place. Dr. Chris Triggs of Auckland University, a specialist and consultant in the field

of statistical analysis, guided me in this process. Computing of Total Competence Scores and Problem Behaviour Scores was carried out in a manner consistent with Rosenwald (1994) and in accordance with Achenbach (1991). Analysis and presentation of data relating to assessments of happiness, health, satisfaction with the adoption experience, age at adoption, experience of pre-adoption adversity and institutionalisation also followed the format used by Rosenwald (1994) to facilitate the comparisons of data contained in Chapters Five to Eight of this research.

Analysis Issues

According to Babbie (1998, p.262) "a response rate of 50 per cent is adequate for analysis and reporting. A response rate of 60 per cent is good. And a response rate of 70 per cent is very good." Applying these criteria to this study implies that the response rate of 50 per cent of the Russian children resident in New Zealand could be considered to give a picture of these children that is generally indicative of the total population of Russian ICAs in New Zealand, adopted between 1992 and 1995. However when applying the same criteria to the response rate of 44.6 per cent of the Romanian children adopted between 1990 and 1995 who are resident in New Zealand, the same generalisability does not apply. This difference in generalisability between the two groups should be kept in mind when interpreting these results. Particularly, in situations where the data for both Russian and Romanian ICAs has been combined and presented as one population (for the purposes of comparison).

However, Babbie (1998, p.262) also states that " a demonstrated lack of response bias is far more important than a high response rate." The lower response rate from the parents of Romanian ICAs may be attributed to greater difficulty in locating these families rather than any other common characteristic such as an unwillingness to respond due to higher levels of negative adoption experiences. They were not all known to ICANZ as the parents of Russian ICAs were, which caused more difficulty in locating the parents of Romanian ICAs. The greater length of time since the Romanian adoptions, which all (except for one adoption in 1995, included in this study) occurred in the years 1990 and 1991, may also have contributed to the difficulties experienced in locating these families and the lower response rate.

This thesis provides descriptive data about Russian and Romanian children adopted from 1990 to 1995. The data collected was not based upon a random sample of the total

populations and therefore it is inappropriate to carry out formal significance tests. It was a self-selected sample in that adoptive parents chose whether they wanted to participate or not and therefore any variation is not due to random sampling. There could be a bias due to the sample being self-selected; for example, adoptive parents who have had a more positive experience of intercountry adoption may have been more likely to respond. Furthermore, there are no historical comparative populations in New Zealand against which the data in this study could be formally tested using significance tests.

Another reason for not conducting significance tests is that it is not valid to formally test the population of Russian children against the population of Romanian children because it is already known a priori that the two groups are different. For example, differences in ages, pre-adoptive histories, age at adoption, health status at adoption and length of time in their adoptive placements. Therefore any differences that became obvious from the data collected in this study could not be ascribed to any one particular factor.

The Child Behaviour Checklist (Achenbach, 1991) has been previously validated internationally and used by many other researchers and therefore does not require formal statistical validation in this study.

I have, however, collected data about a large fraction of the total populations. This data is described, and relationships explored that exist within the data, between the two groups of children (Russian and Romanian) and with other relevant research (ie. Rosenwald, 1994; Garton et al., 1995). Data are summarised and presented as tables, bar graphs and line graphs. Means have been calculated to indicate the central tendency of the data and standard deviations have been used to indicate the average amount by which all the values deviate from the mean (Rowntree, 1991).

Ethical Concerns

The proposal for this thesis research was required to meet standards set by the Massey University Code of Ethical Conduct for Teaching and Research Involving Human Subjects and went before the Massey University Human Ethics Committee in May 1999. Final approval for this research to proceed was given by the Massey University Human Ethics Committee on 5 July 1999.

Access to Participants

Issues of confidentiality and privacy in adoption research have the potential to seriously inhibit the tracing, contacting and follow-up of subjects. This is particularly so if access to subjects is sought through the confidential records of government agencies such as the Department of Social Welfare and the Department of Internal Affairs. The more open method of tracing and contact through a parent support group resulted in a high response rate in Rosenwald's (1994) study and so I chose to use the same method to contact the parents of ICAs via ICANZ. The particular procedure for access and recruitment employed in this study with the co-operation of ICANZ has been outlined above.

Informed Consent

The Information Sheet (see Appendix D) sent to the adoptive parents of the children in the two target groups provided all the required details. It was stated in both the initial letter to ICANZ members (see Appendix C) and the Information Sheet that return of the completed Intercountry Adopted Child Questionnaire was taken as an indication of willingness to participate in the research. Adoptive parents who wished to withdraw from the research could do so by contacting ICANZ who would advise me of the code number of the questionnaire to be withdrawn. Completed questionnaires could then be either returned to participants via ICANZ or destroyed according to the wishes of the adoptive parent(s). I did not receive any requests to have completed questionnaires withdrawn from the study.

Anonymity and Confidentiality

To preserve the anonymity of respondents ICANZ did not provide any identifying details concerning either the adoptive parents or ICAs registered with them, and all Intercountry Adopted Child questionnaires mailed out were identified by an ICANZ code number alone. To ensure the confidentiality of information provided, all completed questionnaires were kept under lock and key. As the questionnaires and all information held on my personal computer data base was identified by a code number only, it was not necessary to have the person who entered the data sign a confidentiality agreement. Upon completion of my research, the questionnaires will be either returned (via ICANZ) or destroyed according to what adoptive parents indicated on the cover of their completed questionnaire(s).

Potential Harm to Participants

In the event that the completion of the questionnaire(s) mailed out for this research evoked strong emotions or uncovered difficulties for adoptive families the ICANZ network of support was readily available to participants. Contact phone numbers for the ICANZ Co-ordinator and myself were provided in the ICANZ letter sent to the adoptive parents of the children in the two target groups (see Appendix C).

Conflict of Interest / Conflict of Roles

As I was not currently employed in or earning an income from the provision of adoption services, I did not have any career interests that would be furthered by the outcomes of this research. My collaboration with ICANZ was essential to this project due to all of the difficulties associated with gaining access to my subjects and as a means of providing support to participants.

Examination by the Massey University Human Ethics Committee, and arrangements to obtain informed consent, preserve the confidentiality of the information provided by the participants and the availability of a network of support services, all served to protect the participants from any negative outcomes arising from their participation in this study.

CHAPTER FIVE: RESULTS

Introduction

This chapter gives details of how the four major measures of well-being (total competence, happiness, physical health and problem behaviours) were scored in both this thesis and in Rosenwald's (1994) study. A summary of findings on the well-being of Russian and Romanian ICAs in New Zealand is presented in answer to the following three research questions:

1. What is the level of well-being of ICAs in New Zealand adopted from Romania during the period 1990 to 1995?
2. What is the level of well-being of ICAs in New Zealand adopted from Russia during the period 1992 to 1995?
3. Are there differences in well-being between the two groups of ICAs from Russia and Romania?

Also included in this chapter are comparisons between ICAs in New Zealand and Western Australia and children in the general population of Western Australia (WACHS). These comparisons are based upon the four measures of well-being that were used in all three studies.

Scoring of the Four Major Measures of Well-Being

1. Total Competence

The total score for competence, with a possible score range of 0 to 28, was obtained by summing the total scores of the Activities (score range 0 – 10), Social (score range 0 - 12), and School (score range 0 – 6) Scales as outlined in Achenbach (1991). According to the Achenbach Child Profiles, a raw Total Competence Score over 14 is within the normal range. In this thesis and in Rosenwald's (1994) study, a Total Competence Score above 14 is taken to reflect well-being.

Activities Scale

This scale was added to the scores for the Social and School Scales to give a score for total competence. It was comprised of Questions 6, 8, 9, 15 and 16 in Part C of the Intercountry Adopted Child Questionnaire (see Appendix A). These were scored according to Achenbach (1991, pp. 246 - 247) and have a score range of 0 –10. According

to Achenbach (1991, pp. 252 – 255) the mean score on the Activities Scale for boys referred for clinical assessment aged 4 – 11 years is 5.9 and 6.4 for boys not referred for clinical assessment. For referred boys aged 12 – 18 years the mean score is 5.8 and 6.7 for non-referred boys in this age group. For referred girls aged 4 – 11 years the mean score on the Activities Scale is 5.6 and 6.4 for non-referred girls in this age group. For referred girls aged 12 – 18 years the mean score is 5.6 and 6.6 for non-referred girls in this age group.

Social Scale

This scale was added to the scores for the Activities and School Scales to give a score for total competence. It was comprised of Questions 1, 2, 3, 4, 5, 13, 20 and 33 in Part C of the Intercountry Adopted Child Questionnaire (see Appendix A). These were scored according to Achenbach (1991, pp. 247 – 248) and have a score range of 0 – 12. According to Achenbach (1991, pp. 252 – 255) the mean score on the Social Scale for boys referred for clinical assessment aged 4 – 11 years is 5 and 6.9 for boys not referred for clinical assessment. For referred boys aged 12 – 18 years the mean score on this scale is 5 and 7.6 for non-referred boys in this age group. For referred girls aged 4 – 11 years the mean score on the Social Scale is 5.1 and 6.9 for non-referred girls in this age group. For referred girls aged 12 – 18 years the mean score is 5.1 and 7.4 for non-referred girls in this age group

School Scale

This scale was added to the scores for the Activities and Social Scales to give a score for total competence. It was comprised of Questions 23, 27, 29, 31 and 32 in Part C of the Intercountry Adopted Child Questionnaire (see Appendix A). These were scored according to Achenbach (1991, p.248) and have a score range of 0 – 6. According to Achenbach (1991, pp. 252 – 255) the mean score on the School Scale for boys referred for clinical assessment aged 4 – 11 years is 3.4 and 5.1 for boys not referred for clinical assessment. For referred boys aged 12 – 18 years the mean score on this scale is 3.1 and 4.8 for non-referred boys in this age group. For referred girls aged 4 – 11 years the mean score on the School Scale is 3.8 and 5.3 for non-referred girls in this age group. For referred girls aged 12 – 18 years the mean score is 3.8 and 5.2 for non-referred girls in this age group.

2. Happiness

The Faces Scale of global well-being (Question 14, Part A) had a highest possible score of 6. Values ranged from 0 for very unhappy to 6 for very happy. The 6 items in the Child Behaviour Checklist (items 30, 33, 35, 38, 101 and 103) relevant to happiness were scored in the same way as all other items in the Child Behaviour Checklist.

3. Physical Health

Two questions in Part A of the Intercountry Adopted Child Questionnaire (see Appendix A) asked adoptive parents to rate their child's health on arrival in New Zealand (Question 7) and current health (Question 13). State of health was rated on a 5-point scale (4 – 0) from excellent (4) to poor (0). Two items in the Child Behaviour Checklist asked for information on the incidence of allergy (item 2) and the incidence of asthma (item 4). These were scored in the same way as all the other items in the Child Behaviour Checklist.

4. Problem Behaviours

On a 3-point scale, parents indicate 0 if, for the last 6 months, the occurrence of a behaviour was not true as far as known, 1 for somewhat or sometimes true, and 2 for very true or often true. As recommended by Achenbach (1991), the total scores for problem behaviours were calculated by adding a subject's score on all Child Behaviour Checklist problem items, excluding item 2 (allergy) and item 4 (asthma). The possible raw problem score ranged from 0 to 232. According to the Achenbach Child Profiles, a raw Problem Behaviour Score of 34 or less is within the normal range. In both this thesis and Rosenwald's (1994) study a score of 34 or less is taken to reflect well-being.

Research in Western Australia that Provides a Basis for Comparison

Research on Intercountry Adoptees in Western Australia

Rosenwald's study on ICAs in Western Australia was conducted in 1994. Her study provides data on 80 per cent of ICAs in Western Australia who were born between 31 December 1976 and 1 January 1990. There were 283 ICAs in her study, 62 (22 per cent) were boys and 221 (78 per cent) were girls. Of these children, 216 (76 per cent) were aged 4 – 11 years at the time of adoption and 67 (24 per cent) were aged 12 – 16 years. Age at adoption ranged from 1 month to 15 years with an average age of 1 year 9 months. The average age at adoption for boys was 2 years 7 months (SD = 36 months, Mdn = 12

months), and for girls 1 year 7 months (SD = 32 months, Mdn = 5 months). Length of time in Australia at the time of the survey ranged from 6 months to over 16 years.

Three quarters of the children in Rosenwald's study came from Korea. The remaining children came from India (7 per cent), Sri Lanka (5 per cent), Hong Kong (4 per cent), Mauritius (3 per cent), Philippines (2 per cent), Fiji (1 per cent) and a number of other countries (5 per cent).

Of the 116 ICAs in the present study, 53.5 per cent (62) came from Russia and 46.5 per cent (54) from Romania; 52 (45 per cent) were boys and 64 (55 per cent) girls. They were born between August 1984 and October 1995. Of these children, 102 (88 per cent) were aged 4 – 11 years and 14 (12 per cent) 12 – 16 years. Age at adoption ranged from 1 month to 11 years 10 months with an average adoption age of 2 years 8 months. The average age at adoption for boys was 2 years 4 months (SD = 26 months, Mdn = 23 months), and for girls 4 years (SD = 15 months, Mdn = 48 months). Length of time in New Zealand ranged from 3 – 10 years.

On the basis of the details provided above, it is clear that: (a) the Russian and Romanian children in New Zealand were more balanced in terms of gender than those children in Rosenwald's study; (b) the proportions in the two age groups 4 –11 and 12 – 16 years were almost the same in the two studies and; (c) that the average age of adoption for children in the New Zealand study was almost a year older. In terms of gender, boys in the Western Australian study were generally older than the girls at adoption but this situation was reversed in the New Zealand study. Finally, it may be noted that the Australian ICAs had been in their adoptive country somewhat longer than the New Zealand ICAs. The percentage of children in the 12 – 16 year age group (23.6 per cent) who participated in Rosenwald's study was higher than the percentage of older children who participated in this research (12 per cent). Rosenwald's study may have included children who were institutionalised, but the number of these children was not stated as she did not investigate this aspect. Obviously, the similarities, and especially the differences, outlined above will have a bearing upon the comparisons made and reported in the following pages.

There are several points of comparison that can be made between the ICAs in New Zealand and those in Western Australia studied by Rosenwald (1994). These are findings

on: (a) total competence, including the three scales that contributed to the calculation of Total Competence Scores (out of school activities, social functioning and school functioning); (b) happiness; (c) physical health; (d) problem behaviours; (e) the effects upon well-being at the time of research (2000 for this study and 1994 for Rosenwald's study) of adoption before or after the age of 6 months and the experience of adversity prior to adoption; and (f) the use of mental health services.

Research on Children in the General Population of Western Australia

The Western Australian Child Health Survey (WACHS) was a survey of children in the general population of Western Australia. The main study (a pilot study was also conducted) consisted of 2,583 children, with equal proportions of boys and girls. There were 1,771 children (69 per cent) in the 4 – 11 year age group and 812 (31 per cent) were 12 – 16 years old (Silburn et al, 1994).

The gender balance in the WACHS was more similar to the New Zealand study than Rosenwald's study (1994). The proportions of children within the two age groups (4-11 and 12 – 16 years) were similar in all three studies (New Zealand, Rosenwald and the WACHS).

Demographic items such as questions about age and gender in Part A of the Intercountry Adopted Child Questionnaire came from the WACHS and the WACHS also used the Child Behaviour Checklist (Achenbach, 1991). Part C of the questionnaire included 18 competence items from the WACHS that were also based on the Child Behaviour Checklist. Questions in Part C relating to self-concept and global self-worth came from the WACHS Youth Self Report which were modified to allow for parental reporting instead of self reporting by the child. These similarities between the WACHS and the present study in New Zealand facilitated the points of comparison that are discussed in this section.

Overview of the Findings on Well-Being

An initial overview of the findings on well-being, with a separate section on the three scales (Activities, Social and School) that combine to form the Total Competence Score, is provided in the top half of Table 4 (p. 87). The counts (N) given indicate the number of cases for which Total Competence Scores could be calculated. Some cases were eliminated due to the absence of data, and the size of groups within the total sample, and the total sample itself, varies by a maximum of 16 cases.

The means (M) and standard deviations (SD) are presented for each of the four measures of well-being (total competence, happiness, health and problem behaviours) within the following sub-groups:

Table 3: Size of Groups within the Total New Zealand Sample

Total New Zealand Sample	116
Total Russian Sample	62
Russian Girls	33
Russian Boys	29
Total Romanian Sample	54
Romanian Girls	31
Romanian Boys	23
All Girls	64
All Boys	52
Aged 4 – 11 years at time of survey	102
Aged 12 – 16 years at time of survey	14

From Table 4 (p. 87) it can be seen that the mean Total Competence Scores are similar for the Russian (14.1) and Romanian (14.3) ICAs. All mean scores for total competence are above the midpoint (14) except for the samples of Russian boys (13.8), Romanian boys (13.7) and all boys (13.7) which are only slightly below. There does appear to be a small imbalance in total competence in favour of girls who had a mean score of 14.6 (0.9 points above the mean Total Competence Score for boys).

It is notable that all mean scores for happiness and health are above the midpoint and that most mean Problem Behaviour Scores are within the normal range of 34 or less, indicating overall positive well-being on all of these measures. A small gender imbalance in favour of girls is reflected in both the mean scores for happiness (both Russian and Romanian girls 0.3 higher than Russian and Romanian boys) and health (Russian girls 0.4 higher than Russian boys, and Romanian girls 0.3 higher than Romanian boys).

Table 4: Mean Scores for Well-Being Measures by Total Sample, Country, Gender and Age at Time of Research (2000)

Russian and Romanian ICAs in New Zealand

	Range	Total Sample N=100		Total Russian N = 57		Total Romanian N = 43		Russian Boys N = 27		Russian Girls N = 30		Romanian Boys N = 18		Romanian Girls N = 25		Total Boys N = 45		Total Girls N = 55		4 to 11 N = 88		12 to 16 N = 12	
		M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
Total Competence	0-28	14.2	4.0	14.1	3.6	14.3	4.6	13.8	4.3	15	2.8	13.7	4.9	14.7	4.4	13.7	4.5	14.6	3.6	14.3	4.1	14.0	3.5
Happiness	0-6	5.4	0.7	5.4	0.7	5.4	0.6	5.3	0.7	5.5	0.7	5.2	0.8	5.5	0.5	5.3	0.7	5.5	0.6	5.4	0.7	5.0	0.6
Health	0-4	3.5	0.7	3.4	0.8	3.6	0.5	3.2	1.0	3.6	0.5	3.4	0.6	3.7	0.4	3.3	0.8	3.6	0.5	3.4	0.7	3.7	0.4
Problem Behaviours	0-232	26.4	23.1	24.9	22.7	28.2	23.6	31.9	27.0	19.0	16.2	35.4	24.6	23.0	21.8	33.5	25.7	20.7	19.1	25.2	23.0	35.0	22.8
Scales Used in Constructing Total Competence																							
Activities	0-10	4.7	2.0	4.5	2.0	5.0	2.0	4.3	2.0	4.8	2.0	4.8	2.1	5.1	1.9	4.5	2.1	4.9	1.9	5.2	2.3	5.1	2.6
School	0-6	3.3	1.3	3.3	1.1	3.4	1.5	3.4	1.4	3.2	0.8	3.2	1.4	3.6	1.5	3.3	1.4	3.4	1.2	3.4	1.3	2.7	1.1
Social	0-12	6.1	2.0	6.4	1.6	5.8	2.3	6.2	1.8	6.6	1.4	5.6	2.2	5.9	2.4	5.9	2.0	6.3	2.0	6.3	1.9	5.0	2.3

Western Australian Inter-Country Adoption

(scores obtained by Rosenwald, 1994, p. 34)

		N = 283		N = 62		N = 221		N = 216		N = 67	
		M	SD	M	SD	M	SD	M	SD	M	SD
Total Competence	0-28	16.7	3.0	15.1	3.3	17.2	2.8	16.6	2.9	17	3.4
Happiness	0-6	5.3	0.9	5.2	1.1	5.4	0.8	5.4	0.8	5.1	1.1
Health	0-4	3.6	0.7	3.4	0.8	3.6	0.7	3.6	0.7	3.6	0.8
Problem Behaviours	0-232	18.3	17.6	21.1	20.0	17.6	16.8	17.6	15.3	21.0	23.7
Scales Used in Constructing Total Competence											
Activities	0-10	5.2	3.0	4.6	2.0	5.4	1.8	4.9	2.9	6.1	1.8
School	0-6	4.4	0.8	4.1	0.9	4.4	0.7	4.4	0.7	4.2	1.0
Social	0-12	7.1	1.5	6.4	1.5	7.3	1.4	7.2	1.4	6.9	1.8

Russian girls had the lowest Problem Behaviour Score of 19 in comparison to 23 for Romanian girls. There was also a difference (9.5) between the mean Problem Behaviour Scores of 4 – 11 year olds (25.5) and 12 - 16 year olds (35). The mean scores for happiness were the same for both Russian and Romanian children (5.4, which is well above the midpoint of 3). The mean scores for health were also very similar for both Russian (3.4) and Romanian (3.6) children and well above the midpoint of 2.

Findings on Competence

The well-being measure of total competence is comprised of three competence variables (out of school activities, social and school functioning). The overall results are summarised in the top portion of Table 5 (p. 89) which shows the mean scores for these three competence variables by current age and gender.

Total Competence

In this research a Total Competence Score of over 14 was considered to indicate well-being, 65.5 per cent of all 5 - 16 year-olds scored 14 and above. Incomplete data prevented the calculation of Total Competence Scores for 17 children who have not been included in these calculations (N = 99). The summary of the mean scores in Table 5 (p. 89) contains three current age groups for boys and girls. Data on school functioning is not included for the one Romanian 4 –5 year old who was not attending school.

The results in the three current age groups show that girls scored higher than the boys over all four Competence Scales (including total competence) except for the 12 – 16 years age group where boys scored higher in the activities scale and the Total Competence Score. It should be noted, however, that the sample sizes for boys and girls in this age group are very small (N=5 for 12 –16 year old boys; N = 9 for 12 – 16 year old girls). Boys aged 12 – 16 years scored the highest on the Activities Scale (5.6), 4 – 5 year old girls scored the highest in the Social Scale (8.4) - but this is a very small sample size - and 6 - 11 year old boys and girls scored the highest on the School Scale (both scoring 3.4).

The mean Total Competence Score for ICAs in Western Australia was 2.5 points higher than for the New Zealand ICAs. There was more variability in the scores of New Zealand ICAs (a standard deviation of 4.0 compared with 3.0 for Western Australian ICAs). The higher level of mean Total Competence Scores for Western Australian ICAs was also apparent for groups of children within the total samples.

Table 5: Mean Scores for Competence Variables by Age at Time of Rese arch and Gender

		[----------Boys----------]						[----------Girls----------]					
		4 - 5 yrs		6 - 11 yrs		12 - 16 yrs		4 - 5 yrs		6 - 11 yrs		12 - 16 yrs	
	Range	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
Russian and Romanian ICAs in New Zealand													
Sample size N		3		41 to 44		5		2		48 to 52		7 to 9	
Activities (Raw Score)	0 - 10	3.0	0.0	4.5	1.9	5.6	3.2	4.6	2.1	4.9	1.9	4.8	2.3
Social (Raw Score)	0 - 12	5.9	0.7	6.1	2.1	4.8	1.8	8.4	1.9	6.4	1.7	5.1	2.6
School (Raw Score)	0 - 6			3.4	1.3	2.3	1.6			3.4	1.3	2.9	0.4
Western Australian Inter-Country Adoption (Rosenwald, 1994, p. 35)													
Sample size N		7		42		13		9		158		54	
Activities (Raw Score)	0 - 10	3.3	1.1	4.4	2.1	5.9	1.5	3.9	0.7	5.2	1.7	6.1	1.8
Social (Raw Score	0 - 12	5.6	1.9	6.5	1.4	6.3	1.7	6.3	1.6	7.4	1.2	7.0	1.8
School (Raw Score)	0 - 6			4.2	0.8	3.9	1.0			4.5	0.6	4.2	1.0
Total Competence Scores													
Russian and Romanian Competence (Raw)	0 - 28	10.6	0.6	13.1	5.2	12.7	3.6	13.8	0.7	14.3	3.6	12.1	5.2
Western Australian ICAs Competence (Raw)	0 - 28	12.3	4.1	15.1	3.3	16.1	2.8	14.1	2.3	17.2	2.5	17.6	3.4
Australian norms by Hensley Competence (Raw)*	0 - 28	12.6	3.1	19.2	3.3	19.0	3.3	12.9	3.0	20.0	3.2	19.4	3.2

* Australian norms for total competence are by Hensley (1988). Hensley's values are not strictly comparable, but are presented for completeness.

The mean Total Competence Score for boys was 1.4 points higher, for girls 2.6 points higher, for children aged 4 – 11 years 2.3 points higher and for children age 12 – 16 years 3 points higher. The variability of scores within these groups remained greater for New Zealand ICAs except for the group of 12 – 16 year olds where the difference in standard deviations (SD) between New Zealand and Western Australian ICAs was very small (0.1).

By and large, mean Total Competence Scores for the New Zealand ICAs clustered around the midpoint of 14 whereas Western Australian ICAs had scores 1.1 to 3.2 points above the midpoint.

The bottom section of Table 5 (p. 89) allows a more detailed comparison of mean Total Competence Scores by age and gender. Again it should be remembered when interpreting these scores that the number of Russian and Romanian children in the 4 –5 years and 12 – 16 years age groups are very small. Western Australian ICAs show a steady increase in their mean Total Competence Scores with age for both genders which is not echoed in the scores of the New Zealand ICAs. The result of this is that Western Australian ICAs have a mean Total Competence Score considerably higher for both boys and girls in the 12 – 16 years age group. What is apparent from the New Zealand scores is that girls in the 4 – 5 and 6 – 11 years age groups do seem to be more advantaged and this trend is also apparent in Rosenwald's study.

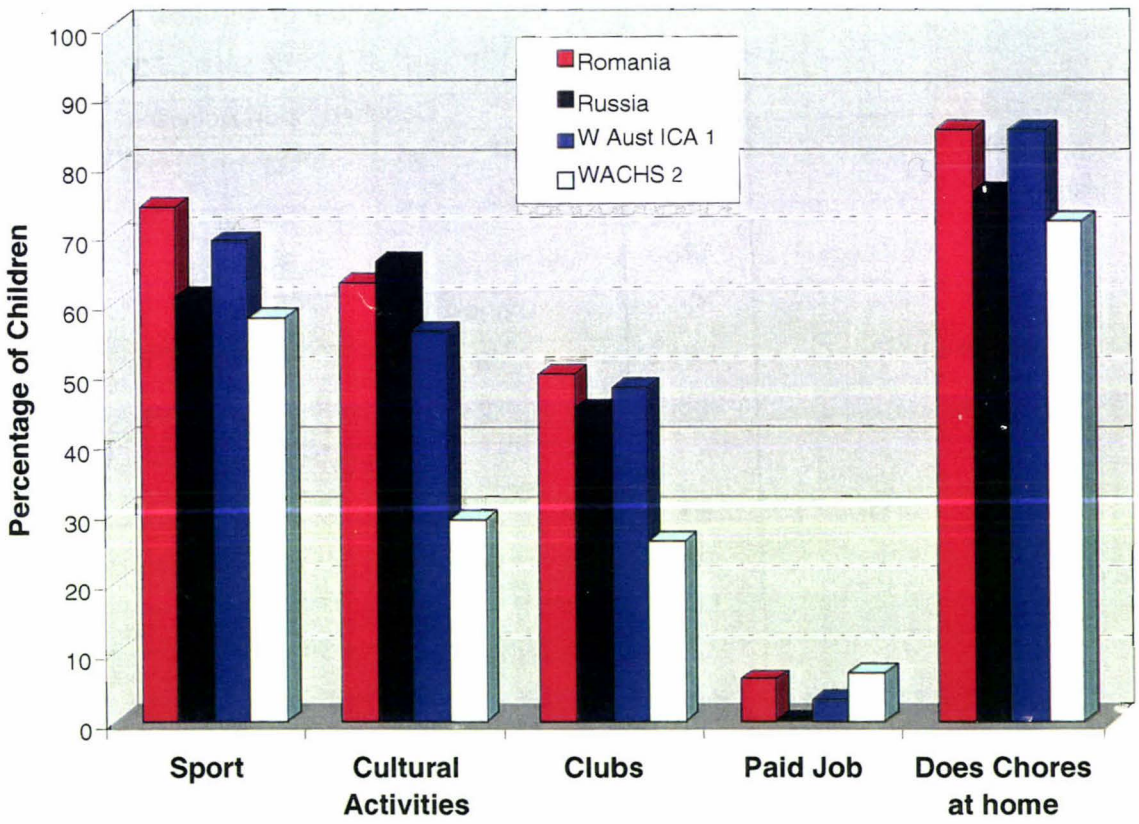
As the WACHS did not include comparable Total Competence Scores, Rosenwald (1994) compared the Total Competence Scores calculated in her study with Australian norms for total competence estimated by Hensley (1988). These are presented in age groups alongside the Total Competence Scores calculated in the present New Zealand study and Rosenwald's study in Table 5 (p. 89). For both genders and in all age groups, except for 4 – 5 year old girls, there is a consistent increase in Total Competence Scores across the three studies. The New Zealand ICAs have the lowest scores, followed by Western Australian ICAs with the norms for children in the general population of Western Australia being the highest. This would seem to be consistent with the results of the present study, discussed in Chapter Six, that of all the ICAs, Russian and Romanian children have been exposed to the highest levels of adversity and have generally been in their adoptive placements for less time than Western Australian ICAs. The greatest differences in Total Competence Scores between the New Zealand ICAs and children in the general population of Western Australia occurred for 12 – 16 year old girls (a difference of 7.3); 12

– 16 year old boys (a difference of 6.3); 6 – 11 year old boys (a difference of 6.1); and 6 – 11 year old girls (a difference of 5.7). This is also consistent with the results of the present study discussed in Chapter Six which indicate that because the older Russian and Romanian children had been institutionalised for longer and were generally older when adopted, they were more likely to have lower competence scores.

Out of School Activities

Out of school activities consider the number and types of activities that the children are involved in and the quality of their participation, as viewed by the parents.

Figure 4: Participation in Out of School Activities



1. W. Aust ICA refers to the results obtained by Rosenwald (1994) in her study of intercountry adoptees in Western Australia.
2. WACHS refers to the results obtained in the Western Australian Child Health Survey (Silburn et al., 1994) regarding children in the general population of Western Australia.

Figure 4 (p. 91) shows that both Russian and Romanian children were frequently involved in organised activities such as coached sports (Russian 61 and Romanian 74 per cent), non-sport (cultural) activities, such as music and art (Russian 66 and Romanian 63 per cent) and clubs such as Scouts or Brownies (Russian 45 and Romanian 50 per cent). Only six per cent of Romanian children, and no Russian children, had paid employment. This may be due to the higher numbers of older Romanian children (refer to Figure 3, p. 74) who participated in the research. However, high proportions of both Russian (76 per cent) and Romanian (85 per cent) children assisted with chores at home.

Table 6: Percentage of Children Participating in Number of Out of School Activities

Country	N	Number of Activities				
		0	1	2	3	4+
		Coached Sport Activities				
Romania	54	24	22	33	11	9
Russia	61	39	15	30	16	0
Total	115	32	18	31	14	4
		0 and 1				
W. Australian ICAs	281	68		21	7	4
WACHS	2536	72		20	5	4
		Non-Sport Activities				
Romania	54	37	35	20	6	2
Russia	61	34	43	11	8	2
Total	115	36	39	16	7	2
		0 and 1				
W. Australian ICAs	283		78	17	4	2
WACHS	2549		92	6	1	1
		Club Activities				
Romania	54	52	39	7	2	0
Russia	61	56	38	5	2	0
Total	115	54	38	6	2	0
		0 and 1				
W. Australian ICAs	283		89	10	0.4	0.4
WACHS	2555		94	5	0.6	0.4

Table 6 (p. 92) indicates that most participating children were involved in one or two sport or non-sport activities but only one club activity. Levels of participation were relatively even across Russian and Romanian children with 9 per cent more Romanian children involved in 2 non-sport activities and 8 per cent more Russian children involved in one non-sport activity. In coached sport activities there was a slightly higher level of involvement by Romanian children.

Table 7: Parental Rating of Child's Quality of Participation (Percentages)

Country	N	Above Average	Average	Below Average
		Non-Sport Activities		
Romania	54	28	48	19
Russia	62	47	42	8
Total	116	38	45	13
W. Australian ICAs	280	45	48	5
WACHS	2561	22	67	5
		Sports		
Romania	54	48	41	9
Russia	62	31	53	16
Total	116	39	47	13
W. Australian ICAs	281	28	62	9
WACHS	2563	25	65	11
		Chores at Home		
Romania	54	17	72	6
Russia	62	21	52	15
Total	116	19	61	10
W. Australian ICAs	281	25	63	12
WACHS	2551	14	55	3
		Can Play Alone		
Romania	54	37	39	17
Russia	62	35	48	11
Total	116	36	44	14
W. Australian ICAs	282	44	52	4
WACHS	No data available			

Overall, at least 80 per cent of the children were rated by their adoptive parents as either average or above average in all four categories of activities - non-sport, sports, doing chores at home and being able to play alone (Table 7, p. 93). Most adoptive parents rated their child's participation in non-sport activities as average or above average (a total of 83 per cent for Russian and Romanian children combined). A lower percentage of Romanian (28 per cent) than Russian (47 per cent) children were rated above average in their participation in non-sports activities with correspondingly more Romanian children rated as below average. In sport activities more Romanian (48 per cent) than Russian (31 per cent) children were rated as above average in their quality of participation by their parents with a corresponding higher percentage of Russian children rated as below average. Twenty per cent more Romanian (72 per cent) than Russian (52 per cent) children were rated as average in carrying out chores at home with a corresponding higher percentage of Russian children rated as below average. Also slightly more Romanian children were rated as above average. A combined total of 80 per cent of children were rated by their parents as being able to play alone, 36 per cent above average and 44 per cent as average.

The Activities Scale has a score range of 0 – 10. The mean scores on the Activities Scale for ICAs in the two studies were New Zealand 4.7 and Western Australian ICAs 5.2 (refer Table 4, p. 87). The difference between the boys in New Zealand (4.5) and Western Australia (4.6) was very small. For girls, however, the difference was somewhat greater; New Zealand 4.9 and Western Australian 5.4. The mean score for 4 – 11 year old New Zealand ICAs was higher (5.2) than for Western Australian ICA children of this age group (4.9) but the situation was reversed for children of 12 – 16 years (New Zealand 5.1, Western Australia 6.1). Given the variability of these differences and their small size (1.0 or less) the differences between the New Zealand and Western Australian ICAs were minimal and not indicating any particular trend(s) in the Activities Scale. Again most mean scores were clustered around the midpoint.

