The well-being and identities of 14- to 26-year-old intercountry adoptees and their non-adopted migrant peers in Western Australia

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Abstract

Intercountry adoption is a globally politicised institution that triggers strong discourses about whether transplantation to a markedly different country and culture, often into families with racially different parents, negatively affects the children's well-being and identity. Although empirical intercountry adoption research has increased elsewhere, Australian-based research has lagged behind. This thesis presents a body of evidence about the well-being and identity of over half the population of 14- to 26-year-old intercountry adoptees in Western Australia, how their well-being changed from 1994 to 2004, how they compare with non-adopted migrant peers and the influence of risk and threat factors.

In 2004, participants consisted of 110 intercountry adoptees, three partners, 120 adoptive parents of 160 adoptees, 80 migrant peers and 44 parents of 56 peers. Data were collected by mail survey. From theoretical perspectives in subjective well-being, identity processes and transracial adoption, well-being was examined in terms of physical health, happiness, satisfaction with life and adoption/migration, self-esteem, self-efficacy, competence and adaptive and problem behaviours. Identity was examined in terms of adoptive/migrant status, heritage, community membership, ethnicity, culture, race and place.

The 2004 cross-sectional study found most intercountry adoptees and migrant peers happy, healthy in body and mind and comfortable with themselves and where they are. Adoptees appeared more similar than different to migrants. Agreement between self and parent reports varied widely with self reports generally less positive. Adolescents and parents agreed that adoptees performed lower academically than migrants, but adult adoptees reported higher levels of education than migrants. In addition to normal developmental changes from adolescence into adulthood, adult female adoptees had high levels of adaptive as well as problem behaviours, including substance use. Adult male migrants had high levels of internalising problems. Adoptees reported stronger Australian identities, weaker country of origin and ethnic identities and wider ranges of cultural and racial identities than migrants. Both groups approximated their parents' cultural-racial identity profiles. Relationships between well-being and identity aspects were mostly weak and nonsignificant. In self and parent reports, well-being was best predicted by a perception that looking different from mainstream society created problems, particularly in public places. Perceived threat to group continuity best predicted self reported identity. However, in all reports most of the variance in well-being and identity remained unexplained.

In the longitudinal study, 64% of the 283 adoptees reported on by parents in 1994 were retained, 79% female and 74% from Korea. Two separate longitudinal study designs - cohort-sequential and repeated-measures - showed an overall decline in adoptee well-being from 1994 to 2004, especially among 17- to 23-year-old females from Korea. The well-being of the sequential cohorts of 14- to 16-year-olds remained stable. Decline was predicted by a perception that looking different created problems. Positive affect about adoption and identification with Australia and Western Australia emerged as protective factors. Adoptees older than two years at arrival, and/or with moderate to severe pre-arrival adversity showed a catch-up in well-being.

The findings are discussed within the context of existing adoption and migration theories and research and conclude with an outline of their implications, recommendations for their application to adoption and suggestions for future research.

Declaration

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Dedication

This dissertation is dedicated to Dr. Kim, Duk Whang, PhD, Chairman of the Board of Eastern Social Welfare Society Inc., Republic of Korea, in recognition of his tireless striving to meet the needs of Korean children and their families.

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List of abbreviations

ASR	Adult Self Report
ABCL	Adult Behavior Checklist
ADM	Assessment Data Manager
A2S	Achenbach Data Manager to SPSS
ASEBA	Achenbach System of Empirically Based Assessment
CBCL	Child Behavior Checklist
DCD	Department for Community Development
DSM	Diagnostic and Statistical Manual of Mental Disorders
DV	Dependent variable
IC	Intercountry
ICA	Intercountry adoption
ICA Convention	Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption
ICASN	InterCountry Adoptees Support Network
ICC	Intraclass Correlation Coefficient
IR	Intraracial
IRA	Intraracial adoption
IV	Independent variable
YSR	Youth Self Report
MANOVA	Multivariate Analysis of Variance
MEIM	Multigroup Ethnic Identity Measure
MEIM-R	Multigroup Ethnic Identity Measure – Revised
PSOC	Psychological Sense of Community
PWB	Psychological Well-being
SPSS	Statistical Package for Social Science
SWB	Subjective Well-being
TR	Transracial
TRA	Transracial adoption
TRR-	Test-Retest Reliability
UEIS	Universal Ethnic Identity Scale
UK	United Kingdom
USA	United States of America
WA	Western Australia

Chapter 1 – Introduction

> "*In a perfect world, without the gross inequalities of living conditions which still reign on this planet at the beginning of the new Millennium, wide scale intercountry adoption would not exist. Since our world is not perfect, however, there will continue to be large numbers of children in need of a family in the years ahead …. of course the international community should in the first instance intensify its efforts to improve living conditions in the countries of origin of adopted children so that they may find a home there, but we should do what we can alongside these efforts to make intercountry adoption available for children without such a home thus giving them the opportunity to grow up in a family environment, in an atmosphere of happiness, love and understanding*".
> (Hans van Loon, Secretary General, Hague Conference on Private International Law, depository of the 1993 Hague Convention on the Protection of Children and Cooperation in Respect of Intercountry Adoption (cited in Selman, 2000b, p.1)

This chapter introduces the concepts of adoption, both transracial and intercountry, and provides a broad overview of intercountry adoption in Australia and Western Australia, an outline of the background to, and significance of, the research on the short- and long-term well-being and identity of 4- to 16-year-old and 14- to 26-year-old intercountry adoptees in Western Australia, including the role of personal experiences that led to its development, and a brief summary of the first stage of the longitudinal study undertaken in 1994. The chapter closes with an outline of the aims and research questions and an overview of the content of subsequent chapters.

1.1 Defining adoption

Adoption is the permanent transfer of a child, or adult, from one family to another. It has been practised since the beginning of mankind for a range of reasons, not least of which was to provide for a child in need of a family (Goody, 1969). In Australia, adoption has previously been defined as essentially a process of finding parents for children (Boss, 1992). Modern adoption, however, is generally defined in legal terms based on the socio-cultural and political position of adoption at the time and place where the definition is formulated. Since 1998, adoption in Australia has been defined as "The legal process by which a person legally becomes a child of the adoptive parents and legally ceases to

be a child of his/her existing parents" (Australian Institute of Health and Welfare, 2000, p.38). Transracial adoption (TRA) is the joining of racially different adoptive parents and children in adoptive families (Silverman & Feigelman, 1990) and is the most visible form of adoption because of the physical differences between parent and child (Grotevant, Dunbar, Kohler, & Esau, 2000). TRA is at times referred to as cross-cultural adoption or intercountry adoption (ICA), but neither of these synonyms is correct as both can also be intraracial (IR) (Harvey, 1981). For instance, the adoption of an Indian child living in Kenya by Australians of Indian racial heritage living in Australia is an ICA and could be cross-cultural but is not transracial (TR). On the other hand, the adoption of a child of Indian racial heritage living in Australia by Caucasian adoptive parents living in Australia is a local TRA and maybe cross-cultural but is not intercountry (IC). Most ICAs to Australia are TR, but TR parenting is not restricted to TRA as it also occurs in biological families where parents have different racial heritages (Luke & Luke, 1999).

1.2 Intercountry adoption

In ICA therefore, a child is adopted by a family who lives in a country other than the child's and the child migrates to the country where the adoptive family lives. Children have been moved across borders for centuries (Goody, 1969), but the practice of large scale ICA under modern law is regarded to have started in Europe and North America soon after World War II to provide permanent families for the many institutionalised orphans in Europe (Selman, 2000b). Their needs were highlighted in the 1951 World Health Organisation report by Bowlby (1966) who considered the children to be in urgent need of maternal care. Approximately 6,000 European children were placed for ICA with families of the same or similar ethnic backgrounds. Less well known is the TR ICA of an estimated 5,000 Asian children, mostly Japanese, by American families during the same period (Pertman, 2000; Weil, 1984).

Author Pearl Buck appeared to have started the world's first TR and IC adoption agency in 1948, motivated by widespread discrimination against mixed-race children and the refusal by adoption agencies in the United States of America (USA) to place them for adoption (Conn, 1996). The formal start of ICA across significantly different cultures and ethnicities is, however, credited to USA lumber man Harry Holt and his wife Bertha. Moved by a documentary on the appalling living conditions of thousands of war orphans in Korea in the 1950s, many fathered by USA service men, they adopted eight orphans, found USA families for many others and founded the world's largest non-government ICA and child welfare organisation, namely Holt International Children's Services (Knowlton, 1999). By 2004, over 150,000 Korean children, by far the largest group of IC adoptees from a single country, had been adopted by

predominantly non-Korean families in North America, Western Europe and Australia (Hubinette, 2004). During the last three decades an increasing number of countries have placed their children for ICA with China and Russia replacing Korea and India as the major sending countries (Selman, 2000b, 2006). The annual global number of ICAs increased from an estimated average of 16,000 in the 1980s to over 41,000 in 2003 (Selman, 2006).

ICA operates under the control of a complex and dynamic set of local, national and international policies, laws and treaties in both sending and receiving countries. These have been developed, determined and implemented according to the socio-cultural values and norms, as well as political forces, of each country (see e.g., Boss, 1992; Hoksbergen, 1986; Selman, 2000b). Although ICA usually transfers children from developing to developed countries, with poverty of the birth family often the underlying reason why a child enters the adoption system, the continuation of ICA programs from well developed countries, such as Korea and Hong Kong, defies that pattern and suggests other contributing socio-cultural and political factors (Selman, 2001).

The practice of ICA, in particular TR ICA, has not been without its critics. Opposition to TRA became more public in the 1970s in the USA (Chestang, 1972), Australia (Sommerlad, 1976) and the United Kingdom (UK) (O. Gill & Jackson, 1983). It was led by ethnic minority professionals who condemned the practice as an ongoing Caucasian domination and exploitation of minority groups and expressed grave concern about the adopted children's opportunities and abilities to develop healthy racial identities (O. Gill & Jackson, 1983). This concern for adoptees became the dominant argument against any form of TRA and has remained so despite a growing body of evidence, including meta-analyses (Bimmel, Juffer, van Ijzendoorn, & Bakermans-Kranenburg, 2003; Juffer, 2002; Juffer, Klein Poelhuis, & Van Ijzendoorn, 2002) and reviews (Selman, 2000b; Simon & Altstein, 2000; Tizard, 1991) of relevant studies from around the world, that challenges the validity of the concerns. In more recent years, adult TR adoptees, both local and IC, have started to add their assenting and dissenting voices to the debate in the form of collective works from the USA (Cox, 1999b; Simon & Roorda, 2000) and Australia (Armstrong & Slaytor, 2001), by organising adoptee gatherings (e.g., Cox, 1999a) and conferences (e.g., Sloth, 2003) and publishing individual autobiographical works (e.g., Dodds, 1997; Ililonga, 1991; Matthews, 1996; Williams, 2001). Although many of these personal stories are positive about the practice of TRA and ICA, a substantial number include recounts of sadness of the personal and cultural losses suffered, the experiences of isolation and marginalisation and the struggles to achieve a positive sense of self. Negative conclusions drawn from an epidemiological

cohort study on mental health in adult IC adoptees in Sweden (Hjern, Lindblad, & Vinnerljung, 2002; Lindblad, Hjern, & Vinnerljung, 2003) reconfirmed that no definite answer could yet be given to the question whether ICA per se results in negative outcomes for adoptees. What seems to come across consistently from both quantitative and qualitative studies, however, is that all adoptees need opportunities to develop a strong sense of 'who', 'what' and 'where' they are (Juffer, 2002).

This need was recognised in a purposely developed international multilateral treaty, the 1993 Hague Convention on the Protection of Children and Cooperation in Respect of Intercountry Adoption (ICA Convention) (Hague Conference on Private International Law, 1993). This Convention is based on the principles of the United Nations Convention on the Rights of the Child that *"...* due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, cultural and linguistic background" (Article 20.3) while "… recognizing that the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding" (Preamble) (Centre of Human Rights, 1989; W. Duncan, 2000). The ICA Convention sets guidelines for adoption practice to its growing number of member countries (Secretariat of the Hague Conference on Private International Law, 2003).

1.3 Intercountry adoption in Australia

The ICA Convention came into force in Australia at the end of 1998, three decades after IC adoptees started to arrive in Australia from Vietnam and neighbouring countries (Joint Committee on Intercountry Adoption, 1986). The introduction of ICA to Australia appeared to have been a protracted political and emotionally charged battle against the White Australia Policy (e.g., Boss, 1992; Briand, 1973), which was still in place at the time, together with its message that non-Caucasian migrants were not welcome in Australia (Jayasuriya, Walker, & Gothard, 2003). The arrival in Australia of 90 part-Japanese children in 1962 appeared to have paved the way for the entry of TR adoptees. The children's biological fathers, who were World War II Australian servicemen stationed in Japan, had spent several years battling the infamous Australian immigration policy (Rivett, 1975). However, the relaxation of the policy only applied to those who were already legally adopted by Australians in overseas countries. A formal adoption visa, which allowed children to enter Australia for the purpose of adoption under Australian laws, was not introduced until 1972. The new visa opened the door for the first ICA wave which, following strong advocacy for the ICA of Vietnamese war orphans, culminated in the 1975 airlift of child war victims from Vietnam to Australia (Briand, 1973; S. McDonald & Strobridge, 1980; Taylor & Grant,

1988; Taylor & Strobridge, 1976). However, lack of provision for ICA in State and Territory adoption laws necessitated further lobbying for amendments before these first ICAs were legally validated and finalised in their State of residence (Foulsham, 1982; Joint Committee on Intercountry Adoption, 1986).

From the onset, the non-Caucasian appearance of the adoptees made ICA a highly politicised issue in Australia (Boss, 1992; Harper, 1985). Interestingly, the evolving pluralistic worldview in the 1970s seems to have led professionals involved in adoption to become more approving of ICA and to participate actively in the development of other ICA programs (Joint Committee on Intercountry Adoption, 1986), but the support did not last. It withered within a decade, particularly among psychologists and social workers involved in adoption (Boss, 1992). Opposition seemed to grow as parallels were drawn between ICA and the negative child welfare intervention outcomes of two particular groups of children and their families. The first group consisted of several generations of part-Caucasian children who had been forcibly removed from their Australian Indigenous parents and communities and institutionalised for the purpose of assimilation into mainstream non-Indigenous Australian society (Adoption Legislative Review Committee, 1991, 1997a; Haebich, 2000; Maluccio, Ainsworth, & Thoburn, 2000; New South Wales Law Reform Commission, 1994, 1997a; Rosenwald, 2000; Sommerlad, 1976; Wilson, 1997). The second group consisted of child migrants from Great Britain and Malta. These children were transported to Australia for the purpose of increasing the Caucasian presence and were forced to grow up in Australian institutions (Australian Parliament Senate Committee Affairs References Committee & Crowley, 2001; A. Gill, 1998; New South Wales Law Reform Commission, 1997a).

The controversies over the rights and wrongs of ICA, among what Telfer (2000a) referred to as the politicised cast of adoption, are well recorded in Australian government documents (e.g., Adoption Legislative Review Committee, 1991, 1997a; Joint Committee on Intercountry Adoption, 1986; New South Wales Law Reform Commission, 1994) and non-government literature (Armstrong & Slaytor, 2001; Boss, 1992; Gray, 1999; Harper & Bonanno, 1993; Jansen, 1995; Marshall & McDonald, 2001; Telfer, 2000b; Williams, 2003). Although opinions were generally couched in terms of 'the best interests of the child' (e.g., Cross, 1989, 1990; Foulsham, 1982; Gray, 1999; Rule, 1990), the intensity of the discourses led Boss (1992) to express doubt about the continuity of ICA in Australia. The changing attitudes and practices in local and IC adoption in both Australia and sending countries are clearly reflected in the waxing and waning of the annual numbers of ICA arrivals in Australia over the years. Figure 1.1 shows three periods of increased ICA arrivals which, in the context of the

dynamic historical landscape of ICA in Australia, broadly represent three separate generations.

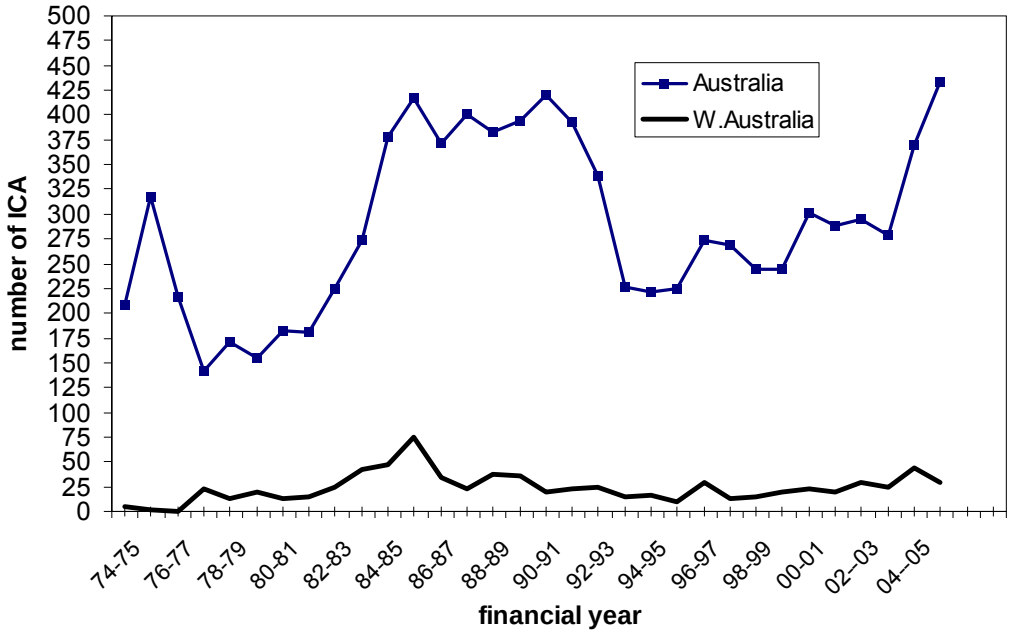

Figure 1.1 Estimated annual numbers of intercountry adoptions to Australia and Western Australia 1970-2004.

The first generation of about 540 IC adoptees came from Vietnam and surrounding countries and arrived before 1976 as race-relation pioneers who were dispersed in a predominantly 'white' Australia prior to the introduction of multiculturalism (Jayasuriya et al., 2003; Joint Committee on Intercountry Adoption, 1986). The second generation of nearly 5,000 IC adoptees started to arrive in the late 1970s, mainly from Korea. The numbers declined substantially in the early 1990s after Korea suspended its ICA program (Australian Institute of Health and Welfare, 1994; WELSTAT, 1992; WELSTAT (Australia), 1989). This generation of adoptees entered rapidly growing, socially active ICA communities around Australia, but also a mainstream society that was questioning the merits of Asian immigration and multiculturalism (Jayasuriya et al., 2003) and the ethics of adoption (Marshall & McDonald, 2001; Shawyer, 1985; Winkler & van Keppel, 1984). The third generation of ICAs gained momentum in the late 1990s when the China program opened to Australia and the ICA Hague Convention came into force. By 2004, the third generation numbered over 3,000 IC adoptees (Australian Institute of Health and Welfare, 2005), welcomed into families around Australia and surrounded by growing ethnically diverse, cosmopolitan and transnational societies that defy national boundaries.

Due to a range of socio-political factors, the annual number of local adoptions in Australia, which included both relative and non-relative adoptions, had declined over the same period from over 8,000 in 1970-71 to 132 in 2003-04 (Australian Institute of Health and Welfare, 2004). ICA arrivals started to outnumber local adoptions in 1999-2000 (Australian Institute of Health and Welfare, 2002). Based on in-depth archival research on Australian adoption statistics, it was estimated that by July 2004 the total number of ICA arrivals in Australia had reached 8,691 (Rosenwald, 2007), a relatively low number in global terms (Selman, 2000a) that represented less than one percent of the estimated global total (Selman, 2006). The large majority of IC adoptees had come from Asia (80%). Smaller groups had come from the Americas (8%), Africa (5%), Europe (2%) and Oceania (2%). Over 3,000, or 35% of all IC adoptees in Australia, had come from Korea. The percentage of IC adoptees from the different continents varied from State to State. Western Australia (WA) appeared to have the largest proportion of IC adoptees from Asia (90%), Queensland the smallest (73%) (see Figure 1.2).

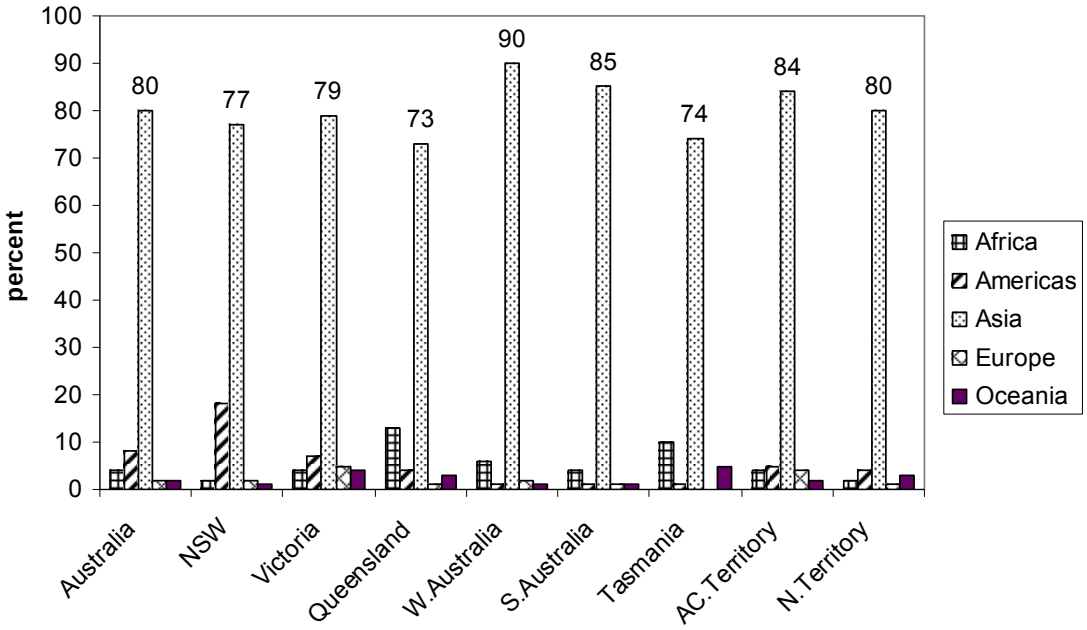

Figure 1.2 Percent of intercountry adoptions to Australian States and Territories by continent of origin from 1970 to 2004.

1.4 Western Australia

WA introduced modern adoption legislation in 1896. It was the first State in Australia, and the third country in the world, after New Zealand and the USA State of Massachusetts, to do so (Boss, 1992). WA adoption legislation had been amended

and replaced over the years in an effort to keep pace with rapid social changes (e.g., Adoption Legislative Review Committee, 1991; Adoption Legislative Review Committee, 1997b). From 1970 to 2004 an estimated 6,938 adoptions had taken place in WA, 6,205 local and 733 IC adoptions (Rosenwald, 2007). ICAs to WA outnumbered local adoptions for the first time in 2004 (see Figure 1.3).

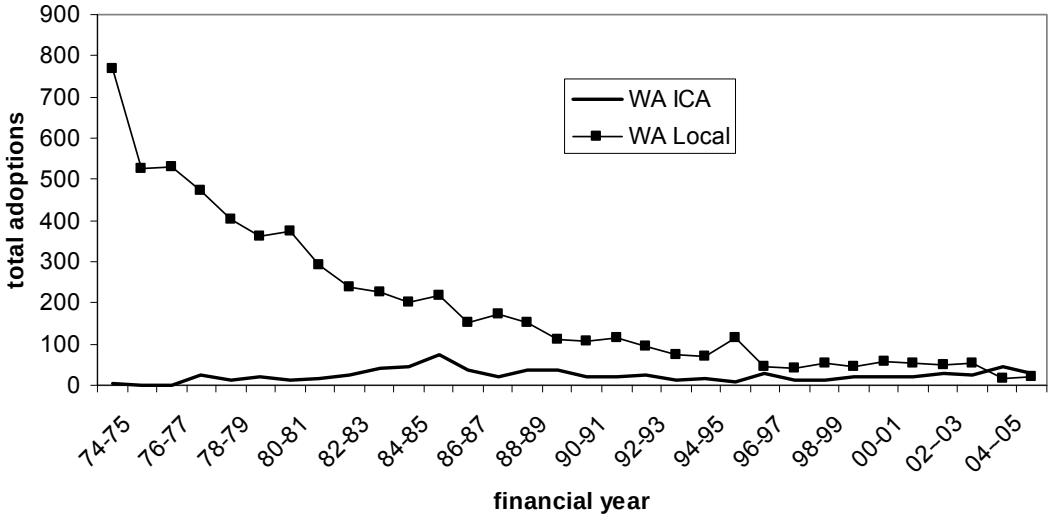

Figure 1.3 Estimated annual numbers of local and intercountry adoptions in WA 1970-2004.

Most ICAs in WA had come from Asia (90%). Smaller groups had come from Africa (6%), Europe (2%), Americas (1%) and Oceania (<1%) (see Figure 1.2). Of the estimated 450 ICA families in WA in 2004, almost all had changed from being 'invisible' mainstream Caucasian to highly visible mixed-race families. Consistent with global trends, over 55% of the IC adoptees had come from Korea. The remaining 45% had come from over 30 other countries. The ages of the IC adoptees ranged from less than 6 months to 41 years. Over 50% had reached adulthood. The female-male ratio was two to one but this was reducing gradually as the proportion of boys placed had increased over the previous 15 years.

The highest recorded annual number of ICA arrivals in WA was 77 (1984-85) and the lowest nine (1994-95) (see figure 1.3). The decrease appeared largely due to the influence of persistent calls, by local birth parents and adult adoptees hurt by the practice of adoption, to abolish all adoptions and remove adoption from the statutes (Adoption Legislative Review Committee, 1991). The opposition to ICA by professionals working with these hurt parties and warnings of repeating the experiences of the generations of children forcibly removed from Indigenous parents (Cross, 1989) led the State Adoption Legislative Review Committee (1997b) to recommend that a child only be placed for adoption in a family with the same ethnic

and cultural background as the child. The proposals were largely based on the assumptions that an ethnic minority status and having Caucasian adoptive parents, who are assumed to lack personal experience with racial discrimination, would threaten the adoptees' sense of self, sense of belonging, and consequently their long-term well-being (Adoption Legislative Review Committee, 1991). The resulting policies and practices in certain areas, such as pre-adoption assessment of suitability for adoptive parenthood, seem, however, to have made the pre-adoption preparation process far more stressful to ICA parents in WA than the time they wait for an allocation and arrival of the child and the post-adoption adjustment (Gratton, 2001). Despite these barriers, ICA started to increase again from the late 1990s, consistent with national trends, but the increase seemed to have been more due to the opening of the China program (Australian Institute of Health and Welfare, 2003) than a fundamental change in policies and practices.

1.5 Background to the present study and personal reflections

First and foremost, I acknowledge that my personal experiences as a TR local and IC adoptive parent generated my research interest in the long-term well-being and identity of IC adoptees in WA. Being an immigrant as well, generated a curiosity about how the adjustment of adoptees compared to that of non-adopted migrant peers. I acknowledge that all these experiences have also played a role in how I have undertaken the research (Thomas & Veno, 1992). I personally experienced the 'White Australia' and assimilation policies when my husband and I migrated to Australia in 1969 as young adult, non-English speaking Caucasians from different cultural backgrounds. At the time ICA came to prominence in Australia, we were blending our cultures of origin with the Australian environment and culture and became parents of two birth sons. As ICA was already an integral part of our family planning prior to migration, our family grew larger and multi-racial through TR local and IC adoption while Australia became more pluralistic and multicultural in its outlook and policies. Our family culture adjusted with each new arrival. At the same time we became more integrated into the Australian culture.

During this personal acculturation process, the public and political discourse about adoption in general, and TRA in particular, became increasingly negative in Australia, with calls by some for the abolition of all adoptions (Adoption Legislative Review Committee, 1991). As my experiences of migration, integration and TR local and IC adoptions were largely positive, the negative overtones of the dominant discourse raised questions about how others in the WA adoption community experienced ICA and whether TRA and ICA truly served the best interests of children in need of a family.

In my search for answers I became aware of the paucity of Australian empirical research on TR local and IC adoptions, despite repeated calls over many years for more research to inform policy and law makers, practitioners, parties to adoption and the public in general (e.g., Boss, 1992; English, 1990; Harvey, 1982). I also came to realise that the dominant discourse in WA on TR local and IC adoptions rested largely on personal opinions (e.g., Cross, 1989, 1990; Rule, 1990) and concerns over the validity of the generalisation of overseas research to WA. These shortcomings and the challenge to obtain an adequate, unbiased sample for empirical research, were acknowledged in the final report for a new adoption law in WA (Adoption Legislative Review Committee, 1991).

Two previous empirical studies examined the profile and motivation of first and second generation ICA families in WA (Kumar, Booth, Nguyen, & Wringe, 1987; McCashney & Popelier, 1986). In their study Kumar et al. (1987) also briefly examined the adjustment of the adoptees, while McCashney and Popelier (1986) assessed adoptive parents' attitudes towards the adoptees maintaining cultural links with their countries of origin. The reported positive results have remained unpublished, as did the authors' pleas for further research, particularly in regards to the adoptees' identity and coping with a non-Caucasian appearance in a predominantly Caucasian society. A review report on ethnic and cultural issues was commissioned by the WA Adoption Legislative Review Committee, but the resulting report (Cross, 1989) only seemed to fuel the intense discourse surrounding TR adoptions (Cross, 1990; Rule, 1990). No specific empirical research seemed to have been commissioned or undertaken to test underlying assumptions of the proposed cultural and ethnic continuity principles that Caucasians in WA are unable to parent adequately non-Caucasian children and teach them how to cope with racism (Adoption Legislative Review Committee, 1991).

WA seemed to be particularly well placed for ICA research, as the unity of the ICA community in one non-government organisation (NGO), compared to the fragmented range of ICA groups found in other Australian States and Territories, would make it more conducive to the recruitment of a representative sample. I considered myself well placed to undertake ICA research in WA, firstly, as a longstanding, active and accepted member of the WA ICA community with an insider's understanding of the community (Veno & Thomas, 1992a); secondly, as a researcher with a community psychology orientation intending to use Bronfenbrenner's ecological framework (1977) and Process-Person-Context-Time (PPCT) model (1995) to examine human development. In this ecological model, behaviour and development are examined jointly as outcomes

of the characteristics of the person-in-environment, including the family environment (Bronfenbrenner, 1986).

In 1993-94 I undertook the first stage of what was intended to become the first longitudinal study on outcomes of ICA in Australia (Rosenwald, 1994). As my motivation to undertake the research was inextricably linked to being an insider of the ICA community, it was essential to be particularly rigorous in the choice of research methods (Shaughnessy & Zechmeister, 1990). The opportunity to enhance the rigour of my research presented itself in the form of the Western Australian Child Health Survey (WACHS), a large scale epidemiological study of the health and well-being of 4- to 16-year-old children and adolescents in WA, and its pilot study of 200 families (Garton, Zubrick, & Silburn, 1994, 1995). The WACHS provided pre-tested survey instruments, including the internationally renowned and WA standardised Child Behavior Checklist (CBCL) (Achenbach, 1991). The WACHS also presented the rare opportunity of a contemporary population comparison group of non-adopted peers. The total ICA population in WA at the time of the WACHS was estimated at 298 ICA families with 432 IC adoptees aged from six months to 30 year, 82% aged 4 to 16 years (Rosenwald, 1994). A summary of the findings of this first stage of the research is provided in section 1.6.

Following the completion of the first stage of the research, and during my subsequent work in the non-government adoption sector as a community psychology oriented professional and active member of the 'politicised cast' in the TR local and IC adoption scene (Telfer, 2000a), I remained acutely aware that further research was needed. My post adoption work in cultural and ethnic issues with adolescent and young adult IC adoptees, which included the coordination of adult IC adoptees' visits to Korea and other countries of origin and preparing the adoptees for the visits (Rosenwald, 2004), reemphasised the ambiguous position of ethnicity, culture, race and place in the well-being and identity of the IC adoptees. The WACHS had included a longitudinal element (Garton et al., 1995) and I had intended for my ICA research to be a companion longitudinal study, but a WACHS follow-up was not forthcoming. Fortunately, in 1997, the Australian Bureau of Statistics, in collaboration with the World Health Organisation and several Australian mental health research centres, had conducted a national survey of mental health and well-being (G. Andrews, 2003) among children and adolescents aged 4 to 17 (Sawyer et al., 2001; Sawyer et al., 2000) and adults aged 18 and over (G. Andrews, 2001; G. Andrews, Slade, & Issakidis, 2002). The outcomes of this survey have provided guidance on comparative national rates and levels.

As the ICA cohort of my 1994 research had all reached adolescence or young adulthood, the time seemed right to undertake the second stage of the intended longitudinal well-being study and to examine simultaneously the identity of the IC adoptees, using both the adoptees and their parents as principal informants. As immigrants, IC adoptees are a special group because they enter Australia mostly as unaccompanied minors and join families who already reside in Australia, as opposed to their non-adopted migrant peers who mainly arrive in Australia with their biological parents. To date, no comparative research appears to have been undertaken in Australia.

As with ICAs to WA, annual numbers of immigrants to WA have fluctuated over time for a range of reasons, not the least of which were the restrictions applicable to non-Caucasian migrants described earlier in relation to the start of ICA in Australia (Jayasuriya et al., 2003; Rivett, 1975). In 2001, an estimated half-a-million overseas-born persons, including the IC adoptees, lived in WA. At that time, they represented 27% of the WA population, reportedly the highest proportion of all States and Territories (Australian Bureau of Statistics, 2006b). Consistent with the national trend, residents of Asian ancestry represented the largest non-Caucasian group in WA (7%) (Australian Bureau of Statistics, 2004), suggesting that the large majority of IC adoptees in WA do not lack a racially similar reference group. However, compared to other States and Territories, WA appeared to have the lowest rate of non-Caucasian residents, or put another way, the lowest rate of visible ethnic and cultural diversity. Consequently, the non-Caucasian appearance of IC adoptees in WA is more likely to stand out in public places than may be the case in other Australian States.

1.6 Findings of the first stage of the longitudinal study

At the first measurement point of the longitudinal study, the well-being of 283 4- to 16-year-old IC adoptees was investigated, as well as the influence of rrival after the age of six months and experience of adversity prior to arrival (Rosenwald, 1994), both known risk factors (Verhulst, Althaus, & Versluis-den-Bieman, 1990a, 1990b, 1992). The sample represented 80% of the estimated 354 4- to16-year-old ICA population in WA at that point in time. Well-being was defined in terms of physical health, happiness, competence and problem behaviours. Adoptive parents were the primary source of information and the 1991 version of the CBCL (Achenbach, 1991), as used by the WACHS (e.g., Garton et al., 1994), was the primary research instrument. Bowlby's attachment theory provided the theoretical framework for the stated predictions that adoption after the age of six months and the experience of adversity prior to adoption negatively affected well-being at older ages (Bowlby, 1969, 1988). Adversity was

based on parental reports of knowledge about the adoptee's experiences of neglect, abuse and change of care. The mail survey consisted of a 16-item family questionnaire and a 4-part child questionnaire which were both completed by parents for each 4- to 16-year-old IC adoptee in their family. The response rate was 86%, deemed high for a survey of this kind (Shaughnessy & Zechmeister, 1990), but not uncommon in ICA research undertaken outside Australia (e.g., Cederblad, Hook, & Irhammar, 1999; Hoksbergen, Juffer, & Waardenburg, 1986; Rutter, O'Connor, & English and Romanian Adoptees Study Team, 2004; Verhulst, Althaus et al., 1990a).

The large majority of the IC adoptees were considered to be healthy (92%), happy (88%), competent at school, in out-of-school activities and socially (82%) and to display normal levels of problem behaviours (86%). Girls rated higher in well-being than boys, particularly in the area of competence. Comparison with the WACHS results (Silburn et al., 1996; Zubrick et al., 1995; Zubrick et al., 1997) showed the large majority of the IC adoptees in WA to be at least as happy, healthy in body and mind, competent and within normal levels of problem behaviours as their non-adopted peers in the general WA population. A major difference between the two groups was that ICA parents tended to rate the competence and progress of their IC adopted children more often very positive or negative than the WACHS parents.

The prediction that adoption after the age of six months and adverse pre-adoption experiences would negatively affect later well-being was only partially supported. Pre-adoption adversity was significantly related to age at arrival, but adoption after the age of six months negatively affected school functioning only. In a small sub-sample of 26 adoptees with and 26 without adverse pre-adoption experiences, it was found that adverse experiences, in particular neglect, predicted increased levels of problem behaviours. These findings suggest that prevention of adversity or early intervention for neglected and abused children, such as adoption at an early age, could benefit these children.

1.7 Significance of the study

There is a paucity of empirical research on ICA in Australia, especially WA. The present study includes a number of aspects which make unique and significant contributions to the limited body of knowledge on ICA in WA. The study provides empirical evidence about the well-being and identity of adolescent and young adult IC adoptees in WA at a time when these age groups constituted the majority of ICA adoptees in WA. To date no large scale research with these age groups is known to have been undertaken in WA and possibly Australia.

The simultaneous in-depth quantitative examination of the IC adoptees' well-being and sense of identity is believed to be a first in Australian ICA research and goes some way towards the valid testing of the assumptions that an ethnic minority status and having Caucasian adoptive parents who lack personal experience with racial discrimination, undermine adoptees' sense of self, sense of belonging, and consequently their long-term well-being (Adoption Legislative Review Committee, 1991). Importantly, including both adoptees and their parents as informants in the second stage improved the validity and generalisability of the findings (Achenbach & Rescorla, 2001, 2003; Diener, 2000).

Due to the small size of the ICA community in WA, the few existing quantitative studies (D'Souza, 1999; Kumar et al., 1987; McCashney & Popelier, 1986; Rosenwald, 1994) involve the same families and adoptees. The two earliest studies were undertaken at the time the philosophical foundation of the perceived need for ethnic and cultural continuity in TRA and ICA was being argued. The present study was able to test the validity of the predications made in these earlier studies. The inclusion of a control group of non-adopted migrant peers, not used in any previous ICA research in Australia, further enhances the significance of the study's findings. The longitudinal aspect of the research, also believed to be the first of its kind in Australia, adds the time factor or chronosystem perspective to the research framework (Bronfenbrenner, 1995). This enhances the quality of the information coming out of the research, in turn enhancing the potential to empower the adoption community (Veno & Thomas, 1992b) and activating further review and development of pre- and post-adoption services, policies and legislation in WA and other parts of Australia (Veno & Thomas, 1992a).

Finally, the present ICA study is believed to be the first in Australia to have incorporated concepts, principles and measures from the perspectives of community and environmental psychology. Approaching this research with a community psychology orientation and embedding adoption in context, differs from the clinical and social perspectives in which adoption research has generally been undertaken.

1.8 Research aims and questions

The overarching aim for the study was to fill some of the large gaps in empirical knowledge about the well-being and identity outcomes for WA's IC adoptees and their families in anticipation that the findings would facilitate informed decision making in adoption practices, policies and legislation that directly impact on adoptees, their families and other parties to ICA in WA. More specifically, the study set out to investigate if and how the well-being of the adolescent and adult IC adoptees whose

parents had participated in the first stage of the research in 1994 had changed over time and how their current well-being and identity compared to those of a control group of non-adopted migrant peers. From these aims the following five primary research questions were formulated:

1. What is the current level of well-being of the 14- to 26-year-old intercountry adoptees in Western Australia whose parents participated in the research undertaken in 1994?
2. How does the intercountry adoptees' current level of well-being compare with the level reported in the 1994 study when the adoptees were aged 4 to 16 years?
3. Which identity aspects are salient to the intercountry adoptees in Western Australia? In particular, are the adoptive, heritage, community, ethnic, cultural, racial and place aspects salient, and if so, to what extent?
4. What relationship exists between the adoptees' well-being and the adoptive, heritage, community, ethnic, cultural, racial and place aspects of their identity?
5. How do the well-being and the heritage, community, ethnic, racial, cultural and place identity aspects of these intercountry adoptees compare with those of a matched group of non-adopted migrant peers in Western Australia?

Well-being was operationally defined in terms of good physical health (Ben-Ariel et al., 2001), happiness (F. Andrews & Withey, 1976), satisfaction with life and adoption or migration, few worries (Davidson & Cotter, 1991), self-esteem (M. Rosenberg, 1965), self-efficacy (Bandura, 2001), coping (Davidson & Cotter, 1991), competence and few problem behaviours (Achenbach, 2003).

Adoptive identity was operationally defined as self-identification and in terms of the adoption dynamics of knowledge, openness and feelings about, and pre-occupation with, adoption (Benson, Sharma, & Roehlkepartain, 1994; Tieman, 2003). ICA identity was further operationalised as affect about being an IC adoptee and feeling connected with other IC adoptees (Obst et al., 2002a). The aspects of biological and cultural heritage were operationalised in terms of interest in background information and involvement with heritage activities (Benson et al., 1994; Tieman, 2003). Community identity was operationally defined as a sense of belonging to the specific community of interest, self-identification as a member of the specific group and participation in the group (Baden & Steward, 2000; Obst, Zinkiewicz et al., 2002a; Tieman, 2003). Ethnic, racial and cultural identities were operationally defined as self-identification; feelings of

belonging and commitment to other ethnic groups and to the culture of one's own and others' racial group and having a sense of sharing values, attitudes and activities with these groups (Baden & Steward, 2000; Phinney, 1992). Place identity was defined as a sense of belonging to, and identification with, places (Altman & Lowe, 1992), such as a nation (Rooney, 1996) or a geographical place such as a State (Lalli, 1992).

It was hypothesised that the overall level of well-being of the IC adoptees would have declined since middle childhood and early adolescence, in particular in females, but would be comparable to that of their non-adopted migrant peers. The adoptees were expected to be fully aware of their adoptive status, to be somewhat ambivalent about their ethnic identity and to identify strongly with the culture of their adoptive parents, with Australia and with WA.

1.9 Outline of chapters

The thesis consists of six chapters. In chapter 2 a review is provided of Australian and international literature outlining theories and research on well-being and identity relevant to adoption and migration within Australia and beyond. Also presented is a review of existing literature on the study's four threat and three risk factors known, assumed or suspected of influencing the well-being and identity of IC adoptees. The threats are: problems created by the difference in physical appearance from mainstream society (e.g., skin colour), discrimination on the basis of adoptive or migrant status, perceived racial discrimination and perceived threat to the continuity of adoptees or migrants as distinctive groups. The risks are: age at arrival, experiences of adversity prior to arrival in WA and parental socio-economic status (SES).

In chapter 3, the survey and methods used are described, including the cross-sectional and longitudinal designs, the recruitment and characteristics of participants and attrition from the adoption cohort, the materials and measures, the management and statistical analyses of the data and ethical considerations. Data are from four different groups of informants: IC adoptees, non-adopted migrant peers, adoptive parents and migrant parents. The two longitudinal designs used are outlined, the cohort-sequential design, with cohorts of 14- to 16-year-old IC adoptees at each measurement point, and the repeated-measures design.

Chapters 4 and 5 provide descriptions of the findings, many of which are summarised in tables and presented in the appendices. The results described in chapter 4, concern the present cross-sectional study about the self and parent reported well-being and identity of the adoptees and migrant peers, including how well-being and identity are

related and the influence of the threat and risk factors. The results for adoption specific factors are described separately and include findings on the adoption dynamics of positive affect about adoption, negative experience with adoption, preoccupation with adoption and parental openness about adoption, as well as their relationship with the well-being and identity of the adoptees. The chapter includes statistical and graphic evidence that the study's findings have validated the cultural-racial identity model of Baden and Steward (2000).

In chapter 5, separate descriptions are provided of the results of the cohort-sequential and repeated-measures longitudinal studies on the changes in physical health, happiness, satisfaction with adoption, competence and mental health of the IC adoptees from childhood to adolescence and adulthood. Evidence of the validation of the cohort-sequential design is included, as well as outlines of the influence of the threat, risk, adoption and cultural-racial identity factors on the long-term well-being of the adoptees.

In the final chapter, the studies' findings are discussed in the context of existing international and Australian research findings, theoretical frameworks and the practical context of WA adoption legislation, policies and practices. Significant implications, applications, strengths and limitations of the research are then listed. Future research is suggested and the chapter concludes with a summary of the research results.

Chapter 2 – Review of the literature

In this chapter information is presented from the substantial body of literature on well-being from Australian and international sources. Next, theories and findings from empirical research on well-being in adoption, in particular transracial and intercountry adoptions, are described. The literature on threats and risks to the well-being of intercountry adoptees is mostly embedded within these studies. The paucity of Australian research on intercountry adoption means that much of the intercountry adoption literature referred to involves intercountry adoption communities outside Australia. The limited Australian literature on migration and acculturation is reviewed in the context of intercountry adoptees and their non-adopted migrant peers as different generations of immigrants. In the review of the identity literature the focus is on works relevant to the adoption, migration, heritage, ethnic, cultural, racial, community and place aspects of identity of adolescent and young adult intercountry adoptees and migrant peers. The literature on threats to these identity aspects is mostly embedded within the broader identity research literature. A description of Breakwell's identity process theory and Baden and Steward's cultural-racial identity model is provided. The chapter closes with a summary and the formulation of the study's theoretical framework of well-being and identity.

2.1 Well-being

2.1.1 Theories and aspects of well-being

Well-being is a complex construct that has traditionally been considered from a medical point of view with an emphasis on physical (S. Brodsky, 1988) and mental ill-being (Cullen & Boundy, 1966) in the belief that absence of pathology equated well-being (Diener, 1984). Recognising the interplay between health and well-being, the World Health Organisation's constitution defines personal health "... as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity..." (Sein, 2002, p. 50). Alternative ways to consider well-being are reflected in the social indicators research of Andrews and Withey (1976) with its inclusion of subjective measures of life satisfaction and happiness (Diener & Suh, 1997). The last decade has seen a significant upsurge in what Seligman and Csikszentmihalyi (2000) refer to as positive psychology.

Positive psychology is grounded in two perspectives, each defining well-being in a different way. Hedonic or subjective well-being (SWB) is defined in terms of happiness and life satisfaction, reflecting a person's affective and cognitive evaluation of life (Diener, 1984, 2000; Diener, Suh, Lucas, & Smith, 1999; Headey & Wearing, 1992). Others argue that there is more to life than enjoying oneself and being happy (Ryff & Keyes, 1995). Eudaimonic, or psychological well-being (PWB), from the term daimon meaning true self, defines well-being more in terms of having a meaningful life through striving for, and achieving, set goals and resolving life's challenges (Ryan & Deci, 2001). Keyes, Shmotkin and Ryff (2002) assessed both SWB and PWB in a large USA sample and validated the existence of two distinct, interrelated types of well-being. The two types were found to sometimes complement and at other times compensate each other differentially, mediated by socio-demographic and personality factors. Keyes et al. (2002) recommended that future research incorporates both approaches.

Although feeling positive about life seems to be the global norm rather than the exception (Veenhoven, 1991), the question remains about what conditions favour and promote happiness. Reviewing 30 years of cross-cultural SWB research, Diener and colleagues (1999) investigated the old adage that the happy male or female was young and healthy, well-paid and educated, religious and married, extroverted and optimistic with high self-esteem, job satisfaction and modest aspirations. They concluded that the happy adult, regardless of age, possesses a positive temperament, looks at the positive side of things, does not dwell on negative events, and lives in an economically developed society with close social relationships and access to sufficient resources to work towards achieving goals. Although overall gender and age differences in SWB do not seem to be significant, differential effects have been found across the happiness, life satisfaction and affect components of SWB (Lucas & Gohm, 2000; Suh, Diener, Oishi, & Triandis, 1998). Cross-cultural studies have, for instance, shown that women generally experience more positive and negative affect and experience these affects more intensely than men, in particular fear and sadness (Lucas & Gohm, 2000). These findings suggest an overrepresentation of women among both the very happy and very unhappy (Diener et al., 1999). The influence of cultural norms, values and social conditions on SWB became particularly evident in the comparison between individualistic and collectivistic cultures (Diener, 2000; Diener & Suh, 2000; Suh et al., 1998). Emotions were better predictors of life satisfaction in individualistic societies while emotions and adherence to socio-cultural norms were equally strong predictors in collectivistic societies (Suh et al., 1998).

Temperament seems to play a major role in long-term SWB (Diener, 2000; Diener et al., 1999), compared to the minimal effects of demographic and other external factors (F. Andrews & Withey, 1976; Diener, 2000). These findings led Headey and Wearing (1992) to conclude that life events and circumstances influence SWB in the short term, but that temperament will remain the dominant influence in the long term. They did, however, not imply that SWB is static. Rather, they proposed a dynamic equilibrium model that considers personality as the mediating factor in the ongoing process of adapting to positive and negative events. This model explains, for instance, why people generally adapt to negative life events and relatively quickly return to their previous level of SWB (Headey & Wearing, 1992), albeit mediated by expectation for the future (Diener, 2000). Others have found the interaction between personality and behaviour to be a major influence on SWB, leading Diener et al. (1999) to conclude that environmental, temperamental and behavioural aspects, including coping strategies and goal setting, influence each other and SWB, mediated by cultural norms (Diener & Suh, 2000; Diener et al., 1999; Suh et al., 1998).

The findings on SWB described so far, seemed to apply mainly to adults. Research on well-being in children and adolescents appears limited, even though this field has also expanded beyond the medical and psychopathological models of well-being to include positive and subjective aspects such as competence and happiness (Achenbach & McConaughy, 1997), self-esteem, sense of belonging and resilience (Ben-Ariel et al., 2001; Huebner, Gilman, & Laughlin, 1999; Pretty, Conroy, Dugay, Fowler, & Diane, 1996). Huebner et al. (1999) found relationships with parents to be the strongest correlate of life satisfaction among adolescent students, comparable to the influence of social relationships on SWB in adults (Diener, 2000; Headey & Wearing, 1992; Veenhoven, 1991). Using the three-factor SWB model with positive affect, negative affect and life satisfaction in a sample of 14- to 19-year-olds, Huebner and Dew (1996) found SES to be a stronger correlate of life satisfaction than the two affect factors. Positive and negative affect were related to coping styles, life experiences and health concerns. Self-perceived physical appearance and academic competence, on the other hand, were found to be more predictive of self-esteem than life-satisfaction (Huebner et al., 1999).

Taking a behavioural approach and interpreting findings on competence and problem behaviours from the perspective of positive psychology, about 80% of American and Australian children and young adults in the general population enjoy a healthy level of well-being (Achenbach, Hensley, Phares, & Grayson, 1990; Achenbach & Rescorla, 2003). Normative studies found little effect of gender, age, ethnicity and SES in overall

competence and problem behaviours of 6- to18-year-olds and 18- to 59-year-olds (Achenbach & Rescorla, 2001, 2003). Similarly low effects of gender and age were reported previously in Australia (Achenbach et al., 1990; Hensley, 1988) and WA (Garton et al., 1994; Silburn et al., 1996). Competence and behaviour patterns seem to be stable over time with longitudinal studies in America and the Netherlands showing strong predictive power for up to 10 years in scores from childhood to young adulthood in general and clinical populations (Achenbach & Rescorla, 2003). The assessment of changes in competence and problem behaviours from 1989 to 1999 in a national USA sample of children and adolescents, using self, parent and teacher reports, found small increases in competence and decreases in problem behaviours (Achenbach, Dumenci, & Rescorla, 2002). No significant effects of age, gender, year of measurement or informant type were found, except that adolescents reported significantly more problem behaviours than their parents and teachers, and more severe levels than their parents.

Empirically based assessment provides a robust methodology for assessing and comparing problem behaviours in children, adolescents and adults from diverse cultures, using multiple informants, including the self (Achenbach & McConaughy, 1997; Achenbach, McConaughy, Stanger, Schowalter, & Talbott, 1996; Achenbach & Rescorla, 2003). The behaviours can be assessed separately, grouped in syndromes of internalising and externalising behaviours, or computed as an aggregate total (Achenbach & Rescorla, 2000, 2001, 2003). A cross-cultural comparison of parent reported problem behaviours for children and adolescents across 12 nations, including Australia, found high correlations among the separate problem behaviour items and consistent age and gender variations across the different cultures (Crijnen, Achenbach, & Verhulst, 1997, 1999). Scores for total problem and externalising behaviours declined with age while internalising behaviours increased. Girls were rated higher in internalising behaviours and lower for total problem and externalising behaviours than boys (Crijnen et al., 1997). Parents rated their daughters significantly higher than their sons in somatic complaints, anxiety and depression, and their sons higher in attention problems and delinquent and aggressive behaviours than their daughters (Crijnen et al., 1999).

The 1997 Australian national survey of mental health and well-being (G. Andrews, 2003) identified 14% of children and adolescents aged 4 to 17 years as having mental health problems (Sawyer et al., 2001; Sawyer et al., 2000). Prevalence for total problem and externalising behaviours was similar among boys and girls while internalising behaviours were more prevalent among boys. Overall, somatic complaints, delinquency and attention problems were the most prevalent problem

behaviours. ADHD was the most common disorder with a prevalence of 11%. The rate in boys (15.4%) was twice the rate in girls (6.8%). Prevalence of depressive disorder was found to be similar among male and female adolescents (Sawyer et al., 2001).

Among the adults aged 18 and over, 23% reported at least one disorder in the past 12 months and 14% reported a current disorder (G. Andrews, 2001). Nearly one in 10 adults reported comorbidity, the concurrent reporting of symptoms that meet criteria for more than one disorder. Low levels of education and unemployment increased rates of disorders. Women reported higher rates for affective and anxiety disorders and lower rates of substance use disorders than men. Younger adults reported higher rates in all disorders, except cognitive impairment, than the elderly. The prevalence of substance use disorders, in particular, was higher among young adults. In contrast, adults born outside Australia reported lower rates of substance use disorders. Their rates of anxiety or depression were similar to those of Australian-born. The prevalence of comorbidity exceeded expectations with the combined presence of affective and anxiety disorders appearing the most disabling (G. Andrews et al., 2002).

