

AUSTRALIAN GOVERNMENT DEPARTMENT OF SOCIAL SERVICES



**Literature review providing an in-depth   
overview of existing research on the effects   
of intercountry adoption on adoptees**

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# Background

The Department of Social Services requested a tender for a Literature Review under the deed of standing offer for the Social Policy Research and Evaluation Panel (Deed number 46074570) dated 27 January 2012 (The Deed) with The Cairns Institute, James Cook University. The literature review was to provide an in-depth overview of existing research on the effects of intercountry adoption on adoptees**.**

# Method

Search strategies for this literature review included searching under key words in library catalogues; Google search; Google scholar; US National Library of Medicine; National Institutes of Health (Pub Med); other relevant health and medical databases and Government websites. While an initial search revealed thousands of potentially relevant research publications, all of these could not be reviewed. In total 91 articles, book chapters, reports were retrieved and a final sample of 66 references has directly informed this review. Search terms used included: intercountry adoptees; trans-racial adoption; transnational adoption; international adoption; transethnic adoption; cross-cultural adoption; child migrants; comparative studies of cared for children; and post-institutional adoption. Across the literature, some terms appear to be used interchangeably, while other terms refer to specific groups of adoptees only.

# Introduction and context

In Australia, international adoption is governed at State and Commonwealth levels. The 1993 Hague *Convention on Protection of Children and Co-operation in Respect of International Adoption* (the Hague Convention)[[1]](#footnote-1) established international standards and cooperative measures to safeguard the interests of children subject to international adoption. Australia ratified the Convention in 1998. State legislation in Australia prescribes assessment, approval, supervision and support processes while the Commonwealth is responsible for the establishment and management of Intercountry adoption programs and ensuring that countries abide by Hague Convention standards.

## Historical context

During the 20th century, adoption in Australia and internationally is said to have evolved rapidly, from preserving lines of inheritance, to an imposed moral solution to illegitimate babies, and providing homes for orphaned children after WWII and subsequent wars in developing countries (King, 2008/9; Marshall, & MacDonald, 2001; O’Shaughnessy, 1994; Selman, 2009). In particular, numbers of inter-country adoptions accelerated after the impact of the Korean and Vietnam wars when communities in those countries were suffering the impact of ongoing violent turmoil, human rights violations, and citizen dislocation (King, 2008/9; Roby & Ife, 2009; Selman, 2009; Silverman, 1993). According to Selman’s (2009) estimate, nearly one million children were adopted internationally into Western countries between the end of the Second World War and 2008. These figures do not appear to include interracial adoptions within countries, for example, Indigenous children into white families in Canada, United States, Australia and elsewhere.

## Deprivation and intercountry adoption

Many other factors have been identified as contributing to the need for homes for babies and children from overseas countries including one-child policies and gender preferences, no formal domestic relinquishment and adoption policies, little available social welfare income support, limited availability of acceptable means of contraception, cultural rejection of children born outside of traditional family formation, and high numbers of institutionalised or abandoned children, (United Nations, 2009). According to Efrat, Leblang, Liao and Pandya (2015), other deprivations that have contributed to the need for intercountry adoption programs in sending countries include childhood malnutrition, exposure to environmental toxins, and factors related to high youth populations with inadequate prenatal and antenatal care. In the past, some researchers had argued strongly for the adoption of very young children as a matter of urgency. This early intervention was to decrease the chance of lifelong damage and permanent disability as a result of early adversity and institutional deprivation, and to increase the successful integration and normal development of internationally adopted children post-institutional care (Gunnar, Bruce, & Grotevant, 2000; King, 2008/9; Silverman, 1993). The consequences of delayed adoption placement, some argued, were much more damaging than interracial adoption. One early study on recovery post institutional care was by Dennis (1973, cited in Palacios & Brodzinsky, 2010, p. 274) involving Lebanese children who were institutionally reared in their first years, some of whom were later adopted. Conclusions drawn from that study included that children adopted before two years of age could overcome their early development delays and privation, but those adopted after two years of age could never overcome their pre-adoptive retardation. In a British context, Tizard (1977) concluded that adoption could be compared favourably to the ill effects of institutional life or the risks of restoration to a problematic birth family if the placement occurred before the age of four and a half years.

## The rise and fall of intercountry adoption

More recently, intercountry adoption has been criticised for appearing to be less in the best interests of the child and more a demand for adoption of babies across international borders by childless middle class families who promote the rescue mission of adoption for abandoned children (King, 2008/9; Fronek, 2009; Fronek & Tilse, 2010; Roby & Ife, 2009). The demand also may have been fuelled by an increased availability of children, particularly from China prior to 2005 (Selman, 2009; 2015). It has been said that this perceived shift in adoption purposes has been driven partially by the impact of childlessness, infertility, plummeting numbers of domestic babies available and endless waiting lists for domestic adoption (United Nations, 2009). The reduced number of babies available for domestic adoption in turn has been attributed, at least in part, to increased availability and access to birth control measures, greater acceptance of children born out of wedlock, and increased understanding by women of their rights, including the rights of young, unmarried women and their children (some data has suggested many Australian birth mothers in recent decades were not ‘young’ and many were aged 20-39 (United Nations, 2009)). Further contributing to reduced numbers of children available for domestic adoption in Australia was recognition of the ongoing grief and intergenerational trauma of separation of mothers and children and the importance of cultural identity and culturally appropriate arrangements for Aboriginal children (Asche, 1981; King, 2008/9; Marshall & MacDonald, 2001; National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families (Australia), 1997; O’Neill, Ban, & Gair, 2014).