From Table 5 (p. 89) it can be seen that the mean scores on the Activities Scale generally increase with age for both boys and girls in New Zealand and Western Australia, which could be expected to occur with age for any child.

In terms of levels of participation in out of school activities (Table 8, p. 95) the New Zealand ICAs match the Western Australians almost exactly. In other words, New

Zealand ICAs are participating in out school activities to the same extent as their Western Australian counterparts. The only noticeable differences are that in non-sport activities New Zealand ICAs have an 11 per cent higher level of participation than Western Australian ICAs and that 5 per cent more Western Australian ICAs do chores at home.

Table 8: Participation in Out of School Activities by Country (Percentage)

Country	Sport		Non-sport		Clubs		Paid job		Does chores at home	
	N	%	N	%	N	%	N	%	N	%
New Zealand	116	67	116	65	116	47	116	3	116	80
W. Australian ICAs	281	69	283	56	283	48	282	3	283	85
WACHS	2557	58	2552	29	2553	26	2560	7	2563	72

Referring to Table 6 (p. 89), it can be seen that more New Zealand ICAs are involved in 2 or 3 coached sport activities whereas most Western Australian ICAs are involved in 0 or 1 coached sport activity. The majority (New Zealand 75 and Western Australian 78 per cent) of both groups of ICAs participated in 0 or 1 non-sport activity and similarly for club activities (New Zealand 92 and Western Australian 89 per cent). In Table 7 (p. 93), which records parental ratings of the quality of their child's participation in out of school activities and whether their child is able to play alone, the percentages of children who were rated as "above average" and "average" were consistently higher (4 to 16 per cent) for Western Australian ICAs. The greatest difference was in the ability of Western Australian ICAs to play alone (New Zealand 80 and Western Australian 96 per cent); followed by quality of participation in non-sport activities (New Zealand 83 and Western Australian 93 per cent); doing chores at home (New Zealand 80 and Western Australian 88 per cent); and lastly, in sport (New Zealand 86 and Western Australian 90 per cent).

In general higher percentages of ICAs in New Zealand participated in out of school activities than children in the general population of Western Australia (Table 8). The only exception to this was that a slightly higher proportion of children in the general population of Western Australia had paying jobs (7 per cent) whereas only 3 per cent of ICAs in both Western Australia and New Zealand had paid jobs. As the proportions of children within

the two age groups 4 –11 and 12 – 16 years for all three studies were similar, this may be related to the better socio-economic circumstances of most intercountry adoptive parents compared to the general populations in both Western Australia and New Zealand. Achenbach (1991) also found higher levels of participation on out of school activities amongst children from more socially advantaged families.

More ICAs in New Zealand were involved in a greater number (two or more) of out of school activities than in the WACHS (Table 6, p. 92). There was more similarity between New Zealand and Western Australian ICAs in this regard. This too may be related to the better financial circumstances of intercountry adoptive parents.

More parents of children in the WACHS rated their child's quality of participation in out of school activities (Table 7, p. 93) as "average" or "above average" than parents of ICAs in New Zealand in non-sport activities and sports, but the differences were not great (6 per cent in non-sport activities, and 4 per cent in sports). However more parents of New Zealand ICAs than children in the WACHS rated their children as "average" or "above average" in doing chores at home (11 per cent higher for New Zealand).

Social Functioning

Parents were asked to indicate the number of close friends their children had and how frequently they interacted with them. Eighty-one per cent of Russian and Romanian children combined had two or more close friends, whilst 92 per cent of children did things with friends at least once a week.

The percentage of children who had two or more close friends was very similar for both Russian (81 per cent) and Romanian (82 per cent) children, however slightly more Romanian (13 per cent) than Russian (5 per cent) children were said to have no close friends. A slightly higher percentage of Russian (93 per cent) than Romanian (89 per cent) children did things with friends at least once a week.

Parents were also asked how often their intercountry adopted child(ren) had problems in their relationship with various people. Table 9 (p. 97) shows that for Russian and Romanian children combined, 94, 92 and 91 per cent were reported as having no or only occasional problems in their relationship with their teacher, other children and with their

family respectively. Relatively few children were reported by their parents as having frequent or constant problems with such relationships.

Table 9: Parental Rating of Child's Relationship with Others (Percentages) and Classified by Country

Country	N	Constant Problems	Frequent Problems	Occasional Problems	No Problems
		Relationships with Teachers			
Romania	51	0	8	20	72
Russia	62	2	3	18	77
Total	113	1	5	19	75
W. Australian ICAs	282	2	2	83	15
WACHS	2572	0.5	1	77	19
		Relationships with Children			
Romania	54	2	7	35	56
Russia	61	2	5	33	60
Total	115	2	6	34	58
W. Australian ICAs	282	1	2	75	22
WACHS	2576	0.3	1	68	30
		Relationships with Family			
Romania	53	2	9	49	40
Russia	62	3	5	36	56
Total	115	2	7	42	49
W. Australian ICAs	282	1	5	60	34
WACHS	2574	0.3	4	57	39

The biggest difference occurred between those Russian and Romanian children who were reported as having occasional problems (Russian 36 and Romanian 49 per cent) and no problems with their family (Russian 56 and Romanian 40 per cent). Higher levels of adversity that have been experienced by Romanian children prior to adoption may account for fewer Romanian children experiencing no problems in their relationships with their

families and more experiencing occasional problems. The levels of adversity experienced by Russian and Romanian children are detailed Chapter Six. However these differences balanced each other out when the two categories (occasional and no problems) were combined.

The Social Scale has a score range of 0 – 12. Table 4 (p. 87) shows that the mean score on the Social Scale is higher for Western Australian ICAs (7.1) than for the New Zealand ICAs (6.1). This is also true for the boys (New Zealand 5.9, Western Australia 6.4); the girls (New Zealand 6.3, Western Australia 7.3); all children in the 4 – 11 years age group (New Zealand 6.3, Western Australia 7.2); and all children in the 12 – 16 years age group (New Zealand 5, Western Australia 6.9).

Amongst boys in both studies the mean scores on the Social Scale are lower than for girls (Table 5, p. 89). New Zealand female ICAs in the 4 – 5 year age group had a particularly high (8.4) mean score on the Social Scale but this is a very small group of children (3). Overall, the mean scores are consistently higher (by a maximum of 1.9 for 12 to 16 year olds and a minimum of 0.3 for boys) for Western Australian ICAs although the difference is small for boys in the two youngest age groups. The mean scores for both girls and boys in the 12 – 16 years age group are considerably higher for the Western Australian ICAs.

Parental ratings of their children's relationships with others provided another point of comparison between New Zealand and Western Australian ICAs (Table 9, p. 97). A higher percentage of parents of New Zealand ICAs rated their children as having "no problems" in their relationships with teachers, children and family, whereas the parents of Western Australian ICAs favoured the rating "occasional problems". This trend was most apparent in regard to relationships with teachers. Seventy-five per cent of New Zealand adoptive parents rated their children as having "no problems" in relationships with teachers compared with only 15 per cent of Western Australian parents. On the other hand, 83 per cent of Western Australian parents rated their ICA children as having "occasional problems" with teachers compared with only 19 per cent of New Zealand parents. This trend was also the case in respect of relationships with other children (but the differences are smaller) and in relationships with family (where the differences were smaller still). These results may perhaps reflect the greater efforts made in relationships by teachers, other children and family members in New Zealand with ICAs of 'European' origin (vis a vis the predominantly Asian background of the Western Australian ICAs). However, it is also

possible that New Zealand adoptive parents were over rating the quality of their children's relationships with others. On the other hand, when looking at children who were rated by their parents as having "constant" or "frequent problems" in their relationships it is apparent that more New Zealand ICAs were given these ratings although the percentages were small (6 – 10 per cent). The area of greatest difficulty appeared to be in relationships with family for children in all three studies followed by relationships with other children.

School Functioning

The assessment of school functioning included measures on standard academic subjects and special education programmes (these were programmes for: those who have English as second language; gifted children; children needing remedial education; children who have an intellectual impairment; children with vision or hearing impairments; and for children with behavioural problems). Ninety-three per cent (108) of the children attended school. All of the 7 per cent (8) of children who did not attend school were Romanian children. Except for the youngest Romanian child (who was 4.2 years of age and entered New Zealand in 1995) all of the other children who did not attend school entered New Zealand in 1990 and 1991 and were aged between 8.5 and 12 years. One can only assume that these children were schooled in their homes. Data presented on schooling does not include the 8 children who did not attend school.

Table 10 (p. 100) provides a summary of the children's performance on four key academic subjects. Combined totals for Russian and Romanian children in the four subjects indicated that the percentages of children performing at average to above average levels were: reading 69 per cent; mathematics 59 per cent; social studies 79 per cent; and science 81 per cent.

Thirty per cent of Russian and Romanian children combined were said to be below average or failing in reading, 42 per cent in mathematics, 21 per cent in social studies and 20 per cent in science. Slightly more Romanian than Russian children were said to be failing in mathematics and in science. No children were reported to be failing in social studies.

Table 10: Parental Rating of Child's School Performance by Subject (Percentages) and Classified by Country

Country	N	Above Average	Average	Below Average	Failing
			Reading		
Romania	51	37	37	24	2
Russia	62	32	34	32	2
Total	115	34	35	28	2
W. Australian ICAs	273	58	31	7	1
			Mathematics		
Romania	51	29	24	37	10
Russia	62	21	42	32	5
Total	113	25	34	35	6
W. Australian ICAs	271	38	47	10	1
			Social Studies		
Romania	52	17	56	27	0
Russia	60	18	65	17	0
Total	112	18	61	21	0
W. Australian ICAs	265	37	51	4	0.4
			Science		
Romania	52	19	58	17	6
Russia	60	20	63	15	2
Total	112	20	61	16	4
W. Australian ICAs	265	38	50	4	1

A number of Russian and Romanian children attended special education programmes as indicated in Table 11 (p. 101). Not all participants answered this question (N indicating the number of those that did). The most frequently used special education programmes were those providing remedial education. Two per cent of both Russian and Romanian children attended remedial programmes full-time and 37 per cent (a combined total) on a part-time basis.

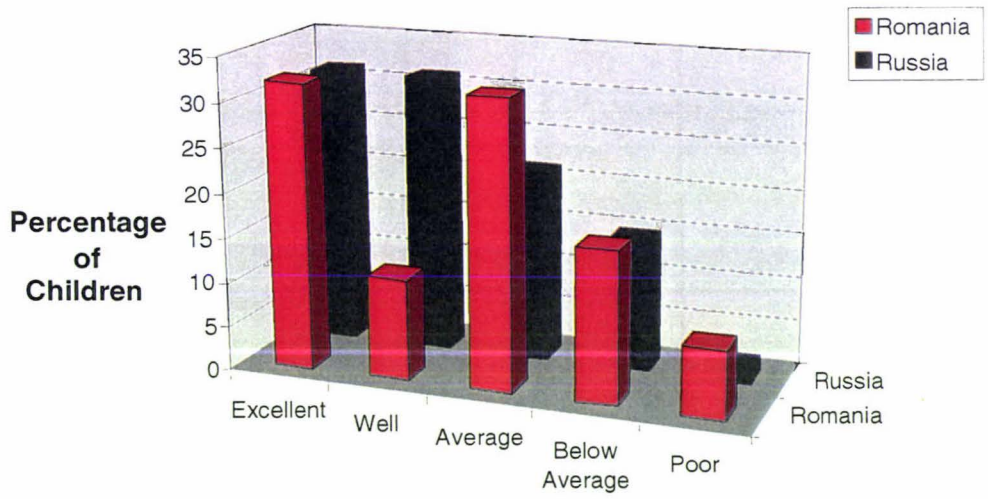
Table 11: Attendance at Special Education Programmes (Percentages) Classified by Country

Country	N	Full-time	Part-time	None
		English Second Language		
Romania	47	0	0	100
Russia	58	0	28	72
Total	105	0	15	85
W. Australian ICAs	281	4	5	91
		Gifted		
Romania	46	0	9	91
Russia	58	0	3	97
Total	104	0	6	94
W. Australian ICAs	281	7	8	84
		Remedial		
Romania	49	2	37	61
Russia	61	2	38	61
Total	110	2	37	61
W. Australian ICAs	281	2	9	90
		Intellectually Impaired		
Romania	48	0	4	96
Russia	56	0	0	100
Total	104	0	2	98
W. Australian ICAs	280	0.4	0.7	98
		Vision/Hearing Impaired		
Romania	47	0	2	98
Russia	59	0	7	93
Total	106	0	5	95
W. Australian ICAs	280	0.4	0.7	98
		Behavioural Problems		
Romania	48	2	8	90
Russia	59	0	8	92
Total	107	1	8	91
W. Australian ICAs	281	0.4	2	97

Programmes for pupils for whom English is a second language were used by 28 per cent of Russian children only on a part-time basis. Programmes for children with behavioural problems were also used on a part-time basis but to a much lesser degree (8 per cent for

both Russian and Romanian children). One Romanian child was involved in a full-time programme for behavioural problems. A small percentage (4 per cent) of Romanian children only, were using a part-time programme for those with an intellectual impairment and small percentages were also using programmes for people with vision and/or hearing impairments. Overall, the use of special education programmes was small, except for remedial education (that is, special classes or teaching aimed at helping children with learning difficulties catch up with children within the normal range of achievement) which was used by just over a third of all children.

Figure 5: Parental Rating of Overall School Performance of Russian and Romanian Children (Percentages)



When considering overall school performance (Figure 5), parental ratings indicated that the majority of Russian and Romanian children were performing in the average to excellent range, though there was an appreciable difference between the two groups (Russian 83 per cent, Romanian 75 per cent).

The School Scale had a score range of 0 – 6. The New Zealand ICAs had a mean score on the School Scale of 3.3 and the Western Australian ICAs 4.4 (Table 4, p. 87). For each country the School Scores were similar across gender and age groups but the Western

Australian scores were consistently higher by 1 to 1.5 points. The greatest difference between the children in the two studies occurred in the 12 – 16 age group. When the genders were broken down into three age groups (refer Table 5, p. 89) ICAs in the 6 –11 year age group of both countries scored higher than those of 12 – 16 years. School Scores were not obtained in either country for pre-school children of 4 – 5 years.

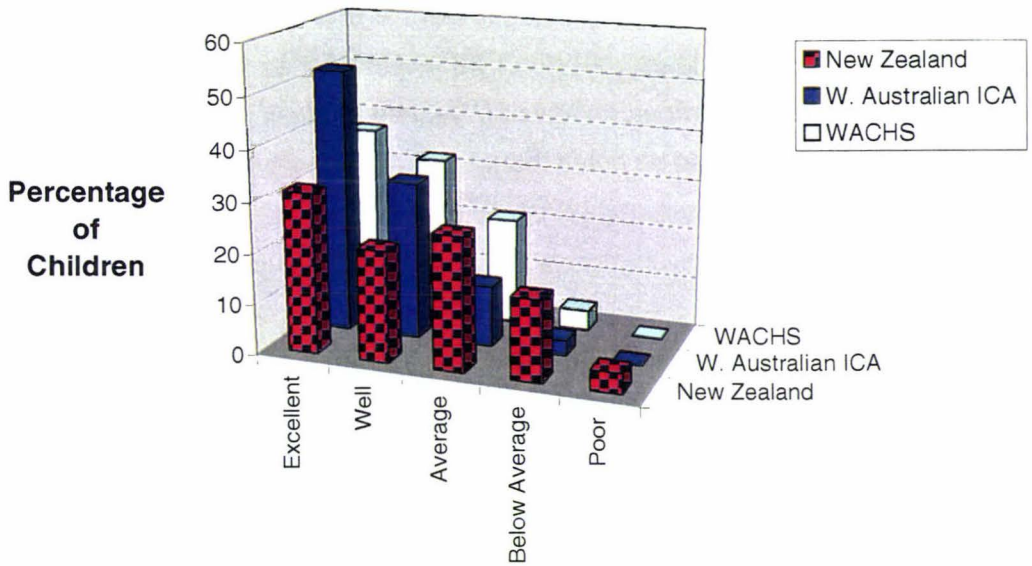
Parental ratings of children's performance in four school subjects (reading, mathematics, social studies and science) can be compared in Table 10 (p. 100). More New Zealand ICAs than Western Australian ICAs were rated by their parents as "below average" in all four subject areas. Very few parents in both countries rated their children as "failing" in any of the four subject areas but the percentages were slightly higher in New Zealand by a maximum of 6 per cent for mathematics. When the two categories "above average" and "average" are combined, greater percentages of Western Australian ICAs consistently fall in these two categories. It should be noted though that the majority of ICAs in both countries fell into these two top categories but the percentages were lower for the New Zealand ICAs. Mathematics was the most problematic subject for New Zealand ICAs followed by reading. Mathematics was also the most problematic subject for Western Australian ICAs but to a much lesser extent.

Attendance at special education programmes can be compared in Table 11 (p. 101). In general, New Zealand ICAs were making more use of special education programmes than their Western Australian counterparts. This is particularly so with respect to remedial education and to a lesser degree for the use of programmes for English as a second language. New Zealand ICAs also used other special education programmes more but the difference was not so great.

Scholastically the ICAs in New Zealand did appear to be struggling more than ICAs and children in the general population of Western Australia (Figure 6, p. 104). This is likely to be due to the high levels of adversity experienced by the New Zealand ICAs which is discussed in detail in Chapter Six. The long-term negative influence of pre-adoption adversity on school performance has been reported by Hoksbergen et al (1978a) and Verhulst et al (1990a, 1990b) with regard to ICAs in Holland, Calder (1978) and Harper (1986, 1988) in Australia and Marcovitch et al (1995) in Canada.

It was the Western Australian ICAs who seemed to be doing the best academically with children in the WACHS falling between the two groups of ICAs. Eighty per cent of New Zealand ICAs were rated as performing in the "excellent", "well" and "average" categories, 90 per cent of children in the WACHS and 95 per cent of Western Australian ICAs. It is possible that Western Australian ICAs have had a double advantage here because they have experienced less adversity than Russian and Romanian ICAs and are more advantaged in socio-economic terms than many children in the general population of Western Australia.

Figure 6: Parental Rating of Overall School Performance by Country (Percentages)



Findings on Happiness

Measures of happiness looked at issues such as self-concept, feelings of happiness, satisfaction with various aspects of daily life and happiness at school. They included the Faces Scale of global well-being in Question 14, Part A of the Intercountry Adopted Child Questionnaire, six questions in the Child Behaviour Checklist (Part B) and four questions in Part C.

Parental response to the happiness indicator (the Faces Scale of global well-being with 6 as the highest possible score) indicated that 87.6 per cent of Russian and Romanian children combined were seen as happy or very happy (M = 5.6, Mdn = 6, SD = 0.4) with very similar results for each of the two groups. The remaining 12.4 per cent of responses to this question scored 4. Overall most children were seen as happy and there was little difference between the Russian and Romanian groups. Three questionnaires did not have a response to this question (N =113).

On the Faces Scale of global well-being more of the girls (94 per cent), than boys (81 per cent) were considered happy or very happy. In the different age and gender groups, the 4 – 11 year old girls had the highest proportion rated happy or very happy (96 per cent), followed by 12 – 16 year old girls (86 per cent), 4 – 11 year old boys (81 per cent), and 12 to16 year old boys (77 per cent). These results indicate a higher degree of happiness for girls overall.

Table 12 (p. 106) gives results for the six Child Behaviour Checklist items on happiness (Part B, Question 103). No children were rated as often unhappy sad, or depressed (a score of 2). More boys (19 per cent) than girls (8 per cent) were rated as sometimes unhappy, sad or depressed (a score of 1). All other children (92 per cent of girls and 81 per cent of boys, N = 115) were rated as not unhappy, sad or depressed (a score of 0). This result is consistent with the responses to the Faces Scale of global well-being where more girls were rated as being happy.

Overall very few children scored 2 (very true) for any of these items although 6 per cent (7 children) were reported by their parents as often being teased. Approximately one-fifth of all children felt unloved, inferior and were teased sometimes, but the majority (ranging from 98 to 70 per cent) of children did not have these experiences. More Romanian than Russian children were unhappy at times (Romanian 19 and Russian 8 percent) and also felt unloved sometimes (Romanian 23 and Russian 16 per cent). Slightly more Romanian (6 per cent) than Russian (2 per cent) children often experienced feelings of inferiority. These results were very similar for ICAs in Western Australia (Rosenwald, 1994) and children in the general population of Western Australia (Silburn et al., 1994).

In Part C, Question 19 of the Intercountry Adopted Child Questionnaire adoptive parents were asked if they thought their adopted child liked their own appearance. Ninety per cent of all the children seemed to their parents to be happy with their physical appearance. Eighty-seven per cent seemed happy with themselves (this was asked about in Part C, Question 21) and 88 per cent seemed to be happy with the way things were going at the time of the survey (Part C, Question 34). Parents also reported that 56 per cent of their children liked school very much, 30 per cent liked school quite a bit, 10 per cent a little and the remainder (4 per cent) did not like school much.

Table 12: Parental Reporting of Child Behaviour Checklist Items on Happiness (Percentages) Classified by Country

Country	N	Not True	Sometimes True	Often True
		Unhappy, sad or depressed		
Romania	54	81	19	0
Russia	61	92	8	0
Total	115	87	13	0
W. Australian ICAs	283	91	9	0.7
WACHS	2583	84	15	0.5
		Feels unloved		
Romania	53	77	21	2
Russia	62	84	16	0
Total	115	81	18	1
W. Australian ICAs	283	80	19	1
WACHS	2583	75	23	2
		Feels inferior		
Romania	54	76	19	6
Russia	62	77	21	2
Total	116	77	20	3
W. Australian ICAs	283	84	15	1
WACHS	2583	85	14	1
		Gets teased		
Romania	54	70	24	6
Russia	62	77	16	6
Total	116	74	20	6
W. Australian ICAs	283	80	18	2
WACHS	2583	81	17	2
		Fears going to school		
Romania	54	98	2	0
Russia	62	95	5	0
Total	116	97	3	0
W. Australian ICAs	283	96	4	0
WACHS	2583	93	6	0.5
		Skips school		
Romania	53	98	2	0
Russia	62	97	0	3
Total	115	97	1	2
W. Australian ICAs	283	98	1	0.7
WACHS	2583	97	2	0.3

The mean scores on the Faces Scale of global well-being (that is, the mean scores for Happiness) for ICAs in New Zealand and Western Australia are in Table 4 (p. 87). There was little difference between these scores (New Zealand 5.4, Western Australia 5.3) and little difference in the variability (as indicated in the SDs) of scores. The scores clustered around the midpoint (range 5.0 – 5.5) and remained very similar for both genders and in the two age groups 4 - 11 and 12 – 16 years. All are close to the top score of 6, indicating high levels of reported happiness for ICAs in both countries.

For ICAs in both countries the majority of parents felt that the six items in the Child Behaviour Checklist relating to happiness (Table 12, p. 106) were not true of their children (range 74 to 98 per cent).

In comparison to Western Australian ICAs and children in the WACHS, slightly more New Zealand ICAs did get teased sometimes, and sometimes felt inferior, while slightly more children in the WACHS experienced feeling unloved sometimes than ICAs in New Zealand but the differences were small (3 – 6 per cent).

Findings on Physical Health

This section focuses on health, describing the children's general state of physical health at the time of adoption and at the time of this survey. The incidence of asthma and allergies for both Russian and Romanian children are included. State of health was rated on a 5-point scale ranging from excellent (4) to poor (0).

Figures 7 and 8 (p. 108) allow for comparison between state of health at arrival in New Zealand and current state of health (at the time of the survey) for Romanian children. Figures 9 and 10 (p. 109) allow the same comparison for Russian children. In both cases it is clear that their state of health has improved considerably since their arrival.

On arrival most children (Russian and Romanian, both boys and girls) had a health status mainly in the "poor", "fair" and "good" categories. The biggest percentage of children who arrived in a poor state of health were Romanian boys (35 per cent), followed by Romanian girls (26 per cent), and finally both Russian boys and girls (at 21 per cent respectively). This is consistent with overseas research regarding the poor health on arrival of Romanian (University of Minnesota Hospital and Clinic, 1992; Ames, 1997) and Russian (Albers et al., 1997) ICAs. All have had a significant improvement in health since arrival to "very

Figure 7: Health on Arrival of Romanian Children (Percentages)

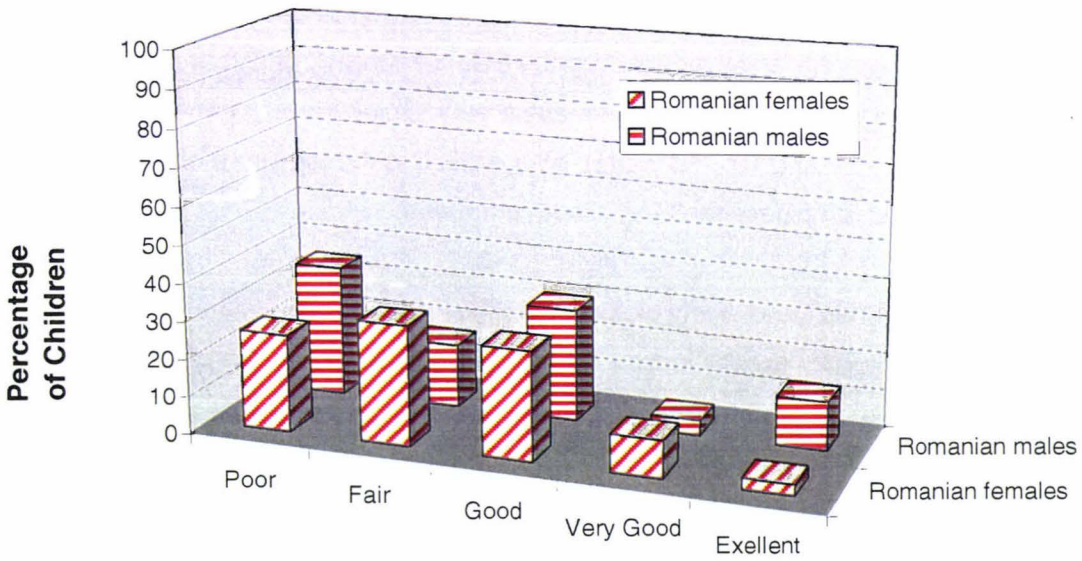


Figure 8: Current Health of Romanian Children (Percentages)

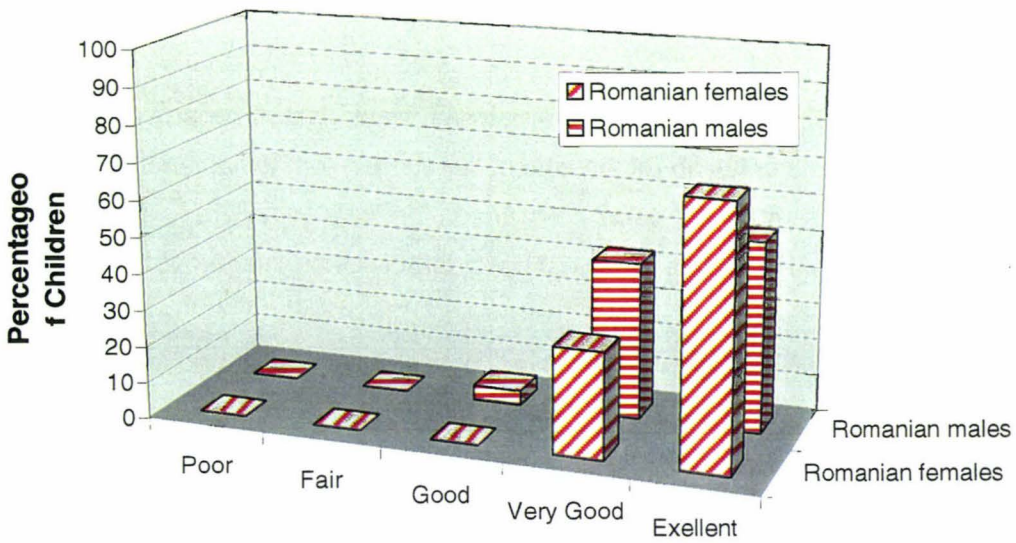


Figure 9: Health on Arrival of Russian Children (Percentages)

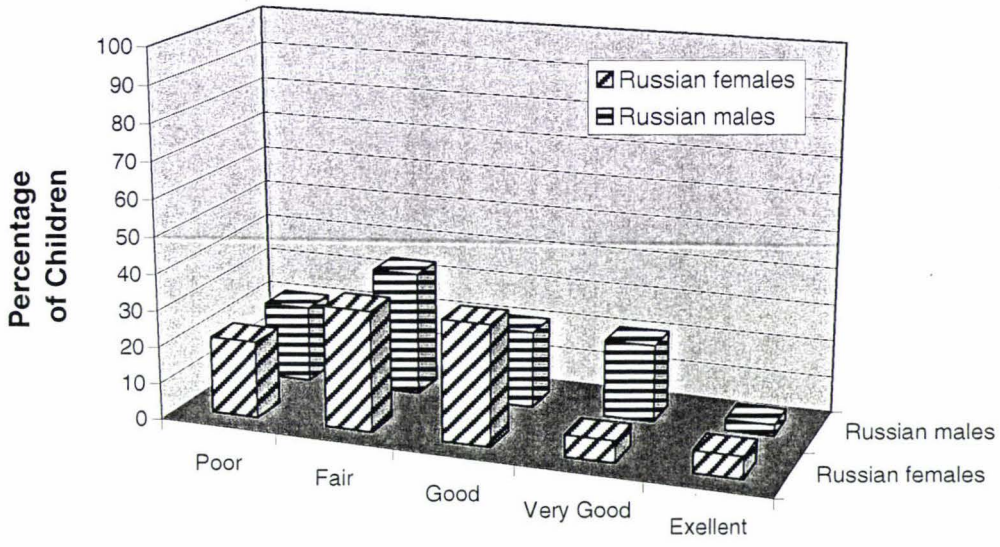
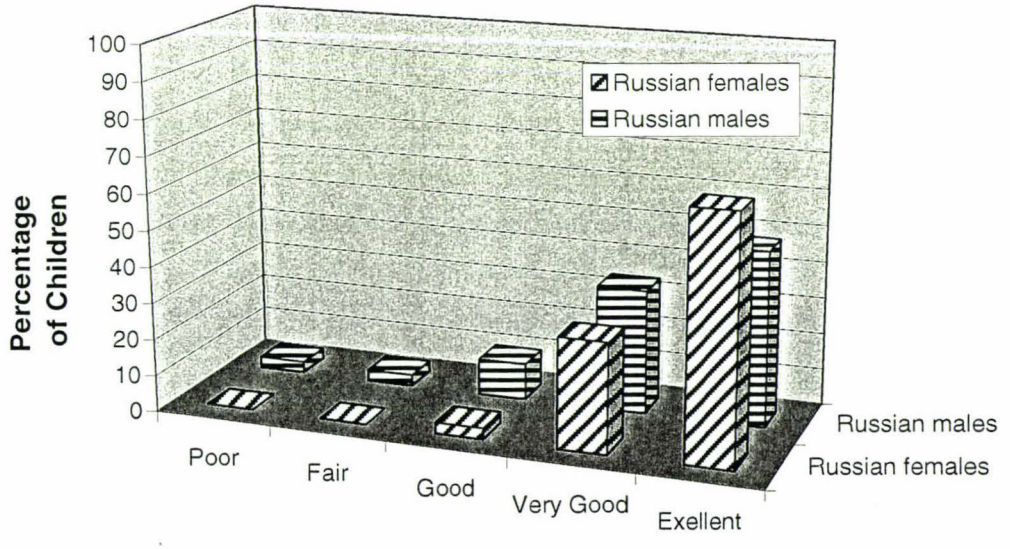


Figure 10: Current Health of Russian Children (Percentages)



good" and "excellent" categories, particularly Russian and Romanian girls. At the time of the survey, 98 per cent of Romanian children and 90 per cent of Russian children had a health status of "very good" or "excellent".

For ICA children in both New Zealand and Western Australia the proportion enjoying excellent or very good health increased markedly between the time of arrival and the time of the survey but particularly so for ICAs in New Zealand. For Western Australian ICAs the proportion increased from 71 to 92 per cent and for New Zealand ICAs from 16 to 94 per cent. The percentage of children who were reported to have been seen by a medical practitioner was also greater for New Zealand ICAs (30.2 percent, Western Australia 12 per cent). Obviously health difficulties have affected the majority of children from Russian and Romania in New Zealand and to a greater extent than Western Australian ICAs.

At the time of adoption, more New Zealand ICA boys (21 per cent) were in the two top health categories than girls (12.5 per cent). The reverse was true for Western Australian ICAs (boys 83 per cent and girls 87 per cent). At the time of this research the Russian and Romanian boys in New Zealand had improved their health status considerably (88 per cent very good and excellent) but not to the same extent as the girls (98 per cent very good and excellent). Rosenwald found a similar trend in Western Australian ICAs for the girls who had improved from 87 to 94 per cent having very good or excellent health, but not for the boys who had not improved their health status at all. There was very little difference in the mean Health Scores of ICAs in the two countries (New Zealand 3.5, Western Australia 3.6) at the time of research (Table 4, p. 87) which is indicative of the dramatic improvements in health reportedly experienced by ICAs from Russia and Romania. This was also true for the gender and age sub-groups in both studies. All current mean Health Scores for these groups were within a range of 3.3 (New Zealand ICA boys) to 3.7 (all New Zealand ICA 12 – 16 years of age).