Competence in children and adolescents and adaptive behaviours in adults are operationally defined as positive behavioural characteristics in the areas of social relationships and activities at home, school and work (Achenbach & Rescorla, 2001, 2003). These indices appear to be significant discriminators between those children, adolescents and young adults who were referred to mental health services and those who were not. Some criticism has been expressed about the validity of the competence and adaptive behaviours measures of the Achenbach System of Empirically Based Assessment (ASEBA) (e.g., Drotar, Stein, & Perrin, 1995), which may partly explain the paucity of available published comparative data in general and adoption studies. Notable exceptions are several Australian normative studies of earlier versions of the CBCL (Achenbach et al., 1990; Hensley, 1988) and the Sophia Longitudinal Adoption Study in the Netherlands (hereafter referred to as the Sophia study). The Sophia study started with an original sample of 3,519 IC adoptees, born between 1972 and 1975, and a matching non-adopted Dutch-born population cohort (Verhulst, Althaus et al., 1990a). The comparative usefulness of these studies is limited, however, because the data were collected with outdated form versions and include neither self reported data nor provide normative information for adults. A rare source of adolescent IC adoptee self and parent reported data on competence is provided in the second stage of the Sophia study (van Aelst, Hoksbergen, & Versluis-den Bieman, 2000; Verhulst & Versluis-den-Bieman, 1995; Versluis-den-Bieman,

1994). In this stage an overall decline in competence was found in the parent reports, particularly among the adolescent boys, but not in the self reports. The adoptees reported lower achievements at school, but higher levels of out-of-school activities than their non-adopted peers (Versluis-den-Bieman, 1994) . The effects of gender and pre-arrival factors, such as adversity, were not significant, nor whether the adoption was inter- or intraracial. However, higher parental SES appeared to have a negative effect on the adoptees' school achievement. Versluis-den-Bieman (1994) suggested that the decline in the adoptees' achievements at school may be due to high parental expectations. This explanation was also suggested by Geerars, Hoksbergen and Rooda (1995). Versluis-den-Bieman also suggested that the overall decline in competence may be related to the maturation of the adoptees' cognitive abilities for abstract thinking leading to a growing awareness of their adoptive status.

The discriminant power of adaptive behaviours in mental health is consistent with the significance of environmental mastery in PWB (Ryff & Keyes, 1995). The subjective counterpart of environmental mastery, also referred to as self-efficacy (Bandura, 1977), has been identified as a key psychological correlate of well-being (Hobfoll, 2002). Self-efficacy beliefs are considered to influence a wide range of human functioning, such as whether to think optimistically or pessimistically, and the commitment to set challenges and goals (Bandura, 2001). These factors are all key components of SWB (Diener, 2000; Diener et al., 1999). Self-efficacy theory, on the other hand, treats self-efficacy more as an area-specific construct rather than a global or general construct of self-efficacy (e.g., Bandura, 2001; Bandura, Pastorelli, Barbaranelli, & Caprara, 1999). Other theorists consider self-efficacy and self-worth to be two subtypes of global self-esteem, each influencing outcome or performance in different ways (Breakwell, 1986; Cast & Burke, 2002; Demo, 2001; Ervin & Stryker, 2001).

Happiness, or rather, feeling unhappy, sad or depressed, which is another key determinant of SWB (Diener et al., 1999), has been consistently one of the strongest discriminators between referred and non-referred children, adolescents and adults (Achenbach & Rescorla, 2003). Personal self-esteem, which is the subjective evaluation of self-worth (M. Rosenberg, 1965, 1979) and behaviour (Jacobs, Bleeker, & Constantino, 2003), is also a strong correlate of well-being (Hobfoll, 2002; Owens, Stryker, & Goodman, 2001) but the relationship seems to be culturally specific and stronger in individualistic than collectivistic cultures (Diener & Diener, 1995; Suh et al., 1998). Rosenberg's (1965) global self-esteem scale has been used in a wide range of empirical studies related to well-being, including adoption (Lee, 2003a) and migration studies (e.g., Sam, 2000). The latter studies included research among adolescent

migrants in Australia (Sonderegger & Barrett, 2004b) and adult migrants in WA (Nesdale, Rooney, & Smith, 1997).

Much of the research on well-being has focussed on individual factors, but the significance of social group constructs is gaining recognition. The importance of a person's sense of self as a member of groups was recognised by Erikson (1963) and others (e.g., Breakwell, 1983; Tajfel, 1982) and is increasingly used as a measure of social well-being (Lee & Robbins, 1998), particularly in ethnically diverse societies (Korf & Malan, 2002). Significant relationships have been found between well-being and sense of community in adults (Davidson & Cotter, 1991) and adolescents (Pretty et al., 1996) and between well-being and sense of place in both age groups (Pretty, Chipuer, & Bramston, 2003). Davidson and Cotter (1991), found a moderate relationship between happiness and sense of community, possibly mediated by ethnic background, while Pretty et al. (1996) found the three well-being components of happiness, worrying and coping to be significantly related to the sense of community in an Australian sample of Caucasian adolescents. These findings indicate a broad spectrum of interrelationships between well-being and aspects of identity within different groups of peoples.

2.1.2 Theories and aspects of well-being in adoption

Adoption theorists and researchers use various terms to describe well-being in adoption ranging from "faring" (Jaffee & Fanshel, 1970) and "emotional health" (Goldney, Donald, Sawyer, Kosky, & Priest, 1996) to "outcomes" (Triseliotis, Shireman, & Hundleby, 1997) and "functioning" (Stams, Juffer, Rispens, & Hoksbergen, 2001). The most frequently used term is "adjustment" (Brodzinsky, 1987), or variations of this, such as "psychological adjustment" (Baden, 2002) and "emotional or behavioural adjustment" (Sharma, McGue, & Benson, 1996).

The number of adoption theories continues to grow from heritability and genetic (Cadoret, Troughton, Merchant, & Whitters, 1990; Plomin & DeFries, 1985), psychodynamic (Brinich, 1995), attachment (Bowlby, 1966), separation trauma (Verrier, 1993, 2003), risk and resilience (Rutter, 2000) and neurobiological (Chugani et al., 2001; Perry, 2002) theories, to social role (Kirk, 1964, 1984), shared fate of adoption (Benson et al., 1994), stress and coping (Brodzinsky, 1990), cognitive-developmental (Brodzinsky, Schechter, & Henig, 1992), family systems (Grotevant, McRoy, Elde, & Fravel, 1994), family life cycle (Hajal & Rosenberg, 1991), communication (Wrobel, Ayers-Lopez, Grotevant, McRoy, & Friedriek, 1996) and identity (Brodzinsky, 1987; Erikson, 1968) theories. Ultimately, all these theories can be thought of as tools used

to gain deeper insights into the process of adoption for each person affected by it with the goal of promoting their well-being. In an attempt to achieve this goal, and facilitate TRA research, Lee (2003b) proposed to bring all theories together in a combined meta-theory for TR adoption.

Adoption researchers and research reviewers in general (e.g., Brodzinsky, 1990; B. Miller, Christensen, Grotevant, & van Dulmen, 2000; Wierzbicki, 1993), as well as in Australia (e.g., Harper & Williams, 1976) and New Zealand (Fergusson, Lynskey, & Horwood, 1995), concluded in earlier research that local adoptees were at higher risk of developing mental health problems than non-adopted peers. This position appears to have led to bias against adopted individuals, particularly in assessments using subjective measures (M. Berry, 1992; Brodzinsky, Schechter, Braff, & Singer, 1984; Hoksbergen, 1997a; Wierzbicki, 1993). Some refer to an adopted child syndrome (Kirschner, 1995; Lifton, 1994), defined as a recurrent pattern of provocative, antisocial and delinquent behaviour in adoptees (Kirschner & Nagel, 1988), but the syndrome theory has been criticised as the outcome of flawed scientific methods such as small and selective samples (J. Smith, 2001). However, many IC adoption studies have also come to the conclusion that, compared to non-adopted peers, IC adoptees are at higher risk for maladjustment (Hjern et al., 2002), lower levels of competence (Versluis-den-Bieman, 1994), higher levels of problem behaviours (Bimmel et al., 2003; Verhulst, 2000b) and higher rates of licit and illicit substance use (Hjern et al., 2002).

The findings of many of the early adoption outcome studies, however, were found to be of limited value due to small and non-representative samples, lack of standardised instruments and absence of control groups (Brodzinsky & Pinderhughes, 2002; Haugaard, 1998). More recent studies have started to address these weaknesses, facilitating comparison across types of adoptions, populations, cultures and countries, as well as combining databases for meta-analyses. The results of one of the most recent and largest meta-analysis, involving 135 studies on local and IC adoption from North America, Europe and Australia with over 110,000 participants, over 11,000 of them local and IC adoptees, showed that the well-being of adoptees is comparable to the well-being of non-adopted children (Juffer et al., 2002). These findings led Juffer (2002) to conclude that it can now be said that there is conclusive evidence that adoption is a good alternative for children in need of an alternative family and urged against judging adoption a failure on the basis of the serious difficulties among a small group of local and IC adoptees.

An important study of well-being in adoption, conducted by Benson, Sharma and Roehlpartain (1994) in the USA, hereafter referred to as the Benson study, was based on extensive input over four years from the public and professional adoption communities. The study surveyed a random selection of 881 12- to 18-year-olds, adopted locally and IC before the age of 16 months, as well as 1,262 parents and 78 non-adopted peers. About one third of the adoption sample involved a TR adoption. A wide range of family and psychological measures was used, many developed <ref-type name="Book">6</ref-type><contrib index of well-being consisted of 16 factors that were found to have the power to protect adolescents against risk behaviours, including education, optimism, social competence and relationships with parents, family and friends. Based on parent and self reports, it was concluded that the adjustment of most of the adoptees was similar to that of their non-adopted siblings and adolescents in the general population. However, the adoptees were found to be at higher risk of substance abuse than their non-adopted peers (Sharma, McGue, & Benson, 1998). In an examination of the influence of adoptive family members on adoptee substance use, McGue et al. (1996) found a significant, large and positive relationship between the licit substance use of adoptees and their same gender, similar aged siblings who were born to their adoptive parents and with whom they were growing up. In contrast, the association between the licit substance use of the adoptee and their non-biological siblings of the opposite gender and different age was negligible. After combining these results with a recent behavioural genetic research report that parental influence on the differences in their children's behaviour is modest, Mc Gue et al. (1996) concluded that substance-using siblings and peers exert a substantial horizontal influence on adoptees' substance use.

Other adoption studies have found adoptees to be at higher risk of substance abuse than non-adoptees in non-clinical samples of adolescent local and IC adoptees (Fergusson et al., 1995), in clinical samples of adult local and ICA adoptees (Hjern et al., 2002; Lindblad et al., 2003) and in a non-clinical sample of adult IC adoptees (Tieman, van der Ende, & Verhulst, 2005). The increased risk was found to be related to fragile genetics and damaging social backgrounds (e.g., Fergusson et al., 1995). Hjern and colleagues (Hjern & Allebeck, 2004; Hjern et al., 2002; Lindblad et al., 2003) found evidence of higher prevalence of substance abuse in adult IC adoptees and migrants in Sweden, compared to the general population. The highest rates were found in first and second generation migrant males from Finland, followed closely by IC adopted males (Hjern & Allebeck, 2004; Hjern et al., 2002). Tieman et al. (2005) found a non-clinical sample of adult IC adoptees to be at higher risk of meeting the criteria for substance dependence or abuse than non-adoptees, particularly male and young adult

IC adoptees. The most likely used substance was alcohol. These findings suggest that moving to another country and culture may put migrants and IC adoptees alike at higher risk of problem behaviours such as substance use, but it is unclear what, if any, role racial heritage plays.

Transracial adoption

TR adoption was largely unheard of before the 1940s. Significant physical dissimilarities between the adoptee and adoptive parents, as is the case in local and IC TR adoptions, are considered mitigating factors in the well-being of adoptees (Grotevant, 1992; Harper, 1990). In the first major longitudinal study of TR adopted children in the USA, involving indigenous children adopted from foster care and institutions, 75% were reportedly doing well or very well, while 10% were experiencing problems (Fanshel, 1972; Jaffee & Fanshel, 1970). Twenty years later, Bagley (1991) reported from Canada that in a sample of TR local and IC adoptees, a small group of indigenous adolescents showed significantly poorer levels of well-being than the ICA and non-adopted indigenous control groups. He blamed negative stereotyping of indigenous adolescents by the general public for the outcome. This disadvantage was seemingly not experienced by the IC adoptees in his sample.

The quantity and quality of cross-sectional and longitudinal studies on the outcomes in TR and IC adoptions have increased significantly over the last 20 years. The studies have generally reported positive outcomes for the vast majority of the children and parents in America (Benson et al., 1994; Simon & Altstein, 2000), the Netherlands (Stams et al., 2001; Verhulst, 2000b), the UK (Bagley, 1993b; O. Gill & Jackson, 1983) and Scandinavia (e.g., Irhammar & Cederblad, 2000). Despite these positive reports, Hollingsworth (1998a) concluded from a review of theoretical, clinical and empirical literature that physical dissimilarity between adoptee and adoptive family negatively affects satisfaction with adoption and adoptee adjustment and subsequently motivates adoptees to search for their birth family. These conclusions were challenged by the finding of the first two stages of the Sophia study that any difference in ethnicity between parent and adopted child did not predict longitudinal increase in problem behaviours from ages 12 to 18 years (Verhulst, 2000a).

Ongoing concerns about the impact of TRA on adoptees' well-being triggered further empirical research, mostly in the receiving countries. Meta-analyses (Bimmel et al., 2003; Juffer, 2002) and reviews of relevant studies worldwide (Hollingsworth, 1997; Selman, 2000b; Simon & Altstein, 2000; Tizard, 1991) generally concluded that the well-being of TR local and IC adoptees is comparable to that of their non-adopted and

locally adopted peers. These conclusions are challenged with results of an clinical epidemiological study on suicide in IC adoptees in Sweden which show that IC adoptees may be at higher risk of developing serious mental health problems than their non-adopted peers (Hjern et al., 2002; Lindblad et al., 2003), despite previously reported positive results in other Swedish research (e.g., Irhammar & Cederblad, 2000).

To date, no empirical studies on TR local adoption in Australia seem to have been published, although personal opinions abound (Adoption Legislative Review Committee, 1997b; Cuthbert, 2000, 2001). Peterson's (1998) unique study in WA deserves mention at this point, despite its unpublished status. This study compared the well-being of adult TR IC adoptees with adult local adoptees, and non-adopted peers. The local adoptees, of whom one quarter was of Australian indigenous descent and TR adopted, reported the highest level of well-being, the IC adoptees the lowest. The latter was largely explained by the IC adoptees' older age at adoption and experience of pre-adoption adversity. Racial heritage did not seem to have played a significant role in the level of well-being. A collection of personal stories by local and IC TR adoptees on the east coast of Australia gives an insight into positive and negative experiences of ethnic minority adoptees in a Caucasian family and dominant society (Armstrong & Slaytor, 2001). Based on a review of the literature on risks for local TR adoptees, Harper (1989) recommended that in any TR adoption, adoptive parents face up to the realities of racism in Australia and commit themselves to help their children develop a positive racial identity and pride in their cultural heritage.

Intercountry adoption

The ever-growing body of empirical research on outcomes in ICA, including longitudinal studies (Rutter, 2000; Stams, Juffer, & van Ijzendoorn, 2002; Verhulst, 2000a) and several meta-analyses (Bimmel et al., 2003; Juffer et al., 2002; Juffer & van Ijzendoorn, 2005), still seems unable to produce consistent findings. In the Sophia study, data from parents and the adoptees showed higher levels of problem behaviours in adopted than non-adopted children (Verhulst, 2000a; Versluis-den-Bieman & Verhulst, 1995). The difference had increased over a 3-year interval from ages 11-14 years to 14-17 years, particularly in self reports from, and parent reports on, female IC adoptees. Concern was expressed about the long-term outcome. Consistent with other prominent adoption researchers, however, Verhulst (2000a) concluded that the majority of ICA children seemed to function well in adolescence. The third stage of this study, with the adoptees aged between 24-30 years, was underway at the start of the second stage of the present longitudinal study.

In the meta-analysis by Bimmel et al. (2003) of 10 outcome studies on ICA adolescents, involving 14,345 non-adopted and 2,317 adopted participants which included the samples of the Australian studies by Goldney et al. (1996) and Rosenwald (1995), adoptees were found to exhibit higher levels of problem behaviours than non-adoptees. Although high levels of externalising behaviours, such as aggression and delinquency, were in particular reported for the ICA girls, the researchers found that the majority of the adoptees were well-adjusted and did not display significantly more problem behaviours than their non-adopted peers.

The meta-analysis of 135 adoption studies by Juffer et al. (2002; 2005) found, unexpectedly, that IC adoptees reported lower levels of problem behaviours than local adoptees. In addition, IC adoptees in Europe, a region generally perceived to have a fairly homogeneous Caucasian population, showed lower levels of maladaptive functioning than those in multicultural and multi-ethnic North America and Australia. Juffer et al. (2002) hypothesised that the difference could be a result of the ready acceptance of adoption in most European countries, as well as the region's quality pre- and post-adoption support services. Perceived discrimination is a recognised threat to a person's sense of well-being (Breakwell, 1983). Stigma against adoption had previously been identified as a significant threat to well-being in adoptive families in America (Benson et al., 1994), Australia (Harper, 1992) and the UK (Triseliotis et al., 1997). No empirical evidence of this had yet been reported for WA where the majority of 4- to 16-year-old IC adoptees were found to have similar or higher levels of well-being than their non-adopted peers in the WACHS (Rosenwald, 1994). In the same study, ICA girls rated higher in well-being than boys. The boys' lower levels were found to be mainly related to the experience of pre-adoption adversity, particularly neglect. Although these findings suggest that IC adoptees in WA are a low risk population, many of the findings reported to date are based on parental reports and may not reflect how the IC adoptees themselves feel about, and experience, TR IC adoption.

Concern about potential or perceived racial discrimination is a universally reported issue by TR adoptive parents in Australia (Harper & Bonanno, 1993; Harvey, 1980; Kumar et al., 1987), the Netherlands (Geerars et al., 1995), Scandinavia (Cederblad et al., 1999) and the USA (Simon & Altstein, 2000), but research results about the incidence of racism encountered by TR adoptees are inconsistent. Some studies have reported overall low levels of perceived racial discrimination (e.g, Bagley, 1993a, 1993b; Vroegh, 1997), while others, such as Westhues and Cohen (1998) in Canada, have reported high levels. The cited studies have all used self reports and are

therefore more reliable than those using parent reports only. However, further research is required to examine the extent to which prejudice, stigma and discrimination constitute risk factors in general, and to specific populations such as non-Caucasian migrants and adoptees.

Many IC adoptees suffer some form of physical ill-health at the time of arrival in their adoptive families (Hostetter et al., 1991; L. Miller, 2005). In 1994, the adoptive parents in the present study reported retrospectively that 71% of the children were in very good or excellent health at the time of arrival in their family. On the other hand, WA paediatricians Willis and Whiting (1993) screened the health of 31 IC adoptees aged 1 month to 11.5 years shortly after their arrival in WA between 1989 and 1993 and found that 40% were below the third percentile in weight and height and 40% suffered from various treatable conditions, including intestinal parasites and tuberculosis. These levels of ill-health and disability were comparable to those found in IC adoptees who arrived in other Australian states during the same period (Nicholson, Francis, Mulholland, Moulden, & Oberklaid, 1992), but were lower than rates found in other receiving countries (e.g., Hostetter et al., 1991; Saetersdal & Dalen, 1991; Verhulst et al., 1992). The lower rate in WA could be partly due to the high proportion of adoptees from Korea, who, according to Hostetter et al.(1991), were more likely to be healthy on arrival. A follow-up in WA three years after the initial health assessment found that all children had achieved a degree of catch-up in height and weight, some had caught up completely, but in 45% of the children some medical conditions remained, including epilepsy, ADHD and precocious puberty. Willis and Whiting (1993) concluded that the adoptees had started to display the same disease pattern as their peers in the general WA population.

Previous ICA research has identified older age at adoption and pre-arrival adversity as significant correlates of negative outcomes (Verhulst, Althaus et al., 1990b; Verhulst et al., 1992; Versluis-den-Bieman & Verhulst, 1995) and increased risk of ICA disruption in the Netherlands (Hoksbergen, 1997b; Hoksbergen, Spaan, & Waardenburg, 1991) and the UK (Rutter, 2005). Longitudinal results, as opposed to cross-sectional results, of the Sophia study (Verhulst et al., 1992) showed that the reported increase in adoptee problem behaviours was not significantly related to pre-adoption influences (Verhulst, 2000a). A similar conclusion was reached in a longitudinal study of IC adopted children from Romania (Groza & Ileana, 1996). Other studies on general functioning of IC adoptees (Rutter, 2000; Rutter et al., 1999; Rutter et al., 2004; Winich, Meyer, & Harris, 1975), including Australian studies (Harper, 1986; Harvey, 1982), as well as meta-analyses on problem behaviours, mental health (Juffer & van Ijzendoorn,

2005), IQ and school performance (van Ijzendoorn, Juffer, & Klein Poelhuis, 2005), have also shown significant rates of catch-up in IC adoptees who had arrived at an older age and/or had suffered severe pre-adoption deprivation. As the samples in the studies consisted of younger adoptees it remains to be seen how the pre-arrival risk factors relate to well-being in adulthood.

Much has been written about the resilience of children in general (e.g., Ben-Ariel et al., 2001; Luthar & Zigler, 1991; Werner & Smith, 1989, 1992) and adopted children (e.g., Juffer, Stams, & van Ijzendoorn, 2004; Rutter & English and Romanian Adoptees Study Team, 1998), particularly about the dramatic physical, cognitive and socio-emotional catch-up in children who suffered severe deprivation prior to placement in ICA families (e.g., Harvey, 1980; Hoksbergen, Juffer, & Waardenburg, 1987; Johnson, 2002; Rutter, 2000; Verhulst et al., 1992; Winich et al., 1975). These catch-ups were facilitated by highly motivated parents and increasingly sophisticated assessment and intervention methods in brain function mapping (Chugani et al., 2001), language development (Gindis, 1999), sensory integration (Cermak & Daunhauer, 1997), attachment (Juffer, Bakermans-Kranenburg, & van Ijzendoorn, 2005; Juffer, Hoksbergen, Riksen-Walraven, & Kohnstamm, 1997) and dissemination of information about research and effective therapies to those with an interest in, or affected by, ICA (e.g., Federici, 1998; Keck, Kupecky, & Mansfield, 2002; Steinberg & Hall, 2000).

Although children and adolescents who migrate to other countries with their biological families have also been found to show resilience in the face of considerable and challenging changes in circumstances (J. Berry & Sam, 1997; Sam, 2000), non-adopted migrants are generally considered to be at elevated risk of developing physical and mental health problems (Hjern et al., 2002; Taft, 1985; Wooden, Holton, Hugo, & Sloan, 1994), including children and adolescents (Klimidis & Minas, 1995; Sam, 2000; Sonderegger & Barrett, 2004b; Taft, 1979; Yeh, 2003). A particular group of at risk migrant children are those who arrive without family or adult support and do not join a family in their new country (Ressler, Boothby, & Steinbock, 1988).

2.1.3 Well-being in migrants

The migrant literature refers to an unexplained paradox that immigrants show better outcomes than their non-migrant peers and that first generation migrants show better outcomes than second generation migrants as well-being in the second generation declines towards general population norms (Rumbaut, 2004). Some support for the paradox was found in the Australian-New Zealand region. Most first generation migrants in Australia reach national norms in SWB within 10 years of arrival and even

surpass it after 20 years, mediated by the level of proficiency in English, after generally reporting low levels in the first three years after arrival (Headey & Wearing, 1992). In the case study of an adolescent male, born in New Zealand (NZ) to first generation Hong Kong Chinese migrants, the male was diagnosed by Hong Kong Chinese psychiatrist Luk (1993) as suffering from identity disorder. Luk concluded that migrant parents who adhere too rigidly to their original cultural norms and values, and actively prevent their children from integrating in the wider community, place their children at increased risk of serious identity and mental health problems. This pattern is consistent with acculturation theory and the acculturative stress model for adaptation in the country of settlement in which the level of stress is mediated by factors such as gender, age, level of education, status, social support and contact with others (J. Berry, Kim, Minde, & Mok, 1987). In an examination of the social processes and structure of migrant families in Australia from ethnographic and statistical data, McDonald (1989) explained how families with a conventional male family authority, as found in many Asian cultures, were increasingly likely to experience acculturation conflict between parents and children as the father's authority became increasingly challenged, particularly if the mother worked outside the home.

Differences in physical appearance from the majority of society can negatively influence migrant well-being according to theorists and researchers (Baden & Steward, 2000; Breakwell, 1983, 1986; Tajfel, 1981, 1982) and Australian empirical research (e.g., Rosenthal & Hrynevich, 1985; Sonn & Fisher, 1996). It seems that migrants who wish to maintain their ethnic identity may be at higher risk of becoming victims of prejudice and discrimination (Fisher & Sonn, 1999), particularly by people in the country of settlement who hold strong nationalistic views (Nesdale & Mak, 2000; Nesdale et al., 1997). Among adolescent migrants in Norway, Sam (2000) found that perceived discrimination had a negative effect on physical health.

Other correlates of physical and mental ill-health among migrants include adverse experiences prior to their migration (Eisenbruch, 1991), stigmatisation and marginalisation in their new country (J. Berry, 1997; Klimidis & Minas, 1995) and culture shock (Eisenbruch, 1990; Ward, Bochner, & Furnham, 2001). Despite these risk factors, no significant differences were found in global self-esteem and self-concept stability between minority and majority youth in the Netherlands (Verkuyten, 1995). It seemed that key protective factors for these aspects of well-being were migrants' more positive evaluation of their ethnic group and stronger identification with their group than the Dutch peers. Verkuyten recommended that researchers look more closely at the links between the various aspects of migrant youth's ethnic identity and

their psychological well-being. In a sample of adult Vietnamese migrants in WA, psychological distress was found to be embedded within a complex pattern of relationships between positive and negative self esteem and ethnic identity, with well-being related to negative self-esteem and ethnic identity to positive self-esteem, mediated by the level of acceptance by the majority society (Nesdale et al., 1997). It seems that identity plays a significant role in the well-being of migrants, irrespective of whether the migrant is adopted or not.

2.2 Identity

How we feel about ourselves is the fundamental tenet of all identity theories because identity defines who, what or how a person is or sees him- or herself (Kroger, 1992; Stryker & Burke, 2000). Berzonsky (1992) went as far as conceptualising identity as a self-constructed theory of self. Erikson (1968) described the link between identity and well-being as: "… an optimal sense of identity is experienced as a sense of psychological well-being. Its most obvious concomitants are a feeling of being at home in one's body, a sense of knowing where one is going, and an inner assuredness of anticipated recognition from those who count" (p. 165). To the question "Who am I?", which Erikson (1968, p. 314) claims should read "What do I want to make of myself and what do I have to work with?", a person could provide a range of answers, depending whether the context of the question refers to distinctive personal aspects such as traits, values and core physical characteristics, or to experiences and attributes shared with others, such as ethnic background, profession, place of residence and citizenship. The conclusion, whether individuals have either one multifaceted core identity, or many different identities, depends on the perception of the self by philosopher and researcher alike. Following is a closer look at four prominent identity theories that deal specifically with personal identity (Erikson, 1968), social identity (Tajfel, 1982), Proshansky's place identity (Proshansky, Fabian & Kaminoff, 1983) and identity processes (Breakwell, 1983, 1986).

2.2.1 Personal identity

From the psychodynamic perspective, Erikson (1963) developed a psychosocial personality theory based on the premise that personality, or ego identity, is a combination of an individual's traits and unique personal history that evolves through eight sequential stages over the entire lifecycle. Each stage represents a choice, or crisis, that the person needs to resolve before being able to move onto the next stage. The first four stages of life are seen as identity foundation builders through series of identifications with the surrounding people and places. By stage five, the final stage of childhood called adolescence, the individual is deemed to have become physically and

mentally mature enough to define a personal identity. The process of achieving this is referred to as the identity crisis, with identity confusion said to prevail until the crisis is resolved and identity achieved (Erikson, 1968). Erikson referred to the stages towards life's end as 'beyond identity' (1968, p.135; 1982).

Building on Erikson's theory, Marcia (1966; Patterson, Sochting, & Marcia, 1992) identified four possible outcomes of the ego identity formation process, depending on the adolescent's exploration of, and commitment to, adult values and responsibilities. Identity diffusion is considered the least developmentally advanced status and the opposite of identity achievement. Identity moratorium is presented as a stage of ongoing crisis without firm commitments and postponement of achievement. The fourth possible outcome, foreclosure, is a kind of pseudo achieved identity, possibly without real depth, as the expressed commitments are usually based on those of significant others such as parents, without the self having gone through a crisis (Marcia, 1966). Like Erikson, however, Marcia confined the identity formation process to the adolescent stage.

2.2.2 Social identity

Life experiences, which, according to Erikson (1968), become part of a person's core identity, are considered a separate social identity by Tajfel (1981). Social identity theory of intergroup relations defines social identity as "that part of an individual's self-concept which derives from his [*sic*] knowledge of his [*sic*] membership of a social group (or groups) together with the value and emotional significance attached to that membership" (Tajfel, 1982, p.2). Social group identification is considered to go through a three-dimensional identification and categorisation process involving awareness and acceptance (Tajfel, 1981) subject to the specific social, cultural and environmental context (Tajfel, 1982). Social identity theory (Tajfel, 1982), supported by empirical evidence (Turner, 1982), considers consciously identifying with others to be primarily driven by the individual's striving to maintain a positive sense of self, or self-esteem. In other words, the individual will only voluntarily identify as a member of a group if such membership will foster positive self-esteem. In the case where group membership is involuntary or assigned by others, such as adoption and ethnicity, the individual may respond by trying to ignore or deny belonging to the group, or define the group in positive terms (Turner, 1982). The aspect of conscious identification with a group is increasingly gaining recognition in the study of individuals' community identity (Puddifoot, 1996), psychological sense of community (Obst, Zinkiewicz, & Smith, 2002a) and sense of place (Pretty et al., 2003).

2.2.3 Place identity

Personal and social identity theories refer to, but do not spell out, the impact of the physical environment and sense of place in the development of a person's identity. The term 'place identity' is believed to have been first coined in 1978 by Proshansky (1983) in the realm of environmental psychology to describe those aspects of self-identity that are defined by a person's positive and negative thoughts and feelings about the physical settings … "(which) help to define who and what value the person is both to himself [*sic*] and in terms of how he [*sic*] thinks of others" (p. 58). The concept of place refers to a range of spaces that have become meaningful to the individual through personal, group or cultural processes, while place identity is defined as a sense of belonging to, and identification with, places (Altman & Lowe, 1992; Manzo, 2003). These places can be as large as a nation, small as a house, or symbolic like the place of birth or citizenship (Low, 1992).

Place identity has been conceptualised as a separate type of identity by Proshansky (1983), a separate social identity by Turner (1982), part of a person's social identity (Twigger-Ross & Uzzell, 1996), part of a person's overall sense of identity (Twigger-Ross, Bonaiuto, & Breakwell, 2003), a national identity (Rooney, 1996) or as attachment to a geographical place (Lalli, 1992). Continuity of place seems to be a key factor in maintaining continuity in personal identity (Twigger-Ross et al., 2003) and well-being (Bonnes, Lee, & Bonaiuto, 2003). However, places and people are always changing, suggesting the presence of dynamic processes of adjustment (Manzo, 2003). Review of the literature on place identity relevant to adoption is provided in section 2.3.6.

2.2.4 Identity as processes

Moving away from distinguishing between personal, social and place identities, but incorporating many of their elements, is identity process theory (Breakwell, 1983, 1986, 1992a). The theory proposes that a person's identity is a lifelong dynamic process of evaluation, accommodation and assimilation of personal and environmental aspects. Breakwell (1986) conceptualised identity as a biological, through time moving, organism with the three structural dimensions of content, value and time. Content represents the characteristics or components that describe a person's unique personal, social or place aspect of identity. Value refers to the positive or negative value the individual attaches to the specific identity aspect. Time represents the dynamic nature of identity moving over the lifespan towards the end, guided by the four principles of continuity, distinctiveness, self-esteem and self-efficacy.

Continuity refers to the tendency of the content of identity to remain stable. Distinctiveness embodies the human desire of being unique, while self-esteem and self-efficacy refer to the individual's drive to maintain a positive sense of self and the belief of being able to manage. These principles are proposed to apply across a wide range of situations, but so far appear to have only been tested and validated in the context of Western industrialised cultures (Breakwell, 1986, 1992b; Twigger-Ross et al., 2003).

A key to Breakwell's (1983) theory is the premise that at any given time people are usually only aware of those aspects of their identity that are in conflict with each other, or are under threat from the self, from other people, or from the material world (Breakwell, 1983, 1986). To cope with threats, either something in the identity needs to change, or the threat can be ignored or re-construed. Changing identity is, however, considered the most difficult option as continuity is so valued (Breakwell, 1983). Breakwell's (1986) theory and model has been used successfully in a range of identity research, including place identity (Twigger-Ross & Uzzell, 1996) and ethnic identity (Korf & Malan, 2002). In a post-apartheid study among a group of urban Caucasian South Africans, Korf and Malan (2002) found weak ethnic and group identities in those who felt their distinctive continuity as Afrikaners to be under threat and a perfect correlation between ethnic identiy and threat to well-being. Feeling discriminated against as an Afrikaner was the largest threat to well-being.

Various theorists hypothesise that self-esteem is a fundamental affective component of identity processes that acts as a motivator or buffer to maintain a positive sense of self in the face of threats (Breakwell, 1992b; Cast & Burke, 2002; Erikson, 1985; M. Rosenberg, 1979). Within this framework, self-esteem is seen more as a dynamic outcome of the sense of self at any given time than a predictor of identity. Put another way, high self-esteem is considered a reflection rather than a cause of a balanced sense of self (Breakwell, 1992b) and personal sense of well-being (Headey & Wearing, 1992) that influences how individuals cope with stress (Garton & Pratt, 1995). This may partly explain why research results on associations between self-esteem and aspects of identity have been inconsistent in general population studies (Owens et al., 2001) and adoption studies (e.g., Tizard & Phoenix, 1994). The reported inconsistency is illustrated by the Australian findings of a weak, negative association between self-esteem and ethnic identification among adolescent migrants from China and a weak positive association among those from former-Yugoslavia (Sonderegger & Barrett, 2004a), as opposed to Sam's (2000) finding that ethnic identity strongly predicted both self-esteem and life satisfaction in migrant youth in Norway.

2.3 Identity in adoption

Identity is consistently raised as a key issue in adoption from various theoretical perspectives, including the existence and acceptance of race as a construct (Bacigalupe, 2001; Baden & Steward, 2000; Helms, 1990; Helms & Talleyrand, 1997; Luke & Luke, 1999; van den Berghe, 1978), the existence and acceptance of racial differences (Bartholet, 1994; Erikson, 1968; Freundlich, 2000; Hollingsworth, 1998b; Loenen & Hoksbergen, 1986; McRoy & Zurcher, 1983; Weinberg, Scarr, & Waldman, 1992; Weinberg, Waldman, van Dulmen, & Scarr, 2004), adoptive status (Brodzinsky et al., 1992; Grotevant, 1992, 1997a; Grotevant et al., 2000; Harper, 1984; Richards, 1994; E. Rosenberg & Horner, 1991; Triseliotis et al., 1997) and cultural socialisation (Lee, 2003b; Vonk, 2001). Although Breakwell's (1986) identity process model has been cited in a review on identity in adoption in general (Richards, 1994) and TR adoption (Tizard & Phoenix, 1994), the most prominent theory of identity in adoption has been the psychosocial model of adoption adjustment (Brodzinsky, 1987) based on the work of Erikson (1968) and Marcia (1966). According to this theory, adopted adolescents are at risk of identity confusion due to their growing awareness and understanding of their adoptive status, their ethnicity and possible ethnic minority status, their lack of knowledge about their origin and the reasons why they were placed for adoption.

It seems that for adoptees, regardless of whether they are adopted TR or IR, long-term outcomes depend largely on how adolescents and parents navigate the adoptee's identity formation process together (Brodzinsky & Schechter, 1990), the meaning the adoptee gives to being adopted (Grotevant, 1992) and the salience of different aspects of identity in different contexts at different times (Breakwell, 1986; Bronfenbrenner, 1995). Deaux (1992) refers to the salience of identity in terms of acute and chronic accessibility of particular aspects of identity, with acute or temporary consciousness as the norm. Constant or chronic awareness could be more stressful, depending on whether the affect associated with the particular identity aspect is positive or negative (Breakwell, 1986; Diener, Sandvik, & Pavot, 1991). An extensive review of outcome studies by Triseliotis et al. (1997) found no support for the assumption that adoptees experience chronic identity problems, but feeling positive about being adopted was found to play a protective role in their psychological well-being (Benson et al., 1994; Brodzinsky & Schechter, 1990). A further three factors were found to play significant roles in the identity formation of adoptees (Triseliotis et al., 1997), namely the quality of the experience of family life before and after adoption, the knowledge and understanding about background and genealogy, and community perceptions and attitudes toward adoption and the adopted child. For adoptees, a unique aspect of

their identity is the adoptive status (Grotevant, 1992, 1997a), while IC adoptees usually also experience the additional aspect of being brought up by parents from different cultural and racial backgrounds (Baden & Steward, 2000; Loenen & Hoksbergen, 1986; Williams, 2003). Other special aspects, such as migration and ethnic minority status, are shared with many others living in Australia. Following is an exploration of the impact of these unique and shared aspects on adoptees' sense of self.

2.3.1 Adoptive identity and heritage

An adoptee needs to be aware of his or her adoptive status to be able to develop an adoptive identity (Brodzinsky et al., 1992). Depending on cultural and family norms, an adoption, be it local or IC, may be kept secret for the adoptee. Such secrecy was the norm in WA until the early 1980s when legislation was changed to give adult adoptees access to their original birth certificates (Adoption Legislative Review Committee, 1997b). Secrecy has generally been less of an issue in ICA, although anecdotal evidence suggests that for some IC adoptees with physical features similar to those of their adoptive parents, the adoption was kept a secret during their childhood (Armstrong & Slaytor, 2001; Dodds, 1997). Learning about the adoptive status during adolescence, or later, is considered to inhibit the development of positive feelings about being adopted, or a positive adoptive identity, because knowledge about a fundamental aspect of the self has been absent during the earlier stages of identity formation (Brodzinsky et al., 1992; LeVine & Sallee, 1990; Levy-Shiff, 2001; Lifton, 1994; Triseliotis et al., 1997).

According to adoption theories, the development of a positive adoptive identity is strongly influenced by the degree adoptive parents stress or ignore the difference between themselves and their adopted child (Kirk, 1984), the acknowledgement of a place for the adoptee's birth family in the adoption narrative and the level of family openness about the subject of adoption (Grotevant, 1997b; Kohler, Grotevant, & McRoy, 2002). Full understanding of adoption and its implications are considered to start to take shape around the age of 12 years (Brodzinsky, 1984; Brodzinsky et al., 1992; Geerars et al., 1995; Kohler et al., 2002; LeVine & Sallee, 1990). Although the debate about if and when to tell a child about his or her adoption has been ongoing for a considerable time among mental health professionals (e.g., Donovan, 1990; Lifton, 2002; MacIntyre, 1990), some consensus seems to have been reached among adoption researchers that family talk about adoption needs to start when the child first arrives. Such communicative openness is considered essential for the well-being and identity formation of adoptees (Triseliotis et al., 1997) as it has also been found to mediate the stresses of adoption (Benson et al., 1994; Kohler et al., 2002), facilitate

transition from adolescence into adulthood and independence and help adoptees come to terms with being adopted (Grotevant, 1997a; Grotevant, Wrobel, van Dulmen, & McRoy, 2001) to the point that they will have adopted the adoptive parents. At this last stage the adoption process is considered completed (Harper, 1984).

Adoption specific identity issues for adoptees include not having had a choice in being placed for adoption and with whom and where they were placed, the disruption of generational continuity, physical dissimilarity to the other members of the adoptive family and inability to undo the adoptive status (Grotevant, 1992). As adoptees mature and gain deeper insights into having been born from different parents to the adoptive parents, their adoptive identity adjusts accordingly. According to Benson et al. (1994), this does not necessarily place them at higher risk of identity problems as they found that most adopted adolescents rarely think about adoption, especially boys. These findings suggest that adoption is less salient for adoptees than is generally believed and argued (Adoption Legislative Review Committee, 1997b). The literature suggests, however, that adoptees' strong identification with their own birth culture and race may be symptomatic of a grieving for birth family, culture and country that can lead to preoccupation with adoption, negative adoption experiences and feeling less positive about adoption (Brodzinsky et al., 1992; DeBerry, Scarr, & Weinberg, 1996; Harper, 1994).

Brodzinsky (1990) also hypothesised that the development of adoption related problems depends on the adoptee's appraisal of adoption as threatening, stigmatising or involving loss. Testing this hypothesis on the adoptee's attitude to adoption, Smith and Brodzinsky (1994) found in a community-based group of 6- to 17-year-olds adopted in infancy that most viewed their adoption positively and were coping well. However, regardless of their ethnic background, most adoptees also appeared to have had some intrusive thoughts and negative or ambivalent feelings about being adopted, which increased with age. Benson et al. (1994), on the other hand, reported that two-thirds of the adopted adolescents in their study felt neutral about being adopted, with girls expressing more feelings, both positive and negative, about adoption than boys.

In an Australian sample of 10- to 14-year-old IC adoptees, some of whom were adopted after the age of 2 years, Harding (1998) found a positive relationship between positive attitude to adoption and high self-concept. Harding also found an increasingly negative attitude to adoption with increasing age of the child at the time of arrival in the adoptive family. Viewed from Breakwell's (1986) identity model, adoption can be seen as a threat to the principle of continuity of identity, due to lack of information about the

past and the birth family. Although Breakwell considered denial one of several effective strategies to maintain an equilibrium in a threatened sense of self, Smith and Brodzinsky (1994) found that denial was generally used by adoptees who felt negative or ambivalent about their adoptive status. Saetersdal and Dalen (2000), on the other hand, identified denial of biological and ethnic background as one of two types of effective coping in adolescent IC adoptees. The other coping strategy was characterised by active exploration of the adoptive, cultural and racial aspects of their identities. As most of the adoptees were subsequently able to take on a hyphenated identity in adulthood, Saetersdal and Dalen (2000) concluded that denial could be a successful coping strategy for ICA adolescents.

Breakwell's (1986) identity process theory predicts that the attitude towards adoption in the people around the adoptee influences an adoptee's content and value of identity and consequently his or her well-being. This predicted influence of social stigma against adoption was supported by Bagley (1991) for TR adoptees in Canada, by Triseliotis et al. (1997) in the UK, by Benson et al. (1994) in the USA, and by Harper (1992) in Australia. A third of the adoptees and a quarter of the adoptive parents in the Benson et al. (1994) study reported being touched by stigma and perceiving it as the main threat to their well-being. In Australia, stigma against adoption exists in the community and amongst clinicians (Harper, 1992). The merits and ethics of adoption, particularly TR adoption, also remain controversial topics in the public media (e.g., Casellas, 2003) and government circles ("*Adoption Amendment Bill (2)*," 2002; Adoption Legislative Review Committee, 1997b) indicating that IC adoptees and their families in WA are likely to encounter and expereince some stigma against adoption and their minority status.

Other key predictive factors for adoptees' positive sense of adoptive identity were the adoptees' perception of family warmth (Benson et al., 1994), having at least one adopted sibling (Harding, 1998) and having regular contact with other adoptees and adoptive families (Grotevant et al., 2000), particularly in TRA (e.g., Lee, 2003b). For those without an adopted sibling Harding (1998) recommended interaction with other adoptees to promote the development of a healthy adoptive identity. Longitudinal studies among Korean IC adoptees in the USA (W.-J. Kim, 1995) and Chinese IC adoptees in the UK (Bagley, 1993b) confirmed the positive effect on the IC adoptees' well-being if links with other IC adoptees and aspects of the adoptee's country of origin were present and continued. In 1993, over 80% of ICA parents in WA indicated they had frequent or occasional contact with other ICA families (Rosenwald, 1994). No

subsequent research has taken place to determine if contact continued and the effects on the well-being of the adoptees, if any.

The suggestion that active membership of an adoption community is essential for the development of a healthy adoptive identity and positive well-being in adolescents and young adults, has been challenged by empirical research findings in the USA (e.g., Benson et al., 1994) and Australia (e.g., Goldney et al., 1996). However, in adulthood adoptees may well feel differently about adoption and seeking out other adult adoptees. Evidence to support this hypothesis has come from diverse sources, including adult Greek adoptees in the Netherlands (Hoksbergen, Storsbergen, & Brouwer-van Dalen, 1995), adult Korean adoptees in the USA (e.g., Cox, 1999a), adult IC adoptees in Norway (Saetersdal & Dalen, 2000) and adolescent and adult TR local and IC adoptees in Australia (e.g., Armstrong & Slaytor, 2001; Rosenwald, 2001). The phenomenal growth in internet adoption groups for local, IC and TR adoptees on the world wide web and the increasing number of gatherings of adult IC adoptees (e.g., Cox, 1999a) seemingly to seek (re)-affirmation of the adoptive and ethnic aspects of their identity, could be taken as further evidence of the need for, and value of, peer community networking.

2.3.2 Community identity

Simply defined, community is “a homogeneous group of individuals, clearly distinguishable from others” (Wiesenfeld, 1996, p. 337). The literature distinguishes between two types of communities, geographical and social (Puddifoot, 1996; Sarason, 1974). The geographical perspective seems to have dominated research. Within this perspective lies environmental psychology which has focussed on place identity (Proshansky et al., 1983) and place attachment (e.g., Altman & Lowe, 1992). Social and community psychology, on the other hand, have concentrated on psychological sense of community (PSOC) (e.g., Sarason, 1974). As the ICA community falls under the realm of social communities, the discussion will focus on that perspective.

The concept of community is important in adoption for two main reasons. First, as discussed earlier, community attitudes to adoption influence well-being of local and IC adoptees (e.g., Benson et al., 1994; Harper, 1997b). Second, community networking among adoptive parents appears a significant contributing factor to the high success rate in ICA (Hoksbergen et al., 1987) giving support for Sarason’s (1974) assertion that networking is an important feature of PSOC. However, a clear definition of community identity that relates to the individual appears to remain elusive. Part of the confusion seems to be whether the construct of community identity refers to the identity of the

community or to the person's community identity (Puddifoot, 1996; Sonn & Fisher, 1996). A person's community identity seems to be mainly referred to as PSOC (Sarason, 1974).

PSOC is defined by McMillan and Chavis (1986, p. 9) as "a feeling of belonging, a feeling that members matter to one another and to the group, and a shared faith that members' needs will be met through their commitment to be together". PSOC has consistently been found to be positively related to well-being (e.g., A. Brodsky, Campo, & Aronson, 1999; Davidson & Cotter, 1991; Fisher & Sonn, 1999; McMillan, 1996). McMillan and Chavis' (1986) original model of PSOC was based on the four interrelated elements of membership, influence, integration and fulfilment of needs, and shared emotional connection such as a shared history. The model was validated for social communities in Australia by Sonn and Fisher (1996). During the same period McMillan (1996) revisited the theory and rearranged and renamed the four interrelated elements to spirit, trust, trade and arts. Obst et al (2002a) recently added a fifth element to PSOC, namely conscious identification, earlier highlighted by Fisher and Sonn (1999) and operationalised through the unpublished 5-item centrality subscale by Cameroon (cited in Obst, Zinkiewicz & Smith, 2002a).

Obst et al. (2002a) defined community identity as a sense of belonging to, and participation in, the specific community of interest. For ICA parents and IC adoptees, this refers to the ICA community and the ethnic communities that represent the adoptees' countries of origin. For non-adopted migrant peers of the adoptees, the communities of interest include the relevant ethnic communities. Adoption community identity is defined as self-identification of group membership and the extent to which adoptees participate in the relevant groups they belong to (Baden & Steward, 2000; Tieman, 2003). For an IC adoptee, community membership can include various adoption groups and country of origin groups, but conscious membership only occurs if these aspects are salient for the adoptee, which is not always the case (Benson et al., 1994) even though adoptees generally express a high level of awareness of their adoptive status from the age of eight years (Brodzinsky, 1987). The question, whether active membership in an adoption community is necessary for the development of a positive sense of adoptive identity, seems thus far to have remained unanswered empirically. Anecdotal evidence from Australia and America has suggested that for some TR adoptees, lack of interaction with others from a similar ethnic background or ethnic community, had negatively affected the development of a positive sense of ethnicity and ability to deal with racism (Armstrong & Slaytor, 2001; Cox, 1999b). These factors have contributed to the requirement for approved adoption applicants in

WA to show active links with people and ethnic communities that represent their intended adopted child's ethnic background ("*Adoption Amendment Act 2003 of Western Australia* " 2003).

The finding in WA, that 12- to 18-year-old IC adoptees reported a high degree of ethnic behaviours, pride in ethnic membership, and liking of ethnic group activities (D'Souza, 1999), suggests a strong sense of belonging to the relevant ethnic communities in WA, but no empirical evidence was provided to show that active involvement in an ethnic community that represented the adoptee's country of origin actually took place, nor that it enhanced well-being. Furthermore, Sonn and Fisher (1996) have cautioned that identification with such groups could lead to becoming the victim of negative racial stereotyping, while the effect of discrimination seems to be moderated through additional identification with other ethnic groups (Lee, 2003a).

A high level of interest to establish a branch of an Australian national IC adoptee support network (ICASN) was observed at the first gathering of adult IC adoptees in WA (Rosenwald, 2001), but subsequent evidence suggests that few of the adolescent and adult IC adoptees in WA have joined or actively participate in ICASN (Williams, 2003). Anecdotal evidence from the electronic media indicate that at present the internet is a major place of interaction for the various members of the ICA community, with groupings generally divided between interest and involvement in pre- and post-adoption issues, as well as country of origin and ethnicity (Williams, 2002).

2.3.3 Ethnic identity

Ethnicity, race and culture have become recognised as significant well-being factors (Huebner & Dew, 1996; Phinney, Horenzyck, Liebkind, & Vedder, 2001), particularly in regards to the issue of racial discrimination (Utsey, Ponterotto, Reynolds, & Cancelli, 2000; Verkuyten, 1989, 2003). As most ICAs are also TRAs, ethnicity is considered to play a significant role in the identity of IC adoptees. The meaning of ethnic identity remains, however, unclear, despite many attempts to define it. The term ethnic identity is often used interchangeably with the terms ethnicity, race and culture (Helms, 1990). Some even go as far as saying that in psychology, ethnicity and ethnic identity have no real meaning apart from their status as a proxy racial classification or immigrant status (Helms & Talleyrand, 1997). Phinney and Rotheram (1987, p. 13) define ethnic identity as "one's sense of belonging to an ethnic group and the part of one's thinking, perception, feelings, and behaviour that is due to ethnic group membership". Phinney (1996) advocates combining ethnicity and race into a single psychological construct, believing that ethnicity can encompass all aspects of race and culture.

In a review of 70 empirical articles from the USA, Canada, UK, Israel and Australia on theory and research on immigration and related issues, Phinney (1990) found adolescents' and adults' descriptions of ethnic identity to be more in terms of self-identification, feelings of belonging and commitment to a particular ethnic or racial group and having a sense of shared values and attitudes. Incorporating these factors into the framework of Erikson's (1968) and Marcia's (1966) ego identity model, the multigroup ethnic identity measure (MEIM) was developed as a means of operationalising ethnic identity (Phinney & Rosenthal, 1992). A critical review of the structure and validity of the MEIM by Roberts, Phinney, Masse, Chen, et al. (1999), confirmed its strength in measuring global ethnic identity. Two subscales were also identified and labelled belonging and exploration. The belonging subscale was found to be a potential indicator of the strength of ethnic identification.

The original MEIM (Phinney & Rosenthal, 1992) has been used in numerous studies around the world, including a migration study in WA (Rooney, 1996). It has also been used by Baden and Steward (2000) in their model on the ethnic, racial and cultural aspects of identity in TR adoptees discussed in more detail under racial identity in the next section. Rooney (1996) considered the MEIM to be lacking the key factors of language and denial of ethnic group identification. She developed a new measure, the universal ethnic identity scale (UEIS), based on input from several ethnic minority groups in WA. The UEIS consists of three independent subscales labelled: "Pride in Background and Language"; "Liking for Traditional/ Social Activities of my Ethnic Group"; and "Sense of belonging to Australia". Although the scale was found inadequate in predicting the adjustment of adult Vietnamese refugees in WA (Nesdale et al., 1997), it did provide support for the predictions of higher levels of ethnic identity and a positive relationship between ethnic identity and self-esteem in samples of young and new migrants (Rooney, 1996).

Ethnic identity seems to become particularly salient, and of psychological importance, to the individual in mixed societies (Phinney & Rosenthal, 1992). However, in a rare study on ethnic identity in migrant adolescents in Australia, Rosenthal and Hrynevich (1985) reported significant and subtle differences between, and within, different migrant groups. They hypothesised that a non-Caucasian physical appearance, as is the case with most IC adoptees, would be more salient in defining ethnic identity. The theory of decimal generations (1.25, 1.5 and 1.75) of migrants (Rumbaut, 1994, 2004) and migrant acculturation models (Phinney, Berry, Vedder, & Liebkind, 2006) suggest that salience of ethnic identity and related aspects of identity are related to age at arrival and that salience declines over time and generations. Those who arrived before the

age of six years, labelled the 1.75 generation, are hypothesised to resemble those born in the new country, the so-called second generation, in terms of increased socio-cultural assimilation and decreased identification with country of origin and use of original language (Rumbaut, 2004).

