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Trudy Rosenwald
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***Intercountry Adoptive Families
in Western Australia:***

The Well-being of Their Four to Sixteen-year-old Adoptees

by
Trudy Rosenwald

A thesis submitted in partial fulfilment of the requirements
for the award of Bachelor of Arts (Psychology) - Honours
at the Faculty of Health and Human Sciences.

EDITH COWAN UNIVERSITY
Joondalup
Western Australia

November, 1994

USE OF THESIS

The Use of Thesis statement is not included in this version of the thesis.

ABSTRACT

The study investigated the well-being of 283 four to sixteen-year-old intercountry adopted (ICA) children in general and in relation to two specific adoption variables. The sample represented 80% of the estimated 4-16 year old ICA population of Western Australia (WA). Well-being was defined in terms of competence, happiness, health and problem behaviours. The primary source of information was Achenbach's parent reported Child Behavior Check List (CBCL) as used by the Western Australian Child Health Survey (WACHS).

Bowlby's attachment theory provided the theoretical framework for the prediction that adoption after the age of 6 months, and the experience of adversity prior to adoption, negatively affected later well-being. Adversity was based on parental reports of knowledge about the ICA child's experiences of neglect, abuse, and changes of care. A search of the archives of the ICA organisation *Australia for Children Society* identified most of the target population. The response rate of the mail survey was 86%. This provided data on 87% of the traced children. Parents completed one 16-item Family Questionnaire and a 4 part Child Questionnaire for each ICA child.

The results of the study indicated that the majority of children were considered to be happy (88%), healthy (92%), competent (82%) in activities, social and school functioning, and with a level of problem behaviours within the normal range (86%). Girls were rated higher in well-being than boys, particularly in the area of competence. The well-being of the ICA children was of a similar level to that of their WACHS peers. ICA parents tended to rate their children's competence and progress more often very positive or negative than the WACHS parents.

The prediction that adoption after the age of 6 months and adverse pre-adoption experiences would negatively affect later well-being, was only partially supported. Adversity was significantly related to age at adoption ($r(282) = .42, p < .001$). Adoption after the age of 6 months negatively affected school functioning ($F(1,262) = 8.62, p < .01, \eta^2 = .03$). In a small sub-sample ($n = 52$) the experience of pre-adoption adversity resulted in a significantly higher level of problem behaviours ($F(1,47) = 6.567, p < .05, \eta^2 = .12$). The strongest association for adversity was found between neglect and problem behaviours ($r^2 = .13$).

DECLARATION

I certify that this thesis does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any institute of higher education; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Signature:

Date: 20 March 1995

DEDICATION

This thesis is dedicated to my parents Wim and Agnes Heemskerk-van der Meij, for being the family's secure base for the past half a century.

Happy 50th Wedding Anniversary!

ACKNOWLEDGMENTS

To the many people who over the past nine years inspired and encouraged me in my studies, I thank you.

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- I could not have finished this thesis without the help of three computer wizards: my husband Arthur who patiently provided and updated the necessary hard-and software; my son Patrick who spent many hours entering thousands of bits of data, and Bob Wiegand of Bay Lynx Computing who produced this glossy version of the final product. Thanks guys!

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CHAPTER 1 - INTRODUCTION

Background of the Study

The institution of adoption, where children are raised by parents other than their birthparents, has been an integral part of most cultures for thousands of years (Goody, 1969). Intercountry adoption (ICA), where children are formally adopted by families who live in another country, is a twentieth century phenomenon. It was triggered by the homelessness of thousands of children all over the world, usually resulting from wars, economic hardship, and natural disasters. The increased global awareness of the plight of these children, has made families throughout the world willing to provide homes for them through adoption (Altstein & Simon, 1991; Hoksbergen, 1986).

Role of the United Nations

Concern about the welfare of the many children who were separated from their families during the Second World War, prompted a United Nations inquiry into the needs of homeless children. The resulting report in 1951 by psychiatrist John Bowlby, on behalf of the World Health Organisation, reported on the negative and potentially long-term effects of institutionalisation on the cognitive and social development of young children (Bowlby, 1966). More recent evidence of these negative effects on a child's development has been found in the large number of orphanages in Romania (Kaler & Freeman, 1994).

Bowlby's report had a major impact on the practice of child-care in general and adoption in particular (Fry, 1965). As a consequence of the report, there was large scale movement of children from orphanages within third world countries to adoptive families worldwide (Altstein & Simon, 1991; Hoksbergen, 1986). In addition, and as noted by Ressler, Boothby and Steinbock (1988), there were global efforts to prevent the separation of children from their families during social upheaval. The United Nations, in its publication on the Rights of the Child, has officially recognised the need for a child to grow up in a family environment (Centre for Human Rights, 1989).

By 1972, several concerns started to be expressed about ICA which included concerns about the large numbers of children involved, the welfare of the children, and reports of international trafficking in children (Defence for Children International, 1989). These concerns led to

another United Nations sanctioned inquiry (van Loon, 1990), and resulted in the establishment of international guidelines on ICA (Permanent Bureau of The Hague Conference, 1993). The acceptance of ICA, as an alternative means of providing a family for a child, became enshrined in Article 21b of the 1989 United Nations Convention on the Rights of the Child.

Numbers of Intercountry Adoptions

On a worldwide scale, an estimated 20,000 ICAs occur each year (Altstein & Simon, 1991).

Australia

In Australia, ICA became a public issue when the first Vietnam War orphans arrived in the early 1970s (Briand, 1973). It is estimated that there are between 4,000 and 5,000 ICA children in Australia (Standing Committee of Social Welfare Administrators, no date; Wilkinson & Angus, 1993). In the last 15 years, ICA increased 209% from 127 to 393 children per annum. At the same time, due to a complex combination of social, cultural, economic, and political changes in Australia (English, 1990) local adoptions decreased from 3,337 to 1,142 children per annum (Wilkinson & Angus, 1993).

Western Australia

Although ICA in Western Australia (WA) involves only a small number of children annually compared to international figures, it has over the last ten years often outnumbered the adoption of locally born children (see Figure 1).

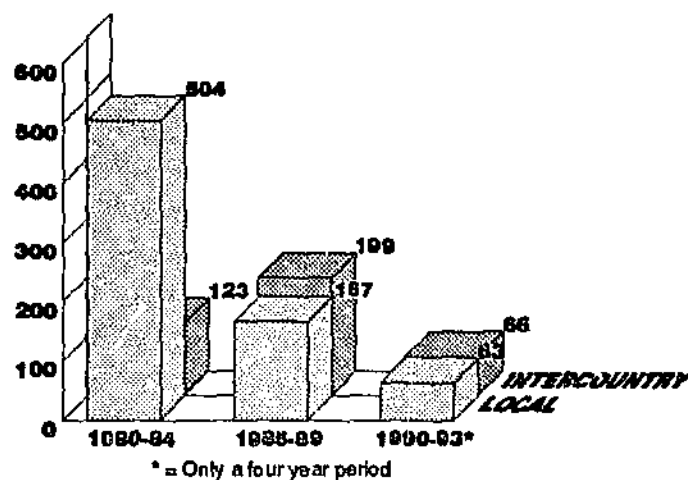


Figure 1 - Local and Intercountry Adoptions in Western Australia, 1980-1993, Sources: Cross (1989, p. 40); Department for Community Development Annual Report (1993, p. 100).

Using WA Government sources only, an estimated 432 ICAs had taken place in WA by the end of 1993 (Cross, 1989; Department for Community Development, 1993).

Profile of Families and Children

A census of all ICA families in WA, undertaken by the author prior to this study, identified 298 ICA families. Thirty-eight percent of the families had adopted more than one ICA child. An estimated 12% of the ICA children were aged 17 years and over, 82% were 4 to 16 years old, and 6% were under the age of 4 years. The ratio of three girls to one boy was similar to national figures (Wilkinson & Angus, 1993).

Nearly half of all the children were adopted after the age of 6 months, and most had been living in WA for over 3 years since their adoption. Three children did not stay in their original placements. They were placed in other families and subsequently adopted.

Some 72% of all the identified ICA children in WA came from Korea. This is more than the estimated 60% of Korean children in the ICA population in Australia (Standing Committee of Social Welfare Administrators, no date; Wilkinson & Angus, 1993). The remaining ICA children in WA have come from Hong Kong, India, and Sri Lanka, accounting for 5% each, and smaller numbers from countries such as Mauritius and Vietnam.

Well-being in Intercountry Adoption

Outcome of Intercountry Adoption

Van Loon (1990) and other recent reviewers of ICA research (Department of Health, 1992; Tizard, 1991) concluded that most ICA children do not appear to show any long term adverse reactions to adoption. Studies on disruptions in ICA (e.g. Hoksbergen, Spaan, & Waarderburg, 1991), and comparative epidemiological data on adopted and non-adopted ICA adolescents (e.g. Verhulst, Althaus, & Versluis-den Bieman, 1990a, 1990b, 1992) have identified a number of predictors of poor outcomes. These predictors include age at adoption and pre-adoption adversity such as abuse and neglect. However, researchers and research reviewers generally recommend that further research be undertaken before more definite conclusions are drawn about well-being in ICA.

Terminology and Meaning of the Concept of Well-being

Brodsky (1988) outlines how the modern terms of *well-being*, *life satisfaction*, and *quality of life* have evolved from the earlier terms of *mental hygiene*, *adjustment*, and *adaptation*. The words *adjustment* and *maladjustment* are generally used in literature on adoption (Mech, 1990) and ICA (e.g. Bagley, 1993), but the appropriateness of the terms had been questioned earlier by D.Kim (1977). The term well-being was chosen for the present study to put forward a more positive outlook. This approach reflects the current trend in developmental research (Luthar & Zigler, 1992).

Defining Well-being

Brodsky (1988) has argued that the subject of well-being is best approached from the perspective of personality theories. Within this personality framework each theoretical perspective has defined well-being from its own point of view. Behaviourism defines well-being as: "The exhibition of learned competencies, the ability to extend positive reinforcers to others, and clear differentiation of stimuli that elicit health." (Brodsky, 1988, p. 60).

Australian theorists Heady and Wearing (1992) take a more subjective approach and prefer to regard well-being in terms of perceived happiness and life satisfaction. They argue that social scientists are really students of happiness and unhappiness, but seem in general to be reluctant to use these terms. The present study considers well-being from both the behaviouristic and subjective points of view and operationally defines well-being in terms of competence, happiness, health, and problem behaviours.

Models of Well-being in Adoption Research

General Models

Although adoption is an age-old practice, theories of adoption did not emerge until the twentieth century. Bowlby identified this deficit in his complaint that: "...very little serious study has been given to the problems of adoption ..." (Bowlby, 1966, p. 101). A number of existing theories from different perspectives have since been applied, tested, and modified (Brodzinsky & Schechter, 1990). The blending of theoretical frameworks has had an impact on adoption

research and practice (Hersov, 1990) and reflects the multidisciplinary and dynamic nature of adoption.

The Attachment Model

One of the most important issues for adoptive families is the establishment and maintenance of close relationships (Brodzinsky, Schechter & Henig, 1992; Fahlberg, 1991; Groze & Rosenthal, 1993; Loenen & Hoksbergen, 1986). Bowlby's attachment theory (1969, 1975, 1980) has been instrumental in raising concern for the well-being of adopted children (Brodzinsky, 1987; Fry, 1965) and has provided a useful conceptual framework for research in ICA (e.g. Juffer, 1993).

Bowlby (1969) defined attachment as a close, affectional and enduring bond. 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. As outlined in more detail in chapter 2, Bowlby indicated that the primary role of attachment is to obtain and maintain personal well-being (Bowlby, 1969; Hinde & Stevenson-Hinde, 1991). Factors which seem to have long term negative effects on the attachment patterns include separations, abuse, and neglect (e.g. de Lozier, 1982).

Future Intercountry Adoptions

Worldwide

Efforts over the years to reduce the need for ICA have included changes to adoption legislation and practices within:

- sending countries (International Social Services, 1988; Johnson, Edwards & Puwak, 1993; Indian Council for child Welfare, 1993), and
- receiving countries (van Loon, 1990).

Australia

In Australia, changes in adoption practice and legislation have been guided by the United Nations Convention on the Rights of the Child (Boss, 1992). The changes seem to revolve around two main concerns. The first concern is whether ICA is in the best interest of a child (Adoption Legislative Review Committee, 1990, 1991; New South Wales Law Reform

Commission, 1994; Ressler, et al., 1988). The second concern centers around the question of whether children with poor physical (Nossar, 1992) and mental health on arrival in Australia (Bashir, 1992), have the potential to become financial and social burdens to Australia (Stonehouse, 1992). Debate on these issues is ongoing (McDonald, 1994).

Significance of the Study

In Australia, adoption legislation is predominantly a State matter. Psychological theories in general, and adoption research findings in particular, have influenced the formulation of State policies, laws, and practice in WA (Adoption Legislative Review Committee, 1990, 1991; Bayliss, Birchall, Cross, Forsyth & Stopher, 1987) and in other States (Boss, 1992; New South Wales Law Reform Commission, 1994).

There is a paucity of Australian research on the well-being of ICA children. Empirical knowledge in WA, for instance, seems to be limited to one study on the profile of ICA families in WA undertaken in 1986 (Kumar, Booth, Nguyen, & Wringe, 1987). The present study could fill some of the gaps in knowledge about ICA in WA and could help in decision-making becoming less dependent on the findings of non-Australian studies.

The information gained by this study could be of relevance for the delivery of pre- and post-adoption services by adoption agencies and ICA support groups in Australia (Roberts, 1993).

Aims of the Study

The study's principal aims are:

- to present an overview of the well-being of 4 to 16-year-old ICA children in WA; Bowlby's attachment theory (1969, 1975, 1980) could be taken to predict that separation from family, friends, culture, and country could show long-term negative effects on the ICA child's well-being;
- to assess the effects of adoption after the age of 6 months; nearly 50% of the ICA children in WA were older than 6 months at the time of adoption; attachment theory suggests that those children could be more insecure in their attachment to their adoptive

parents and family; the theory further suggests that this insecurity could cause unhappiness in the child, manifesting itself in the form of problematic behaviours and reduced competence;

- to assess the effects of pre-adoption adversity; attachment theory suggests that children who have experienced pre-adoption adversity such as abuse or neglect, particularly the lack of an early attachment prior to adoption, could find it more difficult to become attached to new caregivers;
- to make comparison between this study's findings and other studies; to achieve this aim, preference has been given to the use of a standardised instrument with proven validity and reliability; Achenbach's Child Behavior Check List (CBCL) (1991) was selected as the primary measure of well-being, because it has existing norms for the Eastern States of Australia (Hensley, 1988) and newly established WA norms from the Western Australian Child Health Survey (WACHS) (Garton, Zubrick, & Silburn, in press; Silburn, Zubrick, Garton, Burton, & Dalby, in press); the CBCL has also been used in other recent ICA research (e.g. Verhulst et al., 1990a);
- to establish a comprehensive primary data base as the first step of a longitudinal research project on ICA in WA; the study's data base could facilitate future small scale investigations without the need to repeatedly ask for stable demographic data, thus, avoiding over-intrusion into the adoptive families; the data base could add to a common data base on which both researchers and service providers can build.

Research Questions

The study investigated four specific questions:

1. What is the level of well-being of 4-16 year old intercountry adopted children in Western Australia?
2. How does their well-being compare with the well-being of the children of the Western Australian Child Health Survey (Garton et al., in press; Silburn et al., in press)?
3. Is there a significant difference in well-being between children adopted before the age of 6 months and those who were older at the time of adoption?

4. Is there a significant difference in well-being between children with adverse pre-adoption experiences and those who did not experience adversity?

Definition of Key Variables

The 4-16 year old Western Australian intercountry adopted children were children born outside Australia between 31 December 1976 and 1 January 1990, and adopted by Western Australian residents.

Well-being includes the presence of a high level of competence, happiness and health, and a low level of problem behaviours, as reported by the adoptive parents.

Competence is the quantity and quality of a child's social relationships, and activities in and out of school.

Adversity is the experience of neglect, abuse, and changes of caregiving environment prior to adoption, as far as known and reported by the adoptive parents.

Summary

For children who can not adequately be cared for in their country of origin ICA may offer improved life chances. Questions remain whether ICA genuinely promotes a child's well-being, or merely exchanges one set of problems for another.

An estimate of current global and Australian numbers of ICA children, and a profile of the ICA population in WA, were provided. The concepts of well-being and attachment were described, followed by a brief overview of existing models of well-being in adoption. The significance, aims, research questions and definitions of key variables of the study were outlined.

The following chapter presents a more detailed analysis of theoretical and empirical literature on well-being in ICA children. Chapter 3 outlines the methodology employed in the present study and specific methodological issues encountered in adoption research. Chapter 4 presents the results of the present study. Chapter 5 discusses the results, presents conclusions and possible applications of the results to both Psychology and ICA, and offers suggestions for future research.

CHAPTER 2 - LITERATURE REVIEW

Introduction

Over the last 30 years much has been written about the theoretical, empirical and practical aspects of adoption. The wide range of literary sources, which includes works from psychology, psychiatry and social work, reflects the extent of interdisciplinary activity in the field of adoption.

This review opens with a brief description of theoretical aspects of adoption in general, followed by an overview of attachment theory and empirical studies on attachment, to highlight the links between well-being and attachment. Well-being in children is considered in terms of competence and problem behaviours, health and happiness, with an emphasis on developmental trends in empirical research findings. The final part of the chapter considers well-being and attachment in intercountry adoption (ICA), illustrated by empirical studies from Australia and abroad.

Adoption

The practice of adoption is generally based on the assumption that the well-being of a child, in need of alternative care, is promoted by adoption in a stable and well-resourced family environment. Whilst this assumption has become enshrined in the United Nations' declaration on adoption (United Nations, 1986, Article 13), attempts have been made to develop a theoretical framework in which to test the assumption.

Theoretical Perspectives in Adoption

Theoretical perspectives within the developmental literature have generally formed the basis of empirical research on adoption. These perspectives include Erikson's psychosocial development theory (1963) and Bowlby's attachment theory (1969, 1975, 1980).

Brodzinsky (1987, 1990) has incorporated aspects of Erikson's theory in a stress and coping model of well-being in adoption (Brodzinsky et al., 1992). One of the primary assumptions of Brodzinsky's model is that many adoptees perceive and experience adoption as a stressful life event. The way the adoptee copes with this stress is believed to dictate the outcome of the adoption (Brodzinsky, 1990; Brodzinsky et al., 1992). The model identifies the developmental

stages of preschool and adolescence as particularly stressful for ICA children, with regard to the emergence of their ethnic and cultural awareness and their ethnic identity (Brodzinsky et al., 1992).

Bowlby's attachment theory (Bowlby, 1969, 1975, 1980) has been used as both an exploratory and explanatory framework in past ICA studies (e.g. D. Kim, 1977) and in more recent ICA research (e.g. Juffer, 1993). The theory asserts that for a positive outcome from adoption, the child needs to establish secure attachments with members of the adoptive family. This assumption applies equally to ICA families (Loenen & Hoksbergen, 1986).

Attachment

Attachment Theory

Attachment theory had its genesis in Bowlby's 1951 review of the condition of institutionalised children (Bowlby, 1966). The main finding that institutionalisation negatively affected physical and mental health, confirmed Bowlby's belief that children should be brought up by parents and not in institutions (Bowlby, 1966; Holmes, 1993). Attachment theory was developed from aspects of ethology, psychodynamics, systems and social learning theories. Its basic principles reflected Bowlby's belief that the environment plays an important role from the very beginning of a person's development. The development of attachment theory is described in detail in the trilogy *Attachment and Loss* by Bowlby (1969, 1975, 1980), and is placed in context by Holmes (1993) in a recent biography on Bowlby.

Basic Tenets of Attachment Theory

Main Concepts

The original main concepts in attachment theory are attachment and attachment behaviour (Bowlby, 1969). Attachment is seen as an enduring emotional relationship. Attachment behaviour is described as security seeking behaviour. This behaviour is considered to be regulated by a separate behaviour system which influences and is influenced by the individual's other behaviour systems (Bowlby, 1969). Ainsworth expanded attachment theory further, and with her colleagues (Ainsworth, Blehar, Waters, & Wall, 1978), introduced the concepts of secure base and security of attachment. Secure base is described as the feeling of security

provided by the person to whom the attachment is formed; security of attachment is the quality or pattern of the attachment (Ainsworth et al., 1978).