Asthma and Allergies

The majority of both Russian (90 per cent) and Romanian (81 per cent) children had no problems with asthma at the time of the survey. The results were similar for allergy problems, although more children have had serious problems with allergies (Russian 5 per cent, Romanian 6 per cent) and slightly more Romanian (15 per cent) than Russian (11

Figure 11: Parental Ratings of Allergies

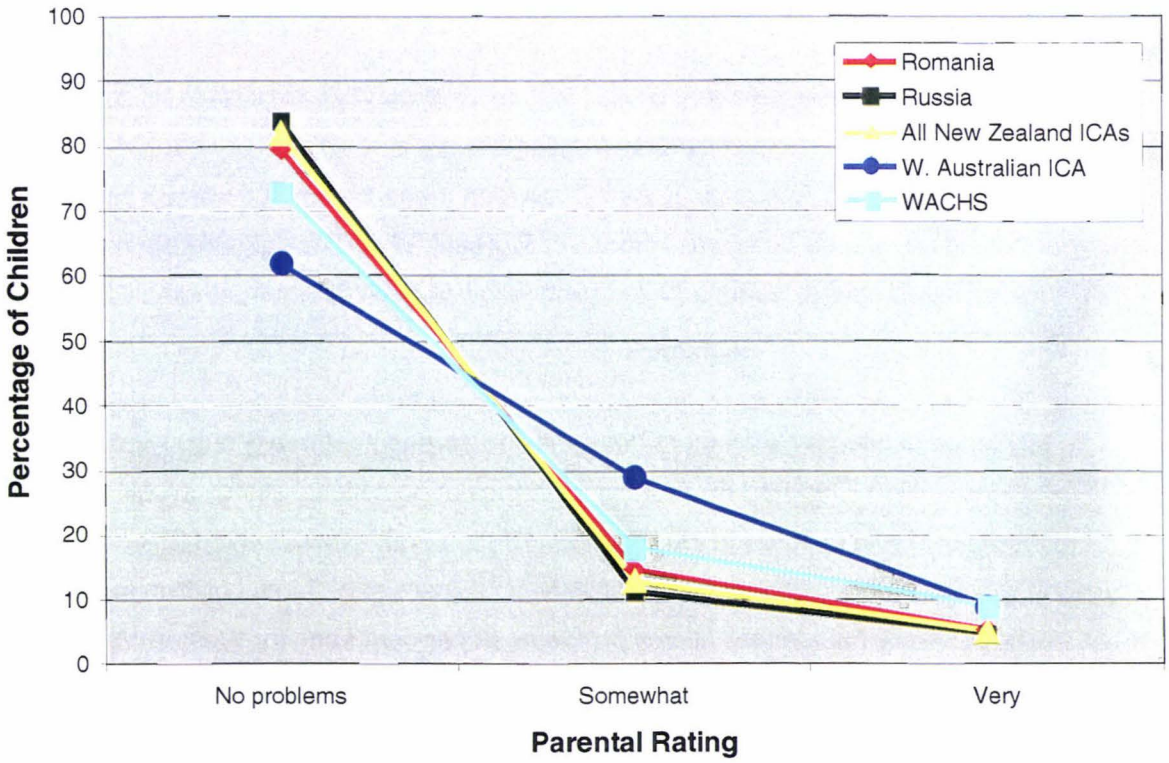
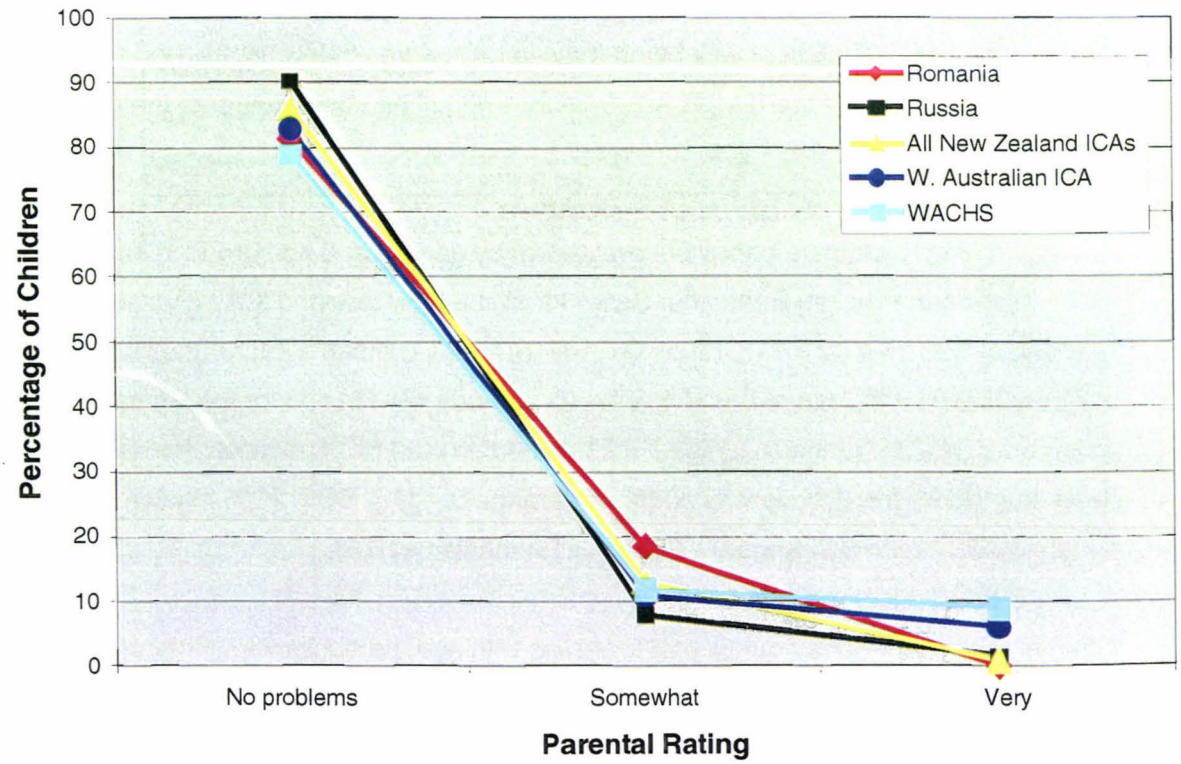


Figure 12: Parental Ratings of Asthma



per cent) children have had some allergy problems. Overall, however, the differences between the two groups were small in respect of both asthma and allergies.

The incidence of asthma was very similar across all three studies. Eighty-six per cent of New Zealand ICAs had no problems with asthma compared with 79 per cent of children in the WACHS. Western Australian ICAs fell between these two figures with 83 per cent experiencing no asthma problems. However a greater proportion of children in the WACHS suffered severe asthma (9 per cent) followed by Western Australian ICAs (6 per cent).

The incidence of allergies was more differentiated across the three groups of children. Western Australian ICAs had the highest incidence of occasional allergy problems (29 per cent) compared with children in the WACHS (18 per cent). New Zealand ICAs had the lowest incidence of occasional allergy problems (13 per cent). More children in Western Australia generally had severe allergy problems (9 per cent each for Western Australian ICAs and children in the WACHS, New Zealand 5 per cent).

Findings on Problem Behaviours

The problem behaviour component of well-being was assessed by the 116 problem questions of the Child Behaviour Checklist (Achenbach, 1991). In this thesis, Rosenwald's (1994) study and the WACHS (Silburn et al., 1994) a low level of problematic behaviour was taken as an indication of well-being (having raw scores below 34, the upper limit for the non-clinical range according to Achenbach, 1991). The score range for the Child Behaviour Checklist was 0 – 232.

Scores relating to problem behaviour are shown by gender and age group in Table 13 (p. 113). The mean Problem Behaviour Score for all the New Zealand ICAs (Russian and Romanian) was 26.4 (N = 116, range 0 – 104, SD = 23, median = 19) for the Russian children 24.9 (N = 62, range 0 – 104, SD = 22.7, median = 18) and for the Romanian children 28 (N = 54, range 0 – 87, SD = 23.6, median = 20.5). The mean Problem Behaviour Score for all boys was 30 (N = 52, range 0 – 104, SD = 25.7, median = 30) and for all girls 20.7 (N = 64, range 0 – 85, SD = 19, median =16.5).

The mean Problem Behaviour Scores increase with age, particularly for Romanian boys (Table 13, p. 113), and girls had lower mean Problem Behaviour Scores than boys. The

greatest difference in mean Problem Behaviour Scores for the Russian and Romanian children occurred between boys in the 12 – 16 year age group (a difference of 13 points).

Table 13: Mean Total Problem Behaviour Raw Scores by Gender, Age and Country

Raw Scores	Boys		Girls	
	4 - 11 years	12 - 16 years	4 - 11 years	12 - 16 years
	Romanian			
	N = 21	N = 2	N = 26	N = 5
Mean	33.0	60.0	21.0	34.6
SD	24.0	25.0	22.0	21.0
Median	28.0	60.0	12.5	25.0
	Russian			
	N = 26	N = 3	N = 29	N = 4
Mean	32.0	33.0	18.0	25.0
SD	27.0	29.0	16.0	18.0
Median	27.0	47.0	16.0	29.0
	New Zealand ICAs (Russians and Romanians Combined)			
	N = 47	N = 5	N = 55	N = 9
Mean	32.3	44.2	19.2	30.4
SD	25.5	28.2	18.7	19.3
Median	27.0	47.0	14.0	25.0
	Western Australian ICAs			
	N = 49	N = 13	N = 167	N = 54
Mean	20.0	25.0	16.8	19.7
SD	17.5	28. 5	14.4	22.5
Median	15.0	17.0	13.0	13.0
	WACHS			
	N =875	N = 394	N = 886	N = 412
Mean	19.6	18.8	17.4	17.3
SD	16.2	17.0	13.8	15.0
Median	No data available			

However it should be noted that for the age group 12 – 16 years there were only 2 Romanian boys, both of whom had high Problem Behaviour Scores of 43 and 78. Furthermore, all the children in the 12 – 16 year age group were institutionalised for long periods of time and were adopted when older. Amongst the combined (Russian and Romanian) group of children who had a current age of 12 – 16 years, the mean duration of institutionalisation was 4.5 years and their mean age at adoption was 6.1 years. For children with a current age of 4 – 11 years, their mean duration of institutionalisation was 4 ¾ months and their mean age of adoption was 1.6 years.

Figure 13: Severity of Problem Behaviour Scores (Percentages) by Country and Gender

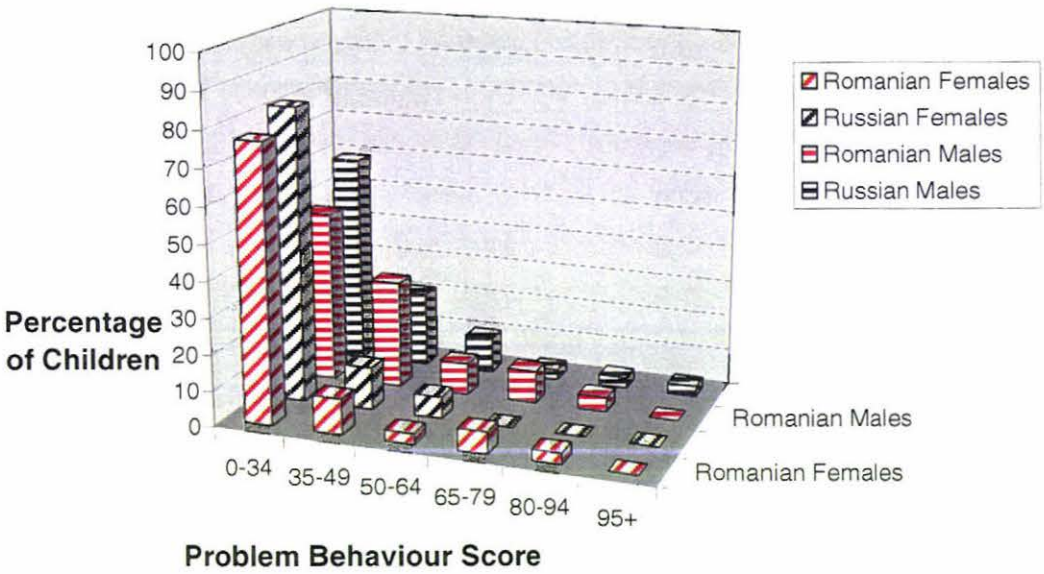


Figure 13 shows the distribution of Problem Behaviour Scores in percentages by country and gender. It is notable that as a group, Romanian boys had the highest proportion (52 per cent) with Problem Behaviour Scores above 34, followed Russian boys (41 per cent), Romanian girls (22 per cent) and Russian girls had the lowest proportion (18 per cent).
Overall, 35 per cent of the Romanian children had Problem Behaviour Scores above 34, compared with 29 per cent of the Russian children and 32 per cent of the total Russian and Romanian children combined.

To allow for comparison between Russian, Romanian, all New Zealand ICAs, Western Australian ICAs and the WACHS, the Problem Behaviour Scores for boys and girls are reported for the two current age groups of 4 – 11 years and 12 – 16 years in Table 13 (p. 113) in means, standard deviations and medians. The mean Problem Behaviour Score for the New Zealand ICAs was 26.4 (Median = 19, SD = 23.1), and for the Western Australian ICAs it was 18.3 (Median = 14, SD = 17.6).There was greater variability within the New Zealand ICAs as indicated by the higher SD.

Eighty-six per cent of the Western Australian ICAs scored below 34 compared with 68 per cent of the New Zealand ICAs. Six per cent of Western Australian ICAs and 12 per cent of the New Zealand ICAs could be considered borderline, with scores between 34 and 44. Eight per cent of Western Australian ICAs were reported to display a high level of problematic behaviour (with total scores over 44) as were 19.8 per cent of the New Zealand ICAs. Six children (2 per cent) in the Western Australian study had Problem Behaviour Scores of 72 or over as did 6 (5 per cent) of the New Zealand ICAs. Clearly, the ICA children in New Zealand exhibited a higher level of problematic behaviour than the Western Australian ICAs.

The highest level of problematic behaviour was reported for the 12 – 16 year old boys in both countries (New Zealand M = 44.2, Mdn = 47, SD = 28.2; Western Australia M= 25, Mdn =17, SD = 28.5), but the scores for the older boys in New Zealand were considerably higher than those in Western Australia. The second highest scores for both countries were for 4 – 11 year old boys followed by the 12 – 16 year old girls. The lowest level of problematic behaviour was reported for the 4 – 11 year old girls in both countries. For the younger girls, the New Zealand scores were also higher, but not to the same extent as for the older boys. The increase in mean Problem Behaviour Scores with increasing age, in both genders, is a trend that is shared by the ICAs in both countries

In comparison to children in the WACHS, the mean Problem Behaviour Scores for both genders in both age groups (4 – 11 and 12 – 16 years) were considerably higher for the New Zealand ICAs. In the WACHS, for example, 12 – 16 year old boys had a Problem Behaviour Score of 18.8, which was 25.4 points lower than the score for New Zealand ICA boys of the same age. It should be noted also that none of the mean Problem Behaviour Scores for either the WACHS or the Western Australian ICAs are in the clinical range (i.e. above 34). Generally speaking, the mean Problem Behaviour Scores for Western

Australian ICAs lay between the scores for the corresponding age groups in New Zealand and the WACHS (except for female Western Australian ICAs aged 4 – 11 years whose mean score was slightly lower than in the WACHS). Overall, there was far less disparity between the mean Problem Behaviour Scores of the Western Australian ICAs and the children in the WACHS than between the two populations of ICAs in Western Australia and New Zealand.

Table 14: Most Frequently Reported Problem Behaviours Among Russian and Romanian Intercountry Adoptees Combined

% Sometimes True	Problem Behaviours	Frequency Rank	Problem Behaviours	% Often True
40	Argues a lot	1	Can't concentrate or pay attention for long	22
40	Disobedient at home	2	Restless or hyperactive	21
34	Self-conscious or easily embarrassed	3	Demands a lot of attention	20
34	Prefers being with older kids	4	Impulsive or acts without thinking	18
33	Self-conscious or easily embarrassed	5	Acts too young for age	17
33	Can't concentrate or pay attention for long	6	Argues a lot	17
33	Acts too young for age	7	Bites fingernails	16
32	Stubborn, sullen, or irritable	8	Poor school work	16
31	Demands a lot of attention	9	Talks too much	16
31	Bragging, boasting	10	Doesn't seem to feel guilty after misbehaving	12

Table 14 ranks the most frequently reported behavioural problems in the Child Behaviour Checklist (Part B, Intercountry Adopted Child Questionnaire) for the Russian and Romanian ICA children combined. The left side of the table ranks problem behaviours that occur sometimes (a score of 1) and the right side of the table ranks problem behaviours that often occur (a score of 2). Some of the frequently reported problems ("argues a lot"; "can't concentrate or pay attention for long"; "acts too young for age"; and "demands a lot

of attention") occur on both sides of the table (although with different rankings) indicating that they were experienced by different parents at different levels of frequency. Overall it is evident that most children displayed behavioural problems sometimes rather than often.

There were similarities in the most frequently reported problem behaviours for ICAs in the two countries. "Argues a lot" was the most frequently reported problem behaviour and others that were ranked in the top 10 by adoptive parents in both countries were "disobedient at home", self-conscious or easily embarrassed", "showing off or clowning", "stubborn sullen or irritable", and "demands a lot of attention". The most frequently reported problem behaviour in the WACHS (52 percent "sometimes", 10 per cent "often") was also "argues a lot". Others that were ranked within the top 10 problem behaviours in the present study and the WACHS were "disobedient at home", "self conscious or easily embarrassed", "showing off or clowning", "stubborn, sullen or irritable" and "demands a lot of attention". It may be concluded therefore that there were considerable similarities between the children in all three studies in the types of problem behaviours they displayed.

The behavioural difficulties displayed by the ICAs in New Zealand and in the two Western Australian studies appeared to be different from those displayed by ICAs who had been referred for therapeutic intervention in Australia. Harper (1994) found his study of ICAs who had been referred for therapeutic intervention, the most common behavioural issues were acting out, inappropriate sexual behaviour and temper tantrums. It is likely that these differences found in behaviour reflect the differences between studies of ICAs referred for therapeutic intervention and studies of broader populations of ICAs.

Conclusions

With regard to the three research questions specified in the introduction to this chapter, the following conclusions can be drawn:

1. What is the level of well-being of ICAs in New Zealand adopted from Romania during the period 1990 to 1995?

In many respects the Romanian ICAs did appear to have high levels of well-being. They had a mean Total Competence Score of 14.3, just above 14 which was considered to indicate well-being. Their mean Happiness Score was 5.4, close to the maximum score of six. The majority of Romanian children (ranging from 70 – 98 per cent) did not appear to their adoptive parents to be unhappy, to feel unloved or inferior and most did not fear school or play truant, although some (30 per cent), did get teased at times. Many

Romanian children (35 per cent of the boys and 26 per cent of the girls) arrived in New Zealand in a poor state of health but despite this, at the time of the survey nearly all (98 per cent) enjoyed very good or excellent health. Their mean current Health Score was 3.6, close to the maximum score of 4 (indicating excellent health). Many Romanian children (from 48 to 75 per cent) were involved in at least one of a range of out of school activities and the majority (from 61 – 89 per cent) were rated by their adoptive parents as being average or above average in the quality of their participation. Socially, most appeared to get along well with others as 82 per cent had two or more close friends and the majority (from 89 – 92 per cent) were reported as having only occasional or no problems in their relationships with others.

However, in terms of competence, problem behaviour and academic achievement some Romanian ICAs did appear to be disadvantaged, particularly the boys. Romanian boys had a mean Total Competence Score of 13.7, just below 14, the score considered to indicate well-being. The mean Problem Behaviour Score for all Romanian ICAs was only 28.2 and well below the clinical cut off score of 34. But Romanian boys had a mean Problem Behaviour Score of 35.4 which was the only mean Problem Behaviour Score within the clinical range and considerably higher than the mean Problem Behaviour Score for Romanian girls (23). Overall, 35 per cent of all the Romanian ICAs had Problem Behaviour Scores above 34, comprising 52 per cent of the Romanian and 22 per cent of the Romanian girls. The mean Problem Behaviour Scores for Romanian children appeared to increase with age but again, particularly so for the boys. Academically, 75 per cent of the Romanian ICAs were performing in the average to excellent range but 37 per cent were involved in remedial education programmes. These difficulties could be linked with the degree of pre-adoption adversity (including institutionalisation) experienced by the Romanian ICAs and their older ages at adoption, issues that are discussed in detail in Chapter Six.

2. What is the level of well-being of intecountry ICAs in New Zealand adopted from Russia during the period 1992 to 1995?

The Russian ICAs also showed high levels of well-being in many respects. Their mean Total Competence Score was 14.1 just above that considered to indicate well-being. Their mean Happiness Score was 5.4 indicating high levels of happiness and the majority (from 77 – 97 per cent) did not appear to their adoptive parents to be unhappy, to feel unloved or inferior, and they did not get teased, fear school or play truant. Twenty-one per cent of all

Russian ICAs arrived in New Zealand in a poor state of health but they have also experienced dramatic health gains with 90 per cent having very good or excellent health at the time of the survey. Their mean current Health Score was 3.4, close to the top score of 4. Many (from 45 – 64 per cent) were involved in at least one out of school activity and the majority (from 73 – 89 per cent) were rated by their adoptive parents as being average to above average in the quality of their participation. Most (81 per cent) had two or more close friends and even more (from 92 – 95 per cent) were reported as having only occasional or no problems in their relationships with others.

Russian boys had a Total Competence Score of 13 .8, just below that considered to be indicative of well-being. The mean Problem Behaviour Score for all Russian ICAs was 24.9 even further below the clinical cut off point of 34 than for Romanian ICAs (who had a mean Problem Behaviour Score of 28.2). The Russian boys had a mean Problem Behaviour Score of 31.9, considerably higher than the score of 19 for the Russian girls who had the lowest level of problem behaviour in the study. For the total group of Russian ICAs, 29 per cent had Problem Behaviour Scores above 34, comprising 41 per cent of the boys and 18 per cent of the girls. Academically, 83 per cent of the Russian children were reported by their parents to be performing in the average to above average range with 38 per cent using part-time remedial education programmes. Less than a third (28 per cent) of the Russian children were also participating in programmes for children for whom English is a second language. This may be associated with the fact that the Russian ICAs have not been in New Zealand as long as the Romanian ICAs.

3. Are there differences in well-being between the two groups of ICAs from Russia and Romania?

In many respects the two groups of children (Russian and Romanian) were very similar:

(a) The mean Total Competence Scores for both the groups were just above 14 and the mean Total Competence Scores for all age groups and the girls but not the boys were above 14 indicating levels of competence consistent with well-being.

(b) Both Russian and Romanian ICAs had the same high levels of reported happiness and very similar, scores for current health. More Romanian children (particularly Romanian boys) had health problems on arrival in New Zealand but these health difficulties had been overcome by most children, particularly the Romanian children (98 per cent compared with 90 per cent of the Russian children). This difference could be associated with the longer period of time that Romanian children had

been in their adoptive placements. If so, it is possible that more Russian children may achieve improvements in their health with increasing time in their adoptive placements.

(c) Similar percentages of Russian and Romanian children were involved in out of school activities. Although there was some variation in the quality of their participation in such activities, these differences were small and not associated with any particular trends.

Where there were differences between the two groups, they were generally small and/or could be attributed to variations in age or duration of adoption:

(a) Slightly more Romanian than Russian children were said to have no friends and slightly more Russian children did things with friends at least once a week.

(b) More Romanian (49 per cent) than Russian (36 per cent) children were said to have occasional problems with other family members but again it should be remembered that the Romanian children were generally older when this study was done.

(c) Slightly more Romanian children were said to feel unhappy or unloved at times and experienced being teased.

(d) A higher percentage of Romanian children were experiencing difficulties at school but similar percentages of Russian and Romanian children were involved in remedial education programmes. Having English as a second language was not an issue for Romanian children as it was for the Russian children, but this difference may also be associated with time in their adoptive placements.

(e) The mean Problem Behaviour Score for the Romanian ICAs was 3.3 points higher than for the Russian ICAs and boys from both countries had mean Problem Behaviour Scores higher than the girls. Overall Romanian children displayed more problematic behaviour but issues related to gender were apparent amongst both Russian and Romanian ICAs. Although gender differences in problematic behaviour have been found in other studies on ICAs, the cause of this has yet to be explained.

Comparison with ICAs and children in the general population of Western Australia did allow broader generalisations to be made about the well-being of the New Zealand ICAs. Generally speaking, the New Zealand ICAs did appear to have lower levels of well-being than the Western Australian ICAs and lower still than children in the WACHS. Except for

academic achievement, where the Western Australian ICAs appeared to have had the greatest success, scores on other measures of well-being fell into a fairly consistent pattern with WACHS children having the highest levels of well-being followed by the Western Australian ICAs and then the New Zealand ICAs. This was true for mean Total Competence Scores and mean Problem Behaviour Scores. However, there was less disparity between the Problem Behaviour Scores of the two groups of ICAs than between the Western Australian ICAs and children in the WACHS. Also the mean Problem Behaviour Scores of both groups of ICAs increased with age but this was not so for children in the WACHS.

The mean Total Competence Scores for all the Western Australian ICAs was 2.5 points higher than the meant Total Competence Score for New Zealand ICAs. When broken down into groups, based on age and gender, the mean Total Competence Scores for the New Zealand ICAs clustered around the midpoint of 14 whereas the mean scores for the Western Australian ICAs were 1.1 – 3.2 points above. Furthermore, the mean Total Competence Scores for the Western Australian ICAs increased with age but this was not so for the New Zealand ICAs. Consequently by 12 – 16 years of age the New Zealand ICAs had mean Total Competence Scores considerably below those of ICAs in Western Australia. Given that these differences are between two groups of ICAs it might be concluded that they are due to something other than being intercountry adopted.

As a group, Western Australian ICAs better off in other respects as well for example:

(a) Although ICAs in New Zealand and Western Australian participated in out of school activities to the same extent, the percentage of children rated by their parents as being average to above average in the quality of their participation was consistently higher for Western Australian ICAs.

(b) On the Social Scale, the mean scores for the Western Australian ICAs were higher than for the New Zealand ICAs.

(c) More New Zealand ICAs were considered by their parents to have frequent or constant problems in their relationships with others than Western Australian ICAs. However these differences were small (from 6 – 10 per cent).

(d) More New Zealand than Western Australian ICAs were rated by their parents as below average in the four school subject areas investigated.

The next chapter, which focuses on the effects that age at adoption, experience of adversity prior to adoption and institutionalisation may have, gives some answers as to why the New Zealand ICAs appeared to be more disadvantaged.

CHAPTER SIX: THE AFFECTS OF AGE AT ADOPTION, PRE-ADOPTION ADVERSITY AND INSTITUTIONALISATION ON WELL-BEING

Introduction

This chapter focuses on the impact of age at adoption, exposure to pre-adoption adversity and duration of institutionalisation upon the post-adoption well-being of Russian and Romanian ICAs in New Zealand. The guiding questions were:

1. Is there a difference in the well-being of Russian and Romanian children, and between genders, for children adopted before and after the age of six months?
2. Is the current well-being of ICAs related to their pre-adoption experiences of neglect, abuse and changes of caregiver and are there differences between Russian and Romanian children, and between genders, in their experience of pre-adoption adversity?
3. Are there differences between Russian and Romanian children and between genders relating to the duration of their institutionalisation and how have these affected their wellbeing?

Comparisons are also made between ICAs in New Zealand and Western Australia regarding the impact of age at adoption and exposure to pre-adoption adversity upon the current well-being of these ICAs.

The Affects of Age of Adoption Upon Current Well-Being

Table 15 (p. 125) allows us to see if differences in well-being connected to age at adoption do occur and if these results are consistent with the trends found in the previous results (i.e. a bias in favour of girls and Russian children). Attachment theory predicts that there may be a sensitive period for the development of attachment behaviour (that is, from five or six months to two or three years of age), after which bond formation becomes increasingly less likely (refer to p.47). A small number of studies have confirmed that adoption after the age of six months is more likely to result in difficulties with attachment behaviour, particularly with boys (Benson et al., 1994; Geerars et al., 1991; Hoksbergen et al., 1987a; Hoksbergen, 1992; Rosenwald, 1994). Table 15 (p. 125) compares means and standard deviations for the three scales that were used to calculate Total Competence Scores (Activities, Social and School), Happiness Scores (from the Faces Scale of global well-being), and Problem Behaviour Scores (from the Child Behaviour Checklist) for

children who were adopted before and after six months of age, and for boys and girls. Before discussing Table 15 (p. 125), it should be noted that the group of Russian children adopted before six months of age was very small (N = 3). The smaller a sample, the less representative it is likely to be of the parent population (Achenbach, 1985). Therefore, the results regarding age at adoption will be more representative for the Romanian group because the number of Romanian children adopted before six months of age was larger (N =18).

Age at Adoption

On the Activities Scale (which measures the degree to which ICAs participated in out of school activities and the quality of their participation), Romanian children adopted before the age of six months had a higher mean score (5.5) than those adopted after six months of age (4.6). This was a consistent trend as Romanian children adopted before the age of six months also had higher mean scores on the School Scale (4.6vs 2.8), Social Scale (those adopted before 6.7 vs 5.3) and in relation to happiness (5.6 vs 5.3). Romanian children adopted before the age of six months also had a considerably lower mean Problem Behaviour Score (15.3) than those adopted after six months of age (34.7, just within the clinical range as specified by Achenbach, 1991).

However, for Russian children adopted before and after the age of six months, the mean scores on the Activities Scale and School Scale, their Happiness Scores and Problem Behaviour Scores were very similar. Only on the Social Scale did Russian children adopted before six months of age have a higher score (9) than those adopted at an older age (6.4).

Overall, the Romanian children did appear to be disadvantaged if adopted after the age of six months whereas the same cannot be said of Russian children (possibly due to the small numbers involved). It is likely, however, that this difference was not due to age itself but was related to the duration and degree of adversity a child experienced prior to adoption. Verhulst et al (1992) found that age alone was not a significant predictor

Table 15: Mean Scores for Well-Being Variables by Age at Adoption, Gender and Country

Country		[.....Age at Arrival.....]				[.....Gender.....]			
		< 6 months		> 6 months		boys		girls	
Romanian		N = 18		N = 36		N = 23		N = 31	
Russian		N = 3		N = 58		N = 29		N = 33	
Total NZ ICAs		N = 21		N = 94		N = 52		N = 64	
W. Australian ICAs		N = 132		N = 134		N = 55		N = 211	
	Well-Being Variable	M	SD	M	SD	M	SD	M	SD
Romanian	Activities Scale	5.5	1.8	4.6	1.9	4.8	2.1	5.0	1.8
Russian	(Range 0 – 10)	4.5	2.5	4.6	2.0	4.3	2.0	4.8	2.0
Total NZ ICAs		5.5	1.9	4.6	1.9	4.5	2.1	4.9	1.9
W. Australian ICAs		5.0	1.7	5.6	1.8	4.7	2.0	5.4	1.7
Romanian	School Scale	4.6	1.0	2.8	1.3	3.1	1.4	3.6	1.5
Russian	(Range 0 – 6)	3.5	2.1	3.2	1.1	3.3	1.3	3.1	0.8
Total NZ ICAs		4.5	1.2	3.1	1.2	3.3	1.4	3.3	1.2
W. Australian ICAs		4.6	0.5	4.2	0.8	4.2	0.8	4.5	0.7
Romanian	Social Scale	6.7	1.7	5.3	2.5	5.6	2.2	5.9	2.4
Russian	(Range 0 –12)	9	1.4	6.4	1.6	6.3	1.9	6.6	1.4
Total NZ ICAs		6.7	1.7	5.9	2.0	5.9	2.0	6.2	1.9
W. Australian ICAs		7.2	1.3	7.1	1.5	6.5	1.5	7.4	1.4
Romanian	Happiness	5.6	0.5	5.3	0.7	5.2	0.7	5.5	0.5
Russian	(Range 0 – 6)	5.6	0.5	5.4	0.7	5.3	0.7	5.5	0.7
Total NZ ICAs		5.6	0.5	5.3	0.7	5.2	0.7	5.5	0.6
W. Australian ICAs		5.5	0.7	5.3	0.8	5.2	0.9	5.4	0.7
Romanian	Problem Behaviours	15.3	13.1	34.7	25.1	35.4	24.6	23.0	21.8
Russian	(Range 0 – 232)	21.6	19.3	24.3	22.6	31.9	27.0	16.1	12.7
Total NZ ICAs		16.2	13.7	28.3	24.0	33.5	25.7	20.0	18.4

of ICAs problems after the effects of neglect, abuse and number of placements were removed. It was the pre-adoptive environment that was significant not age at adoption. This factor will be discussed further in a later section of this chapter.

Table 15 (p. 125) also shows that for ICAs in both New Zealand and Western Australia, mean scores on the three scales that made up the Total Competence Score (Activities, School and Social) were -with one exception- lower for those children adopted after the age of six months. The one exception was the score of 5.6 in the Activities Scale for Western Australian ICAs adopted after six months of age (0.6 higher than the score for Western Australian ICAs adopted before the age of 6 months).

In Rosenwald's study the children who were adopted before the age of six months were healthier at the time of adoption (83 per cent) than those adopted at an older age (59 per cent). This was also true for the ICAs in New Zealand, though the percentages in the two top health categories were much smaller; only 33 per cent adopted before the age of six months were reported to have had very good or excellent health on arrival compared with 13 per cent of those adopted after six months of age. These results suggest therefor that the younger a child is at the time of adoption the more likely they are to be in good health.

Gender

In terms of gender, Table 15 (p. 125) echoes the trend in previous results wherein girls were less disadvantaged than boys (except for the mean School Score of Russian boys). However, these differences were small (less than 0.5), except for the mean Problem Behaviour Scores. The mean Problem Behaviour Scores were considerably lower for both Romanian and Russian girls

Forty-nine per cent (N =138) of the Western Australian and 18 per cent (N = 20)[10] of the New Zealand ICAs were adopted before the age of six months. Overall, the New Zealand ICAs were older at the time of their adoption than Western Australian ICAs. Moreover, of those adopted in Western Australia before the age of 6 months, 12 per cent were boys and 88 per cent were girls. In New Zealand, 35 per cent were boys and 65 per

[10] The question on age at adoption was not answered in one New Zealand questionnaire and therefore this child has not been included in calculations where age at adoption is included (N=115).

cent were girls. This is important to note, because in both studies the boys had a higher level of problematic behaviour. Because the percentage of ICA boys adopted after six months of age is considerably higher in the New Zealand study, this will have contributed to the higher level of problem behaviour reported overall amongst the New Zealand ICAs when compared with the ICAs in Western Australia.

The children adopted after the age of six months ranged in age at adoption from six months to 15 years in Western Australia and six months to 11 years 10 months in New Zealand. The boys aged 12 – 16 years at the time these studies were done were the oldest at the time of adoption in both countries. Amongst Western Australian ICAs the older boys had an average age at adoption of 4.8 years compared with an average age of 6.4 years for those in New Zealand. This may go some way to explaining why the older ICA boys appeared the most disadvantaged in both studies and why the older ICA boys in the New Zealand study appeared to be even more disadvantaged than those in Western Australia. In Western Australia girls aged 4-11 years had the youngest average age of adoption and in New Zealand it was boys aged 4 – 11years. In New Zealand 12 – 16 year old girls had the second highest average at adoption followed by 4 – 11 year old girls. So the trend of increasing mean Problem Behaviour Scores with increasing age in both genders (and in both countries) is mirrored by a trend of increasing mean age at adoption with increasing current age in both genders and both countries. This does suggest that the older a child is at the time of adoption the more likely he/she is to display higher levels of problematic behaviour.