2.3.4 Racial identity

Although questions remain about the appropriateness of the terms race and racial identity (Dunn & Geeraert, 2003; van den Berghe, 1978), these terms are often used in the adoption literature (e.g., Baden, 2002; Bornstein, 2002; Simon & Roorda, 2000), including the limited Australian literature (Gray, 1999; Harper, 1988; Williams, 2001). Race is commonly defined in terms of a person's physical appearance, evidenced by findings that the majority of people in Australia still believe in racial categories (Jayasuriya et al., 2003) and act accordingly (Vasta & Castles, 1996). Recent definitions of 'race' present it more as a constructed rather than natural grouping of humankind (Dunn & Geeraert, 2003). Skin colour appears generally to be the most prominent feature and one of the most frequently used reasons for being discriminated against (Docker & Fischer, 2000). This also appears to be the case in Australia (Jayasuriya et al., 2003) as experienced and reported by specific groups such as members of the indigenous population (Bostock, 1977), migrants (Sonn & Fisher, 1996), and local and IC TRA families (Harper & Bonanno, 1993; Williams, 2001).

Harper and Bennano (1993) examined racial awareness and the experience of racism in a small group of school-aged IC adoptees. Most of the adoptees noticed a difference in skin colour by the age of 3 years, a pattern similar to that in non-adopted children. The darker-skinned children reported earlier and more frequent racist comments (Harper & Bonanno, 1993). However, according to Harding (1998), racial dissimilarity between adoptees and other family members need not negatively effect well-being. O. Gill and Jackson (1983) in the UK found that neither the TR adoptees, nor those adopted in same race families, had a highly developed sense of racial identity. This was particularly the case for those whose adoptive parents were of above average socio-economic status. Loenen and Hoksbergen (1986) concluded that for TR IC adoptees the history of their life was of more importance and interest than their racial identity. The finding that individuals (Phinney & Rosenthal, 1992), including TR adoptees (Loenen & Hoksbergen, 1986; Tizard & Phoenix, 1994), at times identified themselves ethnically differently than their racial appearance would suggest, indicates that racial and cultural identities may be separate constructs requiring separate examination, particularly in racially heterogeneous families such as TRA families (Baden & Steward, 2000; Loenen & Hoksbergen, 1986).

To test the hypothesised presence of a range of situational racial and cultural identities (Loenen & Hoksbergen, 1986), Baden and Steward (2000) developed a cultural-racial identity model for TR adoptees, operationalised through a revised version of Phinney's MEIM (Baden, 2002). The model created 16 identity options to explain TR adoptees' identification. The options are based on the degree to which the adoptee has awareness of, knowledge of, competence within, and comfort with their own and their adoptive parents' racial group and racial group's culture. In regards to racial identity, the model assesses the degree the adoptees' identify with their own and with their parents' race. The four resulting identity options are pro-self racial identity, pro-parent racial identity, biracial identity, or racially undifferentiated identity. The process is repeated for cultural identity. The complete model involves combining the racial and cultural identity axes, thus creating the 16 identity option cells. The model can be applied to examine a hypothesised heterogeneity of racial and cultural identities among any person raised or being raised by racially different biological or non-biological parents, not just adoptees (Baden & Steward, 2000).

One of the cells of this model is called Pro-Self Cultural Identity – Pro-Self Racial Identity. This identity option is described as:

> High in knowledge, awareness, competence and comfort in the culture of their own racial ethnic group and feel most comfortable with individuals of own racial ethnic group. May have been raised in a neighborhood in which adoptee's racial group's culture predominated. May have rejected their adoptive parent's culture because of negative experiences in their parent's culture or because of perceived pressure from members of their racial ethnic group (Baden & Steward, 2000, p. 329).

Findings of a small study that tested the validity of the model's ability to distinguish between racial and cultural identities for adult TR adoptees, have provided tentative support for the proposed identity options (Baden, 2002). Generalisability of the study findings was limited by the small sample, possible selection bias and lack of a control group (Baden, 2002). Further research needs to be conducted to address these limitations.

2.3.5 Cultural identity

Culture has been defined in many different ways. The following definition seems a good reflection of its dynamic nature: "Culture is a process arising out of shared ethnicity, religion, beliefs, language, knowledge, values, meanings and rules which enable members of a given society to communicate, live, work, anticipate and interpret each other's behaviours and motives" (Andary, Stolk, & Klimidis, 2003, p. 27.). Culture is generally ascribed to people based on their racial appearance, even though self-

identification or cultural identity may be entirely different (Baden & Steward, 2000; van den Berghe, 1978). To IC adoptees this is often expressed by others' expectation that they have full knowledge of their culture of origin, including the language (Baden & Steward, 2000). This general assumption or expectation is present in both the adoptive country and the country of origin (Cox, 1999b).

The continuity of an IC adoptee's culture of origin after placement in the adoptive family is considered by many to be essential for the development of a positive sense of self and well-being (e.g., Armstrong & Slaytor, 2001; Lee, 2003b; Yoon, 2004) and the requirement to continue the adoptee's culture of origin has become a legislated expectation for most prospective adoptive parents in Australia (e.g., Adoption Legislative Review Committee, 1997b; New South Wales Law Reform Commission, 1997a). However, some research outcomes place doubt on these assumed links as concern is expressed that forcing such socialisation practices on families may be experienced as divisive and jeopardise the adoptees' sense of belonging and long-term well-being (Vroegh, 1997; Westhues & Cohen, 1998) because of a perceived emphasis, or insistence, on differences between adoptee and other members of the adoptive family (Kirk, 1984; Lee, 2003b). Increasingly, empirical evidence suggests that an assumed linear relationship between cultural continuity and well-being is indeed too simplistic to represent the myriad influences on, and outcomes for, IC adoptees (e.g., Baden & Steward, 2000; Simon & Altstein, 2000; Tizard, 1991).

Learning a new culture at a later age is termed acculturation (J. Berry, Segall, & Kagitcibasi, 1997). Acculturation theory distinguishes between four acculturation strategies for members of minority groups (J. Berry & Sam, 1997). Assimilation is the replacement of the culture of origin with the mainstream culture. Separation involves maintaining only one's culture of origin and integration means adding the mainstream culture. In marginalisation neither culture is maintained. The model described above suggests that integration is the most likely strategy to promote well-being and this has been confirmed in cross-cultural research (J. Berry, 1997). Migrants in WA were also found to prefer this strategy (Nesdale et al., 1997), but Baden (2002) questions if integration is the appropriate strategy for IC adopteees. This question is based on her findings that neither racial nor cultural identity predicted well-being in IC adoptees. Most IC adoptees in Europe (e.g., Irhammar & Cederblad, 2000), USA (e.g., Cox, 1999b) and Australia (e.g., Armstrong & Slaytor, 2001) are said to have become assimilated into the culture of their adoptive country, especially those who were adopted as infants. In adulthood, some express regret or anger, at the loss of their

culture of origin (e.g., Armstrong & Slaytor, 2001), but most are reportedly happy with their assimilation (Irhammar & Cederblad, 2000).

The acquisition of the knowledge, skills and values of a culture that started early in life and continues throughout childhood, is referred to as enculturation (J. Berry et al., 1997). For IC adoptees who were adopted in infancy or early childhood, the term enculturation better reflects their acculturation experiences and challenges the current expectation of cultural continuity in ICA ("*Adoption Amendment Act 2003 of Western Australia* " 2003), an expectation that in practice seems to be rarely achieved, even for children who were adopted by families of the same or similar cultural and ethnic backgrounds (Tizard & Phoenix, 1994). McCashney and Popelier (1986) investigated whether ICA parents in WA had maintained links with the culture of origin of their ICA children. Over 60% of the parents said they would encourage their children to learn aspects of their culture of origin, including the language. It was predicted that particularly the parents who had adopted for personal reasons such as infertility, would not maintain the cultural links and that their children would become completely assimilated. A year later, Kumar et al. (1987) found that fewer than half of the parents had kept in touch with their child's culture of origin.

In a further development of acculturation theory, J. Berry and Sam (1997) have taken a more eco-cultural approach to explain the process of enculturation and acculturation and its impact on well-being. The expanded model supports the notion that culture and places are closely related aspects of identity.

2.3.6 Place identity in adoption

Feelings towards places, communities and the people in them, appear to have a significant effect on a person's development, sense of identity and overall well-being (Giuliani, 2003; Korpela & Hartig, 1996), including children (Korpela, 1989) and adolescents (Korpela, 1992; Pretty et al., 2003). Interestingly, no reference to the concept of place identity was found in the adoption literature. This is surprising in the case of ICA, as IC adoptees experience a significant change of place as part of the adoption process, namely from their country of origin to the country where their adoptive parents live. Meier (1999) alluded to the concept in his qualitative study on cultural identity and place in 23 adult Korean adoptees in the USA recruited through an internet appeal. He found that many of the participating adoptees were ambivalent about describing the USA or Korea as home and concluded that place played an important role in the life-span development of the cultural identity of these Korean adoptees.

The relevance of applying the construct of place identity to ICA is supported by Giuliani's (2003) finding that the place of birth holds the greatest affection for people, even though only a minority seems to want to move back and live there again. In ICA, where the birthplace is usually defined as the country of origin, the concept of place identity becomes linked to national identity. National identity is, however, usually considered a measure of acculturation (J. Berry & Sam, 1997) and ethnic identity (e.g., Nesdale et al., 1997). Considering national identity as a form of place identity is supported by the growing criticism of equating the geographic nation-state with ethnic and cultural identity, especially in today's world of globalisation, multiculturalism and hybrid cultures (Bhatia & Ram, 2001).

Confusion about the place of the nation-state in a person's identity seems to be due to two main factors. First, national identity is treated at times as the opposite of ethnic identity, and at other times as a component of ethnic identity (Phinney, 1990; Rooney, 1996). Second, assessment of national identity often fails to allow the individual to self-identify consciously with a particular country (e.g., Rooney, 1996), an element of identity considered important in community psychology (Obst, 2002a) and in the psychology of TR adoptees (Baden, 2002).

Rooney (1996) found a positive relationship between sense of belonging to Australia and self-esteem in female Vietnamese refugees in WA. Most ICA studies around the world, for example in Canada (Westhues & Cohen, 1998), the UK (Bagley, 1992), the Netherlands (Hoksbergen et al., 1995) and in ethnically homogeneous societies such as Norway (Saetersdal & Dalen, 2000) and Sweden (Irhammar & Cederblad, 2000), have reported that IC adoptees identified more strongly with their adoptive country than their country of origin. In the Swedish study, 88% identified themselves as Swedish (Irhammar & Cederblad, 2000). No relationship was found between this self-identification and low self-esteem or other mental health problems.

The relationship between place identity and experiences in childhood (Korpela, 1989) and adolescence (Korpela, 1992) was found to have both restorative qualities for long-term well-being of the individual (Korpela & Hartig, 1996) as well as negative influences (Manzo, 2003) depending on whether the memories were positive or negative. The experience of a positive home environment during childhood was found to be strongly related to the capacity to form an attachment to, and identification with, a place in adulthood (Giuliani, 2003). The longer a person lives in one place, the stronger the attachment to it and the harder moving away and staying away seem to be (Lalli, 1992; McAndrew, 1998). In an exploration of sense of place over the life cycle, Hay (1998)

found that in those who had moved away after the age of 12 years strong bonds remained over many years, particularly with the aid of periodic visits. In those who had moved away before adolescence, only affectionate memories of home and family remained.

The ICA placement of a child is often preceded by adverse experiences which have been found to negatively effect later well-being in IC adoptees in the Netherlands (Verhulst et al., 1992) and WA (Rosenwald, 1994). Manzo's (2003) review of the literature on place identity and attachment to places where negative experiences took place suggests that, despite the traumatic or painful memories of the place, meaning and a certain bond exist between person and place. To date no empirical research appears to have been undertaken to explore the relationship between pre-adoption experiences and identification with birth or adoptive country by IC adoptees. However, increasing interest in, and promotion of, IC adoptees returning to their country of origin to visit orphanages or foster homes and places of abandonment as a form of post-adoption therapy (Rosenwald, 2004) supports the suggestion of a bond with (Manzo, 2003), and potential restorative qualities of, these places (Korpela & Hartig, 1996). Perceived reasons for being placed for adoption expressed by IC adoptees (Saetersdal & Dalen, 2000) can be considered an indicator of pre-adoption memories and sense of place (Hay, 1998).

To date, no research appears to have been undertaken in Australia about the national identity of IC adoptees and possible conflicts they may feel between identification with their adopted country Australia and country of birth. Breakwell's (1986) identity model suggests that the adoptees are likely to continue to identify with Australia and WA as the places they have grown up in. If the adoptive parents have always actively affirmed the child's country and culture of origin, the adoptee may have grown up with a clear sense of identification with both countries. This possibility is reflected in the bicultural-biracial identity option of Baden and Steward's (2000) model, thus linking place with the cultural, racial and ethnic aspects of IC adoptees' identity.

In a review of ICA research, Tizard (1991) urged future research to include relevant comparison groups in an endeavour to separate the familial, societal and environmental factors that contribute to identity and adjustment issues in TR adoptees. Lee (2003b) recommends the development of a meta-theory for TRA that incorporates traditional theories of adoption and other relevant theories. He also recommends research that compares IC adoptees with same race non-adoptees to help determine

which racial and ethnic challenges faced by TR adoptees are unique to them or are shared by non-adopted racial/ethnic minorities.

2.4 Summary of chapter

Theories and research findings on well-being and identity show significant relationships between how we are, who we are, where we are and with whom we are. Key determinants and correlates of SWB (Diener et al., 1999) and PWB (Ryff & Keyes, 1995) also appear to be key components and guiding principles in theories on identity formation in general (Breakwell, 1983, 1986) and identity in IC adoptees in particular (Baden & Steward, 2000). These components include positive and negative affect, satisfaction with life, self-esteem, competence and self-efficacy. The identity process theory of Breakwell (1986) appears to provide the most comprehensive framework to describe and explain the personal and environmental aspects of identity. The Baden-Steward (2000) racial-cultural Identity model seems to be the only adoption specific framework available to explain and measure racial and cultural aspects of identity in IC adoptees. The literature also suggests that community and place are significant concepts in adoption, but no adoption research seems as yet to have been undertaken from the perspectives of community and environmental psychology to investigate the validity and extent of the significance of these constructs to IC adoptees.

Many theories that have been applied to general populations in the discipline of psychology have also been applied successfully to, or modified for use with, adoption populations. A few theories are adoption specific. Research conducted within these theoretical frameworks has shown that ICA is a positive experience for the majority of the adoptees. However, major concerns remain in WA and elsewhere about the adoptees' sense of belonging, sense of self and their well-being, particularly in regards to the development of positive ethnic and cultural identities that reflect their culture and country of origin. The dearth of Australian research in this area seems to be partly responsible for these concerns. The theoretical framework to investigate these issues for adolescent and young adult IC adoptees in WA is based on the hypothesis that any perceived threat to any aspect of a person's identity is a possible threat to that person's well-being. From the foregoing review of existing theories and empirical findings a theoretical framework was developed that incorporated the theories of SWB (Diener et al., 1999), PWB (Ryff & Keyes, 1995), identity processes (Breakwell, 1983; 1986) and racial and cultural identities (Baden & Steward, 2000) to examine the well-being and identities of 14- to 26-year-old IC adoptees in WA and a control group of non-adopted migrant peers with data obtained from the adoptees and migrant peers, as well as adoptive and migrant parents.

Chapter 3 - Method

The purpose of this chapter is to outline in detail how the study was undertaken. It provides details of the design, the methods used to recruit participants, what data were collected and how. A detailed description is provided of who the participants were and how the data were analysed to answer the following five research questions:

1. What is the current level of well-being of the 14- to 26-year-old intercountry adoptees in Western Australia whose parents participated in the research undertaken in 1994?
2. How does the intercountry adoptees' current level of well-being compare with the level reported in the 1994 study when the adoptees were aged 4 to 16 years?
3. Which identity aspects are salient to the intercountry adoptees in Western Australia? In particular, are the adoptive, heritage, community, ethnic, cultural, racial and place aspects salient, and if so, to what extent?
4. What relationship exists between the adoptees' well-being and the adoptive, heritage, community, ethnic, cultural, racial and place aspects of their identity?
5. How do the well-being and the heritage, community, ethnic, racial, cultural and place identity aspects of these intercountry adoptees compare with those of a matched group of non-adopted migrant peers in Western Australia?

It was hypothesised that the overall level of well-being of the IC adoptees would have declined since middle childhood and early adolescence, in particular in females, but would be comparable to that of their non-adopted migrant peers. The adoptees were expected to be fully aware of their adoptive status, to be somewhat ambivalent about their ethnic identity and to identify strongly with the culture of their adoptive parents, with Australia and with WA.

3.1 Design

The overall study was a quantitative survey by questionnaire and consisted of two investigations with separate designs: cross-sectional and longitudinal (Shaughnessy, Zechmeister, & Zechmeister, 2006).

3.1.1 Cross-sectional study

The cross-sectional study examined aspects of well-being and identity of non-randomly selected 14- to 26-year-old IC adoptees and non-adopted migrant peers, compared intra-and inter-individual and group differences and analysed the relationships between aspects of well-being and identity within the adoption and migrant groups. Well-being and identity were operationalised through 21 dependent variables. A further seven variables were described as potential threats to, or known risk factors for, well-being and identity (see Table 3.1 for a summary).

Table 3.1

Cross-sectional study dependent and independent variables

Dependent variable		Independent variable	
Well-being	Identity	Threat & Risk	Demographic
Physical health	Adoptive	Problems caused by looking different	Participant type
Happiness	Heritage	Perceived status discrimination	Gender
Life satisfaction	Community	Perceived racial discrimination	Age group at data collection point
Adoption/Migration satisfaction	Ethnic	Threat to group continuity	Continent/ Country of origin
Self-esteem	Group orientation	Age at arrival	
Self-efficacy	Cultural/Racial	Pre-arrival adversity	
Competence/ Adaptive behaviours	Australian	Parental SES	
Problem behaviours	Country of origin		
Internalising	W. Australian		
Externalising			
Psychiatric risks			
Substance use			

3.1.2 Longitudinal study

The longitudinal investigation used a panel design with two measurement points, 1994 and 2004, to examine any changes over time (Shaughnessy & Zechmeister, 1990). To maximise the use of all available data, two different designs were used to answer the same research questions: the *cohort-sequential* and the *repeated-measures* (Card & Little, 2007; S. Duncan, Duncan, & Hops, 1996; Shaughnessy et al., 2006). The first design is also referred to as accelerated longitudinal (Bell, 1953; Card & Little, 2007; Collins, 2006; S. Duncan et al., 1996) and the latter as true longitudinal (S. Duncan et al., 1996). IC adoptees were the target population with information provided by the

adoptive parents at both measurement points. IC adoptees and adoptive parents will hereafter be referred to as 'adoptees' and 'parents', unless a distinction needs to be made with other types of adoptees and parents, such as local adoptees and local adoptive parents. Adoptees became separate informants at the second measurement point. Well-being was operationalised through seven dependent variables. A further 14 variables consisted of seven known threat and risk factors for well-being and seven demographic and adoption specific factors (see Table 3.2).

Table 3.2

Longitudinal study dependent and independent variables

Dependent variable	Independent variable	
Well-being	Threat & Risk	Demographic & Adoption specific
Physical health	Problems created by looking different	Gender
Happiness	Perceived status discrimination	Age group at data collection point
Adoption satisfaction	Perceived racial discrimination	Country of origin
Competence & Adaptive behaviours	Threat to group continuity	Adoption dynamics
Problem behaviours	Age at arrival	Biological heritage
Internalising	Pre-arrival adversity	Daydream birth parent
Externalising	Parental SES	Cultural/Racial dimensions

The cohort-sequential longitudinal design included all adoptees reported on at both points of measurements, 283 in the 1994 parent reports, 160 in the 2004 parent reports and 110 in the 2004 adoptee reports. Change was determined through the examination of differences:

1. between the results of the 1994 and 2004 parent reports; and
2. between the results of the 1994 parent reports and 2004 adoptee self reports.

The adoptees' ages ranged from 4 to 16 years in 1994 and 14 to 26 years in 2004. The samples were linked by a sequential age cohort of 14- to 16-year-olds at both measurement points (Bell, 1953; S. Duncan et al., 1996).

The repeated-measures study design was also applied twice:

1. once to the group of adoptees for whom parents had provided complete data at both measurement points (n=140); and

2. once to the group of adoptees who had a complete 1994 parent report and had provided a self report in 2004 (n=85).

Over the course of the study, the adoptees' ages ranged from 4 to 26 years. The age cohort spanned 13 chronological years.

3.2 Research method

The mail survey method was used with non-probability samples from the IC adoption and ethnic communities in WA (Shaughnessy et al., 2006).

3.2.1 Sampling frames

From the IC adoption community, a purposive sample of adoptees (Shaughnessy et al., 2006), born between 31 December 1976 and 1 January 1990, and their parents was drawn from 216 IC adoptive families who had participated in 1994 and at the time had indicated willingness to participate in follow-up research (Rosenwald, 1994). The adoptees' sampling frame consisted of the 283 4- to 16-year-old adoptees for whom information had been provided in 1994. At that time the majority were of primary school age (75%), female (78%) and had been in Australia for over eight years (M=8.4, SD=3.2). They originated from 14 different countries, 75% from Korea (n=211) and the remaining 25% from 13 other countries in Asia (n=54) and in Africa, Eastern Europe, and the Americas (n =18). Over 51% had arrived after the age of six months and 25% after the age of two years.

To recruit a matching and representative sample of non-adopted migrant peers in WA (de Vaus, 1991), a quota sample was recruited from:

- non-adopted friends and acquaintances of the adoptees who had migrated from the target countries of origin with their birth parents; and
- ethnic communities that represented the adoptees' countries of origin.

In 2004-2005 between 23,280 and 32,340 non-adopted migrant peers, matched on age group and countries of origin, resided in WA (Australian Bureau of Statistics, 2006a). However, these included a smaller number of Korean migrant peers than the 211 Korean participants required (Australian Bureau of Statistics, 2000, 2001). For some participants, relevant ethnic communities in WA were found to be small (e.g., Mauritius) or absent (e.g., Hong Kong). Consequently, due to the nature of this potential pool of participants, a combined purposive and accidental sample was drawn from ethnic communities representing migrants from African, Asian, Latin-American and Eastern European backgrounds.

3.2.2 Participants

A total of 357 adolescents, young adults, parents and partners/housemates provided 409 reports. The total numbers of participants (*n*=357) and reports (*n*=409) differ because some adoptive and migrant parents provided information on more than one 'child'. A combination of the 409 self and parent reports resulted in a consolidated dataset of 268 cases comprising 181 adoptees and 87 migrants. In 48% of adoption and 56% of migrant cases parallel self and parent reports were received (see Tables 3.3, 3.4 & 3.5). Figure 3.1 provides an overview of the research design and samples.

Table 3.3

Number of intercountry adoption and migrant participants in 2004, by informant type

Informant	Adoption	Migrant	Total
Adoptee/Migrant	110	80	190
Parent	120	44	164
Partner/Housemate	3		3
Total	233	124	357

Table 3.4

Number of reports in 2004, by informant type

Informant	Adoption	Migrant	Total
Adoptee/migrant	110	80	190
Parent	160	56	216
Partner/Housemate	3		3
Total	273	136	409

Table 3.5

Number of cases in 2004, by informant type

	Adoption n=181		Migrant n=87		Total
Report type	Adolescent	Adult	Adolescent	Adult	Total
Self report only	1	23	10	21	55
Parent report only	16	55	2	5	78
Self & parent report	36	50	19	30	135
Total	53	128	31	56	268

Note. The samples of adolescents and adults vary by five between the Achenbach System of Empirically Based Assessment (ASEBA) and non-ASEBA databases because adolescents in the ASEBA databases include five school-attending 18-year-olds.

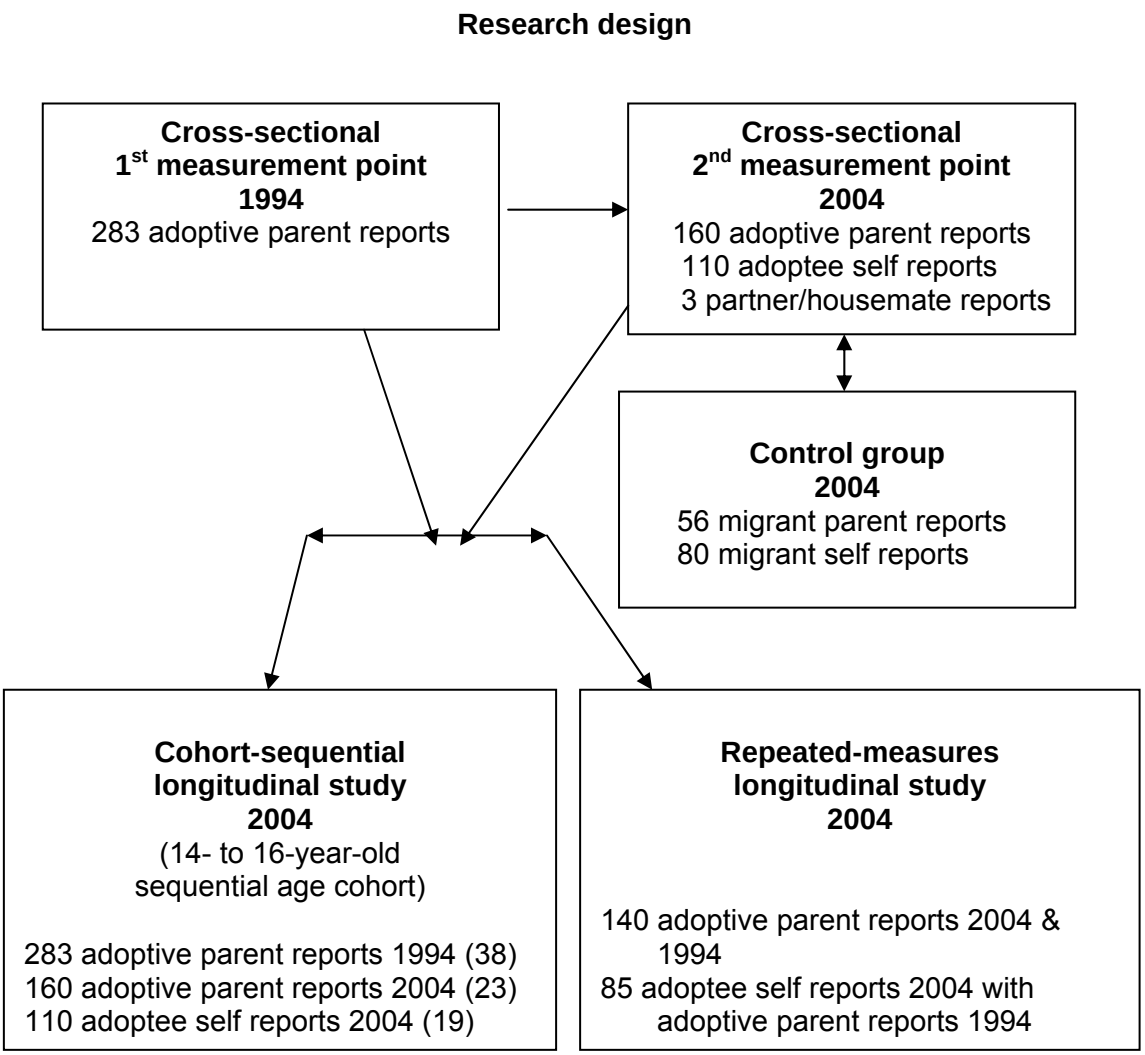

Figure 3.1 Research design with numbers of reports in cross-sectional and longitudinal studies.

Adoption group

Of the original 1994 sample of 216 families and 283 adoptees, 16 families no longer lived in WA, 17 could not be found, three had ICA children with an intellectual disability and one adoptee was deceased. Of the remaining 179 families with 230 adoptees, 120 parents provided information on 160 adoptees, a parent response rate of 67% and retention of 57% of the adoptees reported on in 1994. Of the non-respondents, 19 parents refused to participate on the request of their 26 ICA children and parents in 40 families did not respond at all. For three adoptees, a report from partner/housemate was received in addition to a parent report. Of the 283 adoptees in the original sample, 22 could not be found, 27 no longer lived in WA, one was deceased and three had an intellectual disability. Of the remaining 230 adoptees, 110 provided self reports, a 48% response rate and retention of 39% of the adoptees reported on in 1994. Of the non-

respondents, 70 refused to participate and 50 did not respond at all. Merging the numbers of parent and self reports, information was obtained on 181 adoptees, an overall informant response rate of 79% on the available sample of 230 adoptees and retention of 64% of the adoptees reported on in 1994. An attrition analysis was undertaken to examine any response bias in the adoption respondents. Respondents and non-respondents were compared on a range of 1994 adoptee, parent and family characteristics and results (see Table 3.6 and Appendix 3-1).

Table 3.6

1994 intercountry adoptee characteristics of 2004 respondents and non-respondents, by report type

	2004 Respondent		2004 Non-respondent	
	Self	Parent	Self	Parent
1994 characteristic	n=110	n=160	n=173	n=123
Female	78%	80%	78%	76%
Mean age 1994/yrs (SD)	9.9 (2.9)	10.1 (2.8)	10.1 (2.8)	10.1 (3.0)
Mean arrival age/mths (SD)	25.5 (39.1)	22.2 (33.0)	19.6 (30.1)	20.6 (34.0)
Mean time in Austr/yrs (SD)	8.1 (3.3)	8.6 (3.2)	8.6 (3.3)	8.6 (3.3)
Korea	76%	77%	74%	72%
Pre-arrive adversity med/high	32%	29%	25%	24%
Very good health	92%	93%	91%	90%
Happy/very happy	79%	85%	92%	90%
Adoptee adoption satisfaction	88%	91%	92%	93%
Competence (SD)	16.3 (3.6)	16.6 (3.1)	17.0 (2.7)	16.9 (2.9)
Problem behaviours (SD)	21.6 (22.7)	19.8 (19.0)	17.7 (15.5) `	16.9 (14.7)

It was found that responding adoptees and parents were more similar than different to those lost from the 1994 sample. Differences between responding and non-responding adoptees and parents indicated that the adoptees retained in the study were older at the time of adoption and, according to the parent reports in 1994, displayed higher levels of problem behaviours at ages 4 to 16 years and were less satisfied with their adoption. Responding adoptees were also rated significantly less happy by their parents at ages 4 to 16 years than non-responding adoptees ($t(282)=3.90$, $p<.01$).

Migrant group

A total of 80 reports were received from migrants and 56 from migrant parents. For 13 cases, both parent and self reports were provided and in four cases parent reports only. In 17 cases (20%) the target migrant was born in Australia. Although children born in

Australia to migrant parents are not migrants in the true sense, they are generally referred to as second-generation migrants (e.g., Wooden et al., 1994). Research on well-being and sense of identity in children born after the migration of their parents has given rise to new categories of migrants, such as 1.25 and 1.5 generations, which are distinguished by factors such as age at arrival in the new country (Rumbaut, 1994, 2004). The differential effects of age-at-arrival on psycho-social adjustment and mental health of each migrant generation (Rumbaut, 2004) supports the retention of the Australian-born children of migrants in the current study. Using arrival before the age of seven years as cut-off point (J. Berry, Phinney, Kwak, & Sam, 2006), over 88% of adoptees and 57% of migrants were classified as second-generation migrants.

Characteristics of participants

The four groups of participants (adoptees, adoptive parents, migrants and migrant parents) and two informant types (self and parent) could be placed in three different sample groupings: 1. actual persons participating (see Table 3.3); 2. persons reported on (see Table 3.4); and 3. number of cases resulting from the consolidation of 1 and 2 (see Table 3.5). The last sample grouping, comprising of 181 adoptees and 87 migrants, was used to assess the significance of any differences across a range of adoptee/migrant, parent and family characteristics (see Table 3.7 and Appendix 3-2).

Although the difference in mean age between adoptees and migrants was nonsignificant irrespective of gender, the 18 months difference between male and female adoptees was significant ($t(179)=-2.80$, $p<.01$). Adoptees were significantly younger at the time of their arrival in Australia than migrants ($t(266)=-8.36$, $p<.01$). Self-reporting adoptees and migrants were older at their time of arrival than those reported on by parents. Over 70% of adoptees had arrived before the age of two years compared to less than 30% of migrants. Significantly more migrants than adoptees had arrived after the age of seven years ($\chi^2(1)=42.03$, $p<.01$) with the migrants over seven times more likely to be a first generation migrant than the adoptees ($OR=7.61$). More adoptees (28%) than migrants (23%) had experienced medium to high levels of pre-arrival adversity.

More adoptees had attained a maximum of 11-12 years schooling than migrants (40% vs 29%), but more migrants than adoptees had attained a tertiary and/or trade qualification (52% vs 46%) or were still studying (70% vs 34%). In terms of SES and home ownership, adoptees reported a lower level of SES than migrants while home ownership was low among both groups (7%). Adoptive parents reported a significantly higher level of SES than migrant parents ($t(210)=3.29$, $p<.01$), but home ownership was

high among both groups of parents (90% and 78% respectively). Participants came from 35 different countries, the majority from Asia and Australia (see Table 3.8). All migrants and 55% of adoptees had at least one parent who was born outside Australia.

Table 3.7

Characteristics of intercountry adoption and migrant cases in 2004

Characteristic	Adoptee n=181	Migrant n=87
Female	79%	62%
Korea	74%*	23%*
Mean age/yrs (SD)	20.0 (3.0)	19.5 (3.7)
Female mean age/yrs (SD)	20.1 (2.9)*	19.7 (3.4)
Male mean age/yrs (SD)	18.8 (3.3)*	19.2 (4.1)
Age group is adult	81%	66%
Mean arrival age/yrs (SD)	2.2* (3.2)	6.4* (5.0)
Pre-arrival adversity med/high	28%	23%
Mean time in Austr./yrs (SD)	17.9* (3.9)	13.2* (6.0)
Education ≤ 12 years	54%	46%
Employed	71%	58%
Living with parents	55%*	86%*
In metropolitan area	72%	84%
2-parent family	81%	87%
Only child	9%	9%
Number siblings (SD)	2 (2)	2 (2)
Parent born overseas	55%*	100%*
Parental SES (SD)	6.2* (1.2)	5.5* (1.2)

*$p<.01$

Most adoptees and migrants had a two-parent family with married parents, but the proportion of separated or divorced parents was higher among adoptees than migrants (15% vs 10%). More adoptees than migrants were married (16% vs 14%) and had children (7% vs 1%). Most adoptees and migrants had at least two siblings. For the majority of adoptees (56%) at least one sibling was another IC adoptee. In the adoption group, mothers and fathers were significantly older than migrant mothers ($t(259)=9.28$, $p<.01$) and fathers ($t(247)=7.47$, $p<.01$) respectively. The age differences between mother and child ($t(259)=9.71$, $p<.01$) and father and child $t(247)=6.97$, $p<.01$) were significantly larger in the adoption than the migrant group and averaged five years.

Table 3.8

Percent of participant type, by country/continent of origin

	Adoption sample n=181			Migrant sample n=87		
Country/ continent	Adoptee	Adoptive parent Mother	Adoptive parent Father	Migrant	Migrant parent Mother	Migrant parent Father
Korea	73	-	-	9	23	21
Other Asia	21	7	5	37	40	39
Africa	3	1	5	16	12	15
Americas	1	1	1	11	14	9
Europe	2	33	26	5	10	10
Australia	-	57	61	20[a]	-	5
Other Oceania		1	2	2	1	1
Total	100	100	100	100	100	100

[a] 2nd generation migrants (12 Korea, 1 other Asia, 2 Africa, 2 Americas)

3.3 Instruments

This section describes in detail the survey booklets and measures for well-being and identity used in the present study.

3.3.1 Survey booklets

Ten different survey booklets and cover letters were developed, five for the adoption group and five for the migrant group (see Appendices 3-4 to 3-17 on CD for samples):

1. adolescent aged 14-18;
2. young adult aged 18-26;
3. parent of 14- to 18-year-old;
4. parent of 18- to 26-year-old;
5. partner or housemate of adult who no longer lived at home.

The colour of the coverpage and the size of the booklets differed across the different groups. For instance, the booklet for adolescent adoptees had 18 pages and an orange coverpage. Booklets for the adoption groups contained an extra page for adoption specific items.

Each survey booklet was divided into four main parts. Part A consisted of parallel Achenbach Behavior Checklists and Self Reports (ASEBA forms) to examine the mental health of the target IC adoptee and migrant (see Appendices 3-18 to 3-21 on CD for samples). Parts B and C each consisted of 12 parallel questions about background information on the adoptee or migrant and their family. Part D contained

up to 29 mainly parallel questions seeking information about aspects of well-being and identity of the adoptee or migrant and several questions about aspects of the adoption and migration experiences and participation in future research. Internal consistency or reliability of the measures was determined using Cronbach's alpha coefficient (α).

3.3.2 Measures

Following is an outline of the measures used to examine demographics, well-being, identity as well as threats and risks to well-being and identity (see Appendix 3-3 for a summary).

Demographics

The ASEBA forms included several generic socio-demographic questions about the informant and the target person. Providing the full name of the target adoptee and migrant was optional. There were another 12 questions about further demographic details of the target and his or her family based on items from the WACHS (Silburn et al., 1996; Zubrick et al., 1995) and a 9-point scale SES measure from Harper (1986). Whether the age of the parent(s) had ever been a problem for the adoptee or migrant was measured by a single item with a bi-polar *yes/no* scale (Tieman, 2006). Four adoption and migration specific questions were about when, with whom and at what age the adoptee or migrant had arrived in Australia (Harper, 1986; Verhulst et al., 1992). In two open-ended items, participants were asked about suggestions and advice to others considering adoption or migration and for contact details to be used for any follow-up research.

Well-being

The following seven different areas were measured to assess physical and psychological well-being: current physical health, happiness, life satisfaction, satisfaction with adoption/migration, self-esteem, self-efficacy and mental health.

Physical health at arrival and current physical health were each assessed with a 1-item, 5-point Likert-type scale (0=*poor*, 4=*excellent*). The health at arrival scale had an additional tick-box for those who did not know (Verhulst et al., 1992). There were two 1-item, 3-point scales (scores 0-2) in the ASEBA forms about whether, and how often, the adoptee/migrant suffered from asthma and allergy and one open-ended item for listing and describing any illness or disability. Responses were coded as physical or mental disability or illness.

Happiness was measured with the 1-item, 7-point scale of global well-being of Andrews and Withey (1976). The scale consisted of a series of stylised faces ranging from a big smile to a big frown (0=*very unhappy,* 6=*very happy*). The scale has face validity and a reported reliability of α=.85 (F. Andrews & Withey, 1976).

Life satisfaction was measured with four items on happiness, life enjoyment, worry and coping. The item on life enjoyment reads: "Compared to other people you know, would you say that you have enjoyed your life up to now?" The measure was developed for adults by Davidson and Cotter (1991) based on the works of Andrews and Withey (1976) and Diener (1984). Although Davidson and Cotter (1991) did not provide a reliability coefficient for the total measure, they argued that the items' face validity and consistent correlation with similar constructs were sufficient evidence of the measure' s reliability. Using the same approach with an 8-point Likert-type scale (1=*not too happy*, 8=*very happy)*, face validity and item correlations were confirmed for Caucasian adolescents in Australia (Pretty et al., 1996). A total raw score is computed by summing the item scores. A higher score indicates a more positive sense of well-being. Reliability in the current study was α=.63 for the self reports and α=.74 for the parent reports.

Satisfaction with the adoption or migration for mother, father, family and child was measured with a 1-item, 5-point scale (1=*unsatisfactory*, 5=*very successful*) (Harper, 1986; Rosenwald, 1994).

The Rosenberg (1979) self-esteem scale (10-item, 5-point scale, 1=*strongly disagree*, 5=*strongly agree*) measured agreement with five positive and five negative statements about the self. It was included in the adoptee and migrant self reports only. The original scale was a 10-item, 7-point Guttman scale with reportedly sound psychometric properties based on the Guttman criteria for uni-dimensionality and expressed in a reproducibility coefficient (r=.93) and a scalability coefficient (r=.72) (M. Rosenberg, 1965). A simplified version allowed the scale to be used as a Likert-type scale (M. Rosenberg, 1979). One sample item reads: "I certainly feel useless at times". The total raw score is obtained by reversing the scores of the negative statements and summing all 10 item scores. A high total score indicates a high level of self-esteem. Full scale reliability in the current study was α=.89.

The general self-efficacy scale is a measure of an individual's belief in personal ability, mastery and success (Bandura, 1977). The present study used a 6-item, 10-point scale (1=*not true at all*, 10=*certainly true*) adaptation with a reported reliability of α=.66

(Sherer et al., 1982). One sample item reads: “If I can’t do a job the first time, I keep trying until I do”. A composite score was obtained by reverse coding the three negative statements and summing all resulting item scores. A high total score indicates a high level of self-efficacy. In the current study, scale reliability was α=.70.

Mental health was assessed at both measurement points with the Achenbach System of Empirically Based Assessment or ASEBA for adaptive and maladaptive functioning (Achenbach, 2003). At the first measurement point (1994) the 1991 Child Behavior Checklist (CBCL) (Achenbach, 1991) was used. The current study used the English-language versions of the 2001 CBCL and Youth Self Report (YSR) for 6- to 18–year-olds (Achenbach & Rescorla, 2001) and the 2003 Adult Behavior Checklist (ABCL) and Adult Self Report (ASR) for 19- to 59-year-olds and 18-year-olds who no longer lived at home (Achenbach & Rescorla, 2003). Reported compatibility between the adult forms (ABCL and ASR) and the forms for school-age children and youths (CBCL and YSR) allows for valid comparisons between the functioning of different age groups in cross-sectional research and cohorts at different ages and stages in longitudinal research (Achenbach & Rescorla, 2001, 2003).

In all the forms, items on behavioural and emotional functioning, referred to in the manuals as problem behaviours, are measured with a 3-point scale indicating how true the described behaviour or emotion is, or has been, over the preceding 6 months (0=*not true (as far as known)*, 1= *somewhat or sometimes true,* 2=*very true or often true*). One sample item of the YSR reads: “I argue a lot”. The total raw problem behaviours score is obtained by summing all item scores. Higher total scores indicate higher levels of maladaptive functioning.

The problem behaviours are grouped into eight syndrome scales which are subsequently grouped into two broadband scales. The syndrome scales are: (1) anxious/ depressed; (2) withdrawn/depressed; (3) somatic complaints; (4) social problems; (5) thought problems; (6) attention problems; (7) rule-breaking behaviour; and (8) aggressive behaviour. The two broadband scales are: (1) internalising behaviours, reflecting problems within the individual (anxious/depressed, withdrawn/depressed and somatic complaints) and (2) externalising behaviours, combining behaviours that mainly involve conflicts with other people (rule-breaking and aggressive behaviour in the children/youth forms and aggressive, rule-breaking and intrusive behaviour in the adult forms) (Achenbach & Rescorla, 2001, 2003).

Problem behaviour items are also grouped into six DSM-oriented scales (in the current study referred to as psychiatric risks) based on diagnostic categories of the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) (American Psychiatric Association, 1994). The scales are: (1) affective/depressive problems; (2) anxiety problems; (3) somatic problems; (4) attention deficit/hyperactivity problems; (5) oppositional defiant problems and (6) conduct /antisocial personality problems. Most scales and scores in the children/youth forms have exact or close counterparts in the adult forms. These are: total problem, internalising and externalising behaviours, all syndrome scales (except social problems which was replaced by 'intrusive' in the adult forms) and all DSM-oriented scales (except oppositional defiant problems which was replaced by avoidant personality problems in the adult forms) (Achenbach & Rescorla, 2001, 2003).

For each case with more than one informant, the cross-informant agreement on problem behaviours, expressed as Q-correlation between items, was automatically calculated by the Assessment Data Manager (ADM) and displayed on the case profile (Achenbach, 2004b; Achenbach & Rescorla, 2001, 2003). The coefficient results were manually entered in the ASEBA database and converted into the categories "below average", "average" and "above average" based on the 25th and 75th percentile Q correlations reported in the relevant manuals (Achenbach & Rescorla, 2001, 2003). Cross-informant agreement for all other ASEBA items and scales was expressed by Pearson *r* and compared to the norms listed in the same relevant manuals.

ASEBA norms are available for scores obtained for different groups across different cultures (Crijnen et al., 1999), including Australia (Sawyer et al., 2001; Zubrick et al., 1997). From a multicultural assessment perspective, Australian norms for problem behaviours are classified the same as the USA norms (i.e., group two) (ASEBA, 2007). These standard norms for non-referred samples, listed in the relevant manuals, have been used in the current study because the majority of participants in the present study originated from countries with the same ASEBA classification (Achenbach & Rescorla, 2001, 2003).

The *Child Behavior Checklist (CBCL)* is completed by the primary carer of 6- to18-year-olds (Achenbach & Rescorla, 2001). It includes some demographic items; 16 items on social competence; one item each on presence of illness, disability or handicap, use of special educational services, repeating grades and problems at school; two open-ended questions on concerns and best things about the youth; and 120 items on behavioural and emotional functioning. Social competence is assessed with three subscales: (1) out-of-school activities (6-item, 4-point scale, 0=*none*, 3=*3 or more sports/activities/*

jobs); (2) social relations (6-item, 4-point scale, 0=*none*, 3=*3 or more organisations [or 4 or more friends]*); (3) school performance (4-item, 4-point scale, 0=*failing*, 3=*above average*). The total social competence score, computed by summing the subscales, ranges from 0 to 35. A higher score indicates a higher level of social competence. The total problem behaviours raw score, computed by summing all problem behaviour item scores, ranges from 0 to 240 (Achenbach & Rescorla, 2001). The reported reliability of the CBCL scales and scores ranges from α=.63 for the school scale to α=.97 for total problems. The reported Q-correlations between all items is *r*=.59 for pairs of parents and *r*=.23 for parent and teacher and the evidence supporting construct validity of the different scales includes significant associations with DSM IV criteria, cross-cultural replications and genetic findings (Achenbach & Rescorla, 2001).

The *Youth Self Report (YSR)* for 11- to 18-year-olds is a parallel form of the CBCL, but with a smaller range of total problem behaviours raw scores (0-210) (Achenbach & Rescorla, 2001). The total social competence score, computed by summing the subscales 'activities' and 'social', ranges from 0 to 32. Achenbach and Rescorla (2001) reported that the reliability of all scales' scores ranges from α=.55 for the social competence subscale to α=.95 for the total problem behaviours scale. The Q-correlation between items is slightly less than moderate (*r*=.29), but the level of agreement on all scales and total scores is moderate to high. Cross-informant agreement between the CBCL and YSR is reportedly significant for all scales with the highest level of agreement reported for the social scale (*r*=.60) and the lowest for thought problems (*r*=.37) (Achenbach & Rescorla, 2001).

The *Adult Behavior Checklist (ABCL),* for adults aged 18 to 59 years, is completed by an adult who knows the target adult well (Achenbach & Rescorla, 2003). The form has demographic items similar to those in the CBCL and another 146 items on adaptive functioning (17), social desirability (11) and problem behaviours and physical complaints (118). Adaptive functioning is measured across the two domains of friends (4-item, 4-point scale, 0=*none (or equivalent*), to 3=*4 or more (or equivalent*) and spouse/partner (8-item, 3-point scale, 0=*not true*; 1=*somewhat or sometimes true*; 2=*very true or often true*). The possible total score of adaptive functioning ranges from -8 to +8 with higher scores indicating higher levels. As few of the adoptees and migrants in the current study had a spouse, total adaptive behaviours consisted of the friends subscale only. The total problem behaviours raw score ranges from 0 to 236 (Achenbach & Rescorla, 2003). There are two additional scales in the adult forms: (1) substance use and (2) critical items. The substance use scale consists of three items about the adult's frequency of tobacco, alcohol and non-medicinal drug use over the

preceding six months. Each item response is converted into T-scores (a T-score indicates an individual's score in relation to peers) to obtain a mean substance use score (range 50 to 100). Higher scores indicate higher levels of use. The critical items scale consists of 19 problem behaviours which were identified by psychiatrists and psychologists in 10 cultures to be consistent with DSM IV diagnostic criteria for mental health problems. The scale is 0=*not critical*, 1=*possibly critical*, 2=*definitely critical* (Achenbach & Rescorla, 2003). Reported reliability of all relevant scales' scores ranges from α=.67 for the friends scale to α=.97 for total problem behaviours. The reported mean Q-correlations for the syndromes and DSM-oriented scales are *r*=.86 and *r*=.85 respectively. Supporting evidence for content and criterion validity includes consistency with DSM IV diagnostic categories (Achenbach & Rescorla, 2003).

The *Adult Self Report (ASR),* the parallel form of the ABCL, has 170 items which include adaptive behaviours (39), social desirability (11) and problem behaviours and physical complaints (120). The main differences between the ASR and the ABCL are in the measurement of adaptive functioning, covering five areas instead of the two outlined in the ABCL (Achenbach & Rescorla, 2003). The additional three scales are the family scale (6-item, 3-point scale, 0=*worse than average*, 1=*average*, 2=*better than average*) and the job (9 items) and education scales (5 items) with 3-point scales (0=*not true*, 1=*somewhat or sometimes true*, 2=*very true or often true*). T-scores instead of raw scores are used to calculate a mean adaptive score (range 20 to 60) which is subsequently converted into a mean adaptive T-score. Achenbach and Rescorla (2003) reported that the reliability of all scales' scores ranges from α=.51 for the education scale to α=.97 for total problem behaviours and the mean Q-correlations for maladaptive functioning scales from *r*=.83 for the DSM-oriented scales to *r*=.96 for substance use. They also provided supporting evidence for content and criterion validity. The reported cross-informant agreement with the ABCL is significant for all parallel scales with the highest level of agreement across all relevant scales for the tobacco scale (*r*=.79) and the lowest for thought problems (*r*=.30). The mean Q-correlation between problem items is reportedly moderate (*r*=.30) (Achenbach & Rescorla, 2001).

Identity

Seven aspects of personal identity were examined with the use of nine measures: self description, adoptive identity, biological and cultural heritage, community identity, ethnic identity, cultural/racial identity and place identity. To assess the salience or centrality of their adoptive and migrant status in their total identity structure, adoptees and migrant

peers were asked: “Write down three different ways you generally describe yourself” (Erikson, 1968; Korf & Malan, 2002).

The measure for adoptive identity (29-item, 5-point scale, 1=*not*, 5=*always*) was partly based on a Dutch translation of the USA adoption dynamics questionnaire (Benson et al., 1994) adapted for use in the Sophia study (Tieman, 2006). The measure was translated back into English by the current researcher, a Dutch native speaker. Comparison with the original questionnaire items found no discrepancies. Higher scores indicate a greater degree of the construct measured. Parallel items were used in the booklets for the adoptees and their parents. For instance, a sample item in the adoptee booklet reads: “I like it that I am adopted”; the parallel version for the parents reads: ”My child likes being adopted”. In the current study, full scale reliability for the adoptee and parent responses was α=.81 and α=.61 respectively. Respective subscale reliability for positive affect about adoption (12 items) was α=.91 and α=.88; preoccupation with own adoption history (3 items) α=.33 and α=.35; parental openness on adoption (8 items) α=.91 and α=.80 and negative experiences with own adoption (6 items) α=.71 and α=.61. Reliability coefficients were comparable to those reported by Tieman, except for ‘preoccupation’ which was α=.91 for eight items (Tieman, Van der Ende, & Verhulst, 2006d).

The interest in biological and cultural heritage measure (10-item, 3-point scale, 1=*no,* 2=*sometimes*, 3=*yes*) referred to the level of interest and participation in (1) meeting people from the country of origin; (2) visiting that country; (3) speaking the language; (4) parental interest in their child’s country of origin; and (5) interest in background information. It included four items from Tieman (2006) and two from Benson et al. (1994). Heritage raw scores were derived from summing items 1, 2, 3 and 5. The statements have face validity. In the current study, scale reliability was α=.70 for adoptees, α=.51 for migrants, α=.64 for adoptive parents and α=.66 for migrant parents. Two further questions asked about contact with other adoptees or migrants while two adoption-specific items assessed how often the adoptee daydreamed about his/her birth parents (5-point scale 1=*never*, 5=*very often*) (Benson et al., 1994) and why birthparents may have placed the adoptee for adoption (Saetersdal & Dalen, 2000).

Sense of belonging to the respective community group was measured with the strength of group identification scale (13-item, 5-point scale, 1=*strongly disagree*, 5=*strongly agree*) by Cameroon as cited in Obst, Zinkeiwicz and Smith (2002a). Adoptees and migrants indicated their level of agreement to statements such as: “I have a lot in common with other adoptees/migrants”. The reported reliability of the four subscales

ranged from α=.71 to α=.97 (Obst, Smith, & Zinkiewicz, 2002). In the present study, full scale reliability was α=.69. Subscale reliability for centrality (five items) was α=.75, ingroup affect (four items) α=.81 and ingroup ties (four items) α=.78.

The self-identification of ethnicity of all participants was measured with the open-ended statement: "In terms of ethnic group, I consider myself to be…" (Phinney, 1992). Ethnic identity was measured with the 20-item multigroup ethnic identity measure (MEIM) by Phinney (1992), a composite index of strength of ethnic identity (14 items) and orientation towards other groups (6 items) in youths and adults from a wide range of ethnic and cultural groups (Phinney, Berry, Vedder et al., 2006). The strength of ethnic identity scale assesses three aspects: affirmation and belonging (five items), ethnic behaviours (two items) and ethnic identity achievement (seven items). The latter consists of the two subscales exploration (four items) and commitment (three items). Responses to items such as: "I have a strong sense of belonging to my own ethnic group", were rated on a 4-point Likert-type scale (1=*strongly disagree*, 4=*strongly agree*). Negatively worded statements were reverse coded, items summed and mean scores computed for the full scales and subscales. Higher scores indicate stronger aspects of ethnic identity and other group orientation.