Emerging evidence identified that where social policies resulted in totally severed familial relationships, in turn facilitating fractured cultural identities, it could trigger the onset of intergenerational health and mental health issues as children try to navigate adolescence and comprehend their own cultural self (National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families (Australia), 1997). For several decades distinctions have been made between white families adopting Indigenous children in their own country, have been viewed as unacceptable, and families adopting foreign-born children, which has been seen as acceptable and necessary (Deacon, 1997; Fournier & Grey, 1997; National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families (Australia), 1997; Selman, 2009, 2015). Most recently, in adherence to the guiding principle of the Hague Convention, the Australian Government observes that whenever possible, a child should be raised by his or her birth family or extended family, and it is only after local solutions have been exhausted, should intercountry adoption be considered and if it is in the child’s best interests.[[2]](#footnote-2) The rise and fall in intercountry adoptions across many countries in the 21st century has been outlined by Selman (Selman, 2009, 2015).

## Contemporary adoption

According to the United Nations, after one of the most extensive research studies of adoption processes worldwide covering 195 countries including Australia, over 160 countries sanction adoption, and overall, domestic adoptions have outweighed intercountry adoptions in a majority of countries (United Nations, 2009). Religion, predominantly the Islamic faith, appears to be the primary driver for countries that do not sanction adoption (United Nations, 2009). That report identified that an enduring, major limitation for research studies of adoption trends and outcomes was incomplete, out-dated or non-existent data. According to United Nations (2009), the major destination countries for intercountry adopted children were United States, France, Spain, Canada, Germany, Italy and the Netherlands. The countries accounting for the majority of outgoing children adopted through intercountry adoption processes were from Asia and Eastern Europe. Informal or “de facto adoptions”, foster care or guardianship arrangements also were widespread and were preferred in some countries (United Nations, 2009, p. 31). In the past, a majority of intercountry adoptees were aged 1-5 years, and globally it appeared that more girls than boys were adopted until recently. According to Selman (2015), while baby or infant female adoptees had accounted for up to 95% of adoptees from China, boys were now the majority, with more older and special needs adoptions. However, the assumption that it was babies who made up the majority of all past intercountry adoptees appears only to be true for some countries. According to the United Nations (2009) it was common that in countries where adoptions occurred there were far more children in foster care arrangements than were available for adoption. Across countries, there were differences between private agencies and government adoption processes (United Nations, 2009). Many countries have ratified multi-lateral, regional or bilateral agreements on intercountry adoption aimed at protecting the welfare of children (United Nations, 2009). Most children made available for adoption in developed countries are not orphans but this is still the case for developing countries (United Nations, 2009).

According to the United Nations (2009), in many but not all countries, sterility and childlessness are dominant motivators for, and determinants of, the demand for intercountry adoption, including Australia. While it is the case that many couples worldwide have increased the size of their family through adoption, rather than being childless, Australia appeared to be one of a small group where childlessness was the primary driver of the demand for intercountry adoption (United Nations, 2009, pp. 116-117). Many countries worldwide have ratified or acceded to the 1989 United Nations *Convention on the Rights of the Child*, and the 1993 *Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption[[3]](#footnote-3)*. Parties to the conventions recognise that the child has a right to the preservation of their ethnic, religious and cultural identity and background. However, as asserted by Fronek and Cuthbert (2013), powerful, vested interests, the needs of childless couples in rich Western countries, and the application of narrow, Western definitions of family, may have overshadowed the rights of the child and led to passive Convention interpretations. Further relevant international agreements include the *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children* (United Nations, 2000b), and the 2000 United Nations *Optional Protocol to the Convention of the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography* (United Nations, 2000a) which stipulate that coerced adoption is illegal. However, child trafficking appears to remain a significant concern. Of interest, Fronek and Cuthbert (2013) and others identified that current intercountry adoption practices reflect some of the discredited, unethical practices and breached human rights exposed in past domestic adoptions, including coercive and forced adoptions (The Senate Community Affairs References Committee, 2012).

Open domestic adoption legislation, policies, processes and practices have been adopted in many countries in recent decades as a key strategy to counter past and future separation grief in domestic adoption, yet open intercountry adoption does not appear to have been the topic of extensive research (Scherman & Hawke, 2010). Indeed some research has pointed to the attractiveness of intercountry adoption precisely because of the geographical distance between adoptive families in receiving countries and foreign birth families (Cuthbert & Spark, 2009; Gair, 1997; Smolin, 2004; Smolowe, 1997).

While research specifically focused on children who arrive in Australia through intercountry adoption processes is not extensive, international research suggests intercountry and interracial adoptees have faced childhood adversity, losses associated with being removed from their culture, abuse, neglect, abandonment, and trauma associated with a disaster. Many children may exhibit health problems, delayed growth, and delayed social, cognitive, motor and language skills at the time of their adoption. The conclusions of relevant studies vary; with some indicating intercountry adoption has little impact on the long term social and psychological functioning of adoptees. Other studies have found significant discrepancies between adoptees wellbeing and other populations (Elliott & McMahon, 2011; Gunnar, Bruce, & Grotevant, 2000; Juffer & van Ijzendoorn, 2007; King, 2008/9; Roby & Ife, 2009; Sharma & Roehlkepartain, 1994; Verhulst & Versluis-Den Bieman, 1995; von Borczyskowski, Hjern, Lindblad, & Vinnerljung, 2006).