The Affects of Adversity Prior to Adoption Upon Current Well-Being

The level of pre-adoption adversity was based on parental knowledge about their child's experiences of neglect, abuse and changes of caregiver before adoption. The amount of information adoptive parents had about their child's life prior to adoption varied but included documented records, verbal reports and deductions based on observations of the child's pre-adoptive environment and behaviour.

The Total Adversity Score (range 0 – 9) was a summation of three sub-scales within Part A of the Intercountry Adopted Child Questionnaire for neglect (Question 8), abuse (Question 11) and changes of care (Question 12). Each adversity question was scored from 0 for no adversity to 3 for certain adversity giving a 10 point range of 0 – 9 for the

Total Adversity Score. A Total Adversity Score of 9 indicated a very high level of pre-adoption adversity. As each adversity sub-scale had equal levels of scoring (0 – 3), summation was valid (de Vaus, 1991).

Experience of Neglect Prior to Adoption

For the total New Zealand ICA population (Russians and Romanians combined), 32 per cent had a low likelihood of neglect (a neglect score of 0 or 1) and 68 per cent had a high likelihood of neglect (a neglect score of 2 or 3). There was little difference between boys and girls. For Russian children, 63 per cent had a high likelihood of neglect and there was an appreciable gender difference within this group; 58 per cent of girls and 69 per cent of boys had a high likelihood of neglect. Amongst Romanian children, 74 per cent had a high likelihood of neglect, and the difference between girls and boys was smaller and this time in favour of the boys; 77 per cent of Romanian girls had a high likelihood of neglect compared with 70 per cent of Romanian boys. It appears, therefore, that this difference between genders balanced each other out in the total combined group.

Table 16: Experience of Neglect Prior to Adoption by Gender and Country (Percentages)

Gender	N	Neglect Score 0	1	2	3
		Russian and Romanian			
Female	64	8	25	23	44
Male	52	8	23	21	48
Total	116	8	24	22	46
		Russian			
Female	33	6	36	27	30
Male	29	0	31	28	41
Total	62	3	34	27	35
		Romanian			
Female	31	10	13	19	58
Male	23	17	13	13	57
Total	54	13	13	17	57

Overall, it can be said that high proportions (above two-thirds) of both the Russian and Romanian children had a high likelihood of experiencing neglect prior to adoption. The group with the lowest likelihood was the Russian girls and the group with the highest likelihood was the Romanian girls followed by Romanian boys and Russian boys. The difference between the two groups of boys was very small (only 1 per cent). This is consistent with previous results indicating that, overall, Russian girls are the most advantaged group while boys from both countries shared similar levels of disadvantage. When comparing Russian and Romanian children in terms of neglect, overall the Romanian group had a greater percentage of children with a high likelihood of neglect, with Romanian girls being particularly disadvantaged. This is consistent with previous data indicating that Russian children were less disadvantaged than Romanian children.

Experience of Abuse Prior to Adoption

Table 17: Experience of Abuse Prior to Adoption by Gender and Country (Percentages)

Gender	N	Abuse Score 0	1	2	3
		Russian and Romanian			
Female	64	20	47	25	8
Male	52	25	50	10	15
Total	116	22	48	18	11
		Russian			
Female	33	21	42	27	9
Male	29	24	59	3	14
Total	62	23	50	16	11
		Romanian			
Female	31	19	52	23	6
Male	23	26	39	17	17
Total	54	22	46	20	11

The results for the likelihood of children experiencing abuse, however, are quite different to those for neglect. For the total population (Russians and Romanians combined) 29 per cent of children had a high likelihood of abuse (a score of 2 or 3) while 71 per cent had a low likelihood of abuse (score of 0 or 1). More boys (75 per cent) than girls (67 per cent) had a low likelihood of abuse. Within the total Russian group, 73 per cent had a low likelihood of abuse and 27 per cent a high likelihood. Here again the boys were less likely to have experienced abuse compared to the girls. For the Romanian children, 31 per cent

had a high likelihood of abuse – slightly more than Russian children. The difference between the genders was reversed in comparison to the results on neglect; a slightly lower percentage of Romanian girls had a high likelihood of abuse as compared with the boys

Changes of Caregiver Prior to Adoption

The number of changes of caregiver prior to adoption for the total population (Russian and Romanian children combined) ranged from 0 – 7. Sixty-nine per cent of both Russian children and Romanian children had either 0 or 1 change of caregiver prior to adoption (refer to Figure 14). Thirty-one per cent of Russian and 32 per cent of Romanian children had 2 or more changes of caregiver prior to adoption in New Zealand. The extreme positions were represented by one Russian child that had experienced seven changes of caregiver and one Romanian child that had six changes of caregiver. Overall, there was little difference in the number of caregivers that Russian and Romanian children had experienced.

The number of changes of caregiver the children had experienced prior to adoption (range 0 – 7) was allocated a score to facilitate the calculation of Total Adversity Scores. Those that had experienced 0 or 1 change of caregiver were scored 0; 2 or 3 changes were scored 1; 4 or 5 changes were scored 2; and 6 or 7 changes were scored 3.

Figure 14: Number of Changes of Caregiver Prior to Adoption by Country (Percentages)

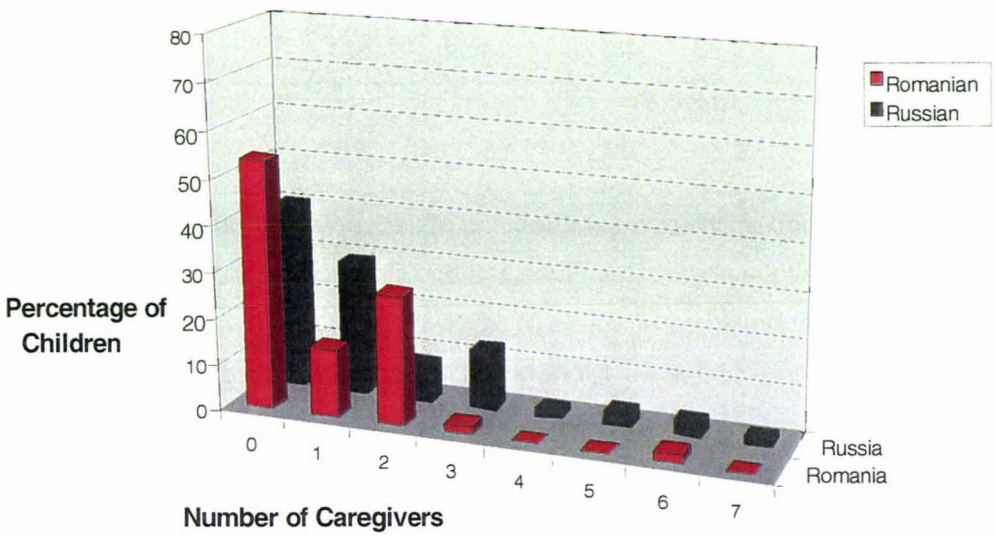


Table 18 shows the percentage of boys and girls in the total population (Russians and Romanians combined) that were allocated those scores. From this it is apparent that very little difference existed between genders in the number of caregivers children experienced prior to adoption.

Table 18: Number of Caregivers against Gender for Russian and Romanian Children Combined (Percentages)

Gender		Score for Changes of Caregiver			
	N	0	1	2	3
Female	64	69	23	3	5
Male	52	67	29	2	2
Total	116	68	26	3	3

Total Adversity and Well-Being

For the total population (Russians and Romanians combined) 31 per cent had a Total Adversity Score above 4.5 and 69 per cent below 4.5. A higher percentage of the boys (34.6 per cent) had Total Adversity Scores above 4.5 than the girls (28 per cent). Table 19 (p. 129) gives an overview of the relationship between the experience of pre-adoption adversity and post-adoption well-being. It does this by displaying the mean scores for the three scales that were used to calculate the Total Competence Scores (Activities, School and Social), the mean scores for happiness and the mean Problem Behaviour Scores, and comparing them with the Total Adversity Score (calculated by combining the scores for neglect, abuse, and changes of caregiver). The Total Adversity Score (with a range of 0–9) has been split in two to show mean scores for those who were very likely to have experienced pre-adoption adversity (>4.5, high Total Adversity Scores) and those that were less likely to have experienced pre-adoption adversity (<4.5, low Total Adversity Scores). With one exception, there was very little difference in the mean scores for all well-being variables between those with Total Adversity Scores above and below 4.5. The exception was in the Problem Behaviour Scores, where the mean scores of those with low Total Adversity Scores was lower (24.2) than those with higher Total Adversity Scores

(31.3). However, both mean scores were below the clinical cut off point of 34 as specified by Achenbach (1991).

Table 19: Mean Scores for Well-Being Variables of New Zealand Intercountry Adoptees by Adversity

Well-being Variable	Adversity: Russians and Romanians Combined			
	> 4.5		< 4.5	
	N = 36		N = 80	
	M	SD	M	SD
Activities Scale (range 0 - 10)	4.8	2.1	4.6	2.0
School Scale (range 0 -6)	3.0	1.6	3.0	1.5
Social Scale (range 0 - 12)	6.2	2.2	6.2	2.1
Happiness (range 0 - 6)	5.2	0.7	5.3	1.1
Problem Behaviours (range 0 -232)	31.3	25.9	24.2	21.5

The relationship between Problem Behaviour Scores and the experience of pre-adoption adversity is displayed in greater detail in Figures 15 and 16 (p. 133). These figures clearly show that the Romanian (Figure 15) and Russian children (Figure 16) that had Problem Behaviour Sores in the clinical range (above 34) were far more likely to have Total Adversity Scores of five and above. For Romanian children, 86 per cent of those with a Total Adversity Score of five also had a Problem Behaviour Score above 34 as did 83 per cent of those with a Total Adversity Score of six, and 50 per cent of those with a Total Adversity Score of seven. Similarly, for Russian children, 80 per cent of those with a Total Adversity Score of five had a Problem Behaviour Score above 34 as did only 17 per cent of those with a Total Adversity Score of six (which is against the general trend), and 50 per cent of those with a Total Adversity Score of seven. Overall, one may conclude that there is an association between the degree of pre-adoption adversity a child has experienced and the degree of problem behaviour they display, and that this association was particularly true of Romanian ICAs who were more likely to have experienced neglect and/or abuse prior to adoption.

Figure 15: Total Adversity Score by Problem Behaviour Score (Percentages) for Romanian Children

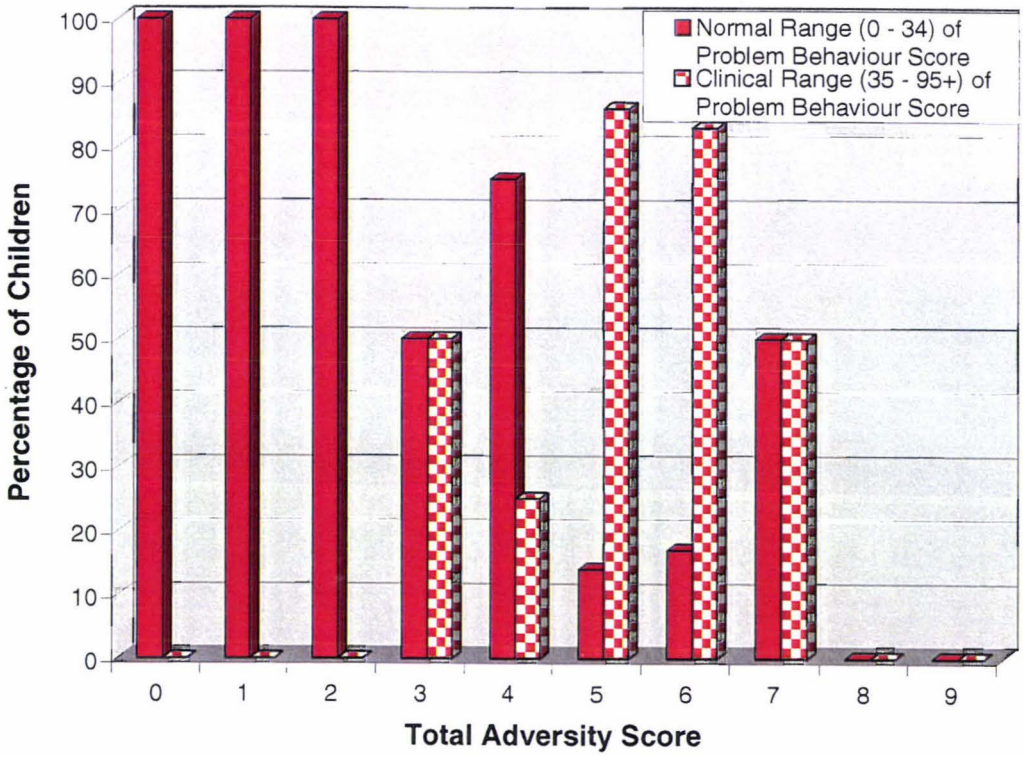
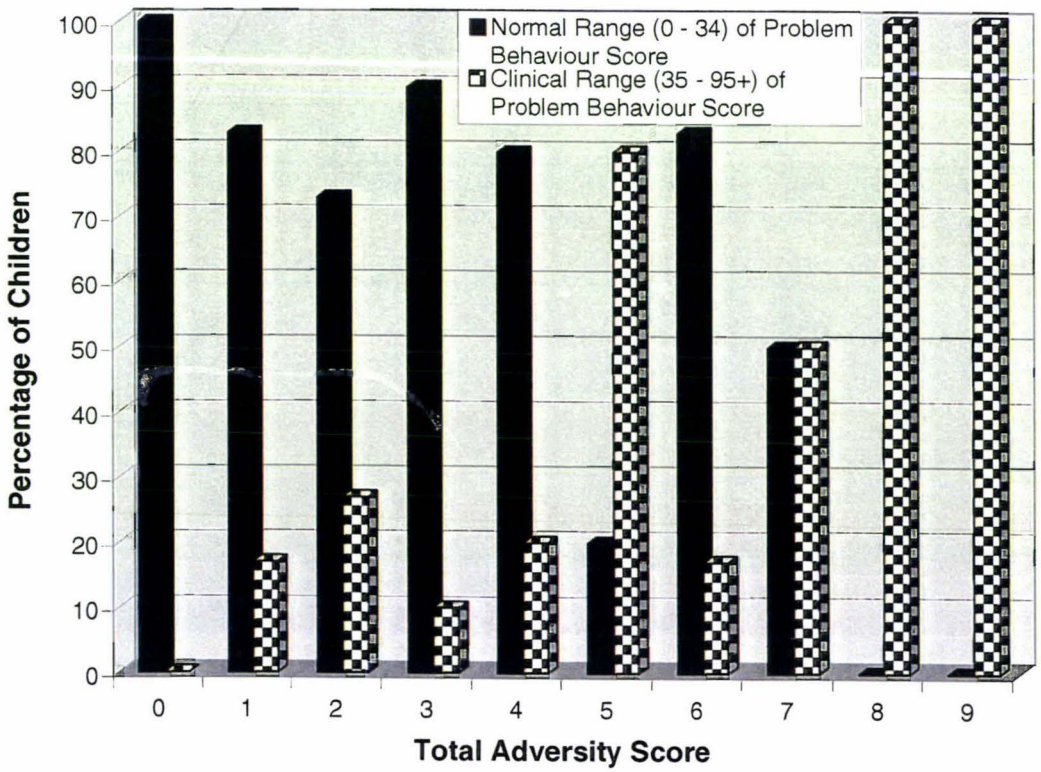


Figure 16: Total Adversity Score by Problem Behaviour Score (Percentages) for Russian Children



I also explored whether or not there was any relationship between the gender of ICAs and the likelihood that they would experience pre-adoption adversity. This is displayed in Figure 17. Thirty-three percent of all the Romanian and Russian girls had a Total Adversity Score above 4.5 compared with 29 per cent of the boys. There was therefore only a slight difference between the genders.

Finally, Figure 18 (p. 135) shows the relationship between age at adoption (those adopted before or after the age of six months) and Total Adversity Score. Because of the very small number of Russian children adopted before six months of age (3), I have presented this for Romanian children only. Eighteen Romanian children were adopted before six months of age and 36 after six months of age. A slightly greater percentage of those adopted before six months of age do have Total Adversity Scores below 4.5 (78 per cent). However, 61 per cent of the children adopted after six months also have Total Adversity Scores below 4.5 so the difference, though appreciable, is not huge (17 per cent).

Figure 17: Total Adversity Score of New Zealand Intercountry Adoptees by Gender (Percentages)

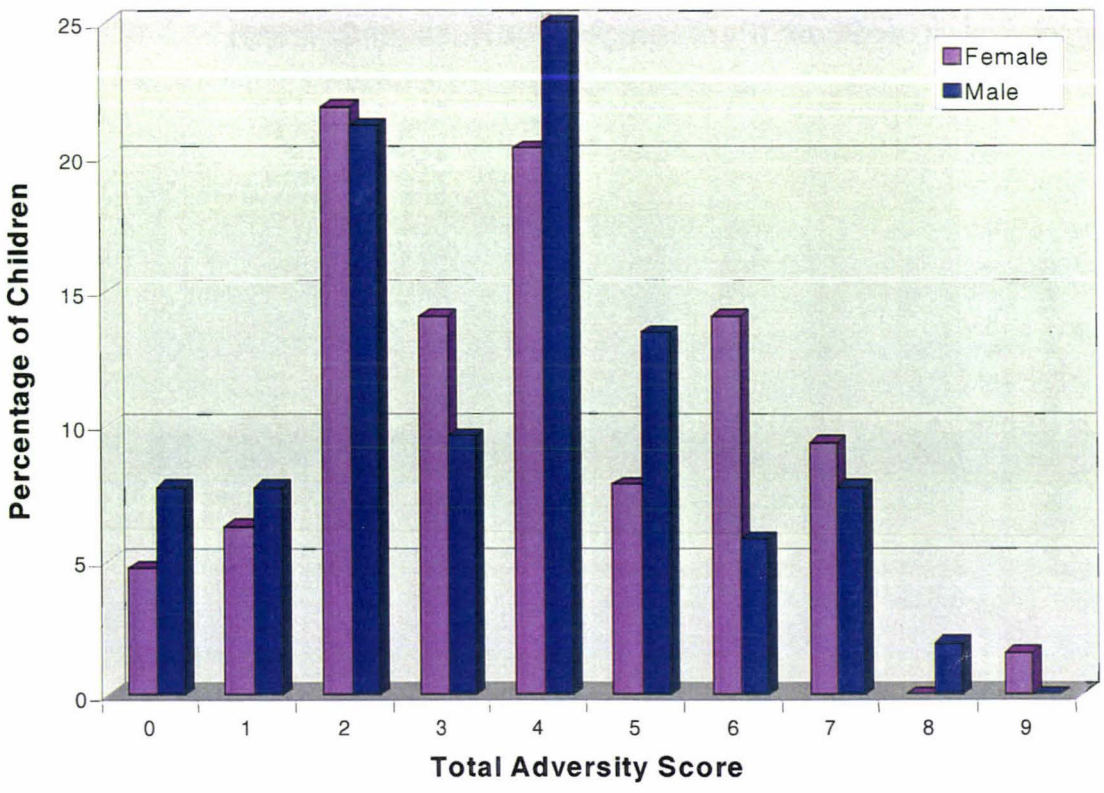
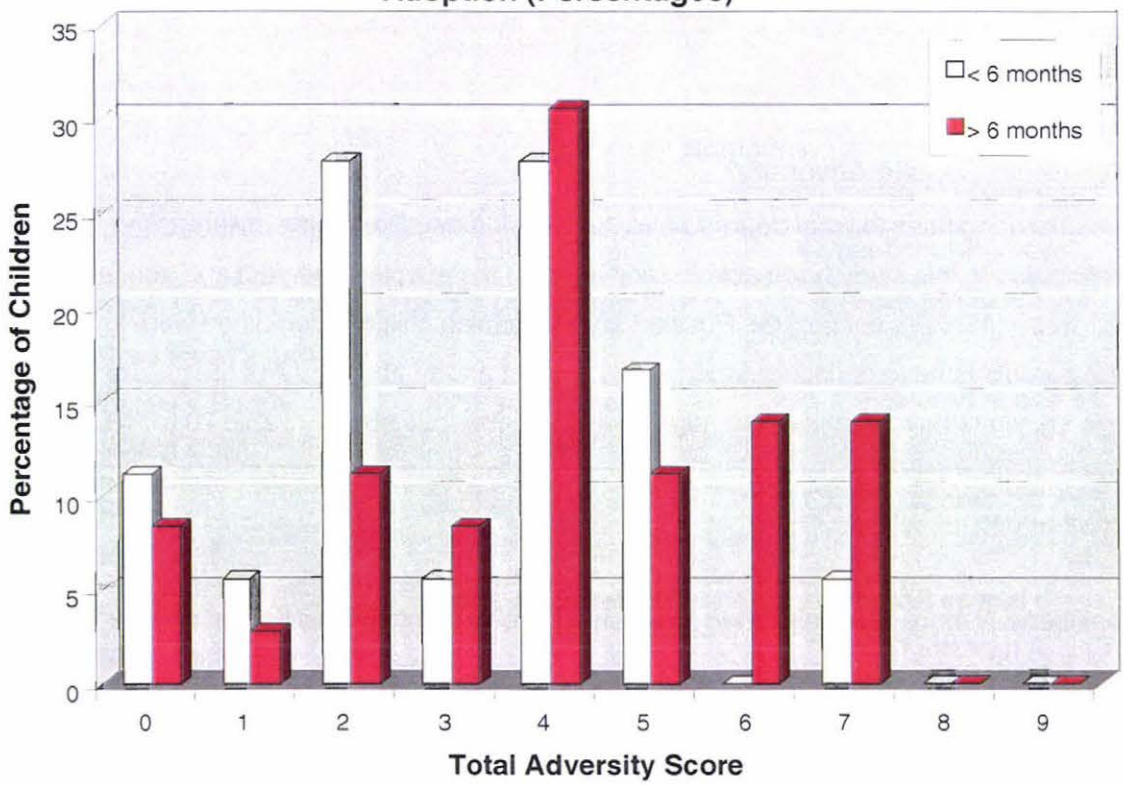


Figure 18: Total Adversity Score of Romanian Children Against Age at Adoption (Percentages)



Of the New Zealand ICAs, 31 per cent had a Total Adversity Score above the midpoint of 4.5 indicating a high level of adversity. For the Western Australian ICAs, 12 per cent had Total Adversity Scores above 4.5. Clearly, a substantially greater proportion of the New Zealand ICAs were known or suspected to have experienced pre-adoption adversity compared with the Western Australian ICAs. Boys (accounting for 45 per cent of the ICAs in New Zealand and 22 per cent in Western Australia) were over represented in the group who had Total Adversity Scores above 4.5 in both New Zealand (50 per cent) and Western Australia (42 per cent).

Fifty-three New Zealand adoptive parents (46 per cent) were certain that their child had experienced neglect prior to adoption compared with only 24 (8 per cent) in Western Australia. Similarly, 13 New Zealand adoptive parents (11 per cent) were certain that their child had experienced abuse compared with only 9 (3 per cent) adoptive parents in Western Australia. Finally, 6 New Zealand ICAs (5.1 per cent) experienced 5 or more changes of caregiver prior to adoption and 7 (2.4 per cent) of the Western Australian ICAs.

Overall, 2 New Zealand ICAs (1.7 per cent) experienced all three forms of adversity and 4 (1.4 per cent) Western Australian ICAs. These findings indicated that the New Zealand ICAs had experienced higher levels of adversity, particularly higher levels of neglect, prior to adoption.

Well-Being Despite Adversity?

The question arises to what degree have the Russian and Romanian children who participated in this study been able to recover from the effects of neglect and abuse? Fifty-three (45.6 per cent) of the Russian and Romanian children combined were known by their parents to have definitely experienced neglect and/or abuse. All of the children who were known to have experienced neglect also experienced abuse. Table 20 (p. 137) gives statistical information about the children who were known to have experienced neglect and/or abuse.

Considerably more Romanian than Russian children were definitely known to have experienced neglect and/or abuse and slightly more girls than boys. Virtually all of these children were institutionalised which leads one to the conclusion that much of the abuse and neglect occurred in institutional settings. Amongst the children who were known to have experienced adversity, a much smaller percentage (36 per cent) had Total Competence Scores above 14 than in the rest of the New Zealand group (70 per cent). The percentage of children who had Problem Behaviour Scores within the normal range was much lower for those who were known to have experienced adversity (51 per cent) than in the rest of the New Zealand group (82.5 per cent). A smaller percentage of children (60.5 per cent) known to have experienced neglect and /or abuse had School Scores of three and above in comparison to the rest of the New Zealand group (83 per cent). These factors led to the conclusion that the Russian and Romanian ICAs in this study were still suffering from the effects of adverse pre-adoption experiences.

However, more (98 percent) ICAs with histories of known adversity were healthy at the time of the survey, than in the rest of the New Zealand group (90.5 per cent). Nor did happiness appear to be greatly effected by a history of adversity as 86 per cent of the ICAs who were known to have experienced neglect and /or abuse were considered by their parents to be happy or very happy. This was the same percentage as in the rest of the New Zealand group.

Table 20: Statistics Relating to Russian and Romanian Intercountry Adoptees in New Zealand who were Known to have Experienced Neglect and/or Abuse (Percentages)

Variable	Statistics	
Country of origin	54% (29) Romanian	39 per cent (24) Russian.
Gender	53% (28) girls	47 per cent (25) boys
Institutionalised (96%, N = 53, range 1 mth - 11yrs 10 mths)	64.5% (34) longer than 6 mths	17% (9)longer than 3 yrs
Total Competence Score (N = 52, range 0 – 28).	64% scored below 14	36% (19) scored above 14
School Score (N = 48, range 0 – 6)	60.5% (29) scored 3 or above	39.5% (19) scored below 3
Happiness Score (N = 50, range 0 – 6)	46% (23) scored 6	40% (20) scored 5 14% (7) scored 4
Health Rating (at time of survey 2000)	98% (52) very good or excellent	2% (1) good
Problem Behaviour Score (N = 53, range 0 – 232)	51% (27) scored within the normal range (0 – 34)	49% (26) scored within the clinical range (35 – 232, highest score was 104)

There were only eight (7 per cent) children in the New Zealand group who were definitely known not to have experienced neglect and/or abuse prior to adoption. Two of these children were Russian and six Romanian, five were boys and three girls. Four of these children were not institutionalised (all Romanian) and four were (two Russian and two Romanian). The two Russian children in this group were institutionalised for eight months and 1.5 years, the two Romanian children for very short periods of one month and less. Although this was only a small group, when they were compared to the children who were definitely known to have experienced neglect and/or abuse the differences were striking.

Except for one child, the Total Competence Scores of these eight children were all above 14 (range 17 – 22). The one child who had a competence score of 8.5, was aged four years at the time of the survey and had not started school yet (so he did not have a School

Score included in his Total Competence Score making it necessarily lower). The Problem Behaviour Scores of these eight children ranged from 1 – 16, well within the normal range. One child did not have a School Score, but the seven that did, ranged from 4 – 6 (the possible score range was 0 – 6). They were all in excellent or very good health. Six had Happiness Scores of six and two had scores of five (the possible score range was 0 – 6).

Recovery from Adversity

The difference in outcomes between those who had known histories of neglect and/or abuse, the rest of the New Zealand ICAs, and those known not to have histories of abuse and neglect, led to the conclusion that these experiences prior to adoption did have long-term effects on the extent to which the children were able to recover once adopted. The three aspects of development most detrimentally affected appear to be total competence, school performance and the incidence of problematic behaviour. The aspects of well-being that appeared to be most impervious to adverse pre-adoption experiences were the recovery of physical health and happiness.

When assessing the degree of well-being that Russian and Romanian children have achieved in New Zealand one must take into account the level of adversity they have experienced before adoption (particularly for the Romanian children) and the older age of many when adopted. With this knowledge, it becomes logical and consistent with other research, that overall their level of well-being will be lower in some respects than other ICAs, and lower still, than children within the general population who have not had these adverse experiences. It also accounts for the wide range of well-being seen in the Russian and Romanian children, from very high for those who have experienced little or no pre-adoption adversity, to lower levels of well-being in children who have experienced greater pre-adoption adversity. The quality of institutional care, length of institutionalisation and age at adoption are closely related factors that impact upon the degree of pre-adoption adversity a child is likely to have experienced.

Research has shown that there is a strong correlation between the time during which a child has been exposed to adverse influences and the incidence and severity of post-placement problems (Tizard, 1991). There is a major division in the outcome research between children adopted as babies and children placed for adoption at older ages (for example Tizard and Joseph, 1970; Tizard, 1977; Tizard and Hodges, 1978; Tizard and Rees, 1974 and 1975; Yarrow and Goodwin, 1973; Yarrow, Goodwin, Manheimer and

Milowe, 1973). The factors influencing the psychosocial development of children can be divided into those that were present prior to placement and those present after placement. Post-placement factors that seem to be important are (Howe, 1996):

1. The quality of care provided by the adoptive family.
2. Relationships with and feelings about brothers, sisters, peers and the wider community.
3. The very condition of being adopted and how this is handled by the adoptive parents.
4. The complex interaction between any two or more of these factors.

However, the implication of Rutter's belief (1972) that it is a distortion of care, rather than separation from the birth mother, that has long term negative consequences for children is that they do have the potential to develop equally significant bonds with long-term substitute caregivers such as adoptive parents. Also that bonds with significant others can have the potential to influence the child's development in positive ways. The quality of care from adoptive parents, or substitute caregivers, experienced by the child will influence the nature of their attachment behaviour system (that is, their inner working model of self and attachment figure(s)). This is then reflected in the attachment behaviour manifested by the child over time.

The Affects of the Duration of Institutionalisation Upon Current Well-Being

Because most Romanian and all Russian children adopted by New Zealanders have been institutionalised, it is appropriate to investigate the affects of institutionalisation in the context of the wider spectrum of pre-adoption adversity that has already been explored.

Details of the institutionalisation of both groups are as follows. Thirty-eight of the 54 Romanian children in the sample were institutionalised prior to their adoption. The average duration of institutionalisation for these children was 1 year 5 months (1.4 years) with a range from 2 weeks to 11 years 10 months (0.0415 – 11.83 years). The average age at which they left institutional care was 1 year 6 months (1.5 years) with a range from 2 months to 11 years 10 months (0.166 – 11.83 years). All of the Russian children were institutionalised. The average duration of institutionalisation was 3 years 3 months (3.28 years) with a range from 4 and a half months to 10 years 1 month (0.375 – 10. 083 years).

The average age at which these Russian children left institutional care was 3 years 4 months (3.30 years) with a range from 4 and a half months to 10 years 1 month (0.375 – 10. 083 years). In comparison with their Romanian counterparts, therefore, the Russian children had a longer mean duration of institutionalisation, and higher mean age at the point of leaving institutional care, by 1 year 10 months. As most children left institutional care when they were adopted, there is also a close association between duration of institutionalisation, age of leaving institutional care and age at adoption. Marcovitch et al. (1997) noted that children who had spent long stays in institutional care were necessarily older at adoption.

The relationship between duration of institutionalisation and Problem Behaviour Scores is demonstrated in Figures 19 and 20 (pp. 141 – 142). In these figures duration of institutionalisation has been divided into three categories: more than six months, less than six months and not institutionalised (which applies only to Romanian children). Romanian children who were not institutionalised had the largest percentage (94 per cent) of children with Problem Behaviour Scores of 34 and below, followed by those who were institutionalised for less than six months (63 per cent) and lastly those who were institutionalised for more than six months (42 per cent). It is notable that less than half of the Romanian children who were institutionalised for more than six months had Problem Behaviour Scores within the normal range (34 and below).

For the Russian children[11] only four had been institutionalised for less than six months. Two of these children had Problem Behaviour Scores within the normal range and one each in the 35 – 49 and 50 – 64 Problem Behaviour Score ranges. Seventy-two per cent of the Russian children who had been institutionalised for more than six months still had Problem Behaviour Scores within the normal range, despite having been institutionalised for longer and being older when permanently removed from institutional care. Clearly the impact of institutionalisation upon the Romanian children is more negative in this regard than the impact upon the Russian children. This difference could perhaps be attributed to the particularly harsh conditions in Romanian orphanages in the late 1980s and early 1990s that have already been documented in this thesis (see Chapter Two).

11.Five Russian children were not included in Figure 20 as their length of institutionalisation was not known.