Phinney (1992) reported a full MEIM scale reliability of α=.81 for a sample of youths and α=.90 for a sample of young adults. A review of the reliability and validity of the MEIM reported in 12 studies found α=.86 for the strength of ethnic identity scale and α=.69 for the orientation towards other groups scale (Ponterotto, Gretchen, Utsey, Stracuzzi, & Durham, 2003). A reported example of the validity of the MEIM was its prediction of self-esteem (Phinney & Alipuria, 1996) and confirmation of its two-factor structure (Ponterotto et al., 2003). Except for the commit subscale (adoptees and migrants α=.50, parents α=.52) and the ethnic behaviour subscale (parents α= .52), full and subscale reliability across the four groups of respondents in the current study was $\alpha \geq .7$.

Baden and Steward (2000) revised the MEIM to develop a Cultural-Racial Identity Model for racially and culturally integrated families. The model distinguishes between four cultural and racial dimensions of identity resulting in 16 possible identities. The dimensions are assessed with the MEIM-R(evised) (46-item, 4-point scale, 1=*strongly disagree*, 4=*strongly agree*) consisting of the original 20-item MEIM and three additional statements about ethnic behaviours and practices to increase the reliability of the ethnic behaviours scale. These 23 items are subsequently repeated in a reworded form that refers to the ethnic group of the parents. The following statement is used to illustrate the modification: "I have a clear sense of my ethnic background and what it means for

me". The reworded statement in the second part of the MEIM-R reads: "I have a clear sense of my parents' ethnic background and what it means for me". In the present study, the parallel statement in the parent booklets reads: "I have a clear sense of my ethnic background and what it means for me" and "I have a clear sense of my child's ethnic background and what it means for me". By summing relevant items of the 46-item MEIM-R, the following four dimensions are operationalised showing high reliabilities: (1) adoptee culture dimension (four items, α=.85); (2) adoptee race dimension (nine items, α=.92); (3) parental culture dimension (four items, α=.73); and (4) parental race dimension (nine items, α=.84 (Baden, 2002, 2007). Baden (2002) also reported high external validity and low to moderate internal validity for the model. The MEIM-R was included in all survey booklets in the current study and all participants reported on themselves. Reliability of the dimension scales was analysed separately for each group and found to be the same in both the adoption and migrant groups: adoptees and migrants (self culture α=.85; self race α=.87; parents' culture α=.78; parents' race α=.80) and parents (self culture α=.63; self race α=.84; child's culture α=.80; child's race α=.84). Higher scores indicate stronger identification with own and parental (or child) cultural and racial groups (Baden, 2002, 2007).

Salience and strength of identification with places, such as countries of birth and domicile, were measured with three instruments: sense of belonging to Australia scale (Rooney, 1996), sense of belonging to the country of origin (adapted Rooney scale) and the urban identity scale (Lalli, 1992). The sense of belonging to Australia scale (5-item, 5-point scale, 1=*strongly disagree*, 5=*strongly agree*) measures national identity. Participants indicated agreement with statements such as: "I feel a strong sense of belonging to Australia". A higher total score represents a stronger identification with Australia. This instrument was a subscale of Rooney's (1996) universal ethnic identity scale (UEIS). Nesdale and Mak (2000) reported a reliability of α=.76 using a 7-point scale. In the present study, the 5-item measure was repeated and the word "Australia" replaced with "country of birth". Reliability for the adoptee/migrant responses was α=.83 for belonging to Australia and α=.83 for belonging to country of birth. For the respective parent responses reliability was α=.79 and α=.76.

The urban identity scale by Lalli (1992) (20-item, 5-point scale, 1=*strongly disagree*; 5=*strongly agree*) measures the adoptees' and migrants' strength of identification with the state of residence with statements such as "I feel really at home in WA". Five subscales measure (1) evaluation (four items, α=.68); (2) familiarity (four items, α=.74); (3) attachment (four items, α=.92); (4) continuity (four items, α=.72); and (5) commitment (four items, α=.85). Significant correlations with length of residence and

place of birth in German and British samples supported the content validity of the full urban identity scale and subscales and their use across international borders (Lalli, 1992). Reliability in the present study ranged from α=.71 for evaluation to α=.91 for the full scale. The parent booklets included two statements only (α=.73). A sample item of the attachment subscale reads: "My child sees him/ herself as a Western Australian" and a sample item of the commitment subscale reads: "My child's personal future is closely tied up with WA".

Threats and risks to well-being and identity

The following four threats and three known risks to well-being and identity were examined: (1) threat to distinctive group continuity; (2) perceived status discrimination; (3) problems created by looking different; (4) perceived racial discrimination, and (1) age at arrival; (2) pre-arrival adversity; (3) parental SES.

On the threat 'distinctive continuity of the group' measure (6-item, 5-point scale) by Korf and Malan (2002), adoptees and migrants indicated their perceived level of threat through statements such as: "Intercountry adoptees/migrants will continue to exist as a group." A total score is derived from reverse coding positive statements and summing the item scores. Higher scores reflect higher levels of perceived threat to group continuity. Korf and Malan reported a reliability of α=.82 and the present study α=.62.

The measure of threat to personal well-being (1-item, 5-point scale, 1=*strongly disagree,* 5=*strongly agree*) assesses perceived discrimination on the basis of status or against who one is. In the present study this means being an adoptee or a migrant. The measure was part of Korf and Malan's (2002) threat to well-being subscale (9-item, 6-point scale, α=.77) and reads: "I feel that people discriminate against me because I am an intercountry adoptee/migrant". The item has face validity and reportedly the highest factor loading on the threat to well-being subscale (.73) (Korf & Malan, 2002).

Problems created by looking physically different were assessed with 11 items from the Sophia study questionnaire (Tieman, 2006). In the first item, participants were asked whether the adoptee or migrant looked different from their parents (y*es/no* scale). The other 10 items concerned looking physically different from the majority of people in Australian society. They were measured with a 3-point scale (1=*no*, 2=*sometimes*, 3=*yes*) indicating the level of agreement with the statement. One sample item reads: "I wished I looked like an average Australian". In the last six items, participants were asked whether skin colour/physical appearance had created problems for adoptees or migrants in a range of public and private areas with a final open-ended option to

describe any other problematic situations encountered. The clarity of the statements and questions gives the scale face validity. In the current study the reliability of the 10-items was α=.74 in the self reports and α=.69 in the parent reports.

Perceived racial discrimination was measured with a single question to the adoptee/migrant: “Have you experienced any racial discrimination” (3-point scale, 0=*never*, 1=*sometimes*, 2=*a lot of time*). Parents were asked: ”Has your child experienced any racial discrimination?”

Age at arrival was measured as a continuous variable in months and years and subsequently converted into the following three different dichotomous variables. The distinction between arrival before and after the age of seven years was used in the cross-sectional study to classify adoptees and migrants as first and second generation migrants. The variables of arrival after the age of six months (0=*arrival<6 months*, 1=*arrival≥6months*) and arrival after the age of two years (0= *arrival<2 years, 1=arrival≥2 years*), both considered risk factors in adoption (e.g., Harper, 1986; Verhulst, Althaus et al., 1990b), were used in the longitudinal study.

A pre-arrival adversity index was computed through summation of three pre-arrival adversity items (Verhulst et al., 1992). The items related to the degree of knowledge the adoptees, migrants and parents had about any experience of abuse and neglect (from 0=*definitely not* to 3=*yes, I am sure)* and number of changes in care-giving environment prior to arrival (from 0=*no changes* to 3=*5 of more changes)*. The possible total score ranged from 0 to 9. In the current study, reliability of the scale was α=.80 for adoptees and α=.44 for migrants.

SES was assessed with a 1-item, 9-point self-rating scale (1=*low*, 9=*high*) indicating the perceived SES position of the informant or the person being reported on (Harper, 1986). In the longitudinal study, parental SES scores were converted into a categorical variable (1=*low*, 2=*medium,* 3=*high*).

3.4 Procedure

This section describes in detail the recruitment of participants, ethical considerations and data management.

3.4.1 Recruitment of participants

The researcher sent, or gave, the target participants relevant survey booklets and cover letters which introduced the study and invited them to participate. Each booklet was

placed in a separate envelope and included a postage-paid return envelope addressed to the researcher at ECU.

For the adoption sample, relevant survey booklets were sent to the last known addresses of the adoptive families in the sampling frame. Sixteen adoptive families who had moved to a different address since the first point of data collection were located through publicly available community resources and the adoption community network in WA (see Appendices 3-22 and 3-23 on attached CD for copies of supporting letters from Adoption Support for Families and Children Inc. and Adoptions International of WA Inc.).

Several means were used to recruit migrant peers. First, the cover letters to adoptees included a written request to encourage participation by their migrant friends and acquaintances. Second, assistance was sought from target ethnic communities. For the recruitment of Korean migrants for instance, a letter was sent to the Korean Church, a flyer about the study was inserted in the newsletter of the Korean Association of WA Association, the researcher attended Korean community events and displayed posters in Korean shops, restaurants and churches in the Perth metropolitan area (see Appendices 3-24 and 3-25 on attached CD).

General and specific invitations for migrants to participate were sent to other ethnic groups and permission was obtained to attend their communities' events and activities, including language schools. Posters targeting migrants in other ethnic communities were widely distributed and displayed. They invited 14- to 26-year-old migrants who had arrived in Australia from Africa, Asia, South and Central America and Eastern Europe at least five years earlier with at least one of their birth parents, to contact the researcher. Parents of the targets were also invited to participate irrespective of their children's participation (see Appendices 3-26 to 3-27 on attached CD for sample of migrant recruitment letters). Recruitment from rural and regional areas was undertaken by the researcher through visits to regional centres in the middle and south of WA, contacting local ethnic communities, displaying notices about the study in shopping centres and other public places and handing out survey packages to volunteers who fitted the criteria.

Any adult adoptee/migrant or parent who had received incorrect or insufficient booklets was sent the correct and/or additional booklets upon request. After six months of data collection the minimum residency requirement for migrants was reduced from five to three years to increase the participation rate.

3.4.2 Ethical considerations

Adoption is a sensitive research area where confidentiality and protection of privacy is of particular importance. Approval for the study was granted by the ECU Human Research Ethics Committee on 1 April 2004. Assurances of confidentiality, provided in the cover letter, were met by the researcher throughout the study. Tracing the small number of adoptive families who had moved to a different address since indicating in 1994 their willingness to participate in follow-up research, was undertaken with extra care.

The cover letters were participant group specific and provided contact details of the researcher, the principal supervisor and the postgraduate coordinator of ECU's School of Psychology in case any information or help was needed before, during, or after completion of the survey booklet. The cover letters also gave assurance that participation was voluntary and withdrawal possible at any time.

As the study addressed personal issues which could result in personal distress for the informants and others around them, the cover letter included an offer to provide contact details of relevant post adoption and post migration services. A list of relevant contacts was provided to the principal supervisor and the postgraduate coordinator (see Appendix 3-28 on attached CD).

All responses were received in sealed envelopes, kept at the locked office of the principal supervisor at ECU and collected by the researcher on a weekly basis. All data were handled by the researcher only. All records and data were stored in a locked metal cabinet and all electronic data were password protected. Any identifying participant information, such as first, last, or full names provided in the survey booklet for future research, was removed from the responses prior to data entry.

Completion and return of the survey booklet was taken as consent and no separate consent form was included, except in the case of volunteering migrants under the age of 18 years where the researcher sought written consent from their parent(s) before the relevant survey booklet was made available (see Appendix 3-27 on attached CD for a copy of the consent form).

Some countries of origin were represented by small numbers of adoptees and parents in WA. To protect the confidentiality of the participants who belong to these small groups, all data were aggregated and results presented in the broader categories of continents of origin, except for Korea.

3.4.3 Data management

All received information was coded, entered on the relevant electronic databases and prepared for data analyses with the use of the following two computer programs:

1. Assessment Data Manager Program (ADM) version 5.0 by the Achenbach System of Empirically Based Assessment (ASEBA) (Achenbach, 2004b);
2. Statistical Package for Social Science (SPSS) version 14.1 (SPSS Inc., 2005b).

Codes were applied to the responses after the data collection. As recommended by De Vaus (1991), a codebook was developed and all coding decisions systematically recorded. All scaled variables were coded according to the scale specifications. The coding of responses to variables of the longitudinal study was kept consistent at both measurement points. Non-responses did not receive a specific code but were dealt with according to specific scale instructions in manuals (e.g., Achenbach & Rescorla, 2001), or through other conventional methods such as mean substitution (Coakes & Steed, 2003).

The raw data obtained from the 2004 parent (CBCL and ABCL) and self reports (YSR and ASR) were entered in the ADM program (Achenbach, 2004b), checked for incorrect and missing data with the ADM data verification function and corrected where necessary. Raw data were scored automatically by the ADM, meaning that total scale scores, subscale scores and T-scores on all adaptive and maladaptive behaviours for each person reported on were calculated and entered automatically in the relevant databases (Achenbach, 2004b). Individual profile reports were created for each case, as well as cross-informant reports for those with self and parent reports and/or partner/housemate reports.

The exportation of the raw and scored data from the ADM, their conversion into the SPSS format and their importation into the SPSS program were performed with the A2S utility (Achenbach, 2004a). The data were imported in the form of one raw and one scored database for the CBCL, YSR, ABCL and ASR as well as a combined raw and scored database, resulting in 10 separate databases.

The *T*-scores of the following variables were converted into a clinical status of mental health problems (normal, borderline, clinical) to determine the absence or presence, as well as the severity, of distress/deviance of each case (Achenbach, 2004b) (see Table 3.8 for the T-score cut-off points):

- Total competence and its eight competence/adaptive subscales
- Total problem behaviours

- Internalising and externalising behaviours
- Nine syndromes
- Nine DSM-oriented scales
- Critical items scale
- Substance use and its three subscales.

The conversion results of the syndrome and DSM-oriented scales were entered into the database under two newly created variables: (1) total number of syndromes present and (2) total number of DSM-oriented problems present (Achenbach & Rescorla, 2001, 2003).

To enable valid comparison between the 1991 version of the CBCL used in 1994 and the 2001 version used in 2004 (Achenbach, 1991; Achenbach & Rescorla, 2001), the 1994 data were converted into the 2001 CBCL scoring version as outlined in the manual (Achenbach & Rescorla, 2001). The five main differences between the 1991 and 2001 versions of the CBCL were:

1. change in age range of target children/youth from 4-18 years to 6-18;
2. increase in score range of the total competence scale (from 28 to 35) and the subscales activities (from 10 to 15) and social (from 12 to 14);
3. changes to six problem behaviours items and possible total problem behaviours score (from 236 to 240);
4. introduction of DSM-oriented scales; and
5. increase in T-score cut-off points for clinical levels in the competence scales and decrease in the syndrome scales [see Table 3.9 for an overview of the changes in T-score cut-off points (Achenbach & Rescorla, 2001)].

Table 3.9

Changes in T-score cut-off points for clinical levels from 1991 to 2001/03 ASEBA forms

	CBCL 1991	CBCL &YSR 2001	ABCL & ASR 2003
ASEBA factor	Borderline/Clinical	Borderline/Clinical	Borderline/Clinical
Total competence	T=37-40 / T<37	unchanged	
Competence & adaptive behaviors	T=30-33 / T<30	T=31-35 / T<31	T=31-35 / T<31
Total problems	T=60-63 / T>63	unchanged	unchanged
Internalising & externalising	T=60-63 / T>63	unchanged	unchanged
Syndrome & DSM-oriented scales	T=67-70 / T>70	T=65-69 / T>69	T=65-69 / T>69

For each 1994 adoption case, T-scores for the converted raw scores on competence and problem behaviours scales, subscales, syndromes and DSM-oriented scales scores were derived from the 2001 manual and profile sheets (Achenbach, 1991; Achenbach & Rescorla, 2001) and manually entered into the relevant database. The conversion resulted in a substantial increase in the number of borderline and clinical cases in the competence subscale activities. It was found that, due to several differences in item sequence, wording and scale anchors, the competence scales used in 1994 [based on the WA Child Health Survey (Zubrick et al., 1997)] were not entirely compatible with the standardised 1991 CBCL and it was decided to use the original 1994 competence T-scores in the present longitudinal study. The 1994 non-ASEBA data also remained unaltered.

All other data from the 2004 parent and self reports were entered in a separate SPSS database and checked for missing and incorrect values. All total scale and subscale scores were computed and added to the database. Inter-individual levels of agreement between parent and child were computed, expressed by Pearson *r* correlation coefficients and categorised as below average ($r<.3$), average ($r=.3$ to $.5$) and above average ($r>.5$) (Field, 2005). Throughout the thesis, levels of agreement refer to inter-individual agreement, unless stated otherwise.

The distribution of all variables was checked with statistical and graphic tests. Histograms, box-plots and normal Q-plots were used to assess the position of the scores and direction of any skewness and kurtosis. As recommended by Field (2005), the Kolmogorov-Smirnov and Shapiro-Wilkes tests for kurtosis and skewness were used to quantify any deviation from normality. The majority of the dependent variables' scores in the present study were found to have non-normal distributions across the different groups of participants. There appeared to be no consistency across participants and distributions of variable scores. Some variables showed a normal distribution with up to 11 outliers, while outliers were absent in some variables with non-normal distributions. Some outlying scores were changed to the next highest score plus one, as recommended by Field (2005), but as the effect of the changes appeared negligible, it was decided to leave the outliers in the samples and their scores unchanged.

Log transformation, square root transformation and reciprocal transformation were applied to the scores of key dependent variables with non-normal distribution with limited success. Diekhoff (1992) recommends that transformation of a distribution only takes place if the deviation from the non-normal distribution is more due to a flaw in the

research methodology than the distribution of the variable itself. For the few variables that achieved normality through transformation, no one method was found to achieve this across these variables. As Field (2005) argues that a transformed variable only be used in a multivariate analysis with other dependent variables that have undergone the same transformation it was decided to leave the raw data unchanged.

To answer the research questions, the study's 12 primary databases were selectively merged to create composite databases for statistical analyses (Levesque & SPSS Inc., 2007; SPSS Inc., 2005a). As the ADM program presented ASEBA data from self and parent reports in separate rows instead of columns, several manual amendments had to be made to the merged databases, particularly the longitudinal study databases, to enable valid analyses.

3.5 Statistical analyses

Due to the low number of participating partners/housemates of adoptees and migrants (n=3), data from these informants were excluded from the analyses.

3.5.1 Cross-sectional study

To analyse the 2004 data on well-being, identity and threats/risks, the following two databases were merged using the SPSS merge function (Levesque & SPSS Inc., 2007):

1. 2004 scored ASEBA database;
2. 2004 non-ASEBA database.

Descriptive, comparative, correlational and regression analyses were undertaken with the following main independent variables: subject type (adoptee/migrant); gender (male/female); and age group (adolescent/young adult).

In analyses of the ASEBA data, raw scores were used for comparison between scored data from the same or compatible ASEBA forms and T-scores between different or incompatible ASEBA forms (Achenbach & Rescorla, 2003). Levels of the ASEBA mental health indicators were compared with 21st century age-, gender- and form-specific population norms (ASEBA, 2007) using the one-sample t-test procedure with the ASEBA normative total raw scores listed in the relevant manuals as test values (Achenbach & Rescorla, 2001, 2003).

3.5.2 Longitudinal study

To compare the adoptees' levels of well-being in 1994 and 2004, the merged data base of the cross-sectional study was merged further with the 1994 data base that contained CBCL data converted to the 2001 version. The resulting dataset consisted of 283

parent reports obtained in 1994 and 270 parent and adoptee reports from 2004. The analyses of two longitudinal studies were each tested twice, firstly, to assess changes over time based on the parent reports of 1994 and 2004 and, secondly, to assess changes over time based on the parent reports of 1994 and the adoptee reports of 2004. The cohort-sequential longitudinal study used all adoption data collected at both measurement points from parents (*n*=283 in 1994, *n*=160 in 2004) and adoptees (*n*=110 in 2004) and applied between-groups analyses (Bell, 1953; Card & Little, 2007; Collins, 2006; S. Duncan et al., 1996). Separate analyses were undertaken and reported for the sequential cohorts of 14- to 16-year-olds of 1994 (*n* =38) and 2004 (parent reports *n*=23, adoptee reports *n*=19) to determine the validity of linking the results of 1994 and 2004. The remainder of the sample was split in two other age groups: 17- to 23-year-olds (parent reports *n*=114, adoptee reports *n*=72) and 24- to 26-year-olds (parent reports *n*=23, adoptee reports *n*=19). The repeated-measures study used data collected for the same adoptees at both measurement points from parents (*n*=140) and from parents in 1994 and adoptees in 2004 (*n*=85) (S. Duncan et al., 1996). Repeated-measures procedures, such as paired t-tests, were used to analyse the data.

3.5.3 Parametric or non-parametric tests

Although the basic assumptions of random sampling, normal distribution of scores and homogeneity of variance across groups and variables were not consistently met in the present study, parametric test performances with larger samples are reportedly robust against violations of these assumptions (Field, 2005; Shaughnessy et al., 2006; Tabachnick & Fidell, 2001). The overall sample sizes in the present study were reasonably large (e.g., *n*=268 in 2004). However, unequal group sizes appear to pose serious threats (Tabachnick & Fidell, 2001). As most of the individual group sizes were unequal (e.g., adoptees *n*=181, migrant peers *n*=87) and the assumption of normality was violated in a number of key variables, it was concluded that the present study design did not present a clear-cut case for the use of either parametric or non-parametric tests. Both parametric and non-parametric tests procedures were therefore undertaken and where assumptions were clearly violated non-parametric tests results are reported.

The level of significance throughout this thesis was set at <.01 to reduce the risk of Type I errors (incorrect rejection of the null hypothesis), due to the large number of statistical analyses undertaken and the violation of the assumption of homogeneity of variance in a number of analyses as tested with the Levene test (Field, 2005; Shaughnessy et al., 2006).

3.6 Summary of chapter

This chapter outlined the design of the study and the methodology applied to recruit adoption and migrant participants. It described how the well-being and identity data were collected and analysed for the cross-sectional and the longitudinal studies. The results of the two studies are described separately in the next two chapters.

Chapter 4 - Results of cross-sectional study on well-being and identity

The results of the research project are presented over the next two chapters. In this first chapter, the findings of the cross-sectional study on the well-being and identity of adolescent and adult intercountry adoptees and migrants are outlined, based on data provided in 2004 by the adoptees, adoptive parents, migrants and migrant parents. In chapter 5, the findings of the two longitudinal studies on the well-being of the adoptees are outlined, merging data collected from adoptive parents in 1994 with the present cross-sectional data collected from adoptive parents and adoptees. In this first chapter on adoptee and migrant well-being and identity, outcomes are reported on differences between adoptees and migrants, males and females and adolescents and adults as well as on relationships between, and prediction of, well-being and identity. Relevant Australian or Australian compatible norms for the ASEBA measures are included with means significantly above- or below-the-norms displayed in bold in the relevant tables and appendices. Most of the detailed results are summarised in tables and are available in the appendices.

4.1 Current well-being in adoptees and non-adopted migrant peers

Well-being was examined from the following four perspectives: (1) physical health; (2) happiness and satisfaction with life and with the experience of adoption and migration; (3) self esteem and self-efficacy; and (4) mental health, including competence and problem behaviours. In analyses where parametric test assumptions were not met, non-parametric test results are presented, either in addition to the parametric test results or in place of these.

4.1.1 Physical health

Physical health refers to current physical health as well as physical and mental disabilities. Seventy-four percent of adoptees and 61% of migrants described their health as very good to excellent. Parents rated the health of 75% of adoptees and 68% of migrants as very good or excellent. Total raw scores on the health scale covered the full range from 0 to 4 in both the self (M=2.91, SD=0.95) and parent reports (M=2.99, SD=0.94). There was a significant age group effect in the self ($F(1,176)=6.19$, $p=.01$) and parent reports ($F(1, 203)=11.34$, $p<.01$), but no significant effects for participant type and gender. Adolescents were in better health than adults according to both parent and self reports. The level of agreement between the self and parent reports was moderate ($r=.43$, $p<.01$).

A total of 64 occurrences of physical and mental disability and illness were reported across the self and parent reports. Significantly more adoptees than migrants had a disability and/or illness ($\chi^2(1)=20.91$, $p<.01$). Adoptees reported 10 cases of physical disability (9%) and two cases of mental illness (2%). Migrants reported physical disability only ($n=4$, 1%), which in one case was also reported by the parent. Adoptive parents reported the highest incidence of physical ($n=26$, 13%) and mental disability and illness ($n=21$, 10%) among adoptees. The majority of these disabled adoptees (75%) did not provide a self report in the present study. Differences across genders and age groups were nonsignificant. The overall level of agreement between self and parent reports was moderate ($r=.33$, $p<.01$).

4.1.2 Happiness and satisfaction

This section looks at life as a whole or happiness, satisfaction with life and perceived level of satisfaction with adoption/migration for the child, parents and the family.

Being happy or very happy with life as a whole (F. Andrews & Withey, 1976) was reported by 89% of adoptees and 93% of migrants. Parents rated 84% of adoptees and 91% of migrants as happy or very happy. Raw scores ranged from 1 to 6 in the self reports ($M=5.34$, $SD=0.98$) and from 0 to 6 in the parent reports ($M=5.11$, $SD=1.20$). Differences between participant types, genders and age groups were nonsignificant. The level of agreement between self and parent reports was moderate in the adoption ($r=.33$, $p<.01$) and high in the migrant group ($r=.65$, $p<.01$).

Total mean scores on the self reported Subjective Well-being (SWB) scale (Pretty et al., 1996) ranged from 1.75 to 8 for adoptees ($M=5.00$, $SD=1.38$) and migrants ($M=5.13$, $SD=1.39$), with higher scores indicating a higher level of life satisfaction. There was a main effect for age group ($F(1,181)=9.96$, $p<.01$), with adolescents reporting higher levels ($M=5.62$, $SD=1.25$) than adults ($M=4.83$, $SD=1.37$). There were no significant effects for participant type and gender. Levels reported by parents for adoptees ($M=5.40$, $SD=1.95$) and migrants ($M=5.85$, $SD=1.64$) ranged from 0 to 6 and differed significantly between females ($M=5.68$, $SD=1.90$) and males ($M=5.08$, $SD=1.79$) ($F(1,204)=8.40$, $p<.01$), but not between participant types and age groups. The level of agreement between self and parent reports was lower in the adoption ($r=.33$, $p<.01$) than migrant group ($r=.41$, $p<.01$).

The majority of adoptees and migrants reported satisfaction with their adoption (86%) or migration (86%). Parents reported similar rates of satisfaction among adoptees (86%) and migrants (87%). Raw scores ranged from 1 to 5 in the self reports ($M=4.37$,

SD=0.86) and the parent reports (*M*=4.32, *SD*=0.90). Differences between participant types, genders and age groups were nonsignificant in the self reports. There was a participant type effect in the parents reports ($F(1,189)=6.75$, $p=.01$), with adoptees rated significantly more satisfied (*M*=4.43, *SD*=0.85) than migrants (*M*=4.00, *SD*=0.96).

More adoptees considered their mother satisfied with adoption (89%) than migrants considered their mother satisfied with migration (77%). The same applied to reports on their father (84% vs 66%) and family (86% vs 84%). More adoptive parents rated themselves (87%), their adopted child (87%) and their family (89%) satisfied with the adoption than migrant parents reported satisfaction with migration for themselves (76%), their child (73%) and their family (79%). The mean level of agreement between self and parent reports was equal in both groups ($r=.64$, $p<.01$).

4.1.3 Self-esteem and self-efficacy

Total raw scores for self-esteem ranged from 18 to 50 for adoptees (*M*=40.86, *SD*=6.58) and migrants (*M*=40.70, *SD*=7.17), with higher scores indicating a higher level of self-esteem (M. Rosenberg, 1979). There were no significant main effects for participant type, gender and age group. There were no parent reports on this measure.

Total raw scores for self-efficacy ranged from 24 to 60. Higher scores indicate higher levels of self-efficacy (Sherer et al., 1982). Differences between adoptees (*M*=45.61, *SD*=8.24) and migrants (*M*=45.30, *SD*=7.27) were nonsignificant, irrespective of gender and age group. There were no parent reports on this measure.

4.1.4 Mental health

For most of the mental health analyses, data were split along ASEBA form type to create adolescent and adult groupings for the self reports (YSR and ASR) and parent reports (CBCL and ABCL) (Achenbach & Rescorla, 2001, 2003). Consequently, analyses of variance are mainly two-way between participant types and genders.

Social competence and adaptive behaviours

The total competence raw scores reported by and for all adolescents, ranged from 8 to 30 in the YSR and from 10 to 31 in the CBCL. Higher scores indicate higher levels of competence. The differences between adoptee (*M*=20.37, *SD*=4.28) and migrant (*M*=20.79, *SD*=4.89) self reported and parent reported scores (adoptee *M*=22.25, *SD*=4.41; migrant *M*=21.83, *SD*=4.90) were nonsignificant, irrespective of gender (see Appendix 4-1 for detailed CBCL and YSR raw scores). Two-way MANOVAs with YSR and CBCL raw scores in the three subscales of activities, social and school

performance, found a main participant type effect in the CBCL school competence subscale ($F(1,69)=10.56$, $p<.01$) and the YSR mean academic performance ($F(1,62)=10.11$, $p<.01$). Parents rated adoptees ($M=4.74$, $SD=0.87$) lower on school competence than migrants ($M=5.38$, $SD=0.59$). Adoptees ($M=2.12$, $SD=0.38$) scored lower on mean academic performance than migrants ($M=2.40$, $SD=0.39$). The gender differences between adoptee and migrant self and parent reports were nonsignificant. The YSR and CBCL have 17 competence items in common. The mean level of agreement between adolescent and parent reports on the relevant items was $r=.39$ in the adoption and $r=.5$ in the migrant group. The migrant group showed higher levels of agreement on number of activities, organisations and friends (see Appendix 4-2 for intercorrelations among the social competence T-scores).

To assess the rate of clinical levels in competence, T-scores in the four competence scales of the YSR and CBCL were converted into the categories normal, borderline and clinical, based on cut-off points empirically determined by Achenbach and Rescorla (2001) and summarised earlier in Table 3.8. Self and parent reports rated over 66% of adoptees and 71% of migrants in the normal range of all competence scales. As chi-square analyses with the three categories saw more than 20% of expected frequencies fall below five, the categories borderline and clinical were combined to increase cell sizes (Field, 2005). A significant association was found between gender and clinical status in the social subscale of the self ($\chi^2(1)=6.93$, $p<.01$) and the parent reports ($\chi^2(1)=5.81$, $p<.01$), but in the opposite direction. In the self reports significantly more females than males scored in the combined clinical-borderline range; in the parent reports more males than females scored in the combined clinical-borderline range. Further examination of separate adoptee and migrant self reports revealed a high proportion of adolescent male migrants with borderline clinical levels in the activities and social scales and the highest rate of clinical levels of competence. Adoptive parents reported the highest incidence of clinical levels of competence among adolescent male adoptees (see Appendix 4-4 for a summary of the incidence of the clinical level in competence).

The total adaptive scores reported by adult adoptees ($M=50.39$, $SD=5.08$) and migrants ($M=49.04$, $SD=5.42$) ranged from 37 to 60. The difference was nonsignificant. Because the ABCL and ASR have only two subscales in common, a parallel total adaptive score for parent reports was not computed (see Appendix 4-3 for a summary of adaptive behaviour results). Due to the low number of married male adoptees and migrants, females and males mean scores on this measure were combined. Due to serious violation of homogeneity of variance-covariance in the

multivariate analyses, separate univariate analyses were undertaken (Field, 2005) for scores on the six self reported ASR scales of total adaptive behaviours, friends, spouse, family, job and education, and on the two parent reported ABCL scales of friends and spouse. No significant main effects were found for participant type and gender in any of the scales. Intercorrelations among adult adaptive behaviours T-scores varied between adoptees and migrants (See 4-5). The mean level of agreement between the adult self and parent reports on the 12 items the ASR and ABCL have in common was r=.35 in the adoption group and r=.57 in the migrant group.

The T-scores for each adaptive behaviours scale in the ASR and ABCL were converted into the three categories normal, borderline and clinical (Achenbach & Rescorla, 2003). Self and parent reports rated over 84% of adoptees and 82% of migrants in the normal range of all respective adaptive behaviours scales (see Appendix 4-4 for a summary of the incidence of clinical levels in adaptive behaviours). No significant associations were found between clinical status and the two independent variables of participant type and gender in any of the adaptive behaviours scales of the self and parent reports.

Problem behaviours

The most common problem behaviours reported by adolescents and parents was 'arguing a lot' and by adults and parents 'worry about future'. Table 4.1 displays the rank order of the 10 most common problem behaviours reported by each of the four groups.

Three-way MANOVAs, conducted with the 10 most frequently reported problem behaviours for each ASEBA form, found differences between participant types and genders to be nonsignificant. Age group differences were significant in the four problem behaviours common across the four groups (argue a lot, stubborn, secretive, worry a lot). Scores for adolescents were higher than for adults in both adoption and migrant groups, except for 'worry (a lot)' where:

- adult adoptees scored higher than adolescent adoptees; and
- parents in both groups reported higher levels for adults than adolescents.

Assessment of prevalence rates found that rates of most of the 10 common problem behaviours listed in the self reports were above the norm (Achenbach & Rescorla, 2001, 2003). Secretive was the only problem behaviour that parents in both age groups reported at rates above the norm.

Table 4.1

Intercountry adoptee and migrant 10 most common problem behaviours, by age group and informant

	Adolescent		Adult	
	Self	Parent	Self	Parent
1.	**Argue a lot**	Argue a lot	Worry about future	Worry about future
2.	Talk too much	Fails to finish	Worry about family	Argue a lot
3.	Stubborn	Be perfect	**Easily bored**	Worry a lot
4.	**Daydream**	Stubborn	Doesn't eat well	**Secretive**
5.	Secretive	Moody	**Argue a lot**	Worry about family
6.	**Worry a lot**	**Secretive**	**Worry a lot**	Stubborn
7.	**Fail to finish**	Self conscious	Secretive	Disorganised
8.	**Stuck on thoughts**	Disobey at home	**Can't make decisions**	Trouble plan future
9.	Can't concentrate	Worry a lot	**Stubborn**	Trouble set priority
10.	**Store things**	Lacks guilt	**Stuck on thoughts**	Doesn't eat well

Note. Problems with rates significantly higher than the norm are displayed in bold.

The total raw scores for total problem behaviours reported by adolescents (YSR) ranged from 6 to 83 (adoptees *M*= 37.84, *SD*=19.53; migrants *M*=32.38, *SD*=16.30) and by adults (ASR) from 0-116 (adoptees *M*=48 36, *SD*=29.91; migrants *M*= 43.53, *SD*=22.38). The total problem behaviours raw scores reported by parents on adolescents (CBCL) ranged from 0 to 71 (adoptees *M*=19.42, *SD*=18.38; migrants *M*=14.05, *SD*=13.81) and on adults (ABCL) from 0 to168 (adoptees *M*= 34.94, *SD*=36.86; migrants *M*= 29.49, *SD*=23.85) (see Appendix 4-6 for details). There were no significant effects for participant type, gender and age group in the self reports. The parent reports showed no participant type and gender effects, but did show a significant age group effect for adoptees ($F(1,153)=8.71$, $p<.01$) and migrants ($F(1,152)=8.14$, $p<.01$). The combined adoptee and migrant total scores for adolescents were significantly lower (*M*=17.88, *SD*=17.27) than for adults (*M*= 34.03, *SD*=34.34). The same analyses of variance using T-scores showed no significant effects in the self and parent reports.

Both self and parent reports on problem behaviours were received in 135 cases. An examination of the Q-correlations of intra-individual agreement between self and parent reports showed a significant effect for participant type. The level of agreement was significantly higher in the adolescent adoption group (*M*=.34, *SD*=.17) than the migrant group (*M*=.17, *SD*=.11) ($F(1,53)=20.22$, $p<.01$). The difference was not significant between the adult adoption (*M*=.34, *SD*=.16) and migrant group (*M*=.31,

SD=.2). There were no significant effects for gender and age group. The level of parent-child agreement was significantly below the norm for both groups of adolescents (*Q*=.56) (Achenbach & Rescorla, 2001) and adults (*Q*=.42) (Achenbach & Rescorla, 2003).

Comparison between self and parent reports on problem behaviours found the difference in raw scores to be significant ($F(1,387)=18.97$, $p<.01$). Self reported raw scores were significantly higher (*M*=42.57, *SD*=24.88) than parent reported raw scores (*M*= 28.49, *SD*=30.54). The difference in T-scores was nonsignificant. Conversion of total problem behaviours T-scores (Achenbach & Rescorla, 2001, 2003) into clinical categories resulted in 76% of adoptees, 85% of migrants, 85% of adoptive and 88% of migrant parents reporting normal levels of problem behaviours (see Appendix 4-7 for details). No significant associations were found between clinical status and the three demographic variables of participant type, gender and age group.

Most of the scores for internalising and externalising behaviours and the nine syndrome subscales reported by and on adolescent and adult adoptees were higher than those reported by and on the migrants, but few of the differences were significant (see Appendix 4-6 for a summary of scores). Due to serious violation of multivariate homogeneity of variance-covariance, separate univariate analyses were performed for each subscale. There was a significant gender effect in the adolescent self reports on anxious-depressed ($F(1,62)=7.57$, $p<.01$). Female adoptees (*M*=4.52, *SD*=3.10) and migrants (*M*=5.25, *SD*=3.26) reported signficantly higher levels than male adoptees (*M*=3.00, *SD*=2.41) and migrants (*M*=2.69, *SD*=2.32). In the parent reports on the 11 subscales, differences between participant types, genders and age groups were nonsignificant.

Normal levels of internalising behaviours were reported by 71% of adoptees, 80% of migrants, 83% of adoptive and 86% of migrant parents. Normal levels of externalising behaviours were reported by 75% of adoptees, 86% of migrants, 80% of adoptive and 95% of migrant parents. Appendix 4-7 provides a summary of the incidence of clinical levels in the 11 subscales among male and female adoptees and migrants. In the self and parent reports, male adoptees and migrants were more likely than females to obtain scores in the borderline and clinical ranges of syndromes. These all concerned internalising syndromes. No significant associations were found between clinical status and participant type, gender and age group in any of the problem scales.

Among adolescents, the presence of one or more syndrome score in the clinical range was reported by 32% of adoptees, 24% of migrants, 31% of adoptive and 24% of migrant parents. Among the adults, the respective percentages were 41% of adoptees, 39% of migrants, 26% of adoptive and 29% of migrant parents. Adult female adoptees reported the highest rate of 'one or more syndromes present' (44%). No significant associations were found between the 'one or more syndromes present' and participant type, gender and age group within and between self and parent reports. The highest rate of 'more than one syndrome present' (co-morbidity) was reported by migrant parents for adult males (29%) (see Appendix 4-7 for a summary of rates).

According to Achenbach and Rescorla (2001), a group shows a trend in internalising and externalising behaviours when it obtains a mean total problems T-score of ≥ 60 and shows a difference of at least five points between mean internalising and externalising behaviours T-scores on two ASEBA forms (e.g., CBCL and YSR). No trends were evident in the adoption and migrant groupings (see Table 4.2).

The prevalence of psychiatric risks or disorders in adolescents and adults was assessed with nine DSM IV-oriented scales and one critical items scale. The latter is an additional measure for adults only. The scores of most scales were higher for adoptees than for migrants and higher for adults than for adolescents, but the differences were nonsignificant (see Appendix 4-8). A significant gender effect was found in anxiety problems reported by adolescents. Adopted and migrant females reported signficantly higher levels than males ($F(1,62)=8.00$, $p<.01$). In parent reports, differences between participant types, genders and age groups were nonsignificant. Conversion into clinical categories of the T-scores of each DSM IV-oriented scale (Achenbach & Rescorla, 2001, 2003) found that the highest clinical rate among psychiatric risk factors was reported for somatic problems by adult male migrants (38%). This prevalence rate was significantly above the norm, as were parent reported rates of inattentive and hyperactivity disorder for adult male adoptees (see Appendix 4-9 for details).

No significant associations were found between clinical status in the DSM IV-oriented scales and participant type, gender and age group. Among the adolescents the presence of one or more psychiatric risk factors was reported by 30% of adoptees, 31% of migrants, 27% of adoptive and 14% of migrant parents. Among adults the respective percentages were 38% of adoptees, 37% of migrants, 26% of adoptive and 26% of migrant parents. The highest incidence of one or more psychiatric risk factors

was reported by adult male migrants (44%). Female adoptees reported the highest rate of co-morbidity (more than one scale score in the clinical range) (26%) (See Appendix 4-9 for details). There were no significant associations between co-morbidity and participant type, gender and age group.

Table 4.2

Mean T-scores for intercountry adoptee and migrant total problem, internalising and externalising behaviours, by age group and report type

	Adolescent		Adult	
ASEBA factor	YSR	CBCL	ASR	ABCL
	n=66	n=73	n=124	n=140
Total Problems	49.9 (9.0)	46.2 (11.3)	51.1 (10.6)	48.6 (12.2)
Adoptee	51.0 (9.2)	47.2 (11.6)	51.5 (11.9)	48.8 (13.1)
Migrant	48.5 (8.8)	43.8 (10.2)	50.5 (8.5)	47.9 (9.3)
Internalising	50.0 (10.2)	48.0 (10.2)	52.9 (11.9)	49.3 (11.8)
Adoptee	50.3 (9.3)	48.9 (9.6)	53.3 (12.7)	49.2 (12.0)
Migrant	49.6 (9.7)	45.5 (11.3)	52.3 (10.7)	49.7 (11.1)
Externalising	50.2 (9.0)	46.2 (11.3)	51.8 (10.5)	50.4 (11.4)
Adoptee	52.1 (9.0)	48.3 (11.3)	53.2 (11.2)	51.6 (12.0)
Migrant	47.7 (8.5)	45.3 (6.9)	50.0 (9.3)	48.3 (9.0)

Substance use (tobacco, alcohol and drugs) was measured in adults only. Scores reported by adoptees (M= 55.98, SD=5.53) and migrants (M=51.39, SD=2.86) showed a significant effect for participant type, but not for gender, in alcohol ($F(1,119)=11.25$, $p<.01$) and total substance ($F(1,119)=12.82$, $p<.01$) use. Adoptees reported signficantly higher levels than migrants. There were no significant participant type and gender effects in the parent reports (see Appendix 4-10). Self and parent reports in the adoption, but not the migrant group, differed significantly for alcohol ($F(1,170)=13.06$, $p<.01$), drugs ($F(1,170)=12.41$, $p<.01$) and total substance ($F(1,170)=11.07$, $p<.01$) use.

Intercorrelations between the substance use T-scores showed both similarities and differences within the self (ASR) and parent (ABCL) reports and the adoption and migrant groups (See Table 4.3). Normal levels of substance use were reported by 85% of adoptees, 98% of migrants, 91% of adoptive and 97% of migrant parents. Female adoptees showed the highest incidence of a clinical level in substance use (see Appendix 4-11). In the self reports, a significant association was found between clinical status and participant type in alcohol ($\chi^2(1)=8.86$, $p<.01$) and drug use

($\chi^2(1)=8{,}52$, $p<.01$). Significantly more adoptees than migrants reported clinical levels. Differences in the parent reports were nonsignificant.

Table 4.3

Intercorrelations among substance use subscales T-scores, by report type

Substance use scale	Tobacco	Alcohol	Drugs	Substance use
ABCL [a]				
Tobacco		.07	.42	.60*
Alcohol	.31*		-.04	.82*
Drugs	.25	.40*		.38
Substance use	.62*	.89*	.55*	
ASR [b]				
Tobacco		.07	.67*	.62*
Alcohol	.37		.27	.75*
Drugs	.18	.27*		.82*
Substance use	.56*	.73*	.78*	

Note. Correlations for adoptees below and migrants above the diagonal.

[a] IC adoptee n=108, migrant n=35; [b] IC adoptee n=73, migrant n=51.

*$p<.01$.

Correlations between the problem behaviours measures and the other well-being measures in the self and parent reports of both groups were generally higher and more frequently significant in the adoption than the migrant group (see Appendices 4-12 and 4-13). In both groups, high correlations were found between problem behaviours and current physical health, happiness, life satisfaction, self-esteem and self-efficacy.

4.1.5 Summary on current well-being

The majority of adoptees and migrants were reportedly in very good to excellent physical health. Both groups reported high levels of happiness, satisfaction with life and their adoption or migration, self-esteem and self-efficacy. In the mental health areas of competence and adaptive behaviours, problem, internalising and externalising behaviours and psychiatric risk areas, adoptees and migrants were more similar than different. The majority of members of both groups fell within the normal range on most measures. Adolescents rated healthier, happier, more satisfied and with fewer problem behaviours, but also less competent than adults. The scores of two groups stood out, namely the higher scores in both adaptive and problem behaviours of the adult female adoptees and the higher scores on internalising behaviours of male

migrants. Parent reports were generally more positive than the self reports. The level of agreement between self and parent reports varied across the different areas but was generally higher in the migrant than the adoption group.

4.2 Identities in adoption and migrant groups

Identity was examined from the following six perspectives: (1) self-identification; (2) adoption; (3) heritage, both biological and cultural; (4) belonging to community; (5) ethnicity, including cultural and racial identities; an (6) place, including Australian and birth country identities and belonging to WA.

4.2.1 Self-identification

Adoptees and migrants were asked to list three ways they generally described themselves. The majority (61%) described themselves as students or by employment or professional role (adoptees 56 %, migrants 69%). Few described themselves in terms of country of origin or ethnicity (adoptees 2%, migrants 7%). No migrants described themselves as migrant and 4% of adoptees (adults only) described themselves as adopted. There was no significant association between self-identification and age at arrival, pre-arrival adversity and parental SES.

4.2.2 Adoptive identity

In 2004 all adoptees and adoptive parents completed the 29-item, 5-point adoption dynamic questionnaire with subscales for positive affect, preoccupation with own adoption history, parental openness and negative experience with adoption (Tieman, 2006). Higher scores indicate a higher level of the reported construct. In the self reports, all adoptees scored above the scalar midpoints of positive affect about adoption and parental openness and below the scalar midpoints of preoccupation with own adoption history and negative experience with adoption (see Table 4.4).

Table 4.4

Adoption dynamics mean scores, standard deviations and level of agreement, by age group and report type

	Adoptee report		Parental report		Agreement
	Adolescent	Adult	Adolescent	Adult	
Dynamic	n=26	n=83	n=34	n=120	
Positive affect	4.4 (0.6)	4.2 (0.8)	4.3 (0.5)	4.2 (0.7)	.52*
Negative experience	2.2 (0.9)	1.9 (0.8)	2.3 (0.9)	2.2 (0.9)	.32*
Openness	3.6 (1.0)	3.8 (1.1)	4.3 (0.9)	4.5 (0.8)	.44*
Preoccupation	2.2 (0.9)	2.1 (0.8)	1.3 (0.5)	1.3 (0.5)	.12

*p<.01

Adult adoptees reported feeling less positive about adoption than adolescents, but also reported more parental openness, less negative experience with adoption and a similar level of preoccupation with their adoption history as adolescents. Although male adoptees reported a higher level of negative experience with adoption than females, all gender and age group differences were nonsignificant. Parent reports yielded similar results on positive affect and negative experience with adoption, but higher levels on parental openness and lower levels on preoccupation with own adoption history. Agreement between adoptee and parent reports was significant for all scales, except preoccupation with own adoption history (see Table 4.4). The subscale intercorrelations were mostly significant in both the self and parent reports (see Table 4.5).

Table 4.5

Intercorrelations between adoption dynamics, by report type

Adoption Dynamic	Positive affect	Negative experience	Openness	Preoccupation
Positive affect		-.57*	.42*	-.52*
Negative experience	-.53*		-.56*	.23*
Openness	.58*	-.28		-.27*
Preoccupation	-.42*	.35*	-.32*	

Note. Correlations for adoptees below and adoptive parents above the diagonal.
*p<.01.

When asked how often they daydreamed about their birth parents, 77% of adoptees responded 'never' or 'hardly ever' and 7% 'quite often' or 'very often'. The rates reported by adoptive parents were 64% and <1% respectively. Agreement between adoptees and parents was moderate (Cramer V=.27).

4.2.3 Heritage

The majority of adoptees (82%) and migrants (84%) reported that they wanted to find out more about their background (yes or sometimes). Parents reported similar rates for the adoptees (84%) and migrants (88%). Interest in heritage mean scores covered the full range of 1 to 3 in the self (adoptees M=2, SD=.56; migrants M=2.3, SD=.46) and parent reports (adoptive M=1.8, SD=.50; migrant M=2.3, SD=.53). The participant type effect was significant in the self (F(1,170)=8.59, p<.01) and parent reports (F(1,192)=7.02, p<.01). There were no age and gender effects, but the parent reports showed a participant type-age-gender interaction (F(1,186)=9.18, p<.01). Female adolescent and male adult migrants were perceived to be the most interested in their

heritage. Levels of agreement between self and parent reports were significant in the adoption (r=.66, p<.01) and migrant groups (r=.55, p<.01).

When asked what kind of information the adoptees and migrants would like to know more about, the following family related areas were listed most frequently:

- biological parents (adoptees 29%, migrants <1%, adoptive parents 35%, migrant parents 6%);
- family of origin (adoptees 22%, migrants 31%, adoptive parents 29%, migrant parents 28%); and
- medical information (adoptees 17%, migrants 3%, adoptive parents 8%, migrant parents <1%).

Level of agreement between self and parent reports was high (Cramer V=.57).

Interest in information on culture and country of origin was listed less frequently among adoptees (24%) than migrants (66%). The frequencies were similar to those reported by parents for adoptees (21%) and migrants (67%). Adoptees reported lower rates than migrants in:

- attending gatherings of people from their country of origin (35% vs 54%);
- being interested in the language of origin (64% vs 90%); and
- planning to travel to the country of origin (75% vs 86%).

The overall level of agreement between self and parent reports on interest in heritage was low to moderate and lower in the adoption (Cramer V=.29) than the migrant group (Cramer V=.35). Fewer adoptive parents thought their children were interested in their language of origin (40%) and planned to travel to their country of origin (62%) than adoptees indicated (64% and 75% respectively). The percentage of parents interested in their children's countries of origin was similar among adoptive (99%) and migrant parents (98%), but higher than the rate adoptees and migrants (90%) perceived their parents to be interested.

4.2.4 Community identity

Sense of belonging to a community of adoptees and migrants was measured through level of contact with other adoptees/migrants and identification as a group. Fewer adoptees (20%) than migrants (55%) reported having regular contact with other adoptees or migrants. More adoptees (56%) than migrants (22%) reported never or hardly ever having contact. The association between participant type and frequency of contact was significant ($\chi^2(4)=33.76$, p<.01). Adoptees' reported contact was mainly in the form of socialising (47%) or having an ICA sibling (19%). Migrants mainly socialised (52%). There were no parent reports on this measure, but parents reported

on contact with other families. Seventy-five percent of adoptive parents and all migrant parents reported having contact with other ICA or migrant families. More migrant parents (68%) than adoptive parents (39%) wanted more contact. Agreement between self and parent reports was higher in the adoption (r=.51, p<.01) than the migrant group (r=.17, n.s.).

Mean scores on the strength of group identification subscale (Obst, Zinkiewicz et al., 2002a) ranged from 2.08 to 4.77 for adoptees (M=3.14, SD=.46) and migrants (M=3.27, SD=.49). Mean scores on the three subscales of (1) centrality of identity (adoptees M=2.38, SD=0.82; migrants M=2.51, SD=0.84), (2) ingroup affect (adoptees M=3.97, SD=0.8; migrants M=3.92, SD=0.67) and (3) ingroup ties (adoptees M=3.25, SD=0.71; migrants M=3.58, SD=0.68), were not significantly different between participant types, genders and age groups (see Appendix 4-14 for a summary of mean scores). The relationships between the subscales were mostly significant and positive. An exception is the significant, moderate and negative correlation between centrality of identity and ingroup affect for adoptees (see Table 4.6). There were no parent reports on this measure.

Table 4.6

Intercorrelations among self reported group identification dimensions

Dimensions	Strength	Centrality	Affect	Ties
Strength of group identity		.70*	.62*	.67*
Centrality of identity	.67*		.02	.10
Ingroup affect	.37*	-.28*		.44*
Ingroup ties	.70*	.28*	.06	

Note. Pearson's coefficients for adoption group below and migrant group above the diagonal.
*p<.01.

4.2.5 Ethnic, cultural and racial identity

The ethnic identity measures of (1) self-identification, (2) strength of ethnic identity and orientation towards other groups, and (3) cultural-racial identity were taken from all participants in the form of self reports. For self-identification, children and parents also reported on each other. Higher scores indicate higher levels of the measured constructs. The total mean scores of all participants are summarised in Appendix 4-14. Variance in self reports was analysed three ways (participant type, gender and age group) and in parent reports one-way (participant type). Relationships within and between child and parent responses are reported in bivariate correlation coefficients.

Correlations between child and parent reports represent adoption (n=85) and migrant (n=47) cases with both self and parent reports.

Self identification

In response to the question: "In terms of ethnic group I consider myself to be ..":

- adoptees, migrants and parents described their own ethnicity;
- adoptees and migrants ascribed their parents an ethnicity;
- parents ascribed their children an ethnicity.

Both adoptees and adoptive parents reported that 38% of adoptees had the same ethnicity as their adoptive parents. Migrants reported a lower rate of having the same ethnicity as their parents (66%) than migrant parents (75%). Ethnic self-labels were grouped according to specific continents, global ethnic labels, country of birth, Australian, hyphenated Australian and 'no response'. Table 4.7 provides a summary of the description and ascription of labels of, and for, each participant group.