It might be hypothesised that early childhood adversity due to deprivation before and during orphanage care and subsequent intercountry adoption by non-relatives, coupled with a lack of access to cultural and genealogical information post adoption could lead to increased psychological, social and physical impairment in adult functioning. However, it is important to understand what evidence supports or contradicts this hypothesis. By examining intercountry adoptees alongside other population groups, it might be discerned whether intercountry adoption uniquely impacts on people’s lives, or if any difficulties faced are similarly experienced by those in any comparable positions, such as migrants or domestic adoptees. These groups also may have experienced institutionalisation, loss of enduring cultural contact, and the losses associated with being disconnected from family or culture. Comparative studies reportedly allow for sample and control group comparative analyses, so that the impact of intercountry adoption can be more clearly understood.

Exploration and an increased understanding of what are the social, emotional, psychological, contextual, and environmental issues impacting intercountry adoption and intercountry adoptees life experiences, what currently is understood, and what are the gaps in current literature particularly for an Australian context, is the quest of this literature review.

# Similar or different and can differences/similarities be extrapolated?

## *Caution in comparative analysis*

It appears that studies concerned with the wellbeing of Australian intercountry adoptees are less common than might be expected, while an abundance of international literature has reported on health and development factors for intercountry adoptees. Much of the international literature has emerged from the United States and Europe, highlighting outcomes for interracial and intercountry adoption following World War II and to the present, across diverse groups of children. Extensive research has highlighted positive outcomes of interracial and intercountry adoption, and, equally, much research is evident that identifies emotional adjustment issues, delayed physical, social, and cognitive development, delayed motor and language skills, and ongoing impairment. It has been reported that many adoptees, as a consequence of their cross-cultural adoption, can experience emotional and psychological trauma, feelings of displacement, identity crises, feelings of cultural alienation, unexpected racism and mental illness episodes (Elliott & McMahon, 2011; Gunnar, Bruce, & Grotevant, 2000; Juffer & van Ijzendoorn, 2007; Sharma & Roehlkepartain, 1994; Verhulst & Versluis-Den Bieman, 1995; von Borczyskowski, Hjern, Lindblad, & Vinnerljung, 2006).

However, while many issues might be unique to intercountry adoption, there may be common characteristics across a range of different circumstances, for example domestic adoptions, institutional care within the country of origin, Aboriginal children who were removed from families on to State missions or adopted out, children in long term foster care, and children in newly arrived migrant families. The contribution of early childhood adversity connected to orphanage care alone, and other out of home care has been researched over decades (Palacios & Brodzinsky, 2010; Tizard, 1977). Equally, disrupted or severed contact from extended family, history, language and culture and subsequent racial discrimination has been experienced by many children and families not associated with intercountry adoption, for example, Australia’s Indigenous and migrant populations over 240 years (Rosenwald, Garton & O’Connor, 2009). In some contexts it has been reported that racism alone can have psychological, social and physical impacts on the health of youth and adults (Paradies, 2006).

Of importance, some comparative studies have explored differences and similarities in experiences of adopted and non-adopted children. Nevertheless, caution may be needed regarding a ‘taken for granted’ notion that large cohorts of adopted and non-adopted children could be assumed to each be homogeneous groups. That is, they would have internal commonalities and across group differences that readily can be compared and measured, even though they may be drawn from very diverse contexts (Howard, Livingston Smith, & Ryan, 2004). Passmore (2007, p. 2) concluded that “adoptees are not an homogenous group” and that while some adoptees have had very favourable adoption experiences, other adoptees have had very unfavourable adoption experiences. Passmore (2007) argued that rather than looking at ways adoptees differ from non-adoptees, it is important to focus on why it is that some adoptees fare really well, while others experience difficulties and challenges. She argued that it is important not to over-pathologise adoption, although it is equally important not to under-pathologise adoption and miss connections between adoption experiences and interpersonal issues. Specifically, why some adoptees fare better than others seems underdeveloped in available literature.

Equally, Gunnar, Bruce and Grotovant (2000) argued that early, positive pre-institutional experiences and received care, or conversely significant institutional deprivation across countries and institutions, and even institutional care within the same institution, cannot be assumed to be homogeneous, consistent or measurable. These authors further noted the importance of available post adoption support services. Most recently Selman (2015) argued that even when only discussing intercountry adoptions from Asia, commentators run the risk of over-generalising about very different countries. Nevertheless, comparative studies and generalised extrapolations seem useful to consider.

## A complex picture of comparative studies

Some past research has found that intercountry adoptees have similar life experiences to their non-adopted peers. For example, Westhues and Cohen (1997) undertook a comparative study of the negotiation of developmental tasks of adolescence in young adult intercountry adoptees and their siblings. They found that adoptees’ self-esteem (also considering age and gender) was at least as strong as self-esteem measured in the general peer population. However, they found lower levels of family integration in adoptees, and higher levels of racial discomfort when compared to their siblings. Bagley (1993), in a 20 year follow-up of 67 Chinese female children adopted from a Hong Kong orphanage into British families who had no information or contact with families of origin, found scholastic achievements comparative to children from similar, supportive middle-class families, and few identity issues evident. Similarly, in the largest ever study of adoptive families in the United States at the time, Benson, Sharma and Roehlkepartain (1994) surveyed 715 families and 881 adopted adolescents who had been placed for adoption prior to 18 months of age. Findings were presented as overall very positive, as related to identity, attachment, child mental health, and family functioning although one finding, that 25% of adolescents reported mental health problems, attracted much less attention than other findings in that report.