Figure 19: Problem Behaviour Scores Against Duration of Institutionalisation for Romanian Adoptees (Percentages)

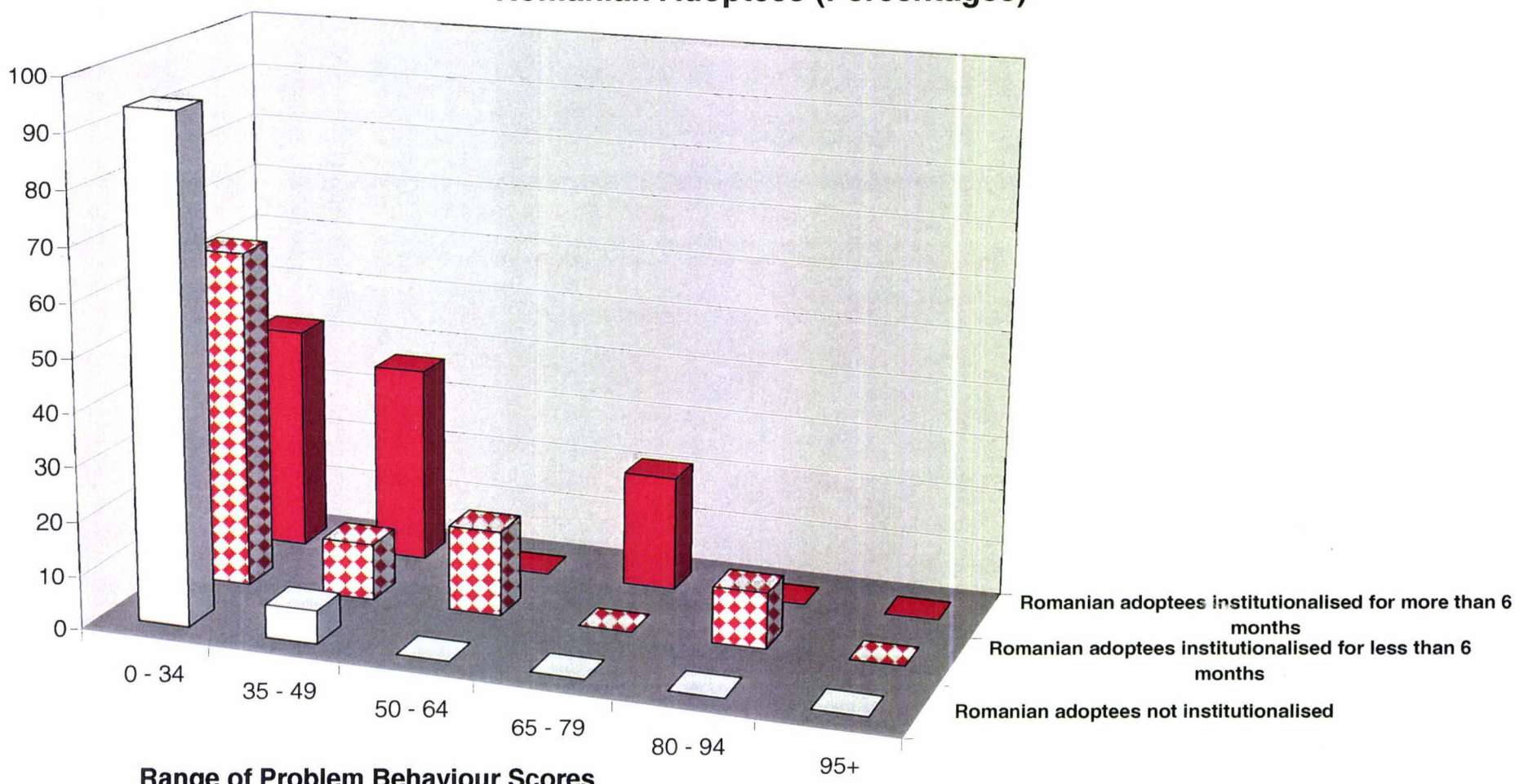
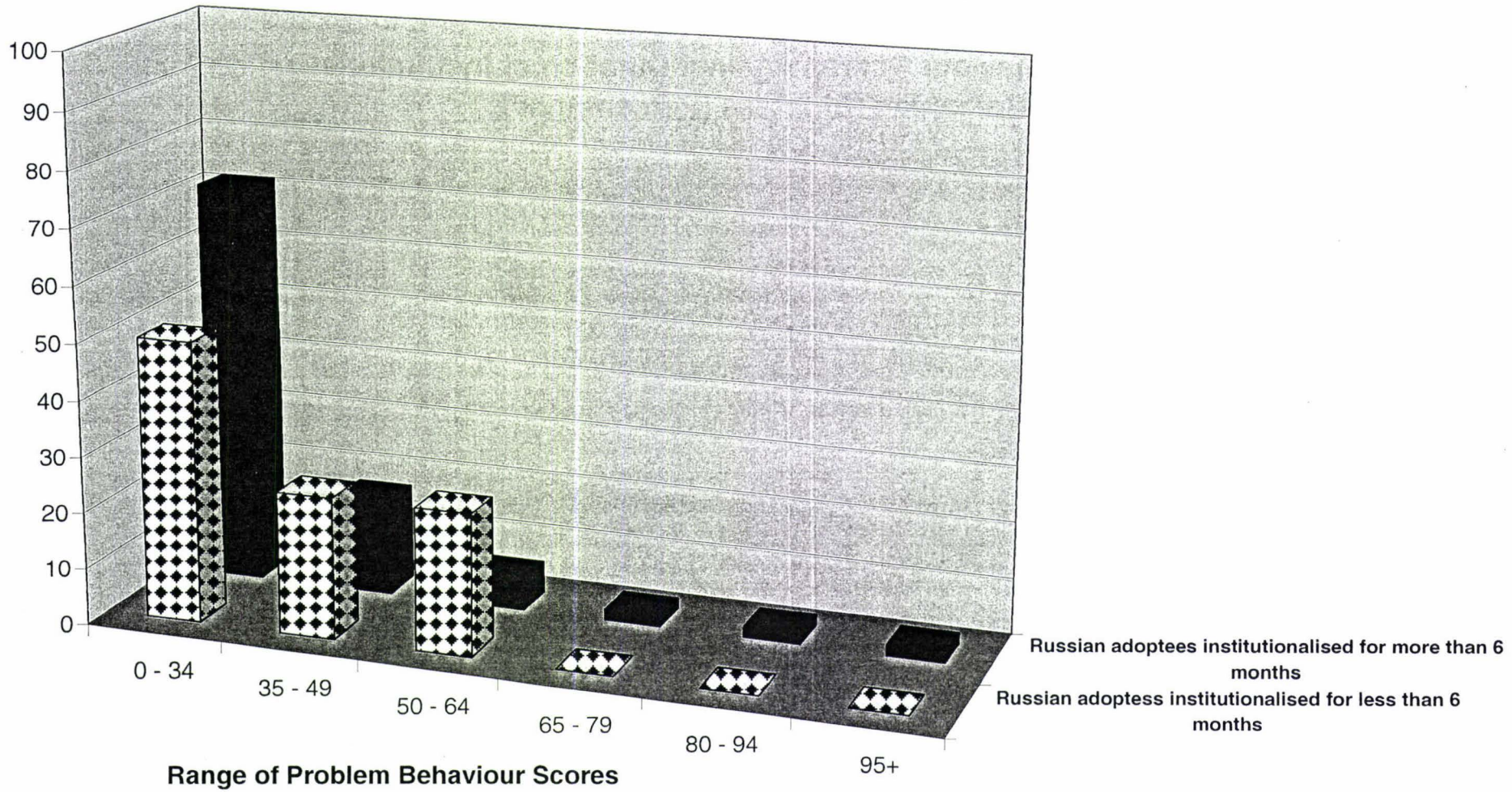


Figure 20: Problem Behaviour Scores Against Duration of Institutionalisation for Russian Adoptees (Percentages)



Romanian children institutionalised for more than six months were more likely to have a Problem Behaviour Score in the 35 – 49 range than those institutionalised for less than six months. Curiously, the opposite was true for Russian children. For Romanian children the incidence of mild problem behaviours (scoring 35 – 49) does appear to increase with increasing duration of institutionalisation. However, the incidence of severe Problem Behaviour Scores (50+) does not appear to be related to duration of institutionalisation. Tizard and Hodges (1978) also found higher levels of problematic behaviour in children who had been institutionalised in England and that this persisted into their adolescent years.

The relationship between health on arrival, duration of institutionalisation, gender and country of origin is represented in Figures 21 to 24 (pp. 144 –145). Apart from the small group of Russian children institutionalised for less than 6 months (1 girl and 3 boys), the size of the groups within the combined Russian / Romanian population were roughly equivalent making a comparison of actual numbers rather than percentages appropriate for the information presented.

Parents were asked to rate their child's health on arrival in New Zealand (Question 7, Part A). It is apparent from Figures 21 to 24 that the majority of all children had low health ratings of "good", "fair" or "poor" on arrival. Amongst Romanian children there was an increase in those with the three lowest health ratings with institutionalisation and increasing duration of institutionalisation. Seven out of 10 Romanian girls who were not institutionalised had low health ratings, compared with 10 of the 11 who were institutionalised for less than six months and all of the 10 girls who were institutionalised for more than six months. A similar pattern was evident for Romanian boys. Four out of 6 who were not institutionalised had low health ratings, compared with 7 out of 8 who were institutionalised for less than six months and 8 out of 9 who were institutionalised for longer.

Three of the four Russian children institutionalised for less than six months had a health rating of "very good" and one had a health rating of "good". On the other hand, 26 of the 29 Russian girls institutionalised for longer than six months had low health ratings as did 21 of the 26 boys.

Figure 21: Health on Arrival of Romanian Females Against Institutionalisation

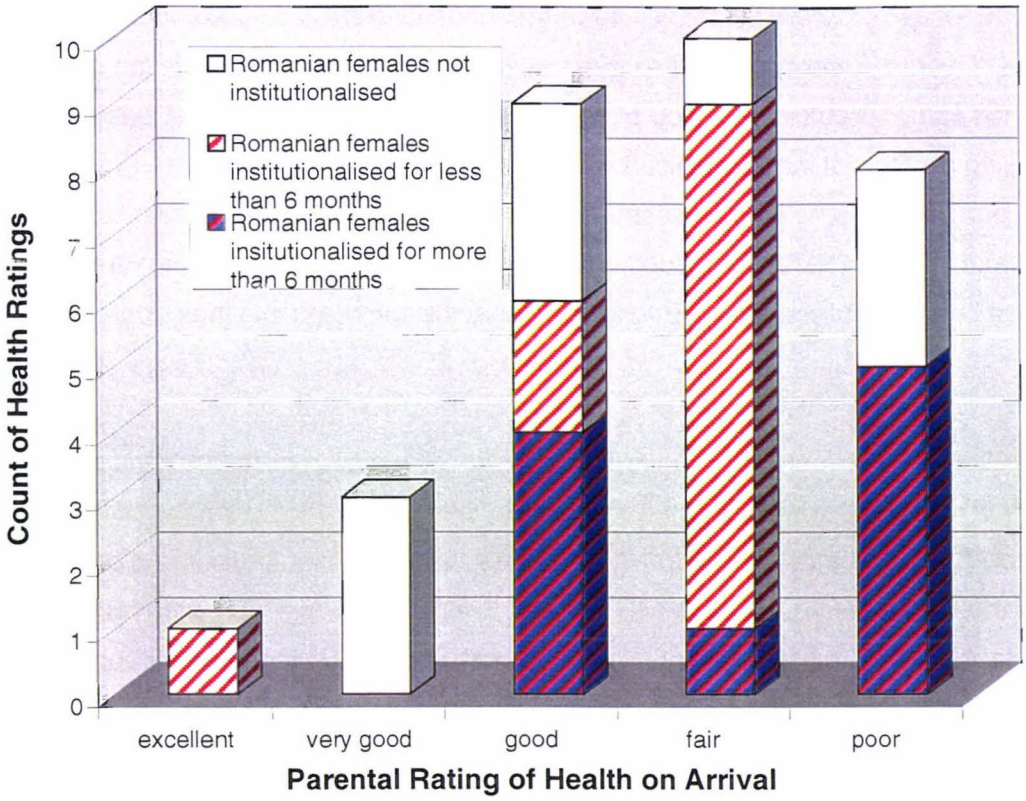


Figure 22: Health on Arrival of Romanian Males Against Institutionalisation

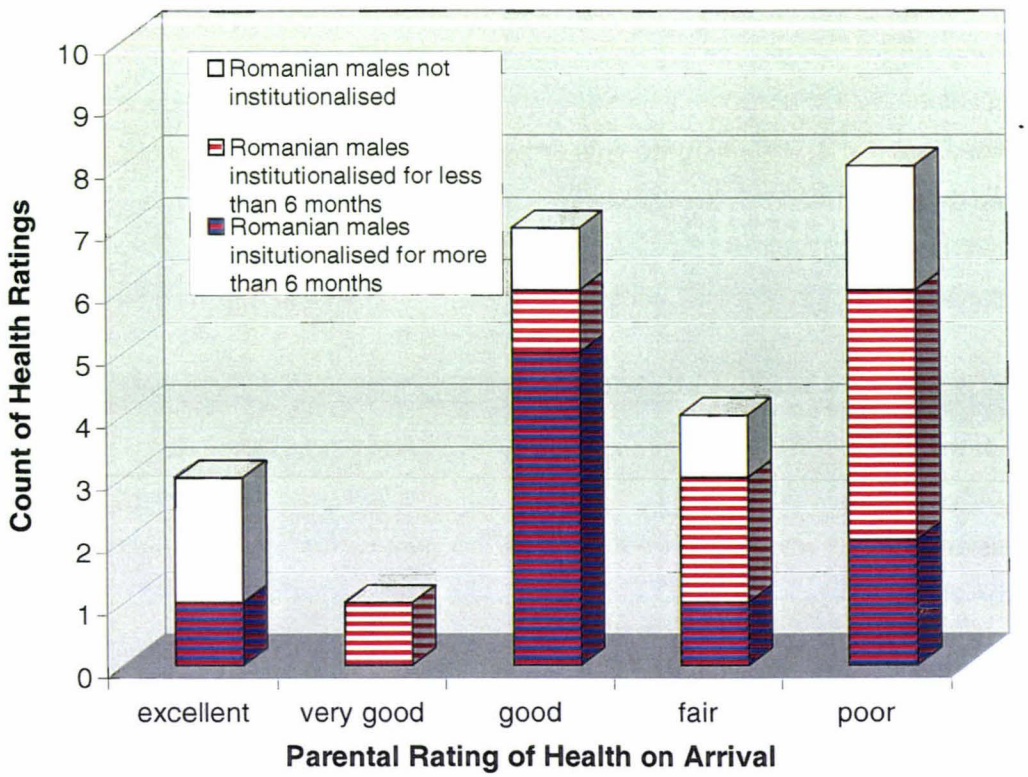


Figure 23: Health on Arrival of Russian Females Against Institutionalisation

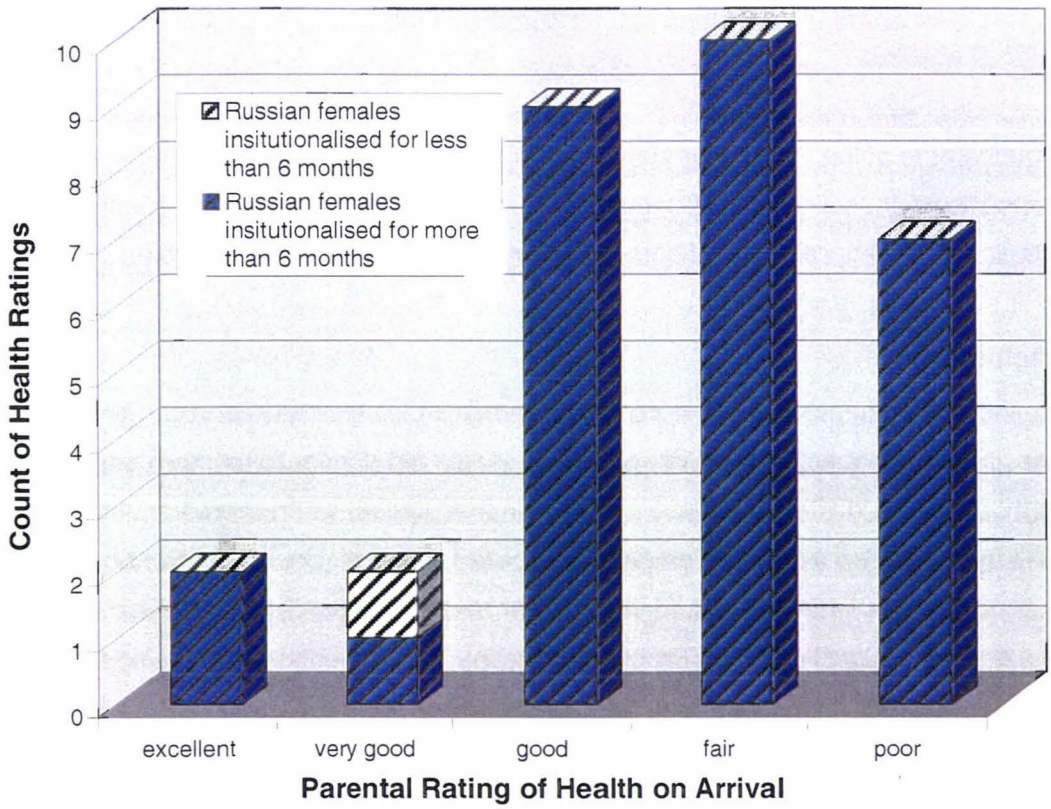
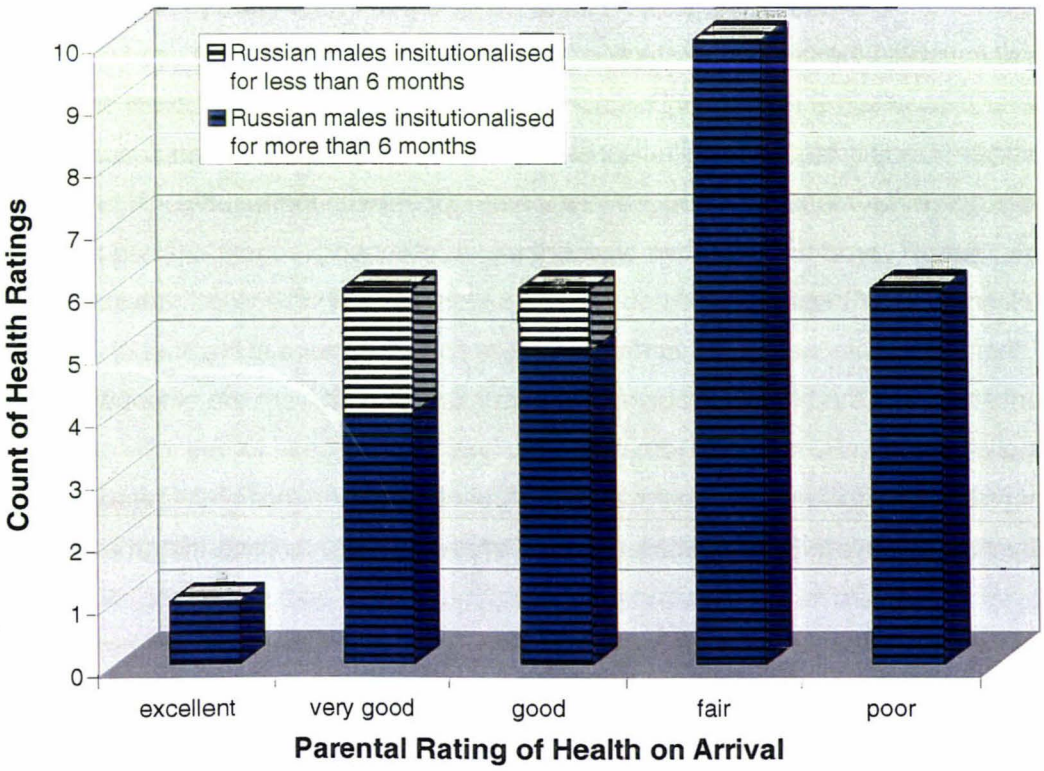


Figure 24: Health on Arrival of Russian Males Against Institutionalisation



There appeared to be little difference in the health ratings of boys and girls except to note that slightly more Russian boys had a health rating of "very good" on arrival than other groups of children.

Although some of the ICAs in Western Australia may have been institutionalised this was not specifically investigated by Rosenwald (1994). Therefore comparisons with Western Australian ICAs regarding the affects of institutionalisation were not possible.

Conclusions

From the information contained in this chapter the following conclusions can be drawn. Some children adopted before the age of six months did appear to be more advantaged than those adopted later. This was apparent in their higher mean scores on the three scales that made up the Total Competence Score (Activities, Social and School), their higher mean Happiness Score and much lower mean Problem Behaviour Scores. There was a trend of increasing mean Problem Behaviour Scores with increasing age at adoption. Also children adopted before the age of six months were healthier at the time they were adopted.

Romanian children were clearly disadvantaged if adopted after the age of six months whereas the same could not be said of the Russian children. This is likely to be connected with differences between Russian and Romanian children in exposure to pre-adoption adversity such as the quality of institutional care and incidence of neglect and abuse. However, because the number of Russian children adopted before the age of six months was so small, any comparative differences between Russian children adopted before and after the age of six months may not have become apparent in the results.

Both Russian and Romanian girls had mean Problem Behaviour Scores considerably lower than boys from the same country. Boys aged 12 – 16 years at the time of the present study had the highest Problem Behaviour Scores and were the oldest at the time of adoption for both Russia and Romania. This was also the case for the 12 – 16 year old ICA boys in Western Australia. Later age at adoption may therefore be some explanation for why the ICA boys in both New Zealand and Western Australia were the groups that displayed the highest levels of problematic behaviour in their country of adoption.

High proportions (above two thirds) of both Russian and Romanian children had a high likelihood of experiencing neglect prior to adoption. Just under a third of the total population had a high likelihood of abuse. A third of the total population had two or more changes of caregiver prior to adoption in New Zealand. The only clear relationship was between the degree of pre-adoption adversity the children experienced and the degree of problem behaviour they displayed. Children with a high likelihood of exposure to pre-adoption adversity had a mean Problem Behaviour Score 6.1 points above those who did not.

Although both groups of children had experienced considerable pre-adoption adversity, more Romanian than Russian children had been exposed to neglect and abuse prior to adoption. This may account for the higher levels of problem behaviour displayed by the Romanian children and the slightly higher levels of difficulty they have experienced at school and in their relationships with others. The finding that most Romanian children have had longer in their adoptive placements to recover from such difficulties than the Russian children, yet still have more difficulties overall, is noteworthy and likely to be connected to the higher levels of pre-adoption adversity that they have been exposed to.

Differences between genders in their experience of pre-adoption adversity varied according to country of origin. For the Russian and Romanian children combined there was little overall difference between the genders in their experience of neglect. However, more Russian boys than girls had been exposed to neglect whereas more Romanian girls than boys had been exposed to neglect. Very similar proportions of Russian and Romanian boys had been exposed to neglect. Romanian girls had the greatest exposure to neglect and Russian girls the least. The pattern of exposure to abuse was very different. Russian girls had the most exposure to abuse followed by Romanian boys, Romanian girls and finally Russian boys, who had the least exposure to abuse. There were no apparent gender related trends in the number of changes of caregiver that children had experienced prior to adoption.

With respect to institutionalisation, it was found that Russian children had a longer mean duration of institutionalisation than Romanian children and a higher mean age at the point of leaving institutional care (by 1 year 10 months). Romanian children who were not institutionalised had the largest percentage with Problem Behaviour Scores below 34 (within the normal range), followed by those who were institutionalised for less than six

months and more than six months, respectively. So for Romanian children there was a positive relationship between the level of problem behaviour and duration of institutionalisation. The trend was the opposite for Russian children, all of whom had been institutionalised. Most (72 per cent) of these children who were institutionalised for more than six months still had Problem Behaviour Scores within the normal range. Obviously the impact of institutionalisation has been more negative for Romanian than Russian children despite the Russian children having been institutionalised for longer periods. This could be due to the particularly harsh conditions in Romanian orphanages in the late 1980s and early 1990s.

Amongst Romanian children there was an increase in those with the three lowest health ratings with institutionalisation and increasing duration of institutionalisation. A high number of Russian children who were institutionalised for more than 6 months also had low health ratings.

Comparisons between the New Zealand and Western Australian ICAs showed some clear trends. Overall, the New Zealand ICAs were older at the time of their adoption than the Western Australian ICAs and had been exposed to more pre-adoption adversity. These factors will have contributed to the more disadvantaged position of the New Zealand ICAs in comparison those in Western Australia.

Both New Zealand and Western Australian ICA boys were over represented amongst those who had been exposed to high levels of pre-adoption adversity. In both studies the boys had a higher level of problematic behaviour and in the New Zealand study there was also a greater percentage of ICA boys who were adopted after 6 months of age. These factors will have contributed to the higher level of problem behaviour reported for the total New Zealand group in comparison with those in Western Australia and the ICA boys in both countries.

Boys aged 12 – 16 years at the time these surveys were done were the oldest at the time they were adopted. This feature was particularly true of the New Zealand ICA boys in this age group who had a mean age of adoption 1.6 years older than the 12 – 16 year old Western Australian ICA boys. This difference will have contributed to the comparatively disadvantaged position of the 12 – 16 year old boys in both studies, particularly the New Zealand ICA boys.

Amongst both New Zealand and Western Australian ICAs there was a trend of increasing Problem Behaviour Scores with increasing current age. There was also a trend of increasing age at adoption with increasing current age. These patterns suggest that the older a child is at adoption the more likely he/she will be to display higher levels of problematic behaviour. Mean Total Competence Scores were also lower, and levels of health poorer at adoption, for those children adopted after six months of age. This was true of ICAs in both the New Zealand and Western Australian studies.

CHAPTER SEVEN: SATISFACTION AND THE USE OF OUTSIDE HELP

Introduction

This chapter covers the degree to which adoptive parents were satisfied with the progress of their adopted children and the levels of satisfaction with the overall adoption experience that were reported by the adoptive parent(s) for the adopted child, themselves and the family as a whole. The influence of pre-adoption institutionalisation upon satisfaction levels is briefly considered as an important factor. Finally, attention is directed to the rang and use of outside help services that were desired by adoptive parents to assist with the intercountry adoption. Comparisons are also made with Western Australian ICAs regarding these issues.

Satisfaction with Intercountry Adopted Child's Progress

Question 22 in Part C of the Intercountry Adopted Child Questionnaire asked parents to rate how satisfied they were with four aspects of their child's progress. These were education and learning, general behaviour, getting on with other children and physical development. Parents were able to select from ratings of "very satisfied", "satisfied", "neither", "dissatisfied", "very dissatisfied" or "don't know". No parents gave a response of "don't know".

Table 21 (p. 152) presents a summary of the results. In all four aspects of development, the majority of adoptive parents (ranging from a minimum of 75 per cent to a maximum of 92 per cent) chose a rating of "very satisfied" or "satisfied". This was true for Russian and Romanian children combined, and for the separate groups of Russian and Romanian children.

Satisfaction with physical development attracted the highest percentages in the two top ratings combined (Russian children 92 per cent, Romanian children 88 per cent). This result is consistent with the great improvements seen by parents in the health of their children following adoption. Physical development was followed by getting along with other children (both Russian and Romanian children 81 per cent); general behaviour (Russian children 83 per cent, Romanian children 79 per cent); and lastly, education and learning (Russian children 75 per cent, Romanian children 74 per cent).

Table 21: Parental Satisfaction with Child's Progress (Percentages) Classified by Country

Country	N	Very Satisfied	Satisfied	Neither	Dissatisfied	Very Dissatisfied
		Education and learning				
Romania	53	25	49	9	13	4
Russia	60	40	35	10	12	3
Total	113	33	42	10	12	4
W. Australian ICAs	280	66	26	3	3	2
WACHS	2736	45	40	5	5	0.4
		General behaviour				
Romania	53	32	47	6	8	8
Russia	60	40	43	8	7	2
Total	113	36	45	7	7	4
W. Australian ICAs	279	56	36	3	3	1
WACHS	2736	35	51	5	3	0.3
		Gets on with other children				
Romania	53	38	43	4	11	4
Russia	59	37	44	7	12	0
Total	112	38	44	5	12	2
W. Australian ICAs	279	64	30	3	1	1
WACHS	2736	47	41	4	2	0.1
		Physical development				
Romania	53	45	43	2	9	0
Russia	60	52	40	7	2	0
Total	113	49	42	4	5	0
W. Australian ICAs	279	64	26	0.4	2	0
WACHS	2736	50	41	2	1	0.1

One general conclusion can be drawn from the results presented above. In all aspects, except getting along with other children (where the parental satisfaction for both Russian and Romanian children was the same), the satisfaction of parents with the progress of

Russian children was slightly higher than satisfaction with the progress of Romanian children but the differences were small.

The majority of the Western Australian ICA's parents (92 per cent) and a smaller majority of New Zealand parents (75 per cent) were satisfied with their child's progress in education and learning. A similar pattern of satisfaction was found with regard to general behaviour (92 per cent of Western Australian and 81 per cent of New Zealand adoptive parents), relationships with other children (94 per cent of Western Australian and 82 per cent of New Zealand adoptive parents) and with the physical development of their children (96 per cent of Western Australian and 91 per cent of New Zealand adoptive parents). Overall, levels of satisfaction with the progress of ICAs were high for all four areas of development in both countries but marginally higher for the Western Australian adoptive parents.

Satisfaction with the Overall Adoption Experience

Question 1 in Part D of the Intercountry Adopted Child Questionnaire asked parents "How successful do you feel that the overall experience of the intercountry adoption of your child has been for you as parent(s), for the adopted child, and for the rest of the family?" Unfortunately, there is no way of ascertaining for sure whether this question was answered by the family member concerned, or by the parent(s) who completed the questionnaire. Family members were able to select from one of five ratings: "very successful", "successful", "satisfactory", "only fair" and "unsatisfactory".

For Russian and Romanian ICAs combined, it can be seen from Table 22 (p. 154) that very few ratings of "only fair" and "unsatisfactory" were selected in respect of the overall intercountry adoption experience. When the two top categories ("very successful" and "successful") are combined it can be seen that 93 per cent of the ICAs were reported as being in these categories, 85 per cent of families as a whole, 82 per cent of fathers and 79 per cent of mothers.

Reported levels of satisfaction did vary between Russian and Romanian adoptions. Again if the two top categories are combined, levels of satisfaction with Romanian adoptions are slightly lower overall by 10 per cent or less. Eighty-eight per cent of Romanian children and 98 per cent of Russian children were reported as considering the adoption as either "very successful" or "successful" as were 76 and 82 per cent of adoptive mothers of Romanian and Russian children, respectively; 78 and 88 per cent of adoptive fathers of

Romanian and Russian children, respectively; and 81 and 90 per cent of the adoptive families as a whole of Romanian and Russian children, respectively.

Table 22: Perceived Satisfaction with Intercountry Adoption Experience for Family Members (Percentages) Classified by Country

Country	N	Very Successful	Successful	Satisfactory	Only Fair	Unsatisfactory
				For Child		
Romania	48	71	17	12	0	0
Russia	55	73	25	2	0	0
Total	103	72	21	7	0	0
W. Australian ICAs	275	76	15	7	2	0
				For Mother		
Romania	54	61	15	22	2	0
Russia	60	63	23	16	4	0
Total	114	61	18	18	3	0
W. Australian ICAs	280	78	13	5	3	1
				For Father		
Romania	53	57	21	19	2	1
Russia	55	69	25	8	6	0
Total	108	60	22	13	4	1
W. Australian ICAs	270	74	12	5	3	1
				For Family		
Romania	51	57	24	15	4	0
Russia	57	62	34	10	0	0
Total	108	57	28	13	2	0
W. Australian ICAs	271	72	15	5	3	1

Figure 25: Parental Reports of Their Romanian Child's Satisfaction with Adoption Against Duration of Institutionalisation (Percentages)

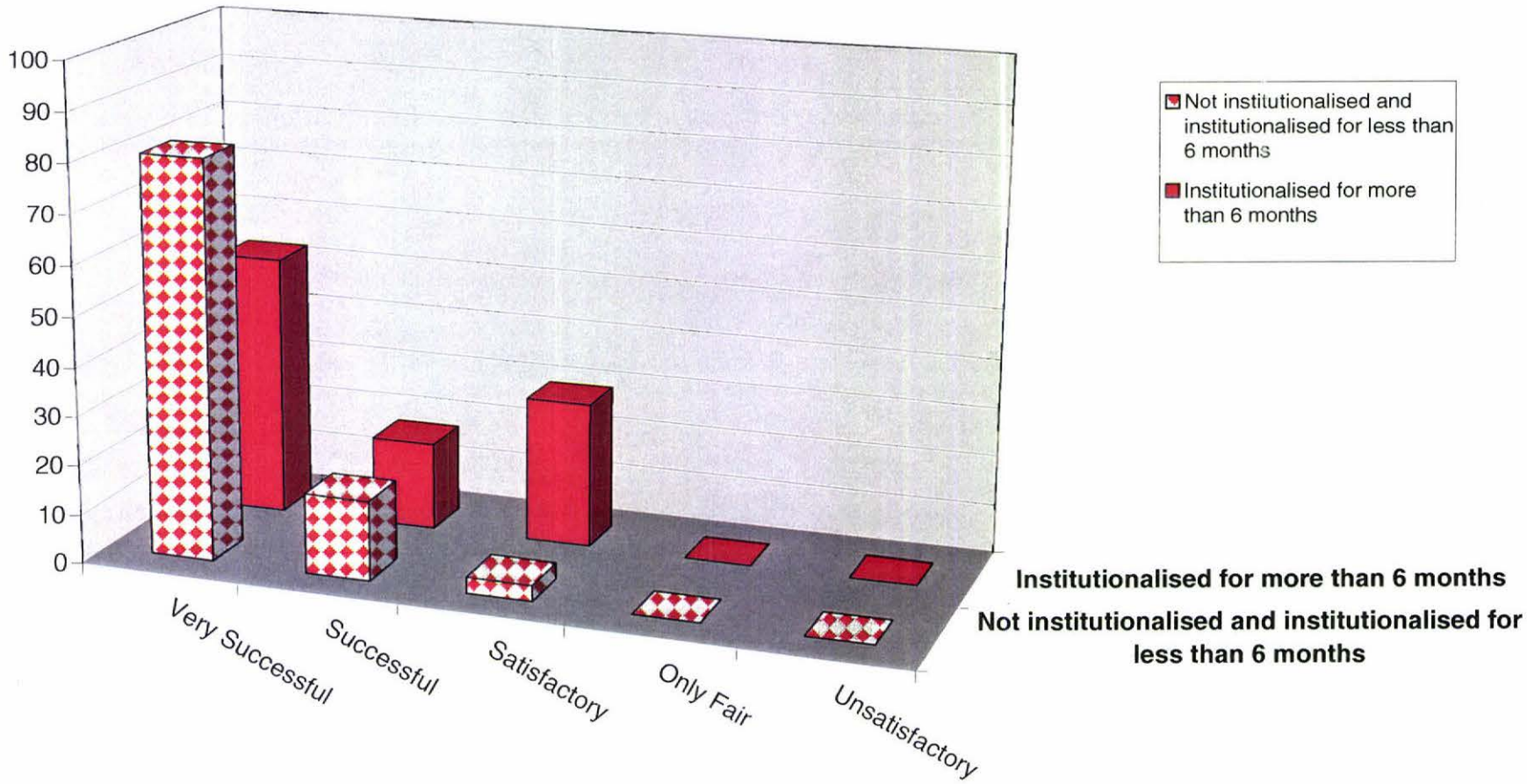


Figure 26: Mothers' Satisfaction with Romanian Adoption Against Duration of Institutionalisation (Percentages)