Table 4.7

Described and ascribed[a] *ethnic identification in percent of participant group*

Ethnic label	Adoptee n=110	Adoptive parent n=160	Migrant n=80	Migrant parent n=56
African	0 (1)	0 (0)	1 (0)	0 (0)
Asian	5 (10)	2 (4)	9 (7)	7 (15)
Caucasian	0 (0)	4 (1)	4 (7)	7 (5)
Australian	27 (9)	46 (43)	0 (9)	5 (0)
Australian-other	52 (33)	29 (8)	38 (23)	23 (20)
Country of birth	7 (19)	10 (7)	28 (11)	23 (41)
No response	7 (28)	9 (37)	19 (43)	35 (19)

[a] Ascribed ethnic identification in brackets

Parent-child agreement on the ethnic label was low for adoptees (r_s=.22), moderate for migrants (r_s=.31) and nonsignficant in both groups. The level of agreement between children and parents on the ethnic label for parents was low in the adoption group (r_s=.26, n.s.) and moderate in the migrant group (r_s=.49, p=.01).

Strength of ethnic identity and other group orientation

Total mean scores on the MEIM strength of ethnic identity subscale (Phinney, 1992) ranged from 1.21 - 3.93 for adoptees (M=2.41, SD=.52) and migrants (M=2.8, SD=.52) and from 1.56 - 4 for adoptive (M=2.82, SD=.42) and migrant parents (M=3, SD=.4).

Scores were lower in the adoption groups. The participant type effect was significant among the adoptees and migrants ($F(1,179)=18.13$, $p<.01$) and the parents ($F(1,148)=7.02$, $p<.01$). A significant gender–age group interaction was found among the adoptees and migrants ($F(1,179)=7.20$, $p<.01$). Adult males ($M=2.90$, $SD=.46$) and adolescent females ($M=2.57$, $SD=.51$) reported significantly stronger ethnic identities than adolescent males ($M=2.53$, $SD=.53$) and adult females ($M=2.50$, $SD=.51$). Correlations between child and parent reports were nonsignificant in both the adoption ($r=.13$) and migrant ($r=.21$) groups.

On the subscales affirmation/belonging, achievement and ethnic behaviours, total mean scores among the four groups of participants covered the full range of 1 to 4. Scores were lower in the adoption groups (see Appendix 4-14 for score details). A significant participant type effect was found in the affirmation/belonging scores of adoptees and migrants ($F(1,179)=19.00$, $p<.01$), but not in the scores of parents. Adoptees ($M=2.5$, $SD=.06$) scored significantly lower on affirmation/belonging than migrants ($M=3.0$, $SD=.05$). Correlations between child and parent reports on affirmation/belonging were nonsignificant in both the adoption ($r=.14$) and migrant group ($r=.08$).

For achievement of ethnic identity a significant gender–age group interaction was found among the scores of adoptees and migrants ($F(1,179)=8.42$, $p<.01$). Adult males ($M=2.86$, $SD=.47$) and adolescent females ($M=2.59$, $SD=.44$) reported signficantly higher levels than adolescent males ($M=2.49$, $SD=.55$) and adult females ($M=2.49$, $SD=.48$). No effects were found among the scores of parents. Correlations between child and parent reports were nonsignificant in both the adoption ($r=.04$) and migrant groups ($r=.05$). On the achievement subscale of commitment, adoptees scored significantly lower than migrants ($F(1,179)=10.80$, $p<.01$), while adoptive parents scored significantly lower than migrant parents on the achievement subscale of exploration ($F(1,148)=7.98$, $p<.01$). Correlations between child and parent reports on commitment (adoption $r=.15$; migrant $r=.05$) and exploration (adoption $r=.03$; migrant $r=.11$) were nonsignificant.

A significant participant type effect was found among the ethnic behaviours scores of adoptees and migrants ($F(1,179)=21.27$, $p<.01$) and parents ($F(1,148)=16.59$, $p<.01$). Scores were significantly lower in the adoption groups. Correlations between child and parent reports were nonsignificant in the adoption group ($r=.21$) and significant in the migrant group ($r=.49$, $p<.01$).

Total mean scores on the other-group orientation scale (Phinney, 1992) ranged from 1.8 to 4 among adoptees (*M*=3.2, *SD*=.1) and migrants (*M*=3.2, *SD*=.1) and from 2 to 4 among adoptive (*M*=3.4, *SD*=.3) and migrant parents (*M*=3.2, *SD*=.5). There were no significant participant type, gender and age group effects among adoptees, migrants and parents. Correlations between child and parent reports were nonsignificant and negative in the adoption group (r=-.10) and positive in the migrant group (r=.34).

Cultural-racial identity

Total mean scores on the four dimensions of the cultural-racial identity model (Baden & Steward, 2000) covered the full range from 1 to 4 in reports from adoptees, migrants and adoptive parents and from 1.4 to 4 from migrant parents (see Appendix 4-8 for the detailed scores). There was an overall effect for participant type in the reports by adoptees and migrants ($F(4,174)=16.48$, $p<.01$) and by parents ($F(4,152)=29.94$, $p<.01$). Univariate comparisons showed:

- that migrants scored significantly higher than adoptees on the child culture ($F(1,77)=52.78$, $p<.01$) and child race dimensions ($F(1,177=15,57$, $p<.01$);
- a significant age-gender interaction in the scores of adoptees and migrants on the child race ($F(1,177)=6.88$, $p<.01$) and parental culture dimensions ($F(1,177)=7.15$, $p<.01$) with adolescent females scoring higher than adolescent males and adult females and adult males scoring higher than adolescent males and adult females; and
- that migrant parents scored significantly higher than adoptive parents on the child culture ($F(1, 155)=86.43$, $p<.01$), parental culture ($F(1,155=18.22$, $p<.01$) and parental race dimensions ($F(1,155)=9.70$, $p<.01$).

Comparisons between parent and child reports, by means of paired t-tests, found significant differences in the adoption, but not the migrant, group. Adoptees scored significantly lower than adoptive parents on the child culture ($t(84)=-4,18$, $p<.01$) and child race dimensions ($t(84)=-6,69$, $p<.01$) and significantly higher than adoptive parents on the parental culture dimension ($t(83)=5.35$, $p<.01$). Parametric and non-parametric correlation analyses among the dimension scores of parents and children within the adoption and migrant groups showed weak to strong relationships in both groups (see Table 4.8 for Spearman's coefficients).

The only significant correlation between child and parent reports was in the adoptee culture dimension (r=.32, $p<.01$). The pattern in effect size in the migrant group was the same, but none reached significance.

Table 4.8

Intercorrelations among cultural-racial identity dimensions, by report type

Dimensions	1	2	3	4	5	6	7	8
Self reports [a]								
1. Child culture		.61*	.85*	.64*	.34	.17	.33	.18
2. Child race	.53*		.66*	.84*	.06	-.06	.09	.01
3. Parental culture	-.04	.14		.72*	.15	-.00	.16	.03
4. Parental race	.20	.31*	.47*		.15	.06	.17	.07
Parent reports [b]								
5. Child culture	.32*	.08	-.01	.09		.81*	.62*	.73*
6. Child race	.08	.00	.01	.04	.49*		.64*	.83*
7. Parental culture	.09	.08	.23	-.01	.04	.31		.74*
8. Parental race	.02	.22	.01	.06	.12	.28	.42*	

Note. Spearman's coefficients for adoption group below and migrant group above the diagonal.

[a] IC adoptee n=110, migrant n=80; [b] adoptive n=160, migrant n=56.

*p<.01.

Graphic illustrations of the relationships between the child and parental culture and race dimensions on the cultural and racial identity axes show a wide range of cultural and racial identities in the adoption group whereas the responses from the migrant group formed closer linear clusters (see scatterplots in Figures 4-1 to 4-4).

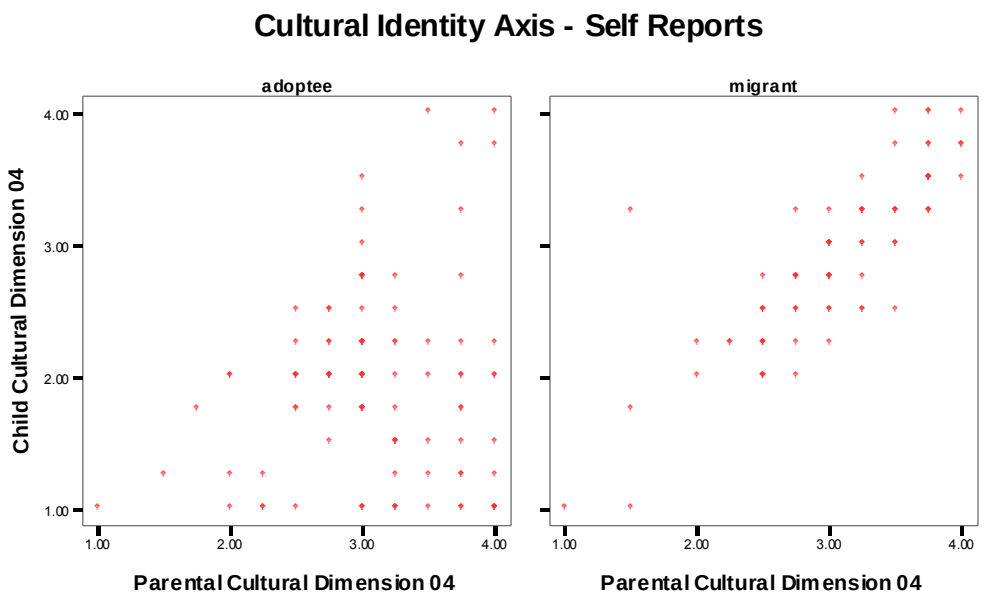

Figure 4.1 Scatterplots of the self reported cultural identity axis.

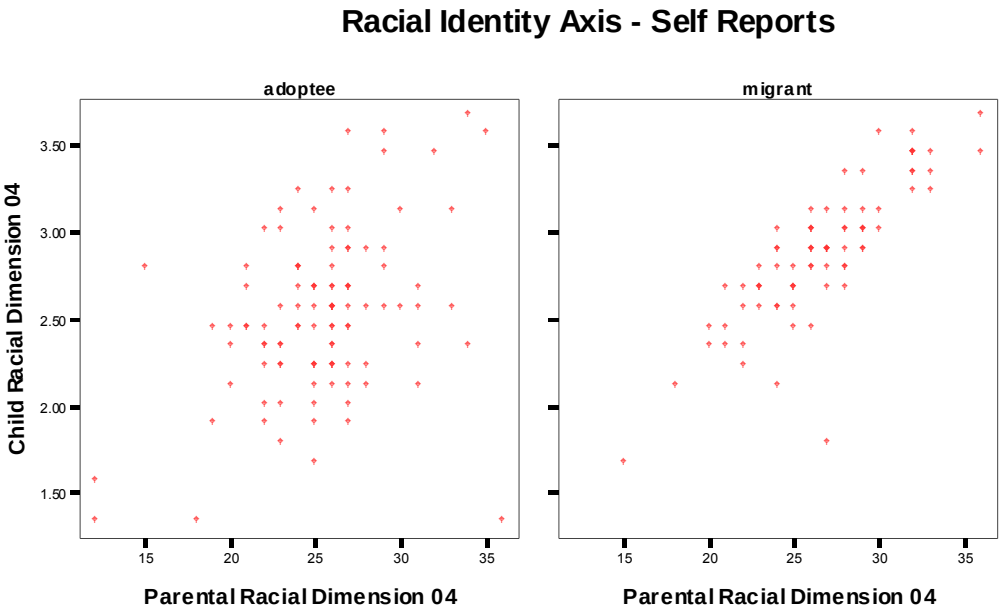

Figure 4.2 Scatterplots of the self reported racial identity axis.

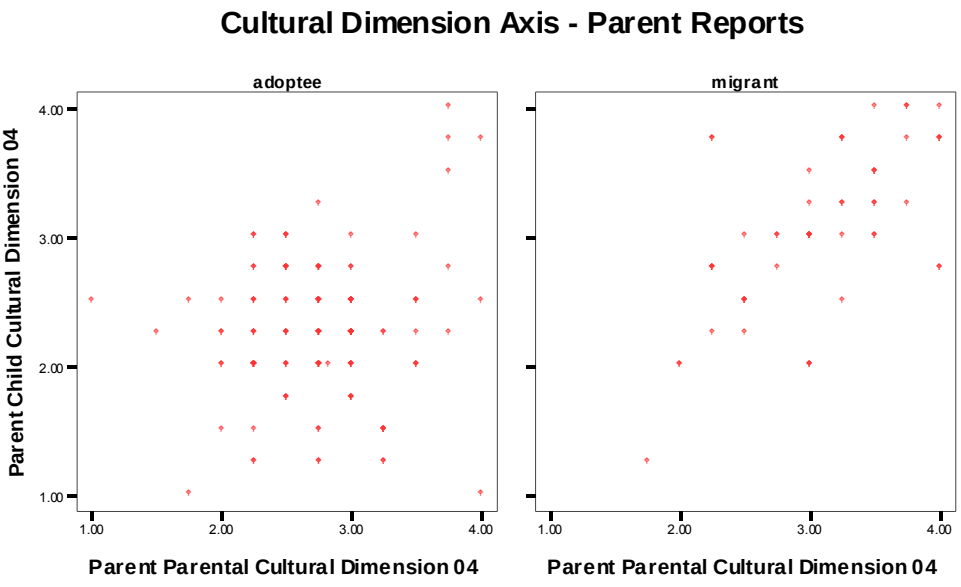

Figure 4.3 Scatterplots of the parent self reported cultural identity axis.

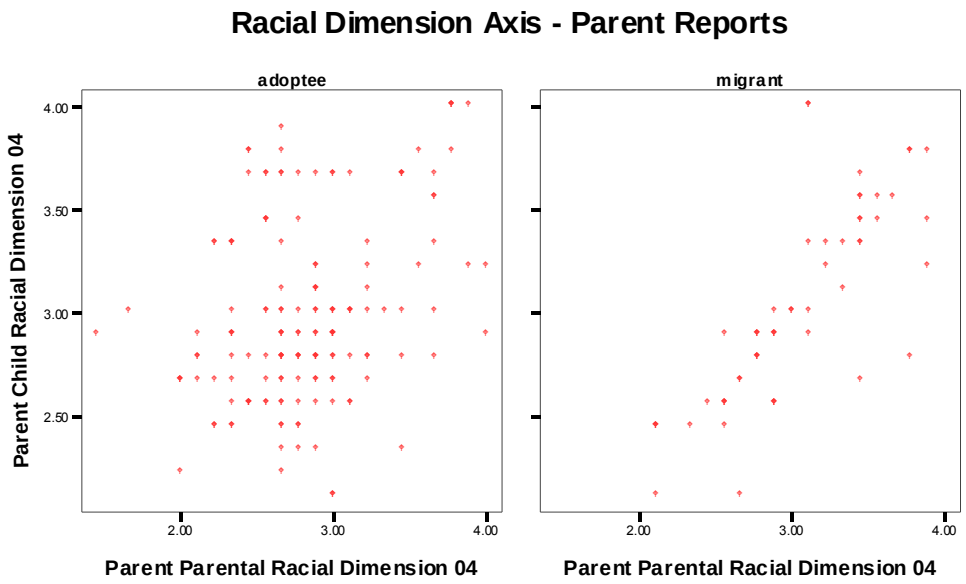

Figure 4.4 Scatterplots of the parent self reported racial identity axis.

4.2.6 Place identity

Data on place identity in adoptees and migrants were provided by self and parent reports on aspects of Australian, birth country and Western Australian identity. The latter included five subscales which measured aspects of evaluation, attachment, continuity, familiarity and commitment (see Appendix 4-15 for a detailed summary of the total mean scores on all the scales and subscales).

Total mean scores on the Australian identity scale (Rooney, 1996) ranged from 1.4 to 5 for adoptees (M=3.9, SD=.76) and migrants (M=3.5, SD=.74) and from 1.2 to 5 in the parent reports on adopees (M=4.0, SD=.62) and migrants (M=3.7, SD=.72). Gender and age group differences were nonsignificant, but the participant type effect in the self reports was significant ($F(1,180)=8.42$, $p<.01$). There were no effects in the parent reports. Levels of agreement between self and parent reports were significant (adoption group r=.44, $p<.01$; migrant group (r=.68, $p<.01$).

Total mean scores on the birth country identity scale covered the full range of 1 to 5 in the self reports (adoptees M=2.8, SD=.84; migrants M=3.5, SD=.78) and from 1.6 to 5 in the parent reports (adoptees M=2.9, SD=.72; migrants M=3.4, SD=.80). Gender and age group differences were nonsignificant, but the participant type effect was significant in the self reports ($F(1,180)=18.0$, $p<.01$). There were no effects in the parent reports. The level of agreement between self and parent reports was significant in the adoption group (r=.34, $p<.01$), but not in the migrant group (r=.20).

Total mean scores for the sense of belonging to WA, or WA identity, (Urban Identity Scale, Lalli, 1992) ranged from 2 to 5 in the self (adoptees *M*=4.37, *SD*=0.67; migrants *M*=3.93, *SD*=0.87) and parent reports (adoptees (*M*=4.20, *SD*=0.69; migrants *M*=3.90, *SD*=0.81). Parents reported on the attachment and commitment subscales only. There were no significant gender, age and participant type effects in the self and parent reports. Agreement between self and parent reports was significant in the adoption (r=.37, p<.01) and migrant groups (r=.39, p<.01). Total mean scores on the five subscales of evaluation, attachment, continuity, familiarity and commitment ranged from 1 to 5 in the self reports and from 2 to 5 in the parent reports. Adoptees obtained higher scores than migrants on all measures except commitment. The overall effect for participant type was significant in the self (F(5,177)=4.63, p<.01) and parent reports (F(2,202)=5.21, p<.01). Univariate comparisons showed the following differences on the measure of attachment to be significant:

- adoptees scored higher than migrants (F(1,181)=17.20, p<.01);
- adolescents scored higher than adults (F(1,181)=9.56, p<.01); and
- parents reported higher scores for adoptees than for migrants (F(1,203)=8.10, p<.01).

Agreement between self and parent reports on the parallel subscale of attachment was significant in the adoption (r=.28, p<.01) and migrant groups (r=.44, p<.01). Agreement on the parallel subscale of commitment was significant in the adoption group (r=.32, p<.01), but not in the migrant group (r=.27).

4.2.7 Summary on identity

Few adoptees and migrants reported being an adoptee or originating from another country as an initial identity marker. Salience of group membership was low to moderate in both groups, but level of contact with other group members was higher among migrants than adoptees. Interest in family and culture of origin was present in both adoptees and migrants. Although interest in culture and country of origin was lower in adoptees than migrants, adoptive parents underrated adoptees' level of interest. Agreement between adoptees and adoptive parents on adoption dynamics was significant, except for preoccupation with own adoption where adoptees reported higher levels than parents. Child-parent agreement on their described and ascribed ethnic labels was low to moderate in both the adoption and migrant groups. The level of ethnic identity was lower in the adoption than migrant groups. The level of orientation towards other groups was high in all participant groups. The dimensions of culture and race were highly correlated in the self reports of all participant groups. Adoptees and adoptive parents, but not migrants and migrant parents, showed a wide range of cultural and racial identities. Both adoptees and migrants showed a strong

orientation towards the cultures of their parents and their parents' racial groups, adoptees even more so than adoptive parents themselves. Adoptees and migrants identified moderate to strongly with Australia and WA, but identification with country of origin was less strong in adoptees than migrants. Differences between adolescents and adults and males and females were few. Levels of agreement between self and parent reports varied across the different identity measures and were generally higher in the migrant than the adoption group.

4.3 Relationship between, and prediction of, well-being and identity

The following section describes the relationships between well-being, identity, threat and risk factors, as well as the results of regression analyses that identified the predictors of well-being and identity.

4.3.1 Correlations between well-being and identity

Pearson's correlation analyses were undertaken between the 13 well-being and 11 identity variables, excluding adoption dynamics. Appendices 4-12 and 4-13 provide separate summaries of the results for adoptee (n=110) and migrant (n=80) self reports and adoptee (n=160) and migrant (n=56) parent reports. As most correlations between the self reported well-being measures and the cultural-racial identity dimensions were negligible, they were not included in the self reports' matrix in Appendix 4-12. No parent reports were collected on self-esteem, self-efficacy and strength of group identity. Instead, the cultural-racial identity dimensions are included in the parent reports' matrix (Appendix 4-13). Ethnic identity, other group orientation and cultural-racial identity scores in the parent reports represent parent self reports. Overall, few relationships between well-being and identity scores were found to be significant and effects were negligible ($r \leq .10$) to moderate ($.50 < r > .30$) (Field, 2005).

In the self reports:

- adoptee happiness (r=.38, p<.01) and life satisfaction (r=.31, p<.01) were positively related to Australian identity;
- adoptee self-efficacy was positively related to WA identity (r=.25, p<.01);
- migrant self-esteem was positively related to strength of group identity (r=.31, p<.01) and other group orientation (r=.32, p<.01);
- adaptive behaviours in migrants were positively related to strength of group identity (r=.45, p<.01), strength of ethnic identity (r=.40, p<.01) and migrant self and parental race dimensions (r=.43 and r=.41 respec., p<.01);

- presence of DSM–oriented problems in migrants was negatively related to strength of group identity (r=-.32, p<.01) and migrant self and parental race dimensions (r=-.29 and r=-.35 respec., p<.01).

In the parent reports:

- adoptee current health (r=.24, p<.01), happiness (r=.24, p<.01) and satisfaction with adoption (r=.34, p<.01) were positively related to Australian identity;
- adaptive behaviours in adult adoptees were negatively related to Australian identity (r=-.29, p<.01);
- social competence in adolescent adoptees was positively related to country of origin identity (r=.38, p<.01);
- adoptee problem (r=.23, p<.01) and externalising behaviours (r=.23, p<.01), substance use (r=.29, p<.01) and presence of DSM–oriented problems (r=.21, p<.01) were positively related to adoptee culture dimension;
- adoptee internalising behaviours (r=.23, p<.01) was positively related to adoptive parental race dimension;
- migrant satisfaction with life (r=.34, p<.01) and migration (r=.36, p<.01) were positively related to migrant culture dimension;
- migrant problem (r=-.37, p<.01) and externalising behaviours (r=-.52, p<.01) and presence of DSM–oriented problems (r=-.45, p<.01) were negatively related to migrant culture dimension;
- presence of DSM–oriented problems in migrants (r=-.27, p<.01) was negatively related to migrant race dimension; and
- migrant externalising behaviours (r=-.42, p<.01) and substance use (r=-.50, p<.01) were negatively related to migrant parental culture dimension.

4.3.2 Correlations between adoption dynamics, well-being and identity

Correlations between the four adoption dynamics subscales and adoptee self and parent reports on well-being showed that positive affect about adoption and negative experience with adoption were significantly related to a number of well-being measures. Preoccupation with own adoption and parental openness showed few significant relationships with well-being. Other aspects of identity also showed few significant relationships with well-being (see Appendix 4-16). The self reported group identity subscales of centrality of adoptive identity and ingroup affect correlated significantly with positive affect about adoption and negative experience with adoption and were included in Appendix 4-16.

Relationships were all weak and nonsignificant between:

- parents' cultural-racial identity dimensions and parents' perception of the adoptees' positive affect about adoption, negative experience with adoption, parental openness in adoption and preoccupation with own adoption (adoption dynamics subscales);
- parents' cultural-racial identity dimensions and adoptees' scores on the adoption dynamics subscales; and
- adoptees' cultural-racial identity dimensions and parents' scores on the adoption dynamics subscales.

The prediction of adoption dynamics and their role in predicting adoptee well-being and identity were examined from a longitudinal perspective only and are described in chapter 5.

4.3.3 Threats to well-being and identity

Measures of threats to well-being and identity assessed (1) the belief in adoptees and migrants that they would continue to exist as distinct groups and (2) their perception of bias against their adoptive or migrant status, (3) their physical appearance and (4) their ethnic/racial origins. Higher scores indicate higher levels of perceived threat.

Total mean scores for threat to group continuity (Korf & Malan, 2002) ranged from 1 to 4 in reports from adoptees (M=2.48, SD=0.55) and migrants (M=2.34, SD=0.60). Seventy-five percent of adoptees and 40% of migrants considered the continuity of their group to be under threat. There were no significant effects for participant type, gender, age group and country of origin. There were no parent reports on this measure.

Total mean scores for perceived discrimination on the basis of adoptive or migrant status (Obst, Zinkiewicz et al., 2002a) covered the full range from 1 to 5 in reports from adoptees (M=1.98, SD=1.06) and migrants (M=2.54, SD=1.04). The effect of participant type was significant ($F(1,168)=9.53$, $p<.01$), but not for gender, age group and country of origin. There were no parent reports.

The majority of adoptees had a different skin colour or physical appearance to their parents, according to the adoptees (97%) and adoptive parents (92%). The rates reported by the migrant group were 13% and18% respectively. When asked if they wished they looked like average Australians, nine percent of adoptees and three percent of migrants responded yes, 58% and 85% respectively responded no. Not being conscious of looking different from the majority of society was reported by 37% of adoptees and 56% of migrants, 32% and 23% respectively responded yes, the

remainder reported to be conscious sometimes. When asked if they considered their skin colour/physical appearance to create problems for them, four percent of adoptees and migrants responded yes, 73% and 87% respectively responded no. Being unhappy about looking different was reported by 12% of adoptees and 17% of migrants, 47% and 56% respectively reported being glad to look different.

Total mean scores for the problems created by looking different scale (Tieman, 2006) ranged from 1.11 to 2.89 in reports from adoptees (M=1.52, SD=0.35) and migrants (M=1.46, SD=0.34) and from 1.11 to 2.56 in parent reports on adoptees (M=1.59, SD=0.30) and migrants (M=1.39, SD=0.32). The participant type effect was significant in the parent reports ($F(1,191)=11.62$, $p<.01$), but not in the self reports. Effects for gender, age group and country of origin were nonsignificant. For the various settings, a significant participant type effect was found in the:

- self reports on employment ($F(1,179)=10.18$, $p<.01$) with migrants (M=1.26, SD=0.55) considering their skin colour/physical appearance to be significantly more problematic than adoptees (M=1.06, SD=0.25);
- parent reports on public places ($F(1,179)=7.07$, $p<.01$) with skin colour/physical appearance considered to be significantly more problematic for adoptees (M=1.42, SD=0.57) than migrants (M=1.15, SD=0.47).

Adoptees and migrants more frequently reported experiencing problems in the different settings than parents reported (see Table 4.9 for a comparative summary).

Table 4.9

Problems created by looking different from the majority in society for intercountry adoptees and migrants in percent, by setting and report type

	Informant			
Setting	Adoptee n=110	Migrant n=80	Adoptive parent n=160	Migrant parent n=56
Education	5	8	3	2
Employment	6*	20*	10	12
Public places	40	33	39*	10*
Contact with others	24	18	14	6
Intimate relationships	18	23	13	8

*$p<.01$.

The level of agreement between self and parent reports for the whole scale was moderate in the adoption (r_s=.35, $p<.01$) and migrant groups (r_s=.49, $p<.01$). Public places were the setting where skin colour/physical appearance most frequently created

problems according to adoptees, migrants and adoptive parents, but not to migrant parents. Signficantly fewer migrant parents than migrants themselves reported that migrants experienced problems with looking different in public places ($\chi^2(2)=25.03$, $p<.01$).

Adoptee and migrant experiences of some, or a lot, of racial discrimination was reported by 82% of adoptees, 80% of migrants, 74% of adoptive and 54% of migrant parents. Total mean scores covered the full range from 0 to 2 in reports from adoptees (M=0.94, SD=0.56), migrants (M=0.83, SD=0.44), adoptive parents (M=0.81, SD=0.54) and migrant parents (M=0.54, SD=0.54). The effects of participant type, gender, age group and country of origin were nonsignficant in the self reports. The participant type effect was significant in the parent reports ($F(1,203)=10.35$, $p<.01$). Adoptive parents reported signficantly higher levels of perceived racial discrimination for adoptees than migrant parents for migrants. Agreement between self and parent reports was significant in the adoption (r_s=.40, $p<.01$) but not the migrant group (r_s=.16).

Interrelationships between the four threats were calculated separately for the self and parent reports using Pearson's correlation coefficient. Table 4.10 provides a summary of the results from the self reports. The most significant and highest effect sizes were found for problems created by looking different. In adoptee reports, problems created by looking different was significantly and positively related to the other three threats. In the migrant reports it was only significantly related to perceived discrimination as a migrant. A similar pattern, but with lower effect sizes, was found in the parent reports. In reports on adoptees the correlation between problems created by looking different and perceived racial discrimination was significant and positive (r=.30, $p<.01$) and higher than the corresponding correlation in reports on migrants (r=.04, n.s.).

Table 4.10

Intercorrelations between four threat variables in self reports

Perceived threat	Discontinuity	Status Discrim	Prob look different	Racism
Threat group continuity		.05	.13	-.06
Status discrimination	.19		.53*	.35*
Probl. looking different	.30*	.50*		.06
Racism	.13	.33*	.54*	

Note. Correlations for adoptees below and migrants above the diagonal.

*$p<.01$.

4.3.4 Relationships between predictors, well-being and identity

Two separate sets of correlation and regression analyses were undertaken with 13 well-being and 11 identity variables within the self and parent reports. In the first set, regression analyses were undertaken with the four threat variables as predictors. In the second set the three known risk factors of (1) pre-arrival adversity, (2) age at arrival and (3) parental SES were included in the regression models. To meet the recommended minimum sample size for the number of predictors in the regression analyses (Field, 2005), the data of adoptees and migrants remained combined. To control for the contribution of participant type to the cumulative variance, it was entered as first predictor in all regression analyses (0=*adoptee*, 1=*migrant*).

Threats, well-being and identity

The results of the correlation analyses within self and parent reports on the four threat variables and 24 well-being and identity variables showed that an increase in any of the threats was related to a decline in well-being of adoptees and migrants. The results for identity were less consistent. A summary of the Pearson's correlation coefficients is provided in Appendix 4-17, excluding variables child culture dimension and Australian and WA identities as correlations for these variables were weak and nonsignificant.

Prediction of well-being and identity from the self and parent reports was examined through hierarchical regression analyses. The order of entry of the four threats was based on the mean percentage of significant correlations between these predictors and the outcome variables in the self and parent reports. In the self reports the order, after participant type, was as follows:

1. problems created by looking different;
2. threat to group continuity;
3. discrimination on the basis of status;
4. perceived racial discrimination.

As there were no parent reports for the threat to group continuity and discrimination on the basis of status, the order of entry of the two remaining predictors was:

1. problems created by looking different;
2. perceived racial discrimination.

All regression analyses were checked for multicollinearity, heteroscedasticity and dependent errors. Field's (2005) recommendations, that predictor intercorrelations be less than .80, the variance inflation factor (VIF) below 10, the tolerance statistic above .1 and the Durbin-Watson statistic between 1 and 3, were met for all the analyses

including the correlation between participant type and predictors. Although some degree of heteroscedasticity was found intermittently in some of the outcome variables for some participant groups, this was not considered sufficiently consistent to undermine the validity of the regression models.

In the self reports, the four-threat-regression model explained a significant level of the variance, after controlling for participant type, in:

- 77% of well-being measures: happiness, life satisfaction, satisfaction with adoption/migration, self-esteem, self-efficacy, total problem, internalising and externalising behaviours, substance use and number of DSM problems;
- 82% of identity measures: interest in heritage, strength of group identity, strength of ethnic identity, group orientation, adoptee culture and race dimensions, parent culture and race dimensions and birth country identity (see Appendix 4-18 for a detailed summary).

In the significant equations:

- total variance accounted for in the well-being and identity measures ranged from 9% to 37%;
- problems created by looking different was most frequently the significant predictor of well-being measures, explaining 7% to 22% of the variance;
- threat to group continuity was most frequently the significant predictor of identity measures, explaining 6% to 20% of the variance.

In addition, perceived discrimination against adoptive or migrant status was a significant predictor of strength of ethnic identity (β=.18, $F(1,177)=6.81$, $p<.01$), explaining a further 3% of the model's cumulative variance of 32%. Perceived racial discrimination was significant as a predictor of other group orientation (β=.22, $p<.01$, $F(1,176)=7.66$, $p<.01$), explaining 4% of the regression model's cumulative variance of 15%, and parent culture dimension (β=.25, $p<.01$, $F(1,176)=9.62$, $p<.01$), explaining 5% of the regression model's cumulative variance of 7%.

In the parent reports, the two-threat-regression model explained a significant level of the variance, after controlling for participant type, in:

- 82% of the well-being measures: physical health, happiness, life satisfaction, satisfaction with adoption/ migration, total problem, internalising and externalising behaviours, substance use and number of DSM problems;

- 9% of the identity measures: Australian identity (see Appendix 4-19 for a detailed summary).

In the significant equations:

- total variance accounted for in the well-being and identity measures ranged from 7% to 20%;
- problems created by looking different was most frequently the significant predictor of well-being measures, accounting for 6% to 16% of the variance and a significant proportion of the variance in Australian identity (4%);
- perceived racial discrimination was a significant predictor for satisfaction with adoption/migration, total problem and internalising behaviours, explaining 3% to 4% of the variance in these measures.

Known risk factors, threats, well-being and identity

Older age at arrival, experience of pre-arrival adversity and high parental SES are known adoption risk factors. Fewer adoptees than migrants had arrived at an older age, but more adoptees (28%) than migrants (25%) had reportedly suffered medium to high levels of pre-arrival adversity. Parental SES was significantly higher in the adoption than the migrant group (see Appendix 3-2 for details). Intercorrelations between the risk factors showed a significant:

- positive relationship between age at arrival and pre-arrival adversity in the self (r=.56, p<.01) and parent reports (r=.54, p<.01);
- negative relationship between pre-arrival adversity and parental SES in the reports from migrants (r=-.35, p<.01).

Correlations between the four threat and three known risk factors were nonsignificant.

The results of the correlation analyses within self and parent reports on the three known risk factors and 24 well-being and identity variables, showed that an increase in pre-arrival adversity was related to a decline in well-being and some aspects of identity of adoptees and migrants in both the self and parent reports. Results for age at arrival and parental SES were less consistent. See Appendix 4-20 for a summary of the Pearson's correlation coefficients, excluding the variables child race dimension and parent culture and race dimensions because the correlations were weak and nonsignificant.

To predict well-being and identity from the self reports, the three known risk factors were entered after participant type (Field, 2005), followed by the two threats identified earlier as significant predictors of well-being and identity. The order of entry was as follows:

1. pre-arrival adversity;
2. age at arrival in months;
3. parental SES;
4. problems created by looking different;
5. threat to group continuity.

The expanded regression model led to an overall decline in the prediction of variance in well-being and identity with the largest decline found for parent culture dimension (5%). A small increase occurred in the explained variance in physical health (3%), happiness (6%), satisfaction with adoption/migration (4%), externalising behaviours (3%) and birth country identity (5%) (see Appendix 4-21). In the significant equations:

- problems created by looking different remained the most significant predictor of well-being, explaining 5% to 20% of the variance;
- threat to group continuity remained the most significant predictor of identity, explaining 7% to 20% of the variance;
- pre-arrival adversity contributed significantly to the prediction of variance in happiness (6%), total problem (4%) and externalising behaviours (4%);
- age at arrival contributed significantly to the prediction of variance in birth country identity (4%);
- parental SES made no significant contribution to the prediction of variance in any of the well-being and identity measures.

To predict well-being and identity from the parent reports, the predictors were entered in the following order after controlling for participant type:

1. pre-arrival adversity;
2. age at arrival in months;
3. parental SES;
4. problems created by looking different;
5. perceived racial discrimination.

The expanded regression model decreased the number of significant equations by one (substance use), but improved the prediction of variance in the remaining significant models. The increase was largely due to the predictive power of pre-arrival adversity. In the significant equations:

- problems created by looking different remained a significant predictor of well-being, explaining 5% to 12% of the variance;
- pre-arrival adversity contributed significantly to the prediction of happiness (6%), life satisfaction (11%), satisfaction with adoption/migration (12%),

total problem (12%), internalising (7%) and externalising behaviours (12%) and the number of DSM-oriented problems (12%);

- age at arrival contributed significantly to the prediction of Australian identity (6%), parental strength of ethnic identity (4%) and parent race dimension (4%);
- parental SES and perceived racial discrimination made no significant contribution to the prediction of variance in any of the well-being and identity measures (see Appendix 4-22 for a summary of the significant models).

4.3.5 Summary of the relationship between well-being, identity and threats

Few of the relationships between well-being and identity measures were found to be significant, except for the adoption dynamics of positive affect about adoption and negative experience with adoption. Measures of threats showed that a significant number of adoptees and migrants perceived themselves as victims of discrimination in general and considered the continuity of their groups to be under threat. Skin colour/physical appearance, or looking different from the majority of society, was perceived as creating problems for both groups, particularly in public places. The vast majority of adoptees and migrants had experienced racial discrimination. Parents, particularly migrant parents, significantly underrated how problematic discrimination was for their children. In self and parent reports, 'problems created by looking different' was found to be the strongest predictor of well-being. Perceived threat to group continuity emerged as the strongest predictor of self reported aspects of identity. Pre-arrival adversity was reconfirmed as a significant risk factor for well-being in adoption, particularly by adoptive parents. The effects of age at arrival and parental SES on well-being and identity were found to be minimal.

4.4 Summary of chapter

This chapter reported the findings of the cross-sectional study on the well-being and identity of adolescent and adult IC adoptees and migrant peers. Separate results were presented for the information provided by the adoptees, migrants, adoptive and migrant parents, including the relationship between the data obtained from these self and parent reports. The findings indicate that the majority of adoptees and migrants in this study are happy, healthy in body and mind and comfortable with themselves and where they are. There were few significant differences between adoptees and migrants. Agreement between the self and parent reports varied widely. Parents were generally more positive in their reports than the adoptees and migrants themselves. Societal threats to well-being and identity, such as problems created on the basis of skin colour and physical appearance, are real and significant for the adoptees and migrants in this

study. Pre-arrival adversity was confirmed to be a risk factor, particularly for well-being in adoptees, however, most of the variance in well-being and identity remains unexplained. Affect about adoption was significantly related to a range of well-being and identity aspects. These findings have been applied to the longitudinal study on the well-being of IC adoptees, the results of which are outlined in the next chapter.

Chapter 5 – Results of longitudinal study on well-being in intercountry adoption

Building on the findings outlined in the previous chapter, this chapter presents the results of analyses of the long-term stability of well-being in intercountry adoptees from 1994 to 2004 according to parents and adoptees. The longitudinal data are examined from two different perspectives, namely the cohort-sequential and the repeated-measures. Each perspective analysed parent and adoptee reports separately for any change in adoptee well-being. The cohort-sequential model used the data on all the adoptees provided by adoptive parents in 1994 and 2004 and by adoptees in 2004. Change from 1994 and 2004 is examined with between-group analyses. The 1994 and 2004 samples were linked by the respective sequential cohorts of 14- to 16-year-old adoptees in the parent and the adoptee reports. In the repeated-measures perspective, well-being changes within the adoptees are examined by using data of only those adoptees whose adoptive parents provided complete data in 1994 and 2004 and adoptees whose adoptive parents provided complete data in 1994 and who provided self reports in 2004. Seven areas of well-being are the focus, namely physical health, happiness, satisfaction with adoption, competence/adaptive behaviours and problem, internalising and externalising behaviours. Throughout the chapter the results of the exploration of the effects of positive and negative demographic, cultural-racial and adoption-specific factors to any variance in well-being over time are presented.

5.1 Cohort-sequential study

The cohort-sequential longitudinal study examined the stability in the well-being of the adoptees over time by comparing the 1994 parent reports with the 2004 parent reports and with the 2004 adoptee self reports. The results of the sequential cohorts of 14- to 16-year-old adoptees in the 1994 and 2004 samples were examined to determine if they were sufficiently similar to validly link the results of the full 1994 and 2004 samples (S. Duncan et al., 1996).

5.1.1 Samples

The composition and size of the three samples were:

- in 1994:
    - 283 adoptees with parent reports (group one), including 38 in the 14- to 16-year-old sequential cohort and 245 aged under 14 years;
- in 2004:

- 160 adoptees with parent reports (group two), including 23 14- to 16-year-olds, 114 17- to 23-year-olds and 23 24- to 26-year-olds;
- 110 adoptees with self reports (group three), including 19 14- to 16-year-olds, 72 17- to 23-year-olds and 19 24- to 26-year-olds.

Characteristics of all adoptees reported on in 1994 and 2004 have been provided in detail in Appendices 3-1 and 3-2 (see Appendix 5-1 for a less detailed summary and Table 5.1 for a brief summary of six key characteristics of the three samples).

Table 5.1

Key characteristics of intercountry adoptee samples in 1994 and 2004, by report type

	1994	2004	
	Parent report	Parent report	Adoptee report
Characteristic	n=283	n=160	n=110
Female	78%	79%	79%
Adolescents aged 14-16 yrs	14%	17%	15%
Mean age/yrs (SD)	10.2 (2.9)	19.7 (3.0)	19.8 (3.2)
Female mean age/yrs (SD)	10.4 (2.8)*	20.0 (2.9)	20.0 (3.0)
Male mean age/yrs (SD)	9.3 (2.9)*	18.5 (3.2)	19.0 (3.6)
Mean arrival age/mths (SD)	22.8 (34.9)	25.0 (36.6)	28.3 (42.0)
Pre-arrival adversity med/high	23%	29%	32%
Korea	75%	72%	73%
Parental SES high	41%	44%	38%

5.1.2 Changes in adoptee well-being from 1994 to 2004

Developmental and other changes in the current physical health, happiness, satisfaction with adoption (for adoptee, mother, father and family), competence/ adaptive behaviours and problem, internalising and externalising behaviours of the adoptees from 1994 to 2004 were analysed using between-group ANOVA with Bonferroni post hoc tests ($p<.01$). The values of change between the 1994 and 2004 parent reports (groups one and two) and between the 1994 parent reports and 2004 adoptee self reports (groups one and three) were determined with Bonferroni post hoc tests and are expressed as *d* (Field, 2005). One-sample t-tests for the parent and the adoptee reports, using the 1994 means of well-being measures as tests values, found similar results in mean differences. According to both parent and adoptee reports, well-being had declined on all measures, except competence/adaptive behaviours. On the

measures where the decline was significant, adoptive parent reports were less negative than adoptee reports, except for happiness (see Table 5.2 for details).

Table 5.2

Change in well-being from ages 4-16 yrs to 14-26 yrs in intercountry adoptees 1994-2004 cohort-sequential study, by report type

	1994	2004			
	Parent (n=283)	Parent (n=160)		Adoptee (n=110)	
Well-being factor	M (SD)	M (SD)	d	M (SD)	d
Physical health[a]	3.6 (0.7)	3.2 (0.9)	-0.42*	2.9 (1.0)	-0.63*
Happiness[a]	5.3 (0.9)	5.0 (1.3)	-0.32*	5.3 (1.0)	-0.07
Satisfaction with adoption[a]					
for adoptee	4.7 (0.7)	4.4 (0.9)	-0.24*	4.4 (0.8)	-0.24
for mother	4.7 (0.8)	4.4 (0.9)	-0.22	4.5 (0.9)	-0.20
for father	4.6 (0.8)	4.4 (1.0)	-0.24	4.4 (1.0)	-0.22
for family	4.6 (0.8)	4.5 (0.9)	-0.15	4.5 (0.9)	-0.16
Competence/adaptive[b]	44.5 (7.4)	48.6 (9.6)	4.23*	50.3 (8.8)	5.87*
Total Problems[b]	46.8 (10.7)	48.5 (12.6)	1.65	51.3 (11.0)	4.54*
Internalising[b]	48.0 (9.9)	49.3 (11.2)	1.26	52.3 (11.7)	4.39*
Externalising[b]	48.2 (10.1)	50.7 (11.8)	2.42	52.8 (10.5)	4.36*

[a] Raw scores; [b] T-scores (Achenbach & Rescorla, 2001, 2003).

*p<.01

Effects of age group in 2004 (14-16, 17-23, 24-26), gender, country of origin (Korea and other countries) and parental SES (low, medium, high) on change were examined and results described below (see Appendix 5-2 for detailed results for the three 2004 age groups).

Physical health

In 1994, the rate of good to excellent health among the 4- to 16-year-old adoptees was 94%. According to the parents and self reports in 2004, the rate had declined to 77% and 68% respectively. Total raw scores on the current physical health scale declined from the parent reports of 1994 (M=3.56, SD=.70) to the parent reports of 2004 (M=3.15, SD=.86) and the adoptee reports of 2004 (M=2.93, SD=.96). Both declines were significant (F(2, 545)=29.48, p<.01). Examination of the differential effects of age group, gender, country of origin and parental SES showed the decline to be significant for:

- 17- to 23-year-olds in the parent (d=-0.47, p<.01) and adoptee reports (d=-0.73, p<.01);
- females in the parent (d=-0.48, p<.01) and adoptee reports (d=-0.74, p<.01);
- Korean adoptees in the parent (d=-0.49, p<.01) and adoptee reports (d=-0.62, p<.01)
- adoptees from other countries in the adoptee reports (d=-0.65, p<.01);
- adoptees with parents of medium SES in the parent (d=-0.54, p<.01) and adoptee reports (d=-0.53, p<.01); and
- adoptees with parents of high SES in the adoptee reports only (d=-0.75, p<.01).

Happiness and satisfaction

Happiness declined significantly from 1994 to 2004 (F(2, 537)=4.93, p<.01) with the mean difference significant in the parent reports. The decline was significant for 17- to 23-year-olds (d=-0.36, p<.01) and adoptees from Korea (d=-0.36, p<.01). The decline in the adoptee reports was nonsignificant.

Adoptee satisfaction with adoption declined significantly from 1994 to 2004 (F(2, 537)=6.90, p<.01), but the mean differences were significant in the parent reports only. The decline for adoptees from Korea was significant in both the parent (d=-0.31, p<.01) and adoptee reports (d=-0.29, p<.01). According to both the parent and adoptee reports, declines in the level of satisfaction with adoption for the mother, father and family of all the adoptees were nonsignificant, irrespective of the adoptee's age group, gender and parental SES. However, the decline in the level of satisfaction with adoption in the reports from parents of Korean adoptees was significant for the mother (d=-0.29, p<.01), the father (d=-0.29, p<.01) and the family (d=-0.25, p<.01).

Competence/adaptive behaviours

Competence/adaptive behaviours, expressed as T-scores, increased significantly from 1994 to 2004 (F(2, 537)=24.32, p<.01). The mean differences were significant in both the parent and adoptee reports. The increase was found to be significant for:

- 17- to 23-year-olds in the parent (d=3.96, p<.01) and adoptee reports (d=4.44, p<.01);
- females in the parent (d=3.84, p<.01) and adoptee reports (d=5.84, p<.01);
- Korean adoptees in the parent (d=4.12, p<.01) and adoptee reports (d=5.97, p<.01);

- adoptees with parents of medium SES in the parent (d=5.38, p<.01) and adoptee reports (d=7.35, p<.01); and
- adoptees with parents of high SES in the parent (d=4.28, p<.01) and adoptee reports (d=3.80, p<.01).

In the adoptee reports the increase in competence/adaptive behaviours was further significant for:

- 14- to 16-year-olds (d=11.89, p<.01) and 24- to 26-year-olds (d=8.13, p<.01);
- males (d=5.92, p<.01); and
- adoptees from other countries (d=5.95, p<.01).

Problem behaviours

Problem behaviours increased significantly from 1994 to 2004 (F(2, 547)=6.42, p<.01). The mean difference in T-scores was significant in the adoptee, but not the parent, reports. The increase in the adoptee reports was significant for 17- to 23-year-olds (d=6.76, p<.01), females (d=5.02, p<.01) and Korean adoptees (d=6.55, p<.01).

Internalising behaviours increased significantly from 1994 to 2004 (F(2, 547)=6.48, p<.01). The mean difference in T-scores was significant in the adoptee, but not the parent, reports. The increase in the adoptee reports was significant for 17- to 23-year-olds (d=6.27, p<.01), females (d=4.79, p<.01) and adoptees from Korea (d=6.05, p<.01).

Externalising behaviours increased significantly from 1994 to 2004 (F(2, 547)=7.85, p<.01). The mean difference in T-scores was significant in the adoptee, but not the parent, reports. The increase in the adoptee reports was significant for 17- to 23-year-olds (d=6.97, p<.01), females (d=5.31, p<.01) and Korean adoptees (d=6.56, p<.01).

5.1.3 Relationship between change in well-being, threats, risks, adoption-specific factors and identity aspects

Pearson's correlation coefficients were examined for the change in well-being of adoptees from 1994 and 2004 and the:

- four threats used in the cross-sectional study (threat to group continuity, perceived discrimination on the basis of adoptive status, problems created by looking different and perceived racial discrimination);
- three known adoption risks (age at arrival, including arrival before and after six months and before and after two years of age; pre-arrival adversity and parental SES);

- six adoption specific factors [positive affect about adoption, preoccupation with own adoption history, parental openness, negative experience with adoption (Tieman, 2006), biological heritage and daydreaming about birth parents (Benson et al., 1994)];
- 10 identity aspects [strength of group identity, strength of ethnic identity, ethnic group orientation, Australian identity, birth country identity, W. Australian identity and four adoptee and adoptive parent cultural-racial dimensions (Baden & Steward, 2000)].

Many of the relationships were negligible (r<.10). Among the significant associations, effect sizes were small to medium (see Appendix 5-3 for separate correlation results from parent and adoptee reports). The following is a description of the significant relationships.

Threats and known risks

Increases in threats in the parent and adoptee reports were related to declines in well-being. In the parent reports, 'problems created by looking different' was weakly related to current physical health (r=-.28, p<.01) and satisfaction with adoption for the adoptive family (r=-.24, p<.01). Perceived racial discrimination was weakly related to current physical health (r=-.29, p<.01), problem (r=.25, p<.01) and internalising behaviours (r=.23, p<.01). In the adoptee reports, significant relationships were found between problems created by looking different and satisfaction with adoption for the adoptee (r=-.39, p<.01) and the mother (r=-.28, p<.01), internalising (r=.31, p<.01) and externalising behaviours (r=.31, p<.01). Relationships were negative and mostly moderate between perceived discrimination on the basis of adoptive status and satisfaction with adoption for the adoptee (r=-.33, p<.01) and the adoptive family (r=-.28, p<.01), between perceived racial discrimination and satisfaction with adoption for the adoptee (r=-.32, p<.01) and between threat to group continuity and happiness (r=-.40, p<.01).

In the parent and adoptee reports, the findings on the known risks were less consistent. Increases in the known risk factors were found to relate to decreases as well as increases in well-being with correlations that showed an increase in well-being reaching significance only. In the parent reports, age at arrival was positively related to satisfaction with adoption for the mother (r=.22, p<.01) and negatively to externalising behaviours (r=-.23, p<.01). Arrival after the age of two years was negatively related to externalising behaviours (r=-.23, p<.01). Pre-arrival adversity was negatively related to problem behaviours (r=-.23, p<.01). The correlations between changes in well-being and arrival after the age of six months and parental SES were nonsignificant and are

not included in Appendix 5-3. In the adoptee reports, age at arrival was negatively related to problem (r=-.34, p<.01) and externalising behaviours (r=-.42, p<.01). Arrival after the age of two years was negatively related to externalising behaviours (r=-.36, p<.01). The correlations between changes in well-being and arrival after the age of six months and parental SES were nonsignificant.

Adoption specific and identity factors

An examination of the relationship between the adoption specific variables and changes in adoptee well-being from 1994 and 2004 showed correlations between interest in biological heritage and changes in well-being to be nonsignificant in both parent and adoptee reports. The relationship between daydreaming about birthparents and changes in well-being was negative and only significant in the parent reports on satisfaction with adoption for the adoptee (r=-.26, p<.01) and the mother (r=-.33, p<.01). In regards to the adoption dynamics, positive affect about adoption was significantly associated with increases in well-being and negative experiences with adoption with decreases in well-being, but only in the parent reports (see Appendices 5-3 and 5-6).

Assessment of the predictive power of the four threat and three risk factors in the adoptee self reports found that perceived discrimination on the basis of adoptive status significantly predicted positive affect about adoption (F(1,103)=23.22, p<.01, β=-.27, p<.01) and negative experience with own adoption (F(1,103)=26.45, p<.01, β=.33, p<.01), explaining 17% and 20% of the variance respectively. Perceived threat to group continuity (F(1,102)=6.80, p<.01, β=-.20) and arrival after the age of two years (F(1,105)=12.15, p<.01, β=-.27, p<.01) were the most significant predictors of openness. No significant predictors emerged from the parent reports.

Relationships between other aspects of identity and changes in well-being were mostly small, inconsistent and nonsignificant. Most significant relationships in the parent reports were for Australian identity, with the strongest relationship for change in the father's satisfaction with adoption (r=.34, p<.01). In the adoptee reports, most significant relationships were for WA identity with the strongest relationship for change in adoptee satisfaction with adoption (r=.37, p<.01) (see Appendix 5-3). Relationships between change in well-being and strength of group identity, strength of ethnic identity, ethnic group orientation and birth country identity were nonsignificant and are not included in Appendix 5-3.

5.1.4 Predicting change

Four sets of separate hierarchical regression analyses were undertaken on changes in the 10 well-being measures reported by parents and adoptees. Building on the findings of the cross-sectional study and the results of the correlation analyses of changes in well-being, predictors were selected from:

1. the four threats;
2. the four adoption specific factors of positive affect about adoption, parental openness, negative experiences with adoption and daydreaming about birth parents;
3. the four cultural-racial dimensions; or
4. a combination of the most significant predictors of the three preceding sets.

As pre-arrival adversity and arrival after the age of two years were significantly related to changes in well-being, these two factors were controlled for by entering them first as one block into all regression equations. All analyses were checked for multicollinearity, heteroscedasticity and dependent errors.

Predicting change in well-being from parent reports

In the first set of analyses, the two relevant threats from the parent reports were entered into the regression equation in the following order: (1) problems created by looking different and (2) perceived racial discrimination. The regression model explained a significant level of the variance in the change in two well-being measures, namely 13% in current physical health ($F(4,155)=4.80$, $p<.01$) and 11% in total problem behaviours ($F(4,155)=3.94$, $p<.01$). Problems created by looking different emerged as the strongest predictor of change explaining 7% and 3% respectively of the variance in current physical health ($\beta=-.21$) and total problem behaviours ($\beta=.09$).