In a larger study, Juffer and van Ijzendoorn (2007) conducted meta-analyses focused on behavioural problems, mental health referrals and self-esteem when comparing domestic and international adoptees and non-adopted children. Their results indicated that both groups of adoptees—those placed domestically and those placed internationally—were more likely to be referred for mental health services than non-adopted children. Of interest, international adoptees in that study revealed fewer adjustment difficulties than domestically-placed children. Overall, they found no difference in self-esteem between more than 10,000 adoptees adopted under 12 months of age and more than 33,000 non-adopted comparison children. Most recently, McCall, et al. (2014), after undertaking a comparative study of Russian born children who were transitioned into intercountry adoption, domestic adoption, foster care or reunification with birth families, inferred that the development of children in different care arrangements might not have been substantially influenced by children’s development at birth or upon departure from institutions.

Over several decades many studies reported adjustment difficulties in adopted children, often emerging after school age. The majority of those studies have been epidemiological studies identifying the overrepresentation of adoptees in mental health or special education populations. However, other studies identify key contributing factors such as a lower threshold of acceptance of behaviours or circumstances, and research samples drawn from mental health settings.

In an extensive study by Verhulst and Versluis-Den Bieman (1995) of behavioural problems in international adopted and non- adopted children, they found a prevalence of behavioural problems in adolescent boys aged 12-15 whose behaviour scores increased in a way that was unlike their non-adopted peers. Verhulst and Versluis-Den Bieman highlighted the negative impact of early adverse conditions in late-aged adopted children. Other literature has identified some key factors predictive of negative outcomes leading to increased behavioural problems including inadequate preparation of adoptive parents, children being isolated, or unable to give and receive affection, and inadequate sharing of birth family information (Howard et al., 2004). Howard et al., (2004) identified that more recent studies report positive outcomes as measured by parental satisfaction, despite evident behavioural and emotional problems, than studies prior to 1990. More recently, traumatic disorders and issues of grief and loss are being recognised for adopted children (Howard et al., 2004, pp. 24-25).

Howard et al, (2004) explored the comparative levels of adjustment of children from three different types of adoptive arrangements and birth children through parent surveys. The sample included 1,340 children adopted from care, 481 domestic adoptions, 89 international adoptees and 175 birth families. Clear differences emerged for adopted children. On most measures, particularly school functioning, adopted children were rated by their parents as having more problems than birth children with children from care being identified as having significantly higher rates of problems than other types of adopted children. Children adopted from State care were identified as having 11.9 problems as compared with 6.2 for birth children, and 9.1 and 9.4 respectively for both domestic and international adopted children. These findings can be contrasted with findings reported by the United Nations (2009) where international adopted children were not identified as having higher levels of multiple health issues/disabilities, highlighting the importance of contextual specificity when extrapolating research findings.

According to Howard, Livingston Smith and Ryan (2004, p. 2): “Children adopted from the child welfare system are 3.4 times as likely and international adopted children are 2.4 times as likely to be in the upper quartile of the BPI [Behaviour Problem Index] as children in birth families”. However, they identified the need for further adoption research that differentiated between groups of adopted children, and recommended early intervention and post-adoption support services for internationally adopted children and children adopted from State care (Howard et al., 2004, p. 25).

As noted, the available literature on both the wellbeing and health of Australian intercountry adoptees is less well documented although some studies have been undertaken. Several early studies in the 1980s and 1990s reported that Australian intercountry adoptees appeared to be functioning well when compared to their non-adopted peers, although racist Australian attitudes were noted (Harper & Bonnano, 1993; Harvey, 1983). Rosenwald (2009) reported that between the late 1960s and June 2008 there were over 10,000 intercountry adoptees placed with Australian families, with intercountry adoption programs initially with many Asian and South American countries, and by the 1990s, the primary sending countries for Australia were Korea, India and Thailand.

Rosenwald, Garton and O’Connor (2009) reported the findings of a longitudinal quantitative study of 110 intercountry adoptees and their families in Western Australia aged 4-16 year old at phase one of the study and aged 14-26 by the time of phase two. In phase two, these researchers compared the participant adoptees with a group of 80 non-adopted migrant peers and their families. This Australian study appears to be unique in the literature, and no other similar comparative studies were identified during this literature search. The study reported happy, healthy adoptees functioning at least as well as their non-adopted peers. Further, they reported a minimal apparent relationship between wellbeing and identity. A large majority of both groups enjoyed psychological and physical health, high levels of self-esteem, life satisfaction, satisfaction with adoption, and a positive sense of cultural self. While a decline in wellbeing seemed evident in maturing adolescent adoptees aged 17-23 that was recovered several years later, while a similar pattern was evident in migrant peers at an older age. Of interest to these Australian researchers, adoptive parents and migrant parents in the same study reported higher perceived levels of health and wellbeing in their children that the children rated themselves.

Almost all adoptive and migrant parents in the abovementioned research by Rosenwald, Garton and O’Connor (2009) similarly maintained an affirming interest in the children’s cultural and racial heritage. Regarding key risk factors for adoptees’ and migrants’ identity and wellbeing, age at arrival, pre-arrival adversity and parental socio-economic status were considered. Older adoptees who had experienced moderate to high levels of adversity but who were in families with higher socio-economic status (SES) were not more vulnerable to negative effects, while migrants with pre-arrival adversity, and low parental SES were seen as more vulnerable to prejudice, discrimination and public stigma.

A significant finding from Rosenwald, Garton and O’Connor (2009) was that “looking different”, and perceiving that their cultural group was less accepted in their environment were “the most powerful predictors of wellbeing and identity in adoptees and migrants alike” (2009, p. 259). More than 80% of both adolescent migrant and intercountry adoptee groups reported experiencing racial discrimination, although racism by itself was not found to be a primary predictor of wellbeing or identity in this study (Rosenwald et al., 2009, p. 268). These authors also discussed some evidence supporting the notion of a longstanding stigma against adoption in Australia as a contextual narrative worthy of consideration.