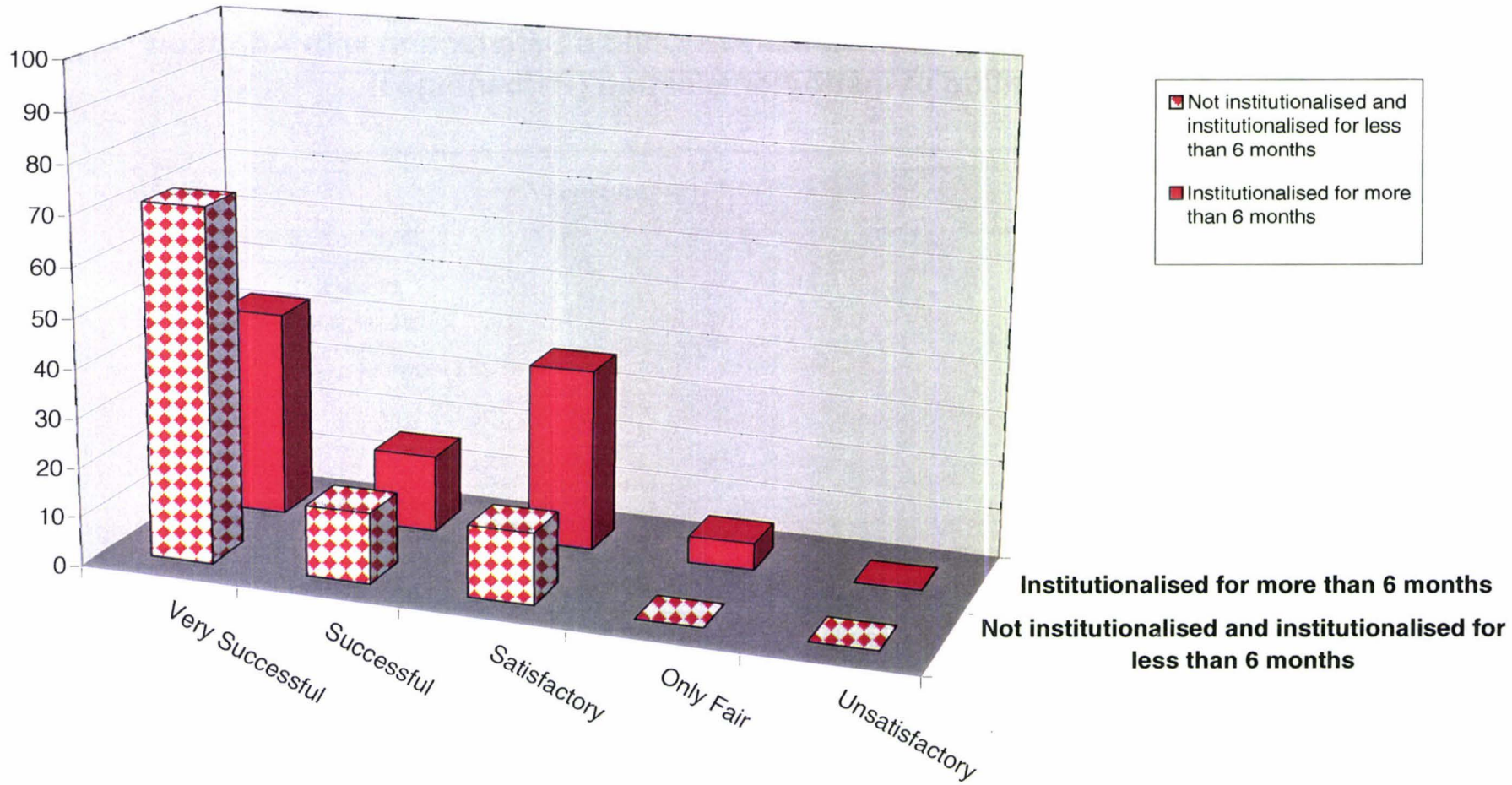


Figure 27: Fathers' Satisfaction with Romanian Adoption Against Duration of Institutionalisation (Percentages)

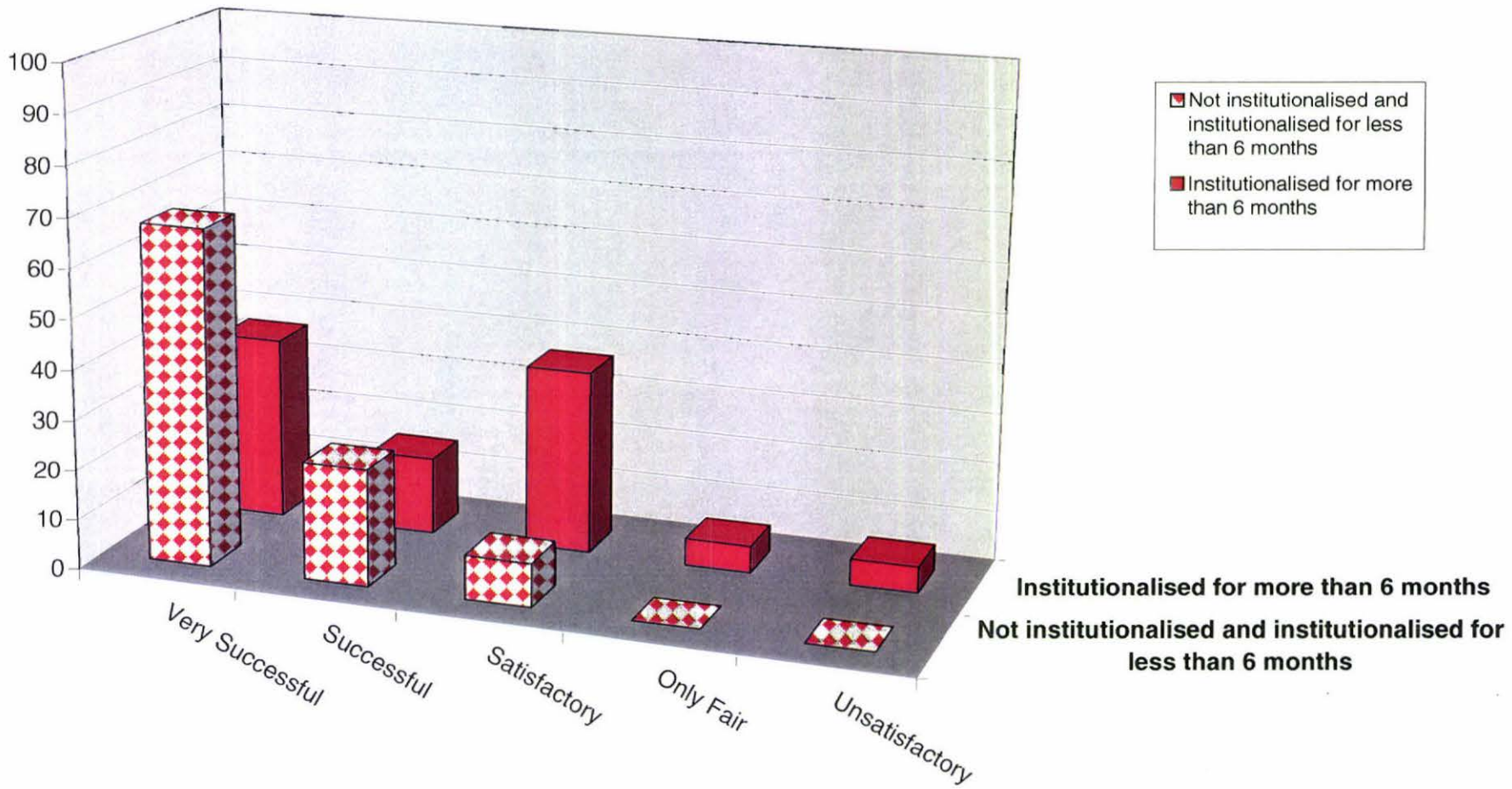
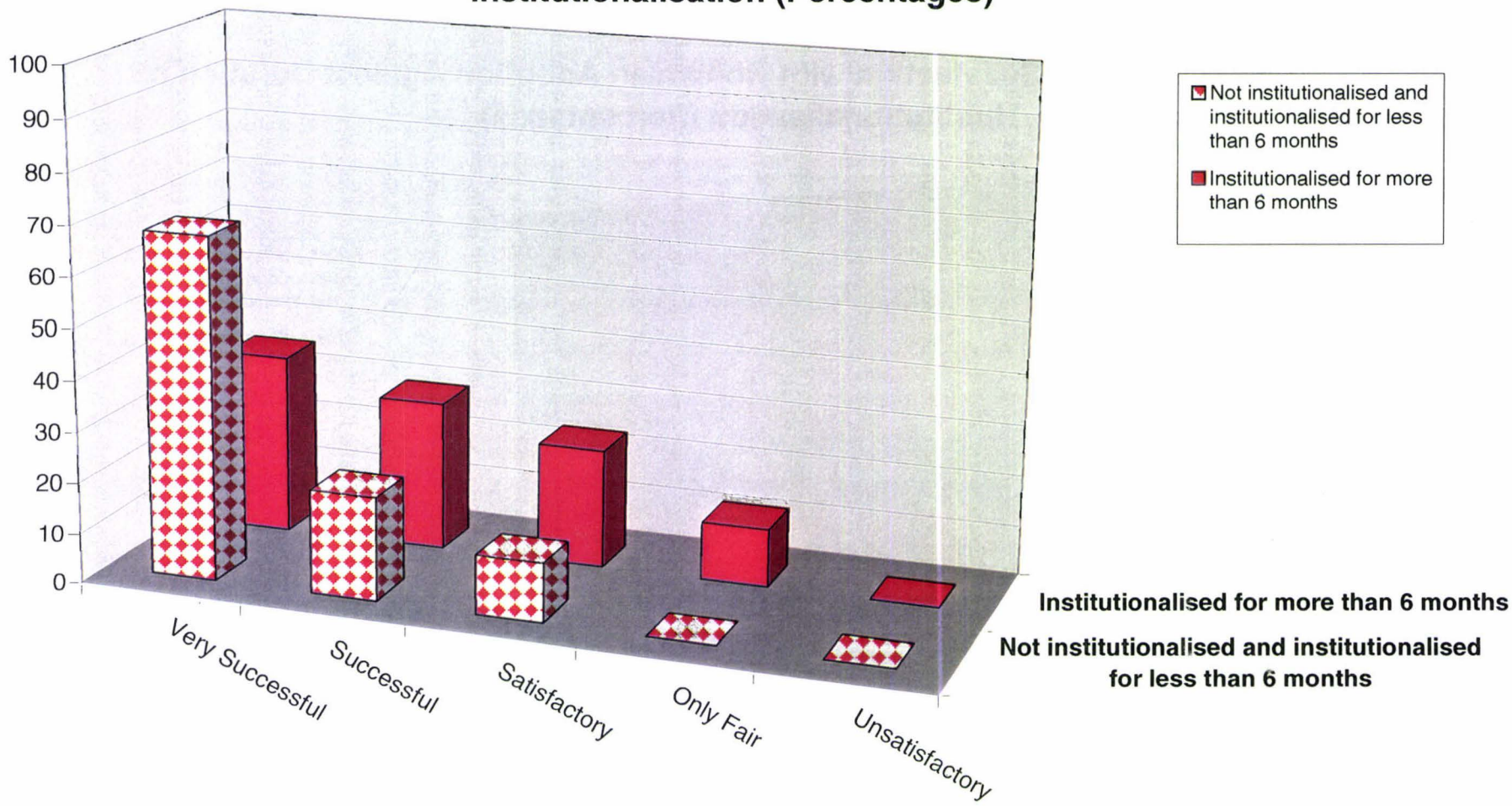


Figure 28: Family Satisfaction with Romanian Adoption Against Duration of Institutionalisation (Percentages)



Mainemer et al. (1998, p.165-166) found parenting stress was highest in the adoptive parents of Romanian ICAs institutionalised for at least eight months and that this was strongly related to the higher incidence of problematic behaviour displayed by these ICAs. They also found that adoptive parents of Romanian children institutionalised for less than four months did not show elevated levels of stress. The possibility that levels of satisfaction might be influenced by the duration of pre-adoption institutionalisation, is examined in Figures 25 – 28 (pp. 155 – 158). As all the children in the Russian group were institutionalised, it was not possible to make comparisons between levels of satisfaction regarding those who were and those who were not institutionalised. So I have only presented this for Romanian children. Romanian children who were not institutionalised have been included in the category "institutionalised for less than six months". The total number of children in the Romanian group is 54. Thirty-five Romanian children were either not institutionalised or institutionalised for less than six months and 19 were institutionalised for more than six months.

In Figures 25 – 28 (pp. 155 – 158) the percentage of Romanian adoptions that were rated as "very successful" for children, mothers, fathers and families as a whole was consistently higher for children who were institutionalised for less than six months or not institutionalised at all. Furthermore, these differences were substantial. For example, for the children, 81 per cent of those institutionalised for less than six months or not at all were rated as seeing the adoption as "very successful" against 53 per cent of those institutionalised for more than six months. Similarly, for the mother, 71 per cent of adoptions where the child was institutionalised for less than six months or not at all were rated as "very successful" against 42 per cent of those where children were institutionalised for more than six months. This trend was not so clear for other ratings. The ratings of "only fair" and "unsatisfactory" were selected for very few adoptions and in all cases the children had been institutionalised for more than 6 months. Overall, these findings do suggest, that perceived satisfaction with adoptions is affected by the duration of institutionalisation prior to adoption.

Comparisons can be made between New Zealand and Western Australian ICAs regarding reported levels of satisfaction with the overall adoption experience for the child, mother, father and the family as a whole. To facilitate these comparisons percentages in the two top ratings "very successful" and "successful" have been combined. For the child, fathers and families as a whole, levels of satisfaction were very similar although slightly higher in

Western Australia (differences ranging from 2 – 4 per cent higher). For mothers there was a greater difference in levels of satisfaction with 91 and 79 per cent of mothers in Western Australia and New Zealand respectively feeling the adoptions were "very successful" or "successful". It is possible that this difference reflects a situation in which it is mainly the mothers who are dealing with the higher levels of problematic behaviour displayed by the ICAs in New Zealand.

The high levels of satisfaction found amongst adoptive parents of ICAs in New Zealand and Western Australia is consistent with research in the United States on parents adopting children from Eastern Europe by Essley and Perilstein (1998) and Groze and Ileana (1996).

The Use of Outside Help

Question 35A of the Intercountry Adopted Child Questionnaire asked parents if they have felt the need for outside help with respect to any of their child's developmental or other needs. All parents responded to this question and it was found that only 27 and 18 per cent of the parents of Russian and Romanian children respectively said that they had felt the need for outside help. Given the level of deprivation that many of their children had experienced prior to adoption, the reported levels of need for outside help seemed somewhat lower than could reasonably have been expected.

With respect to the group of Russian and Romanian girls combined the proportion (22 per cent) requiring outside assistance was also small and the figure was similar for the boys (25 per cent). When broken down by both country and gender, it was found that 13 per cent of the adoptive parents of Romanian girls indicated that they had felt the need for outside assistance as did 30 per cent of the adoptive parents of Russian girls. These results were surprising given that in previous results the Russian girls appeared to be advantaged in some respects. Perhaps this finding is partly due to or reflects the level of assistance this group of children has received. Amongst the boys, 26 per cent of the adoptive parents of Romanian boys and 24 per cent of the adoptive parents of Russian boys said they had felt the need for outside assistance

A wide range of outside help services were needed by parents. Those listed in response to Question 35B were use of a language centre, school counsellor, medical practitioner, psychiatrist or psychologist, community services and parent support groups. Other

services that were mentioned by parents ranged from speech therapists, occupational therapists, hearing and sight assistance, through to services providing assistance for children with learning difficulties. Amongst this range of services four stood out as being most frequently needed. These were medical practitioners (30.2 per cent), psychiatrists and psychologists (21.6 per cent), parent support groups (15.5 per cent) and language centres (13.8 per cent). The need expressed for all other services was well below 10 per cent.

Parents were also asked in Question 35B if they had been able to access the assistance that they felt they needed. Most had been able to, but for some services there were shortfalls between the percentages of parents who had indicated having a need and those who had been able to access the relevant service. The most predominat of these shortfalls between perceived need and service access were: assistance with learning difficulties (a shortfall of 50 per cent); language centres (37.5 per cent); assistance with hearing and sight difficulties (33 per cent); school counsellors (30 per cent); and school and educational services (a shortfall of 25 per cent).

In most cases parents who had used outside services were happy with the help they had received. However, parents who had used the services of Special Education Services indicated a relatively high level of dissatisfaction (75 per cent). The level of dissatisfaction nearest to this, was shared by those who had used psychiatrists and psychologists (66.7 per cent) and where children had received help with learning difficulties (also 66.7 per cent).

In Western Australia only 1 per cent of ICA parents indicated that they had felt the need to consult a psychologist or psychiatrist, but had not done so. Three per cent of the parents who did consult these professionals were not happy with the service, and 5 per cent had used psychological services and were happy with them. In New Zealand, 25 (21.6 per cent) said they had felt the need to consult a psychiatrist or psychologist, 24 (20.7 per cent) had done so. However only eight (33.3 per cent) of the New Zealand parents who had consulted a psychologist or psychiatrist said they were happy with the service. Obviously the parents of ICAs in New Zealand have felt a greater need for the services of psychologists and psychiatrists. There were also similar levels of dissatisfaction amongst adoptive parents in New Zealand and Western Australia regarding the service they had received from psychiatrists and psychologists.

School counsellors were used by 6 per cent of Western Australian and New Zealand adoptive parents respectively and most New Zealand parents (71 per cent) were happy with the service they had received.

Conclusions

In all four aspects of development (education and learning, general behaviour, getting on with other children and physical development) the majority of adoptive parents (ranging from 75 to 92 per cent) were either "very satisfied" or "satisfied" with the progress of their ICA children. Parental satisfaction with the progress of Russian children was generally higher than for Romanian children but the differences were small (4 per cent or less).

Levels of satisfaction with the overall intercountry adoption experience were reported as high for all family members although these did differ between Russian and Romanian ICAs. Lower percentages of Romanian than Russian adoptions were seen as either "very successful' or '"successful" for all family members. Although the differences were small (10 per cent or less), this trend was notable because of its consistency.

The percentage of Romanian adoptions that were rated as "very successful" in relation to all family members was consistently higher for children who were institutionalised for less than six months or not institutionalised at all and these differences were substantial. Given the relationship that was found between increasing problematic behaviour with increasing duration of institutionalisation for Romanian children (refer to Chapter Six), it is likely that the lower levels of perceived satisfaction for Romanian adoptions is related to the higher levels of problematic behaviour displayed by Romanian ICAs. And furthermore, that this problematic behaviour is a result of their experience of institutionalisation prior to adoption. Because the same relationship between higher levels of problematic behaviour with increasing duration of institutionalisation was <u>not</u> found for Russian ICAs it seems unlikely that a similar relationship (that is, lower levels of perceived satisfaction with increasing duration of institutionalisation) would be found for Russian adoptions had the data been available to make the same comparison.

A wide range of outside help services were used by parents but four services stood out as being most frequently needed. These were medical practitioners, psychiatrists and psychologists, parent support groups and language centres. Most adoptive parents had been able to access the services they wanted, but for some services there were shortfalls

between the percentages of parents who had indicated having a need, and those who had been able to access the relevant service. Most parents who had used outside services were happy with the help they had received except for those who had used the Special Education Service, psychiatrists and psychologists, and assistance with reading. Only 27 per cent of the parents of Russian children and 18.5 per cent of the parents of Romanian children said they had felt the need for outside help. Given the level of adversity many of the Russian and Romanian ICAs had experienced this seemed a small proportion. Levels of parental satisfaction with the progress of ICAs were high for all four areas of development in both New Zealand and Western Australia but marginally higher for the Western Australian adoptive parents. Similarly high levels of satisfaction with the overall adoption experience, were reported for all family members (that is, at least 79 per cent) in both countries. For mothers there was a greater difference in levels of satisfaction with 91 per cent of mothers in Western Australia and 79 per cent of New Zealand mothers feeling the adoptions were "very successful" or "successful". Possibly this is because it is mainly adoptive mothers who are dealing with the higher levels of problematic behaviour displayed by the ICAs in New Zealand.

Adoptive parents of Russian and Romanian ICAs in New Zealand appeared to have felt a greater need for the services of psychologists and psychiatrists than adoptive parents in Western Australia.. The same percentage (6 per cent) of adoptive parents in both countries had accessed the services of school counsellors.

CONCLUSIONS: CHAPTER EIGHT

Introduction

The thesis investigated three key questions:

1. What is the level of well-being of ICAs in New Zealand adopted from Romania during the period 1990 to 1995?
2. What is the level of well-being of ICAs in New Zealand adopted from Russia during the period 1992 to 1995?
3. Are there differences in well-being between the two groups of ICAs from Romania and Russia?

The purpose of this study was to ascertain whether or not children adopted from Romania and Russia, and now living in New Zealand, have been able to recover from institutionalisation and blocked patterns of attachment. This was done by using measures of behaviour and development that are known to be negatively affected by institutionalisation and blocked attachment patterns that is, competence (in out of school activities, social functioning and schooling), problem behaviours, happiness and health.

In this chapter I will (a) present a summary of the main findings and indicate how they compare with previous overseas research, (b) discuss the implications of the findings for policy and practice in New Zealand, (c) identify the limitations of the study in terms of its design and scope, and (d) identify areas or topics that would possibly be fruitful for future research in New Zealand.

Key Findings

Current Levels of Well -Being of Russian and Romanian Adoptees

The majority of Russian and Romanian children were reported to be happy (87.6 per cent) and healthy (94 per cent). Most (65.5 per cent) of the 5 – 16 year old children were reported to be competent (with scores of 14 or above) and 68 per cent had Problem Behaviour Scores within the normal range.

In response to the three research questions of this thesis the results are as follows:

1. The majority of Romanian children aged 4 – 16 years were reported to be happy (90.5 per cent) and healthy (98 per cent). Half (50 per cent) were reported to be competent and most (65 per cent) had Problem Behaviour Scores within the normal range.
2. The majority of Russian children aged 4 – 16 years were reported to be happy (85 per cent) and healthy (90 per cent). Slightly more than half (59 per cent) were reported to be competent and most (71 per cent) had Problem Behaviour Scores within the normal range.
3. Russian children appeared to be more advantaged than Romanian children:
   - Nine per cent more Russian children were reported to be competent.
   - Six per cent more Russian children had Problem Behaviour Scores within the normal range and Russian girls had the lowest Problem Behaviour Score.
   - A lower percentage of Romanian (28 per cent) than Russian (47 per cent) children were rated above average in their participation in non-sports activities.
   - A higher percentage of Romanian (13 per cent) than Russian (5 per cent) children were said to have no close friends and a higher percentage of Russian (93 per cent) than Romanian (89 per cent) children did things with friends at least once a week.
   - A higher percentage of Romanian (49 per cent) than Russian (36 per cent) children were reported as having occasional problems with their family.
   - Eleven per cent more Romanian than Russian children were seen by their parents as being unhappy at times, felt unloved sometimes (7 per cent more) and often experienced feelings of inferiority (4 per cent more).
   - Slightly more Romanian than Russian children had difficulties with asthma and allergies.
   - A higher percentage of Russian children were reported to be in the average to excellent range (Russian 83 per cent, Romanian 75 per cent) in their school performance.
   - Romanian ICAs did appear to be disadvantaged if adopted after the age of six months whereas the same could not be said of the Russian ICAs.
   - Romanian children were more likely to have experienced neglect and/or abuse prior to adoption (particularly neglect) and the impact of institutional care upon them has been more negative than for Russian children.

Total Competence

The mean Total Competence Scores for the New Zealand ICAs clustered around the midpoint (14) whereas Western Australian ICAs had scores above the midpoint and showed a steady increase in mean Total Competence Scores with age which was not echoed in the scores of the New Zealand ICAs. Children in the general population of Western Australia (Hensley, 1988) had the highest mean Total Competence Scores.

Out of School Activities

Both Russian and Romanian children were frequently involved in organised activities such as coached sports, cultural activities and clubs. Most of the total New Zealand group were rated by their adoptive parents as either average or above average in all four categories of activities (non-sport, sports, doing chores at home and being able to play alone).

In terms of the extent to which ICAs participated in out of school activities, and the quality of their participation, the New Zealand group matched the Western Australian ICAs almost exactly. Higher percentages of New Zealand and Western Australian ICAs participated in out of school activities and were involved in a greater number of out of school activities than children in the general population of Western Australia. Families of ICAs have previously been known to encourage their children to participate in out of school activities (Hoksbergen, et al, 1987a; Verhulst et al, 1990a). This may be related to the better socio-economic circumstances of most intercountry adoptive parents compared to the general populations in both Western Australia and New Zealand (Achenbach, 1991).

Social Functioning

The majority of New Zealand ICAs were reported as having no, or occasional problems, in their relationships with their teachers, other children and their families. However, more Romanian than Russian ICAs were reported as having occasional problems getting along with their family. Overall the majority of children related well with others but Romanian children experienced slightly more difficulties in their relationships with others than Russian children. This is likely to be because Romanian ICAs have been exposed to more adverse pre-adoption experiences given the data. Groze and Rosenthal (1993) found that attachment was the most positive for children with no abuse history and least positive for children with multiple abuse histories.

Most adoptive parents/parents in the New Zealand and two Western Australian studies rated their children as having "occasional" or "no problems" in their relationships with others. Slightly more New Zealand ICAs were rated as having "constant" or "frequent problems", in their relationships. The area of greatest difficulty appeared to be in relationships with family, for children in all three studies, followed by relationships with other children. Across the three studies, New Zealand ICAs had the most problems, followed by Western Australian ICAs and the lowest percentage of children who had difficulties in their relationships was in the WACHS. This is probably because children in the general population of Western Australia had been exposed to less adversity than the ICAs. And the ICAs in Western Australia were exposed to lower levels of pre-adoption adversity than the ICAs in New Zealand.

At three and a half years old, children known to have secure patterns of attachment have been found to be considerably more advanced in their relationships (Matas et al., 1978; Waters et al, 1979) than children with insecure avoidant attachments (Sroufe, 1988). This suggested that the quality of the relationship patterns established in the first years of life continue to have a powerful influence on the child's subsequent development. In a later study (Sroufe et al., 1993) with children known to be at risk, it was found that the secure children scored higher in every aspect: ego resiliency; self-esteem; independence; ability to enjoy themselves and respond positively to other children. They were seen as having superior social skills, they had more friends, and were among the more popular children. The incidence of social difficulties in ICAs does appear to increase with older ages at placement (Harper, 1986; Kumar et al, 1987) – probably due to increased exposure to pre-adoption adversity, and insitutionalisation (Tizard and Hodges, 1978; Hodges and Tizard, 1989a, 1989b). Research also indicates that social competence in boys tends to be more negatively affected by pre-adoption adversity than girls (Verhulst et al, 1990a).

School Functioning

In overall school performance, parental ratings indicated that the majority of The New Zealand ICAs were performing in the average to excellent range although a higher percentage of Russian children fell within this range. Slightly more Romanian than Russian children were reported as failing in mathematics and science. The use of special education programmes was small, except for remedial education which was used by just over a third of all the New Zealand ICAs.

The School Scores of the Western Australian ICAs were consistently higher than those of the New Zealand ICAs. The greatest difference between the countries occurred in the 12 – 16 age group probably due to later ages at adoption and longer periods of institutionalisation of the older New Zealand ICAs. The majority of adoptive parents in New Zealand and Western Australia rated their children as "average" and "above average" in the subjects reading, mathematics, social studies and science but the percentages were lower for the New Zealand ICAs, particularly, in reading and mathematics. Mathematics was the most problematic subject for both New Zealand and Western Australian ICAs but to a lesser extent for ICAs in Western Australia. Difficulties with cognitive tasks such as reading and mathematics could be due to a lack of exposure to quality education prior to adoption and/or the inability of children living in adverse circumstances to benefit from what education they do receive.

This study and other intercountry adoption studies (for example, Hoksbergen et al., 1987a; Kvifte-Andresen, 1992; Rosenwald, 1994) have found mathematics to be an academic area of particular concern for ICAs. Reading was found to be the second most problematic academic area in this study and by Rosenwald (1994). Several studies have indicated that adverse pre-adoption experiences can have a long-term negative influence on school performance. Children who have blocked patterns of attachment, due to their experience of pre-adoption adversity, are more likely to have difficulty with tasks that involve cognition and expression such as reading and mathematics. Experience of abuse and neglect appear to have the most negative affects on later competence. Sroufe et al. (1993) found that cognitive and expressive processes, including the use of language, were related to the children's attachment classification. Secure children showed more self-awareness and ability to focus on their own thought processes. Marcovitch et al. (1995) found that children who were placed later, having had more exposure to negative influences, had difficulty attaining educationally. Main (1991) also found that cognitive and expressive processes, including the use of language, were related to the children's attachment classification. Therefore it is not surprising that ICAs have a high need for remedial education services and adapting to changes in language will undoubtedly contribute to this.

Social and behavioural difficulties, a need for remedial education (including the ability to access remedial education services), and the need for attachment to be focussed and established with adoptive parents, are factors that are likely to contribute to the decision of

some intercountry adoptive parents to home school particularly in the early post-adoption stage. This was the case with some Romanian children in New Zealand and it should be remembered that it was the Romanian children who had experienced the highest levels of pre-adoption adversity.

The Western Australian ICAs seemed to be doing the best academically with children in the WACHS falling between the New Zealand and Western Australian ICAs. This may appear to be inconsistent with the difficulties experienced by many ICAs with education. However, Western Australian ICAs may have had a double advantage in that they have experienced considerably less pre-adoption adversity than the New Zealand ICAs and are likely to have been more advantaged in socio-economic terms than many children in the general population of Western Australia. Rosenwald (1994), found that ICAs were more likely to be living in culturally diverse, stable, financially secure, two parent families than their Western Australian peers (Silburn et al., 1994).

Happiness

Most of the New Zealand ICAs were seen as happy or very happy. More girls than boys were rated as not unhappy, sad or depressed and more girls had higher Happiness Scores. One-fifth of the New Zealand ICAs were reported by their parents as often being teased, and felt unloved and inferior sometimes, but the majority of children did not have these experiences. More Romanian than Russian children were unhappy and felt unloved at times and often experienced feelings of inferiority. Nearly all the New Zealand ICAs seemed to their parents to be happy with their physical appearance and most seemed happy with themselves and with the way things were going at the time of the survey. Parents also reported that most of their ICAs liked school.

There was little difference between the Happiness of the New Zealand and Western Australian ICAs. All were close to the top score of 6, which indicated high levels of reported happiness for both countries. Happiness was one of two aspects of post-adoption well-being (the other being health) that were relatively impervious to the affects of pre-adoption adversity. This supports the notion that despite having experienced adversity, intercountry adoption can provide the majority of ICAs with positive life experiences and is a reflection of the quality of parenting and life that most ICAs have been able to enjoy in New Zealand.

Physical Health

On arrival most of the New Zealand ICAs had a health status in the "poor", "fair" and "good" categories. All have had a significant improvement in health since arrival to "very good" and "excellent" ratings. The biggest percentage of children who arrived in a poor state of health were Romanian boys, followed by Romanian girls. More Romanian children had problems with asthma and allergies than Russian children. Romanian children have had the most dramatic improvements in health since arrival.

In both New Zealand and Western Australia the proportion of ICAs enjoying "excellent" or "very good" health increased markedly post-adoption but particularly so for ICAs in New Zealand. The percentage of ICAs who were seen by a medical practitioner was considerably greater in New Zealand than Western Australia. Obviously health difficulties affected a higher proportion of the New Zealand ICAs and to a greater extent than Western Australian ICAs. Overall slightly more children in Western Australian (both ICAs and children in the WACHS) suffered from asthma and allergy problems than the New Zealand ICAs.

Research in the United States (University of Minnesota Hospital and Clinic, 1992) and Canada (Ames, 1997) had already confirmed the presence of health and developmental problems in Romanian ICAs who were institutionalised prior to being adopted. Similar problems were found in ICAs from Eastern Europe (including Russia) during the period June 1991 to March 1995, by the International Adoption Clinics at the Floating Hospital for Children, Boston, Massachusetts, and the University of Minnesota Hospital, Minneapolis (Albers et al., 1997). All of the ICAs from Eastern Europe in these studies had also resided in state-run institutions before placement. The poor state of health on arrival in New Zealand of many Romanian and Russian children, indicated that these health trends were also apparent in the Romanian and Russian children coming to New Zealand.

Problem Behaviours

A third of the total New Zealand group had Problem Behaviour Scores above 34. Romanian boys were the most disadvantaged in terms of problem behaviour followed by Russian boys. There were imbalances in mean Problem Behaviour Scores in favour of girls and in favour of Russian children.

The mean Problem Behaviour Scores increased with age particularly for Romanian boys. In New Zealand 12 - 16 year old ICAs had a mean Problem Behaviour Score much higher than 4 – 11 year olds. All the New Zealand ICAs in this 12 – 16 year age group were institutionalised for longer periods of time and were adopted when older which is likely to have contributed to their higher levels of problematic behaviour. Again the Romanian children appeared to be most disadvantaged in this regard.

Generally, the New Zealand ICAs exhibited a higher level of problematic behaviour than the Western Australian ICAs. In both countries a greater percentage of boys had Problem Behaviour Scores within the clinical range than girls. The increase in mean Problem Behaviour Scores with increasing age, in both genders, was a trend that was shared by ICAs in both countries but especially for the New Zealand ICAs. The children in the WACHS had the lowest mean Problem Behaviour Scores, the New Zealand ICAs the highest, and the scores of the Western Australian ICAs lay in between these.

The most frequently reported problem behaviour in the WACHS was "argues a lot" which was also the case for ICAs in New Zealand and Western Australia. There was a lot of similarity across the New Zealand and two Western Australian studies in the type of problem behaviours the children displayed.

Verhulst et al. (1990a) also found ICAs in Holland, especially the boys, had higher levels of problem behaviours, and that the incidence of problem behaviours in ICAs increased with age compared to a decrease with increasing age in the Dutch normative sample. Hoksbergen and colleagues (Geerars et al., 1991; Hoksbergen et al., 1991; Hoksbergen, 1992) identified the most significant predictors for problem behaviour as age at placement, poor physical health at adoption, and adverse pre-adoption experiences. An absence of, or poor attachment, was considered to have been the most critical factor in the development of problematic behaviour.

The results obtained in New Zealand and Western Australia are consistent with the trends found in Holland, Australia (Calder, 1978; Harvey, 1980; Harper, 1988; Rosenwald, 1994), America (Rathbun et al., 1965; Kim, 1977, 1978; Kim et al., 1979; S. Kim, 1980), England (Tizard and Hodges, 1978; Hodges and Tizard, 1989a, 1989b), Canada (Marcovitch et al., 1997), Sweden (Cederblad, 1982) and Germany (Kuhl, 1985). Relationships were also found in New Zealand between age at adoption, length of institutionalisation, poor health

on arrival, exposure to adversity prior to adoption and the incidence of problematic behaviour. All of these factors will have impacted negatively and differentially upon the ability of the New Zealand ICAs to form attachments with their adoptive families.

Age at Adoption

Romanian children appeared to be disadvantaged if adopted after the age of six months whereas the same could not be said of Russian children.

Overall, the ICAs in New Zealand were older at the time of their adoption than the Western Australian ICAs. In both countries boys had a higher level of problematic behaviour. As the percentage of boys was considerably higher in the New Zealand group of ICAs, this is likely to have contributed to the overall higher level of problematic behaviour reported for New Zealand ICAs. The trend in New Zealand and Western Australia of increasing mean Problem Behaviour Scores with increasing age in both genders, was mirrored by a trend of increasing mean age at adoption with increasing current age in both genders and both countries.