Development of Attachment

Attachment theory predicts that the development of a secure attachment is promoted by a good quality, active and reciprocal interaction between child and caregiver (Ainsworth et al., 1978; Rutter, 1981). Secure attachment is considered to be threatened by lack of continuity in quality care, by abuse, and by neglect (Bowlby, 1966, 1975).

Bowlby (1969) divided the development of attachment into four behavioural phases, spanning the first 3 years of a child's life. In phases one and two, interaction between infant and caregiver provides the basis for phase three which starts at about 6 months of age. At the age of 6 months a child has usually formed an attachment and starts to show attachment behaviours such as clinging and crying. Phase four generally starts in the third year of life when a child's cognitive development allows him or her to think and act more independently (Ainsworth et al., 1978; Bowlby, 1969, 1988). Ainsworth (1989) has suggested that middle childhood and adolescence represent new phases in attachment development. In these phases, the quality of attachment is considered to be reflected in the way children think and talk about their parents, and the quality of communication between the parties.

Sensitive Period for Attachment Formation

The main assumption of attachment theory considers the first half year of a person's life to be a sensitive period for the development of an infant's first attachment to a primary caregiver. Bowlby (1969, 1975) suggested that a lack of attachment formation during this period, or a change in primary caregiver after the age of 6 months, could create attachment difficulties for the infant. More recent theoretical writing (Ainsworth, 1989; Bowlby, 1988; Rutter, 1981, 1989) postulates that the first experience of attachment is only the beginning of a lifelong pathway of interactions between personality and environment. Linking child development and attachment together, Goldberg (1992) concluded that developmental changes in a child are the result of interrelationships between the social, emotional, cognitive, and behavioural components of attachment. The recognition that attachment is an ongoing developmental phenomenon, provides a more useful model of attachment formation in adoption, according to Johnson and Fein (1991). However, Bowlby's attachment model continues to suggest important links between attachment in infancy and later well-being.

Attachment Security and the Development of Competence

Bowlby and Ainsworth have described the person to whom a child becomes attached, as a secure base from which the child starts to explore and consequently learn new skills (Ainsworth, 1989; Ainsworth et al., 1978; Bowlby, 1988). Brazelton (1981) expanded upon this link between competence and attachment and suggested that a high level of competence in a person was an indication that the person was experiencing a secure attachment.

Attachment Research

Empirical research on the consequences of secure and insecure attachments have provided supporting evidence for the suggested links between attachment, competence, problematic behaviours and personal well-being.

Attachment and Competence

A number of studies have found significant relationships between secure attachment and compliant, empathic and socially competent behaviours in infants (e.g. Bates, Maslin, & Frankel, 1985), pre-schoolers (e.g. Erickson, Sroufe, & Egeland, 1985), 6 year olds (e.g. Lewis, Feiring, McGuffog, & Jaskir, 1984), and 10 year olds (Grossmann & Grossmann, 1991).

Attachment and Problem Behaviours

In the studies on competence listed above, a significant relationship was also found between insecure attachment and problem behaviours. Insecurely attached children showed poor peer interaction, hostility, withdrawal and noncompliance (Bates et al., 1985; Erickson et al., 1985; Grossmann & Grossmann, 1991; Lewis et al., 1984). Similar problematic behaviours have been found in abused and neglected children (Crittenden, 1985; de Lozier, 1982), leading de Lozier (1982) to the conclusion that maltreatment could cause long-term attachment disorders. This conclusion seems however to be more applicable to older maltreated children than infants, as Rutter (1981) found that adversity in infancy carried few risks for later developments.

Belsky and Nezworski (1988) examined the clinical implications of attachment. They were able to highlight developmental correlates of insecure attachment, but could not establish a cause and effect link between insecure attachment and problem behaviours. In support of their conclusion Goldberg (1992) failed to find a consistent relationship between quality of attachment in infancy

and problem behaviours at a later age, as measured by Achenbach's parent reported Child Behavior Check List (CBCL). However, the children with a clinical level of problematic behaviours were more likely to have been insecurely attached as infants. In addition, Goldberg (1992) reported a high rate of insecure attachments amongst a clinical population of children who were referred for problematic behaviours.

Disturbances in attachment seem to be expressed differently by boys and girls. Lewis et al. (1984) found that insecurely attached boys displayed more acting out behaviour, while insecure girls suffered more from anxiety and depression. Similar gender effects on behaviour were found in maltreated children (Crittenden, 1985; de Lozier, 1982; Rutter, 1981).

Attachment and Well-being

Bowlby has argued that secure attachments are a prerequisite for a personal sense of well-being (Bowlby, 1988; Hinde & Stevenson-Hinde, 1991). According to Ainsworth et al. (1978) approximately 67% of infants are securely attached. This estimate was supported by evidence from a cross-cultural meta-analysis of 39 attachment studies worldwide (Ijzendoorn & Kroonenberg, 1988). It is uncertain to what extent this estimate is applicable beyond infancy. However, quality of attachment tends to remain stable over time if the interacting environmental factors remain unchanged (Main, Kaplan, & Cassidy, 1985).

Empirical evidence of links between a secure relationship with parents and well-being, as suggested by Bowlby, has been provided by studies on well-being in children and adolescents in Asia (Leung & Leung, 1992), in America (Benson, Sharma, & Roehlkepartain, 1994), in Europe (Verhulst, Akkerhuis, & Althaus, 1985), in Australia (Weston, 1993) and in New Zealand (Maxwell, Flett, & Colhoun, 1989). Benson et al. (1994) referred to child-parent attachment as the key to well-being in adolescents, and found attachment to be one of the strongest predictors of both well-being and problem behaviours.

Well-being

Well-being in children has traditionally been considered from a medical point of view with an emphasis on physical health (Brierley, 1980; Brodsky, 1988), or from an ecological perspective with an emphasis on physical environment (Brierley, 1980; Homel & Burns, 1989). Epidemiologic research in child development has generally focussed on pathology or ill-being by considering problem behaviours only (e.g. Cullen & Boundy, 1966). More recent

developmental research is starting to move beyond the medical model to investigate aspects such as competence, happiness and children's resilience in the face of adversity (Achenbach, 1991; Achenbach & Edelbrock, 1981; Hensley 1988; Luthar & Zigler, 1992; Weston, 1993). Within this expanded model, findings by Achenbach and others suggest that about 80% of children in general experience well-being (Achenbach, Hensley, Phares, & Grayson, 1990).

Competence and Problem Behaviours

According to Achenbach and Edelbrock (1981), competence is an important aspect of a child's sense of well-being and has shown to be a significant discriminator between referred and non-referred children (Achenbach, 1991). However, empirical knowledge of the concept of competence in children is limited. Researchers have started to operationally define competence as positive behavioural characteristics in the areas of social relationships, and activities in and out of school (Achenbach & Edelbrock, 1981; Luthar & Zigler, 1992). To obtain a standardised measure of predominantly behavioural aspects of well-being in children, Achenbach and Edelbrock (1981) combined measures of competencies and problem behaviours in the Child Behavior Check List (CBCL).

Normative studies for the parent reported CBCL found no gender differences in overall competence and problem behaviours in 4 to 16-year-olds (Achenbach & Edelbrock, 1981) and 4 to 18-year-olds (Achenbach, 1991). However, girls were found to perform better at school, were more involved in non-sport activities, and became more withdrawn when upset or disturbed. Boys were found to be more active in sport and to show more aggressive behaviours. A major difference between the results of two normative studies was found in the area of schooling. In the later study, Achenbach (1991) reported that school functioning had started to decrease with increasing age, while poor functioning at school had become one of the most important discriminators between referred and non-referred children. This finding suggests that school problems have become a significant concern in the consideration of children's well-being. This concern may be a reflection of cultural values in societies where formal education is playing an increasingly important role in the upbringing of children.

In establishing norms for the CBCL for Australian children aged 4 to 16 years, Hensley (1988) found similar developmental patterns for gender, age, and types of problems as other normative studies (Achenbach et al., 1990). Epidemiological studies in WA confirmed that the developmental trends in problem behaviours reported by Achenbach (1991) and Hensley (1988)

could be generalised to WA (Cullen & Boundy, 1966, Garton et al., in press; Silburn et al., in press). One of the main differences between these studies' findings seem to be related to the kind of problems most frequently reported by the parents over time.

Frequently Reported Problems

The most common problems in the 1960s were reported to be nailbiting and bedwetting (Cullen & Boundy, 1966). In the 1980s the main problems were: arguing a lot, demanding a lot of attention, lack of concentration, and disobedience at home (Achenbach & Edelbrock, 1981; Achenbach et al., 1989). By the 1990s additional problems seemed to revolve more around untidy bedrooms, television watching and eating habits (Garton et al., in press). These differences over time may reflect differences in cultural and temporal values which impact on the recognition and definition of problems.

Happiness

A child's happiness is related, amongst other factors, to positive family relations (Leung & Leung, 1992; Weston, 1993), positive sense of self (Harter, 1985; Hattie, 1992), and satisfaction with physical appearance (Harter, 1985; Hattie, 1992; Maxwell et al., 1989).

Harter (1985) reported that, during early adolescence, physical appearance becomes an important aspect of a child's positive self concept. Although the importance of physical appearance does not seem to vary significantly across the adolescent age groups (Hattie, 1992), adolescent boys consider themselves to be better looking than adolescent girls (Harter, 1985).

Achenbach (1991) has indicated that feelings of unhappiness generally increase with increasing age. The increase was found to be similar for both boys and girls, except during adolescence when unhappiness seems to peak in girls, whereas boys appear to become more happy. Achenbach listed unhappiness as one of the most frequently presented problem in clinics (Achenbach, 1991; Achenbach & Edelbrock, 1981). This has been born out in clinical studies in ICA (Geerars, 't Hart, & Hoksbergen, 1991; Harper, 1988; Verhulst, Versluis-den Bieman, van der Ende, Berden, & Sanders-Woudstra, 1990c).

Physical Health

Physical health has traditionally been the main focus of research on well-being in children. Some researchers dispute the relevance of physical health to well-being (Andrew & Withey, 1976; Diener, 1984), while others regard physical health as an important measure of well-being (Headey & Wearing, 1992; Weston, 1993). Weston (1993) considered poor health to reduce well-being. In the field of ICA the child's physical health at the time of adoption is seen by some as an important factor in subsequent development and later well-being (Department of Health, 1992; Hoksbergen, 1992).

Intercountry Adoption

Well-being in Intercountry Adoption

The practice of ICA is generally based on the assumption that the adoption improves the child's well-being. From a meta-analysis of ICA studies, Tizard (1991) estimated that 75-80% of ICA children experience well-being. This finding suggests that for the majority of children the underlying assumption of ICA has been supported. However, the achievement of a positive outcome in ICA has not always been easy or possible, as the following review of studies on well-being in ICA will indicate.

Research amongst non-clinical populations have generally shown positive results for ICA. Clinical research, on the other hand, has highlighted less positive sides of well-being in ICA. To highlight these differences in research findings, this review has grouped studies according to the clinical or non-clinical status of the samples.

Clinical Studies

To date, few clinical studies of ICA seem to have been undertaken. Some of the studies have focussed on problematic behaviours (Harper, 1988; S.Kim, 1980; Verhulst et al., 1990c), others have investigated disruptions in ICA (Hoksbergen, Spaan, & Waardenburg, 1987b & 1991; Geerars et al., 1991), or evaluated the prevalence and recovery of physical ill-health and developmental delays since adoption (Willis & Whiting, 1993).

Problematic Behaviours

S. Kim (1980) and Harper (1988) reviewed a small number of case studies of ICA children who presented behavioural and emotional problems. Reasons for referral included lack of emotional attachment to the family, aggression, and unhappiness. Both therapists attributed the problems to the children's adverse experiences, such as neglect, prior to adoption. Therapeutic intervention was reported to have been successful, although two children in Harper's sample did not return to their adoptive families.

Verhulst et al. (1990c) undertook an in-depth study of 132 ICA adolescents, aged 14, whose total problem behaviour score on the parent reported CBCL fell within the clinical range. The prevalence of problem behaviours, particularly in the boys, was found to be higher than in the general Dutch child population. No major gender differences were found amongst the most severely disturbed ICA children. The more serious problems included anti-social behaviours, school problems, poor social relations (particularly with parents), and unhappiness.

Disruptions in ICA

Hoksbergen and colleagues (Hoksbergen, 1992; Hoksbergen et al., 1987b & 1991) assessed 145 ICA children, aged 15 to 21 years, who had spent some time in residential care since their adoption. Their ages at the time of adoption ranged from under 6 months to over 6 years. Problem behaviours which led to the disruptions were similar to the more serious problems identified by Verhulst et al. (1990c). Significant predictors for the problem behaviours included age at placement, poor physical health at adoption, and adverse pre-adoption experiences. Children who had been placed between the ages of 18-30 months were found to be particularly at risk for disruptions. Lack of attachment was considered to have been the most critical factor in the development of problematic behaviours (Geerars et al., 1991; Hoksbergen, 1992; Hoksbergen et al., 1991).

Physical Ill-health and Developmental Delay

Paediatric studies have been undertaken in special ICA medical clinics in the Eastern States of Australia (Nicholson, Francis, Mulholland, Moulden, & Oberklaid, 1992) and Western Australia (WA) (Willis & Whiting, 1993). Many of the ICA children who had arrived in Australia since 1988, were suffering from some form of ill-health and delayed development at the time of arrival. Over 25% needed specialist consultation and follow-up (Nicholson et al., 1992).

Willis and Whiting (1993) found, in a WA sample of 31 ICA children, that 40% had arrived with some form of ill-health and delay in physical development. After living in WA for an average of less than 3 years, between 25-29% of the children still experienced language and schooling problems. However, in terms of physical health the children had started to reflect the wider population's illness pattern. These findings are similar to ICA trends found in Europe (Hoksbergen, Juffer, & Waarderburg, 1987a; Saetersdal & Dalen, 1991), in America (Winich, Meyer, & Harris, 1975), and in the Eastern States of Australia (Harvey, 1980).

In spite of the negative focus of these clinical studies, results have helped to identify problem areas. However, the generality of the findings of these clinical studies is limited by the small sample sizes (Harper, 1988; S. Kim, 1980) and narrow age range (Geerars et al., 1991; Hoksbergen et al., 1991; Verhulst et al., 1990c). The inclusion of control groups and the use of mainly standardised instruments are major strengths of both the Verhulst and Hoksbergen studies.

Non-clinical Studies

Early Research

Early ICA studies reported that the long term overall development of most ICA children was within the normal range, in spite of adoption at an older age and in some cases severe pre-adoption adversity (D. Kim, 1977, 1978; S. Kim, Hong, & Kim, 1979; Rathbun, McLaughlin, Bennett, & Garland, 1965; Winich et al., 1975). Similar results have been reported in Australia (Calder, 1978; Harvey, 1980).

Calder (1978) undertook an in-depth study of six ICA children, aged 6 to 15 years, who had been in Australia from 3 months to 3 years. Their ages at adoption ranged from 3 to 15 years. The children were considered to be developing well in terms of social and educational competence, except for one child with severe physical disabilities.

Harvey (1980) assessed the well-being of 102 Vietnamese war orphans placed between 1972 and 1977. Their ages at placement ranged from 1 month to over 8 years. Many of the children had arrived in a state of poor physical and mental health. Placement before or after the age of 3 years distinguished the children with regard to ease of settling in, long-term problems, and parental satisfaction with the ICA experience.

Longitudinal Research

To date little longitudinal ICA research has been published and none seems to have been undertaken in Australia. In Britain, Bagley (1993) has followed part of a cohort of 100 Chinese ICA 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. Age at adoption and pre-adoption adversity did not appear to be related to their later well-being. At the ages of 22 to 28 years, the earlier results were replicated. As adults most expressed great satisfaction with the ICA experience.

Recent Research

Recent ICA research has focussed on older child adoptions (Harper, 1986); comparison in well-being between different populations of adopted and non-adopted children (Benson et al., 1994; Hoksbergen et al., 1987a; Verhulst et al., 1990a); and profiles of ICA families and children (Kumar et al., 1987; Tenenbaum, 1984). A meta-analysis of ICA studies worldwide led Tizard (1991) to broadly summarise the typical ICA child as Asian, female, often in poor physical and mental health at arrival, but quickly recovered once settled; the typical ICA family was summarised as middle class with highly educated and slightly older parents. A similar profile of ICA parents and children has been reported in the Eastern States of Australia (Harvey, 1980; Tenenbaum, 1984), and in WA (Kumar et al., 1987).

In an investigation of cultural and social issues in 27 ICA children aged 5-16 years, Harper (1986) found continuing problems in 11% of the families. Two years after the adoption, 15% of the families seemed to have been unable to establish satisfactory emotional relationships. Two-thirds of the parents had sought professional help, particularly in areas such as language, learning and relationships. These findings contrast with WA results reported by Kumar et al. (1987). Amongst 126 ICA children under the age of 14 years, few language, schooling, and relationship problems had been found. The main differences between the two studies are, firstly, the children's age at adoption, an average of 18 months in Kumar's study and over 4 years in Harper's sample; secondly, Harper's sample included a large number of children who had experienced pre-adoption adversity such as deprivation and malnourishment.

Hoksbergen et al. (1987a) reported on the well-being of the almost entire Dutch population of Thai ICA children. The 116 children were aged 5 to 15 years at the time of the survey. Their average age at adoption was 10 months. Overall, the ICA children's social and academic competencies were found to be similar to those of their Dutch classmates. Their attitude towards schoolwork was rated as more positive than their classmates' attitudes. Within the ICA group itself, boys showed lower levels of competence and more problem behaviours than girls. The academic area of mathematics was found to be particularly problematic. Similar findings on mathematics and gender effects have been reported by Kvifte-Andresen (1992) and the Intercountry Adoptive Parents Working Party (IAPWP, no date). Kvifte-Andresen (1992) argued, however, that the gender difference reflects a general difference that applies equally to non-adopted children.

Benson et al. (1994) compared the well-being of 199 ICA children from Korea with 682 other adopted adolescents in the same sample. All children were aged under 15 months at the time of adoption. Benson found no significant differences in well-being between the two groups, while differences between ICA boys and girls were few and small. A comparison in behaviours and competencies between 2,148 Dutch ICA adolescents and the Dutch norms for the CBCL, Verhulst et al. (1990a) found the ICA children, 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. A major difference between the scores on problem behaviours, was the increase in problem behaviours with increasing age for the ICA children, compared to a decrease with increasing age in the Dutch normative sample (Verhulst et al., 1990a) and other normative studies (Achenbach, 1991).

The above comparative studies by Benson et al. (1994), Hoksbergen et al (1987a) and Verhulst et al. (1990a) seem to have yielded different results. The first two studies indicate mainly positive outcomes, while the results obtained by Verhulst appear less positive. Tizard (1991) argued that differences between findings were mainly due to the ages of the children at the time of research, with studies on adolescents yielding the most negative results. This argument does, however, not hold for the above studies as both the Benson and the Verhulst studies involved adolescent samples. A more plausible reason for the differences in findings seems to be the difference in the samples' ages at adoption. In the Benson study only children placed before the age of 15 months were included, while the Verhulst studies included children placed at older ages. Although Hoksbergen et al. (1987a) also included children placed at older ages, about

80% of these children had been placed by the age of 12 months, compared to about 26% in the Verhulst sample.

In addition to the age at adoption variable, differences between the Verhulst and Benson research results could be related to the way the results are reported. Benson reported his study results from a well-being point of view. The Verhulst study was undertaken from a more pathological or ill-being perspective. Despite this more negative focus Verhulst concluded that "... the majority of the ICA children did not show more problem behaviours than nonadopted children ." (Verhulst et al., 1990a, p. 102).

The methodology of recent ICA studies shows that earlier limitations are being addressed. In particular, sample sizes have become larger, and more standardised measures are being used. The exception is the small sample in Harper's study on older children (1986). It seems that the research methodology used by Harper, whilst ensuring the protection of the ICA families' privacy, contributed significantly to the low response rate.

A major advantage of the use of standardised instruments in more recent ICA studies, is the opportunity to validly compare results from both the different ICA studies, and general population norms.

Attachment in ICA Adoption

Attachment is an important concept in ICA research and practice. For instance, lack of attachment has been found to correlate with increased levels of aggression and drug abuse in adopted adolescents (Benson et al., 1994) and overrepresentation in child guidance clinics (Loenen & Hoksbergen, 1986). Harper and Bonanno (1993) consider the presence of a strong attachment to strengthen an ICA child's resilience in the face of racism.