Importantly, these findings suggest that the intercountry adoption experiences per se, may not be the primary impact factor regarding wellbeing and identity, but rather the cultural, political, social and environmental context of the receiving country, including levels of acceptance of cultural differences and of specific cultural groups, within the adopted country. Importantly, public acceptance of the concept of cross-cultural and intercountry adoption may be significant. Research exploring these subtler, contextual, perceptual, cultural and political elements pertaining to intercountry adoption in Australia does not appear readily evident and this topic may need further research illumination.

While not undertaken in the Australian context, a recent Swedish study is of interest. Tigervall and Hubinette’s (2010) qualitative research with 20 international adoptees revealed that the “non-white bodies” of these children attracted “everyday” (p. 489) racial comment that ranged from curious questioning to racial aggression, and that race and racism are key to understanding the unique mental health vulnerabilities of international adoptees. Most recently reported are findings from an Australian qualitative study with a cohort of older adopted, now adult, Thai adoptees (Scarvelis, Crisp, & Goldingay, 2015). In that sample many contextual elements were common to the cohort, unlike other reported studies. Scarvelis, Crisp, and Goldingay (2015) identified early arrival issues and ongoing challenges to mature adulthood. They recommended, as have others, that adoptive family support and support services were crucial.

## *Other contributing factors*

Many authors have identified the importance of recognising the circumstances contributing to psychological, emotional, cognitive, developmental and physical delayed growth, and other legacies for children after early adversity and institutional care prior to adoption. Some authors have noted the importance of recognising the complexities and potential variation in perceived experiences of institutionalisation, but note that information about the exact circumstances and degree of privation of individual children most often is unavailable. In particular, Gunnar, Bruce, and Grotevant (2000) identified the importance of post adoption support in advancing intercountry adopted children’s recovery. These authors further identify the importance of understanding that language development delays for internationally adopted children may be related to learning a different language to that of their birth country.

Understanding what might shape acceptance of adoption within the global and local context is highlighted by Fronek and Tilse (2010) who identify controversy and polarisation surrounding competing discourses in intercountry adoption in Australia. Using the case study context of the adoption of South Korean children to Australia, and network theory and analysis, Fronek and Tilse (2010) highlighted opponents, proponents and non-partisan positionings taken up by individuals on intercountry adoption. They called for a more global, critical view and an allowance of alternative voices, narratives and discourses to emerge and be heard.

In another Australian study, Gray (2009, p. 223) reported on the diverse experiences of several groups of intercountry adoptees, including South Korean and Vietnamese adoptees, regarding their “return journey” to their homelands, including travel with their adoptive families. Adoptees in this study expressed being able to temporarily escape from their Australian experience of being the “other”, they were able to “fit in”, build a “sense of dignity” about where they came from, and gain “a sense of pride about their hybrid identities”. Some reported feeling ambivalence about both belonging yet not belonging, and being a foreigner in their homeland “assessing their birth culture through a Westerner’s gaze” (p. 234). Gray (2009) reported that for some participants, a lack of information and knowledge about their birth culture, and language and cultural barriers had contributed to significant personal struggles to understand the socio-economic and cultural divide they encountered on their return journey. Gray also cautioned against assumptions in the public adoption narrative that all intercountry adoptees would need to return to their roots, to “find out who they ‘really’ are” (p. 231), and she recommended ongoing transnational connections with birth families and birth cultures.

Of further interest is a New Zealand study by Scherman and Harré (2004) who identified that almost all intercountry adoption literature assumes or highlights cultural dissonance between adoptive families and adoptees. They interviewed 112 New Zealand adoptive families of primarily European descent, with 162 predominately Russian and Romanian adoptive children, concerning their experiences and attitudes about the importance of their children’s birth culture. These researchers described the findings as demonstrating that the New Zealand adoptive parents of Eastern European children were interested in acknowledging and promoting the children’s culture and they speculated that these findings might be due in part to an importance placed on culture and multiculturalism in New Zealand.

# Cognitive, physical and psychological impairment and failure to adjust

## *Some early recovery*

As noted earlier, a meta-analysis of 62 studies (N=17,767 adopted children), Juffer and van Izjendoorn (2007) examined whether the cognitive development of adopted children differed from that of: (a) children who remained in institutional care or in the birth family; and (b) their current non- adopted siblings or peers. The meta-analyses documented the positive impact of adoption on the children's cognitive development and their remarkably normal cognitive competence but understandably, they may experience a common delayed school performance. Gunnar, Bruce and Grotevant (2000), reviewing and citing the work of others including large scale longitudinal studies by Rutter, and the ERA study team (1998) highlighted the evident intellectual post adoption recovery and the “remarkable plasticity of the brain” (p. 680). However, they cautioned against overstating a typical “general intelligence rebound” (p. 681) and noted that, regarding the language skills and abilities of post-institutionalised children, some lagged behind other children, had cognitive and language deficits and appeared to be at risk for psychosocial problems that might persist and even increase over time.

Major concerns identified included attachment behaviours, expression of emotions, peer interactions, and mental health and wellbeing issues. While Rutter and the ERA team (1998) identified that such characteristics were seen to be common among Romanian children, they reported that the heterogeneity in children’s functioning was as marked as their commonalities, with some children exhibited no impairment at all (even some of those with longer institutional experiences), while others exhibited problems in several areas but not all necessarily in the same ones (Palacios & Brodzinsky, 2010; Rutter & ERA Study Team, 1998).