Harper (1986) investigated the adoption of older ICAs (their average age at placement being over four years) in Australia. Two-thirds had sought professional help, particularly in areas such as language, learning and relationships. Harper's results contrasted with those of Kumar et al. (1987) who studied 126 ICAs in Australia who had an average age of 18 months at the time of placement and the study found few language, schooling and relationship problems.

However, Verhulst, et al. (1992) ascertained that age alone was not a significant predictor of ICAs problems after the negative effects of neglect, abuse and number of placements were removed. It was the pre-adoptive environment, not age at adoption itself, which was significant. Rosenwald (1994) also found that later well-being was most strongly influenced by pre-adoption experiences of abuse and neglect and that children adopted after the age of six months were more likely to have had these experiences.

Pre-Adoption Adversity

It is interesting to note that the percentage of children who had been exposed to abuse, neglect and changes of care in Rosenwald's study (1994) was small when compared to

other studies. Verhulst et al. (1990b) reported that in their sample of 2,148 intercountry adopted adolescents, 45 per cent had been subjected to neglect, 13 per cent to abuse, and 6 per cent had experienced three or more changes of care. Hoksbergen et al. (1987a) reported a pre-adoption adversity rate of 50 per cent in a group of 116 ICAs from Thailand. Harper (1986) reported a severe or moderate level of deprivation at arrival in Australia for 44 per cent of ICAs adopted after the age of four years.

Above two-thirds (68 per cent) of the New Zealand ICAs were exposed to neglect prior to adoption. The Romanian group had a greater percentage of children who had been exposed to neglect than did the Russian group with Romanian girls being most likely to have experienced neglect followed by Romanian boys, Russian boys (the difference between the two groups of boys was negligible) and Russian girls. This is consistent with previous results that showed that overall, Russian girls were the most advantaged group while boys from both countries shared similar levels of disadvantage.

Abuse has not had such a wide impact upon the New Zealand ICAs as neglect. About a third (29 per cent) had experienced abuse. The group with the highest exposure to abuse was Russian girls followed by Romanian boys, Romanian girls and lastly Russian boys. Again more Romanian children had been exposed to abuse but not to the same extent as in the results on neglect. More girls than boys had been exposed to abuse. Most children from Russia and Romania had experienced 0 – 3 changes of caregiver (31.5 per cent had two or more changes of care) and both Russian and Romanian children were very similar in this respect.

The Total Adversity Score (range 0 – 9) was a summation of three questions within Part A of the Intercountry Adopted Child Questionnaire about neglect, abuse and changes of care. Each question was scored from 0 for no adversity to 3 for certain adversity giving a 10 point range (0 – 9) for the Total Adversity Score. A Total Adversity Score of 9 indicated a very high level of pre-adoption adversity. Just under a third of all the children had high Total Adversity Scores. A higher percentage of the boys had high Total Adversity Scores than the girls. There was very little difference in the mean scores on the Activities, Social and School Scales and happiness, between those with high and low Total Adversity Scores. However, those with low Total Adversity Scores had a considerably lower mean Problem Behaviour Score than those with high Total Adversity Scores, but both mean Problem Behaviour Scores were still below the clinical cut off point of 34. One might

conclude that there was a relationship between the degree of pre-adoption adversity a child had experienced and the degree of problem behaviour they displayed. This was particularly true of Romanian ICAs who were exposed to the most adversity and who displayed the most problematic behaviour.

Only 12 per cent of the Western Australian ICAs had high Total Adversity Scores. Clearly, a greater proportion of the New Zealand ICAs were known, or suspected, to have experienced pre-adoption adversity than the Western Australian ICAs. Boys were over represented in the group who had high Total Adversity Scores in both countries.

Any assessments that are made about the current well-being of Russian, and particularly Romanian, children in New Zealand can therefore only be made with their high levels of exposure to pre-adoption adversity in mind. It is also likely to account for the lower levels of well-being, in some respects, amongst the ICAs in New Zealand in comparison to Western Australian ICAs. Given this, it is surprising that so many Russian and Romanian children are doing as well as they are. This may be due to common experiences and personal attributes of indiviual children who appear to be more resilient to adversity (refer to p. 57). Other contributing factors are likely to be the stability, education and access to resources that are common features of many families who have adopted children from Russia and Romania (refer to p. 34) and the use of outside help (refer to page 156). Variations in exposure to adversity are likely to be contributing to the overall variation found in the results of the New Zealand study and internationally amongst groups of ICAs who have originated from different countries. This is linked with the age of the child at the time of placement for adoption because the older a child is at placement, the more likely it is that she/he will have experienced adversity and for a longer period of time.

The Affects of Institutionalisation

Virtually all of theNew Zealand ICAs who were definitely known to have experienced adversity (and had high Total Adversity Scores) were institutionalised, which leads one to the conclusion that much of the abuse and neglect occurred in institutional settings. Amongst Romanian children there did appear to be a relationship between institutionalisation and later problematic behaviour. It was notable that less than half of the Romanian children who were institutionalised for more than 6 months had Problem Behaviour Scores within the normal range (34 and below). Curiously, the opposite was true for Russian children. The impact of institutionalisation upon Romanian children has

been more negative and incremental (that is, increasingly problematic behaviour with increasing length of institutionalisation) than the impact of institutional care on Russian children. There was little difference between the percentage of boys and girls who were institutionalised. The particularly harsh conditions within Romanian orphanages documented during the early 1990s is likely to be the cause of the more damaging affects of insitutionalisation upon the Romanian children.

The majority of all children had health ratings of "good", "fair" or "poor" on arrival in New Zealand. Amongst Romanian children there was an increase in those with the three lowest health ratings with institutionalisation and increasing length of institutionalisation. A high number of Russian children who were institutionalised for more than six months also had low health ratings.

Satisfaction with the Progress of Intercountry Adoptees and the Intercountry Adoption Experience

In all four aspects of development that parents were asked about (education and learning, general behaviour, getting along with other children and physical development) the majority of New Zealand adoptive parents chose a rating of "very satisfied" or "satisfied". This was true for the Russian and Romanian children combined, and for the separate groups of Russian and Romanian children. In most aspects, more parents of Russian than Romanian children selected one of the two top ratings ("very satisfied" or "satisfied") but the differences were small. Parental satisfaction with the progress of their ICAs was high for all four areas of development in both Western Australia and New Zealand but marginally higher for the adoptive parents of Western Australian ICAs.

In the majority of cases all family members in New Zealand were reported as rating the intercountry adoption experience overall as "very successful" or "successful". The percentage of Romanian adoptions that were rated as "very successful" in relation to all family members (children, mothers, fathers and families as a whole) was consistently higher where children had been institutionalised for less than six months (inclusive of those not institutionalised at all) and these differences were substantial. The ratings of "only fair" and "unsatisfactory" were selected for very few adoptions, but in all cases where these ratings were selected, the children had been institutionalised for more than six months. These findings suggested that perceived satisfaction with adoptions is affected by the length of time the child was institutionalised prior to adoption. For the ICAs, fathers, and families as a whole, reported levels of satisfaction were similarly high in New Zealand

and Western Australia although again slightly higher for Western Australian ICAs. For mothers there was a greater difference in levels of satisfaction with fewer New Zealand than Western Australia mothers feeling the adoptions were "very successful" or "successful". This result could be because it was primarily mothers who were dealing with the higher levels of problematic behaviour displayed by the ICAs in New Zealand.

Groothues et al. (1998/99) examined the outcome of adoptions of Romanian ICAs in Britain. They identified factors that impacted upon the success of adoption placements. Child-based factors were the age of the child at time of placement, corresponding duration and exposure to deprivation and adjustment to the results of deprivation such as cognitive impairment and behavioural problems. They found a significant correlation between developmental delay at placement and higher negative evaluations of the adoption by parents. Mainemer et al. (1998) found parenting stress was highest in the adoptive parents of Romanian children institutionalised for longer periods (at least 8 months). Predictors of parenting stress in this group included attachment security and the numbers of problem behaviours.

The finding that the adoptive parents of Romanian children in New Zealand who were either not institutionalised, or spent brief periods in institutional care, did show higher levels of satisfaction is consistent with this overseas research. It also implies that institutional rearing was the critical variable rather than adoption itself. Furthermore, as higher levels or problematic behaviour were found amongst children who had been institutionalised for longer periods, this suggested that parental stress and feelings of satisfaction were related to the incidence of problematic behaviour.

Internationally the majority of intercountry adoptive parents and their children consider the adoption a positive experience even though some placements are quite problematic (Smith, 1997b). In a questionnaire survey of families who had adopted from Romania, Groze and Ileana (1996) found that 91 per cent of parents rated the adoption as having a positive impact on their family despite about half of the children having health and developmental problems. In other words the high level of problems amongst adopted children does not necessarily translate into dissatisfaction with the adoption.

The Use of Outside Help

Only 27 per cent of the adoptive parents of Russian children and 18.5 per cent of the adoptive parents of Romanian children indicated that they had felt the need for outside help. Given the level of deprivation that many of their children had experienced prior to adoption, this seemed a small proportion.

A wide range of outside help services were used by parents but four services stood out as being most frequently needed. These were medical practitioners, psychiatrists and psychologists, parent support groups, and language centres. Most parents had been able to access the services they needed but for some services, there were shortfalls between the percentages of parents who had indicated having a need and those who had been able to access the desired service. The most predominat of these were services for children with learning difficulties, language centres, assistance with hearing and sight difficulties, school counsellors, and school and educational services. Most parents who had used outside help services were happy with the help they had received. However parents who had used the Special Education Service, psychiatrists and psychologists, and received assistance with learning difficulties indicated relatively high levels of dissatisfaction. This may be due to a lack of staff and time to deal with individual cases within these services causing delays before services are received and the delivery of services at a minimal level. In addition, the effects of poor quality institutional care have not been widely experienced in New Zealand giving professionals little opportunity to develop skills in working with children who have been insitutionalised, especially, those who have been institutionalised for long periods. This could lead intercountry adoptive parents to feel that they have to rely upon their own resources to provide what their children need and a sense of isolation. Support groups for intercountry adoptive parents where ideas, contacts for useful services and parenting experiences can be shared are a way of addressing this problem.

Fewer Western Australian than New Zealand intercountry adoptive parents had felt the need for the services of medical practitioners and psychological services. Again this is probably due to the higher levels of exposure to adversity of the New Zealand ICAs, and consequently, their higher levels of problematic behaviour. School counsellors were used to a similar degree in both countries. ICA parents in both New Zealand and Western Australia are likely to be aware of, or to have already used, widely available services (such

as school counsellors) as part of the process to become adoptive parents and are thus more likely to consult specialist services directly when required (Rosenwald, 1994, p. 60). In the WACHS pilot sample 10 per cent of the parents reported using the service of a school counsellor in the six months prior to the pilot study which is 4 per cent more than in this New Zealand study and in Rosenwald's study of ICAs in Western Australia (Garton et al., 1995).

Post – Adoption Recovery

Early intercountry adoption studies reported that the overall long-term development of most ICAs living in a variety of countries was within the normal range. This was in spite of adoption at an older age and in some cases severe pre-adoption adversity [12]. Similar results have been reported in Australia (Calder, 1978; Harvey, 1980).

Not all children who experience adversity are similarly affected and there are indications that the negative after effects of adversity diminish over time (Rosenwald, 1994). Other intercountry adoption research in Australia (for example, Harvey, 1980) and abroad (for example, Hoksbergen et al., 1987a; Verhulst et al., 1992) support the ability of many ICAs to overcome pre-adoption disadvantages.

Tizard (1991) estimated that 75 to 80 per cent of ICAs experience well-being which suggests that, for the majority of children, the underlying assumption that intercountry adoption can provide a good experience of life is supported. Research does show, however, that there is a strong correlation between the time during which the child has been exposed to negative influences and the incidence and severity of post-placement problems.

Adolescence

Howe (1995) found that adolescents with secure attachment histories were well able to handle the demands of separation, independence and relationships beyond the family. Whereas adolescents who had experienced insecure and anxious attachment histories found both separation and the requirement to meet their relationship needs outside the family more difficult and disturbing.

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[12]For examples, see Rathbun et al., 1965; Winich et al., 1975; Kim, 1977, 1978; Kim et al., 1979; Cederblad, 1982 and; Kuhl, 1985.

This research has found that the 12 – 16 year old New Zealand ICAs had lower levels of competence and higher levels of problematic behaviour than Western Australian ICAs and children in the general population of Western Australia. These factors appeared to be associated with older ages at adoption, longer periods of institutionalisation and consequential higher levels of pre-adoption adversity. Family and educational problems are most likely to occur when children are adopted at a late age, and as a consequence are more likely to have been exposed to adversity, rather than from the experience of intercountry adoption itself. The majority of adolescent ICAs, across a number of countries where research (particularly longitudional research) has been carried out, have been shown to experience well-being. Therefore, the higher incidence of difficulties amongst some adolescent ICAs, who have experienced high levels of adversity, does not undermine the validity of the practice of intercountry adoption as a means of child rescue.

Summary

Most of the Russian and Romanian children in New Zealand did appear to be experiencing well-being and this is consistent with research on ICAs in other countries. However their overall level of well-being was lower than that of ICAs in Western Australia and lower still than children in the general population of Western Australia. The lower level of well-being of Russian and Romanian children in New Zealand can be attributed to the high levels of pre-adoption adversity (paricularly neglect) they have experienced which is associated with later age at placement and insitutionalisation. Romanian children were particularly disadvantaged by these factors. The incidence of problem behaviour, difficulties with educational achievement, relationships with others and satisfaction with the overall adoption experience were most negatively affected by high pre-adption adversity. Happiness and recovery of health were least affected by pre-adoption adversity. The negative affects of adversity appear to diminish over time.

Implications of the Findings for Policy and Practice

Government and Parliamentary process has played a large part in the development of policy and legislation, international and domestic, that underpins the practice of intercountry adoption in New Zealand and abroad. Social work includes both political (policy) and practice (casework) components. Both these aspects influence each other and it is not sufficient to deal with one without the other.

Uses of this Information in the Practice of Intercountry Adoption

From the viewpoint of practical application, the areas where I anticipate this information could be of use are:

1. Identification of the need, and differentials in need according to age and gender, for the provision of particular specialised adoption and post-adoption services where ICAs have been institutionalised prior to adoption and/or have experienced high levels of pre-adoption adversity.
2. Providing information that may help to develop a model of delivery of intercountry adoption services in New Zealand given the recent and impending legislative changes in this area.
3. Providing information that may assist intercountry adoptive parents, and those considering intercountry adoption, to make informed decisions.
4. A contribution to the creation of a data base in New Zealand about the well-being of ICAs in this country and to facilitate future research. This data could be used to make comparisons between ICAs in New Zealand and other countries so that the benefits of intercountry adoption practices across a range of countries could be assessed. This could provide information about what services have been most useful in assisting ICAs and their families particularly, for ICAs who have experienced high levels of pre-adoption adversity.

There are implications from this research that could inform the way we practice intercountry adoption in New Zealand in accordance with the existing policy and legislation. What has clearly come from the research data is:

1. The importance of age, gender and experience of pre-adoption adversity as critical criteria in the support of ICAs.
2. Education of prospective adoptive parents in matters of support of ICAs.
3. The problems of post-adoptive adjustment and development of children and access to the range of services available and/or required.

The results of this, and overseas, research tell us that in order to limit cognitive ill-effects, children require permanent removal from situations of deprivation (including institutionalisation) as early as possible in their lives. It would be of great advantage to children, who have no possibility of placement within their country of origin, that they be made available for intercountry adoption as soon as possible to minimise the long term effects of institutional care. Support from migrant groups from the same country of origin

may assist ICAs to develop an understanding of, and identification with, their country of origin.

Preparation and support to families adopting children from abroad to enhance attachment early in the adoptive placement could be a valuable prevention strategy for children who are known, or suspected, of having been exposed to high levels of pre-adoption adversity. A post-adoption support programme for this purpose has been developed, tested and proven effective in Holland (Juffer, 1993). This programme could be of use for Russian and Romanian children in New Zealand.

Post-adoption services need to be available that are sensitive to the strong relationship between behaviour problems presented by ICAs, exposure to pre-adoption adversity (including institutionalisation) and parenting stress. Appropriate pre-adoption education should incorporate the first hand experience of parents who have adopted institutionalised children. Parent support groups as well as professional support programmes incorporating a team approach may be especially helpful. Pre-placement education and preparation of both the child and the adoptive family can greatly enhance their ability to rise to the challenge of intercountry adoption (Smith, 1997b, p.29).

The provision of services via delegated private agencies could mean less delay in the processing of applications for intercountry adoption, and less delay for children in adverse conditions waiting placement, because the workload is shared. It could also lead to the development of private intercountry adoption agencies specialising in the delivery of post-adoption services for ICAs and their families where the child is known to have experienced considerable pre-adoption adversity (because of neglect, abuse, institutionalisation, frequent changes of caregiver and older age at adoption). Such services would necessarily entail the development of a network of specialist professionals (both within New Zealand and internationally) who are interested in gaining the knowledge and practice expertise to work with ICAs and their families in areas such as blocked patterns of attachment, management of behaviour problems, health, and language difficulties. Such professional support will be necessary to minimise the possibility of placement breakdowns and ICAs ending up in statutory care in New Zealand. It could provide information to adoptive parents and aid the recovery of ICAs. ICANZ is already working to achieve this, strengthening the range of support available to ICAs and their families in New Zealand.

Impending Legislative Changes

The Adoption Act 1955 is currently under parliamentary review. Several reports have been written about proposed changes. Two of particular relevance to this thesis are *A Submission by the Department of Child, Youth and Family Services on the Adoption, Options for Reform, A Discussion Paper, Law Commission October 1999* and, *Report 65* of the *Law Commission, Adoption and its Alternatives A Different Approach and a New Framework* presented in September 2000.

These documents discuss questions posed by the Law Commission in the context of how a new Care of Children Act could operate and how the adoption provisions within this new Act would need to differ from the current Adoption Act 1955 (Department of Child Youth and Family, 1999a). The recommendation of the Law Commission is that a Care of Children Act would "encompass adoption as one of a number of options for the care of a child (and) should place at the forefront of consideration the best interests of the child, applying in this sphere the policy already seen in the Guardianship and the Children, Young Persons and Their Families legislation" (Law Commission, 2000, p. xv). Legislation that would need to be reviewed in light of the proposed Care of Children Act including the Guardianship Act, Children, Young Persons and Their Families Act, Adoption Act and the Adoption (Intercountry) Act.

The Department of Child, Youth and Family Services do not support the current flexibility in adoption under s17 of the Adoption Act being included in a new Care of Children Act. They propose that the Adoption (Intercountry) Act be amended so that New Zealand citizens have to follow the process of the Hague Convention whether or not the sending country has acceded or ratified the Hague Convention.

The requirement that private providers only be accredited to perform one of two possible services is to avoid situations where adopters may be less willing to be forthright about reservations or problems if their suitability to adopt is assessed by the person's counselling them. They may also be less likely to approach an agency for post-adoption counselling for fear of being judged inadequate which may negatively impact upon any subsequent applications to adopt.

The Law Commission (2000, p. 109) recommended that all prospective adopters (including intercountry adopters) must be approved by Child, Youth and Family. Child, Youth and Family would be specifically empowered to prosecute persons who fail to comply with this

requirement. The Law Commission also recommended that compliance with these procedures be a condition that precedes the making of an adoption order encouraging prospective adopters to follow this process so as not to jeopardise the making of an adoption order.

Post-adoption services are already legislated for under the Adoption (Intercountry) Act. By making better use of private organisations to provide adoption counselling services, the accessibility of these services may be improved throughout New Zealand. The Law Commission (2000, p. 111) recommended that "Legislation require prospective intercountry adopters to undergo counselling and education sessions before leaving New Zealand to adopt a child from overseas" and that intercountry adoptive parents should be charged for at least a portion of this. It is was further recommended by the Commission (p. 112) that "Child Youth and Family be able to charge intercountry adoptive parents the full cost of disburstments payable in relation to the adoption".

Limitations of the Research

There are difficulties associated with clarifying what a 'successful' adoption placement is and how to measure whether an adoption is 'successful' (Smith, 1997b, p.25). Measures of the success of an adoption have been based on the proportion of disruptions and the level of problem behaviour reported by the parents, and whether or not an ICA has been placed in care outside of the adoptive family. However, adoptive parents who have had negative experiences with intercountry adoption may choose not to respond to a survey. Adoptive parents may over emphasise or diminish aspects of the ICA's behaviour or background as a way of providing supporting evidence for their experiences. There are often gaps in knowledge about the ICAs pre-adoption experiences making it difficult to accurately assess the affect that this may be having on the child. Criticism has been made about the collection of data from parental reports alone (a common feature of much of the relevant research). This has to be weighed against the difficulties associated with collecting raw data from children, both ethically (in relation to informed consent) and in terms of the validity of the data collected from children (dependent upon the ages of the children involved). This research relied on information provided by adoptive parents. Achenbach (1991) and other developmental researchers (for example, Rutter 1990) consider parents to be one of the most valuable and reliable sources of information on the behaviours of children. However, the simplicity of some of the measures (questions) within the Intercountry Adopted Child Questionnaire, and gaps in knowledge regarding the

pre-adoptive histories of ICAs, limits the generalisation of the information collected from adoptive parents in both this and Rosenwald's (1994) study. This is particularly so, in relation to information about overall happiness and measures of pre-adoption adversity.

The confidentiality requirements of government agencies dealing with intercountry adoption (for example, the Department of Child, Youth and Family Services) and time required to collect data (for example from the New Zealand Immigration Service) can create difficulties obtaining accurate information about ICAs in New Zealand. These difficulties were avoided by not relying upon accessing information in the records of government departments. Instead information was accessed through a community organisation (ICANZ) whilst at the same time maintaining the confidentiality of participants. Problems establishing the numbers of children in the two target populations (Romanian and Russian ICAs) were managed by using information from more than one source where possible (for example, government and ICANZ records).

Small sample size for some groups of children in this research also restricts the ability to generalise from the information gathered. This applies to children in the 4 – 5 and 12 – 16 year age groups and the small number of Russian children institutionalised for less than six months. I have pointed this out where relevant in the body of this thesis. Some families chose not to respond to this survey which could be interpreted as suggesting that that the non-participants have had less satisfying intercountry adoption experiences. However the broad spectrum of results that were obtained, and the consistency of these results with other research on attachment and intercountry adoption, suggested that this is not the case.

Suggestions for Future Research

An absence of data collected about children in the general population of New Zealand, using standardised instruments of measurement such as the Child Behaviour Checklist (Achenbach, 1991), has meant that there is no local basis of comparison between New Zealand and overseas research that has used this measure. Consequently, data collected in Australia has been the closest point of comparison. If such data were collected about New Zealand children, it would establish a normative baseline of the behaviour of children in the general population and allow comparisons to be made, not only in the field of adoption research, but in many other areas as well.

Pre-placement care and the length of time the child is exposed to adversity (which is associated with age at time of placement) predicts differences in adoption outcome. Pre-placement experience of abuse and rejection can lead to higher levels of behavioural problems and difficulties in relationships between the adopted child and their new family. Research is needed that examines the overlap among identified risks or how the effects of individual risks may be moderated by other factors in the prediction of adoption outcome.

Howe (1996) points out that some children, in spite of experiencing considerable adversity prior to their adoption placement, manage to cope well with childhood after placement, show little seriously disturbed behaviour, make a reasonable emotional recovery and enjoy secure relationships with their new families. A number of intercountry adoption studies have also shown that the impact of pre-adoption adversity can be reversed (Harvey, 1980; Hoksbergen et al., 1987a).

Children who had been placed for adoption between 18 and 30 months were found by Hoksbergen and colleagues (Geerars et al., 1991; Hoksbergen et al., 1991; Hoksbergen, 1992) to be particularly at risk of later disruption of their adoption placement. Follow up research is needed in New Zealand to ascertain what is the relevance of sensitive age periods for attachment formation (such as the first 2 or 3 years of life) to the identification of an optimum age for adoption? Is there an upper age limit beyond which complete reversal is not possible? What percentage of ICAs with negative pre-adoption experiences do recover, and what particular services promote this recovery? Such information could impact upon adoption practice in this country adjusting the age at which children are placed for adoption to minimise any long-term attachment difficulties.

Gender differences in the recovery of children from adverse pre-adoption experiences have been found by many researchers. Rosenwald (1994) found that intercountry adopted boys rated higher in problem behaviours than girls. The 12 – 16 year old boys in her study obtained the highest Problem Behaviour Scores as did the same group in this thesis. This was also found to be the case in the WACHS (Silburn et al., 1994). Similar gender effects have been reported in other intercountry adoption studies (for example, Verhulst et al., 1990b). The age and gender differences in problem behaviours amongst ICAs seem to be

larger than is commonly found in the general population[13], but similar to those reported in other intercountry adoption studies[14]

Different researchers offer seemingly contradictory explanations for the higher level of problematic behaviour displayed by ICA boys such as pre-adoption adversity (Verhulst et al., 1992), older age at adoption (Hoksbergen et al., 1987a) or attachment issues related to gender itself (Kvifte-Andresen, 1992). As yet, no definite conclusion can be drawn regarding the higher level of problem behaviours found in ICA boys although all the aforementioned factors seem to play a role. Further research is required to isolate why ICA boys appear to be particularly disadvantaged, and what adoption practices and services within the community could be used to mitigate this disadvantage? Also the increase in problem behaviours with increasing age, particularly for boys, needs further investigation to see if this continues into early adulthood (or conforms more with patterns in the general population as the individual ages) and what parenting practices and community services could reduce this?

Although use of the Child Behaviour Checklist restricts the nature, format and interpretation (by way of standardised scoring) of the questions asked it does provide an international baseline against which behaviour can be assessed. Research could be conducted using the Child Behaviour Checklist but with additional questions that make specific comparisons regarding factors that require further elucidation. For example, studying several small, mixed groups of ICAs adopted at progressively older ages to investigate the relevance of sensitive age periods for attachment and attempting to identify an optimum age for adoption. This would necessarily entail establishing what percentage of ICAs with negative pre-adoption experiences in these age groups do recover, and what services were used that promoted recovery?

A similar format could be used to study small comparison groups of male and female ICAs, matched as much as possible in terms of pre-adoptive histories and age at adoption. The purpose would be to establish and isolate any factors associated specifically with gender (such as attachment) that produce differences in levels of problem behaviour. Any

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[13] (Achenbach, 1991; Achenbach and Edelbrock, 1981; Achenbach, Hensley, Phares and Grayson, 1990; Hensley, 1988; Silburn et al., 1994)

[14] (Kvifte-Andresen, 1992; Hoksbergen et al., 1987a; Verhulst et al., 1990a).

adoption practices and services within the community that were successfully used to mitigate gender disadvantages could also be sought. Longitudinal studies would be needed to see if the increase in problem behaviours with increasing age, particularly for boys, continues into early adulthood and what parenting practices and community services had been successfully used to reduce this.

Educationally mathematics and reading appear to be subjects that many ICAs find problematic. Further research needs to be carried out on the progress of ICAs in these two subject areas to determine; a) how generalised this is across various populations of ICAs, b) if there is a link between the problems experienced in these two academic areas and c) what educational services and teaching approaches have been useful to assist ICAs with these subjects?

Finally, it would be useful to research the parenting strategies and services intercountry adoptive parents have used to overcome difficulties encountered in parenting ICAs with high levels of pre-adoption adversity. Such information could be included in education programmes for prospective intercountry adoptive parents.

Conclusion

The research in this thesis was focussed on two specific groups of ICAs in New Zealand who share some common experiences and characteristics. The population of ICAs in New Zealand is much broader than was able to be investigated within the constraints of this survey. This research has provided a snapshot of a relatively small number of ICAs from two countries but there are ICAs from a range of countries currently living in New Zealand. While some qualitative research has provided insights into the experience of ICAs in this country there is also a need for further quantitative research that allows generalisations to be made about the needs and characteristics of ICAs so that services can continue to develop to meet those needs. Much can be learnt from overseas research and services that have already been developed for ICAs and their families in other countries. If intercountry adoption continues to be practised in New Zealand (as present trends suggest that it will be) our international commitments (for example to conventions established by the United Nations), moral sensibilities, and limited resources require us to establish practices and services that minimise the negative consequences that can arise when moving children from their country of origin and from the pre-adoption adversity that many ICAs have experienced.

APPENDIX A

Intercountry Adopted Child Questionnaire

"WELL-BEING OF RUSSIAN AND ROMANIAN INTERCOUNTRY ADOPTEES IN NEW ZEALAND"

CODE NUMBER.....

INTERCOUNTRY ADOPTED CHILD QUESTIONNAIRE

TO BE COMPLETED BY THE ADOPTIVE PARENTS

This questionnaire consists of 4 different parts. These are for the collection of specific information about your intercountry adopted child, in particular about his or her skills, activities and behaviours.

PLEASE COMPLETE A CHILD QUESTIONNAIRE FOR **EACH** INTERCOUNTRY ADOPTED CHILD IN YOUR FAMILY OF RUSSIAN OR ROMANIAN ORIGIN ADOPTED DURING THE PERIOD 1990 UP TO AND INCLUDING 1995

(tick appropriate box)

I would like to have the "Intercountry Adopted Child Questionnaire/s" returned to me upon completion of this research..... ☐

I would like to have the "Intercountry Adopted Child Questionnaire destroyed by incineration at the researcher's home upon completion of this research ..... ☐

ENCLOSED IS (ARE).....INTERCOUNTRY ADOPTED CHILD QUESTIONNAIRE(S)

For any enquiries or more Child Questionnaires please contact:
Deborah de Jong,
P.O. Box 6091,
Brookfield,
Tauranga.
Telephone 07 5766092 (evenings 7 -9 pm)

PART A asks for back ground information about your child.

1 MALE ☐ FEMALE ☐

2 MONTH AND YEAR OF BIRTH month..... year.....

3 IS THIS BIRTH DATE certain? ☐ uncertain? ☐ (Tick one box)

4 COUNTRY OF ORIGIIN .....(complete)

5 WAS YOUR CHILD ADOPTED by him / herself ☐ with siblings ☐ (Tick one box)

6 MONTH AND YEAR OF ARRIVAL IN NEW ZEALAND month.....year.....(complete)

7 HOW WOULD YOU DESCRIBE YOUR CHILD'S HEALTH ON ARRIVAL? excellent ☐

(Tick one box) very good ☐

good ☐

fair ☐

poor ☐

8 DID YOUR CHILD EXPERIENCE NEGLECT BEFORE ARRIVAL IN NEW ZEALAND ?

(Tick one box) Yes, I am sure ☐

Yes, I suspect so ☐

I don't think so ☐

No I am sure not ☐

10 WAS YOUR CHILD INSTITUTIONALISED PRIOR TO ADOPTION? YES ☐ NO ☐

If so, how long for?..... Don't know ☐

If so, what age was your child admitted to an institution ?..... Don't know ☐

If so, what age was your child removed permanently form the institution ?.....Don't know ☐

(Complete if able, or tick a box)

11 DID YOUR CHILD EXPERIENCE ABUSE BEFORE ARRIVAL IN YOUR FAMILY?

(Tick one box) Yes I am sure ☐

Yes, I suspect so ☐

I don't think so ☐

No, I am sure not ☐

12 HOW MANY TIMES WAS YOUR CHILD MOVED TO A DIFFERENT CAREGIVING ENVIRONMENT BEFORE ARRIVAL IN YOUR FAMILY?.....(Give number)

12 A Is this certain ☐ or estimated ☐ (Tick one box)

13 IN GENERAL HOW WOULD YOU DESCRIBE YOUR CHILD'S HEALTH? (Tick one box)

- exellent ☐
- very good ☐
- good ☐
- fair ☐
- poor ☐

14 HOW DO YOU THINK YOUR CHILD FEELS ABOUT HIS / HER LIFE AS A WHOLE?

(Tick one face)

14.1 14.2 14.3 14.4 14.5 14.6 14.7

PART B

Below is a list of items that describe children and youth. For each item that describes your **child now or within the past 6 months**, please tick the **2** if the item is **very true** or **often true** of your child. Tick the the item is **somewhat** or **sometimes** true of your child. If the item is **not true** of your child, tick the **0**. Please answer all items as well as you can, even if some do not seem to apply to your child.