The early clinical and non-clinical ICA studies ((D. Kim, 1977, 1978; S. Kim, 1980; S. Kim et al., 1979; Rathbun et al., 1965; Winich et al., 1975) have frequently used Bowlby's attachment theory as an explanatory framework. The studies generally concluded that continuity in the provision of quality parenting and family environment was important in attachment formation and later well-being. However, questions remain concerning the optimum age at adoption for secure attachments and later well-being. Some studies suggest an upper age limit

of 2 years at the time of adoption (S. Kim, 1980); others found the age of 3 years to be an important milestone (Harvey, 1980).

Age at Adoption

Although Bowlby's attachment theory indicates that attachment develops over a period of about 3 years, it also suggests that adoption after the age of 6 months is likely to negatively affect later well-being. Recent ICA research evidence is inconclusive in regard to age at adoption, in spite of improved research methods. By using attachment theory as an exploratory framework, a small number of studies have confirmed that adoption after the age of 6 months is more likely to result in difficulties with attachment and behaviour, particularly in boys (Benson et al., 1994; Geerars et al., 1991; Hoksbergen et al., 1987a; Hoksbergen, 1992). Others have not been able to confirm this age at adoption difference (Bagley, 1993; Singer, Brodzinsky, Ramsay, Steir & Waters, 1985; Verhulst et al., 1990b).

Hoksbergen et al. (1987a) found that the children adopted after the age of 6 months, showed significantly more problems with settling in. Benson et al. (1994) reported an inverse relationship between the quality of attachment with adoptive parents, as expressed by ICA adolescents, and age at adoption; attachment quality was found to gradually decline with increasing age at adoption, with differences reaching statistical significance in the adolescents who were placed after the age of 6 months.

In contrast, Verhulst et al. (1990b) found that the children placed *before* the age of 6 months experienced a lower level of well-being at ages 10 to 15 years than those placed after 6 months of age. However, this finding can partly be explained by the war traumatised infants from Lebanon in the young age group, and partly by differences in statistical interpretation (Geerars et al., 1991).

In a mixed sample of 54 ICA and locally adopted children aged between 13 and 18 months, Singer et al. (1985) found a higher rate of insecure attachment amongst the ICA infants although most had been adopted before the age of 6 months. On the basis of these findings Singer suggested that ICA infants might need more time to develop a secure attachment. Juffer (1993) investigated this hypothesis by assessing the quality of mother-child attachment and competence in 90 ICA infants aged less than 6 months at placement. No difference was found between the non-adopted infants and ICA infants.

Verhulst et al. (1992) concluded that if a significant relationship was found between age at adoption and attachment, the relationship was more likely a function of pre-adoption adversity such as abuse, rather than age at adoption.

Pre-Adoption Adversity

A number of ICA studies have shown that the impact of pre-adoption adversity can be reversed (e.g. Harvey, 1980; Hoksbergen et al., 1987a). Reversal has been reported in the areas of intellectual (Winich et al., 1975), cognitive (Saetersdal & Dalen, 1991), physical (Willis & Whiting, 1993; Winich et al., 1975), and psychosocial development (Rathbun et al., 1965; Winich et al., 1975). However, some long term effects do seem to remain (Harper, 1986; Hoksbergen et al., 1987a; Verhulst et al., 1992). In addition, the incidence of having been exposed to pre-adoption adversity seems to increase with increasing age at adoption (Harper, 1986; Verhulst et al., 1992).

Verhulst et al. (1992) found that a large proportion of ICA children in their sample had experienced pre-adoption adversity. The experience of abuse was found to be the strongest predictor for later problematic behaviours. Hoksbergen et al. (1987a) reported that pre-adoption neglect negatively affected later academic performance, particularly in mathematics and concentration. The long-term negative influence of adverse pre-adoption experiences on school performance was later confirmed by Verhulst et al. (1990a, 1990b, 1992). Australian research has yielded similar results (Calder, 1978; Harper, 1986, 1988; ICAPWP, no date).

Although pre-adoption adversity appears to have some negative effects on later functioning, Hoksbergen et al. (1987a) emphasised that adversity, including adoption after the age of 6 months, did not have a significant effect on the formation of attachment between the ICA child and the adoptive family. This finding contradicts Bowlby's prediction and provides some empirical evidence for the conclusion by Triseliotis and Hill (1990) that "... the view that children are held hostages to adverse early experiences seems too deterministic ... the impact can fade away with the opportunity to form new positive attachments." (p. 115).

Summary

The United Nations' Convention on the Rights of the Child suggests a global support for the belief that a child's well-being is promoted and protected by growing up in a stable family environment. Personal and environmental factors influencing the well-being of a child include the presence of good quality and consistent family relationships and absence of adversity such as ill-health and abuse. The same influences seem to be operating in the well-being of ICA children, although findings from research on clinical and non-clinical populations are inconsistent.

Attachment theory's prediction that attachment experiences in the first 6 months of an infant's life lay the foundations for later well-being, suggests that children adopted after that age are less likely to experience well-being. Evidence from ICA literature is inconclusive about the optimum age for adoption and the long-term effect of pre-adoption adversity. However, there is some consensus that younger children more easily integrate into their adoptive families and that they are less likely to have experienced severe adversity.

Developmental differences in attachment, well-being and ICA research results show similar emotional and behavioural trends for age and gender. However, compared to girls, boys seem to generally react differently to adverse circumstances, showing more aggressive behaviours.

The concepts of attachment and well-being were found to include similar emotional, cognitive, social and behavioural aspects. These aspects are reflected in the conceptualisation and measurement of attachment and well-being. Significant indicators of well-being include the presence of competence, good health and happiness, and absence of problem behaviours.

CHAPTER 3 - METHOD

Sample

The census of the total intercountry (ICA) population in Western Australian (WA), undertaken prior to the present study, identified a sampling frame of 251 families with 353 ICA children born between 31 December 1976 and 1 January 1990. Two hundred and thirty-eight of these families were traced. Nine refused to participate for a variety of reasons, leaving a sample of 326 children in 229 families. Eighty-six percent of the families responded ($N=197$), providing data on 87% of the children ($N=283$). This sample, thus, includes 80% of the total estimated 4-16 year old ICA child population of WA.

Of the 39 families who did not respond by mail, 21 provided information over the telephone, 12 were too busy to provide any information, and 6 could not be contacted. Known data on the marital status, socio-economic factors, child age at adoption, current age and country of origin of the non-participating families and their ICA children, did not differ from those who participated.

Subjects

Of the 283 children, 62 were boys (22%) and 221 were girls (78%). Their mean current age was 10 years; 216 children were aged 4-11 (5% aged 4-5 years and 71% aged 6 to 11 years); and 67 (24%) aged 12 to 16 years.

One hundred and thirty-eight children (49%) were adopted before the age of 6 months. Age at adoption ranged from 1 month to 15 years with an average age of 21 months. The average age at adoption for boys was 31 months ($SD=36$, $Mdn=12$), for girls 19 months ($SD=32$, $Mdn=5$).

Length of time in Australia, at the time of the survey, ranged from 6 months to over 16 years, with an average of 8 years. Ninety-two percent of the children had been in Australia for over 3 years. Three-quarters of the children came from Korea ($n=211$). The remaining children came from India (7%), Sri Lanka (5%), Hong Kong (4%), Mauritius (3%), Philippines (2%), Fiji (1%) and other countries (5%).

In terms of numbers of ICA children per family, 39% of the children were the only ICA child in the family, 45% had another ICA sibling, 16% had two or more ICA siblings. Fifteen percent of the ICA children had one or more children born into the adoptive family after their arrival, while 40% were adopted in families with existing birth children.

Intercountry Adoptive Family Profile

Seventy-four percent of the families lived in or near the capital of WA, with the remainder spread equally all over the State. Nine families had moved out of the State.

Over 90% of the adoptive parents marriages were intact. The divorce rate was 8%. Four parents had died. The average current age of fathers was 45 years, of mothers 43 years. The parents' average age, at the time of the adoption of their first ICA child, was 35 and 33 years, respectively. Forty-one percent of fathers and 37% of mothers were born outside Australia.

In 60% of the families both parents worked full-time or part-time; 37% operated their own business. The majority of fathers worked in managerial, professional or para-professional occupations (57%). The unemployment rate was 2%. Fifty-three percent of fathers and 46% of mothers had a college certificate or higher education level. Home ownership was 94%. Ninety percent of the parents rated their socio-economic position as average or above average.

WACHS Sample Characteristics

The Western Australian Child Health Survey (WACHS) main study sample consisted of 2,583 children, with equal proportion of boys and girls; 1,771 (69%) were aged 4-11 years and 812 (31%) were 12-16 years old (Silburn et al. in press). The sample for the WACHS pilot study consisted of 321 children, 163 (51%) boys and 158 (49%) girls ; 195 (61%) aged 4-11 years and 126 (39%) aged 12-16 years (Garton et al., in press).

Instruments

Two questionnaires were developed for this study. The Family Background Questionnaire requested demographic and adoption data about the family (see Appendix A). The Intercountry Adopted Child Questionnaire included requests for demographic and adoption data about the

child, and measures for well-being, such as Achenbach's Child Behavior Check List or CBCL (see Appendix B).

Pre-Testing of the Questionnaires

Ten adoptive parents, who were known to the researcher and were not part of the main study sample, were asked to complete a draft of the 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". They recommended the inclusion of items on happiness and satisfaction for the measurement of well-being. These suggestions were incorporated into the final questionnaires.

Family Background Questionnaire

The Family Background Questionnaire consisted of 16 items, which incorporated 10 modified demographic items from the WACHS (Garton et al., in press; Silburn et al., in press), and 3 modified items from Harper's adoption questionnaire (1986). Items on socio-economic factors were guided by measurement methods of the Australian Bureau of Statistics (Castles, 1986; Australian Bureau of Statistics, 1991), measures of parental occupation (Daniel, 1983), and self-rating scales (Harvey, 1980; Harper, 1986).

Intercountry Adopted Child Questionnaire

The Intercountry Adopted Child Questionnaire consisted of 4 parts.

- Part A of the questionnaire had 13 items. It combined general demographic items, such as current age and gender, from the WACHS Child Health Questionnaire (Garton et al., in press; Silburn et al., in press), with specific adoption items from Harper (1986) and Verhulst et al. (1992). These items included questions about age at adoption, country of origin and pre-adoption experiences. The pre-adoption variables of abuse, neglect and number of changes of care each had a 4-point scale (0-3), which reflected the degree of parental knowledge of the child's experience of adversity prior to adoption; 0 indicated parental knowledge that no adversity had been experienced, 1 and 2 indicated degrees of

uncertainty about the experience of adversity, 3 indicated certainty about their child's experience of adversity. The final item was the Andrews and Withey (1976) 7-point Faces scale of global well-being or happiness. Values ranged from 0 for *very unhappy*, to 6 for *very happy*.

- Part B of the questionnaire consisted of the 118 problem behaviours of the CBCL for 4-to-18 year olds (Achenbach, 1991), which the WACHS used for 4-to-16 year old children in WA (Garton et al., in press; Silburn et al., in press). Items covered a wide range of problem behaviours. On a 3-point scale, parents indicated a 0 if, for the last 6 months, the occurrence of a behaviour was *not true as far as you know*, 1 for *somewhat true or sometimes true*, 2 for *very true or often true*.
- Part C of the questionnaire included 18 competence items from the WACHS Child Questionnaire (Silburn et al., in press). These items, and 9 school items, were based on the competence part of the CBCL from Achenbach (Garton et al., in press) and contained 3 scales: the Social scale with 9 questions about friends and relationships; the Activities scale with 6 items on out of school activities, and the School scale with 7 items on academic performance and special education. Another 7 items covered education and special services items from Harper (1986) and modified versions of the self-concept and global self-worth items from the WACHS Youth Self Report (Silburn et al., in press). Modification of these last WACHS items was to allow for parental reporting instead of self reporting by the child.
- Part D of the questionnaire consisted of 3 items: the 5-point Success of Adoption scale from Harper (1986); details on the respondent; and whether the child had contributed to the completion of the questionnaire.

Reliability and Validity of Measures of Dependent Variables

The Faces scale of global well-being, for the measurement of happiness in Part A, has a reported validity coefficient of 0.82 (Andrews & Withey, 1976).

The estimated test-retest reliability of the CBCL total score on problem behaviours in Part B, was 0.92 for boys and 0.82 for girls (Achenbach, 1991, p. 73). In WA, the estimated reliability coefficient was 0.87 (Garton et al., in press). Content, construct and criterion related validity of the CBCL is described in the manual by Achenbach (1991) and by Garton et al. (in press).

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. The self-concept and self-worth items from the WACHS Youth Self Report, had been extracted by WACHS from factor analyses of items of the Self Perception Profile by Harter (Garton et al., in press).

Permission for the Use of Instruments

Written permission for the use of the CBCL was obtained from Professor T. Achenbach (personal communication, September 6, 1993). Permission to use items from the different WACHS instruments was obtained from Doctor S. Zubrick (see Appendix C).

Procedure

Data Collection

Collection of data took place in 4 stages as follows:

- In stage 1, most families with ICA children aged 4 to 16 years, were traced through a search of archival data held at the office of the Australia for Children Society (AFCS). The number of target children per family was determined. Other tracing methods included requests for information published in the *Australia for Children News* (November, 1993; February, 1994), and by personal investigation.
- In stage 2, an introductory letter on AFCS letterhead and signed by the President, was sent to the traced families (see Appendix D), giving them the opportunity to decline participation (see Appendix E).
- In stage 3, a Family Questionnaire and 1 ICA Child Questionnaire for each target ICA child were sent to the traced families. A covering letter (see Appendix F) invited parents to provide information on the interests, skills and behaviours of each of their 4-16 year old ICA children. A consent and follow-up form was included with provision for anonymity (see Appendix G). AFCS bulk mailing facilities were used for sending survey material. However, all stamped envelopes for responses were addressed to the researcher's private box.
- In stage 4, families who, after 1 month, had not yet responded or had responded anonymously, were followed up by the researcher by telephone, or letter (see Appendix

H). A set interview schedule was followed during each telephone call (Appendix D). Families who indicated they had not received the questionnaires were sent new ones.

Ethical Issues

To provide for the possibility that completion of the questionnaires invoked strong emotions within the adoptive family, the researcher's and AFCS' telephone numbers were provided in the covering letter. In addition, the peer and professional support network of AFCS was expanded.

Issues of confidentiality and privacy in adoption research have been reported to seriously inhibit the tracing, contacting and follow-up of subjects in Australia (Harper, 1986; Harper & Bonanno, 1993) and in other countries (Verhulst et al., 1990a). The more open method of tracing and contact via parent support groups have generally resulted in higher response rates (Hoksbergen et al., 1987; Kumar et al., 1987).

For the present study, ready identification of the subjects was considered advantageous for follow-up research. The more open method was therefore used, while at the same time giving families the opportunity to respond anonymously. The use of this method seems to have been acceptable by the ICA families, as neither the State authority on adoption (Department for Community Development) nor the AFCS received any complaints from ICA families about the researcher's contact with them. Eighty-five percent of the families who responded expressed a willingness to participate in follow-up research. The opportunity to respond anonymously to the survey, considered necessary for the families' sense of privacy, was used by 10% of the families.

Kraus (1975) investigated the possibility of response bias in adoption research on problem behaviour, where participants responded anonymously or were identified. He found no significant difference in the reliability of responses. Consequently, in the present study the scores from identified and anonymous respondents were combined with possible minimal threat to the reliability of the findings.

Analysis Issues

Coding of Responses

In the coding of most items in the Family and Child Questionnaires, the researcher was guided by Zubrick and colleagues (Garton et al., in press; Silburn et al., in press), Achenbach (1991), Andrew and Withey (1976), Harper (1986), and Verhulst et al. (1992).

The independent variable of age at adoption was recorded in two different units for statistical purposes: as continuous data in months and as a dichotomous variable (codes 0 and 1). Current age was recorded three times: once as continuous data in months, and twice as a dichotomous variable with two groups of 4-11 and 12-16 years (coded 1 and 2) and two groups of 6-11 and 12-16 (coded 3 and 2), to accommodate differences in the reporting of competence scores.

All data were summarised on a separate sheet for each ICA child and entered in EXCEL for Windows by an assistant.

Checking Values

Checks for missing and incorrect values were undertaken by the researcher, using the SPSS frequencies procedure. Missing data for competence items resulted in the deletion of 3 Social scale scores, 11 School scale scores, and 14 Total Competence scale scores as recommended by Achenbach (1991). The subjects concerned were primarily pre-schoolers for whom no academic performance was reported. The happiness item (Part A, item 13) had 1 missing value. No values were missing for problem items. Errors identified in the data entry were corrected.

Computing of Total Scores

As recommended by Achenbach (1991), the total scores for problem behaviours were calculated by adding a subject's score on all CBCL problem items, excluding item 2 (allergy) and item 4 (asthma). The possible raw total problem score ranged from 0 to 232. According to the Achenbach Child Profiles (1991), a raw total problem score of 34, or less, is within the normal range. In this study, a score of 34, or less, is taken to reflect well-being. The total score for competence, with a possible score range of 0 to 28, was obtained by summing the total scores of the Social (score range 0-12), Activity (score range 0-10), and School (score range 0-6) scales as outlined in Achenbach (1991). According to the Achenbach Child Profiles (1991), a

raw total competence score over 14 is within the normal range. In the present study, a total competence score above 14 (midpoint) is taken to reflect well-being. The total score for adversity (range 0-9) was a summation of the subscales for abuse, neglect and changes of care scores. Each adversity measure ranged in scores from 0 for no adversity to 3 for certain adversity. A total adversity score of 9 indicate a high level of pre-adoption adversity. As each adversity subscale had equal levels of scoring (0-3), summation was valid (de Vaus, 1991). All total scores were derived through the use of MS EXCEL (spreadsheet) and transferred to SPSS for Windows where all further computations were carried out.

Statistical Analysis

The SPSS for Windows, Version 5, was used for all the statistical analyses. These included procedures for Frequencies, MANOVA, Strengths of Association, and Pearson Product-Moment Correlation. Only raw scores were used as recommended by Achenbach (1991, p. 191).

Pillai's criterion was used for statistical testing of the significance of MANOVA results, because of its robustness to violations of assumptions (Tabachnick & Fidell, 1989). As the large sample size of the study increased the chance of type I error, finding a significant association where there is none, a maximum significance level of .01 was set (de Vaus, 1991).

CHAPTER 4 - RESULTS

This chapter presents a summary of the study's findings on well-being in intercountry adopted (ICA) children in Western Australian (WA), in answer to the following four research questions:

1. What is the level of well-being of 4-16 year old intercountry adopted children in Western Australia?
2. How does their well-being compare with the well-being of the children of the WA Child Health Survey (Garton et al., in press; Silburn et al., in press)?
3. Is there a significant difference in well-being between children adopted before the age of 6 months and those who were older at the time of adoption?
4. Is there a significant difference in well-being between children with adverse pre-adoption experiences and those who did not experience adversity?

The results of the present study are presented in two main sections:

- a presentation and discussion of the study's quantitative data (see **Well-Being**, beginning on page 34). The 4 major well-being measures: total competence, happiness, health, and problem behaviours were used to determine quantitatively the child's current level of well-being, as perceived and reported by the parents. Total competence is a composite measure of activities, school, and social functioning (these 3 measures are frequently reported in addition to, or in lieu of, total competence);
- an outline of the 2-way Multivariate Analyses of Variance (see **Multivariate Analyses** beginning on page 47) used to test the significance of:
 - the effects of adoption before or after the age of 6 months, and
 - experience of adversity prior to adoption.

(Note: Small cell size prevented statistical assessment of interaction between these 2 variables.)

Five statistical measures were used: activities, social, and school functioning, happiness, and problem behaviours. To assess if there were significant differences between boys and girls, gender was added as another independent variable.

Tables are used throughout this chapter to present and illustrate each of the well-being variables. Data are reported in means, medians (for skewed distributions of scores), standard deviations,

and percentages. The tables include relevant data made available by WACHS. The WACHS data are used for visual comparison only, as statistical analysis between the two samples' results could not be included in this study within the restrictive time frame (the WACHS results were not available until late in the study).

Well-Being

An initial overview of the findings on well-being, with a separate section on competence, is provided in Table 1. The means and standard deviations are presented for each of the 4 measures of well-being within the following sub-groups:

- the whole sample
- for boys and girls separately
- for the current age group of 4-11 year olds
- for the current age group of 12-16 year olds

Significant differences between the means are marked by an asterisk in Table 1.