More recently Kreider and Lofquist (2014) studied adopted children, step children and biological children in American families (including informal adoptions, domestic and international adoptions). These researchers found that a higher proportion of adopted children under 18 than of biological children and step children, had at least one disability. This finding is supported by prior research that also showed adopted children were more likely than other children to have special health care needs. The most commonly reported disability was difficulty learning, remembering, or concentrating, which is categorised under the term “cognitive disability” (p.14). Other findings reveal that a higher percentage of internationally adopted children than native-born adopted children had a hearing disability hindering their cognitive development (Kreider & Lofquist, 2014). Another study into cognitive capacity found lower test scores for some adoptees based on the child’s country of origin, with other children, and in particular Korea-born intercountry adoptees, achieving on par with their non-adopted peers (Odenstad et al., 2008).

## *Ongoing challenges*

Some researchers found that intercountry adoption leads to ongoing life capacity challenges for adoptees. Elliott and McMahon (2011), in one of few Australian studies found a high prevalence of anxiety symptoms among 3-8 year old girls in Australia who were adopted from China. In that study the researchers sought to examine anxiety in children adopted from China comparing this sample to available normative data, and to examine the associations between child anxiety, and child (e.g., age at adoption) and parent factors (e.g., age, education level). Parents of 59 children adopted from China completed a number of measures of child anxiety, temperament, and parent psychological well-being. Adoptees from China, predominantly from institutional care represented 25% of all intercountry adoption to Australia in the years just prior to the study. Results indicated a high prevalence of anxiety symptoms among the adopted children when compared with available data from normative samples, particularly related to separation contexts.

A number of factors in that study were associated with adoptee anxiety, including inhibited temperament that may have cultural groundings, genetic vulnerability (that could mean increased risks for some children with longer term institutionalisation prior to adoption) and parental anxiety (correlated with educational achievement and status). Elliot and McMahon (2011) concluded that, in particular, the way in which adoptive parents responded to inhibited and anxious behaviours may have an effect on the development and maintenance of these anxiety problems.

## *Loss, trauma and vulnerabilities*

While literature over decades has identified the mental health impacts of grief, loss and trauma associated with the separation of children from families, extended families and culture through adoption, few adoption research studies appear to have focused on this topic of grief and trauma for intercountry adoptees. Some authors have suggested that intercountry adoptees who fail to adapt to their new cultural context, especially by school age, and particularly by adolescence, may experience psychiatric problems that contribute to a higher rate of attempted suicides among adopted adolescents than those who live with their biological parents (von Borczyskowski, Hjern, Lindblad, & Vinnerljung, 2006).

Hjern, Vinnerljung, and Lindblad (2004) reported that intercountry adoptees were at a high risk for suicide death, however this also was found to be the case for child welfare recipients and children in long term foster care. Equally, Triseliotis et al. (2005) reported severe emotional problems in 14% of adopted people who were not intercountry adoptees, with similar findings of felt rejection, identity issues, a low sense of belonging and bereavement over the break-up of a range of relationships contributing to an increased sense of loss. More explicitly, Hjern, Lindblad, & Vinnerljung (2002, p. 443) identified that inter-country adoptees “were more likely than other Sweden-born children to die from suicide”. Harris (2006) also documented narratives from suicidally depressed British, transracially adopted people.

While adopted children are said to generally experience more psychological and behavioural disorders than children who were not adopted (Nickman et al., 2005), it may be evident that parents who teach prosocial skills and create a secure attachment with their adopted children may be able to prevent some of the negative psychological and social challenges that adoptees face (Juffer & van Ijzendoorn, 2007). Hollingsworth (2008) noted the importance of helping adoptees to develop a cultural identity, especially when their appearance differs from those around them.

In relation to cultural difference, a recurring theme appears to exist in the literature of perceived racism, racial hostility and discrimination especially for adoptees whose physical appearance and skin colour differed markedly from the adoptive family and community. In particular, Lindbland and Signell (2008) highlighted the psychological complexities that stem from racism because adoptees may be seen to be members of a cultural collective, from a sending country, that they do not identify with. In turn, these confronting challenges to their socialised perception of themselves as citizens of their adoptive country provides fertile ground for mental health problems (von Borczyskowski et al., 2006).

Such findings mirror past studies. For example McRoy and Zurcher (1983) found that when white parents failed to support and positively socialise their black children towards their racial group, or instead identified their children by non-racial characteristics, the children often did not identify themselves as connected to any racial group. The researchers believed that this approach influenced the children in their study to see themselves as having little in common with and no desire to associate with other black people (McRoy & Zurcher, 1983, cited in Scherman & Harré, 2004, p. 63). McRoy and Grape (1999) specifically called for increased recognition of the social dynamics of skin colour by adoptive families, and adoption practitioners. Scherman, and Harré (2004) cited additional work, including the work of Gill and Jackson (1983), who found little evidence of ethnic pride or positive racial identity among black, Asian and mixed-race children when parents minimised cultural identity. Earlier studies had pointed to the importance of adoptive parents undertaking the dual role of fostering ethnic awareness and pride in the birth culture and, at the same time, helping their adopted children fit into the dominant culture (Tizard, 1991). Dalen and Sætersdal (1987) identified how marginalised Norwegian teenage adoptees lived in a paradoxical situation where, at the same time, they both belonged and do not belong. Confusingly, Irhammar and Cederblad (2000) found that adoptees who had an active interest in their birth culture also had significantly lower self-esteem, again pointing to the incomplete and contextual nature of research, and the difficulty obtaining conclusive understandings of the outcomes across groups of intercountry adoptees.