In the second set of analyses, the four adoption specific factors from the parent reports were entered in the following order: (1) positive affect about adoption; (2) negative experience with adoption; (3) parental openness; and (4) daydreaming about birth parents. The regression model explained a significant level of the variance in the change in five well-being measures: 28% in happiness ($F(6,153)=8.09$, $p<.01$), 21% in satisfaction with adoption for the adoptee ($F(6,153)=5.71$, $p<.01$), 20% in satisfaction with adoption for the mother ($F(6,153)=5.26$, $p<.01$), 19% in satisfaction with adoption for the father ($F(6,153)=4.98$, $p<.01$) and 16% in internalising behaviours ($F(6,153)=3.92$, $p<.01$). Positive affect about adoption emerged as the strongest predictor of change, explaining 25% of the variance in happiness ($\beta=.57$, $p<.01$), 18% in satisfaction with adoption for the adoptee ($\beta=.38$, $p<.01$), 15% in satisfaction with adoption for the mother ($\beta=.29$, $p<.01$) and the father ($\beta=.37$, $p<.01$) and 14% in

internalising behaviours (β=-.39, p<.01). Daydreaming about birthparent emerged as an additional significant predictor of the change in satisfaction with adoption for the mother, explaining another 5% of the variance (β=-.23, p<.01).
In the third set of analyses, four cultural-racial predictors from the parent reports were entered into the regression equation in the following order: (1) adoptee culture and (2) race dimensions; (3) parental culture and (4) race dimensions. Although the regression model did not explain a significant level of variance in the change in well-being measures, parental race dimension was considered the stronger predictor based on a significant beta value in satisfaction with adoption for the family (β=.36, p<.01) (Field, 2005).

The final set of analyses included four predictors from the parent reports selected on the basis of the size of the variances explained by the significant predictors from the preceding three sets of analyses. Their order of entry was: (1) positive affect about adoption; (2) problems created by looking different; (3) daydreaming about birth parents; and (4) parental race dimension. The final regression model explained a significant level of the variance in the change in seven well-being measures: 13% in physical health (F(6,153)=3.06, p<.01); 27% in happiness (F(6,153)=7.79, p<.01); 24% in satisfaction with adoption for the adoptee (F(6,153)=6.72, p<.01); 22% in satisfaction with adoption for the mother (F(6,153)=5.95, p<.01); 21% in satisfaction with adoption for the father (F(6,153)=5.66, p<.01); 20% in satisfaction with adoption for the family (F(6,153)=5.10, p<.01); and 16% in internalising behaviours (F(6,153)=4.07, p<.01). Positive affect about adoption emerged as the strongest predictor, accounting for 6% to 26% of the variance in the significant regression models. Daydreaming about birthparents was a significant predictor of the change in satisfaction with adoption for the mother, explaining a further 5% of the variance (β=-.23, p<.01). Parental race dimension was a significant predictor of the change in satisfaction with adoption for the family, explaining an additional 7% of the variance (β=.27, p<.01) (see Appendix 5-4 for full details of the final regression model).

Predicting change in well-being from adoptee reports
In the first set of analyses, the following four threats from the adoptee reports were entered in the order: (1) problems created by looking different; (2) threat to group continuity; (3) perceived discrimination on the basis of status; and (4) perceived racial discrimination. The regression model explained a significant level of the variance in the change of two well-being measures, namely 31% in satisfaction with adoption for the child (F(6,103)=5.78, p<.01) and 24% in externalising behaviours (F(6,103)=3.92, p<.01). Problems created by looking different emerged as the strongest predictor of

change, explaining 15% of the variance in satisfaction with adoption for the child (β=-.19) and 6% in externalising behaviours (β=.16).

In the second set of analyses, the following four adoption predictors from the adoptee reports were entered into the equation: (1) positive affect about adoption; (2) negative experience with adoption; (3) parental openness; and (4) daydreaming about birth parents. The regression model explained a significant level of the variance in the change in satisfaction with adoption for the mother ($F(6,103)=3.19$, $p<.01$) accounting for 23% of the variance. Positive affect about adoption emerged as the stronger predictor of change, explaining 12% of the variance in satisfaction with adoption for the mother (β=.20).

In the third set of analyses, the cultural-racial dimension predictors from the adoptee reports were entered into the regression equation in the following order: (1) adoptee culture dimension; (2) adoptee race dimension; (3) parental culture dimension; and (4) parental race dimension. Although the regression model did not explain a significant level of variance in the well-being measures, parental culture dimension was considered the stronger predictor based on the significant beta value in satisfaction with adoption for the adoptee (β=-.41, $p<.01$).

Based on the size of the variances accounted for by the stronger predictors in the preceding three sets of analyses, the final set of analyses included three predictors from the adoptee reports. They were entered into the regression equation in the following order: (1) positive affect about adoption; (2) problems created by looking different; and (3) parental culture dimension. The regression model explained a significant level of the variance in the changes in four well-being measures: 27% in satisfaction with adoption for the adoptee ($F(6,103)=5.71$, $p<.01$), 21% in satisfaction with adoption for the mother ($F(6,103)=4.17$, $p<.01$), 20% in satisfaction with adoption for the father ($F(6,103)=3.96$, $p<.01$) and 23% in externalising behaviours ($F(6,103)=4.50$, $p<.01$). Two predictors of change emerged. Positive affect about adoption explained 9% of the variance in the change in satisfaction with adoption for the adoptee (β=.16), 12% in satisfaction with adoption for the mother (β=.24) and 11% in satisfaction with adoption for the family (β=.26). Problems created by looking different explained 9% of the variance in the change in satisfaction with adoption for the adoptee (β=-.30, $p<.01$) and 10% of the variance in externalising behaviours (β=.36, $p<.01$) (see Appendix 5-5 for full details of the final regression model).

5.1.5 Sequential cohorts of 14- to 16-year-old adoptees

The proportions of 14- to 16-year-olds in the samples of 1994 parent reports (14%, *n*=38), 2004 parent reports (17%, *n*=23) and 2004 adoptee reports (15%, *n*=19) were similar. A brief summary of eight characteristics of the three sequential cohorts is provided in Table 5.3. The between-group differences were nonsignificant (*p*<.01).

Table 5.3

Characteristics of sequential cohorts 14- to 16-year-old intercountry adoptees 1994 and 2004, by measurement point and report type

	1994	2004	
	Parent report	Parent report	Adoptee report
Characteristic	n=38	n=23	n=19
Female	89%	57%	58%
Mean age/yrs (SD)	14.7 (1.0)	15.1 (0.9)	15.0 (0.8)
Mean arrival age/mths (SD)	56.5 (55.6)	37.0 (38.9)	32.7 (37.3)
Arrival <6 mths	18%	30%	32%
Arrival < 2 years	42%	61%	53%
Pre-arrival adversity med/highw	23%	26%	32%
Korea	47%	47%	44%
Parental SES high	36%	42%	52%

In 2004, the 14- to 16-year-old adoptees reported higher levels in the positive and negative measures of well-being than parents, except for current physical health. Differences were nonsignificant, except for satisfaction with adoption for the family ($F(2, 78)=5.62$, $p<.01$). The adoptees reported a significantly higher level in 2004 than adoptive parents in 1994 (see Table 5.4 for details).

The effects of gender, age in years, arrival before and after the age of six months and before and after the age of two years, pre-arrival adversity and parental SES were nonsignificant. Country of origin had a significant effect in:

- the adoptee reports on satisfaction with adoption for the mother ($F(1, 78)=22.50$, $p<.01$) with the increase significant for the mothers of adoptees from countries other than Korea ($F(2, 39)=7.30$, $p<.01$; $d=1.39$, $p<.01$); and
- in parent reports on satisfaction with adoption for the family ($F(1, 78)=17.74$, $p<.01$) with the increase significant for the families of adoptees from countries other than Korea ($F(2, 39)=7.46$, $p<.01$; $d=1.22$, $p<.01$).

Table 5.4

Change in well-being of sequential cohorts 14- to 16-year-old intercountry adoptees 1994-2004, by measurement point and report type

	1994	2004			
	Parent (n=38)	Parent (n=23)		Adoptee (n=19)	
Well-being factor	M (SD)	M (SD)	d	M (SD)	d
Physical health[a]	3.5 (0.9)	3.5 0.7)	0.05	3.0 (1.2)	-0.53
Happiness[a]	5.0 (1.3)	5.4 (0.9)	0.40	5.5 (0.8)	0.58
Satisfaction with adoption[a]					
for adoptee	4.4 (1.0)	4.7 (0.6)	0.20	4.8 (0.4)	0.47
for mother	4.1 (1.3)	4.7 (0.5)	0.56	4.9 (0.3)	0.78
for father	4.2 (1.2)	4.7 (0.6)	0.49	4.8 (0.7)	0.61
for family	4.1 (1.3)*	4.7 (0.5)	0.64	4.8 (0.4)*	0.78
Competence[b]	44.8 (8.6)	44.5 (9.6)	-0.27	49.9 (13.6)	5.15
Total problems[b]	49.1 (12.8)	46.5 (11.8)	-2.60	50.0 (8.8)	0.22
Internalising[b]	48.7 (10.8)	48.6 (9.8)	-0.18	49.3 (10.1)	0.52
Externalising[b]	50.3 (12.6)	46.3 (10.9)	-4.00	50.1 (8.8)	-0.17

[a] Raw scores; [b]T-scores.

*p<.01

5.2 Repeated-measures study

The repeated-measures study examined changes in well-being within the adoptees from the 1994 and 2004 parent reports and the 1994 parent and 2004 adoptee reports. Well-being was examined from the perspectives of current physical health, happiness, satisfaction with adoption (for adoptee, mother, father and family), competence/adaptive behaviours and problem, internalising and externalising behaviours.

5.2.1 Samples

The numbers of adoptees with complete data in the repeated-measures study were:

- in the parent reports:
    - 140 with 1994 and 2004 parent reports;
- in the adoptee reports:
    - 85 with 1994 parent and 2004 self reports.

The sample of adoptees with parent reports was similar in characteristics to the samples with self reports. A brief summary of seven key characteristics is provided in Table 5.5 (see Appendix 5-1 for a more detailed summary).

Table 5.5

Characteristics of 1994-2004 repeated-measures study intercountry adoptee samples, by report type

Characteristic	Parent report n=140	Adoptee report n=85
Female	79%	78%
Adolescents aged 14-16 yrs	9%	10%
Age/yrs (SD)	20.0 (2.8)	19.9 (2.8)
Arrival age/mths (SD)	22.4 (34.4)	25.8 (40.3)
Pre-arrival adversity medium/high	23%	24%
Korea	76%	75%
Parental SES high	48%	43%

5.2.2 Changes in adoptee well-being 1994-2004

Changes in well-being were examined separately in the parent and adoptee reports with repeated-measures or paired t-tests (p<.01) (Field, 2005). The value of change is expressed as d. According to both parent and adoptee reports, well-being had declined on most measures. On the measures where the decline was significant, adoptive parent reports were more negative than adoptee reports, except on physical health (see Table 5.6 for details). Effects of age group in 2004 (14-16, 17-23, 24-26), gender, country of origin (Korea and other) and parental SES (low, medium, high) on change in well-being were examined. Results are described below.

Current physical health

Health declined significantly according to parents (t(139)=-6.15, p<.01, d=-.46) and adoptees (t(84)=-5.61, p<.01, d=-.65). The decline was significant for:

- 17- to 23-year-olds in parent (d=-.56, p<.01) and adoptee reports (d=-.82, p<.01);
- females in parent (d=-.48, p<.01) and adoptee reports (d=-.75, p<.01);
- Korean adoptees in parent (d=-.52, p<.01) and adoptee reports (d=-.72, p<.01); and
- adoptees with medium SES parents in parent (d=-.57, p<.01) and adoptee reports (d=-.46, p<.01) and with high SES parents in parent (d=-.38, p<.01 and adoptee reports d=-.91, p<.01).

Table 5.6

Change in well-being within 14- to 26-year-old intercountry adoptees 1994-2004 repeated-measures study, by report type

	Parent (n=140)			Adoptee (n=85)		
	1994	2004		1994	2004	
Well-being factor	M (SD)	M (SD)	d	M (SD)	M (SD)	d
Physical health[a]	3.6 (0.7)	3.1 (0.9)	-0.46*	3.6 (0.8)	2.9 (0.9)	-0.65*
Happiness[a]	5.3 (0.9)	5.0 (1.3)	-0.25	5.0 (1.1)	5.4 (0.9)	0.32
Satisfaction with adoption[a]						
for adoptee	4.6 (0.7)	4.4 (0.9)	-0.25*	4.5 (0.8)	4.4 (0.8)	-0.14
for mother	4.6 (0.9)	4.4 (0.9)	-0.22*	4.5 (1.0)	4.4 (1.0)	-0.08
for father	4.7 (0.8)	4.3 (1.0)	-0.32*	4.6 (0.8)	4.5 (0.9)	-0.13
for family	4.6 (0.8)	4.4 (0.9)	-0.17*	4.5 (1.0)	4.5 (0.9)	-0.07
Competence[b]	44.0 (7.6)	49.3 (9.2)	5.35*	43.5 (8.5)	50.9 (8.1)	7.43*
Total problems[b]	47.9 (11.2)	47.8 (12.0)	-0.11	48.2 (11.7)	51.7 (11.7)	3.47
Internalising[b]	49.3 (9.9)	48.4 (10.7)	-0.89	49.0 (10.6)	52.5 (11.7)	3.54
Externalising[b]	48.8 (10.8)	50.5 (11.7)	1.66	49.5 (11.9)	53.4 (10.8)	3.86

[a] Raw scores; [b] T-scores (Achenbach & Rescorla, 2001, 2003).

*p<.01.

Happiness and satisfaction

Happiness had declined according to parents and increased according to the adoptees themselves, but neither change was significant. There were no significant gender, age group, country of origin and parental SES effects, except for medium parental SES in the adoptee reports (d=0.58, p<.01).

According to the parent reports, the decline in satisfaction with adoption was significant for the adoptee (t(139)=-3.66, p<.01, d=-.25), the mother (t(139)=-3.22, p<.01, d=-.22), the father (t(139)=-4.69, p<.01, d=-.32) and the family (t(139)=-2.67, p<.01, d=-.17). The decline reported by the adoptees was nonsignificant. The decline in the parent reports was also significant for:

- 17- to 23-year-olds' satisfaction with adoption for mother (d=-0.23, p<.01), father (d=-0.32, p<.01), adoptee (d=-0.26, p<.01) and family (d=-0.23, p<.01);
- Korean adoptees' satisfaction with adoption for mother (d=-0.29, p<.01), father (d=-0.34, p<.01), adoptee (d=-0.30, p<.01) and family (d=-0.26, p<.01);

- adoptees with medium SES parents' satisfaction with adoption for father (d=-0.37, p<.01) and family (d=-0.23, p<.01);and
- adoptees with high SES parents' satisfaction with adoption for father (d=-0.27, p<.01) and adoptee (d=-0.34, p<.01).

Competence and adaptive behaviours

Competence/adaptive behaviours had increased significantly according to both the parent (t(139)=6.48, p<.01, d=5.35) and adoptee reports (t(94)=7.43, p<.01, d=7.43. The increase was significant for:

- 14- to 16-year-olds in the adoptee reports (d=19.35, p<.01), 17- to 23-year-olds in the parent (d=4.42, p<.01) and adoptee reports (d=5.66, p<.01) and 24- to 26-year-olds in parent reports (d=8.41, p<.01);
- females in the parent (d=4.40, p<.01) and adoptee reports (d=7.23, p<.01) and males in the parent reports (d=9.53, p<.01);
- adoptees from Korea and from other countries in the parent (d=4.45 and d=8.26 respectively, p<.01) and adoptee reports (d=6.84 and d=9.37 respectively, p<.01);
- adoptees with medium and high SES parents in the parent (d=4.86 and d=5.95, respectively, p<.01) and adoptee reports (d=8.90 and d=5.03 respectively, p<.01).

Problem behaviours

Problem behaviours had decreased according to the parent reports and increased according to adoptees, but all changes were nonsignificant. Effects for gender, age group, country of origin and parental SES were also nonsignificant, except in reports from Korean adoptees (d=7.20, p<.01).

The decline in internalising behaviours reported by parents and increase reported by adoptees were nonsignificant. Effects for gender, age group, country of origin and parental SES were nonsignificant, except in reports from Korean adoptees (d=5.58, p<.01).

Externalising behaviours had increased according to both the parent and adoptee reports, but the changes were nonsignificant. Significant gender, age group, country of origin and parental SES effects were found for:

- 17- to 23-year-old Korean adoptees in the adoptee reports (d=6.23, p<.01);
- Korean adoptees in the parent (d=3.04, p<.01) and adoptee reports (d=7.83, p<.01).

A significant decline in externalising behaviours by adoptees from other countries was reported in the adoptee reports (d=-8.44, p<.01).

The relationships between the 1994 level of adolescent alcohol, tobacco and drug use reported by parents and the levels reported in 2004 by parents and adoptees were examined. Significant relationships were found in the parent, but not the self reports. In the parent reports, moderate to large positive, but nonsignificant, relationships were found between 1994 and 2004 male (n=15) use of alcohol (r=.51) and tobacco (r=.44) and between 1994 alcohol and tobacco and 2004 drug use (r=.52). For the females (n=79), moderate, significant and positive relationships were found between 2004 drug use and total substance use and 1994 use of alcohol (r=.34 & r=.33, p<.01 respectively) and tobacco (r=.34, r=.33, p<.01 respectively), but not of drug use (r=-.03 r=.11, n.s. respectively). In the self reports, the relationships between the 1994 parent reported substance use and the 2004 self reported levels for both males (n=9) and females (n=46) were nonsignificant and negligible to small for drug use and total substance use.

5.2.3 Relationship between change in well-being, threats, risks, adoption-specific factors and identity aspects

Pearson's correlation coefficients were examined for significant relationships between the change in well-being within the adoptees from 1994 and 2004 and the four threats, three risk factors, six adoption specific factors and 10 aspects of identity used in the cohort-sequential longitudinal study. Most relationships were negligible. Among the significant relationships effect sizes were small to medium (see Appendix 5-6 for separate correlation results from the parent and adoptee reports). The following is a description of the significant relationships.

Threats and risks

In the parent and adoptee reports, increases in threats were related to declines in well-being. In the parent reports, perceived racial discrimination was significantly related to change in physical health (r=-.27, p<.01) and problem behaviours (r=.22, p<.01). In the adoptee reports, significant relationships were found between problems created by looking different and change in satisfaction with adoption for the adoptee (r=-.41, p<.01) and the mother (r=-.28, p<.01) and externalising behaviours (r=.30, p<.01). Other significant relationships in the adoptee reports were between perceived discrimination on the basis of adoptive status and change in satisfaction with adoption for the adoptee (r=-.34, p<.01) and between perceived racial discrimination and satisfaction with adoption for the adoptee (r=-.35, p<.01).

Significant correlations between risks and well-being measures showed that well-being increased with increasing age at arrival and arrival after the age of two years. In the parent reports, age at arrival was significantly related to change in satisfaction with adoption for the mother (r=.24, p<.01) and problem (r=-.30, p<.01) and externalising behaviours (r=-.32, p<.01). Arrival after the age of two years was significantly related to change in externalising behaviours (r=-.28, p<.01). In the adoptee reports, age at arrival was significantly related to change in problem (r=-.35, p<.01) and externalising behaviours (r=-.41, p<.01). Arrival after the age of two years was significantly related to change in problem (r=-.29, p<.01) and externalising behaviours (r=-.36, p<.01).

Adoption specific factors

Positive adoption dynamics were related to an increase in well-being. Negative experience with adoption was related to a decline in well-being. In the parent reports, relationships were significant between positive affect about adoption and change in physical health (r=.26, p<.01); happiness (r=.46, p<.01); satisfaction with adoption for the adoptee (r=.45, p<.01), the mother (r=.34, p<.01), the father (r=.35, p<.01) and the family (r=.29, p<.01)] and internalising behaviours (r=-.24, p<.01). Negative experience with adoption was significantly related to change in happiness (r=-.26, p<.01) and satisfaction with adoption for the father (r=-.29, p<.01). Parental openness about adoption was positive related to change in competence (r=.24, p<.01. In the adoptee reports, positive affect about adoption was positively related to change in satisfaction with adoption for the family (r=.28, p<.01.

Correlations between interest in biological heritage and changes in well-being were nonsignificant in both parent and adoptee reports. The relationship between daydreaming about birthparents and changes in well-being was only significant in the parent reports for satisfaction with adoption for the mother (r=-.31, p<.01).

Relationships between aspects of identity and changes in well-being were mostly nonsignificant and effect sizes small. Significant relationships were found mostly in the parent reports for Australian identity with the highest effect size for adoptees' satisfaction with adoption (r=.31, p<.01). An even stronger association for Australian identity was found in the adoptee reports on happiness (r=.37, p<.01). The highest effect size for WA identity was found in the adoptee report on adoptee satisfaction with adoption (r=.38, p<.01) (see Appendix 5-6). The relationships between change in well-being and strength of group identity, strength of ethnic identity, ethnic group orientation and birth country identity were nonsignificant and are not included in Appendix 5-6.

5.2.4 Predicting change in well-being

Building on the findings of the cross-sectional and cohort-sequential longitudinal studies of the 1994-2004 changes in the 10 well-being measures, as well as the results of the correlation analyses of the repeated-measures changes, two hierarchical regression analyses, based on the most parsimonious models, were undertaken with three predictors. The risk factors pre-arrival adversity and arrival after the age of two years were controlled for by entering them first as one block into the regression equations.

For the parent reports, the three selected predictors were entered in the following order: (1) positive affect about adoption, (2) problems created by looking different and (3) parental race dimension. The regression model explained a significant level of the variance in 50% of the change in well-being measures representing:

- 23% in happiness ($F(5,135)=8.13$, $p<.01$);
- 23% in satisfaction with adoption for the adoptee ($F(5,135)=7.75$, $p<.01$);
- 18% in satisfaction with adoption for the mother ($F(5,135)=5.97$, $p<.01$);
- 15% in satisfaction with adoption for the father ($F(5,135)=4.75$, $p<.01$); and
- 17% in satisfaction with adoption for the family ($F(5,135)=5.126$ $p<.01$).

Positive affect about adoption was the strongest predictor of change. It explained 9% to 22% of the variance in the significant equations. Parental race dimension was another significant predictor of change in satisfaction with adoption for the family, accounting for a further 7% of its variance ($\beta=.26$, $p<.01$) (see Appendix 5-7 for details of the final regression model).

For the adoptee reports, the three selected predictors were entered into the equation in the following order: (1) positive affect about adoption, (2) problems created by looking different and (3) parental culture dimension. The regression model explained a significant level of the variance in 30% of the change in well-being measures representing:

- 23% in satisfaction with adoption for the adoptee ($F(5,80)=4.45$, $p<.01$);
- 20% in satisfaction with adoption for the mother ($F(5,80)=3.97$, $p<.01$); and
- 21% in externalising behaviours ($F(5,80)=4.09$, $p<.01$).

Both positive affect about adoption and problems created by looking different emerged as strong predictors of change explaining 9% to 12% of the variance in the significant equations. Positive affect about adoption explained 10% of the variance in the change in satisfaction with adoption for the adoptee ($\beta=.16$) and 12% in satisfaction with adoption for the mother ($\beta=.25$). Problems created by looking different explained 10% of the variance in the change in satisfaction with adoption for the adoptee ($\beta=-.35$,

p<.01) and 9% of the variance in the change in externalising behaviours (*β*=.35, *p*<.01) (see Appendix 5-8 for the final regression model).

5.2.5 Age at arrival and pre-arrival adversity

The risk factors of older age at arrival and pre-arrival adversity were found to be positively related to increases in well-being in both the cohort-sequential and repeated-measures study models. They also showed significant predictive power for several well-being measures, according to both parent and adoptee reports. Further examination of the unexpected effects of these factors in the parent and self reports in both longitudinal studies showed that adolescent and adult adoptees who had arrived after the age of two years started from a reported lower well-being baseline in 1994 than adoptees who had arrived before the age of two years. The same trend was found in adoptees who had suffered medium or high levels of pre-arrival adversity. By 2004 the well-being scores of adolescent and adult adoptees who had arrived after the age of two years and those who had suffered higher levels of pre-arrival adversity had come closer to those of the younger at arrival and low pre-arrival adversity groups. The catch-up trend was particularly evident in the ASEBA measures of the adults (see Appendices 5-9 and 5-10). Figures 5.1 and 5.2 illustrate the catch-up in competence/adaptive behaviours by adult adoptees in the repeated-measures study. Figures 5.3 and 5.4 illustrate the catch-up, or rather 'catch-down', in externalising behaviours in the repeated-measures study. Norm and borderline clinical lines are added in the figures to illustrate the position of the 1994 and 2004 reported means in relation to these parameters.

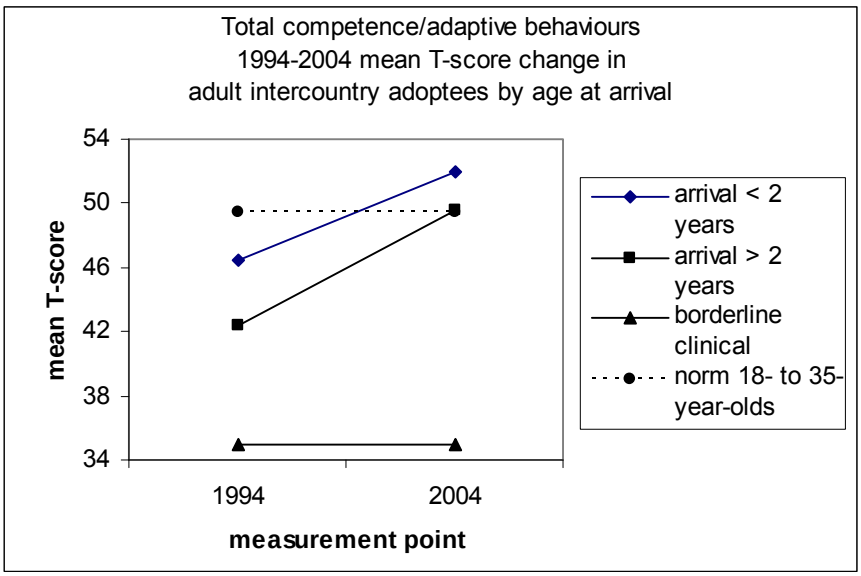

Figure 5.1 Total competence/adaptive behaviours 1994-2004 mean T-score change in adult intercountry adoptees who arrived before age two years (n=111) and after age two years (n=45) in the repeated-measures study.

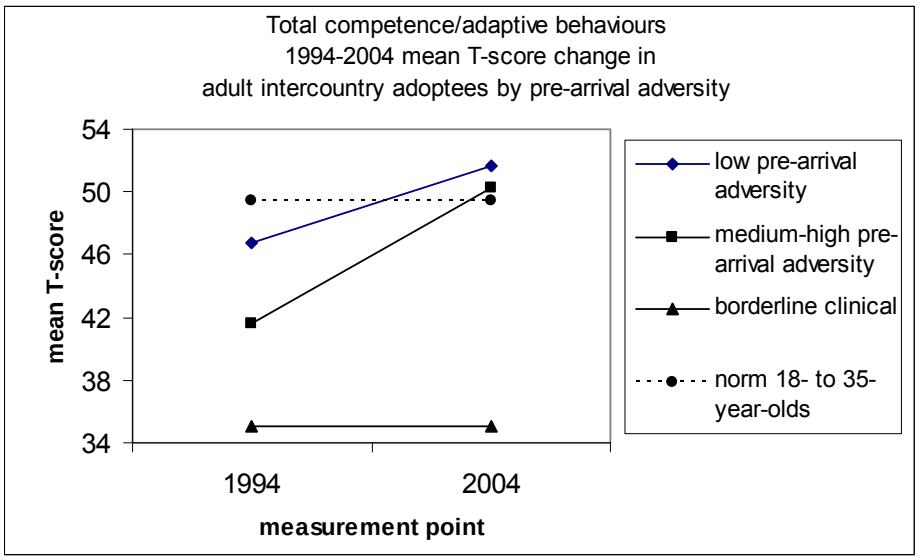

Figure 5.2 Total competence/adaptive behaviours 1994-2004 mean T-score change in adult intercountr adoptees with low pre-arrival adversity (n=112) and medium-high pre-arrival adversity (n=44) in the repeated-measures study.

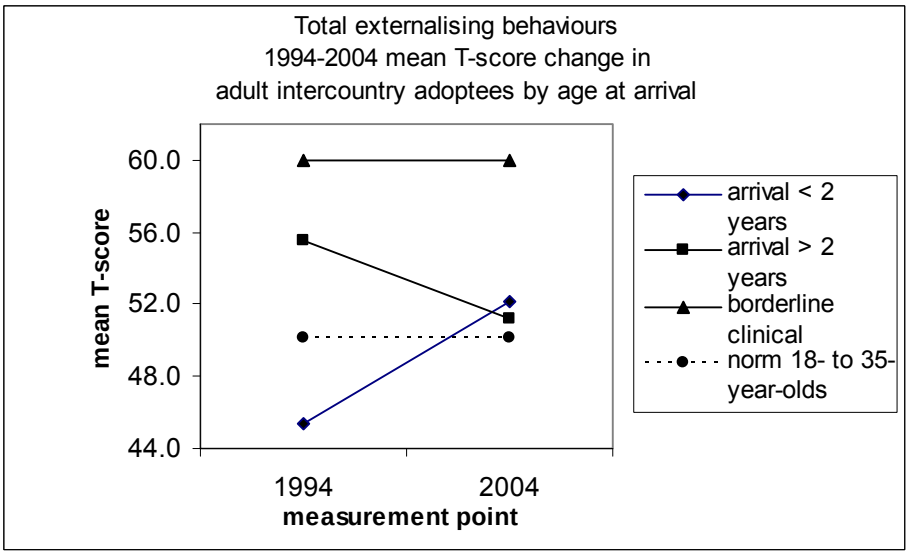

Figure 5.3 Total externalising behaviours 1994-2004 mean T-score change in adult intercountr adoptees who arrived before age two years (n=111) and after age two years (n=45) in the repeated-measures study.

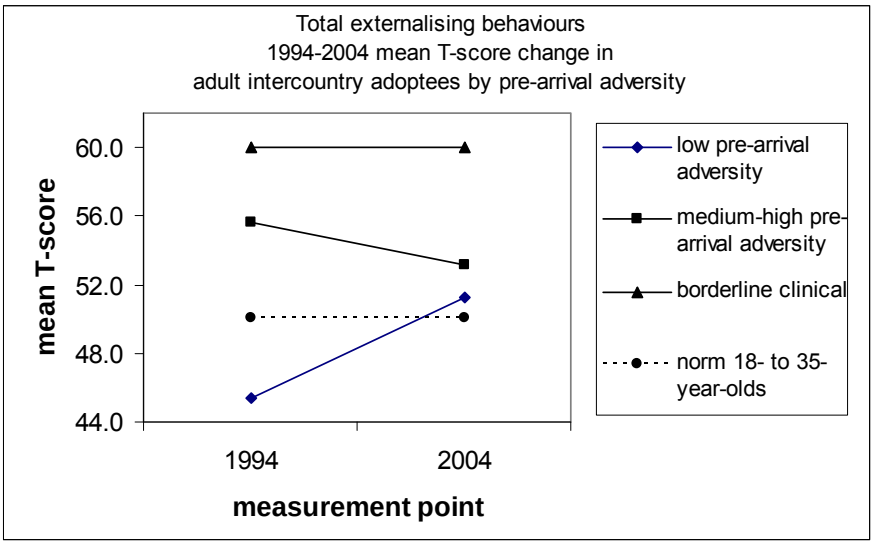

Figure 5.4 Total externalising behaviours 1994-2004 mean T-score change in adult intercountr adoptees with low pre-arrival adversity (n=111) and medium-high pre-arrival adversity (n=44) in the repeated-measures study.

5.3 Summary of chapter

The characteristics of the adoptees in the repeated-measures and cohort-sequential longitudinal studies were similar, as were the findings on changes in adoptee well-being from 1994 to 2004. In both studies, adoptive parents and adoptees reported a decline in most of the 10 well-being measures with the exception of competence/ adaptive behaviours. Adoptive parents were more likely to report declines in the positive measures of well-being. Adoptees were more likely to report increases in the negative measures. Both studies found well-being had declined the most for 17- to 23-year-old females from Korea and increased most significantly for all adoptees from other countries. The decline in both studies was mainly related to increases in reporting of problems created by looking different from the majority of society, particularly in the adoptee self reports. Feeling positive about adoption emerged in both studies as the strongest overall predictor of positive measures of well-being. The identity aspects of belonging to Australia and WA showed the strongest association with changes in well-being, particularly in satisfaction with adoption. Effects of cultural/racial aspects of identity were minimal. Both longitudinal studies found a catch–up trend in well-being in the parent and adoptee reports for adolescent and adult adoptees who had arrived after the age of two years and adoptees who had experienced medium to high levels of pre-arrival adversity. Despite these significant findings, most of the variance in the change in well-being from 1994 to 2004 remained unexplained, regardless whether the cohort-sequential or the repeated-measures longitudinal design was used.

Chapter 6 - Discussion and conclusions

"Precious lives, our angels, we send away these lives to foreign countries, with scarred memories of their homeland. Please forgive our sins and allow Korea to be a better country, so that we will be adopting children from other countries, instead of us always sending ours away. We send them for care. So please protect these lives and help them lead a happy life in their new homes. Always provide them with grace and intelligence, lead them to live by the rules of Jesus Christ, to have all the luck, to help benefit others, and to return the glory to our Lord. It is our sincere wish that these lives will not forget their home country and the love of the people who took care of them. Father, please remember the foster families who worked hard whether it is favorable or unfavorable conditions to protect these lives, and give them blessings for the benefits they provided with. By your blessings, these adoptive families will be full of love and be under your protection. Now the children are leaving. Please make their way as easy as possible, lead them to the most pleasant life in the name of Jesus Christ, Amen" (D. W. Kim, 2004).

The above is a prayer the founding director of the adoption agency Eastern Social Welfare Society in South Korea, Dr. Kim, Duk Whang, has read to every baby and child before their departure from Korea for intercountry adoption in Australia, including my own two Korean sons and the 211 Korean adoptees in Western Australia who are part of the current research project that provides some answers to Dr. Kim's prayer. The current study has examined the well-being and identity of adolescent and adult intercountry adoptees in Western Australia, their long-term development from childhood into adolescence and adulthood and compared them with a non-adopted migrant peer group. In this chapter the findings are discussed and placed in the context of existing adoption and migration literature and research. The thesis concludes with an outline of the strengths and limitations of the study, the potential applications of the findings to current adoption service provision, policies and legislation in Western Australia, suggestions for future research, succinct answers to the research questions and two recommendations.

6.1 Introduction

This research project examined the current and long-term well-being and identity of 14- to 26-year-old IC adoptees in WA, born outside Australia between the 31st of December 1976 and the 1st of January 1990, and compared them with a group of non-adopted migrant peers who had arrived in Australia with their birth families. The study's focus on well-being is based on the World Health Organisation's principle that health is a state of complete physical, mental and social well-being (Sein, 2002) and a personal conviction that any serious study of well-being must consider these cornerstones concurrently.

In 1994, when the estimated total ICA population in WA was 432 and 82% of the adoptees were aged 4 to 16 years, the well-being of 283 4- to 16-year-olds was investigated using parent reports (Rosenwald, 1994). Seventy-five percent of these adoptees had come from Korea and 25% from 13 other countries. One of the principal aims of that study was to establish a comprehensive primary data base for the purpose of longitudinal research. At follow-up a decade later, adoptive parents and adoptees provided information on 181 adoptees, representing 52% of the estimated population of 14- to 26-year-old IC adoptees in WA. Of these adoptees, 74% had come from Korea and 26% from nine other countries. A control group of non-adopted migrant peers and migrant parents provided data on 87 migrant peers, 23% of Korean heritage and 77% from 24 other countries from the same regions as the adoptees' countries of origin. The inclusion of a control group, as well as the use of standardised measures, addressed the oft-cited criticism that most existing adoption research failed to provide for valid inter-research comparison (Haugaard, 1998; Lee, 2003b; B. Miller et al., 2000; Park & Green, 2000; Tizard, 1991; Verhulst, Althaus et al., 1990b).

The present study's five stated research questions asked about the current well-being and sense of identity of the adolescent and adult IC adoptees; if, and how much, their level of well-being had changed over the preceding decade; and how their well-being and identity compared to the levels found in a group of non-adopted migrant peers. On the basis of the body of literature on adoption and other relevant theories and empirical research that existed in 2003, it was hypothesised that the IC adoptees' overall level of well-being would have reduced since middle childhood and early adolescence, particularly in the females, but would remain comparable to that of their non-adopted peers. In terms of the various identity aspects, the IC adoptees were expected to be fully aware and conscious of their adoptive status, to be somewhat ambivalent about their ethnic identity, to identify strongly with their adoptive parents' culture, and to show

a strong sense of belonging to Australia and WA as the places in which they have grown up. The hypotheses were largely supported by the present study's findings.

The collection of both self and parent reports, recommended by Achenbach and others (Achenbach, Krukowski, Dumenci, & Ivanova, 2005; Achenbach & Rescorla, 2001, 2003; Diener, 2000; Garton et al., 1995), has provided a comprehensive picture of the functioning of the primary research targets, namely the IC adoptees. The levels of agreement between self and parent reports, ranging from weak to strong, were similar to levels reported in existing well-being and mental health research (Achenbach et al., 2005; Diener et al., 1999) mediated by the age of the person being assessed, which informant provided the information and what type of behaviour was being reported on. The 79% overall response and 64% retention rates of the adoption group were similar to those achieved in the Sophia study (Tieman, 2006; Verhulst & Versluis-den-Bieman, 1995).

The present study's response bias towards adoptees with more negative pre-and post-adoption experiences was in contrast with other longitudinal ICA research which generally report higher retention rates of those with positive experiences (e.g., Tieman et al., 2005; Verhulst & Versluis-den-Bieman, 1995). However, the expectation that the negative bias in the present study would result in lower well-being outcomes for the adoptees was only supported in the present cross-sectional study. The longitudinal study showed the unexpected result of more positive and less negative change in well-being for those who arrived after the age of two years and those with medium to high levels of adverse pre-adoption experiences.

The possibility that the three known risk factors of older age at arrival, pre-arrival adversity and higher parental SES increased the vulnerability of adoptees and migrants for negative well-being and identity outcomes was tested in relation to the study's four threat factors of perceived bias against IC adoptees and migrants, problems created by looking different from mainstream society, racial discrimination and threat to group continuity. All correlations were found to be nonsignificant, indicating that the risk of being more negatively affected by the threat factors was not significantly higher in adoptees and migrants who had arrived into, or with a higher SES family, at an older age or with more adverse pre-arrival experiences. The size and direction of the relationships between the threat and risk factors in the migrant reports suggest, however, that migrants with adverse pre-arrival experiences and lower parental SES may be more vulnerable to being negatively affected by the threat factors than adoptees.

In the following discussion of the findings a wholistic approach is taken in addressing the research questions, integrating the discussion on the present cross-sectional study results on well-being and identity of the adoptees with the outcomes of the longitudinal study and the comparative results for the migrants. Reference is made to recently published material relevant and important to outcomes in adoption and migration. As the adoptees were predominantly adopted transracially, the discussion frequently refers to TRA as well as TR and intraracial (IR) adoptees, in recognition that many IC adoptees are redefining themselves and connecting to a global community of TRA peers (Oparah, Shin, & Trenka, 2006; Williams, 2003). In discussing effect sizes, Cohen's suggestion of small (weak) (r=.10), medium (moderate) (r=.30) and large (strong) (r=.50) was followed as recommended by Field (2005). Effect sizes below .10 were considered negligible.

6.2 Well-being

Well-being was conceptualised as physical, psychological and mental health.

6.2.1 Physical health

The following discussion considers the findings of the cross-sectional study on current physical health and the longitudinal study on changes in health from arrival in WA to 1994 and 2004, as well as some risk and protective factors, including adoption stress (Brodzinsky, 1990; Palacios & Sanchez-Sandoval, 2005) and migration issues (J. Berry, Phinney, Sam, & Vedder, 2006; Breakwell, 1986).

Current physical health status

Being in good physical health is generally considered an important measure of well-being (S. Brodsky, 1988; Ryan & Deci, 2001; Sein, 2002) and a valid correlate of other measures of well-being in general (Miles & Gilbert, 2005) and in adoption (L. Miller, 2005). The findings of the present study support these assumptions. Adoptees and adoptive parents reported very good to excellent health for the large majority of adolescents and adults. The rates are similar to the normative rates reported for 15- to 17-year-olds and 18- to 24-year-olds in the general Australian population (Australian Bureau of Statistics, 2006a; Australian Institute of Health and Welfare, 2007c). The finding is also consistent with the conclusion of Willis and Whiting's (1993) that within four years of arrival in the adoptive family IC adoptees display the same disease pattern as the general population. Consistent with the Australian trend (Australian Bureau of Statistics, 2006a; Australian Institute of Health and Welfare, 2007c), health was somewhat better in males than females. The health status reported by and for migrants was less positive than that reported by the adoption group, but was still within Australian standards. The rates of disabilities reported by the adoption group in the

present study, 9% to 13%, were the same as the Australian estimated rates of disabilities for 12- to 24-year-olds (Australian Institute of Health and Welfare, 2007c). The almost zero rate reported by the migrant group is consistent with findings for migrants in Sweden (Lindblad et al., 2003). This may be a reflection of the cultural norms of shame and stigma about disability in some migrant communities (G. Andrews, 2001), as well as the strict health criteria for immigrants to Australia, although the latter were equally applicable to adoptees as migrants at the time of their arrival in Australia.

Correlates of physical health

There is a paucity of empirical ICA research on correlations between current physical health and aspects of well-being and identity. In a general population study, Ryan and Deci (2001) cited a moderate correlation between self reported physical health and happiness and subjective well-being. A recent USA study did not find local and IC TRA to constitute a risk to the physical health of the adoptees (Burrow & Finley, 2004). In the present study, physical health status was found to be significantly related to the majority of the study's other well-being measures, mediated by who the informant was. In the self and parent reports of the adoption group, adoptee health status in 2004 was found to be significantly related to happiness, life satisfaction, total problem, internalising and externalising behaviours and the presence of psychiatric risks. Further associations were found with the adoptee self reports on self-esteem and self-efficacy and with the parent reports on satisfaction with adoption. In migrant self reports, associations with health were only significant for self-esteem, total problem and internalising behaviours and the presence of psychiatric risks. In contrast, the migrant parent reports contained the same significant associations as the adoptive parent reports, but with larger effect sizes, as well as a significant association with adolescent competence. In regards to any association between physical health and identity, most were weak and nonsignificant. The few significant ones included the parent reports on adoptee Australian identity and the parent and self reports on the adoption dynamics of positive affect about adoption and preoccupation with own adoption. The latter confirmed the importance of feeling comfortable with being adopted for adoptee well-being (Grotevant, Dunbar, Kohler, & Lash-Esau, 2007). The positive association with Australian identity could be a reflection of a perception in adoptive parents that national orientation reflects successful adaptation, including good physical health. Although similar conclusions have been drawn for non-adopted migrants (J. Berry, Phinney, Sam et al., 2006; Rosenthal, Ranieri, & Klimidis, 1996), the finding contrasts with the negative associations between migrant physical health and identification with Australia and WA found in the migrant parent reports.

Adoptees' health from arrival to 2004

Results of objective medical screening of IC adoptees shortly after their arrival in WA suggest that at least 40% arrive with a medical condition (Willis & Whiting, 1993). This is similar to rates reported for IC adoptees in other countries (Hoksbergen et al., 1987; Hostetter et al., 1991; Irhammar & Cederblad, 2000; L. Miller, 2005). Korean adoptees are reportedly among the healthiest at arrival (L. Miller, 2005). This was confirmed in the present study. Boys had a higher rate of poor health at arrival than girls. By 1994 the rate of poor health had declined in all IC adoptees and the rate of very good to excellent health had increased, overtaking the reported rate for the peer group in the Western Australian Child Health Survey (WACHS) (Zubrick et al., 1995). In 2004, the rate of very good to excellent health in the adoptees had returned to the general population norm. The decline was most marked among the largest group of adoptees in the sample, namely 17- to 23-year-old Korean adoptees with medium SES parents. One explanation for the decline could be that adoptive parents overrated the health status of adoptees in middle childhood. Lending support to this hypothesis are, first, the lower rate of good health reported by non-adoptive parents in the WACHS at the same time (Zubrick et al., 1995); second, the discrepancy between the objective medical test results and the parent reports of the adoptees' health at arrival (Willis & Whiting, 1993); and, third, the reportedly weak relationships between objective measurements of physical health by a medical practitioner and subjective measures of health and well-being by self and others (Diener et al., 1999; Ryan & Deci, 2001).

Another explanation for the decline in physical health could be the experience of increased stress (Zubrick et al., 1997). Stresses considered to be specific to adoptees include those that may be triggered by a growing awareness and understanding of adoption with increasing age (Brodzinsky, 1990). This hypothesis was partly supported in the present longitudinal study as adoptees' positive affect about adoption emerged as the strongest predictor of the decline in physical health, but only in the parent reports where it explained up to six percent of the total variance. Although no significant predictors were identified in the adoptee reports, the decline could be a manifestation of stresses expressed in somatoform ways (Ryan & Deci, 2001) rather than the psychosocial forms reported by others (Palacios & Sanchez-Sandoval, 2005). This hypothesis was rejected for the adoption group as no significant associations were found between adoptee reported change in health status and somatic problems and between adoptee reported current health status and somatic problems. In the migrant group, on the other hand, associations between current health status and somatic problems were highly significant in the parent reports for adolescents and the self reports of adults. These results suggest a strong influence on physical health by

one or more stressors more specific to the migrant group and befitting the acculturative stress model for migrant adaptation in their country of settlement (J. Berry et al., 1987).

Risk and protective factors for physical health

In contrast with the paucity of research on adoptees' current physical health, the state of physical health at the time of arrival in the adoptive family and the catch-up after adoption have been extensively researched (e.g., Albers, Johnson, Hostetter, Iverson, & Miller, 1997; Hoksbergen et al., 1987; L. Miller, 2005; Rutter, 2000; van Ijzendoorn & Juffer, 2006; Versluis-den-Bieman, 1994). In the present study, health at arrival was not significantly related to the adoptees' current physical health. This is consistent with results from a longitudinal study of adolescent and adult Chinese adoptees in the UK (Bagley, 1993a), but contrasts with the adolescent results of the second stage of the Sophia study which showed a significant effect in parent reported problem behaviours (Versluis-den-Bieman, 1994). The migrant group reports in the present study showed significant relationships between health at arrival and current level of health. The International Comparative Study of Ethnocultural Youth (ICSEY) on the psychological acculturation and adaptation of ethnic youth in 13 countries, including Australia, refers to an unexplained paradox that immigrants show better outcomes than their non-migrant peers in the general population and that first generation migrants show better results than the second generation whose well-being declines towards the population norms (J. Berry, Phinney, Kwak et al., 2006). When adoptees and migrants in the present study were categorised as first and second generation migrants, based on arrival before or after the age of seven years (J. Berry, Phinney, Kwak et al., 2006), support for the immigrant paradox was found in the health scores among Korean adoptees and all migrants, but not for adoptees from other countries. This was despite, or maybe due to, their significantly lower level of health at arrival compared to Korean adoptees and all migrants. Their subsequent high rate of catch-up suggests that adoption acted as a protective factor for their physical health. The decline in physical health of adoptees who reported lower levels of positive affect about adoption confirms that adoption can also act as a risk factor (Brodzinsky & Pinderhughes, 2002).

Perceived racial discrimination and problems created by looking different, such as having a different skin colour from mainstream WA society, were reportedly significant risk factors for the adoptees' current and long-term health status, but not for migrants' current physical health. The latter finding is contrary to the significant effect of perceived discrimination on the health of migrant youth reported in the ICSEY (J. Berry, Phinney, Kwak et al., 2006). In the present cross-sectional study, problems created by looking different emerged as the most significant predictor of physical

health in adoptees and migrants, after controlling for pre-arrival adversity, age at arrival and parental SES. Adoptees' positive affect about adoption was the most significant predictor of the long-term decline in adoptee physical health, after controlling for pre-arrival adversity, age at arrival and parental SES. However, only small portions of the variance were accounted for, leaving most of the short- and long-term variance in physical health unexplained. It seems that the current study could not provide sufficient empirical evidence to suggest that the decline in adoptees' physical health should be interpreted in any other way than a normal developmental trend from childhood to adulthood. Further research is recommended to gain better insights into the mediating and moderating roles of physical health and its correlates in adoptees' short- and long-term physical health and well-being.

6.2.2 Psychological health

The following discussion considers the cross-sectional study findings on happiness, life satisfaction, satisfaction with adoption and migration, self-esteem and self-efficacy and integrates the longitudinal study findings on changes in adoptees in the aspects of psychological health from 1994 to 2004. Relationships between the studies' findings and threats and risks factors are also explored.

Happiness, life satisfaction and satisfaction with adoption/migration

Happiness and life satisfaction are two aspects of what is commonly referred to as subjective well-being (SWB) (Diener et al., 1999; Headey & Wearing, 1992). SWB is a person's affective and cognitive evaluation of his or her life (Diener, 2000). Extensive research has found that most people report a high level of SWB (Diener et al., 1999), including people in Australia (Headey, Diana, & Harding, 2006; Headey & Wearing, 1992), although migrants in Australia generally do not reach national norms until about three years after arrival (Headey & Wearing, 1992). Adolescents and young adults in general consistently report the lowest levels of SWB, seemingly reflecting the volatility of this stage of life (Headey & Wearing, 1992) with challenges and achievements in areas such as education and employment (Cairns, McWhirter, Barry, & Duffy, 1991).

In the present study, happiness and life satisfaction in adoptees and migrants were similar and above the relevant 'gold standard' for SWB (Cummins, 1995), indicating that the large majority of adoptees and migrants were happy or very happy and enjoyed moderate to high levels of life satisfaction. Parents reported somewhat higher rates on both measures for adoptees and migrants alike, with moderate to strong consensus between self and parent reports within both groups. The weaker consensus between adoptees and their parents on the reported level of adoptee

happiness may be a side effect of the higher rate of independent living among the adoptees. The results on happiness and life satisfaction are consistent with Australian reports of high levels of life satisfaction in the large majority of 16- to 64-year-olds (Headey et al., 2006) and adolescent migrants (Sam, Vedder, Ward, & Horenczyk, 2006). Age and gender differences in happiness were nonsignificant in the present study, consistent with results from previous population studies (Diener et al., 1999; Headey & Wearing, 1992) across different cultures (Lucas & Gohm, 2000) and the first stage of the present longitudinal study (Rosenwald, 1994). However, in terms of life satisfaction, adolescent adoptees reported significantly higher levels than adults, while adoptive and migrant parents reported significantly higher levels for females than males. The age effect in the self reports was also evident among Australian migrant youth (Sam et al., 2006) and WA adolescents (Zubrick et al., 1995). The differential age and gender effects reflect previously reported conflicting results on life satisfaction (Lucas & Gohm, 2000).

Despite the existence of a vast body of adoption research on the adjustment of adoptees, there is a paucity of research that examines SWB in adoptees. In an early qualitative study in Australia, six ICA children, who had arrived in their families aged four to 12 years, reported high levels of life satisfaction and well-being three years after arrival (Calder, 1978). A recent quantitative study in the USA examined the SWB of 241 12- to 19-year-old Korean IC adoptees, using life satisfaction to assess positive well-being (Yoon, 2004). Although Yoon (2004) did not report percentages, the reported results indicated that the majority of adoptees reported moderate to high levels of positive well-being, consistent with the results of the present study.

In the theory of SWB, aspects of life satisfaction, such as satisfaction with adoption, are important domains of SWB (Diener, 2000; Headey & Wearing, 1992). This was supported in the present study by the high positive intercorrelations between happiness, life satisfaction and satisfaction with adoption. The highest was between the adoptees' happiness and satisfaction with adoption in the parent reports. Interestingly, the lowest was found between the same variables in the adoptee self reports, suggesting that, at the time of data collection, perceived success of the adoption was less influential in adoptee SWB than parents judged it to be. Despite this seeming contradiction, the large majority of adoptees, irrespective of gender or age group, reported being overall satisfied with their adoption and considered their mother, father and family also satisfied. These results are consistent with the high adoption satisfaction rates reported in adoption studies in WA (Kumar et al., 1987), in other parts of Australia (Calder, 1978; Harper, 1986; Harvey, 1982), in Europe (e.g., Bagley,

1993a; Geerars et al., 1995; Hoksbergen et al., 1987; Rutter, 2000) and in America (e.g., Benson et al., 1994; Westhues & Cohen, 1998; Yoon, 2004). The results also reflect findings of several adoption research meta-analyses and reviews (e.g., Altstein & Simon, 1991; Tizard, 1991). Although the rate of satisfaction with migration among migrants was the same as the rate of satisfaction with adoption among adoptees, migrants and migrant parents reported significantly lower rates of satisfaction for the mother, father and family. These differences may be reflecting cultural influences (Suh et al., 1998), or generational differences in assimilation (Rumbaut, 1994) and acculturation strategies (Phinney, Berry, Sam, & Vedder, 2006) less likely to be present in the ICA families. Despite these differences, both groups showed the same high level of agreement between self and parent reports.