The 4 measures of well-being were: total competence (including activities, social and school functioning), happiness, health, problem behaviours. The main trends noted were:

- the ICA children's generally positive well-being on all measures; all mean scores were above the midpoint (or below the cut-off score of 34 for problem behaviours);
- girls showed a higher level of well-being than boys on all measures; differences on the 4 competence measures were significant at the 1% level ($F(7,260)=4.04, p < .01$).

Table 1 - Mean Scores for Well-being Measures by Total Sample, Gender and Current Age

Well-being Measures											
	Range	Total Sample (<i>n</i> =283)		Boys (<i>n</i> =62)		Girls (<i>n</i> =221)		4 to 11 (<i>n</i> =216)		12 to 16 (<i>n</i> =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	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	3.8	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	20.2	17.6	16.8	17.6	15.3	20.8	23.7
Scales Used in Constructing Total Competence											
Activity	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

* = Significant at the $p < 0.01$ level

- the difference in well-being between the current age groups was significant at the 1% level ($F(7,260)=7.66, p<.01$) with the scores on activities for the 12-16 year olds reaching statistical significance.

Competence

The well-being measure of competence considers activity, social and school functioning, and total competence. As the WACHS results did not include comparable total competence scores, the present study's total competence results are presented together with Australian norms in raw scores, estimated by Hensley (1988), and US norms in T scores, calculated by Achenbach (1991). The overall results are summarised in Table 2. Results on individual items of the Activity, Social and School scales are presented in Table 3 through to Table 8, and Figure 2.

WACHS results for out of school activities, relationships with others, and overall school performance, are included in the relevant tables and figure.

Total Competence

In this study, a total competence score over 14 was considered to indicate well-being. Eighty-two percent of the 6-16 year olds scored over 14. As most 4-5 year olds did not obtain scores on the academic section of the School scale, their incomplete total competence scores were kept separate from the 6-11 year olds. The summary of the mean scores in Table 2 contains the resulting 3 current age groups for boys and girls.

Table 2 - Mean Scores for Competence Variables by Current Age and Gender

	Boys						Girls					
	4-5yr		6-11yr		12-16yr		4-5yr		6-11yr		12-16yr	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
Sample Size <i>n</i>	7		42		13		9		158		54	
Activities (Raw Score)	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)	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)	.	.	4.2	0.8	3.9	1.0	.	.	4.5	0.6	4.2	1.0
Australian NORMS (Hensley, 1988) Total Competence *												
Competence (Raw)	12.6	3.1	19.2	3.3	19.0	3.3	12.8	3.0	20.0	3.2	19.4	3.2
ICA Competence(Raw)	12.3	4.1	15.1	3.3	16.1	2.8	14.1	2.3	17.2	2.5	17.6	3.4
US NORMS (Achenbach, 1991) Total Competence												
T score	.	.	50.3	9.6	60.3	9.7	.	.	50.2	9.8	50.4	9.8
ICA T score	35.0	13.7	44.6	10.9	47.8	9.5	41.4	7.6	51.4	8.3	52.8	11.5

* Hensley's values are not strictly comparable, but are presented for completeness

The results in the 3 current age groups show that the girls scored consistently higher than the boys over all 4 competence scales. The scores for activities and total competence increased with increasing age for both boys and girls, with the 12-16 year old girls scoring the highest. The 6-11 year old girls scored the highest in social and school functioning.

Visual comparison between the ICA total competence raw scores and the Australian norms (Hensley, 1988), shows that the ICA boys and girls scored lower across all age groups. Although Achenbach (1991) recommended the use of T-scores for visual comparison, these were not readily available for the Hensley study. Compared to the American norms in T-scores (Achenbach, 1991), ICA boys scored lower and ICA girls scored higher than the boys and girls in the US normative sample. However, differences appear to be small. The degree of increase in total competence with increasing age appear similar for the Australian norms and the ICA raw scores. The increase appears to be more pronounced in the ICA T-scores than in the US norms.

Out of School Activities

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

The ICA children were reported to be more frequently involved in organised activities, such as sport coaching (69%); non-sport activities, such as music and art (56%); and clubs, such as scouts and brownies (48%), than their WACHS peers. Less ICA (3%) than WACHS children (7%) held a paid job; more ICAs did chores at home (85%) than was reported for the WACHS sample (72%) (see Table 3).

The ICA children were reported to be more involved in sport than non-sport activities. A similar trend is noted in the WACHS results (see Table 4).

Table 3 - Child's Participation in Out of School Activities

Activity ->	Sport		Non-Sport		Clubs		Paid job		Does chores at home	
	N	%	N	%	N	%	N	%	N	%
ICA	281	69	283	56	283	48	282	3	283	85
WACHS (1994) ¹	2557	58	2552	29	2553	26	2560	7	2563	72

% = Percentage Reporting Participation
¹ = Western Australian Child Health Survey 1994 (Silburn et al, in press)

Table 4 - Child Participation in Number of Activities

Activity →	Number of Activities (Percentages of children)														
	[----- Sport -----]					[----- Non-Sport -----]					[----- Clubs -----]				
	N	N ^o of activities				N	N ^o of activities				N	N ^o of activities			
	0,1	2	3	4+		0,1	2	3	4+		0,1	2	3	4+	
ICA	281	68	21	7	4	283	78	17	4	2	283	89	10	0.4	0.4
WACHS ¹	2536	72	20	5	4	2549	92	6	1	1	2555	94	5	0.8	0.4

¹ = Western Australian Child Health Survey 1994 (Silburn et al., in press)

The ICA parents rated the quality of participation higher than the WACHS parents. This was particularly so in the non-sport activities, where 45% of the ICA children were reported to perform above average compared to 22% of their WACHS peers. However, ICA results could be a reflection of bias or socially desirable response set. More ICA parents considered their child's quality of doing chores at home to be below average (12%) than WACHS parents (3%). Four percent of ICA children had problems playing alone. No comparable WACHS data was available on this last measure (see Table 5).

Table 5 - Parental Rating of Child's Quality of Participation

Activity →	Quality of Participation (Percentages of children)															
	[----- Sport -----]				[----- Non-Sport -----]				[- Chores at Home -]				[- Can Play Alone -]			
	N	Above Average		Below Average	N	Above Average		Below Average	N	Above Average		Below Average	N	Above Average		Below Average
ICA	281	28	62	9	280	45	48	5	281	25	63	12	282	44	52	4
WACHS ¹	2563	25	65	11	2561	22	67	5	2551	14	55	3	-	-	-	-

¹ = Western Australian Child Health Survey 1994 (Silburn et al., in press)

Social Functioning

Parents were asked to indicate the number of close friends their children had and how frequently they interacted with them. Ninety-two percent of the ICA children had two or more close friends, whilst 97% went out with their friends at least once a week. In the WACHS sample the same proportion (92%) of children had two or more friends. Seventy-eight percent went out with them at least once a week.

Parents were asked how often their child had problems in their relationship with various people. For most ICA children, there appeared to be no major problems in the reported relationships with their parents (94%), with other children (97%), and with their teacher (98%). Three children (1%) were reported to have constant problems with their family and other children, while 5 children (2%) related poorly to their teacher.

Data presented in Table 6 shows that the ICA children's relationship with their family, teacher and other children was less often rated problematic by their parents, than WACHS parents rated their children's relationships. However, the proportion of ICA children who had frequent relationship problems with various people, was 3 or 4 times larger than for the WACHS children.

Table 6 - Parental Rating of Child's Relationship with Others

Relationship →	Frequency of Relationship Problems (Percentages of children)														
	[----- Family -----]					[----- Children -----]					[----- Teacher -----]				
	N	Occasional		Constant		N	Occasional		Constant		N	Occasional		Constant	
	None	Frequent		None	Frequent		None	Frequent		None	Frequent		None	Frequent	
ICA	282	60	34	5	1	282	75	22	2	1	282	83	15	2	2
WACHS ¹	2574	57	39	4	0.3	2576	68	30	1	0.3	2572	77	19	1	0.5

¹ = Western Australian Child Health Survey 1994 (Silburn et al., in press)

School Functioning

The assessment of school functioning included measures on standard academic subjects and special education programs. Ninety-eight percent of the children attended school. Eleven children (4%) were at pre-school, 231 (73%) were evenly spread across all grades in primary school, and 57 (20%) attended high school, mainly years 8 and 9.

Standard Education Programs

Table 7 provides a summary of the children's performance on 4 key academic subjects (excluding the 4-5 year olds). At least 89% of the children were perceived to be performing at an average or above average level in all 4 subjects. Three children seemed to be failing reading, mathematics and science, 1 child seemed to be failing social studies. Mathematics had the

highest proportion of children rated below average (10%) followed by reading (7%). Figure 2 illustrates the tendency by ICA parents to rate their children's performance more frequently above average (52%), than WACHS parents (37%).

Table 7 - Parental Rating of Child's School Performance by Subject

School Performance by Subject					
Subject	N	[- Percentages of children -]			
		Above Average	Below	Failing	
Reading	273	58	31	7	1
Maths	271	38	47	10	1
Social Studies	265	37	51	4	0.4
Science	265	38	60	4	1

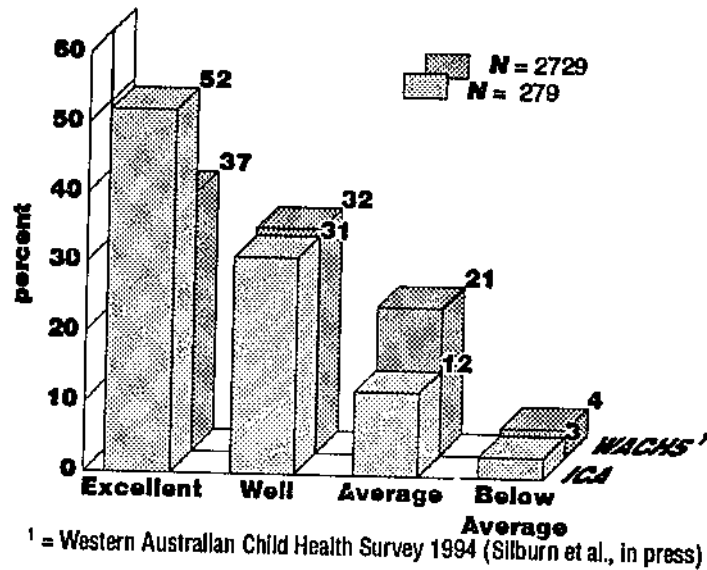


Figure 2 - Parental Rating of Child's Overall School Performance.

Special Education Programs

A number of ICA children attended special educational programs. Forty-two children (15%) participated in programs for the gifted (7% full-time and 8% part-time). Twenty-nine different children (10%) attended special education programs for visual, hearing, intellectual, behavioural or learning difficulties, on a full-time or part-time basis.

Twenty-five ICA children (9%) received full or part-time support with English as a second language (see Table 8). The ICA children's participation rate in full-time (2%) and part-time remedial programs (7%), and in part-time programs for the gifted (8%), were similar to the percentages found in the WACHS pilot study (2%, 7% and 8% respectively) (Garton et al., in press). Sixteen ICA children (6%) had repeated a grade.

Table 8 - Attendance at Special Education Programs

Special Education Programs	N	[----- Percentages of children -----]		
		Full-time	Part-time	None
English Second Language	281	4	5	91
Gifted	281	7	8	84
Remedial	281	2	9	90
Intellectually impaired	280	0.4	0.7	98
Vision/hearing impaired	280	0.4	0.7	98
Behavioural problems	281	0.4	2	97

Happiness and Satisfaction

The overall well-being measure of happiness looked at issues such as self-concept and satisfaction with various aspects of daily life. It was found that at least 80% of parents considered their ICA children to be happy and satisfied on all measures. Following are the results on happiness and related items of the child's satisfaction with self, and with school. Higher scores indicate a higher level of well-being.

The results of the relevant CBCL problem items and WACHS results are summarised in Table 9. Parental satisfaction with the child's developmental progress (including WACHS results) is graphically displayed in Figure 3. Parental reporting of the perceived success of the ICA experience within the family is summarised in Table 10.

Happiness

Parental response to the happiness indicator (represented by the Faces scale of global well-being with 6 as the highest possible score; see Part A, item 13) indicated that 88% of ICA children were seen as *happy* or *very happy* ($M=5.34$, $Mdn=6.00$, $SD=.90$). More of the girls were considered happy or very happy (87%), than boys (73%). In terms of unhappiness (Part B, item 103), more girls (10%) than boys (8%) were rated as *sometimes unhappy* or *often unhappy*. These findings indicate a greater variance in happiness amongst girls than boys.

In the different current age and gender groups, the 4-11 year old girls had the highest proportion of children rated happy or very happy children (93%), followed by the 4-11 year old boys (84%), 12-16 year old girls (80%), and 12-16 year old boys (62%).

Ninety-one percent of the children seemed to their parents to be happy with the way things were going at the time of the survey (Part C, item 34); 88% seemed happy with themselves (Part C, item 21); 86% seemed happy at school ((Part C, item 30); and 80% seemed happy with their physical appearance (Part C, item 19). Two children (0.7%) were rated as consistently unhappy across the different happiness measures.

The results for the happiness related CBCL items of the ICA children, were found to be similar to the WACHS results. According to their parents, ICA children felt no more unhappy, unloved, or inferior than their WACHS peers. They appeared to get teased as often and seemed to show the same level of fear or reluctance to go to school as the WACHS children (see Table 9), in spite of their minority status in terms of ethnicity .

Table 9 - Parental Reporting of CBCL Items on Happiness

CBCL Item →	CBCL Items on Happiness																		
	N	[--- Unhappy ---]			[- Feels unloved -]			[- Feels inferior -]			[- Gets teased -]			Fears going to school ---]			[- Skips school -]		
		NT	ST	VT	NT	ST	VT	NT	ST	VT	NT	ST	VT	NT	ST	VT	NT	ST	VT
ICA	283	91	9	0.7	80	19	1	84	15	1	80	18	2	96	4	0.0	98	1	0.7
WACHS ¹	2583	84	15	0.5	75	23	2	85	14	1	81	17	2	93	6	0.5	97	2	0.3

¹ = Western Australian Child Health Survey 1994 (Silburn et al., in press)
 NT = Not True, ST = Somewhat True, VT = Very True

Parental Satisfaction with Progress

The majority of ICA parents reported to be satisfied with their child's relationships with other children (94%); their progress in learning (92%); physical development (96%); and general behaviour (92%) as illustrated in Figure 3. ICA parents tended to express higher satisfaction with their children's progress than the WACHS parents. ICA parents were particularly satisfied with their children's progress in physical development. However, the proportion of ICA parents who considered their child to be progressing at a very low level, was also larger than the WACHS parents for all measures, except for physical development.

Parental Satisfaction with Child's Progress

WACHS = Western Australian Child Health Survey 1994 results (Silburn et al., in press)

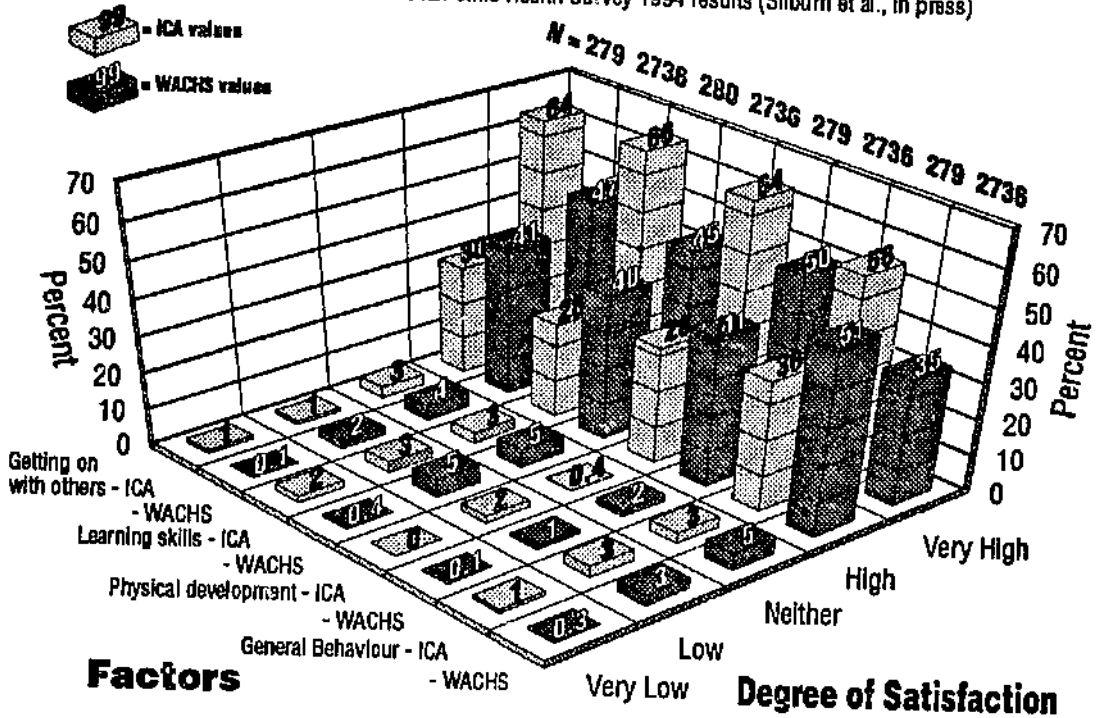


Figure 3 - Parental Satisfaction with Child's Progress

Satisfaction with ICA Experience

For the majority of the families' members, ICA was reported as a satisfying experience. The parents indicated that the experience was considered *successful* or *very successful* for 89% of the ICA children, 91% of the mothers, 86% of fathers and 87% of families.

Table 10 - Parental Reports of Success and Perceived Satisfaction with ICA Experience

Perceived Satisfaction with ICA Experience (Percentages)				
Adoption Success	Child (N=275)	Mother (N=280)	Father (N=270)	Family (N=271)
Very successful	75	78	74	72
Successful	14	13	12	15
Satisfactory	6	5	5	5
Only fair	1	3	3	3
Unsatisfactory	0	1	1	0.7

Three fathers (1%) and three mothers (1%) were very dissatisfied. For 10 families (4%) the experience was rated as *only fair* or *unsatisfactory*, with more problems than satisfaction. The experience was overall rated the most successful for the ICA children. There were no unsatisfactory responses reported on behalf of the children, while the experience was rated only fair for 4 children.

Physical Health

The following section focuses on health, describing the ICA 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 the ICA and WACHS samples are included.

General State of Health

State of health was rated on a 5-point scale (4-0) from *excellent* to *poor*. Visual comparison between the past and current state of health showed that the ICA children's health had generally improved since their arrival. The proportion of children enjoying excellent or very good health had increased from 71% to 92%, while the proportion of unhealthy children had reduced from 13% to less than 2%. About 12% of the children were reported to have been seen by a medical practitioner.

At the time of adoption, less boys (83%) than girls (87%) were considered to be in good health. In terms of current health, no significant difference was found between ICA boys and girls (see Table 1 (p. 34)). It would appear that the boys' health (82% were rated as currently very healthy) had not improved since the time of adoption, while the girls (94% rated currently very healthy) had improved their overall health status.

The children, who were adopted before the age of 6 months, were healthier at the time of adoption (83%) than the adoptees of an older age (59%). However, the younger ones do not seem to have recovered as quickly to the level of excellent or very good health (81%) as the older group (91%).

Specific Health Problems

The ICA children seem to suffer more from allergies ($n=26$) than from asthma ($n=17$). This is similar to the trend shown by their WACHS peers. More of the ICA children were reported to suffer somewhat from allergies (29%), than the WACHS children (18%) as shown in Figure 4. The rate of severe asthma was the same for both samples (9%).