		Not True (as far as you know)	Somewhat or Sometimes	Very True or Often True
1.	Acts too young for his/her age	☐0	☐1	☐2
2.	Allergy	☐0	☐1	☐2
3.	Argues a lot	☐0	☐1	☐2
4.	Asthma	☐0	☐1	☐2
5.	Behaves like opposite sex	☐0	☐1	☐2
6.	Bowel movements outside toilet	☐0	☐1	☐2
7.	Bragging, boasting	☐0	☐1	☐2
8.	Can't concentrate, can't pay attention for long	☐0	☐1	☐2
9.	Can't get his/her mind off certain thoughts; obsessions	☐0	☐1	☐2
10.	Can't sit still, restless or hyperactive	☐0	☐1	☐2
11.	Clings to adults or too dependent	☐0	☐1	☐2
12.	Complains of loneliness	☐0	☐1	☐2
13.	Confused or seems to be in a fog	☐0	☐1	☐2
14.	Cries a lot	☐0	☐1	☐2
15.	Cruel to animals	☐0	☐1	☐2
16.	Cruelty, bullying or meanness to others	☐0	☐1	☐2
17.	Day-dreams or gets lost in his/her thoughts	☐0	☐1	☐2
18.	Deliberately harms self or attempts suicide	☐0	☐1	☐2
19.	Demands a lot of attention	☐0	☐1	☐2
20.	Destroys his/her own things	☐0	☐1	☐2
21.	Destroys things belonging to his/her family or others	☐0	☐1	☐2
22.	Disobedient at home	☐0	☐1	☐2
23.	Disobedient at school	☐0	☐1	☐2
24.	Doesn't eat well	☐0	☐1	☐2

		Not True (as far as you know)	Somewhat or Sometimes	Very True or Often True
25.	Doesn't get along with other children	☐ 0	☐ 1	☐ 2
26.	Doesn't seem to feel guilty after misbehaving	☐ 0	☐ 1	☐ 2
27.	Easily jealous	☐ 0	☐ 1	☐ 2
28.	Eats or drinks things that are not food (Don't include sweets)	☐ 0	☐ 1	☐ 2
29.	Fears certain animals	☐ 0	☐ 1	☐ 2
30.	Fears going to school	☐ 0	☐ 1	☐ 2
31.	Fears he/she might think or do something bad	☐ 0	☐ 1	☐ 2
32.	Feels he/she has to be perfect	☐ 0	☐ 1	☐ 2
33.	Feels or complains that no one loves him/her	☐ 0	☐ 1	☐ 2
34.	Feels others are out to get him/her	☐ 0	☐ 1	☐ 2
35.	Feels worthless or inferior	☐ 0	☐ 1	☐ 2
36.	Gets hurt a lot, accident-prone	☐ 0	☐ 1	☐ 2
37.	Gets in many fights	☐ 0	☐ 1	☐ 2
38.	Gets teased a lot	☐ 0	☐ 1	☐ 2
39.	Hangs around with others who get in for trouble	☐ 0	☐ 1	☐ 2
40.	Hears sounds or voices that aren't there	☐ 0	☐ 1	☐ 2
41.	Impulsive or acts without thinking	☐ 0	☐ 1	☐ 2
42.	Would rather be alone than with others	☐ 0	☐ 1	☐ 2
43.	Lying or cheating	☐ 0	☐ 1	☐ 2
44.	Bites fingernails	☐ 0	☐ 1	☐ 2
45.	Nervous, high strung or tense	☐ 0	☐ 1	☐ 2
46.	Nervous movements or twitching	☐ 0	☐ 1	☐ 2
47.	Nightmares	☐ 0	☐ 1	☐ 2
48.	Not liked by other kids	☐ 0	☐ 1	☐ 2
49.	Constipated, doesn't move bowels	☐ 0	☐ 1	☐ 2
50.	Too fearful or anxious	☐ 0	☐ 1	☐ 2

		Not True (as far as you know)	Somewhat or Sometimes	Very True or Often True
1.	Feels dizzy	☐ 0	☐ 1	☐ 2
2.	Feels too guilty	☐ 0	☐ 1	☐ 2
3.	Overeating	☐ 0	☐ 1	☐ 2
4.	Overtired	☐ 0	☐ 1	☐ 2
5.	Overweight	☐ 0	☐ 1	☐ 2
6.	Physical problems without known medical cause	☐ 0	☐ 1	☐ 2
	56.1 Aches or pains **(not headaches)**	☐ 0	☐ 1	☐ 2
	56.2 Headaches	☐ 0	☐ 1	☐ 2
	56.3 Nausea, feels sick	☐ 0	☐ 1	☐ 2
	56.4 Problems with eyes	☐ 0	☐ 1	☐ 2
	56.5 Rashes or other skin problems	☐ 0	☐ 1	☐ 2
	56.6. Stomachaches or cramps	☐ 0	☐ 1	☐ 2
	56.7 Vomiting, throwing up	☐ 0	☐ 1	☐ 2
	56 8. Other (describe):	☐ 0	☐ 1	☐ 2
57.	Physically attacks people	☐ 0	☐ 1	☐ 2
58.	Picks nose, skin or other parts of body	☐ 0	☐ 1	☐ 2
59.	Plays with own sex parts in public	☐ 0	☐ 1	☐ 2
60.	Plays with own sex parts too much	☐ 0	☐ 1	☐ 2
61.	Poor school work	☐ 0	☐ 1	☐ 2
62.	Poorly co-ordinated or clumsy	☐ 0	☐ 1	☐ 2
63.	Prefers being with older kids	☐ 0	☐ 1	☐ 2
64.	Prefers being with younger kids	☐ 0	☐ 1	☐ 2
65.	Refuses to talk	☐ 0	☐ 1	☐ 2
66.	Repeats certain acts over and over; compulsions	☐ 0	☐ 1	☐ 2
67.	Runs away from home	☐ 0	☐ 1	☐ 2
68.	Screams a lot	☐ 0	☐ 1	☐ 2
69.	Secretive, keeps things to self	☐ 0	☐ 1	☐ 2

		Not True (as far as you know)	Somewhat or Sometimes	Very True or Often True
70.	Sees things that aren't there	☐ 0	☐ 1	☐ 2
71.	Self-conscious or easily embarrassed	☐ 0	☐ 1	☐ 2
72.	Sets fires	☐ 0	☐ 1	☐ 2
73.	Sexual problems	☐ 0	☐ 1	☐ 2
74.	Showing off or clowning	☐ 0	☐ 1	☐ 2
75.	Shy or timid	☐ 0	☐ 1	☐ 2
76.	Sleeps less than most children	☐ 0	☐ 1	☐ 2
77.	Sleeps less than most children during day and/or night	☐ 0	☐ 1	☐ 2
78.	Smears or plays with bowel movements	☐ 0	☐ 1	☐ 2
79.	Speech problem	☐ 0	☐ 1	☐ 2
80.	Stares blankly	☐ 0	☐ 1	☐ 2
81.	Steals at home	☐ 0	☐ 1	☐ 2
82.	Steals outside the home	☐ 0	☐ 1	☐ 2
83.	Stores up things he/she doesn't need	☐ 0	☐ 1	☐ 2
84.	Strange behaviour	☐ 0	☐ 1	☐ 2
85.	Strange ideas	☐ 0	☐ 1	☐ 2
86.	Stubborn, sullen, or irritable	☐ 0	☐ 1	☐ 2
87.	Sudden changes in mood or feelings	☐ 0	☐ 1	☐ 2
88.	Sulks a lot	☐ 0	☐ 1	☐ 2
89.	Suspicious	☐ 0	☐ 1	☐ 2
90.	Swearing or obscene language	☐ 0	☐ 1	☐ 2
91.	Talks about killing self	☐ 0	☐ 1	☐ 2
92.	Talks or walks in sleep	☐ 0	☐ 1	☐ 2
93.	Talks too much	☐ 0	☐ 1	☐ 2
94.	Teases a lot	☐ 0	☐ 1	☐ 2
95.	Temper tantrums or hot temper	☐ 0	☐ 1	☐ 2

		Not True (as far as you know)	Somewhat or Sometimes	Very True or Often True
6.	Thinks about sex too much	☐ 0	☐ 1	☐ 2
7.	Threatens people	☐ 0	☐ 1	☐ 2
8.	Thumb-sucking	☐ 0	☐ 1	☐ 2
9.	Too concerned with neatness or cleanliness	☐ 0	☐ 1	☐ 2
00.	Trouble sleeping	☐ 0	☐ 1	☐ 2
01.	Truancy, skips school	☐ 0	☐ 1	☐ 2
02.	Underactive, slow moving, or lacks energy	☐ 0	☐ 1	☐ 2
03.	Unhappy, sad or depressed	☐ 0	☐ 1	☐ 2
04.	Unusually loud	☐ 0	☐ 1	☐ 2
05.	Uses alcohol or drugs for nonmedical purposes	☐ 0	☐ 1	☐ 2
06.	Vandalism	☐ 0	☐ 1	☐ 2
07.	Wets self during the day	☐ 0	☐ 1	☐ 2
08.	Wets the bed	☐ 0	☐ 1	☐ 2
09.	Whining	☐ 0	☐ 1	☐ 2
10.	Wishes to be of opposite sex	☐ 0	☐ 1	☐ 2
11.	Withdrawn, doesn't get involved with others	☐ 0	☐ 1	☐ 2
12.	Worries	☐ 0	☐ 1	☐ 2

PART C

The following questions ask about your child's friendships, social activities and school work. For each question, please mark the answer which best fits the way things are for your child.

1. ABOUT HOW MANY DAYS A WEEK DOES HE/SHE DO THINGS WITH FRIENDS OUTSIDE SCHOOL ACTIVITIES?

(Tick one box)

- Never ☐
- 1 day a week ☐
- 2-3 days a week ☐
- 4 or more days a week ☐

2. ABOUT HOW MANY CLOSE FRIENDS DOES HE/SHE HAVE?

(Tick one box)

- None ☐
- 1 ☐
- 2 or 3 ☐
- 4 or more ☐

3. DURING THE LAST 6 MONTHS, HOW WELL HAS HE/SHE RELATED TO OTHER KIDS SUCH AS FRIENDS OR CLASS MATES?

(Tick one box)

- No problems ☐
- Occasional problems ☐
- Fairly frequent problems ☐
- Constant problems ☐

4. DURING THE PAST 6 MONTHS, HOW WELL HAS HE/SHE RELATED TO HIS/HER TEACHER(S)?

(Tick one box)

- No problems ☐
- Occasional problems ☐
- Fairly frequent problems ☐
- Constant problems ☐

5. DURING THE PAST 6 MONTHS, HOW WELL HAS HE/SHE RELATED TO THE FAMILY?

(Tick one box)

- No problems ☐
- Occasional problems ☐
- Fairly frequent problems ☐
- Constant problems ☐

6. HOW WELL DOES HE/SHE PLAY SPORTS COMPARED WITH OTHER KIDS HIS/HER AGE?

(Tick one box)

Below average ☐

Average ☐

Above average ☐

7. OUTSIDE OF REGULAR PHYSICAL EDUCATION CLASSES AT SCHOOL, DID HE/SHE TAKE PART IN ANY SPORTS DURING THE PAST YEAR WHICH INVOLVED ADULT COACHING OR INSTRUCTION?

Yes ☐ No (Go to Qu. 9) ☐

8. HOW MANY SUCH SPORTS DID HE/SHE TAKE PART IN?

(Give number) .....

9. FOR ACTIVITIES SUCH AS MUSIC, DANCE, ART AND INDIVIDUAL HOBBIES, HOW WELL DOES HE/SHE DO COMPARED WITH OTHER KIDS HIS/HER AGE?

(Tick one box)

Below average ☐

Average ☐

Above average ☐

Not applicable ☐

10. OUTSIDE REGULAR CLASSES IN SCHOOL, DID HE/SHE TAKE PART IN ANY LESSONS OR INSTRUCTION DURING THE PAST YEAR IN MUSIC, DANCE, ART OR OTHER NON-SPORT ACTIVITIES?

(Tick one box) Yes ☐ No (Go to Qu. 12) ☐

11. HOW MANY SUCH ACTIVITIES DID HE/SHE TAKE LESSONS OR INSTRUCTION IN?

(Give number).....

12. DURING THE PAST YEAR HAS HE/SHE BELONGED TO ANY CLUBS OR GROUPS WITH ADULT LEADERSHIP SUCH AS CUBS, SCOUTS, BROWNIES, A CHURCH GROUP OR COMMUNITY PROGRAMS?

(Tick one box) Yes ☐ No (Go to Qu. 14) ☐

13. HOW MANY SUCH CLUBS OR GROUPS DID HE/SHE BELONG TO?

(Give number).....

14. DURING THE PAST WEEK DID HE/SHE PERFORM ANY HOUSEHOLD RESPONSIBILITIES OR CHORES OTHER THAN MAKING HIS/HER BED OR KEEPING HIS/HER ROOM TIDY?

(Tick one box) Yes ☐ No (Go to Qu.17) ☐

15. DURING THE PAST WEEK WHAT WAS THE TOTAL TIME WHICH HE/ SHE SPENT MAKING A CONTRIBUTION TO HOUSEHOLD WORK (e.g. washing dishes, ironing & gardening)?

(Give number) Hours..... Minutes.....

16. COMPARED WITH OTHER CHILDREN THE SAME AGE, HOW WELL DOES HE/SHE CARRY OUT HIS/HER HOUSEHOLD WORK?

(Tick one box)

Below average ☐

Average ☐

Above average ☐

17. DURING THE PAST WEEK DID HE/SHE HAVE ANY PAID WORK OUTSIDE THE HOME?

(Tick one box) Yes ☐ No (Go to Qu. 19) ☐

18. DURING THE PAST WEEK WHAT WAS THE TOTAL NUMBER OF HOURS IN WHICH HE/ SHE WAS EMPLOYED?

(Give number).....

19. DO YOU THINK YOUR CHILD LIKES HIS/HER PHYSICAL APPEARANCE OR DOES YOUR CHILD WISH HE/SHE LOOKED DIFFERENT?

(Tick one box)

Likes physical appearance ☐

Wished he/she looked different ☐

20. COMPARED TO OTHERS HIS/HER AGE, HOW WELL DOES YOUR CHILD PLAY AND WORK BY HIM/HERSELF?

(Tick one box)

Below average ☐

Average ☐

Above average ☐

Can;t play and work by him/herself ☐

21. DO YOU THINK YOUR CHILD IS HAPPY THE WAY HE/SHE IS OR DOES YOUR CHILD WISH HE/SHE WAS DIFFERENT?

(Tick one box)

Happy the way he/she is ☐

Wished he/she was different ☐

22. USING THE FOLLOWING SCALE HOW SATISFIED ARE YOU ABOUT HIS/HER PROGRESS IN EACH OF THE FOLLOWING AREAS: Use the following coding;

1 Very satisfied
2 Satisfied
3 Neither
4 Dissatisfied
5 Very dissatisfied
9 Don't know

(Place code in box)

22.1 Education, learning skill? ☐

22.3 Physical development co-ordination? ☐

22.4 Getting on with other children? ☐

22.5 General behaviour? ☐

23. DOES HE/SHE GO TO SCHOOL?

(Tick one box) Yes ☐ No (Go to Qu. 26) ☐

24. WHY DOESN'T HE/SHE GO TO SCHOOL?

(Tick one box)

Too young (Go to Qu. 3) ☐

Parental choice ☐

Dropped out ☐

Health reasons ☐

25. WHAT WAS THE HIGHEST GRADE OR YEAR YOUR CHILD COMPLETED AT SCHOOL?

(Estimate nearest equivalent if education was not in New Zealand)

Grade or year.....(Give number) (Go to Qu. 28)

26. WHAT GRADE OR YEAR IS HE/SHE IN?

(Tick one box)

Grade/ Year.....

Preschool ☐

Ungraded class ☐

27. WHAT IS HIS /HER CURRENT SCHOOL PERFORMANCE?

Use the following scale:
1 Above average
2 Average
3 Below average
4 Failing

(Place code in box)

27.1 Reading ☐

27.2 Arithmetic or Maths ☐

27.3 Social Studies ☐

27.4 Science ☐

28. HOW DID YOUR CHILD SETTLE INTO THE PRE-SCHOOL OR SCHOOL SITUATION?

(Tick one box)

- No problems at all ☐
- Minor problems ☐
- Considerable difficulty ☐
- Major adjustment problem ☐
- Could not be integrated for some time ☐

Others (please specify).....

.....

29. HOW WELL HAS HE/SHE PERFORMED IN SCHOOL DURING THE LAST 6 MONTHS?

(Tick one box)

- Exellent ☐
- Well ☐
- Average ☐
- Below average ☐
- Poor ☐
- Not applicable ☐

30. HOW DOES/DID YOUR CHILD FEEL ABOUT GOING TO SCHOOL?

(Tick one box)

- Likes school very much ☐
- Likes school quite a bit ☐
- Likes school a little ☐
- Doesn't like school much ☐
- Hates school ☐

31. HAS HE/SHE EVER REPEATED OR FAILED A SCHOOL YEAR?

(Tick one box) No ☐ Yes ☐

This is first year at school ☐

32. HAS HE/SHE EVER RECEIVED ANY OF THE FOLLOWING TYPES OF SPECIAL EDUCATION OR SPECIAL TEACHING?

Use the following scale:

1 No
2 Yes, full-time
3 Yes, part-time
4 Don't know

(Place code in box)

32.1 English as second language? ☐

32.2 For children with visual or hearing difficulties? ☐

32.3 For children who are intellectually handicapped? ☐

32.4 For children with emotional or behavioural problems? ☐

32.5 For children who are intellectually gifted? ☐

32.6 For children with remedial education needs? ☐

33. HOW SATISFIED ARE YOU WITH THE OPPORTUNITIES THAT HE/SHE HAS TO TAKE PART IN ACTIVITIES OUTSIDE SCHOOL?

(Tick one box)

Very satisfied ☐

Satisfied ☐

Neither ☐

Dissatisfied ☐

Very dissatisfied ☐

34. WOULD YOU AGREE THAT IN GENERAL YOUR CHILD IS HAPPY WITH HOW THINGS ARE IN HIS/HER LIFE RIGHT NOW?

(Tick one box)

Strongly disagree ☐

Disagree ☐

Neither disagree or agree ☐

Agree ☐

35.A. HAVE YOU FELT THE NEED FOR OUTSIDE HELP WITH RESPECT TO ANY OF YOUR CHILD'S DEVELOPMENTAL OR OTHER NEEDS?

(Tick one box) Yes ☐ No ☐

B. IF YES, INDICATE THE SPECIFIC NEED ; IF HELP WAS OBTAINED ; AND IF YOU WERE HAPPY WITH THAT HELP. (Tick all relevant boxes)

	NEED	HELP	HAPPY
Language centre.....	☐	☐	☐
School Counsellor.....	☐	☐	☐
Medical Practitioner.....	☐	☐	☐
Psychiatrist/ Psychologist.....	☐	☐	☐
Community Services.....	☐	☐	☐
Parent Support Group.....	☐	☐	☐

	(Tick all relevant boxes) NEED	HELP	HAPPY
Other.(please specify).....	☐	☐	☐
.....	☐	☐	☐
.....	☐	☐	☐

PART D

1. You will by now have realised that well-being in intercountry adoptees is dependent upon many different and complex factors in the total adoption experience of those involved. What is your own general assessment of the adoption experience, taking into account the fact that the existence of problems does not necessarily detract form success of the overall experience.

   HOW SUCCESSFUL DO YOU FEEL THAT THE OVERALL EXPERIENCE OF THE INTER COUNTRY ADOPTION OF YOUR CHILD HAS BEEN FOR YOU AS PARENT(S), FOR THE ADOPTED CHILD, AND FOR THE REST OF THE FAMILY?

USE THE FOLLOWING SCALE

1 VERY SUCCESSFUL - very happy, enriching experience and outcome to date, very few problems.
2 SUCCESSFUL - happy, enriching experience and outcome overall but more problems than ex expected, most of which you have resolved.
3 SATISFACTORY - overall, still a moderately happy, satisfying experience, but at times, and perhaps still, problems are real and will require extra effort.
4 ONLY FAIR - you feel somewhat disappointed with the experience to date, as the problems have tended to outweigh the other positive satisfactions you have felt.
5 UNSATISFACTORY - you have found the experience totally, or largely, unsatisfactory for various reasons.

(Place code in box)

For adoptive mother ☐ For adoptive father ☐

For adopted child ☐ For the whole family ☐

2. THIS QUESTIONNAIRE WAS COMPLETED BY (Tick one box)

Mother ☐ Father ☐

3. DID YOUR CHILD CONTRIBUTE TO THE COMPLETION OF THIS QUESTIONNAIRE?

(Tick one box) Yes ☐ No ☐

THANK YOU FOR YOUR CO-OPERATION WITH THIS CHILD QUESTIONNAIRE

**PLEASE ENSURE YOU HAVE COMPLETED THE SERIES OF FOUR CHILD QUESTIONNAIRES FOR ALL CHILDREN FOR WHOM YOU WERE SENT QUESTIONNAIRES.*

PLEASE RETURN THIS COMPLETED CHILD QUESTIONNAIRE ALONG WITH ANY OTHER COMPLETED CHILD QUESTIONNAIRES TO DEBORAH IN THE ENVELOPE PROVIDED.

If completing this questionnaire has raised difficult issues for you or any member of your family, you may gain assistance through the netwok of support services established by ICANZ. These services may be accessed by contacting Wendy Hawke, ICANZ Co-ordinator (ph. 09 6239369). Or if you have any questions about this questionnaire please telephone Deborah de Jong (ph. 07 5766092 evenings 7-9pm.)

APPENDIX B

Permission Letter from Trudy Rosenwald

ADOPTION & GUARDIANSHIP
CONSULTANCY AND COUNSELLING

[redacted]

[redacted]

[redacted]

30 June 1999

Dear Debra,

I was delighted to receive your letter regarding the progress of your research. It is good to hear you are steadily going ahead. I am curious what you will find in your research and look forward to hearing about the outcome.

Yes, you are most welcome to use the questionnaires I used in my honours research project of 1994. It is a good idea to try and gather data that can be compared with previous studies. I am hoping to start my follow up study early next year as part of a Doctor of Psychology course. I have developed a particular interest in the conditions of attachment difficulties/disorder and Attention Deficit Disorder (ADD) and hope to do my research in conjunction with an epidemiological study on ADD proposed in Western Australia by a team of multidisciplinary researchers.

All the best with your project.

Kind regards,

Trudy Rosenwald

APPENDIX C

Letter Distributed by ICANZ to Adoptive Parents of Russian and Romanian Adoptees

Inter-Country Adoption New Zealand
PO Box 96 124, Balmoral, Auckland, New Zealand.
Telephone: +64 9 623 9369 Fax: +64 9 623 9365
E-mail : Office@icanz.gen.nz

Dear ICANZ members,

ICANZ has been invited to lend its support to a research project to be conducted during 1999 and the year 2000 investigating the **"Well-Being of Russian and Romanian Intercountry Adoptees in New Zealand"**. This research is being carried out by Deborah de Jong who is a student a Massey University (Palmerston North) undertaking a Masters in Social Work qualification. It has the support of the School of Social Policy and Social Work at Massey University from where Deborah will receive supervision during the course of her research project. Deborah's research proposal has been approved by the Human Ethics Committee at Massey University.

Deborah is currently a practising Social Worker in a private agency and has 14 years experience as a Social Worker including several years specialising in the area of adoptions. She is also a part-time Social Work tutor at a Polytechnic and a fully registered member of the New Zealand Association of Social Workers.

Excluding adoptions from Western Samoa, Romania and Russia are the two countries from which the greatest number of intercountry adoptees in New Zealand have originated since 1980. All Russian adoptees and many Romanian adoptees were institutionalised prior to their adoption. Deborah is particularly interested in how children who were institutionalised prior to their adoption are now coping in New Zealand.

Deborah's information will be gathered by inviting adoptive parents to complete an Intercounty Adopted Child Questionnaire which will be posted to the participating families. A questionnaire will be forwarded for each adopted child during the relevant period. She would like to include all parents who have adopted Russian or Romanian children during the period **1990 up to and including 1995**. ICANZ currently have registered all Russian adoptees who were adopted during this period but is not yet able to contact the parents of all the Romanian adoptees. **So if you are the parent of a Romanian adoptee or know the adoptive parents of children adopted from Romania please contact Wendy Hawke at ICANZ in Auckland at the above address** as we would very much like to be able to offer you an opportunity to participate in this research project. The participation of as many parents as possible who have adopted children from Romania and Russia during this period is important to make this study worthwhile.

ICANZ will not pass on any identifying details of adoptive parents or their children to Deborah, or any other person. All completed questionnaires will be recognised only by a code number that will be assigned to them. This will allow the anonymity and confidentiality of all participating families and their children to be protected. Adoptive parents will be able to withdraw from the research for two months after they have forwarded completed questionnaires to Deborah.

Due to the passing in December 1997 of the Adoption (Intercountry) Act the means of delivering intercountry adoption services is currently under review. It is hoped that information gained from this research project may contribute to the development of services that best meet the needs of intercountry adoptees (especially those institutionalised prior to adoption) and their families in New Zealand.

Deborah will make a summary of her results available to ICANZ and these will be published in a newsletter after the research is completed in the year 2000. Later this year an Information Sheet and Intercountry Adopted Child Questionnaire/s will be posted to the parents of the children we wish to include in this study. Return of the Intercountry Adopted Child Questionnaire/s will be taken as an indication of willingness to participate in the research. A return prepaid envelope will be included for return of the questionnaires directly to Deborah.

Should you have any enquiries regarding this research please do not hesitate to contact Deborah de Jong [redacted] or myself at ICANZ.

Yours sincerely,

Wendy Hawke,
ICANZ Co-ordinator.

APPENDIX D

Information Sheet Distributed by ICANZ to Adoptive Parents of Russia n and Romanian Adoptees

Massey University
COLLEGE OF HUMANITIES & SOCIAL SCIENCES

School of Social Policy
Social Work
Private Bag 11 222,
Palmerston North,
New Zealand
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"Well-Being of Russian and Romanian Intercountry Adoptees in New Zealand"

INFORMATION SHEET

Who is the Researcher?

My name is Deborah de Jong. I am a masterate student at Massey University, and I have 15 years Social Work experience including several years as a Social Worker specialising in adoptions. I am a fully registered member of the New Zealand Association of Social Workers. I am researching how Russian and Romanian intercountry adoptees, adopted during the period 1990 up to and including 1995, are coping in New Zealand. The study is a thesis project to fulfil the requirements of the degree of Master of Social Work. Please note that I am acting independently: neither of my employers have commissioned this study.

[redacted]
School of Social Policy and Social Work, Massey University, Palmerston North, telephone number 06 350 4305.

What is the Study About?

Excluding adoptions from Western Samoa, Romania and Russia are the two countries from which the greatest number of intercountry adoptees in New Zealand have originated since1980. All Russian adoptees and many Romanian adoptees were institutionalised prior to their adoption. I am particularly interested in how children who were institutionalised prior to their adoption are now coping in New Zealand.

Due to the introduction in December 1997 of the Adoption (Intercountry) Act 1997, the means of delivery of intercountry adoption services in New Zealand is currently under review. It is hoped that information gained from this research project may contribute to the development of services that best meet the needs of intercountry adoptees and their families in New Zealand.

What will Participants be invited to do?

ICANZ (Intercountry Adoption New Zealand) is a private non profit agency that provides support services to intercountry adoptive parents and their children. ICANZ has agreed to lend its support to this research project. Details of the parents and children who are being invited to participate in this research are held on the ICANZ computer data base. ICANZ has sent you this Information Sheet and Intercountry Adopted Child Questionnaire, but will not be releasing any details of families registered with them.

If you would like to participate in this study fill in and post to me (in the prepaid addressed envelope provided) the Intercountry Adopted Child Questionnaire (consisting of four parts) for each adopted child you have that is included in the study:

> Part A collects demographic and adoption data about the child including health and experience of pre-adoption adversity.
>
> Part B is Achenbach's Child Behaviour Checklist (Achenbach, 1991)
>
> Part C collects information about the adoptee's friendships, social activities, appearance of happiness and school work.
>
> Part D asks adoptive parents to rate their overall satisfaction with their intercountry adoption experience, the perceived satisfaction of the adoptee, the satisfaction of the whole family and if the adoptee contributed to the completion of the questionnaire.

It will take approximately 45 minutes to complete each Intercountry Adopted Child Questionnaire. Your return of the Intercountry Adopted Child Questionnaire/s will be taken as an indication of willingness to participate in the research. You have the right to ask any further questions about the study that occur to you during your involvement and may withdraw from the study within two months of having sent to me the completed Intercountry Adopted Child Questionnaire/s. Contact may be made with me by writing or telephoning. When the research has been completed, should you continue your participation or not, questionnaires can either be returned to you or destroyed according to your wishes.

What can the Participants Expect from the Researcher?

If you take part in the study you can expect that any information you provide will be treated with the utmost confidentiality, and that your identity and privacy are protected. No details identifying any individual or family participating in this research will be held on my computer data base (code numbers will be used) or be published at any time. Information matching code numbers with details of participants will be held by ICANZ alone.

Late in the year 2000 I will provide a summary of the research results to ICANZ for inclusion in its newsletter which is distributed to all registered families. Thank you for participating in this research project.

The Rights of the Participants

You have the right:

- to decline to participate;
- to refuse to answer any particular questions;
- to withdraw from the study within two months of having returned the Intercountry Adopted Child Questionnaire/s
- to ask any questions about the study at any time during participation;
- to provide information on the understanding that your name will not be used unless you give permission to the researcher;
- to be given access to a summary of the findings of the study when it is concluded

APPENDIX E

Letter to the New Zealand Immigration Service

[redacted]

15 June 2000

N.Z. Immigration Service
Private Bag
Hamilton

Dear Sir/Madam

Re: Intercountry adoption statistics.

I am currently writing a thesis for a Masters in Social Work qualification through the School of Social Policy and Social Work, Massey University. The subject of my thesis is the current well-being of children who came to New Zealand from both Romania and Russia by way of intercountry adoption during the period 1990 to 1995 (inclusive of 1995). I am hoping to complete my thesis by the end of this year.

Establishing an accurate figure for the numbers of Russian and Romanian children who entered New Zealand by way of intercountry adoption, during the period in question, has been a confusing and difficult task. I have confirmed accurate figures from the Department of Internal Affairs that were also published in a book by Keith Griffith in 1997 entitled "New Zealand Adoption. History and Practice Social and Legal 1840-1996." A copy of these figures have been included with this letter as I thought they may be relevant to any checks you may be able to carry out on my behalf.

Diana Williams at the Department of Internal Affairs, Wellington has pointed out to me that permanent residents of New Zealand may have sought permission to bring their intercountry adopted children into New Zealand via the immigration system. In such cases the Department of Internal Affairs would have no involvement or record of these children entering the country.

I would like to know wether in fact you do have statistics/records that give an accurate indication of:

- The number of intercountry adopted **Russian** children who have entered New Zealand from 1990 to 1995 via the Immigration Service that the Department of Internal Affairs does not have knowledge of?
- The number of intercountry adopted **Romanian** children who have entered New Zealand from 1990 to 1995 via the Immigration Service that the Department of Internal Affairs does not have knowledge of?

Please note I am aware that Romania ceased all intercountry adoptions to New Zealand after 1991. If you are able to provide me with such statistics please make these inclusive of the year 1995. A prompt response would be much appreciated. Thank you for your assistance.

Yours faithfully
Deborah de Jong

APPENDIX F

Letter of Reply from the New Zealand Immigration Service

New Zealand
Immigration Servi
Te Ratonga Manene

26 June 2000

[redacted]ng

Dear Ms de Jong

Re : Intercountry Adoption Statistics

I refer to your letter of 15 June 2000, addressed to the New Zealand Immigration Service (NZIS) Hamilton Branch Office requesting information on the number of inter-country adopted Russian and Romanian children who entered granted residence in New Zealand during 1990-1995.

Our Hamilton has forwarded your request to our National office for a response.

Your request for the information is treated as a request for information under the Official Information Act.

The New Zealand Immigration Service (NZIS) does not keep a record of inter-country adoptions where the children have applied for New Zealand residence. Such children would have applied for residence under the dependent child category. While the NZIS holds information on nationalities of those applicants applying under the dependent child category, this in itself will not identify inter-country adoption cases.

Under the dependent child category, applications are made on the basis that the children are dependent children of New Zealand parents. The children may either be the biological children of the New Zealand parent/s or adopted children of the New Zealand parents.

The NZIS does not record the number of adopted children who were granted residence under the dependent child category. We would have to locate and search each dependent child category application to extract the information relating to adopted children from Russia and Romania.

NATIONAL OFFICE Unysis House, 54-64 The Terrace, P O Box 3705, Wellington, New Zealand
TELEPHONE 64-4-915 4222 FACSIMILE 64-4-915 4242
www.immigration.govt.nz

Your request is therefore refused under s.18(f) as the information requested cannot be made available without substantial collation or research. Please note that you have a right to request an Ombudsman to review and investigate a decision to refuse information.

Please do call me if you need to discuss. My direct line is [redacted]

Yours sincerely

M. Kumar

Mahesh Kumar
Operations Advisor

APPENDIX G

Letter from the Department of Internal Affairs

CITIZENSHIP

The Department of Internal Affairs
Te Tari Taiwhenua
Identity Services
Te Ratonga Tuakiri
Boulcott House
47 Boulcott St, PO Box 10-526
Wellington, New Zealand
Call Free 0800 22 51 51
Facsimile +64 4 474 8006
Website www.dia.govt.nz

12th April,2000

[redacted]

Dear Ms. De Jong,

Thankyou for your letter regarding children adopted from Russia and Romania between 1990 and 1995.

The statistics that appear in Keith Griffin's book "New Zealand Adoption" were supplied by the department and reflected the number of applications we received from New Zealand Citizens who wished to Register their children by descent with the department.

I could not say that other children were not adopted by New Zealanders. People who live outside New Zealand might be able to obtain citizenship from the country they reside and therefore see no reason to rush and register their child. You have to remember that they have up to the age of 24years to register the child's claim to New Zealand.

If they were permanent residents then they would more than likely get permission to bring the children into the country from the New Zealand Immigration Service and we would therefore have no involvement. If they entered New Zealand via the immigration system they would more than likely apply for a Grant of Citizenship after they have lived in New Zealand 3 years. We do not keep statistics on adopted children who come into this category.

The statistics you have are the most accurate that we can supply.

Yours sincerely,

Diana Williams
Team Leader Determinations and Authentications Unit,
Department of Internal Affairs.

APPENDIX H

Letter Sent to Adoptive Parents of Russian and Romanian Adoptees with the Second Mail Out of the Intercountry Adopted Child Questionnaire.

Massey University
COLLEGE OF HUMANITIES & SOCIAL SCIENCES

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New Zealand
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Dear Adoptive Parents,

In November last year you received from ICANZ an Information Sheet and Intercountry Adopted Child Questionnaire with a covering letter from ICANZ. The letter and information sheet asked you to complete an Intercountry Adopted Child Questionnaire for each Russian and /or Romanian child you had adopted during the period 1990 up to and including 1995.

This request was to assist me to complete my Masters in Social Work at Massey University which is about the "Well-Being of Russian and Romanian Intercountry Adoptees in New Zealand". Statistical information, allowing the creation of a generalised picture of the progress of these children since coming to New Zealand, has never been collected before. The numbers of Russian children coming to New Zealand has been steadily increasing since the early 1990s and I see it as likely that this trend will continue. I am particularly interested in how Russian and Romanian children are recovering from the effects of having been institutionalised prior to their placement in New Zealand. Such information could be very useful in determining what could be of assistance to intercountry adoptive parents and children who have been institutionalised, and in determining best practice for social workers working in this field.

To date I have had 45 questionnaires returned to me, that I am able to use, from adoptive parents of Russian children (a total of 151 questionnaires were sent out) and 36 from the adoptive parents of Romanian children (a total of 140 were sent out). I am most grateful for this response. However, to provide results that can be considered reliable (statistically significant) I need to obtain completed questionnaires from about 50% of both groups (that is, Russian and Romanian adoptive parents). This means I need a further 30 completed questionnaires from the parents of Russian children and a further 35 completed questionnaires from the parents of Romanian children.

Included with this letter is another Information Sheet and Intercountry Adopted Child Questionnaire for each child you have adopted from Russia and/or Romania within the specified time period. **If you are at all able I would be most grateful if you could take the time (about 45 minutes per questionnaire) to complete and return the questionnaire(s) to me.** ICANZ staff, my supervisors at Massey University and I have put a great deal of time and work into this project. We would all like to be able to produce results that are meaningful and useful, particularly for intercountry adoptive parents and their children in the future.

This letter and questionnaire has again been sent to you via ICANZ so you can be sure that your confidentiality has not been breached in any way. Please feel free to contact me at 07 5766092 (7pm - 9pm) if you have any concerns or questions that you would like to discuss with me.

Yours sincerely,
Deborah de Jong.

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