Happiness and life satisfaction are reportedly some of the strongest predictors of physical, psychological and mental health for people of all ages in general and clinical populations (Achenbach & Rescorla, 2003; Diener et al., 1999; Headey & Wearing, 1992), including WA adolescents (Zubrick et al., 1995) and adolescent migrants in Australia (Sam et al., 2006). This was confirmed for the target adoptees and migrants in the present study. In the self and parent reports, the SWB measures of happiness and satisfaction with life and adoption/migration correlated significantly with all other psychological and mental health variables, except competence/adaptive behaviours and substance use. Interestingly, personality traits such as competence and self-efficacy are reportedly among the strongest and most consistent predictors of SWB (Diener et al., 1999; Headey, Holmstrom, & Wearing, 1985), but the present study only found strong significant associations in the adoptive parent reports and only between SWB and adaptive behaviours. It could be that adoptive parents overestimated the influence of SWB on the adult adoptees' adaptive functioning, but this would contradict Diener and Diener's (1995) findings that relationships with friends and family, key aspects of the adaptive behaviours measure, are highly predictive of SWB and self-esteem across a large range of cultures. The weak association found in the migrant group, on the other hand, is consistent with Sam's (2000) findings that family values only weakly predicted life satisfaction and self-esteem in adolescent migrants in Norway. Further research is required to explore the inconsistencies in existing research and the present study's results, although results in the latter was also influenced by differences in group sizes (Field, 2005).

The only significant correlations between SWB and identity variables were found in the adoption group's reports on Australian identity, positive affect and open communication about adoption, as well as negative experience with adoption. The failure to find any

significant associations for migrants may, in the first instance, seems to conflict with significant relationships reported in the ICSEY for ethnic and national identity in adolescent migrants (Sam et al., 2006). However, when comparing the relationships' effect sizes, it becomes evident that the association between life satisfaction and Australian identity, but not ethnic identity, for the migrants in the present study was stronger than that reported by ICSEY and only failed to reach significance because of the considerably smaller sample (*n*=80 versus *n*=5,241) (Field, 2005; Shaughnessy et al., 2006). As both relationships are considered weak, the comparison is a reminder that sample size needs to be considered when assessing practical meanings of significant results (Field, 2005).

The four threats and three risk factors examined in the present study explained some of the variance in SWB, but most of the significant correlations were weak and present only in the adoption group. The strongest predictor of SWB in the self reports was the threat 'problems created by looking different' from the majority of society. It accounted for most of the variance in the three SWB variables, ranging from 10% for happiness and life satisfaction to 18% for satisfaction with adoption/migration. These findings are comparable to the reported negative impact of societal racism on the adjustment of adolescent and adult TR adoptees (e.g., Feigelman, 2000, 2007; Hollingsworth, 1998a; Simon & Altstein, 2000) and adolescent migrants (Sam et al., 2006). The variances explained by participant type and pre-arrival adversity in the present study's self reports on SWB were negligible, in contrast with the parent reports where, after controlling for participant type, pre-arrival adversity explained a further six to 12% of the variance. Differences in physical appearance can and do influence well-being according to theorists and researchers (Baden & Steward, 2000, 2007; Breakwell, 1983, 1986; Gray, 2007b; Rutter & Tienda, 2005; Tajfel, 1981, 1982; Williams Willing, 2006), although Huebner et al. (1999) found perceived physical appearance of 14- to 19-year-olds to be more predictive of self-esteem than life satisfaction. The present study's findings that the influence of differences in physical appearance can be negative are consistent with findings from previous international (J. Berry, Phinney, Sam et al., 2006) and Australian research with migrants (e.g., Rosenthal & Hrynevich, 1985; Sonn & Fisher, 1996) and research on local and IC TRA (e.g., Feigelman, 2000, 2007; Harper & Bonanno, 1993; McRoy & Grape, 1999).

In regards to long-term SWB, the adoptee self and parent reports in the longitudinal studies showed that adoptee happiness, life satisfaction and satisfaction with adoption declined from 1994 to 2004. The parent reported decline was most significant for 17- to 23-year-old Korean adoptees, irrespective of gender. According to SWB theory

(Diener, 2000; Headey & Wearing, 1992), and in view of the high rate of satisfaction with adoption reported by parents in the present study, this decline could be an adjustment in parents' initial (too) high expectation that all Korean adoptions would be highly successful rather than dissatisfaction with adoption itself. Historically, any high expectations in adoptive parents (Hoksbergen, 2000; Hoksbergen & ter Laak, 2005) would have been encouraged by positive results of early empirical research among Korean adoptees in the USA (Tizard, 1991; Winich et al., 1975) and general ICA research in Australia (Harper, 1986; Harvey, 1982), buoyed by positive personal experiences when the adoptees were younger (Kumar et al., 1987; Rosenwald, 1994) and maintained by more recent research findings that Korean adoptees generally do as well or better than other IC adoptees in their middle childhood (e.g., Juffer & van Ijzendoorn, 2007b), adolescence (e.g., Benson et al., 1994) and adulthood (e.g., W.-J. Kim, 1995; Lindblad et al., 2003). Some support for the hypothesis of (too) high expectations of Korean adoptions could be drawn from several factors. First, parents of Korean adoptees reported a significantly higher 1994 SWB baseline compared to parents of adoptees from other countries. Second, the present longitudinal study found a significantly higher decline in parent reported SWB of Korean adoptees than adoptees from other countries. Third, in the parent reports positive affect about adoption most strongly predicted the decline in the SWB variables of happiness and satisfaction with adoption, while for adoptees problems created by looking different from mainstream society remained the strongest predictor of the decline in happiness and satisfaction with adoption. These findings are consistent with results from the large sample of USA adolescent local and IC adoptees in the Benson study (Benson et al., 1994).

In examining the influence of identity, significant, but weak to moderate, positive correlations were found between changes in SWB and identification with Australia and WA, but not with other measured aspect of identity. These results could be an indication of the adoptees' full acculturation/enculturation in Australian society (J. Berry, 1997) and confirmation of the importance of a strong national identity for the psychological well-being of members of minority groups (J. Berry, Phinney, Sam et al., 2006). Considering the significant, albeit small, predictive power of problems created by looking different in the decline of SWB, Breakwell's (1986) model of coping with threat provides an alternative interpretation of the relationship. A major problem that looking different from the majority in society creates for adoptees is the questioning by others about their Australian identity, triggering the adoptee's awareness of this aspect of their identity. Negativism and confronting the person or situation that delivers the threat to this identity aspect are interpersonal ways of coping with this threat. The

degree of self-negativism that may develop if the threat remains relentlessly present, with its potential to negatively influence SWB (Breakwell, 1986; Diener et al., 1999), could explain the adoptees' decline in SWB.

Self-esteem

Self-esteem is the subjective evaluation of self-worth or satisfaction with one's behaviour and personal characteristics (Jacobs et al., 2003; M. Rosenberg, 1965, 1979). It has been researched extensively in a wide range of populations (Owens et al., 2001; Schmitt & Juri, 2005), including adoption populations (Juffer & van Ijzendoorn, 2007a; Lee, 2003b) such as TR local and IC adoptees in Europe (e.g., Cederblad et al., 1999; Geerars et al., 1995) and America (e.g., Benson et al., 1994; Hollingsworth, 1997; Silverman & Feigelman, 1990), but not, it seems, in Australia as no comparable published studies have been located to date. In any discourse or review on TRA, the assumptions of low self-esteem and poor mental health of TR adoptees are raised as a key argument against such adoptions (e.g., Gaber & Aldridge, 1994; Simon & Altstein, 2000; Tizard, 1991). The recent global meta-analysis of some 80 scientific papers on self-esteem in adoption published between 1970 to 2007, tested these assumptions (Juffer & van Ijzendoorn, 2007a) and found normative levels of self-esteem in adoptees, including IC adoptees. The present study also found high levels of self-esteem in the large majority of adoptees and migrants, irrespective of gender and age group. The mean scores of both groups were relatively higher than those reported for Australia in a comparison of self-esteem in 53 nations (Schmitt & Juri, 2005). Low self-esteem was reported by less than 10% of adoptees and migrants. The lack of a significant gender effect in self-esteem was in contrast with the higher proportion of female adolescents in the WACHS who reported low levels of global self-esteem (Zubrick et al., 1997).

The Korean adoptees in the present study scored somewhat higher on self-esteem than adoptees from other countries. Korean migrants, on the other hand, reported lower levels than their migrant peers from other countries. The latter could be an effect of combined cross-cultural and acculturation stressors that seem to be particular to Korean culture and migrants. For instance, Koreans in Korea generally score low on self-esteem (Schmitt & Juri, 2005) while Korean adolescents obtained the lowest score on positive qualities compared to adolescents in 23 other countries (Rescorla, Achenbach, Ivanova, & Dumenci, 2007). Also, Korean migrant youth in the USA reported lower self-esteem than other Asian migrant groups (Yeh, 2003). In Australia, Korean migrants have been found to marry almost exclusively within their ethnic group for at least two generations, the highest rate found among migrants in Australia

(Australian Bureau of Statistics, 2004). Consequently, cultural norms relevant to self-esteem are more likely to continue among Korean than other migrants in Australia which may further explain the lower self-esteem found among the Korean migrants in the present study.

Self-esteem in adoptees was found to be significantly related to all of the present study's other well-being measures, except adolescent competence. Similar associations were found among the migrants, although associations with adaptive and externalising behaviours and substance use did not reach significance. The absence of a significant relationship between self-esteem and competence in adopted and non-adopted adolescents, this includes aspects of academic competence, is inconsistent with WACHS findings of a significant positive relationship between these two variables (Zubrick et al., 1997). It seems that at the time of data collection, self-esteem of adoptees and migrants was less influenced by their level of academic achievement than was the case for adolescents in the WACHS. As discussed earlier under SWB, further research is recommended to explore the relationship between competence/ adaptive behaviours and self-esteem.

Considering self-esteem as a dynamic outcome of the sense of self that mediates how individuals cope with stress (Garton & Pratt, 1995), rather than a predictor of a balanced sense of self (Breakwell, 1992b) and personal sense of well-being (Headey & Wearing, 1992), provides some explanation for the consistent pattern of weak, nonsignificant associations found between self-esteem and all identity measures in the present study's adoptee and migrant self reports. The moderate association between self-esteem and positive affect about adoption in the adoptees' self reports provides support for the view of some theorists (Breakwell, 1992b; Ervin & Stryker, 2001) that the relationship between self-esteem and identity can also be a reciprocal one. The same can be said of the moderate association found in the migrant self reports between self-esteem and the social identity aspects of identification with the migrant group and orientation towards other ethnic groups. These findings suggest that migrants rely more on relationships with, and approval from, other migrants or members of minority groups to maintain their sense of self than adoptees (J. Berry, Phinney, Sam et al., 2006; Breakwell, 1986; Tajfel, 1982). This explanation is supported by existing research findings that relationships with, and feedback from, significant others are more influential in the maintenance of self-esteem of children, adolescents (Breakwell, 1992a; Demo, 2001) and adults (Turner, 1982), as well as migrants (Phinney, Berry, Sam et al., 2006) and IC adoptees (Cederblad et al., 1999), than identity per se.

In an alternative interpretation, the weak relationship between adoptee and migrant self-esteem and ethnic identity is considered to represent a reaction to stigmatisation and discrimination based on their visibly different physical looks, compared to mainstream WA society, and the assumption of their maintenance of a culture different from the dominant Australian culture (Breakwell, 1986; Nesdale et al., 1997). The negative prejudice may lead to adoptees and migrants feeling unaccepted and less positive about their ethnic identity, thus reducing the sense of self-esteem they derive from their ethnic identity. This explanation is supported by the present study's findings that the perceived threat of problems created by looking different most strongly predicted self-esteem in adoptees and migrants alike. Additional significant associations between self-esteem and the threats of discrimination were found in the adoptee, but not the migrant reports. It could be that adoptees are more aware of, or more sensitive to, these threats than migrants (Breakwell, 1986) due to high levels of communication about issues of adoption and discrimination in adoptive families (Benson et al., 1994). The present study's finding of high levels of parent-child agreement on the relevant threat variables in the adoption, but not the migrant group, is consistent with the suggestion that the adoptees may be more sensitised to these issues than migrants.

The influences of older age at arrival, pre-arrival adversity and parental SES on the self-esteem of adoptees and migrant were negligible in the present study. Further examination of the relationship between self-esteem and the adoptee reported decline in well-being in the longitudinal studies showed significant associations in the reports from 17- to 23-year-old adoptees with all well-being measures, except perceived paternal satisfaction with adoption. The relationships were not significant in the reports from the younger adolescents and older adults. Although this contrasts Juffer and van Ijzendoorn's (2007a) report of an absence of an age effect in their meta-analysis of self-esteem in adoptees, their analysis of adults differentiated only between younger or older than 18 years. When the present study's failure to find a significant difference between adoptee and migrant self-esteem is placed within the context of self-esteem as an outcome (Garton & Pratt, 1995), rather than a predictor of well-being (Breakwell, 1992b; Headey & Wearing, 1992), it could be argued that the decline in adoptee well-being is more a reflection of normative developmental processes than a specific adoption effect on self-esteem.

Self-efficacy

Perceived self-efficacy is the belief in one's capability to influence the environment and to set and meet goals successfully (Bandura, 1977; Bandura et al., 1999). In contrast

with self-esteem, self-efficacy in adoptees does not seem to have been of research interest to date. The present study found a high level of self-efficacy in the large majority of adoptees and migrants. The weak positive relationship between self-efficacy and age, found in both adoptee and migrant reports, replicated earlier findings that self-efficacy gradually increases during adolescence (Hoeltje, Silburn, Garton, & Zubrick, 1996) and into young adulthood (Breakwell, 1992a). The absence of a gender effect was consistent with the WACHS results (Hoeltje et al., 1996; Zubrick et al., 1997).

The relationship between self-efficacy and the present study's other well-being measures were mostly significant for adoptees and migrants. The high correlation between self-efficacy and self-esteem was similar to that reported in an early self-efficacy scale validation study (Sherer et al., 1982). The moderate negative correlation between self-efficacy and problem behaviours was comparable to that reported in a more recent self-efficacy validation study in WA (Hoeltje et al., 1996). A significant association with adolescent competence was absent. A closer examination of the association with the activities, school performance and social subscales of competence also failed to detect any significance. This contrasts with the previously reported high correlation between interpersonal competency and self-efficacy (Sherer et al., 1982) and the positive associations of self-efficacy to academic competence (Zubrick et al., 1997) and teacher rated achievement (Hoeltje et al., 1996). Adult adaptive behaviours, on the other hand, showed a moderate, positive association in the adoptee and migrant self reports, supporting earlier reports of a positive relationship between age and self-efficacy.

Existing research results suggest that self-efficacy can act as a protective factor against antisocial behaviour and substance use (Caprara et al., 1998). This was supported by the present study's significant, but small, correlations between self-efficacy, substance use and externalising behaviours in the adoptees', but not the migrants' reports. The weak relationships between self-efficacy and aspects of identity, of which the association with WA identity in the adoptee reports was the only one to reach significance, suggest that at the time of the survey the measured aspects of identity were of little importance to the sense of self of the adoptees and migrants (Breakwell, 1986). These associations may, however, become stronger when more domain-specific self-efficacy measures are used (Bandura, 2001; Pastorelli et al., 2001).

Self-efficacy and past actions are considered to interact and shape future decisions. This makes self-efficacy an important personal resource for the development of coping skills and the buildup of resilience in the face of stress and adversity (Bandura et al., 1999; Breakwell, 1992a; Hobfoll, 2002). This assumption was supported by the present study's finding of a negative relationship between self-efficacy and perceived racial discrimination in the adoptee reports and between self-efficacy and problems created by looking different in the migrant reports. The findings are also consistent with Breakwell's (1992a) reported relationship between an individual's self-efficacy and concern of the opinion of others. The risk factors of age at arrival, pre-arrival adversity and parental SES showed no effects on self-efficacy. From a longitudinal perspective, the pattern of relationships between self-efficacy and changes in adoptee well-being was similar to that found for self-esteem. This included the increasing influence of self-efficacy and self-esteem with increasing age, possibly reflecting the maturation process referred to earlier.

The present study's limited findings of significance in self-efficacy belies its purported and empirically established importance as a key factor in the well-being of the self (Bandura, 1977; Breakwell, 1992a; Diener et al., 1999; Hoeltje et al., 1996; Pastorelli et al., 2001). Although Hoeltje et al. (1996) validated the usefulness of a general self-efficacy measure with adolescents in WA, the less conclusive results of the present study could be a reflection of the global nature of the self-efficacy measure used. More domain-specific self-efficacy scales are recommended and have been used by Bandura (2001), and others, in a wide range of research topics, including childhood depression (Bandura et al., 1999), self-esteem and identity (Cast & Burke, 2002). In view of the potential to inform and enhance pre- and post-adoption service provision, development of adoption-domain-specific self-efficacy measures and further research are recommended.

6.2.3 Mental health

In the following sections, the findings and conclusions of the present cross-sectional and longitudinal studies on competence, adaptive and problem behaviours, including substance use, are discussed and compared with some of the results reported in the voluminous existing general and adoption literature on research with the Achenbach System of Empirically Based Assessment (ASEBA) (Achenbach, 2003). The current study used the standard norms for non-referred samples and their derived T-scores, listed in the YSR/CBCL (Achenbach & Rescorla, 2001) and ABCL/ASR manuals (Achenbach & Rescorla, 2003), as comparative sources. Wherever norms are referred to in the following discussion of the findings, these two manuals are the sources,

unless indicated otherwise. The norms are based on epidemiological research undertaken with national samples worldwide and deemed applicable to children, adolescent and young adults in Australia (Achenbach et al., 2002; ASEBA, 2007; Crijnen et al., 1999; Rescorla et al., 2007; Verhulst et al., 2003). Although more recent Australian data on adolescents have become available from the National Survey of Mental Health and Well-being (Sawyer et al., 2001), the older 1991 version of ASEBA forms was used as opposed to the 2001 versions used in the present study. Overall, comparability between some of the raw scores and clinical levels of the old and new form versions may be reduced, despite the reportedly high correlation between the scores obtained with the old and new forms (Achenbach & Rescorla, 2001, 2003).

Competence and adaptive behaviours

The competence measure of the CBCL and YSR assessed a range of positive behaviours across the domains of school, out of school activities, home, family and friends of the 14- to 17-year-old adolescents and school-attending 18-year-olds who still lived at home. The adult measure of adaptive behaviours examined family, friends, education, employment and spouse/partner domains. In the present study, the majority of the adolescent adoptees and migrants reported a healthy level of competence, but scores of both groups fell below the norms. An exception was the above-the-norm migrant school performance, which seems to be 'normal' for migrants (Sam et al., 2006). The parent reports on adoptee school competence, on the other hand, were significantly below the norm. Although consistent with the results of a meta-analysis, which showed adoptees generally performed less well at school and had lower IQ than non-adopted peers (van Ijzendoorn et al., 2005), the contrast accentuated the difference in school performance between adoptees and migrants. An additional factor in the difference in school performance was the more frequent use of special education services in the present study's adoption group, a factor raised in other research and reviews (Fishman & Harrington, 2007; van Ijzendoorn et al., 2005).

A frequently proposed explanation for adoptees' lower than average school performance is the perception of unreasonably high achievement expectations in adoptive parents, particularly those with high levels of education and SES (Dalen, 2005; Geerars et al., 1995; van Aelst et al., 2000). Stressfully high parental expectations have, however, also been reported by migrant youth (Leung, 2001; Luk, 1993; Sam et al., 2006) and adolescents in the general WA population (Zubrick et al., 1997). In these cases the high expectations, as well as high parental SES, were positively interpreted as encouragement for, and facilitation of, the development of competence and academic achievement for migrant (Sam et al., 2006) and general

population adolescents (Zubrick et al., 1997). For adoptees, however, the same high parental expectations and SES are more often interpreted as risks (Dalen, 2005; Geerars et al., 1995; Hoksbergen, 1997b; Tieman et al., 2005; van Aelst et al., 2000) rather than resources (Lindblad et al., 2003).

The differences between genders were nonsignificant on all competence scales. Parent reports on competence showed similar outcomes to the self reports, with a close to normative overall level of cross-informant agreement. The trends in parent scoring in the present study were broadly consistent with those found in old Australian (Hensley, 1988) and new omni-cultural normative ASEBA data (Achenbach & Rescorla, 2001). In contrast with the below normative levels of out-of-school activities reported by male adoptees and their adoptive parents in the present study, self and parent reports of male IC adoptees in the Sophia study showed significantly higher scores than reports from and on non-adopted male peers (Versluis-den-Bieman, 1994). Also contrary to the norms, adolescent male adoptees and migrants in both the self and parent reports were rated less competent than females. Notable exceptions were migrant parent reports of high male and low female participation in out-of-school activities. However, as the migrants themselves reported the opposite, the gender differences may be more related to differential acculturation patterns in parents and children and cultural norms that preclude females from participation, rather than a difference in competence per se (J. Berry, Phinney, Sam et al., 2006; Leung, 2001).

The majority of adult adoptees and migrants in the present study reported healthy levels of adaptive behaviours. Adoptees scored somewhat higher than migrants on all measures, but the differences were nonsignificant. Female adult adoptees reported functioning higher in the domains of friends, education and total adaptive behaviours than male adoptees, all migrants and the norms. Gender differences within the adoption group were consistent with other ICA research reports that female adult adoptees function socially somewhat better than male adoptees (Lindblad et al., 2003; Tieman, Van der Ende, & Verhulst, 2006c). Although Korean adoptees are reported to function at significantly higher levels than adoptees from other countries, particularly in the education domain (Juffer & van Ijzendoorn, 2007b), this was not found in the present study. Among the adoptees still studying, Korean adoptees seemed to be functioning at somewhat lower levels in the educational domain than adoptees from other countries. However, according to the self reports, but not the parent reports, Korean adoptees were more likely to have undertaken tertiary education.

The lower level of education and school achievements found in the present study for adolescent and adult male adoptees was consistent with previous ICA research (e.g., Dalen, 2001; Hoksbergen et al., 1987), recently summarised in a meta-analysis of 62 studies (van Ijzendoorn et al., 2005). The lower functioning of adult male adoptees in the employment domain was comparable to outcome trends reported for local (Bohman & Sigvardsson, 1990) and IC adoptees in Sweden (Lindblad et al., 2003), but inconsistent with results of the third stage of the Sophia study (Tieman et al., 2006c). Perceived racial discrimination was suggested to have a negative influence on employment outcomes for IC adoptees (Lindblad et al., 2003), but the present study found it to have a negligible positive influence. Male migrants reported the highest and above-the-norm functioning in employment, despite their highest ranking in clinically low levels of job satisfaction and self reported employment problems attributed to their different looks. Breakwell's theory (1986) explains the migrants' high functioning in employment as an achievement-oriented coping strategy in which the principle of self-efficacy creates a buffering effect against bias and discrimination. The high positive association between male migrant education and employment, as well as the high rate of adult male migrants undertaking further education, lends further support to this explanation whereas the higher level of educational challenges found for adoptees may make this coping strategy less accessible for them.

Adolescent competence and adult adaptive behaviours are also referred to as adaptive functioning (Achenbach et al., 2002; Achenbach & Rescorla, 2003; Verhulst & Versluis-den-Bieman, 1995). The relationship between adaptive functioning and the present study's other well-being measures varied widely between informants. Adult, but not adolescent, self reports showed strong associations between adaptive functioning and mental health, while parent reports, particularly from adoptive parents, showed strong associations with psychological and mental health. The more pessimistic views held by adoptive parents about the influence of competence on adolescent adoptee psychological well-being was consistent with views expressed in the adoption literature (e.g., Brodzinsky, 1990; Fishman & Harrington, 2007), but inconsistent with the adolescent adoptee reports in the present study. Adoptive parents also considered adaptive functioning of adult adoptees to be strongly associated with all well-being measures whereas the self reports showed a strong association with externalising behaviours only. In contrast, low adaptive functioning reported by adult migrants was strongly related to internalising behaviours and psychiatric problems. Migrant parents also associated low adaptive functioning with psychiatric problems, but only in adolescents.

The association between adaptive functioning and identity was found to be mostly negligible in the present study, except for the adoption dynamics. Feeling positive about being adopted, having parents who speak openly about adoption and limited negative experience with adoption increased adaptive functioning. This seems to apply particularly to those adoptees for whom adoption is a salient part of their identity (Benson et al., 1994; Breakwell, 1983). A rather complex pattern of relationships also emerged for birth country identity. A positive link was found between adoptee adaptive functioning and birth country identity in the parent and adolescent, but not adult, reports. This link could be interpreted as the outcome of active parental efforts to teach their still-at-home adolescent adopted children competence in their birth culture, in preparation for visits to their birth country, (Lee, 2003b; Vonk, Yun, Park, & Massatti, 2007). Supporting this hypothesis were the present study's findings that almost all adoptive parents expressed interest in their adopted children's countries of origin and the belief that their children planned to visit their birth country in the future. The significantly reduced influence of birth country identity on adult adoptees' adaptive functioning seemed consistent with the weaker adoptee birth country identity reported by young adults. However, an examination of the effect of age showed the weakening to be only temporary as birth country regained its positive relationship with adaptive functioning among 24- to 26-year-old adoptees.

These developmental and maturation processes are consistent with prevailing adoption (e.g., Brodzinsky et al., 1992), identity (e.g., Erikson, 1968) and identity process (e.g., Breakwell, 1986) theories. Among migrants, the overall outcome in adulthood was similar but the maturation processes differed, mediated by an acculturation, as opposed to an ICA, framework. Adolescent migrants with a weaker birth country identity, as well as weaker ethnic identity, reported higher levels of competence. These results suggest an active negation of their country of origin and ethnic identity and increasing orientation towards assimilation in the Australian society, a common acculturation strategy adopted by adolescent migrants who strive to fit in with their non-migrant peers (Phinney, Berry, Vedder et al., 2006). In adulthood, migrant adaptive functioning became positively associated with birth country identity and grew stronger with increasing age. Ethnic identity and strength of group identity were also positively associated with the adaptive functioning of adult migrants, but not of adoptees.

The resilience perspective of Breakwell's (1986) model of coping with threats to well-being offers some explanation for the different results. In adulthood, migrants appeared to refer increasingly to their sense of ethnic identity and ethnic group

membership to cope with discrimination problems, whereas adult adoptees were found to increasingly refer to their identification with Australia and WA. This explanation was further supported by the finding that perceived racial discrimination acted as an empowering force for adolescent adoptee and migrant adaptive functioning, but as a debilitating one for the adults. The seemingly increasing vulnerability in adoptees and migrants to perceive themselves as victims of racial discrimination over time, with increasingly negative consequences for adaptive functioning, suggests that emancipation from parents and family places adoptees and migrants at higher risk of internalising the racial discrimination (Crocker & Major, 1989) that has prevailed in Australian society for a long time (Jayasuriya et al., 2003). This hypothesis is consistent with predicted negative effects of racism for both adoptees (e.g., Harper & Bonanno, 1993; Lindblad et al., 2003; Tizard, 1991) and migrants (J. Berry, Phinney, Sam et al., 2006; Lindblad et al., 2003) and with empirical findings in local TRA research in the USA (e.g., Feigelman, 2007). Findings reported in the ICA literature have, however, been inconclusive. This can be related to the research methods used, such as reliance on group comparisons between participants from TR and IR families, adoptive or non-adoptive, without measuring and/or reporting participant accounts of their actual experience of racial discrimination (e.g., Benson et al., 1994; Verhulst, 2000a). The present study did measure the actual experience of discrimination, making it possible to state with more confidence that the migrants were as negatively affected by perceived racial discrimination, and no more capable of effectively coping with it, than IC adoptees.

Although perceived racial discrimination clearly played a role in the reported well-being of adoptees and migrants in the present study, the most powerful predictor of adaptive functioning in the cross-sectional study was the reactions from others towards the physical appearance of both adoptees and migrants. The within-group effect differed however. In the adoption group, the effect, although small, was both positive and negative, confirming the potential empowering as well as debilitating effects of coping with looking different from mainstream WA society. Similar effects of coping were found among adolescent and adult IC adoptees in Norway (Saetersdal & Dalen, 2000). For migrants in the present study, on the other hand, problems created by their different looks had a moderate to strong, negative influence on adaptive functioning.

The difference in physical appearance between the adoptee, the adoptive parents and mainstream society is raised consistently as a key issue in TRA and ICA, often paired with the opinion that the differences will negatively affect well-being in IC adoptees in Australia (Harper, 1987; Harvey, 1980; New South Wales Law Reform Commission,

1997a), Europe (Geerars et al., 1995; Hjern et al., 2002) and North America (Simon & Altstein, 2000; Yoon, 2004). The positive associations between perceived racial discrimination and adaptive functioning in the present study's adoptees show that the effect of discrimination can also be empowering and lead to effective coping strategies and subsequent positive outcomes. This is consistent with conclusions drawn for IC adoptees' coping with perceived discrimination in Sweden (Saetersdal & Dalen, 2000).

Among the effects of age at arrival, pre-arrival adversity and parental SES, only adversity showed a strong negative relationship with adaptive functioning and only in the parent reports for adolescent migrants. The weak effect of pre-arrival adversity on adaptive functioning was unexpected and in contrast with previous ICA research in which adversity was consistently identified as an important risk factor in the short- and long-term well-being of IC adoptees (Hoksbergen, ter Laak, van Dijkum, Rijk, Rijk et al., 2003; Rutter, 2000, 2005; Verhulst, 2000b; Verhulst et al., 1992). The present results may be largely explained by the low level of adversity the IC adoptees in WA had experienced, compared to the profound pre-adoption deprivation reported for many of the ICA children in the Rutter and Hoksbergen studies. The lack of reliable pre-adoption information available to the present study's ICA parents at the time of their child's arrival prevents the drawing of definite conclusions for adoptees. Migrant parents, on the other hand, are more likely to know the level of adversity their children suffered before arriving in WA. The strong negative influence of pre-arrival adversity on the adaptive functioning of adolescent migrants in the present study can therefore be accepted as a reliable result. It needs to be kept in mind, however, that despite the impacts of the above mentioned threats and risks, none were found to be significant predictors of adaptive functioning of both adolescent and adult adoptees and migrants.

An examination of the longitudinal trajectory of adaptive functioning of adoptees found significant increases in both the adoptee self and parent reports, irrespective of gender, country of origin or parental SES. These results are developmentally appropriate and consistent with epidemiological evidence and normative data for the age groups in the present study (Achenbach & Rescorla, 2003). The consistency with which female adoptees were found to function somewhat better than males suggests that the stability of gender differences over 10 years, reported for USA adolescents (Achenbach et al., 2002), also applies to WA IC adoptees. The nonsignificance of many of the gender differences in the present study was also consistent with Achenbach et al.'s (2002) conclusion that gender exerts minimal influence on overall adaptive functioning and its changes over time.

The increase in competence of adolescent adoptees found in the present study was the opposite to that reported for the second stage of the Sophia study (Versluis-den-Bieman, 1994). Although the adaptive functioning section of the ASR was not used at the third stage of the Sophia study, the present study's reported increase in adaptive functioning was comparable to Tieman et al.'s (2006c) report that IC adoptees were on par with non-adopted peers from the Dutch general population on most social functioning measures.

There is considerable empirical evidence that children show resilience in the face of adversity. However, an increasing body of research is emerging about the lingering problems and vulnerabilities in these ICA children as they grow older (Cantor-Graae & Pedersen, 2007; Groza, Ryan, & Thomas, 2008; Hjern et al., 2002; Hoksbergen & Ter Laak, 2007; Le Mare, Audet, & Kurytnik, 2007; Rutter et al., 2004; Tieman, van der Ende, & Verhulst, 2006a). In view of this emerging evidence of long-term negative effects, the present longitudinal study's finding, that adaptive functioning had significantly increased from childhood to young adulthood in adoptees who had suffered moderate to high levels of pre-arrival adversity, was unexpected. These results provide empirical evidence that, at least in IC adoptees in WA, the catch-up process towards the level of functioning in adoptees who arrived from less adverse backgrounds, as well as in non-adopted peers, can continue into young adulthood. Viewed from a systems perspective, the ongoing catch-up process in WA IC adoptees could be the indirect result of the lack of effective systematic intervention and formal support strategies in WA at the time the adoptees first arrived and during their childhood. This absence may have led to a slower emergence and buildup of personal resilience, facilitated over time by a nurturing ICA family environment, considered essential for the recovery from adversity (e.g., Harper, 1986; Hoksbergen, 1999; Hoksbergen & Ter Laak, 2007; Juffer et al., 2005; Rutter, 2000; 2005; Verhulst, 2000a).

From among the study's threats, risks, adoption-specific and identity factors, the adoption dynamic of positive affect about adoption emerged as the strongest predictor of the parent reported increase in adaptive functioning from childhood to young adulthood. However, in the adoptee self reports, feeling positive about adoption showed little predictive power. This weak effect is comparable to the neutral feelings expressed about adoption by the majority of the adolescents in the Benson study (Benson et al., 1994; Sharma et al., 1998) and suggests that fewer IC adoptees in WA experience adoption as a stressor than is hypothesised (e.g., Brodzinsky, 1990; D. Smith & Brodzinsky, 2002) or portrayed as the norm (e.g., LeVine & Sallee, 1990; E. Rosenberg, 1992). The incongruence between the adoptive parent and adoptee

reports in the present study could be interpreted as support for Benson et al.'s (1994) conclusion that being adopted makes little difference to the overall sense of well-being for the majority of adolescent adoptees despite what others, including parents, may think. In the absence of any significant gender and age group effects on their increased adaptive functioning and their positive affect for adoption, the same conclusion could be drawn for the adult IC adoptees in the present study.

The CBCL and YSR competence measures have reportedly good construct validity and power to discriminate between referred and non-referred children in general (Achenbach & Rescorla, 2001) and in Australia (Achenbach et al., 1990; Hensley, 1988). However, the inconsistent results on the CBCL competence measures in the present study, particularly in the school subscale and the correlations with other well-being measures, raise doubts about the usefulness of the measure beyond its purpose as a reliable and valid clinical assessment tool. Verhulst et al. (1990) concluded that the competence measures added useful information about IC adoptees' level of functioning, particularly regarding any developmental delays, but concerns about the validity of the measure have been raised by others (e.g., Drotar et al., 1995). These have led to improvements in the 2001 versions of the CBCL and YSR (Achenbach & Rescorla, 2001), but further changes may be needed for a number of reasons.

The paucity of published research on the competence section of the CBCL (e.g., Crijnen et al., 1999; Ivanova et al., 2007) and YSR by Achenbach and others (e.g., Rescorla et al., 2007; Verhulst et al., 2003) suggests that others may have encountered similar inconsistencies. Part of the inconsistencies in the current longitudinal studies may be explained by the slight variances between the 1991 CBCL version scores obtained in the first stage and their subsequent conversion into 2001 CBCL compatible scores. To minimise the influence of the initial variances, T-scores of the original and the converted 1994 competence measures were used in all the longitudinal studies' descriptive and inferential analyses, with similar results. No conversion of scores was involved in the cross-sectional study, but correlation coefficients between the school scale scores, both T-scores and raw scores, and the other competence scales in both the adoption and migrant groups, differed considerably from the norm. Finally, in the adoption group, school scale scores correlated negatively with the social scale, suggesting that positive school experiences led to fewer friends and less social involvement with others. This finding conflicts with other empirical evidence in the present study that adolescent adoptees maintained an overall high level of socialising with friends. Other IC adoption studies have also found that adolescent IC adoptees display high levels of friendship making skills (Benson et al., 1994) and enjoy high

popularity among non-adopted peers at school (Juffer & van Ijzendoorn, 2007b; Stams, Juffer, Rispens, & Hoksbergen, 2000). Further research is recommended to re-examine the value of the CBCL and YSR competence measures as research tools.

Behaviour problems

A growing body of cross-cultural research and reports suggests that problem behaviours are one of the most frequently used indicators of mental health of individuals of all ages all over the world (e.g., Ivanova et al., 2007; Rescorla et al., 2007). This includes individuals in the local adoption and ICA communities (e.g., Benson et al., 1994; Juffer & van Ijzendoorn, 2005). In ASEBA, problems that tend to co-occur are grouped together in syndromes which are in turn grouped together in the two broadband syndromes of internalising and externalising behaviours (Achenbach & Rescorla, 2003). Problems are also grouped according to DSM IV diagnostic categories for psychiatric disorders, referred to as DSM-oriented scales that assess the presence of psychiatric risks.

In the present study, the levels of total problem, internalising and externalising behaviours reported by adolescent and adult adoptees and migrants and their parents were comparable to the norms in the USA (Achenbach & Rescorla, 2001, 2003) and Australia (G. Andrews, 2001; Sawyer et al., 2001). The exceptions were adult female adoptees and adolescent female migrants. For the latter, migrant parents reported significantly below-the-norm levels of the three problem scales. The adult female adoptees reported significantly above-the-norm levels of internalising and externalising behaviours. The result for the adolescent female migrant is comparable to the ICSEY findings that migrant youth reported lower levels of problem behaviours than their non-migrant peers in the new country (Sam et al., 2006), but contrasts with the above-the-norm level reported by migrant parents in Sydney (Achenbach et al., 1990). Both adoptees and migrants in the present study reported higher levels of total problem, internalising and externalising behaviours than their parents. This is consistent with the norms and results of longitudinal cross-cultural international comparisons (Achenbach et al., 2002), the results of the WACHS (Garton et al., 1994) and the ICA study in South Australia by Goldney et al. (1996). The overall differences between adoptees and migrants were nonsignificant, irrespective of gender and age group. The adoption results were consistent with Australian research among adolescent IC adoptees from Indonesia and their parents (Goldney et al., 1996) and comparable to the small differences found between adoptees and non-adoptees in the meta-analysis of local and IC adoption research by Juffer and van Ijzerdoorn (2005). The nonsignificant gender differences were contrary to results found in previous ICA

research on adolescents (e.g., Verhulst, Althaus et al., 1990a) and adults (Tieman, van der Ende, & Verhulst, 2006b) and on comparisons between adolescents in general populations (Crijnen et al., 1997).

Cross-cultural comparisons between general population samples of 4- to 17-year-olds, including the WACHS sample, have found that parents consistently rate their sons higher on externalising and daughters higher on internalising behaviours (Crijnen et al., 1997). Adolescent males also consistently rate themselves higher on externalising and adolescent females higher on internalising behaviours (Rescorla et al., 2007; Verhulst et al., 2003). Australian trends indicate that females are almost twice as likely than males to exhibit affective and anxiety disorders (both internalising behaviours) (G. Andrews, 2001). Adoption research results on these measures are inconsistent. In the present study, the general population trends were not replicated for the adoption group and only partly for the migrant group. In the adoption group, the adolescent and adult self and parent reports showed higher female than male scores on both internalising and externalising behaviours. The same was found for the IC adoptees in the Goldney et al. (1996) study while the community control group in the study showed normative Australian patterns. Tieman (2006b), on the other hand, found the opposite in parent reports on adult IC adoptees, namely higher levels of internalising and externalising behaviours for males.

Further examination of the present study's parent reported data on adult adoptees showed inverse trends among the 17- to 23-year-old and 24- to 26-year old females and males. Comparable to Tieman's (2006b) results, parents of 17- to 23-year-olds reported higher levels of total problem and externalising behaviours for their sons than daughters. However, the level of internalising behaviours was the same for both genders. In contrast, 24- to 26-year-old daughters were scored higher than sons on all three scales, suggesting an increase in adult female adoptee problem behaviours with increasing age rather than the decrease predicted by normative studies (Achenbach & Rescorla, 2003). Comparison of the trends between the self reports of 17- to 23-year-old and 24- to 26-year old female adoptees and migrants in the present study showed that younger adult female adoptees reported the highest, and signficantly above-the-norm levels of total problem, internalising and externalising behaviours. This was particularly so for Korean adoptees. In contrast, older female adoptees scored below the norm, even lower than migrant females had reported at ages 17 to 23. Older female migrants, on the other hand, reported higher levels than the young adult adoptees and migrants. While the levels reported by adoptive parents for their older adult daughters remained above the norm, migrant parents continued to report below-

the-norm levels for their older adult daughters. These findings suggest that female migrants emancipate later from their parents than adoptees (Klimidis & Minas, 1995) and may have to go against their parents' wishes to achieve this (Rosenthal et al., 1996) increasing the risk of family conflict and higher levels of mental ill-health (Hjern & Allebeck, 2004; Kwak, 2003; Leung, 2001; P. McDonald, 1989). Further research could examine if and when the levels of female adoptee and migrant problem behaviours re-converge.

Although the results of the older versus the younger adult adoptee groups in the present study were not consistent with either Tieman's (2006b) results or normative comparative studies (Achenbach & Rescorla, 2003; Crijnen et al., 1997), they provided some support for an increased risk of higher levels of problems for ICA females reported by Bimmel et al. (2003), regardless whether the problems were reported by the self or parents. The inconsistency between adoption and community research findings suggests that, in contrast with general population trends, higher levels of problem behaviours in females, compared to males, may be normative for IC adoptees in Australia. In addition, although the adults in the Tieman (2006a) sample were older (24 to 30 years) than the adults in the present study (18 to 26 years), developmental patterns of problem behaviours may be different for IC adoptees in Australia than in the Netherlands. The relative stability of the parent reported total problem, internalising and externalising behaviours scores for the 14- to 16-year-old sequential cohorts from 1994 to 2004, suggests relative stability in the socio-cultural influences of adolescent IC adoptees. Further follow-up research is required among the adult IC adoptees in WA to examine if the stability found for adolescents also applies to adults and to explore possible international differences in developmental trajectories of problem behaviours in IC adoptees.

The reported above-the-norm results do not mean that total problem, internalising and externalising behaviours had reached clinical levels. In the present study, no consistent pattern emerged in the rate of clinical levels among adoptees and migrants, except that parents reported lower rates than the adoptees and migrants and that self and parent reported rates of clinical levels of the three problem scales scores were lower than the rates reported for clinically referred persons (Achenbach & Rescorla, 2001, 2003). Excluding the low rates of clinical levels reported for adolescent female migrants, the results are consistent with the rates of clinical levels reported for, and by, adolescents in the WACHS (Zubrick et al., 1995). The rates of normative levels of total problem, internalising and externalising behaviours found among adoptees in the present study were comparable with the results of the Benson (1994) study of

adolescent TR and Asian IC adoptees in the USA, but higher than the rates found in adolescent and adult IC adoptees in Sweden (Irhammar & Cederblad, 2000). The difference between parent and self reported rates was much smaller for adult male adoptees and male and female migrants than for adult female adoptees, suggesting that, at least in regards to problem behaviours in adult daughters, adoptive parents were less aware of the incidence and severity than migrant parents. This reduced awareness could be partly explained by the finding that adult female adoptees were twice as likely to be living independently, compared to adult female and male migrants who lived mostly with their parents. Male adult adoptees were also more likely to be living independently. The higher independent living rate among adult adoptees, compared to migrants, is consistent with results of population research in Sweden (Lindblad et al., 2003). Conversely, the not-living-with-parents rate among the 14- to 26-year old adoptees in the present study was at least 10% higher than the rate reported for 15- to 24-year-old peers in the general Australian population (Australian Institute of Health and Welfare, 2007c). In contrast, Tieman et al. (2006c) reported that 24- to 30-year-old IC adoptees and their non-adoptees peers in the general Dutch population were equally likely to be living at home. Further research is needed to explain the above-the-norm rate of independent living among IC adoptees in WA.

The level of agreement between the self and parent reports on total problem behaviours in the present study was moderate for adolescent adoptees and all adult adoptees and migrants, weak for adolescent migrants and significantly below the norm for all groups. The level of agreement between non-adopted adolescent self and parent reports in a previous WA population study was moderate (Hoeltje et al., 1996). In general, adolescents report more, and more severe, problem behaviours than their parents and teachers (Achenbach et al., 2002). Previous research has also found that an increase in the level of disagreement between parent and child problem behaviour reports corresponds with an increase in family stress and dysfunction in the parents and decrease in acceptance of the child by the parents (Kolko & Kazdin, 1993). The particularly significant disparity between the scores of adolescent female migrants and their parents provided indirect support for previous research reports of acculturation stress and conflict between migrant youth and their parents (Klimidis & Minas, 1995; Rosenthal et al., 1996), particularly in terms of behaviours that are considered culturally inappropriate for females (Klimidis & Minas, 1995; Rosenthal et al., 1996; Tardif & Geva, 2006). The present study's most common problems, namely arguing a lot, stubbornness and being secretive, reported in particular by adolescents and their parents, provide further insight into some of the dynamics of the intergenerational conflict (Leung, 2001). These problems seem, however, to be universal as it is omni-

culturally normative for adolescents to argue a lot with their parents, regardless whether they are adopted (Grotevant et al., 2001) or not (Achenbach & Rescorla, 2001; Rescorla et al., 2007). Overall, there was no evidence that either internalising or externalising behaviours was more prevalent among adoptees or migrants.

The relationships between total problem, internalising and externalising behaviours and the well-being measures of physical and psychological health in the self and parent reports were all negative, mostly moderate to large and significant, with some interesting exceptions. First, the associations between the problem scales and adolescent competence were nonsignificant in all reports. Second, the associations between externalising behaviours and adoptee and migrant self reported satisfaction with adoption and migration were nonsignificant. Third, fewer associations in the migrant group than the adoption group, were significant, particularly in the self reports. This finding could partly be explained by the small size of the migrant group compared to the adoption sample. Fourth, the association between the problem scales and substance use was significant for adult adoptees in both self and parent reports. In the migrant group the association was only significant for externalising behaviours and only in the adult self reports. The associations between problem behaviours and substance use for adoptees and migrants were comparable to population reports from Sweden (Hjern & Allebeck, 2004; Lindblad et al., 2003). Finally, self and parent reported levels of physical health at the time of assessment were moderately to highly related to the problem scales scores, except in the migrant self reports on externalising behaviours. Physical health at arrival also showed significant associations with the problem scales in the adoptee self and parent reports, replicating findings of the second stage of the Sophia study (Versluis-den-Bieman & Verhulst, 1995).

For the adoptees and migrants, the relationships between the scores on the three problem scales and aspects of identity were small and nonsignificant. This is contrary to previous research results reported for adolescent and adult TR local and IC adoptees (Feigelman, 2007) and migrants (Sam et al., 2006; Shrake, 2004). Shrake (2004) found significant and small negative associations between self reported internalising and externalising behaviours and ethnic identity in a sample of non-adopted Korean-Americans that was comparable in size to the present study's adoption sample (Shrake, 2004). In the ICSEY study (Sam et al., 2006), significant associations were found between adolescent reported ethnic and national identities and problem scales scores, but the sample was very large (5,241) which increased the possibility of obtaining significant results (Field, 2005) but with very small effect sizes (<0.1). How adoptees and their parents feel about adoption does, however, appear to

play a significant role in the mental health of adoptees, confirming the unique influence adoption can have on the well-being of adoptees and their families (Brodzinsky, 2005; Grotevant, 1997b), particularly in terms of family dynamics rather than adoptive status per se (Grotevant et al., 2006).

When the influence of threats on total problem, internalising and externalising behaviours was tested, all reports showed small to moderate, positive and significant associations for at least two of the four threats, namely problems created by looking different and perceived racial discrimination. Problems created by looking different from the majority of society emerged as the strongest predictor of all three problem scales in all reports, explaining between eight to 22% of the variance. It most strongly predicted internalising behaviours in the self reports of both adoptees and migrants. Perceived racial discrimination explained an additional two to three percent of the variance in the problem scales scores, but only in the parent reports. The insignificant results on the predictive power of perceived racial discrimination, although consistent with findings among seven year old (Juffer et al., 2004) and adolescent IC adoptees in the Netherlands (Versluis-den-Bieman & Verhulst, 1995), were somewhat unexpected as other ICA research (Cederblad et al., 1999) and migrant studies (Shrake, 2004; Vedder, van de Vijver, & Liebkind, 2006) identified perceived discrimination as a significant predictor of problem behaviours. Maybe the measure for problems created by looking different is more sensitive to identifying the true factor underlying racial bias.

Two of the three risk factors examined in the present study, namely parental SES and adoptee age at arrival, had no significant effect on any of the three problem scales. The third risk factor, pre-arrival adversity, was found to exert a significant influence on all three problem scales, except in the migrant self reports. In the adoption group, the effects of adversity and age at arrival on problem behaviours were consistent with earlier ICA findings in Sweden (Irhammar & Cederblad, 2000) and the Sophia study (Verhulst et al., 1992) and more recent results of ICA research among children from Eastern Europe (Hoksbergen, ter Laak, van Dijkum, Rijk, Rijk et al., 2003; Rutter, 2005). The absence of a SES effect in the present study contradict the findings of an earlier Australian population study, in which parents with lower SES reported higher levels of problem behaviours in their children than higher SES parents (Achenbach et al., 1990). The absence is also contrary to the significant effect parental SES had on parent reported adjustment in the children and adolescents in the first stage of the Sophia study (Verhulst, Althaus et al., 1990a), on self reported internalising behaviours of the adolescent participants in the second stage (Versluis-den-Bieman & Verhulst,

1995) and on parent reported internalising and externalising behaviours of the adult IC adoptees in the third stage (Tieman et al., 2006a).

When the present study considered its three risk factors together with other predictors, pre-arrival adversity remained the strongest predictor of externalising behaviours, but only in the parent reports. Problems created by looking different replaced pre-arrival adversity as the strongest predictor of total problem and internalising behaviours in the self and parent reports and of externalising behaviours in the self reports. These results support Lee's (2006) conclusion that perceived discrimination is as relevant a risk factor for post adoption mental health as pre-arrival adversity. The weakened predictive power of pre-arrival adversity and the weak effect of age at arrival are also comparable to the meta-analysis results of Juffer and van Ijzendoorn (2005).

From a longitudinal perspective, total problem, internalising and externalising behaviours had increased significantly from 1994 to 2004 according to most adoptees, except the 24- to 26-year-olds. They reported a decline in total problem and internalising behaviours, consistent with normative self reported increases and declines from childhood to adulthood (Achenbach & Rescorla, 2001, 2003). Although adoptive parents also reported declines in total problem and externalising behaviours from childhood into adolescence, they reported steadily increasing internalising behaviours with increasing age. This is comparable with normative parent reported trends (e.g., Crijnen et al., 1997) and consistent with the Sophia study reports of increases in internalising behaviours among adolescent IC adoptees (Verhulst, 2000a; Versluis-den-Bieman, 1994) and increases in total problem and internalising behaviours among adult IC adoptees (Tieman et al., 2006a). In the present study, the largest increase in problem behaviours was found among female Korean adoptees who were 7- to 13-year-olds with below-the-norm levels of problem behaviours at the first measurement point and 17- to 23-year-old emerging adults at the second point.

To gain further insight into the risk and protective factors that may have influenced adoptee problem behaviours to either increase or decrease over time, relationships were examined between the change in problem scales scores from 1994 and 2004 and some of the present study's well-being, identity, adoption specific, threat and risk variables. Some similarities and differences were found between the adoptee self and parent reports. According to self reports, increases in total problem, internalising and externalising behaviours were most strongly related to problems caused by their different physical appearance from mainstream society, arrival before the age of two years, lower levels of pre-arrival adversity and weaker Australian and WA identities.

How the public reacted to the adoptees' different physical appearance and skin colour was the strongest predictor of increases in problem scales scores.

It should be noted that the measure of problems caused by looking different, used in the present study, is different from the measure of whether parent and adoptee are of the same ethnicity or have the same skin colour. Although Hollingsworth (1998a) concluded that physical dissimilarity between adoptee and adoptive family negatively affected satisfaction with adoption and adoptee adjustment, these conclusions were not supported by the results of the first two stages of the Sophia study (Verhulst, 2000a) nor the finding in the third stage that not the difference in physical appearance, but intellectual and psychological dissimilarity, was more likely to trigger adoption stress and searching for birth family (Tieman, van der Ende, & Verhulst, 2008). The present cross-sectional and longitudinal studies also failed to find any significant associations between the three problem scales and parent-adoptee differences in ethnicity. One of the conclusions of a 1986 USA longitudinal study with 17- to 24-year-old TR adoptees and their parents was that racial stressors and family racial socialisation contributed to a decline in well-being from childhood into adolescence and early adulthood (DeBerry et al., 1996). This suggests a possible cultural/racial identity processing effect for IC adoptees in young adulthood, a life stage characterised by intense identity exploration and commitment in the context of emancipation from family and expanding social networks (Erikson, 1968).

As most of the variance in the change in problem behaviours was left unexplained, factors other than those examined in the present study were likely to have been contributing to the increase reported by IC adoptees. Versluis-den-Bieman (1994) suggested a potential negative effect of a growing awareness of being adopted due to maturing cognitive abilities (van Aelst et al., 2000; Versluis-den-Bieman & Verhulst, 1995). This hypothesis was tested, but not supported, in the present study. The relevant adoption dynamic and identity factors did not show any significant effects on the adoptees' self reported increase in problem behaviours. The adoptive parent reports, however, showed less consistency in results on changes across the three problem scales. Increases in total problem and internalising behaviours were best predicted by the adoptive parents' perception of the adoptees' positive affect about adoption, followed by adoptees' age and adversity at arrival. Increases in externalising behaviours were most strongly related to arrival before the age of two years, lower levels of perceived adoptee positive affect about adoption and lower levels of pre-arrival adversity. Arrival before the age of two years emerged as the most significant predictor of the parent reported increase in externalising behaviours.

The opposite-than-expected direction of the influence of age at arrival and pre-arrival adversity on increases in problem behaviours, made them positive rather than risk factors and provided further evidence of a catch-up trend in well-being of adult adoptees who had arrived after the age of two years and had experienced moderate to high levels of adversity prior to their adoption. Although these results are inconsistent with previous reports from the Sophia study that identified older age at adoption and pre-arrival adversity as significant correlates of negative ICA outcomes (e.g, Verhulst, Althaus et al., 1990b; Verhulst et al., 1992; Versluis-den-Bieman & Verhulst, 1995), the longitudinal results of the Sophia study (Verhulst et al., 1992) showed that the increase in adoptee problem behaviours was not significantly related to pre-adoption influences (Verhulst, 2000a). Other studies on general functioning of IC adoptees, including Australian studies (Harper, 1986; Harvey, 1982), have also shown significant rates of catch-up in IC adoptees who had arrived at an older age and/or had suffered severe pre-adoption deprivation. The present study is, however, believed to be the first Australian study to show ongoing catch-up in adulthood.