Parental Rating of Child's Specific Health Problems

WACHS = Western Australian Child Health Survey 1994 results (Silburn et al., in press)

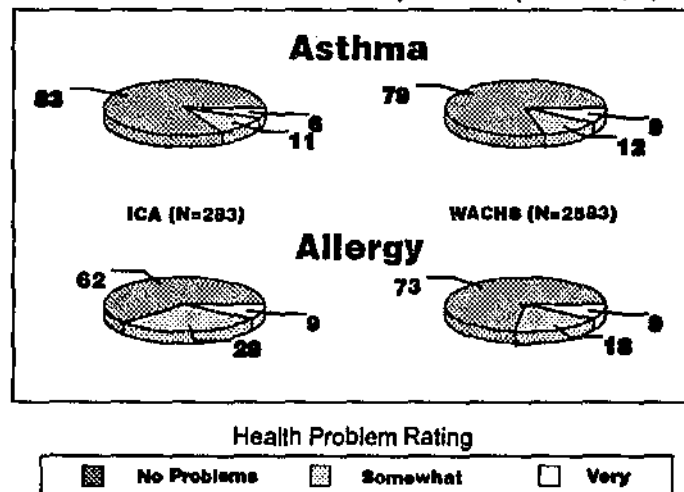


Figure 4 - Parental Rating of Child's Specific Health Problems

Behavioural Problems

The problem behaviour component of well-being was assessed by the 116 problem items of the Child Behavior Check List (CBCL). The total problem scores for boys and girls are reported for the 2 current age groups of 4-11 years and 12-16 years, to allow for visual comparison with the WACHS results. The results are summarised in Table 11 and include means of raw scores and T-scores, as well as the relevant WACHS results. Lower scores indicate higher well-being.

The five most frequently reported problem behaviours by ICA and WACHS parents are listed in Table 12.

Problem Behaviours

In this study, a low level of problematic behaviour was taken as an indication of well-being (with raw scores below 34, where 34 was the upper limit for non-clinical range by Achenbach, 1991).

Table 11 - Mean Total Problem Raw Scores and T-Scores by Gender and Age

	Scores by Gender and Age							
	[----- ICA -----]				[----- WACHS -----]			
	Boys		Girls		Boys		Girls	
	4-11 years (<i>n</i> =49)	12-16 years (<i>n</i> =13)	4-11 years (<i>n</i> =167)	12-16 years (<i>n</i> =54)	4-11 years (<i>n</i> =875)	12-16 years (<i>n</i> =394)	4-11 years (<i>n</i> =886)	12-16 years (<i>n</i> =412)
Raw Scores								
Mean	20.00	25.07	16.87	19.70	19.66	18.87	17.46	17.39
SD	17.54	28.54	14.48	22.58	16.23	17.00	13.89	15.09
Median	15.00	17.00	13.00	13.00	.	.	.	.
T-Scores								
Mean	50.94	53.83	49.17	50.78	46.67	47.11	45.81	46.67
SD	9.95	16.19	8.22	12.81	10.39	10.95	10.37	10.36

WACHS = Western Australian Child Health Survey 1994 (Silburn et al., in press)

The mean total problem score for the whole ICA sample, 18.33 (*Mdn*=14.00, *SD*=17.62), was similar to the WACHS mean score of 18.41 (*SD*=15.42). Eighty-six percent of the ICA children scored below 34. Seventeen children (6%) can be considered borderline, with scores between 34 and 44 (see Achenbach, 1991). Twenty-two children (8%) were reported to display a high level of problem behaviours, with total scores over 44 (92th percentile). Six children, 3 boys and 3 girls, represented the 98th and over percentiles with total raw scores of 72 or over.

The highest level of problematic behaviours was reported for the 12-16 year old boys (*M*=25.07, *Mdn*=17.00, *SD*=28.54), and the lowest level for 4-11 year old girls (*M*=16.87, *Mdn*=13.00, *SD*=14.48). The increase in total problem raw scores with increasing age, in both ICA boys and girls, is the opposite to the WACHS results (Silburn et al., in press). However, the mean T-scores for the WACHS and ICA samples both show an increase with increasing age, indicating similarity across standardised measures (see Table 11).

Despite the similar mean raw scores, the ICA children were reported to display more problematic behaviour than their WACHS peers, according to the higher mean T-scores for all

the ICA children across the gender and age groups. The 12-16 year old ICA boys obtained the highest mean raw scores and T-scores across both samples, with the corresponding standard deviation showing a large degree of variance in mean total scores (see Table 11).

Most Frequently Reported Problem Behaviours

Of the five most frequently reported problems, the problem *argues a lot* was reported most frequently by both ICA and WACHS parents. Being *stubborn* was the second most frequently reported problem for ICA children, while their WACHS agemates were more *disobedient at home* (third for ICA children). The problems *demand a lot of attention* and *being jealous* were more frequently reported for ICA children, while their WACHS peers were seen to be more *self-conscious* and more *inclined to show off*. See Table 12 for an overview of these ICA and WACHS results.

The most frequently reported problems for both the ICA and WACHS sample are aggressive by nature, according to Achenbach (1991), except for self-consciousness which is classified as an anxiety or depression disorder. Self-consciousness was rated 6th for the ICA children, compared to 3rd for the WACHS sample. The ICA children seem, thus, to be less inclined towards depressive behaviours and more inclined towards aggressive behaviours than the WACHS children.

Table 12 - Most Frequently Reported Problem Behaviours

Ranked Problem Behaviours (Percentages of Children)								
Problem	[----- ICA -----]				[----- WACHS -----]			
	Frequency Rank	None	Somewhat	Often	Frequency Rank	None	Somewhat	Often
Argues a lot	1	43	48	9	1	38	52	10
Stubborn	2	54	40	6	4	59	38	3
Disobey at home	3	55	42	3	2	48	50	2
Demand attention	4	56	34	10	6	64	30	6
Jealous	5	61	33	6	9	67	30	3
Self conscious	6	64	33	3	3	57	39	4
Show off	12	65	25	10	5	61	36	3

WACHS - Western Australian Child Health Survey 1994 (Sikburn et al., in press)

Use of Mental Health Services

The ICA parents in this study were asked if they had consulted a school counsellor, or other psychological or psychiatric services for any concerns they had about their ICA child's development. Parents could indicate whether they had needed the specific service, had used the service, and were happy with the service received.

Three parents (1%) indicated they had felt the need to consult a psychologist or psychiatrist, but had not done so. Eight parents (3%) did consult, but indicated they were not happy with the service received. Fourteen parents (5%) had used psychological services and were happy with the service.

School counsellors were consulted by 18 parents (6%), with half of the parents reporting satisfaction with the service. Four parents (1%) had felt the need, but did not consult a school counsellor. In the WACHS pilot sample, 10% of the parents reported using the service of a school counsellor in the 6 months prior to the pilot study (Garton et al., in press).

Multivariate Analyses

Age at Adoption and Well-being

To determine if the well-being of the ICA children in this study was significantly affected by their earlier background, the effects of age at adoption and pre-adoption adversity were investigated by means of Multivariate Analyses of Variance (MANOVA). The question was posed whether a significant difference in well-being existed between the children adopted before the age of 6 months, and those older than 6 months.

Group Differences

Forty-nine percent of the ICA children ($n=138$) were adopted before the age of 6 months; 12% were boys and 88% were girls. For those adopted after 6 months of age ($n=145$), a larger proportion were boys (35%) while girls (65%) were still in the majority.

The children adopted after the age of 6 months ranged in age at adoption from 6 months to 15 years. The boys who were aged 12-16 years at the time of the survey were the oldest at the time

of adoption with an average age of 58 months ($SD=50$, $Mdn=39$); the 4-11 year old girls were the youngest ($M=11$, $SD=18$, $Mdn=5$).

To assess if the difference in well-being between the 2 age at adoption groups was significant, a 2x2 between-subjects MANOVA was performed, with 5 measures of well-being: activity, school, and social functioning, happiness and problem behaviours. The 2 independent variables were age at adoption before or after 6 months, and gender.

Analysis Assumptions

Distribution of scores was near normal for most of these 5 well-being measures. Some deviation was expected for problem behaviours (Achenbach, 1991) and happiness (Andrews & Withey, 1976).

Using SPSS for Windows, z scores for the 5 well-being measures identified 11 univariate outliers ($z > 3$). As the outliers were considered to be an important part of the sample, their deletion was undesirable and values were altered to the nearest non-outlying score (Tabachnick & Fidell, 1989). Five remaining multivariate outliers, identified by Mahalanobis distance (critical $\chi^2=20.515$, $df=5$, $p < .001$), were excluded from the analysis. Homogeneity of variance-covariance of dispersion matrices was achieved. Univariate variance was not strictly homogenous, however, the results of the following MANOVA can still be reliably interpreted, according to Norusis (1992).

Analysis of Variance

Using Pillai's criterion, a significant overall effect on well-being was found for age at adoption ($F(5,258)=4.99$, $p < .01$) and gender ($F(5,258)=4.93$, $p < .01$), but no significant interaction ($F(5,258)=2.07$, $p > .01$). The strength of association between each of the independent variables and the combined measure of well-being was not strong, $\eta^2=.09$. This indicates that age at adoption and gender each accounted for 9% of the variance in the combined measure of well-being.

Significant univariate age at adoption effects were found for the single well-being measures of activities ($F(1,262)=10.17$, $p < .01$), and school functioning ($F(1,262)=8.62$, $p < .01$). Boys and girls who were adopted after the age of 6 months, scored higher on out of school activities and lower on school performance, than those who were adopted before the age of 6 months.

The variance accounted for by age at adoption was 3% in the scores for out of school activities ($\eta^2 = .03$) and 3% for school functioning ($\eta^2 = .03$). This means that 97% of the variance in these well-being variables was due to factors other than age at adoption.

Significant univariate gender effects were found for activities ($F(1,262) = 11.79, p < .01$) and social functioning ($F(1,262) = 15.73, p < .01$), with the girls scoring higher on both well-being measures, regardless whether they were adopted before or after the age of 6 months. Gender explained 4% of the variance in the out of school activities scores ($\eta^2 = .04$) and 6% of the variance in social functioning ($\eta^2 = .06$). All significant unique effects of age at adoption were found to involve competence variables only, not happiness or problem behaviours.

To give an indication of the independence of the well-being measures, pooled within cells correlations with standard deviations on the diagonal are shown in Table 13.

The means and standard deviations of the well-being variables in relation to age at adoption and gender are summarised in Table 14. The differences in the mean scores for activity, school and social functioning, which reached statistical significance at the 1% level, are marked with an asterisk.

Table 13 - Pooled Within-Cell Correlations among Five Well-being Measures (with SD on Diagonal) in relation to Age at Adoption

Pooled Within-Cell Correlations					
Measure	Activity	School	Social	Happy	Problem
Activity	1.750	.	.	.	.
School	.146	0.677	.	.	.
Social	.296	.197	1.397	.	.
Happy	.125	.233	.385	0.750	.
Problem	-.233	-.300	-.437	-.554	15.066

Table 14 - Mean Scores for Well-being Variables by Age at Adoption and Gender

Well-being variable	Mean Scores							
	[--- Age at Arrival ---]				[----- Gender -----]			
	< 6 months n=132		> 6 months n=134		boys n=55		girls n=211	
	M	SD	M	SD	M	SD	M	SD
Activity	5.0*	1.7	5.6*	1.8	4.7*	2.0	5.4*	1.7
School	4.6*	0.5	4.2*	0.8	4.2	0.8	4.5	0.7
Social	7.2	1.3	7.1	1.5	6.5*	1.5	7.4*	1.4
Happiness	5.5	0.7	5.3	0.8	5.2	0.9	5.4	0.7
Problem behaviours	16.6	14.2	18.5	16.2	21.0	17.3	16.7	14.5

* = Significant at the $p < .01$ level

Pre-adoption Adversity and Well-being

The impact of adverse pre-adoption experiences was investigated by means of an analysis of the variance in well-being between children with, and without adverse experiences.

Incidence of Adversity

The level of pre-adoption adversity was based on parental knowledge about their child's experiences of neglect, abuse and changes of care. Results on the 10-point Adversity scale, showed that the full 0 to 9 range of scores was obtained, with a high score meaning a high level of adversity.

The parents of 88% of the children reported a certain, or suspected, *low* level of adversity with scores below the midpoint of 4.5 ($M=2.53$, $SD=1.72$). Thirteen children obtained a score of 7 or over, indicating a high level of adversity. The parents of 9% of the children ($n=26$) were certain of their child's experience of adversity. Nine parents reported abuse (3%), 24 reported neglect (8%), 7 children had experienced 5 or more changes of care (2%), whilst 4 children (1%) had experienced all 3 forms of adversity. Boys were overrepresented in the adversity group (42%) compared to their proportion in the whole sample (22%).

Only one child, for whom the parents were certain of adverse experiences, had been adopted before the age of 6 months. This finding suggests an interaction between age at adoption and the experience of pre-adoption adversity, but the significance of the interaction could not be statistically assessed in a factorial MANOVA, because of the small size of the cell for adopted before the age of 6 months-adversity ($n=1$). However, a Pearson Product Moment Correlation for the whole sample ($N=282$) showed a significant relationship between adversity and age at adoption ($r(282)=.42$, $p<.001$).

Analysis Assumptions

Due to extremely unequal cell sizes, the effect of adversity on well-being could not be assessed by way of MANOVA for the whole sample. Two equal sized groups were, therefore, formed from the two extreme ends of the adversity measure (Tabachnick & Fidell, 1989). To match the size of the group of 26 children, for whom parents were certain about the experience of adversity, a second group ($n=26$) was statistically obtained by random sample from the boys

and girls who had not, according to their parents, experienced any adversity prior to adoption ($n=108$).

In the resulting sample of 52 children, the presence of outliers was checked for. One multivariate outlier was identified (critical $\chi^2=20.515$, $df=5$, $p<.001$) and excluded. The remaining sample of 51 children consisted of 29 girls (14 with, and 15 without adverse experiences), and 22 boys (11 with, and 11 without adverse experiences). Homogeneity of variance-covariance in the dispersion matrices was obtained and a 2x2 (Adversity x Gender) between-subjects MANOVA was performed on 5 well-being variables.

As the sample size in this MANOVA was small, the significance level was set at .05 to reduce the chance of Type II error, that is, finding no significant association where there is one (de Vaus, 1991).

Analysis of Variance

With the use of Pillai's criterion, it was found that adversity did not significantly affect the combined measures of well-being ($F(5,43)=1.32$, $p>.05$, $\eta^2=.11$), nor was there a significant adversity-gender interaction ($F(5,43)=1.03$, $p>.05$). A significant gender effect was found ($F(5,43)=2.80$, $p<.05$) which showed a moderately strong association between gender and well-being, $\eta^2=.30$. This means that in this small sub-sample, gender explained 30% of the variance in the combined measures of well-being.

A significant univariate adversity effect was found for problem behaviours ($F(1,47)=6.67$, $p<.05$, $\eta^2=.12$). The girls and boys who had experienced adversity, displayed significantly more problematic behaviours than those who had not experienced adversity prior to adoption. Adversity accounted for 12% of the variance in problem behaviour scores. It should be noted that the mean score of 37 in the adversity group fell above this study's cut-off score (34) for well-being (see Table 15).

A significant univariate gender effect was found in social functioning ($F(1,47)=12.39$, $p<.05$). Girls performed at a higher level than boys, regardless of the experience of pre-adoption adversity. The strength of association between gender and social functioning was significant, $\eta^2=.21$, with gender explaining 21% of the variance in social scores.

Table 15 - Mean Scores for Well-being Variables by Adversity and Gender

Well-being variable	Mean Scores							
	[----- Adversity -----]				[----- Gender -----]			
	Yes n=25		No n=26		Boys n=11		Girls n=11	
	M	SD	M	SD	M	SD	M	SD
Activity	5.4	1.5	5.3	2.0	5.5	1.9	5.2	1.8
School	4.0	1.0	4.2	0.8	4.1	0.8	4.2	1.0
Social	6.1	1.4	6.5	1.4	5.6*	1.3	7.0*	1.2
Happiness	4.5	1.5	5.1	0.8	4.6	1.4	5.0	1.1
Problem behaviours	37.3*	30.7	17.5*	18.0	29.1	27.8	25.6	25.5

* = Significant at the $p < .05$ level

A summary of the means and standard deviations of the well-being measures, by adversity and gender, is shown in Table 15. The statistically significant differences, at the 5% level, in the mean problem behaviours and social scale scores are indicated by an asterisk.

Pooled within-cell correlations with standard deviations on the diagonal are shown in Table 16 to give an indication of the independence of the well-being measures.

Table 16 - Pooled Within-Cell Correlations among Five Well-being Measures (with SD on Diagonal) in relation to Adversity

Pooled Within-Cell Correlations					
Measure	Activity	School	Social	Happy	Problem
Activity	1.775	.	.	.	.
School	-.010	0.847	.	.	.
Social	.108	-.070	1.237	.	.
Happy	.131	.112	.548	1.230	.
Problem	-.155	-.299	-.473	-.652	23.962

Prevalence of Well-being Despite Adversity

Amongst the 26 children who had definitely experienced adversity according to their parents, the majority seem to be experiencing well-being at the time of the study. Well-being was reported for:

- 44% of the children who had experienced abuse (n=9);
- 50% of the children who had experienced neglect (n=24);
- 71% of the children with 5 or more changes in care environment (n=7); and
- 100% of the children who had experienced all 3 forms of pre-adoption adversity (n=4).

These findings indicate that the relationship between the experience of adversity and well-being is not necessarily negative.

Relationship Between Well-being and Measures of Adversity

The measure of adversity was a combination of the variables abuse, neglect and changes in care. To gain an insight into which measure of adversity was most strongly related to well-being, a Pearson Product Moment Correlation was undertaken for the whole sample ($N=282$). The correlations between adversity and well-being variables are shown in Table 17.

Table 17 - Pearson Product-Moment Correlation between Adversity and Well-being Variables ($N=282$)

Pearson Product-Moment Correlation					
Adversity	Activity	Well-being Variables			
		School	Social	Happiness	Problems
Abuse	-.036	.187	-.169	-.305 ²	.307 ²
Neglect	.016	-.204 ¹	.182	-.305 ²	.360 ³
Changes in care	.036	-.064	-.044	-.158	.108

¹ - Significant at the $p < .05$ level ² - Significant at the $p < .01$ level
³ - Significant at the $p < .001$ level

Significant relationships were found between the adversity variables of abuse and neglect, and the well-being variables of school functioning, happiness, and problems behaviours. The strongest relationship was found between neglect and problem behaviours ($r(282)=.36$, $p < .001$). The adverse experience of neglect explained 13% of the variance on problem behaviours. The unexplained variance is, however, still 87%.

Summary of major findings

In response to the four research questions of this study the results summarise as follows:

1. The majority of the 4-16 year old ICA children were reported to be competent (82%), happy (88%), healthy (92%), and with a level of problem behaviours within the normal range (86%).
2. The ICA children experienced a level of well-being similar to that of the children in the WACHS study.
 - The average level of problem behaviours across current age and gender groups was higher than that of the WACHS children, except for the 4-11 year old ICA girls.

- On average, ICA girls showed higher levels of well-being than the ICA boys, regardless of age or adversity disadvantages at the time of adoption.
 - Developmental trends in the competence and happiness of the ICA children were similar to Australian norms.
 - The increase in ICA problem behaviours total raw scores with increasing age, was the opposite of Australian norms. However, mean problem behaviours T-scores showed an increase with increasing age for both the ICA and the WACHS children.
 - ICA parents tended to rate their children's competence and progress more often very positive or negative than the WACHS parents.
 - The 6 most frequently reported problems for the WACHS and ICA children were similar.
3. Adoption after the age of 6 months had a significant differential effect on the combined measures of well-being. Children adopted after the age of 6 months scored significantly *lower* on school functioning and *higher* on out of school activities.
4. The experience of adversity prior to adoption did not have a significant overall effect on well-being. However, further analyses showed that:
- children who had experienced adversity scored significantly higher on problem behaviours;
 - problem behaviours scores were most strongly related to the experience of neglect;
 - there was a significant relationship between the experience of pre-adoption adversity and adoption after the age of 6 months.

CHAPTER 5 - DISCUSSION

Introduction

This study investigated the well-being of 4-16 year old intercountry adopted (ICA) children in Western Australia (WA). The results indicate that, according to their parents, at least 82% of the ICA children experience well-being in terms of competence, happiness, good health, and low level of problem behaviours. The prediction that well-being would be poorer in ICA children who were adopted after the age of 6 months, and in those who had experienced pre-adoption adversity, was partially supported. However, the variance in well-being, explained by these two adoption related independent variables, was small.

In this chapter the major findings on well-being are discussed and compared with results from Australian and non-Australian studies. Limitations of the study, suggested areas for applications of the findings and future research, and a summary conclude the thesis.

Discussion of Major Findings

Well-being

Early theoretical writing on attachment by Ainsworth et al.(1978) and Bowlby (1969, 1975) suggested that children who were separated from their caregiver and everything that was familiar to them, would experience reduced levels of well-being. In later developmental literature, it was recognised that a change in caregiver and environment could enhance a child's well-being if the subsequent care environment was an improvement on the previous one (Bowlby, 1988; Rutter, 1981, 1989). Assuming that ICA resulted in an improvement in the children's care environment, the overall results in the present study provide support for the latter point of view.