## *Adoptive parent attitudes*

Parental attitudes as related to intercountry adoption and identity also were noted by Young, (2009) who found that one common theme that united Australian intercountry adoptive families was the belief that their families had been formed because children from developing nations needed homes, and they were saving children from an institutional upbringing. One participant identified clear differences between children lost in the country of origin and loved in the adoptive country: “Just going over there gives you an appreciation... it’s a third world country… the opportunities, the schooling, the attention, the love, the family that he has here… so instead of being… lost over there he’s got a loving family” (p. 140). However, Young reported that the biggest reason stated for pursuing intercountry adoption was infertility and yearning to be a parent, pointing to very personal motivations and benefits in pursuing intercountry adoption. Literature exploring how adoptive parents’ perceptions, for example, regarding the birth culture and country being best left behind, impacted on their child raising and cultural affirmation of their intercountry adopted children does not seem apparent.

More recent research by Manzi, Ferrrari, Rosnati and Benet-Matinez (2014) again reflects much earlier research, pointing to the role of supportive adoptive families in helping facilitate transracial adoptees’ positive cultural identity. Manzi et al. (2014), in a study of 170 Latin American born children adopted into Italian families, identified that *how* adoptees combine their different cultural backgrounds constitutes an important element in identity development. In particular, they concluded that to understand adoptees’ behavioural problems is to understand differences in the degree to which adoptees’ primary cultural backgrounds (original and adopted) are perceived as being in conflict or compatible, with the perception of conflict between them having a negative influence on behavioural problems. That is, “adoptees who felt ‘caught between’ two cultures were more likely to externalise their maladjustment” (p. 898). Combining the two cultural backgrounds, to establish a comfortable, bicultural identity within their adopted country was considered to represent an additional developmental task for adolescent transracial adoptees that adoptive families and adoption practitioners needed to understand.

# Challenges and tensions

At the very least, the above literature review points to an abundance of comprehensive research, across vastly different groups of children and contexts, although Australian research into the effects of intercountry adoption on adoptees psychological and cognitive functioning is more difficult to locate. Findings appear conflicting, although consideration to the very specific contextual elements and hurdles of particular groups may give more understanding to contributing factors and differing outcomes, than across group comparisons.

A simplistic conceptualisation of intercountry adoption as both accommodating a humanitarian aid and rescue system—in need of streamlining—and meeting the needs of infertile Western couples, appears to be reminiscent of past conceptualisations of domestic adoptions (Fronek, 2009; King, 2008/9). As noted, Young (2009) found one common theme that united intercountry adoptive families was the belief that their families had been formed because children from developing nation needed saving, but the biggest reason stated for pursuing intercountry adoption was infertility and yearning to be a parent. Literature that illuminates and debates these tensions of inter-country adoption in the best interests of the child, particularly from adoptive children’s perspectives, do not appear common.

Available literature reports that numbers of intercountry adoptions have been dropping worldwide, including in the highest receiving countries, although according to some, it may be a case of a potential “reshaping” rather than a total demise of intercountry adoption (Selman, 2009, p. 591). This situation is at least partly attributed to resistance of sending countries to the removal of children from their birth country (Hollingsworth, 2003). After natural disasters, some overseas countries have recently argued that intercountry adoption was not the most appropriate response to children left homeless, and that surviving relatives may be able to care for them (Young, 2009). Some countries are choosing to no longer be involved in intercountry adoption but instead are concentrating on developing local infrastructure for children to remain in their birth countries. This is suggestive of a shift away from intercountry adoption as being accepted as in the best interests of children, and an understanding that intercountry adoption, indeed all child adoptions, may be reactions to emerging circumstances (Fraser, 1999). Selman (2009) and others identified that intercountry adoption may lack “credibility” (Pringle, 2004, cited in Cuthbert & Spark, 2009, p. 56) and may be condemned as a past error of judgment. Most recently, Efrat, Leblang, Liao and Pandya (2015) argue that adoption serves a political purpose beyond families for prospective adoptive parents and humanitarian homes for impoverished and orphaned children, and a broader perspective is required.

# Future trends

Intercountry adoption remains a contentious issue. In essence, the United Nations *Convention on the Rights of the Child* (1989) and the 1993 *Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption* are conventions aimed at protecting the rights of children to preserve his or her cultural identity including nationality, name, beliefs, religion, spirituality, and family relations. It may be the case that intercountry adoptions, like domestic adoptions, serve a purpose that is internationally transient and numbers of inter-country adoptions appear to be trending downward globally (Selman, 2009; 2015). This situation, at least in part, may be attributed to moral resistance of sending countries to the removal of children from their culture, and evidence of ongoing child trafficking (Hollingsworth, 2003, 2008; Roby & Ife, 2009).

Some have recommended significant systems reform to counter corrupt practices and alleviate fears of child trafficking for circumstances when all other options for child placement within their country of origin are exhausted (Selman, 2009). One recommendation for future intercountry adoption explored by Cuthbert and Spark, (2009) was the identification of all intercountry adoptions into Australia as special needs adoptions, in order to reinstate the purpose of intercountry adoption as in the best interests of at risk children. Others recommend a broader conceptualisation of intercountry adoption on a practice continuum of permanent care incorporating residential/institutional care, foster care, guardianship and adoption all with appropriate placement support (Fronek & Cuthbert, 2013; O’Neill et al., 2014).