The level of well-being in ICA children in the present study was found to be similar to the 82% reported 7 years ago by Kumar et al. (1987) in a WA study amongst the same ICA population and the 80% of children in general suggested by Achenbach et al. (1990). The following discussion highlights similarities and differences between the present study's findings on competence, happiness, health and problem behaviours and the results of other studies.

Competence

The competence results of the present study are similar to findings in early ICA research (e.g. Kim, 1977, 1978; Rathbun et al., 1965) and more recent ICA studies (e.g. Hoksbergen et al., 1987a; Saetersdal & Dalen, 1991; Verhulst et al., 1990a). The mean total competence score of 16.7 ($SD= 3.0$) is very similar to the mean of 16.1 ($SD= 3.9$) reported by Verhulst et al. (1990a) using the same instrument and method. The present study's finding that girls are rated higher in competence than boys, seems to be a common finding in the general population (Achenbach, 1991) and other ICA studies (Hoksbergen et al., 1987a; Kvitte-Andresen, 1992; Verhulst et al., 1990a).

Out of School Activities

The results suggest that ICA children are more involved in sport and non-sport activities outside school hours, while their parents consider that they perform more often above average in out of school activities than the WACHS children. Similar findings, in a comparison between ICA and non-adopted peers, were reported by Verhulst et al. (1990a). However, in the Verhulst study adoptive status explained only 4% or less of the variance in activities items.

Verhulst et al. (1990a) suggested that the generally higher socio-economic status of ICA families contributed to the ICA children's increased involvement in out of school activities, and concluded that parents encouraged this involvement to counterbalance their ICA children's generally lower achievement at school. However, children of socially advantaged families in general also show more frequent involvement in out of school activities (Achenbach, 1991). Before any valid comparisons can be made between variances in the present study and those reported by Verhulst et al. (1990a), further statistical comparisons between the results of the WACHS and the present study need to be undertaken.

Social Functioning

The results generally indicate positive social relationships for the majority of the ICA children. Between 60 and 94% of them are perceived by parents to have a good relationship with their parents and family, compared to the 57 to 96% of WACHS children. Using parental reports also, Hoksbergen et al. (1987a) reported that about 95% of the ICA children had a good relationship with their parents and other children. Benson et al. (1994) found that 76% of the ICA adolescents in their study reported that they got along well with their parents, and felt more

attached to their parents than locally adopted peers. Verhulst et al. (1990a) found more non-adopted than ICA adolescents to have a positive relationship with their parents, but adoption accounted for only 4% of the variance.

In the present study, 75 to 97% of the ICA children appeared to relate positively to their friends. Kumar et al. (1987) reported earlier that 84% of the children related well to their friends.

School Functioning

Overall school performance was rated by parents as excellent or well for 83% of the ICA children, compared to 69% of the WACHS children. Three percent of the ICA children were considered by their parents to be performing below average, compared to 4% of the WACHS children. These findings suggest that ICA parents rated their children more favourably than the WACHS parents. This seems to be a common pattern for ICA parents (Hoksbergen et al., 1987a) and for socially advantaged parents in general (Achenbach, 1991).

Compared to results from other ICA studies, however, the parental reports in the present study seem to be somewhat unrealistic. Hoksbergen et al. (1987) estimated that the academic achievement of 17% of ICA children in the 5-16 age group was below average. In Australia, the Intercountry Adoptive Parents Working Party (ICAPWP, no date) found that parental concern about school performance was expressed for 9 to 20% of the children, depending on the child's age at adoption. Willis and Whiting (1993) reported that 25% of the ICA children who arrived in WA after 1988, were having problems with schooling. To be able to determine if parents in the present study were realistic in the rating of their ICA child's school performance, further information from other sources, such as teachers, needs to be obtained.

In the present study and other ICA studies (e.g. Hoksbergen et al., 1987a), mathematics appear to be an academic area of particular concern. The present results on mathematics show that according to their parents 11% of the children are considered to be achieving below average, or failing, while 38% were rated above average. Although Hoksbergen et al. (1987a) found a high level of overall academic achievement, few of the ICA children were achieving above average in mathematics, while 14% achieved below average. Kvitte-Andresen (1992) reported that 35% of 151 ICA adolescents, aged 12-13 years, showed problems with mathematics, compared to 19% of a non-adopted peer group. Kvitte-Andresen suggested a link between reading ability and mathematics, but could not substantiate the hypothesis. Although in the

present study, reading is indeed the second most problematic academic area, more in-depth research is required to determine if these results are related. Further clarification of the question whether mathematics are particularly problematic for ICA children, could be obtained by comparing the present study's results with WACHS findings.

This study's finding that 10% of ICA children attended special educational support programs, was similar to the proportion of WA children in the WACHS pilot study (Garton et al., in press). However, the proportion was higher than the 6% reported by Hoksbergen et al. (1987a), and lower than the 13% of ICA adolescents reported by Verhulst et al. (1990a). The inconsistency in the findings make it difficult to draw any definite conclusion about whether ICA children are overrepresented in educational support programs, or not.

Happiness

Seven years ago, Kumar et al. (1987) asked ICA parents in WA about their expectations for the future of their ICA children. The largest proportion of responses (71%) expected their child to feel happy and loved. The results of the present study suggest that the majority of these parents have been able to realise this expectation. Parents rated 88% of the ICA children as happy in general, 91% as happy at the time of the survey, 88% as happy with themselves, 86% as happy at school, and 80% as happy with their physical appearance. Girls were more often rated happy than boys.

Unhappiness

Brodzinsky et al. (1992) predicted that ICA children were at a higher risk of feeling unhappy, because of their adoptive and ethnic minority statuses. The results of this study, and the WACHS comparative data, do not support the prediction of a higher rate of perceived unhappiness amongst ICA children. In the present study, less than 1% of ICA children were considered to feel unhappy, unloved or inferior. This is lower than the 5% of ICA adolescents in Benson et al. (1994) who felt unwanted. However, Benson's results were based on self-reports, while the present study reports parental ratings only.

The present findings that the level of unhappiness increased with increasing age, and that more girls were rated unhappy than boys, appear to be common in the general population (Achenbach, 1991).

Physical Appearance

The finding that 20% of the study's children wished they looked different, suggests that ethnicity plays a role in the happiness of ICA children in WA. The rate is similar to reports from previous ICA studies (Benson et al., 1994; D. Kim, 1978; Rorbeck, 1991), however, further research is required to determine if this is a common rate of dissatisfaction, or specific to ICA children.

Satisfaction

Satisfaction with progress in the child's development showed more extreme (positive or negative) responses from ICA than from WACHS parents (see Figure 3, p. 41). The ICA literature suggests that differences are primarily due to parents' unrealistic high expectations of their ICA children (Harper, 1987; IAWPWP, no date; Hoksbergen et al., 1987a; Verhulst et al., 1990a). High expectations in ICA parents seem to be particularly present in the area of school functioning (IAPWP, no date; Verhulst et al. 1990a). However, parental focus on this area appears to be common in the general population (Achenbach, 1991). Kumar et al. (1987) found that 7% of ICA parents expressed achievement oriented expectations for their ICA children, much less than the 71% who wished for their child to feel loved and happy. In-depth qualitative research is required to investigate if expectations amongst the ICA parents in WA are unrealistic, compared to WA parents in general.

ICA seems to be a satisfying experience for the majority of families involved. In the present study, ICA was reportedly successful for 89% of the ICA children and for 87% of the families. These results are similar to findings by Harvey (1980), and Calder (1978), who both reported a satisfaction rate of over 90% for both parents and children in the Eastern States of Australia. For the 4% of families in the present study who expressed dissatisfaction, the ICA child's older age at adoption seemed to have been an important factor. Decreased parental satisfaction with increasing age at adoption of the ICA child, has previously been reported by Harvey (1980) and Harper (1986).

Health

Current Health

Ninety-two percent of the ICA children were reported to be in good health. About 12% of them had been seen by a medical practitioner. This attendance rate appears to be low compared to reports from other studies. The WACHS pilot study (Garton et al., in press) reported that 53% of the pilot sample had been seen by a medical practitioner during the 6 months prior to the pilot study. The difference in reported attendance rate could be a reflection of the general population's tendency to consult a medical practitioner first, before any other service (Sawyer et al. 1990). ICA parents, on the other hand, have generally already used other services as part of the process to become adoptive parents, and are thus more likely to consult these directly for their children if required. The comparatively low rate of ICA need for medical assistance, found in the present study, supports conclusions by Hoksbergen et al. (1987) and Saetersdal and Dalen (1991) that once ICA children have recovered from ill-health at adoption, they develop a very healthy constitution.

The study found that ICA children showed a higher rate of allergies (38%) than the WACHS children (27%). This increased rate could be a reflection of physical intolerance of the Australian lifestyle and related food aspects. The potential intolerance for lactose in ICA children from Asian countries, for instance, is a well-known phenomenon. Comparison between the allergy levels in migrant children from the WACHS sample, and the levels found in the ICA children, could help identify more specific causes of the allergies in ICA children.

Use of Physical and Mental Health Services

In the present study, 29% of the children were considered to have been in bad health at the time of adoption; 8% were currently perceived to be in bad health. The rate of ill-health at the time of adoption is lower than the rates reported in other ICA studies in Australia (Harper, 1986; Harvey, 1980) and abroad (Hoksbergen et al., 1987; Saetersdal & Dalen, 1991; Verhulst et al., 1992; Winich et al., 1975). However, the rate of recovery from ill-health is similar. Medical reports on the screening of ICA children upon arrival in Australia, implied that ICA children could be a burden to medical services in Australia (e.g. Nicholson et al., 1992; Willis & Whiting, 1993). The present study failed to support this implication.

Estimates by Loenen and Hoksbergen (1986) that ICA families attend child guidance clinics four to five times more frequently than families in general, were not supported in the present study. In comparison with the WACHS results from Garton et al. (in press), the present results suggest that the ICA children do not use mental health services more frequently than the average WACHS child. Harper (1988) suggested that school psychologists are often the first professional parents will turn to when problems arise in their school-aged ICA child. Results in the present study support this suggestion.

Problem Behaviours

The results of the present study show that the ICA children were rated similar in problem behaviours, as the WACHS children. However, the fact that the mean scores of the ICA sample ($M=18.33$, $SD=17.62$), and the WACHS sample ($M=18.41$, $SD=15.42$) are similar, is mainly due to the low problem scores of the 4-11 year old ICA girls ($M=16.87$, $SD=14.84$), who were the largest group (59%) within the ICA sample (see Table 11, p. 45).

Results show that the problem behaviours total scores of ICA children increase with increasing age. This is one of the main differences between the ICA children's total raw scores, and the raw score norms for Australian children (Hensley, 1988; Silburn et al., in press) and children elsewhere (Achenbach, 1991). Although this developmental pattern in raw scores is opposite to the norms in general child populations, it replicates earlier ICA results in a Dutch cross-sectional sample of 10 to 15 year olds (Verhulst et al., 1990a).

Brodzinsky's theoretical adoption framework (Brodzinsky et al., 1992) implies that the increasing level of problem behaviours could be an expression of an increasing sense of insecurity, resulting from a growing awareness of adoption issues in ICA children entering adolescence. The assumption of increasing insecurity in ICA children with increasing age was not supported by Benson et al. (1994) who found that ICA adolescents were generally strongly attached to their adoptive parents.

The present study found that ICA boys rated higher in problem behaviours ($M=21.1$, $SD=20.2$), than ICA girls ($M=17.6$, $SD=16.8$). The 12-16 year old ICA boys obtained the highest problem behaviour scores ($M=25.1$, $SD=28.5$) across both ICA and WACHS samples (see Table 11, p. 45). Similar gender effects have been reported in other ICA studies (Verhulst et al., 1990c).

The age and gender differences in problem behaviours amongst the ICA children seem to be larger than is commonly found in the general population (Achenbach, 1991; Achenbach and Edelbrock, 1981; Achenbach et al., 1990; Hensley, 1988; Silburn et al. in press), but are similar to those reported in other ICA studies (Kvifte-Andresen, 1992; Hoksbergen et al., 1987a; Verhulst et al., 1990a). However, the different researchers offer seemingly contradictory explanations for the reported variances amongst ICA children.

Verhulst et al. (1990a) attributed part of the variance in problem behaviours scores in the different age and gender groups, to the extremely high problem scores of a small number of 12 to 15 year old boys, but gender explained only 1 to 2% of the variance in problem scores. From further analysis, Verhulst et al. (1992) concluded that pre-adoption adversity, such as abuse, was mainly responsible for the boys' higher level of problem behaviours. Hoksbergen et al. (1987a) agreed that the higher level of problems in boys was not a question of gender, but attributed the difference instead to the boys' generally older age at adoption. In contrast, Kvifte-Andresen (1992) concluded that the higher level of problem behaviours in boys was a question of gender, not age at adoption. No definite conclusion can, thus, be drawn regarding the higher level of problem behaviours in ICA boys, although age at adoption, pre-adoption adversity, and gender, all seem to play a role.

Age at Adoption

The results of the present study indicate that adoption after the age of 6 months had a significant, but differential, effect on well-being ($F(5,258)=4.99, p < .01$) explaining 9% of the variance (see also Table 14, p. 49). Later adoption was found to be related to a reduction in happiness, school and social functioning scores, and an increase in problem behaviour scores. The finding that only the reduction in school functioning reached statistical significance, is similar to reports from Verhulst et al. (1990a). Although the size of the variance explained differs, 3% in the present study compared to 1% by Verhulst et al. (1990b), both results leave a substantial part of the variance in school functioning unexplained. In a more in-depth investigation of school functioning Kvifte-Andresen (1992) obtained inconsistent results in regards to age at adoption and concluded that age at adoption did not significantly affect overall school functioning.

In the present study, adoption after the age of 6 months was found to significantly increase scores on the activities scale. Age at adoption was positively related to current age ($r(283)=.35$,

$p < .001$). The increase in activities can be partially explained in terms of the commonly found increase in activities scores with increasing age, and the higher level of participation amongst children from more socially advantaged families (Achenbach, 1991). ICA families have previously been known to encourage their ICA children to participate in out of school activities (Hoksbergen et al. 1987a; Verhulst et al, 1990a). This was also found in the present study.

The present study's age at adoption analysis found a significant gender effect ($F(5,258)=4.93$, $p < .01$). The mean age at adoption for boys was 31 months ($SD=36$), for girls 19 months ($SD=32$). Gender explained 9% of the variance between boys and girls scores on well-being. The boys scored consistently lower on all the measures of well-being (see Table 14, p. 49). However, the interaction between gender and age at adoption was not significant ($F(5,258)=2.07$, $p > .01$). This finding supports the conclusions drawn by Hoksbergen et al. (1987a) and Verhulst et al. (1990b), that gender differences in ICA well-being are not primarily a function of age at adoption.

The finding that ICA boys scored lower on all measures of well-being, with differences in the competence scales of activities and social functioning reaching statistical significance, supports previous reports in attachment research that, in the longer term, boys appear to be more adversely affected by disruption in attachment formation than girls (Erickson et al., 1985; Lewis et al., 1984). However, similar negative effects on competence and behaviour have also been found in boys and girls who had experienced adversity such as abuse (Crittenden, 1985; de Lozier, 1982; Rutter, 1981), leaving it unclear whether adoption after the age of 6 months, or pre-adoption adversity, is the main contributor to the lower level of well-being in boys.

Pre-adoption Adversity

According to the ICA parents in the present study, 9% of the ICA children had certainly experienced pre-adoption adversity such as abuse, neglect, or 5 or more changes of care. This is a very small proportion compared to other ICA samples. Verhulst et al. (1990c) reported that in their sample of 2,148 ICA adolescents, 45% had been subjected to neglect, 13% to abuse, and 6% had experienced three or more changes in caregiving environment. Hoksbergen et al. (1987) reported a pre-adoption adversity rate of 50% in a group of 116 ICA children from Thailand. Harper (1986) reported a severe or moderate level of deprivation at arrival in Australia for 44% of ICA children adopted after the age of 4 years ($N=27$).

Contrary to expectations, the present study did not find a significant adversity effect on the combined measures of well-being ($F(5,43)=1.32, p > .05$), although all scores indicated a lower level of well-being for the adverse group (see Table 15, p. 51). Eleven percent of the variance in well-being was explained by adversity. The reduced level of well-being in the adverse group reached statistical significance in problem behaviours only ($M=37.3, SD=30.7$), with the average total problem score falling above this study's problem behaviours cut-off score (34) for well-being. Adversity accounted for 12% of the variance in total problem scores. These findings on problem behaviours appear to be similar to reports by Verhulst et al. (1992). However, it was not possible to directly compare the present results with Verhulst's findings, because of the different statistical analyses used to assess the effects of pre-adoption abuse, neglect and changes in care.

Verhulst et al. (1992) found the adverse condition of abuse to be most strongly related to problem behaviours. In the present study, problem behaviours were most strongly related to neglect ($r(282)=.36, p < .001$), with neglect explaining 13% of the variance (see Table 17, p. 53). This finding provides support for Bowlby's argument that a child's experience of neglect affects later well-being (Bowlby, 1966, 1969). The results of the present study indicate, however, that not all neglected children showed long-term negative effects. Fifty percent of the neglected children ($n=24$), 44% of the abused children ($n=9$), 71% of the children with 5 or more changes in care ($n=7$), and 100% of the children who experienced all 3 forms of adversity prior to adoption ($n=4$), did not appear to be negatively affected in their later well-being. These findings confirm previous ICA reports in Australia (e.g. Harvey, 1980) and abroad (e.g. Hoksbergen et al., 1987a; Verhulst et al., 1992), on the ability of ICA children to overcome pre-adoption disadvantages. Verhulst et al. (1992) found similar resilience in 76% of severely neglected and 69% of severely abused ICA children.

In the present study, boys were found to generally have a lower level of well-being. In a subgroup of 52 ICA children with, and without, adverse pre-adoption experiences, gender explained 30% of the variance in well-being. The boys' reduced functioning in the area of social relations reached statistical significance (see Table 15, p. 51), with gender explaining 21% of the variance. Although the boys seem to have experienced more pre-adoption adversity ($M=4.4, SD=2.9$), than girls ($M=3.3, SD=2.4$), no significant interaction between adversity and gender was found ($F(5,43)=1.03, p > .05$). The difference in well-being can, therefore, not readily be attributed to a greater vulnerability in the boys to have been exposed to pre-adoption adversity.

The reduced level of well-being in ICA boys could be the result of more severe adversity in the country of origin, compared to the severity experienced by the girls. Verhulst et al. (1990b) found country of origin to be related to well-being after adoption, and suggested that political and cultural influences in the country of origin, prior to adoption, could have a significant effect on later functioning of ICA children. As the ICA children in the present study seem to have come predominantly from patrilineal societies, where boys are usually considered to be of more importance to their families and communities of origin than girls, it could be that the boys were not placed in alternative care outside their communities, until their care situation had become extremely critical. Further research is required to examine these and other aspects of pre-adoptive care for ICA children and the impact on their later well-being.

Attachment

In the present study, the reduced level of well-being in ICA boys, particularly their higher level of problem behaviours, can not readily be attributed to adoption after the age of 6 months, nor to pre-adoption adversity. In attachment research it has been reported, firstly, that problem behaviours are associated with insecure attachment in infancy and insecure attachment at the time the behaviours are exhibited (Erickson et al., 1985; Goldberg, 1992), and secondly, that boys are more likely to express insecure attachment in the form of disruptive, acting out behaviour (Lewis et al., 1984).

ICA studies, with clinical (Geerars et al., 1991; Hoksbergen et al., 1991) and non-clinical samples (Benson et al., 1994), have reported significant relationships between problem behaviours and lack of attachment. As Bowlby (1969, 1975) suggested that problematic behaviours are likely to be exhibited by children who, during infancy, have experienced lack of attachment or disruption in attachment, it could be possible that the reduced level of well-being and higher level of problem behaviours reported for the ICA boys in the present study, are partly a reflection of difficulties in attachment.

In ICA children adopted before the age of 6 months there appear to be no gender differences in attachment quality (Juffer, 1993). Benson et al. (1994) reported an increase in insecure attachment with increasing age at adoption, which reached significance in children adopted after the age of 6 months. However, no clear gender difference was indicated. In the present study, the ICA boys were generally older than 6 months at the time of their adoption and were overrepresented in the adversity group. A cumulative effect of these adverse pre-adoption

variables, a generally reduced level of resilience in the face of adversity, reported for boys in developmental literature (Rutter, 1981, 1989), and the added impact of culture shock and homesickness as a result of being moved to a totally different environment (Harper, 1986), might have led to further reduction in the boys' resilience.

One of the most important requirements for attachment formation, is a reciprocal positive interaction between parent and child (Ainsworth et al., 1978; Bowlby, 1988; Rutter, 1981). The present finding that ICA boys appear to show more relationship problems than girls (see Table 1, p. 34), as reflected in the boys' lower social scores ($M=6.4$, $SD=1.5$) compared to the girls' ($M=7.3$, $SD=1.4$), suggests that it could be more difficult for parents and boys to establish and maintain close relationships. Particularly, as boys seem to express relationship problems in a more antisocial manner (Lewis et al., 1984). Further research is required to obtain an indication of the quality of attachment between ICA children and their families, including possible gender differences.

Conclusions

The present study on 4-16 year old ICA children in WA has added to the pool of information in the areas of the Psychology of well-being and ICA. Results were generally similar to those reported in previous ICA studies in Australia, and abroad. Several tentative conclusions can be drawn from the findings.

The 4-16 year old ICA children in WA appear to have healthy levels of well-being, similar to the level of their local age-mates who participated in the WACHS study undertaken by Garton et al. (in press) and Silburn et al. (in press), and to the level found generally in children by Achenbach et al. (1990). A large majority of the ICA children appear to be competent, happy, healthy, and appear to have levels of problem behaviours within the normal range.

The level of problem behaviours in ICA children tends to increase as their ages increase from 4 to 16 years. This is opposite to the pattern in the general population. However, this is in terms of raw scores only. When comparing the standardised T-scores, problem behaviours showed an increase with increasing age for both the ICA and the general population WACHS sample. These findings make the results less conclusive at this stage.

Developmental researchers, such as Cullen and Boundy (1966), have argued that parental reports of a child's behaviours reflect the quality of the parent-child relationship. The ICA parents' reports of a high level of satisfaction with different aspects of their ICA children's development, skills and behaviours, suggest that the relationships between these parents and their ICA children are generally positive, and that the large majority of ICA children are possibly securely attached to their adoptive families. A more defined measurement of the quality of attachment, between the ICA children and their parents in this study, can be obtained with further analysis of the study's CBCL database in a method developed by adoption researchers Groze and Rosenthal (1993).

Adoption after the age of 6 months, and the experience of pre-adoption adversity, were found to have some negative effects on later well-being, but not on the scale suggested by Bowlby's attachment theory. Findings on problem behaviours and social functioning in the ICA boys, particularly in the 12-16 year old boys, suggest that the boys did not as readily overcome adversity as girls. It is considered possible that the reduced level of well-being in ICA boys is related to difficulties in attachment believed in part to be the result of more severe adverse experiences in the country of origin and subsequent post-adoption difficulties in establishing positive relationships.

Limitations of Study

Some of the strong points of the present study include the representativeness of its sample (about 80% of the target population responded to the survey), and the use of a widely employed standardised instrument which enables valid comparisons with findings from general population and other adoption studies. In spite of these strengths, the generality of the study's findings are limited.

The present study created a primary database and answered basic questions about ICA in WA. However, more extensive analysis of the data and statistical comparisons with findings of the WACHS (Silburn et al., in press) would have enhanced the generality of the study's findings on well-being in ICA children.

Failure to obtain information about the children's experience of institutionalisation; the incompleteness of the children's background information available to adoptive parents; and the

simplicity of the adverse pre-adoption experiences measures, limit generalisation of the study's findings on the effects of pre-adoption adversity on later well-being of ICA children.

Although the sample included most of the 4-16 year old ICA children in WA, some families could not be traced, or were unwilling to respond to the survey. Preliminary analysis of the profile of non-participating families suggests no major demographic differences from participating families. However, it is possible that the non-participants have had less satisfying ICA experiences than the families who responded.

Only parental reports have been used in this study's data analysis. Although Achenbach (1991) and other developmental researchers (e.g. Rutter, 1990) consider parents to be one of the most valuable and reliable sources of information on the behaviours of children, other informants, such as teachers and self reports, would broaden the information base and enhance interpretation of the findings. About a third of the ICA children in the present study were reported to have contributed in some way to the completion of the Intercountry Adopted Child Questionnaire. The possible variation in responses has not been taken into account in the reported analysis, but will be analysed at a later stage.

Areas for Application of Findings

If the present study's findings on gender effects suggests that ICA boys do not overcome pre-adoption adversity as readily as girls, extra care might need to be taken by both sending and receiving agencies in placement preparations for boys. Although the gathering of detailed background information; assessment and preparation of the child; preparation of the prospective adoptive family; and ready availability of empathic post-adoption support from the moment of placement, are already recognised as necessary steps in current adoption practice, some of these steps have not always been followed. It is suggested that further consideration be given to the full implementation of the identified steps, particularly in the areas of background information and post-adoption support services.

A small number of ICA boys and girls appear to their parents to display high levels of problem behaviours. These predominantly antisocial behaviours seem to have a negative impact on the families concerned. Although much has been done to improve preparation of prospective adoptive families in WA, a number of parents in the present study indicated that they needed post-adoption support, but had not yet asked for it, or were unhappy with the service they

received. To prevent that initial settling-in problems develop into chronic difficulties within the ICA family, prompt and appropriate post-adoption support services seem to be necessary. These services could be provided by the State adoption agency, or from self-help groups such as the Australia for Children Society (AFCS). As a number of adoption studies have identified peer support as one of the most effective and appreciated ways to help ICA families (e.g. Roberts, 1993), training of members of AFCS in counselling and family support could enhance the effectiveness of the existing, but limited post-adoption support system.

The results of the present study suggest that ICA boys could be more vulnerable to develop insecure attachments than girls. It could be that preparation and support to the ICA family, for instance to enhance attachment early in the adoptive placement, would be a valuable primary prevention strategy. A post-adoption support program for this purpose has been developed, tested, and proven effective in the Netherlands (Juffer, 1993). An expanded variation of this program, to cater for older child adoption, is believed to be under preparation at the Adoption Centre at Utrecht University. It is suggested that efforts be made to investigate the appropriateness of these attachment enhancement programs for ICA families in WA.

The study's finding that, according to parents, at least 82% of the ICA children experience well-being, suggests that ICA parenting in WA is at least as successful as that of parents from the general WA population who participated in the WACHS study. In view of the ongoing public and political debate about the benefits and costs of ICA (McDonald, 1994), these findings provide useful information for ICA practice, policy and legislation in WA. The findings could possibly accelerate the general development of a more supportive approach in professional pre- and post ICA services in WA and other States of Australia.

Future Research

The present study was undertaken as the first step of a longitudinal research project on ICA in WA. The established primary data base offers opportunities for further in-depth analyses, which went beyond the parameters of this honours thesis. These proposed analyses could include assessment of the quality of attachment between parents and ICA children from specific items of the CBCL, according to the method developed by Groze and Rosenthal (1993). Furthermore, comparative analyses could be undertaken to determine if this quality of attachment is different between different ICA children in the same adoptive family; different between ICA boys and girls; and different between ICA children in families with or without birth children.

In the present study the age of 6 months was taken as an exploratory base from which to investigate later well-being. In subsequent analyses, the relevance of other sensitive age periods for attachment formation, such as the first 2 or 3 years of life as suggested by Bowlby (1969), could be investigated for the possibly identification of an optimum age for adoption.

Qualitative follow-up research could investigate the quality of attachment in ICA families, using cognitive methods based on the assessment of communication patterns, developed by attachment researchers such as Maine et al. (1985). This research approach would be particularly appropriate for the measurement of attachment in adoption, as it compliments another tenet in adoption theories that the quantity and quality of communication between family members about adoption influences an adopted child's sense of well-being (Brodzinsky, 1987).

Follow-up research is needed to investigate the developmental differences identified by the present study across gender and age groups and between ICA and WACHS children. For instance, the increase in problem behaviours with increasing age, particularly in ICA boys: do the differences continue to increase throughout the ICA's adolescence and early adulthood, or do they converge to the normal general population pattern at a later stage? Valid comparison over time will be possible with the CBCL, as the various forms of this standardised instrument also caters for reports on young adults (Achenbach, 1991).

The differences in general academic achievement, reported by parents in the present study, could be further analysed by collecting the relevant information from teachers and school reports. Mathematics and reading need to be looked at in particular.

Suggested differences in severity of adverse pre-adoption experiences between boys and girls raises questions. However, this kind of research would require the collection of more detailed information from adoptive parents, from adoption agencies, and from informants in the child's country of origin. It is possible that the necessary information will not be known or available, making it difficult to draw any definite conclusions from such a research project.

One of the major aims of the present study was to use a methodology that would allow for valid comparison with other studies' findings. In particular, the Achenbach CBCL was used to allow for comparison with the WACHS findings. Although one of the limitations of the present study was the lack of statistical comparisons with the WACHS results, because of their late availability, these comparisons could be undertaken in the near future, preferably by combining

the two databases to optimise the strength of comparison. Apart from comparative analyses on competence, health, happiness and problem behaviours, a wide range of other research could be undertaken. For instance, the present study raised the issues of culture shock and homesickness, particularly for children adopted beyond infancy. As the current trend in ICA is more towards the placement of older children, research in the area of culture shock would be useful for the information of migration in general, and ICA in particular. To explore the different impacts of migration and adoption, the present study's existing database could be used to compare aspects of well-being in ICA children and the migrant children in the WACHS sample.

Summary

The practice of ICA is based on the assumption that the well-being of a child is promoted by adoption in a stable and well-resourced family environment. In Australia, ICA is a contentious and political area of child welfare with a paucity of Australian research. The present research project sought to gain an insight into the outcomes of ICA in WA. A generally high level of well-being was found amongst the 4-16 year old ICA children, with a higher level in girls.

From the demographic information provided by the parents, the ICA children in the present study seem to have been settled for some time in stable, well-resourced families. In addition, most of the children were adopted in infancy, were fairly healthy at the time of adoption, with few children having suffered severe adversity prior to adoption. It could be said that these factors have made a significant contribution to the generally high level of well-being reported for the children.

The present study's primary aims were to achieve a reasonable sample size and to obtain a control group, to promote generality of the findings. These aims were largely achieved through the high response rate and the use of a standardised instrument, Achenbach's CBCL, which effectively allowed the WACHS sample to be treated as the aimed for control group.

The study found limited negative effects of adoption after the age of 6 months and pre-adoption adversity, particularly in the areas of functioning at school and problem behaviours. However, many new questions were raised some of which might be answered by ICA research projects currently being undertaken elsewhere in Australia, while remaining questions could form the basis of future research in WA and Australia.

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APPENDIX A

Family Background Questionnaire

"INTERCOUNTRY ADOPTIVE FAMILIES IN WESTERN AUSTRALIA:
THE WELL-BEING OF THEIR 4 TO 16-YEAR-OLD ADOPTees."

STRICTLY CONFIDENTIAL

TO BE COMPLETED BY THE ADOPTIVE PARENTS

FAMILY BACKGROUND
QUESTIONNAIRE

This questionnaire is for the collection of general information on the background of you, the adoptive parents, and your children.

YOU ONLY NEED TO COMPLETE 1 FAMILY BACKGROUND QUESTIONNAIRE FOR YOUR WHOLE FAMILY.

If you need further information please contact:

[REDACTED]
[REDACTED]

The following questions are to obtain a general profile of your family.

1. MARITAL STATUS OF PARENTS:

(tick one box each for BOTH mother AND father)

	mother	father
1st marriage	<input type="checkbox"/>	<input type="checkbox"/>
remarried	<input type="checkbox"/>	<input type="checkbox"/>
separated but not divorced	<input type="checkbox"/>	<input type="checkbox"/>
divorced	<input type="checkbox"/>	<input type="checkbox"/>
widowed	<input type="checkbox"/>	<input type="checkbox"/>
never married	<input type="checkbox"/>	<input type="checkbox"/>
de facto	<input type="checkbox"/>	<input type="checkbox"/>

2. PARENTS' COUNTRY OF BIRTH:

(tick one box each for BOTH mother AND father)

	mother	father
Australia	<input type="checkbox"/>	<input type="checkbox"/>
U.K.	<input type="checkbox"/>	<input type="checkbox"/>
Italy	<input type="checkbox"/>	<input type="checkbox"/>
N.Z.	<input type="checkbox"/>	<input type="checkbox"/>
Netherlands	<input type="checkbox"/>	<input type="checkbox"/>
India	<input type="checkbox"/>	<input type="checkbox"/>
Germany	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
please specify		

3. PARENTS' YEAR OF BIRTH:

(complete for BOTH parents)

mother	19..
father	19..

4. PARENTS' HIGHEST LEVEL OF EDUCATION/QUALIFICATION:

(tick one box each for BOTH mother AND father)

	mother	father
year 10	<input type="checkbox"/>	<input type="checkbox"/>
year 11/12	<input type="checkbox"/>	<input type="checkbox"/>
trade/apprent.ship	<input type="checkbox"/>	<input type="checkbox"/>
certificate from college/TAFE	<input type="checkbox"/>	<input type="checkbox"/>
diploma (beyond year 12)	<input type="checkbox"/>	<input type="checkbox"/>
bachelor degree	<input type="checkbox"/>	<input type="checkbox"/>
postgraduate dip/ higher degree	<input type="checkbox"/>	<input type="checkbox"/>
other please specify	<input type="checkbox"/>	<input type="checkbox"/>

5.A. ARE PARENTS EMPLOYED?

(tick one box each for BOTH mother AND father)

	mother	father
yes	<input type="checkbox"/>	<input type="checkbox"/>
no	<input type="checkbox"/>	<input type="checkbox"/>

B. IF YES, IS EMPLOYMENT ...

full-time?	<input type="checkbox"/>	<input type="checkbox"/>
part-time?	<input type="checkbox"/>	<input type="checkbox"/>

C. IF NO, IS IT DUE TO ...

homeduties?	<input type="checkbox"/>	<input type="checkbox"/>
retirement?	<input type="checkbox"/>	<input type="checkbox"/>
unemployment?	<input type="checkbox"/>	<input type="checkbox"/>
other	<input type="checkbox"/>	<input type="checkbox"/>

6. DO PARENTS WORK ...
 (tick one box each for BOTH mother AND father)

	mother	father
for an employer?	<input type="checkbox"/>	<input type="checkbox"/>
in own business?	<input type="checkbox"/>	<input type="checkbox"/>

7. WHAT KIND OF WORK?
 (describe briefly)

mother

.....

father

.....

8. IS CURRENT DWELLING RENTED OR BOUGHT?
 (tick one box)

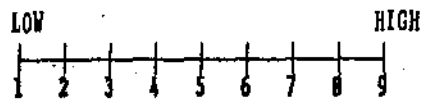
rented

bought

9. HOW LONG HAVE YOU LIVED IN YOUR CURRENT DWELLING?
 (tick one box each for BOTH mother AND father)

	mother	father
12 months or less	<input type="checkbox"/>	<input type="checkbox"/>
13-24 months	<input type="checkbox"/>	<input type="checkbox"/>
2 - 5 years	<input type="checkbox"/>	<input type="checkbox"/>
5 - 10 years	<input type="checkbox"/>	<input type="checkbox"/>
10 years or more	<input type="checkbox"/>	<input type="checkbox"/>

10. PLEASE MARK YOUR FAMILY'S SOCIO-ECONOMIC POSITION ON THE SCALE BELOW.



11. HOW MANY CHILDREN ARE IN THE FAMILY?
 (give number)

males

females

12. HOW MANY OF THE CHILDREN ARE:

(give number)

born to the parent(s)?

adopted locally?

adopted intercountry?

legal guardianship?

fostered?

other?

13. HOW OFTEN DOES THE FAMILY HAVE CONTACT WITH OTHER INTERCOUNTRY ADOPTIVE FAMILIES?
 (tick one box)

often sometimes never

14. WOULD YOU LIKE MORE CONTACT?
 (tick one box)

yes no

15. WHAT ADVICE OR SUGGESTIONS WOULD YOU GIVE TO FAMILIES WHO ARE CONSIDERING INTERCOUNTRY ADOPTION?

.....

.....

.....

.....

.....

16. THE ABOVE QUESTIONS WERE ANSWERED BY ...
 (tick one or both boxes)

mother

father

THANK YOU FOR YOUR CO-OPERATION WITH THIS
FAMILY BACKGROUND QUESTIONNAIRE

ALSO ENCLOSED ARE INTERCOUNTRY ADOPTED CHILD QUESTIONNAIRES

COULD YOU PLEASE ENSURE THAT A CHILD QUESTIONNAIRE HAS BEEN
COMPLETED FOR EACH INTERCOUNTRY ADOPTED CHILD IN YOUR FAMILY

PLEASE RETURN THIS COMPLETED FAMILY BACKGROUND
QUESTIONNAIRE, TOGETHER WITH THE COMPLETED CHILD
QUESTIONNAIRE(S) AND CONSENT/FOLLOW-UP FORM IN THE ENVELOPE
PROVIDED. THANK YOU.

APPENDIX B

Intercountry Adopted Child Questionnaire

**"INTERCOUNTRY ADOPTIVE FAMILIES IN WESTERN AUSTRALIA:
THE WELL-BEING OF THEIR 4 TO 16-YEAR-OLD ADOPTEES".**

STRICTLY CONFIDENTIAL

TO BE COMPLETED BY THE ADOPTIVE PARENTS

**INTERCOUNTRY ADOPTED CHILD
QUESTIONNAIRE**

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
BORN BETWEEN 31 DECEMBER 1976 AND 1 JANUARY 1990**

**ENCLOSED IS(ARE) INTERCOUNTRY ADOPTED CHILD QUESTIONNAIRE(S)
For any enquiries or more Child Questionnaires please contact:**

Trudy Rosenwald



PART A asks for background information about your child.

1. CHILD'S NAME
(Optional)

2. MALE FEMALE
(Tick one box)

3.A. MONTH AND YEAR OF BIRTH
(Complete)
month year

B. IS THIS BIRTHDATE
(Tick one box)
certain? uncertain?

4. COUNTRY OF ORIGIN
(Complete)

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

6. MONTH AND YEAR OF ARRIVAL
IN WA.
(Complete)
month year

7. HOW WOULD YOU DESCRIBE YOUR
CHILD'S HEALTH ON ARRIVAL?
(Tick one box)
excellent
very good
good
fair
poor

8. DID YOUR CHILD EXPERIENCE
NEGLECT 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

9. 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

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

B. (Tick one box)
Is this certain or estimated

11. WHAT IS YOUR CHILD'S
SIBLING RANK IN YOUR
FAMILY?

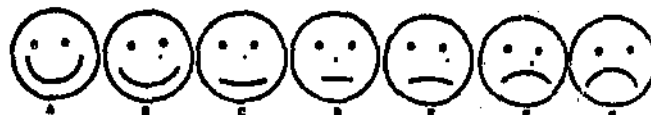
(Tick one box)
eldest
2nd
other (give number) ...