Another controversial, future trend related to domestic adoption is increased numbers of children adopted from State care. Yet research has suggested that somewhat similar outcomes exist for intercountry adopted children and children adopted from State care, including recent research reported by Amed, Windsor and Scott (2015). These authors identified that there are risks of behavioural and mental health difficulties in children adopted from State care because of the trauma of separation from birth families. However, they note that many children understood the circumstances, could see the positives and negatives, they wanted ongoing information, and they wanted to be kept in touch with birth family relatives.

Open adoption and full disclosure of available information has been seen to be one means for reducing the significant psychological impact of severed cultural and familial identity, and helping maintain links to history, culture and family when no other alternative than adoption can be found, particularly for older children but also for infants. Research on open adoption in the context of inter-country adoption appears to be uncommon and may be a worthwhile focus of future research and policy initiatives (Palacios & Brodzinsky, 2010; Scherman & Hawke, 2010). Open inter-country adoption and full disclosure of available information could facilitate ways to maintain familial and cultural ties, rather than alienate children from their cultural histories and any existing significant family members, and mitigate some of the psychological and behavioural impact of separation (Scherman & Hawke, 2010).

Limited research was located for this literature review with a focus on ascertaining the level of public acceptance of intercountry adoption, or the specific cultural and political contexts of receiving countries including Australia as a significant contextual factor in outcomes of intercountry adoption, collectively and for individual adoptees. The integration of intercountry adoptees into adolescent peer groups, the level of peer and public acceptance of cultural differences, and the acceptance of the adoptees’ culture of origin in their adopted country all appear to be highly relevant. This may indicate useful direction for future Australian research, as foreshadowed by Scherman and Harré (2004), and Rosenwald, Garton and O’Connor (2009), who highlighted the importance of public cultural attitudes and political contexts as important considerations in intercountry adoptee outcomes in their New Zealand and Australian research, respectively. Additionally, Manzi, Ferrrari, Rosnati and Benet-Matinez (2014) pointed to the importance of adoption practitioners’ cultural competence, in order to support adoptees and adoptive families, and help prevent racial discrimination in the everyday lives of intercountry adoptees, and further research on this topic may be of interest. Equally, research highlighting conformity and disconnections across legislation and social policies regarding open access to information and maintained family contact for cared for children, domestic adoptees, and intercountry adoptees, particularly around maintained contact and preserved racial identity, appears to be a deficit in the literature. Scherman and Hawke (2010) concluded that openness in intercountry adoption was achievable.

# Key research recommendations

Possible areas for future research extrapolated concisely from the above literature review include:

* Documenting how individual intercountry adoptees have fared in Australia, including measuring health and wellbeing outcomes for intercountry adoptees and their adoptive families.
* Exploring public attitudes towards, and acceptance of, intercountry adoption in Australia, including racial attitudes.
* Exploring adoptive parents’ attitudes towards the home countries and birth families of intercountry adopted children.
* Exploring peer group acceptance and peer group integration for intercountry adoptees.
* Comparative studies across similar and different family groups, including intercountry adoptees, both in Australia and in other international contexts.
* Barriers and enabling factors to open adoption as a future direction for intercountry adoption.
* Development of a cohesive practice continuum for permanently cared for children including intercountry adoptees.
* Identifying, implementing and evaluating post adoption support services for intercountry adoptees and adoptive families.

# Conclusion

Worldwide, research on intercountry adoptees, particularly those adoptees coming to adoptive families after institutionalised care, is plentiful and has informed international adoption programs, policies and practices globally. Existing research on the effects of intercountry adoption on adoptees in an Australian context appears minimal.One current conceptualisation of intercountry adoption appears to be that of a mutually- beneficial answer, in need of streamlining, that meets both the necessary humanitarian aid and rescue of children and the needs of infertile Western couples. Literature addressing any uncomfortable truths concerning intercountry adoption, including public perceptions and debate, and a focus on highlighting the significant gaps in research knowledge seems necessary. How Australian intercountry adoptees have fared is relatively unclear and key research could strengthen current practice understandings, and increase the everyday lives and wellbeing outcomes for intercountry adopted children in Australian families. The implementation and evaluation of post adoption services for intercountry adoptees and adoptive families does not appear evident in the literature and could contribute to what appears to be another deficit in the literature.

More recent literature suggests that the need for intercountry adoption programs in sending countries serves a community purpose that might be transient. More open domestic adoption legislation, policies, processes and practices have been promoted in many Western countries in recent decades as a strategy to counter separation grief and lost cultural identity when adoption is necessary. Open intercountry adoption does not appear to have been the topic of recent research and also may provide future direction.

From this literature review, it could be suggested that specific pre-adoption contexts; policies and practices of the sending and receiving countries; characteristics of adoptees including: cultural appearance and skin colour; children’s individual development, wellbeing and adaptation to change; parenting styles, attitudes and anxieties; the cultural and political context of adoption in sending countries; and public acceptance of intercountry adoption in receiving countries are some of the many dynamic, cultural, environmental and dimensional contexts that have informed research that in turn has been extrapolated to broader international contexts. Yet, when seeking to compare and contrast across diverse contexts, understandably this literature appears to be inconsistent and incomplete. Informed studies highlighting the Australian context appear to be minimal, yet necessary for future informed adoption practice.

A better understanding of the Australian context gained through thoughtfully designed research studies examining the Australian political, societal, cultural and policy context of intercountry adoption, and longitudinal studies documenting how adopted children fare across Australian States appears to be called for. Incorporating the voices and experiences of children, adolescent and adult adoptees in future longitudinal research seems an imperative. Published results of the implementation and evaluation of post-adoption services for intercountry adoptees could provide further valuable data that could fill what appears to be a significant deficit in the literature. Published results of evaluated trials of more open intercountry adoption arrangements could help inform future policies and practices.

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