12. IN GENERAL HOW WOULD YOU
DESCRIBE YOUR CHILD'S HEALTH?

(Tick one box)
excellent
very good
good
fair
poor

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

(Tick one face)



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 1 if 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 True	Very True or Often True
1 Acts too young for his/her age	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2 Allergy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3 Argues a lot	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4 Asthma	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
5 Behaves like opposite sex	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
6 Bowel movements outside toilet	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
7 Bragging, boasting	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
8 Can't concentrate, can't pay attention for long	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
9 Can't get his/her mind off certain thoughts; obsessions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
10 Can't sit still, restless or hyperactive	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
11 Clings to adults or too dependent	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
12 Complains of loneliness	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
13 Confused or seems to be in a fog	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
14 Cries a lot	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
15 Cruel to animals	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
16 Cruelty, bullying, or meanness to others	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
17 Day-dreams or gets lost in his/her thoughts	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
18 Deliberately harms self or attempts suicide	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
19 Demands a lot of attention	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
20 Destroys his/her own things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
21 Destroys things belonging to his/her family or others	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
22 Disobedient at home	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
23 Disobedient at school	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
24 Doesn't eat well	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
25 Doesn't get along with other children	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
26 Doesn't seem to feel guilty after misbehaving	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
27 Easily jealous	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
28 Eats or drinks things that are not food (Don't include sweets).	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

	Not True (as far as you know)	Somewhat or Sometimes True	Very True or Often True
29 Fears certain animals, situations, or places other than school	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
30 Fears going to school	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
31 Fears he/she might think or do something bad	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
32 Feels he/she has to be perfect	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
33 Feels or complains that no one loves him/her	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
34 Feels others are out to get him/her	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
35 Feels worthless or inferior	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
36 Gets hurt a lot, accident-prone	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
37 Gets in many fights	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
38 Gets teased a lot	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
39 Hangs around with others who get in trouble	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
40 Hears sounds or voices that aren't there	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
41 Impulsive or acts without thinking	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
42 Would rather be alone than with others	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
43 Lying or cheating	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
44 Bites fingernails	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
45 Nervous, highstrung or tense	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
46 Nervous movements or twitching	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
47 Nightmares	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
48 Not liked by other kids	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
49 Constipated, doesn't move bowels	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
50 Too fearful or anxious	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
51 Feels dizzy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
52 Feels too guilty	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
53 Overeating	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
54 Overtired	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
55 Overweight	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
56 Physical problems without known medical cause:			
a. Aches or pains (<i>not headaches</i>)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Headaches	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Nausea, feels sick	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

4

	Not True (as far as you know)	Somewhat or Sometimes True	Very True or Often True
d. Problems with eyes	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Rashes or other skin problems	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Stomachaches or cramps	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Vomiting, throwing up	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Other (describe):	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
57 Physically attacks people	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
58 Picks nose, skin, or other parts of body	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
59 Plays with own sex parts in public	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
60 Plays with own sex parts too much	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
61 Poor school work	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
62 Poorly coordinated or clumsy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
63 Prefers being with older kids	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
64 Prefers being with younger kids	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
65 Refuses to talk	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
66 Repeats certain acts over and over; compulsions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
67 Runs away from home	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
68 Screams a lot	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
69 Secretive, keeps things to self	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
70 Sees things that aren't there	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
71 Self-conscious or easily embarrassed	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
72 Sets fires	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
73 Sexual problems	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
74 Showing off or clowning	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
75 Shy or timid	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
76 Sleeps less than most children	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
77 Sleeps more than most children during day and/or night	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
78 Smears or plays with bowel movements	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
79 Speech problem	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
80 Stares blankly	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
81 Steals at home	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
82 Steals outside the home	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Not True (as far as you know) Somewhat or Sometimes True Very True or Often True

- | | | | | | | |
|-----|---|----------------------------|-------|----------------------------|-------|----------------------------|
| 83 | Stores up things he/she doesn't need | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |
| 84 | Strange behaviour | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |
| 85 | Strange ideas | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |
| 86 | Stubborn, sullen, or irritable | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |
| 87 | Sudden changes in mood or feelings | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |
| 88 | Sulks a lot | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |
| 89 | Suspicious | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |
| 90 | Swearing or obscene language | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |
| 91 | Talks about killing self | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |
| 92 | Talks or walks in sleep | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |
| 93 | Talks too much | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |
| 94 | Teases a lot | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |
| 95 | Temper tantrums or hot temper | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |
| 96 | Thinks about sex too much | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |
| 97 | Threatens people | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |
| 98 | Thumb-sucking | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |
| 99 | Too concerned with neatness or cleanliness | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |
| 100 | Trouble sleeping | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |
| 101 | Truancy, skips school | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |
| 102 | Underactive, slow moving, or lacks energy | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |
| 103 | Unhappy, sad or depressed | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |
| 104 | Unusually loud | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |
| 105 | Uses alcohol or drugs for nonmedical purposes | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |
| 106 | Vandalism | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |
| 107 | Wets self during the day | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |
| 108 | Wets the bed | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |
| 109 | Whining | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |
| 110 | Wishes to be of opposite sex | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |
| 111 | Withdrawn, doesn't get involved with others | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |
| 112 | Worries | <input type="checkbox"/> 0 | _____ | <input type="checkbox"/> 1 | _____ | <input type="checkbox"/> 2 |

PART C

The following questions ask about your child's friendships, social activities and schoolwork. 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 OF SCHOOL HOURS?

- (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 PAST 6 MONTHS, HOW WELL HAS HE/SHE RELATED TO OTHER KIDS SUCH AS FRIENDS OR CLASSMATES?

- (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
 - Not applicable/not in school

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?

- (Tick one box)
- No (Go to Q9)
 - Yes

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 ANY LESSONS OR INSTRUCTION DURING THE PAST YEAR IN MUSIC, DANCE, ART OR OTHER NON-SPORT ACTIVITIES?

(Tick one box)

No (Go to Q12)
Yes

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)

No (Go to Q14)
Yes

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)

No (Go to Q17)
Yes

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 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)

No (Go to Q19)
Yes

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

Hours ...

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)
a Education, learning skill?
b Physical development coordination?
c Getting on with other children?
d General behaviour?

23. DOES HE/SHE GO TO SCHOOL?

- (Tick one box)
No
Yes (Go to Q. 26)

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

- (Tick one box)
Too young (Go to Q.34)
Parental choice
Dropped out
Health reasons
Other (Please specify)

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

(Estimate nearest equivalent if education was not in Australia)
(Give number)
Grade or Year (Go to Q.28)

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

- (Tick one box or specify)
Grade/Year . . .
Pre-school
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)
a. Reading or English
b. Arithmetic or Maths
c. Social Studies
d. 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 PAST 6 MONTHS?

- (Tick one box)
Excellent
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 1st 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)
- A. English as 2nd language
 - B. For children with visual or hearing difficulties?
 - C. For children who are intellectually handicapped?
 - D. For children with emotional or behavioural problems?
 - E. For children who are intellectually gifted?
 - F. 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 nor 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL COUNSELLOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL PRACTITIONER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PSYCHIATRIST/PSYCHOL.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY SERVICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PARENT SUPPORT GROUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER(specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 from success of the overall experience.

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?

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 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	<input type="checkbox"/>	For adoptive father	<input type="checkbox"/>
For adopted child	<input type="checkbox"/>	For the whole family	<input type="checkbox"/>

2. THIS QUESTIONNAIRE WAS COMPLETED BY (Tick one box or both boxes)
 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

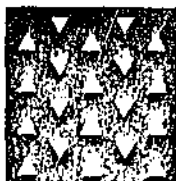
*COULD YOU PLEASE ENSURE THAT A CHILD QUESTIONNAIRE HAS BEEN COMPLETED FOR EACH INTERCOUNTRY ADOPTED CHILD IN YOUR FAMILY.

PLEASE RETURN THIS COMPLETED CHILD QUESTIONNAIRE, TOGETHER WITH ANY OTHER COMPLETED CHILD QUESTIONNAIRES, THE FAMILY QUESTIONNAIRE AND THE CONSENT/FOLLOW-UP FORM IN THE ENVELOPE PROVIDED.

THANK YOU VERY MUCH!

APPENDIX C

Permission Letter to Use WACHS Material



The Western
Australian
Research
Institute for
Child Health Ltd

Affiliated with:
The University of
Western Australia,
Princess Margaret
Hospital for Children

Trudy Rosenwald
[REDACTED]

RE: USE OF WACHS MATERIAL IN INTERCOUNTRY ADOPTION STUDY

Dear Trudy,

Thank you for your letter of 9 August 1993 requesting access to the above material.

In principle the Division of Psychosocial Research has no objection to providing you with access to those aspects of the WACHS that are relevant to your research proposal. Access usually takes the form of selected tables prepared for your use, although in rare circumstances access to the raw data may be made where statistical procedures require this.

Data access is governed by regulations of the Institute and of the Division of Psychosocial Research and are contingent upon your:

Enrolment in good standing at Edith Cowan University;

Maintaining ethical protocol regarding the confidentiality of the data: Access to name identified data is not permitted under the consent protocol of the WACHS, and subjects and institutions involved cannot be identified through published results, and;

Acknowledgement of the use of these data and the Institute in any work presented or published.

A copy of your University research proposal and evidence of its approval (including ethics clearance) will be required prior to access.

We probably need to meet at your convenience and after you have had time to examine the materials of the survey and determine more precisely your requirements.

Yours sincerely,

[REDACTED]
Stephen Zubrick
Consultant Clinical Psychologist
Division of Psychosocial Research

16 AUGUST 1993

APPENDIX D

Introduction Letter



Australia for Children Society

Incorporated in Western Australia
FORMERLY KNOWN AS A.S.I.A.C.

All Correspondence to: P.O. Box 122, Subiaco, Western Australia 6008

Office Address: Room 7-8, Agnes Walsh House, Bagot Road, Subiaco, Western Australia 6008

Telephone: (09) 381 2221

Dear Adoptive Parents,

The Australia for Children Society (AFCS) has been celebrating its 20th anniversary this year. Reflecting back over the previous years, we have many reasons to feel proud of our achievements. This letter aims to let you know what has been happening at AFCS and to inform you of our proposed intercountry adoption study.

AFCS started out in 1973 as a support and lobby group by people interested in the adoption of Vietnamese war orphans and child victims of other disasters. In the 20 years that followed, intercountry adoptive families in WA, individually and jointly, have made Intercountry Adoption more socially and politically accepted, and have helped many children in overseas countries through AFCS sponsorship and aids projects.

Since 1973 some 450 children have joined WA families through intercountry adoption. Over 90% of these adoptions have received some form of support from AFCS. We would like to evaluate the outcome of these adoptions to make sure that our pre-and post-adoption support services continue to be relevant, and to enable us to contribute further to adoption law and policy development.

Trudy Rosenwald has offered to do a study on the well-being of 4 to 16 year old intercountry adoptees in WA. Trudy is a local and intercountry adoptive parent, who has been a member of AFCS for 13 years and currently serves on our Education Sub-Committee. She will be doing the study as part of her requirements for a Bachelor of Arts (Hon) in Psychology at Edith Cowan University.

Early next year, we will be mailing you two different questionnaires. One seeks some general information about you and your family, the other asks more specific information about your intercountry adopted child(ren), in particular about their skills, interests and behaviours. Your participation in this survey will be of vital importance to make this study worthwhile for all present and future intercountry adoptive families in WA. All gathered information will be held in strict confidence by Trudy. You are free to withdraw your participation at any time or respond anonymously. If you do not wish to participate in the survey, please complete the attached form and return it to us as soon as possible.

The completed study will be available from AFCS at the end of 1994. A summary will be made available to all participants. If you would like more information about the proposed study, we would be happy to hear from you at the office or contact Trudy on [REDACTED]

Yours sincerely,

[REDACTED]
Maureen Bright
President
December 1993.

APPENDIX E

Non-participation Form



Australia for Children Society

Incorporated in Western Australia
FORMERLY KNOWN AS A.S.I.A.C.

All Correspondence to: P.O. Box 122, Subiaco, Western Australia 6008
Office Address: Room 7-8, Agnes Walsh House, Bagot Road, Subiaco, Western Australia 6008
Telephone: (09) 381 2221

COMPLETE THIS FORM ONLY IF DO YOU NOT WISH TO PARTICIPATE IN THE SURVEY :

**"INTERCOUNTRY ADOPTIVE FAMILIES IN WESTERN AUSTRALIA:
THE WELL-BEING OF THEIR 4 TO 16-YEAR-OLD INTERCOUNTRY ADOPTEES."**

I do NOT wish to participate in the proposed survey, because

.....
.....
.....
.....
.....
.....
.....
.....

.....

SIGNATURE

.....

DATE

.....

NAME (please print)

RETURN TO:

**AUSTRALIA FOR CHILDREN SOCIETY
P.O. BOX 122
SUBIACO 6008**

OR

TRUDY ROSENWALD


APPENDIX F

Covering Letter



Australia for Children Society

Incorporated in Western Australia
FORMERLY KNOWN AS A.S.I.A.C.

All Correspondence to: P.O. Box 122, Subiaco, Western Australia 6008
Office Address: Room 7-8, Agnes Walsh House, Bagot Road, Subiaco, Western Australia 6008
Telephone: (09) 381 2221

INTERCOUNTRY ADOPTIVE FAMILIES IN WESTERN AUSTRALIA: THE WELL-BEING OF THEIR 4 TO 16-YEAR-OLD ADOPTEEES.

INFORMATION LETTER

Dear Adoptive Parents,

We wrote to you late last year, to inform you of our proposed study on the well-being of 4 to 16-year old intercountry adoptees in Western Australia by Trudy Rosenwald as part of her requirements for a Bachelor of Arts(Psychology) -Honours at Edith Cowan University. The study aims to provide information to update our pre-and post-adoption support services, and to enable us to contribute further to adoption law and policy development.

Your participation is of vital importance to obtain a complete picture of the interests, skills and behaviours of the WA intercountry adopted children born between 31 December 1976 and 1 January 1990. We ask you to complete the enclosed questionnaires, consent and follow-up forms, and to return them to Trudy in the addressed and stamped envelope provided, by the 1st of April.

Only 1 FAMILY QUESTIONNAIRE needs to be completed per family. A CHILD QUESTIONNAIRE needs to be completed by you for each 4 to 16 year old intercountry adopted child in your family. Please note that the child questionnaire is designed to cover a wide variety of children. Some items may not apply to your child, but all items still require completion. It will take you about 20 minutes to complete each child questionnaire.

Should you wish to remain anonymous, please complete the questionnaires, tick and date the consent form, and return them in the envelope provided. The follow-up form can be returned in a separate envelope.

Please be assured that all collected information will be held in strict confidence by Trudy. No information which could identify you individually will be made public. You remain free to withdraw your participation at any time. A copy of the report of the completed study will be at our office from the end of 1994. A summary of the major findings will be published in the Australia for Children newsletter and made available to all participants.

If you have not received enough child questionnaires, or have any questions regarding completion of the questionnaires, or need some contact as a result of participation in the study, please contact Trudy any time on 09-572 1326 or the AFCS office on 09-381 2221. We thank you for your participation.

Kind regards,



Maureen Bright
President



Trudy Rosenwald
Education Sub-Committee

February 1994

APPENDIX G

Consent Form and Follow-up Form

CONSENT FORM

RESEARCH PROJECT:

***INTERCOUNTRY ADOPTIVE FAMILIES IN WESTERN AUSTRALIA:
THE WELL-BEING OF THEIR 4 TO 16-YEAR-OLD ADOPTEES.***

I have been given written information regarding the research project. I agree to participate in the research realising that I am under no obligation to answer all questions which are put to me. I also give permission for information, which I contribute to this study, to be used in the development of questionnaire materials and publications, provided that I am not identifiable and the information remains confidential to the researcher.

.....
PARTICIPANT SIGNATURE **DATE**

(If you wish to respond anonymously, please tick and date the consent form, cut the follow-up form below and return it separately.)

FOLLOW-UP FORM

In the event that Australia for Children Society is given the opportunity to do a follow-up study of the original participants, the Society would like to be able to contact you and invite you to participate again:

NAME
ADDRESS
SUBURB
TELEPHONE

As it may be a few years before a follow-up is conducted, could you please provide information necessary to contact a relative or another person unlikely to shift and who is always likely to know your future whereabouts:

NAME
ADDRESS
SUBURB
TELEPHONE

If you wish to return this follow-up form separately please send it to:

Australia for Children Society Trudy Rosenwald
P.O. Box 122 OR [REDACTED]
Subiaco 6008

APPENDIX H

Follow-up Letter

Trudy Rosenwald
P.O. Box 92
Mt. Helena 6082
tel. 09-572 1326

Re: INTERCOUNTRY ADOPTION STUDY

In the beginning of March I sent out some questionnaires to you regarding intercountry adoption. A cover letter explained about the study on the well-being of 4 to 16 year old intercountry adoptees in Western Australia I am undertaking as part of my Psychology Honours degree.

This study has the full support of the Australia for Children Society, formerly known as ASIAC (WA). As I am an intercountry adoptive parent myself and have been a member of Australia for Children for nearly 14 years, the Society allowed me to have access to its archives. Your family's name was recorded as having achieved one or more intercountry adoptions of a child or children who is(are) now aged between 4 and 16 years.

This letter is a follow-up to my earlier correspondence, because I have not been able to contact you by telephone. This follow-up is to find out whether you did receive the questionnaires I sent to you in March. IF YOU HAVE NOT RECEIVED THE QUESTIONNAIRES COULD YOU PLEASE GET IN TOUCH WITH ME STRAIGHT AWAY SO I CAN FORWARD YOU ANOTHER SET.

If you did receive the questionnaires and have already completed and returned them I thank you very much. Your contribution is of great value for this important study.

If you have received the questionnaires but have not been able to complete them yet, I would be grateful if you could do this as soon as possible and return them to me in the addressed pre-stamped envelope I provided.

IF YOU HAVE ANY RESERVATIONS OR QUESTIONS ABOUT THE STUDY WHICH ARE PREVENTING YOU FROM COMPLETING THE QUESTIONNAIRES COULD YOU PLEASE GET IN TOUCH WITH ME AS SOON AS POSSIBLE ON 09-572 1326 SO I CAN DISCUSS THESE ISSUES WITH YOU.

This study is the first comprehensive look at intercountry adoption in Western Australia. As each intercountry adoptive family plays an important and unique role in this study I look forward to hear from you soon.

Kind regards,


Trudy Rosenwald

8 April 1994

APPENDIX I

Telephone Interview Schedule

WELL-BEING INTERCOUNTRY ADOPTees

FOLLOW-UP TELEPHONE CALL: INTERVIEW SCHEDULE
COULD I PLEASE SPEAK TO: (NAME ADOPTIVE PARENTS)
INTRODUCTION: MY NAME IS TRUDY ROSENWALD. I SENT SOME
QUESTIONNAIRES ABOUT 3 WEEKS AGO REGARDING
INTERCOUNTRY ADOPTION.

QUESTIONS:

1. DID YOU RECEIVE THE QUESTIONNAIRES?
IF NO : (CHECK ADDRESS) WOULD YOU LIKE ME TO SENT SOME?
IF YES: GO TO 2.
2. HAVE YOU ALREADY COMPLETED AND SENT THEM BACK?
IF YES: WHEN DID YOU RETURN THEM? THANK YOU VERY MUCH
IF NO: GO TO 3
3. WERE YOU INTENDING TO RESPOND?
IF YES:
 - a. DO YOU STILL HAVE THE QUESTIONNAIRES OR DO YOU NEED SOME MORE?
 - b. I LOOK FORWARD TO RECEIVING YOUR RESPONSE SOON.IF NO:
 - a. WOULD YOU LIKE TO TELL ME IF THERE IS ANYTHING IN PARTICULAR PREVENTING YOU FROM PARTICIPATING IN THE SURVEY OR COMPLETING THE QUESTIONNAIRES?
(IF QUESTIONNAIRES LOST - OFFER TO SENT MORE)
 - b. WOULD YOU BE PREPARED TO ANSWER SOME GENERAL QUESTIONS NOW, WHICH WOULD HELP ME COMPLETE THE STUDY?
IF YES:
 1. HOW MANY CHILDREN ARE THERE IN THE FAMILY BESIDES THE INTERCOUNTRY ADOPTED CHILD(REN)?
 2. HOW OLD WAS YOUR CHILD(REN) AT ARRIVAL?
 3. DID YOUR CHILD SUFFER ABUSE, NEGLECT OR A NUMBER OF CHANGES OF CAREGIVER BEFORE THE ADOPTION?
 - 4A. DO YOU CONSIDER YOUR CHILD COMPETENT:
 - a. AT SCHOOL?
 - b. AROUND OTHER PEOPLE?
 - c. IN SPORTS AND OTHER ACTIVITIES?
 - B. IN GENERAL DO YOU CONSIDER YOUR CHILD'S BEHAVIOUR TO BE:
 1. WITHOUT PROBLEMS
 2. WITH OCCASIONAL PROBLEMS
 3. WITH FAIRLY FREQUENT PROBLEMS
 4. WITH CONSTANT PROBLEMS
 - C. DO YOU CONSIDER YOUR CHILD IN GENERAL TO BE
 1. VERY HAPPY
 2. HAPPY
 3. NEITHER HAPPY NOR UNHAPPY
 4. UNHAPPY
 5. VERY UNHAPPY
 - D. DO YOU WANT TO MAKE ANY FURTHER COMMENTS?
 5. ONE FINAL QUESTION: HOW LONG HAVE YOU BEEN MARRIED?IF NO: I AM SORRY THAT YOU ARE NOT PARTICIPATING. WOULD SOME TIME IN THE FUTURE BE MORE ACCEPTABLE?
 - c. ARE THERE ANY FURTHER COMMENTS YOU WOULD LIKE TO MAKE?
THANK YOU FOR YOUR CO-OPERATION