Mental ill-health

In 2000, one in five Australian adults met criteria for a common mental disorder (G. Andrews, 2001). More recently, a similar rate of mental disorders was found in 15- to 24-year olds in Australia (Australian Institute of Health and Welfare, 2007c). Although the results on problem behaviour syndromes and DSM IV-oriented subscales in the present study indicated that the prevalence rates for adoptees and migrants were higher than these Australian norms, especially in the self reports, the majority of the adoptees and migrants still fell within the normal range. Nationally, females showed a somewhat higher rate of mental disorders than males (G. Andrews, 2001). This gender trend was only partly supported in the present study's self and parent reports of adult female adoptees, but not migrants, showing significantly above-the-norm levels on several internalising and externalising behaviours syndromes and subscales. Consistent with the Australian population norm for 12- to 24-year-olds (Australian Institute of Health and Welfare, 2007c), adolescent female adoptees and migrants reported significantly higher levels of anxiety and depression than the adolescent males.

Adult female adoptees in the present study seemed at higher risk of comorbidity in psychiatric disorders by scoring more frequently in the clinical range of more than one DSM IV-oriented subscale than the male and female migrants and male adoptees. Their rate of comorbidity was, however, lower than that reported for adult IC adoptees in the Sophia study (Tieman et al., 2005). An opposite gender trend was found in the

clinical levels of the problem behaviours syndromes with migrant parents reporting the highest comorbidity rate for adult male migrants. In addition, male adoptees and migrants were more likely than females to show above-the-norm rates for clinical levels in thought problems, attention, withdrawn/depressed, and somatic problems. Migrant parent reports and adult migrant self reports showed higher levels of anxiety and depression for males than females. The rate of somatic disorders reported by adult male migrants was significantly above the norm and over four times the rate reported by adult male adoptees whose low levels were consistent with those found in adopted adolescents (van Aelst et al., 2000) and adult IC adoptees (Tieman et al., 2005) in the Sophia study. Female migrants showed overall lower levels. Scores reported by, and on, adolescent female migrants were significantly below the norm on a number of subscales. These combined results suggest that male migrants, especially the adults, may be more vulnerable to migration and acculturation stresses than females, even though the Australian National Mental Health Survey (G. Andrews, 2001) found no strong relationship between anxiety/depression and migration.

ADHD was the only other disorder in the present study for which above-the-norm rates in males were found, primarily due to adoptive parents reporting above-the-norm rates of inattentive and hyperactive ADHD in their adult sons. A higher prevalence of ADHD in males is normative in Australian adolescents and young adults (Australian Institute of Health and Welfare, 2007c; Sawyer et al., 2000). The higher rates reported for the present study's adopted males replicate the higher rates of attention problems and ADHD reported for male adolescent (Versluis-den-Bieman & Verhulst, 1995) and adult IC adoptees (Tieman et al., 2005) in the Sophia study. The differential effect of gender among adoptees and non-adoptees in the Sophia study became nonsignificant in the parent reports on adult adoptees (Tieman et al., 2005), suggesting a developmental decline of ADHD in adoptees with increasing age which had not yet become evident in the parent reports of the present study. Explanations for the higher rate of ADHD reported for adoptees include genetic vulnerability (Sprich, Biederman, Crawford, Mundy, & Faraone, 2000; Swanson et al., 2007) and neuro-developmental impairment due to early trauma and institutional deprivation (Federici, 1998; Hoksbergen, Ter Laak, Van Dijkum, Rijk, & Stoutjesdijk, 2003; Roy, Rutter, & Pickles, 2000).

The presence of mental disorders was found to be significantly related to most of the other aspects of well-being measured in the present study, but not to aspects of identity, excluding the negative relationship between mental disorders and positive affect about adoption. Examination of the influence of threat and risk factors on the presence of psychiatric disorders showed significant associations in the adoptive

parent reports only. The two strongest predictors were problems created by looking different from the majorityof society and pre-arrival adversity, each accounting for half of the 24% total variance explained. The negligible effect of age at arrival on the presence of a psychiatric disorder replicated results reported for adult IC adoptees in the Sophia study (Tieman et al., 2005). The increased risk to the mental health of IC adoptees due to problems caused by looking different from mainstream society, has been a major concern in the practice of TRA and ICA (e.g., Feigelman, 2007; Friedlander et al., 2000; Geerars et al., 1995; Irhammar & Cederblad, 2000; Juffer, 2006; Lindblad et al., 2003; McRoy & Grape, 1999) including in Australia (Harper & Bonanno, 1993; Harvey, 1982). The present study's significant findings lend support to these concerns. However, looking different was also found to be one of the strongest predictors of migrant mental disorders, particularly in male migrants, suggesting that problems caused by looking different are a social issue not exclusive to TRA.

Substance use

Adoptees, both local (Fergusson et al., 1995; Westermeyer, Bennett, Thuras, & Yoon, 2007) and IC (Hjern et al., 2002; Lindblad et al., 2003; Tieman et al., 2005) seem to be at higher risk of substance abuse than non-adopted peers. In the present study, the large majority of adult adoptees, migrants and parents reported normative levels of substance use. The highest rate of substance abuse was reported for alcohol use by female adoptees (27%), particularly young adult Korean adoptees. The adoptee rate was almost twice that reported for referred adults in America (Achenbach & Rescorla, 2003). To place this result in the context of Australian norms in 2004, 35% of Australians in the general population, aged 14 years and over, reported to have drunk alcohol at levels considered risky or high risk for short-term harm (Australian Institute of Health and Welfare, 2007b). In the same year, 15% of the adult adoptees and 2% of the adult migrants in the current study reported risky levels of alcohol use. As most of the IC adoptees had lived in Australia since early childhood it can be said that they were fully enculturated (J. Berry & Sam, 1997) making it appropriate to compare them with Australian norms. A low rate of alcohol use among migrants in general, and an increase in migrant alcohol use with increasing length of residence in Australia (Australian Bureau of Statistics, 2006a), were also evident in the present study, supporting the suggestion that cross-cultural effects mediated the present study's outcomes.

Contrary to national Australian trends (G. Andrews, 2001), female adult adoptees and migrants reported somewhat higher levels of alcohol use than males, whereas parent

reports followed the national trend. These gender differences were, however, nonsignificant in both the self and the parent reports. The present study's findings are comparable to one set of results by Hjern's (2002) in Sweden, but differ from another set (Hjern & Allebeck, 2004) and from Tieman et al.'s (2005) in the Netherlands. These differential results suggest the influence of cross-cultural and environmental factors on substance use, in addition to personal factors (Hjern & Allebeck, 2004). In WA, alcohol and cannabis are reportedly the most commonly used substances among adolescents and young adults, while high risk alcohol use is on the increase (Australian Institute of Health and Welfare, 2007a). The present study results suggest that IC adoptees are fitting in with these WA trends.

In the adoption group, substance use was significantly related to most of the other well-being measures. In the migrant self reports it was only significantly and positively associated with externalising behaviours. Migrant parent reports on migrant substance use showed no significant associations with other well-being measures. Relationships between substance use and aspects of identity were small and nonsignificant in all reports, including the specific adoptive identity dynamics. Hjern et al. (2002) found high parental SES to be a significant risk factor for substance abuse in IC adoptees, but not in migrants. This was not confirmed in the present study, but the suggestion by Hjern and Allebeck (2004) that pre-arrival adversity and discrimination, due to visibly different physical features, could have contributed to the above-the-norm rate of substance use of IC adoptees and migrants in Sweden, were supported in the present study, mediated by who the informant was. Substance use and pre-arrival adversity were moderately associated in the migrant, but not the adoption group. Hjern and Allebeck's (2004) hypothesised risk of a visibly different physical appearance, was supported in the present study by the emergence of 'problems created by looking different' as the strongest predictor of self and parent reported substance use among both adoptees and migrants.

Adoptive parent reports of adolescent alcohol, tobacco and drug use in 1994 were significantly and positively related to adult levels reported by parents in 2004, but the relationships between parent reported adolescent substance use in 1994 and self reported adult use in 2004 showed inverse patterns. Male and female adoptees who reportedly used alcohol, tobacco and drugs in adolescence were less likely to be using alcohol and drugs in adulthood. The discrepancies between self and parent reports indicate that adoptive parents perceive substance use to progress from adolescence into adulthood. This was not supported by the adoptee self reports. However, in an examination of continuity and change of psychopathology from childhood into

adulthood, Hofstra et al. (2000) found that children who were adolescents at initial assessment (12-16 years) showed higher stability of problem behaviours than participants who were children at initial assessment (4-11 years). These findings seem to support the present study's parent reports on substance use, rather than the adoptee self reports, and suggest that adult adoptees who start their substance use in early adolescence are less likely to report the true level of their use in adulthood, possibly because the use has become normalised in line with Australian culture's substance use norms (Australian Institute of Health and Welfare, 2007b). Further research is required in this area.

6.3 Identity

In the present study, identity was conceptualised as a multifaceted construct with a focus on personal, adoption/migration, heritage, community/group, ethnic, racial, cultural and place aspects of identity. The overall findings showed that adoptees and migrants were more similar than different in these aspects of identity, irrespective of age group and gender. The identity results are discussed from three perspectives: adoptees as a distinct minority group of migrants with migration-related issues they share with their migrant peers; adoptees as persons with additional identity issues that adoption brings; and as TR adoptees with uniques experiences of growing up in a family with parents, and possibly siblings, of different cultural-racial heritages.

6.3.1 Adoptees as migrants

A necessary precursor for any aspect of identity to be, or to become salient, is personal awareness of the identity aspect (Breakwell, 1983; Tajfel, 1982). This includes awareness of adoptive (Grotevant et al., 2000; Grotevant et al., 2007) and migrant status (Rumbaut, 2004). In the present study, four percent of the adoptees listed being adopted as a primary identity marker, somewhat lower than the rate reported by adolescent and adult Thai adoptees in the Netherlands (Geerars et al., 1995). In terms of migration, neither adoptees nor migrants listed their migrant status as a primary identity marker, irrespective of gender or age. The majority reported student and employment or professional status as a primary identity marker, suggesting that adoption and migration were not central to aspects of their daily life. This contrasts with the assumption in the adoption literature that TR adoptees are always aware of their adoptive status, because of the visible difference between themselves and their adoptive parents as well as their minority status in society (Armstrong & Slaytor, 2001; Baden & Steward, 2007; Benson et al., 1994; Gaber & Aldridge, 1994; Harper & Bonanno, 1993; Hollingsworth, 1997; Lee, 2003b; McRoy & Grape, 1999).

Salience of adoption and migration

According to Breakwell (1983) one only becomes aware of identity aspects that are in conflict with each other or are questioned or threatened from outside. The assumed chronic accessibility (Deaux, 1992) to adoptive identity is assumed to intensify when adoptees mature into adolescence and adulthood and increasingly have to negotiate their identity independent from the protection of the adoptive family (Dalen, 2005; Dalen & Saetersdal, 1987; Saetersdal & Dalen, 1991, 2000). As minority status also applies to non-Caucasian migrants to Australia (Jayasuriya et al., 2003; Sonderegger & Barrett, 2004a, 2004b) the assumption of chronic accessibility to migrant identity seems to be equally applicable to the migrants in the current study. The assumption of chronicity was only partly supported for both adoptees and migrants. Although one third of adoptees and one quarter of migrants in the present study reported being conscious of their different looks, the majority reported low to no conscious awareness of status. These results suggest that the salience of their adoptive/migrant identity is operating in what Deaux (1992) refers to as acute accessibility mode, meaning it is activated by situational factors.

In the present study, the large majority of adoptees reported being glad that they were adopted by their parents, a somewhat higher rate than found for TR local and IC adoptees in the Benson study (1994). Although these results suggest that the adoptees were comfortable with being adopted, only one in three adoptees subsequently indicated they were glad to be adoptees. Over a quarter were undecided. Similar rates were found among the migrants. The difference in the adoptees' responses may indicate a difference between how adoptees feel about being the adopted child of their parents and being an adoptee in general. The ambivalence about status, indicated by both adoptees and migrants, could be an example of the use of the coping strategy of avoidance where identity aspects are denied or ignored until challenged and brought to consciousness (Breakwell, 1986). This explanation was supported in responses to subsequent questions about the centrality of adoption and migration to their sense of identity (Obst, Zinkiewicz et al., 2002a). One in five adoptees and migrants reported they often thought about being an adoptee or migrant while two thirds indicated they never or rarely thought about it and did not consider it an important part of their identity. In a further item, one third of adoptees and nearly half of the migrants agreed or strongly agreed that their adoptive or migrant status was important for their identity. These results support the premise that identity is a dynamic construct that changes in response to situational contexts and level of consciousness (Breakwell, 1992b; Tajfel, 1982; Turner, 1982). They also suggest that the adoptees in

the present study represent a range of adoption identities rather than one particular pattern.

The low salience of migration as an aspect of the migrants' identity became evident early in the data collection stage of the present study and added an unexpected challenge to their recruitment as migrants. The low salience seems consistent with the theory of decimal generations (1.25, 1.5 and 1.75) of migrants (Rumbaut, 1994, 2004) and migrant acculturation models (Phinney, Berry, Vedder et al., 2006). These models hypothesise that those who arrived before the age of six years, labelled the 1.75 generation, resemble the second generation migrants (i.e., those born in the new country) in terms of increased socio-cultural assimilation and decreased identification with country of origin and use of original language (Rumbaut, 2004). The large majority of adoptees in the present study met the age criterion of the 1.75 migrant generation definition. They were also expected to resemble second generation migrants more than their migrant peers, because adoptees could rarely be placed in families who spoke their first language which, consequently, would lead to accelerated loss of original language and assimilation in the majority culture. Contrary to expectation, but suggesting support for what is referred to as the migrant paradox (Rumbaut, 2004), the adoptees and migrants who arrived at a younger age, or were born in Australia, were more likely to list country of origin and ethnic origin as a primary identity marker than those who arrived at an older age. An exception were older-at-arrival Korean adoptees.

Identification with place

A more in-depth examination of the sense of national identity found that almost half of the migrants in the present study identified closely with their country of origin, compared with less than one in five adoptees. Gender, age and migration generation had no significant effects, but the participants' country of origin played a mediating role, consistent with the ICSEY findings (Sam et al., 2006; Sonderegger & Barrett, 2004a, 2004b). Korean adoptees who had arrived at an older age, identified more strongly with their country of origin than adoptees from other countries and all migrants, including Korean migrants. Korean adoptees who had arrived at a younger age, identitifed the least with Korea. In regards to identification with Australia and WA, most adoptees and migrants reported moderate to strong levels. Ironically, the identification was the weakest among Korean migrants and the strongest among Korean adoptees. The adoptees' moderate to high level of Australian identity was consistent with reports of a strong national identiy among IC adoptees in Norway (Saetersdal & Dalen, 2000), Eastern European adoptees in New Zealand (Scherman & Harre, 2008), Greek adoptees in the Netherlands and Indian adoptees in Belgium (Hoksbergen & Ter Laak,

2007). In Norway, the IC adoptees indicated that identification with Norway was of more importance to them than identification as an IC adoptee (Saetersdal & Dalen, 2000). Consistent with some migration research (Phinney, Berry, Vedder et al., 2006), all reports in the present study showed that increased identification with country of origin weakened identification with Australia. The association between country of origin and WA identity, however, was negligible in the self reports and the reports from migrant parents. An unexpected positive relationship between adoptee identification with country of origin and sense of belonging to WA was found in the adoptive parent reports. This could be interpreted as a parental perception of an emerging integrated ICA identity in their children (Meier, 1999; Saetersdal & Dalen, 2000) or integrated identity pattern, considered the most positive of acculturation outcomes in migrants (Phinney, Berry, Vedder et al., 2006; Phinney et al., 2001).

It was assumed that the younger-at-arrival would identify more closely with Australia and WA than the older-at-arrival, but this was only supported in the migrant group. The opposite was found in the adoption group. The close identification with both Australia and Korea by adult Korean adoptees who had arrived at an older age suggests a bi-ethnic identification pattern reported previously for adult IC adoptees in Norway, but only those who perceived the wider community to be accepting them as Norwegians (Irhammar, 2006; Saetersdal & Dalen, 2000). As the IC adoptees in WA mature and their sense of being accepted as authentic members of mainstream WA society strengthens (Shiao & Tuan, 2007; Williams, 2003), the number of adoptees adopting the dual or hybrid identification pattern may increase. Parent reports showed similar patterns in perceived strength of national and WA identities in their children although adoptive parents considered younger-at-arrival adoptees from other countries to identify even more closely with WA than Korean adoptees.

Identifying strongly with Australia and WA seemed to make adoptees feel happier, more satisfied with life and more efficacious, replicating Norwegian findings on adolescents IC adoptees (Saetersdal & Dalen, 2000). A strong identification with Australia and WA, according to adoptive parents in the present study, also positively influenced adoptees' physical health and satisfaction with adoption, but was not perceived to improve the adult adoptees' choice of friends. The positive influences were also found to extend to the long-term well-being of the adoptees. Migrants' identification with Australia and WA, on the other hand, appeared to have little influence on well-being, except on substance use which, according to both migrants and migrant parents, increased with increasing strength of identification with WA. This trend indicates an acculturation pattern consistent with national trends in substance

use among migrants (Australian Institute of Health and Welfare, 2007b). Identification with Australia and WA was not significantly influenced by any of the threats, suggesting that both adoptees and migrants felt secure in these identifications (Breakwell, 1983, 1986) consistent with theories of place attachment (Giuliani, 2003; Lalli, 1992; McAndrew, 1998) and the adoptees' right to feel that they belong in Australia (Westhues & Cohen, 1998). The ICSEY's (J. Berry, Phinney, Sam et al., 2006) conclusion that higher SES parents would strengthen identification with Australia was not supported in the present study, but higher parental SES did seem to weaken adoptee and migrant identification with their country of origin.

Identification with country of origin appeared to have little influence on the well-being of adoptees and migrants, except that it, according to parents, improved competence in adolescent adoptees and interaction with friends in adult migrants. There was also a significant positive association between identification with country of origin, ethnic identity and interest in cultural heritage in adoptees and migrants alike. Nesdale and Mak's (2000) reported that identification with Australia strengthened ethnic identity in adult migrants from Asian countries, but also reduced their involvement in an ethnic peer group. These findings were partly supported in the present study. The migrants who closely identified with their country of origin reported increased levels of identification with the migrant group, unless they perceived the continuity of the group to be under threat. This perception most strongly predicted their level of identification with their group. The absence of such predictive power for adoptees suggests a weaker emotional connection to peer group in adoptees than migrants (Breakwell, 1986; Korf & Malan, 2002).

Contact with others

Ongoing contact with other adoptees and migrants is an indicator of adoption and migration salience and considered essential for the development of a positive sense of self in the adoptee (Grotevant et al., 2000; Grotevant et al., 2007), particularly in TRA (e.g., Lee, 2003b) and for families with only one IC adoptee (Harding, 1998). Less than one third of IC families in WA reported in 1994 that they were in frequent contact with other ICA families, half had some contact and the remainder had no contact. These rates are comparable to those reported for an overlapping generation of Dutch ICA families with Thai adoptees (Hoksbergen, 2000) in adolescence and adulthood (Geerars et al., 1995). By 2004, when most of the WA IC adoptees had reached adulthood, fewer ICA families reported frequent or occasional contact and one in four had lost contact. Interestingly, 40% of the participating parents indicated they would like more contact, but did not seem to be able to reconnect with the active ICA

community in WA. Nearly one in five adoptees had developed regular contact with other IC adoptees independent of adoptive parents and regardless whether they had none, one or more ICA siblings. A further one third of the adoptees indicated that they would like more contact. This development is consistent with the maturation process of adoptive identity reported by other IC adoptees (Shiao & Tuan, 2007). The identified gap between adoptees and parents wishing for contact and having contact with others in the ICA community suggests more needs to be done on a community level to improve awareness of, and access to, ICA community events in WA.

The most frequent form of contact between IC adoptees in the present study was face to face socialising, followed by internet contact. The latter form of contact reflects the increasing significance of electronic media in ICA community building (Williams, 2002) and adoption research (e.g., Gray, 2007b; Williams, 2003). Migrants seem to make minimal use of the internet for contact with other migrants. The third who reported regular contact did so by socialising face-to-face. Over half of all migrants indicated they wanted more contact. These results suggest that adoptees have a weaker sense of community than migrants, despite both groups showing moderately strong group identities. It could be that the adoptees' sense of group identity is strengthened by their virtual world connections with other IC adoptees, a connection that may be of greater importance than face-to-face socialising (Obst, Zinkiewicz et al., 2002a; Obst, Zinkiewicz, & Smith, 2002b; Pretty, Bishop, & Sonn, 2007), especially for adoptees growing up in isolated rural areas. This hypothesis was supported by the unexpected findings that adoptees residing in rural areas reported feeling more connected with, and affection for, their ICA peers than the metro-based adoptees. They also identified more closely with Australia and WA and appeared to suffer less discrimination as adoptees and non-Caucasian persons than their metro-based IC peers. Migrants in rural areas, on the other hand, were more likely to feel isolated and alienated from their migrant peers and communities, similar to anecdotal evidence from adolescent and adult TR adoptees who grew up in Australian rural areas (Armstrong & Slaytor, 2001) and empirical qualitative evidence from adult ICA adoptees (Williams, 2003). Further research is needed to explore in more depth the outcome for adoptees brought up in rural areas and what role the internet can, and does, play in the salience of adoption in the identity in IC adoptees in WA.

The kind of strong emotions that ICA invokes in many should make for strong ICA communities, according to McMillan and Chavis (1986). This assumption did not seem to hold for adoptees residing in the urban areas and migrants in rural areas, irrespective of gender, age group or country of origin. Maybe the metro IC adoptee

community is not seen or experienced as positive for the adoptees, an essential aspect to promote a cohesive group spirit (McMillan & Chavis, 1986; Pretty et al., 2007). Four of the present study findings on group identification (Korf & Malan, 2002; Obst, Zinkiewicz et al., 2002a) seem to support this explanation. First, a significant, moderate and negative relationship between ingroup affect and the centrality of adoption to the adoptees' sense of identity indicated that the more central adoption was to the adoptee's identity, the lower the affect for the ICA group, leading to less motivation to identify as a group member (Breakwell, 1986). Second, three quarters of the adoptees indicated they considered the continuity of the ICA group to be under threat. Third, perceived threat to the continuity of the ICA group was the most significant predictor of the adoptees' reduced strength of ICA group identity. Finally, as perceived threat to group continuity increased, negative affect about adoption increased and positive affect decreased. These findings are consistent with previous adoption research findings (e.g., Meier, 1999; Saetersdal & Dalen, 2000) and are believed to provide the first empirical evidence in Australia that adoption-friendly environments promote and protect adoptees' positive sense of being adopted, or, put another way, that an anti-adoption culture is a risk factor for adoptees' sense of self.

The perceived threat to group continuity was equally predictive of the migrants' strength of group identity, suggesting an equal need for migration-friendly environments. However, more migrants reported a strong group identity which in turn was significantly and positively related to their psychological and mental health, consistent with the ICSEY (Vedder et al., 2006) results. Their strong group identity was also signficantly and positively related to their ethnic identity, interest in heritage, contact with other ethnic groups and country of origin. For adoptees, the significant associations with stronger ethnic identity, interest in heritage and contact with other groups were replicated, but the relationships between a strong group identity and both short- and long-term well-being were negligible. These findings suggest that adoptees and migrants most attracted to join a peer group already have a strong ethnic identity and are active in cross-cultural socialising (Breakwell, 1986; Turner, 1982). Although adoptees were less likely to keep in contact with other IC adoptees than migrants with other migrants, their interest in contact and involvement with ethnic minority groups other than their own was equal to that of migrants irrespective of age, gender or country of origin. Adult adoptees and adoptive parents were most actively involved with ethnic groups other than their own. These findings resonate with what seems to be a developmental cross-cultural identification and multi-ethnic socialisation process reported for other IC adoptees (Saetersdal & Dalen, 2000) that appears to be increasingly recognised as a valuable parenting strategy for TR adoptive parents

(Baden & Steward, 2000; Gray, 2007b; Lee, 2003b; Raible, 2006; Williams Willing, 2006).

6.3.2 Dynamics of adoptive identity

According to adoption theories, adoptive identity is positively influenced if parents neither emphasise nor ignore the differences between themselves and the adoptees (Kirk, 1984), acknowledge the adoptee's birth family (Brodzinsky, 2005; Grotevant et al., 2007) and communicate openly about adoption (Brodzinsky, 2005; Grotevant, 1997b; Grotevant et al., 2007; Kohler et al., 2002). It seems that families who talk openly about adoption reduce adoption stress (Benson et al., 1994; Kohler et al., 2002; Palacios & Sanchez-Sandoval, 2005) and promote adoptees' well-being, identity formation (Triseliotis et al., 1997), acceptance of their adoptive status (Grotevant, 1997a; Grotevant et al., 2001; Raible, 2006) and positive transition into independence (Grotevant et al., 2007).

In practice, if, when, how and what to tell adoptees about adoption and their biological and cultural heritage are the most common questions asked by adoptive parents. A range of resources to facilitate 'family adoption talk' have been developed, including guidebooks for adoption applicants (e.g., Hoksbergen, 1997a; Juffer, 1997), for adoptive parents and adoptees (e.g.,MacLeod & Macrea, 2006) and TR adoptive families (e.g., Steinberg & Hall, 2000). Despite the fact that few such resources were available to adoptive parents when the adoptees in the present study arrived in their families, three quarters of the adoptees in the present study said they found it easy to talk with others about adoption and two thirds found it easy to talk with their parents about adoption. The adoptive parents, on the other hand, were under the impression that the opposite was the case, namely that more of their children found it easy to talk with them about adoption than with others. Despite this incongruence, it seems that the large majority of adoptees communicate fairly openly about adoption with less than 10% wanting to keep it secret.

Parental openness about adoption may, however, have less influence on the adoptees' interest in their heritage than initially thought. The Sophia study found a high level of openness in Dutch ICA families, but the openness seemed to have had little effect on the level of interest in, and searching for, biological heritage by the IC adoptees. Furthermore, positive affect about adoption was found to inhibit interest and search behaviour while negative experience and preoccupation with own adoption significantly increased interest and search (Tieman et al., 2008). In the present study, adoptees and parents also reported high levels of parental openness about adoption, irrespective

of adoptees' age, gender and country of origin, but the influence on interest in heritage, daydreaming about birth parents and identification with country of origin was negligible, consistent with the Sophia study results (Tieman et al., 2008). A perception of parental openness did, however, significantly increase the adoptees' positive feeling about adoption and identification with other IC adoptees and reduce negative experience with adoption, preoccupation with own adoption and the sense of threat that the ICA group was going to disappear. The latter factor emerged as the strongest predictor of parental openness from the adoptee perspective, indicating that a perception of ICA being under threat increased the adoptees' perception that parents were less open to talk about adoption. This finding in turn suggests that parents coped with a perceived threat to ICA by ignoring or denying their unique status as an ICA family (Tajfel, 1982; Turner, 1982) and avoiding the issue in family communication (Breakwell, 1983, 1986). The perception of threat seemed, in particular, to inhibit adoption talk in families with adoptees who had arrived after the age of two years, consistent with the experience reported by adult local adoptees in the UK (Howe & Feast, 2000) and IC adoptees in Scandinavia (Irhammar, 2006; Saetersdal & Dalen, 2000). Benson et al. (1994) suggest, however, that attitudes towards communication about adoption, such as those found in the present study, be interpreted as "the reflection of a healthy but quiet climate of openness rather than of repression and denial" (p. 52).

Parental openness was also found to have a positive effect on the adoptees' physical, psychological and mental health. The same was found for feeling positive about adoption, whereas negative experience with adoption and preoccupation with own adoption negatively influenced well-being. Openness was not significantly related to the centrality of adoption in the adoptees' identity. Maybe openness is a cognitive process and a weaker trigger, or stronger inhibitor, for consciousness and salience (Breakwell, 1983), as opposed to the emotions inherent in the adoption dynamics of positive and negative affect about, and preoccupation with adoption. Consistent with longitudinal ICA research results in the Netherlands (Geerars et al., 1995), a positive feeling about adoption in the present study was found to strengthen self-esteem, a key component of identity process theory (Breakwell, 1986) and a potential buffer against discrimination (Breakwell, 1992b; Cast & Burke, 2002; Erikson, 1985) and other stressors (Garton & Pratt, 1995), including those considered inherent in the development of adoptees and their sense of self (Brodzinsky, 1990; D. Smith & Brodzinsky, 1994). The present study's self and parent reports confirmed the emotional significance of affective adoption dynamics for the whole family. In the adoptee self reports, perceived discrimination on the basis of adoptive status emerged as the strongest predictor of affective adoption dynamics. In the parent reports, the adoptees'

perceived positive affect about adoption was the strongest predictor of long-term changes in adoptee physical, psychological and mental health. To more fully explore and understand the relations between adoption dynamics, identity and well-being, further research is needed, preferably with the use of more complex pathway analyses. The predicted negative impact of stigma in general (Breakwell, 1986) and adoption (Benson et al., 1994) is evident in the results of the present study and confirms that the perceived and real bias against adoption found in other parts of Australia (Boss, 1992; Harper, 1992; House of Representatives Standing Committee on Family and Human Services, 2005; Marshall & McDonald, 2001) is also present in WA.

6.3.3 Culture, race and ethnicity

Lee (2003b) talks about the paradox of TRA, meaning that although TR adoptees are racial and ethnic minorities in countries such as Australia most have grown up with Caucasian adoptive parents and perceive themselves, and are perceived and treated by others, as if they are racially and ethnically Caucasian.

Experiencing Culture

The large majority of adoptees and migrants in the present study expressed an interest in finding out more about their background, but only one quarter of adoptees wanted to learn more about their cultural background. Interestingly, two thirds of migrants expressed an interest in learning more about their cultural background even though they were raised by their biological parents. This suggests that cultural continuity may not be as prevalent in migrant families as is generally assumed. Adoptees who had arrived after the age of five years, the so-called 1.5 migrant generation (Rumbaut, 2004), were more ambivalent to find out more about their cultural heritage. It could be that due to their older age at the time of adoption they had more memories of negative experiences in their country of origin and did not want to be reminded of them or know more (D. Smith & Brodzinsky, 1994). Support for this proposed explanation was, however, only found for migrants, irrespective at which age they had arrived, and older adoptees who had arrived in poor physical health. Adoptees who had experienced more adversity prior to arrival, unexpectedly expressed more, not less, interest in their background, learning the language and travelling to the country. These results need to be interpreted with caution however, as complete and correct background information on IC adoptees, including adverse experiences, seems rarely available to ICA parents whereas migrants were likely to have ready access to further information from their parents. The migrant result is consistent with some suggestions that living memories of adversity at a place could reduce attachment to, and identification with, the place (Hay, 1998).

In line with previous (Vroegh, 1997; Westhues & Cohen, 1998) and more recent reports (Huh, 2007; Shiao & Tuan, 2007), adoptees in the present study were less likely to be interested in their cultural heritage and active participation in culture of origin events than migrants. Interest in language and visiting country of origin was, however, high in both groups. Only one quarter of adoptees attended gatherings of people from their ethnic background or country of origin, compared to over half the migrants. Korean adoptees were somewhat more interested and active than adoptees from other countries. Adoptive and migrant parents expressed a stronger interest in their children's country and culture of origin than the adoptees and migrants themselves, irrespective of the country of origin. A similarly high level of parental interest was found in research among same-race ICA families in New Zealand (Scherman & Harre, 2004, 2008) and TR ICA families in the USA (Vonk et al., 2007). These findings challenge the impression, given by Australian qualitative research with adult IC adoptees (Williams, 2003) and anecdotal evidence from adolescent and adult IC adoptees (Armstrong & Slaytor, 2001), that adoptive parents mostly focussed on assimilating the adoptees in the Australian majority culture with little to no interest in their children's ethnic backgrounds and countries of origin.

The inclusion of first generation IC adoptees in the works by Williams and Armstrong may, however, partly or wholly explain these different findings, as the present study excluded the estimated 51 IC adoptees who had arrived in WA before 1977 or had arrived later but were born before 1977. These adoptees may have been more affected by the prevailing White-Australian attitudes in the general population than those who arrived after 1976 (Gray, 2007b). Research is needed to compare the cultural socialisation experiences and outcomes of the different ICA generations in WA. It could alternatively be argued that the adoptive parents' current level of interest in their children's cultural heritage only developed, or increased, in more recent times, influenced by Australia's ethnic diversity and public policy of multiculturalism. However, already in an earlier survey did the large majority of ICA families in WA express a commitment to create opportunities for their children to keep in contact with their culture of origin (Kumar et al., 1987). This high level of commitment was also found in the same era by Harper (1986) among IC families in the east of Australia. Yet, despite the fact that the increase in ethnic diversity in WA in recent decades increased opportunities for contact with other ethnic groups (Australian Bureau of Statistics, 2006b), it do not seem to have led to increased contact with their children's cultures of origin. Maybe the perception of easier access, or the fact that most adoptees were in their adolescence, a developmental stage when many TR adoptees (e.g., Huh & Reid, 2000; Lee, 2003b) and migrants (e.g., Kwak, 2003; Phinney, Berry, Vedder et al.,

2006) object to and resist their parents' culture of origin socialisation efforts, led fewer adoptive parents to make the effort to purposefully seek, or maintain, contact. Another explanation may be that adoptive parents had not been able to establish authentic ties with their children's cultures and countries of origin.

Although the large majority of adoptees and migrants in the present study were actively involved with ethnic groups other than their own, adoptive parents reported the highest level of interest in, and involvement with, people from ethnic backgrounds other than their own, irrespective whether the parents were migrants themselves or not. Being interested in personal cultural heritage did not seem to lead to improved well-being in adoptees, but orientation towards other ethnic groups showed a positive effect. The latter is likely to be an outcome of the adoptive parents' cultural socialisation efforts, considering their high level of interest in other groups (Westhues & Cohen, 1998), as well as the increased ethnic and cultural diversity in WA (Phinney, Ferguson, & Tate, 1997). These results also suggest that the adoptees felt more threatened by people of the same ethnic heritage as their own than by people or groups of people from different ethnic backgrounds. This reaction does not seem to be uncommon among members of minority groups (Phinney, Chavira, & Tate, 1993).

It could be that the adoptees felt incompetent in terms of behaving ethnically appropriate and lacking language fluency when in the company of people from the same ethnic background, compounded by the notion that they 'ought to know it because it is their cultural and racial heritage' (Armstrong & Slaytor, 2001; Meier, 1999; Shiao & Tuan, 2007; Williams Willing, 2006). They may have been confronted by unwelcome pressures from community members to (re)immerse themselves in their heritage (Williams Willing, 2006), have been treated as outsiders by their ethnic group because of their low or lack of cultural competence, or stigmatised because of a perceived lower SES in their country/culture of origin (Armstrong & Slaytor, 2001; Meier, 1999; Shiao & Tuan, 2007; Williams, 2003; Williams Willing, 2006). For migrants, both interest in their cultural heritage and other ethnic groups led to higher levels of psychological and mental health, especially self-esteem and self-efficacy. These outcomes are comparable to the effects of integrated and ethnic orientations on the well-being of the migrant youth in the ICSEY (Sam et al., 2006; Vedder et al., 2006), including the majority of the Australian migrant youth who participated (Phinney, Berry, Vedder et al., 2006), but mediated by the different groups' culturally specific socialisation processes (Sonderegger & Barrett, 2004a).

Adoptees and migrants who were interested in their cultural heritage also reported stronger identification with their adoption or migrant peer group, ethnic background and country of origin than those who expressed little or no interest. Parents seemed to recognise their children's interest, evidenced by a strong significant association between the perceived level of interest in cultural heritage and country of origin in the parent reports and a high level of agreement between the self and parent reports on these associations. The strongest predictor of self reported interest and participation in cultural heritage and other ethnic groups was the perception of threat to the continuity of the adoptee or migrant group. Consistent with Breakwell's (1986) and Phinney et al.'s (1993) predictions about coping with threats to identity, those adoptees and migrants who expressed more confidence in the continuation of their respective group, were also more interested in their own cultural heritage and other ethnic groups.

The introduction and enforcement of bi- and multiculturalism in the practice of ICA have been viewed with concern (Westhues & Cohen, 1998) and even cynicism by some who argue it is minimising the identity struggles of adult IC adoptees as mere results of unenlightened and cultureless adoptive parenting and deflecting attention away from other important issues in adoptive parenting and growing up adopted (Brian, 2007). In the current longitudinal study, the assumption that socialisation in the culture of origin is essential for the long-term well-being of TR IC adoptees was not supported. The long-term effects of the adoptees' interest in their cultural heritage on their well-being were found to be negligible. As the same negligible effects were found for adoptees' orientation towards other ethnic groups, it could be said that practices of bi- and multiculturalism play negligible roles in the long-term well-being of IC adoptees. This is consistent with earlier findings by Westhues and Cohen (1998) in a similarly composed sample of adolescent and adult IC adoptees in multicultural Canada. The findings add weight to Westhues and Cohen's (1998) proposal that, rather than forcing cultural continuity on IC adoptees and their families, ICA parents should feel free to choose whether to nurture the adoptees' culture of origin, ICA family culture, mainstream cultures or combinations thereof.

Ethnicity

The complexity of the concept and measurement of ethnicity has been raised by many (e.g., Helms & Talleyrand, 1997; Phinney, 1996; Rumbaut, 2004; Tienda & Rutter, 2005), including in Australia (Australian Bureau of Statistics, 2000; Khoo & Lucas, 2004). It is a particularly controversial issue in the adoption of children across racial lines and has led to decades of theorising, research and position-taking overseas (e.g., Baden & Steward, 2007; Lee, 2003b; Simon & Altstein, 2000; Simon & Roorda, 2000;

Tizard, 1991; Westhues & Cohen, 1998) and in Australia (e.g., Gray, 1999; Harper & Bonanno, 1993; New South Wales Law Reform Commission, 1997a, 1997b; Williams, 2003). The controversies highlight the socio-political construction and dynamic nature of ethnicity (Baden & Steward, 2007; Liebkind, 1992; Rutter & Tienda, 2005; Westhues & Cohen, 1998) and the need for the development of alternative concepts such as diaspora, hybridity and transnationalism (Luke & Luke, 1999; Papastergiadis, 2000) used in recent sociological ICA research in Australia (Gray, 2007a; Williams, 2003).

In operationalising ethnicity as a categorical label, few of the adoptees in the present study listed their ethnic origin or country of origin as a primary identity marker. This low rate is comparable to early research outcomes of a sample of young adult Vietnamese IC adoptees in ethnically homogenous Norway (Saetersdal & Dalen, 1991) and later ICA research in Norway (Saetersdal & Dalen, 2000), Sweden (Irhammar & Cederblad, 2000) and across Scandinavia (Dalen, 2005). The rate was, however, much lower than that reported for mainly Asian adolescent and adult IC adoptees in multicultural Canada (Westhues & Cohen, 1998). The main differences between the IC adoptees in WA and Canada was the much higher usage of a hyphenated national ethnicity by the WA adoptees (33% vs 8%) and their less frequent use of the national label (Australian 27% vs Canadian 45%). The combined rate of national and hyphenated ethnicity in the WA sample was even higher than the Australian norm for second generation migrants and approached the rate reported by third or older generation Australians (Khoo & Lucas, 2004), irrespective of the adoptees' country of origin. These results are consistent with Bostock's (1977) definition of ethnicity as a feeling of closeness to others who share a common culture irrespective of racial origins and provide support for the interpretation by Khoo and Lucas (2004) that the use of an Australian ethnic label reflects a feeling of 'being Australian' rather than claiming Australian ancestry.

The tendency of Caucasian parents in Australia, as well as parents of children with mixed and non-Caucasian ancestries, to simplify their children's ethnicity to Australian only (Khoo & Lucas, 2004) was not found in the adoptive parents' ascription of ethnicity to their ICA children. Only 0ne tenth labelled their child Australian, one third the rate at which adoptees described themselves as Australian. Adoptive parents were three times more likely to use a country of origin label to ascribe their adopted child's ethnicity than adoptees described themselves. Migrants and their parents, on the other hand, were more likely to label themselves and each other by country or racial origin. Over one third of migrants described their ethnicity as Australian hyphenated, similar to the Australian norms (Khoo & Lucas, 2004), while over one quarter used a country of origin label, four times the rate of adoptees. However, it was also found that a significant

proportion of the participants did not describe or ascribe an ethnicity. This could be interpreted as either recognition of the self-defining nature of ethnicity (Rutter & Tienda, 2005) or a reflection of confusion about the meaning of this complex construct (Khoo & Lucas, 2004; Tienda & Rutter, 2005). The latter may have been more the case in the migrant group as over a third of migrant parents did not describe their own ethnicity and almost half failed to ascribe an ethnicity to their child while one in five migrants failed to describe their own or their parents' ethnicity. In contrast, almost all adoptees and adoptive parents gave themselves an ethnic label. Although this suggests that adoptees have a clear sense of their own ethnicity, when asked directly, nearly half of the adoptees indicated they did not have a clear sense. As this was twice the rate of migrants, thrice that of adoptive parents and eight times that of migrant parents, it could be interpreted as support for the suggestion by Lee (2003b) that IC adoptees are ambivalent about their ethnicity.

Ethnic identity

Strength of ethnic identity was measured of the adoptees and migrants as well as the parents. It is believed to be the first time in adoption research that the ethnic identities of adoptive parents and adoptees have been considered concurrently. The association between the strength of ethnic identity in parent and child was weak, not only in the adoption but also in the migrant group. There does not seem to be a ready explanation for this counterintuitive result as it is generally assumed that cultural socialisation by biological, and thus IR parents, results in a similarly strong ethnic identity in the children (e.g., Lee, 2003b). TR adoptive parents, on the other hand, are considered to need training in cultural competence to achieve similar results (Lee, 2003b; Vonk, 2001; Vonk et al., 2007). In the present study, adoptees whose parents reported a strong ethnic identity were more likely to report poorer mental health while the opposite was found in the migrant group. These results suggest a link between parental ethnic beliefs and attitudes and the well-being of their children that requires further research.

Among all participants in the present study, the ethnic identity of adoptees was the weakest, it was stronger in migrants and adoptive parents and the strongest in migrant parents. The strong ethnic identity in the adoptive parents was unexpected and in contrast with previous evidence that Caucasians generally have a weaker ethnic identity than non-Caucasians (Roberts et al., 1999). It suggests, however, that either TRA leads ICA parents to become more conscious of their own ethnicity or that Caucasians with stronger ethnic identities are more likely to become ICA parents. As these findings may have implications for the selection of prospective TRA parents, this issue needs to be examined more closely, preferably in prospective longitudinal

research. Gender, age group and country of origin effects on strength of ethnic identity differences among the adoptees and migrants were nonsignificant. The absence of an age effect was unexpected as ethnic identity is assumed to be a developmental process (Phinney, 1990; Phinney & Chavira, 1992) particularly open to environmental influences during transition from adolescence into adulthood (Song & Lee, 2006). The lack of an age effect also failed to be explained in terms of exploration and achievement of ethnic identity as these stages were not significantly different between adoptees and migrants. As the measure of ethnic identity largely relates to a sense of belonging to, and identification and involvement with, people from the same ethnic background (Phinney, 1992), the lower strength of ethnic identity in adoptees reconfirmed the earlier discussed findings that adoptees appeared less interested and active in their cultural heritage than their migrant peers. Song and Lee's (2006) finding that the ethnic identity of Korean adoptees was particularly susceptible to cultural socialisation in young adulthood, was only partly replicated in the present study. Korean adoptees with stronger ethnic identity were more likely to be interested and active in their cultural heritage than adoptees from other countries, but differences between the adolescents and younger and older adults were ambiguous and need further investigation.

Ethnic identity had an overall negligible influence on, or was mostly negligibly influenced by, the adoptees' short- and long-term levels of physical, psychological and mental health, irrespective of age at arrival, pre-arrival adversity and parental SES. A stronger ethnic identity in migrants, on the other hand, had a significant positive effect on physical health and adaptive behaviours and reduced the risk of psychiatric disorders. Although in an earlier study of migrant youth, self-esteem was positively related to ethnic identity (Sam, 2000), the ICSEY reported weak associations between self-esteem and both ethnic and national identity (Sam et al., 2006). These differential results indicate that ethnic identity may be of little importance to the overall well-being of adoptees and of less importance to their health and well-being than for migrants. This contrasts with previous reports of significant associations between IC adoptees' ethnic identity and well-being (e.g., Cederblad et al., 1999; Yoon, 2004, 2007) and supports others who failed to find such links (e.g., Bagley, 1993a; Westhues & Cohen, 1998). The differential results also suggest support for the moderating effect of interaction between social context and ethnic identity, predicted by the acculturation model of Phinney et al. (2001) and the identity model of Breakwell (1986; Liebkind, 1992), and empirically confirmed by Sonderegger and Barrett (2004b).

Contrary to the general assumption that racial discrimination constitutes one of the most significant threats to ethnic identity in TR local and IC adoptees (e.g., Armstrong &

Slaytor, 2001; Lee, 2003a), perceived racial discrimination had a negligible influence on strength of ethnic identity in both the adoption and migrant groups. This finding supports the conclusion by Saetersdal and Dalen (2000) that problems, such as learning difficulties and challenges with education and work, were more problematic for IC adoptees than ethnic origin and racism. In the present study, a stronger ethnic identity seemed to somewhat buffer the perception that difference in physical appearance creates problems, particularly among migrants, but the associations were weak and lacked significant predictive power. This is consistent with Lee's (2003a) unexpected finding that ethnic identity neither moderated nor mediated the effects of discrimination in TR adoptees. The strongest predictor of a strong ethnic identity among the present study's adoptees and migrants, after controlling for participant type, was, unexpectedly, their perception that their respective groups would continue to exist, consistent with the continuity principle of social identity (Tajfel, 1982; Turner, 1982), identity process (Breakwell, 1983; 1986) and adoptive identity (Grotevant, 1992) theories.

The reality of race

Throughout the discussion it has become clear that looking non-Caucasian in a predominantly Caucasian society plays a significant role in the well-being and identity of IC adoptees and non-adopted migrant peers in WA. This is consistent with findings of previous research on adoption (e.g., Baden, 2002; Brooks & Barth, 1999; DeBerry et al., 1996; McRoy & Grape, 1999; Saetersdal & Dalen, 2000), migration (J. Berry, Phinney, Sam et al., 2006; Jasinskaja-Lahti, Liebkind, Jaakkola, & Reuter, 2006), racially integrated biological families in Australia (Luke & Luke, 1999), migrants (Rooney, 1996; Rosenthal & Hrynevich, 1985; Sonn & Fisher, 1996; Vasta & Castles, 1996) and personal narratives of IC adoptees in Australia (Armstrong & Slaytor, 2001; Gray, 2007a, 2007b; Williams, 2001, 2003; Williams Willing, 2006) and TR adoptees of Australian indigenous heritage (Armstrong & Slaytor, 2001; Edwards & Read, 1989). The large majority of adoptees and migrants in the present study were positive about looking different from a predominantly Caucasian mainstream society. Although this optimism is consistent with Breakwell's (1986) principle of distinctiveness, it did not change the fact that at times their physical appearance created problems for both adoptees and migrants, particularly in public domains. That these problems represented more than just a perception of racial discrimination was evidenced by the inconsistent strength of association between the two variables, ranging from high in the adoptee self reports, to moderate in the adoptive parent reports and negligible in the migrant self and parent reports.

The findings of the present study also suggest that race presents a greater challenge to the identity of adoptees than adoption, consistent with previous ICA research outcomes among adolescents and adults in the USA (Benson et al., 1994; Freundlich, 2000; D.-S. Kim, 1977), the Netherlands (Geerars et al., 1995), Scandinavia (Irhammar & Cederblad, 2000; Saetersdal & Dalen, 2000) and Australia (Gray, 2007b; Harper, 1997a). Some research findings indicate that race may be of even greater relevance in multicultural societies such as North America and Australia (J. Berry, Phinney, Sam et al., 2006; Juffer & van Ijzendoorn, 2005) than in more homogenous societies. Some of the positive results of the present study showed that the impact or consequence of looking different from mainstream society is not always negative, consistent with conclusions from previous research and reviews in TRA (e.g., Feigelman & Silverman, 1984; Juffer & van Ijzendoorn, 2007a; Meier, 1999; Shiao & Tuan, 2007; Simon & Altstein, 1977; Tizard, 1991; Vroegh, 1997) and migration (Phinney, Berry, Vedder et al., 2006). The negligible relationship between perceived racial discrimination and problems created by looking different in the migrant group further challenges the notion that all physical appearance problems constitute racial discrimination.

Reports by TR adoptees that they are tired of questions about their physical features and having to explain about who and what they are and where they are from, also represent problems caused by looking different (Irhammar & Cederblad, 2000; McRoy & Grape, 1999; Register, 1991). More than one quarter of adoptees and about 4% of adoptive parents in the present study indicated they were tired of having to explain about adoption, but Liebkind (1992) argues that the extent of the resulting psychological discomfort of these experiences is often exaggerated because an individual continually negotiates to maintain equilibrium within the concept of self. It seems, however, that the implicit and explicit value judgements in the questions and comments directed at the adoptees and migrants, rather than the comments themselves, are at the core of the impact. Judgements not only confront the content of their identity but, more importantly, its value and the negative and positive affects associated with it (Breakwell, 1986). In view of these theoretical and empirical factors, it is not surprising that problems created by looking different emerged as the strongest predictor of well-being for adoptees and migrants alike.

Concern about racial discrimination has been reported among TR adoptive parents in WA (Kumar et al., 1987), Australia (Harper & Bonanno, 1993; Harvey, 1980) and beyond (Lee, 2006), but research results are inconsistent. Some studies have reported low levels (Vroegh, 1997) comparable to the ICSEY migrant study results (Phinney, Berry, Sam et al., 2006), while others have reported high levels (Westhues & Cohen,

1998). Self reports are more reliable than parent reports (Juffer & van Ijzendoorn, 2007b) to examine the extent to which prejudice, stigma and discrimination constitute risk factors (Rutter & Tienda, 2005). The large majority of adoptees and migrants in the present study had reportedly experienced racial discrimination at a rate comparable to the incidence reported in multicultural Canada by IC adoptees (Westhues & Cohen, 1998) and the ICSEY migrant youth (Phinney, Berry, Vedder et al., 2006).

One of the most pervasive arguments used against TRA, particularly in the USA (e.g., Andujo, 1988; Lee, 2003b; Tizard, 1991; Tizard & Phoenix, 1989) and Australia (e.g., Adoption Legislative Review Committee, 1991; Dyer, 1979; Harper & Bonanno, 1993; New South Wales Law Reform Commission, 1997a; Sommerlad, 1976), is the perception that non-Caucasian parents are best placed to help a non-Caucasian child cope with racial discrimination. This perception is based on the beliefs that parents' personal experience and knowledge of such discrimination encourages children to talk with them about discrimination experiences and that parents in turn will teach them coping skills (e.g., Adoption Legislative Review Committee, 1991; Andujo, 1988; Harper & Bonanno, 1993; Lee, 2003b; New South Wales Law Reform Commission, 1997b). Critics of these assumptions argue that there is insufficient knowledge about if, and how, non-Caucasian parents teach their non-Caucasian children to cope with racial discrimination. Some empirical evidence indicate that not all non-Caucasian parents prepare their children to cope with discrimination (Tizard & Phoenix, 1994). This criticism was also supported by the present study's finding that migrant parents consistently underrated their children's experiences of discrimination in a range of settings, further evidenced by the weak and nonsignificant parent-child agreement on the measure of perceived racial discrimination. The corresponding agreement between adoptees and adoptive parents, on the other hand, was over five times stronger. Other criticism of the assumption that IRA placements have better identity outcomes for adoptees is the implicit value judgments about what constitutes healthy racial, cultural and ethnic identities and the lack of conclusive empirical evidence validating both the the assumption and these identity constructs (Baden & Steward, 2000; Vroegh, 1997).

Consistent with the ICSEY results, perceived discrimination was found to be significantly related to several aspects of psychological and mental health, but, unexpectedly, mainly in the adoption group and not in the migrant self reports. It weakly predicted parent reported problem, internalising and externalising behaviours and was a weaker predictor of the adoptees' and migrants' psychological and mental health than problems caused by looking different. The findings from the adoptive parent reports fit in with the earlier mentioned concern of ICA parents that racial

discrimination, triggered by a non-Caucasian physical appearance, would affect their children's well-being. The suggested self-fulfilling prophecy gains further credence when taking into account that perceived racial discrimination was not a significant predictor of adoptee reported well-being, supporting earlier findings that perceive racial discrimination is less of a problem for adoptees than ICA parents (Geerars et al., 1995). In the ICSEY report, the most visibly different migrants reported the highest level of discrimination but, consistent with the present study's equally unexpected result, the overall relationship between looking different and perceived discrimination was small (Phinney, Berry, Vedder et al., 2006). The most visible migrants in the ICSEY also reported the highest orientation towards mainstream society and the lowest scores on ethnic behaviours. These outcomes led the researchers to conclude that looking different had less impact on adaptation than expected (Sam et al., 2006) and that the more visibly different migrants felt more welcome in their new country and more inclined to be part of mainstream culture than the less visibly different (Phinney, Berry, Vedder et al., 2006). These conclusions contrast sharply with the present study's findings that problems created by looking different exerted a mostly negative influence on adoptee and migrant well-being in both the self and parent reports. Although this contrast can be partly explained by the fact that the ICSEY only measured difference in visibility and not if looking different was perceived to cause problems, further research is required to examine the seemingly conflicting outcomes and conclusions.

Race and culture combined

In response to Lee's (2003b) paradox of TRA, the following alternative paradox seems more relevant for the ethnically diversity society in Australia with its Caucasian majority and public policy of multiculturalism: TR adoptees growing up with Caucasian parents perceive themselves culturally as their Caucasian parents, but are perceived and treated by others, particularly by those who do not know them, as if they are culturally the stereotype of their racial group's culture. It has previously been argued that through their different family socialisation experiences, TR local and IC adoptees do not develop a pan-identity, but rather a broad spectrum of equally valid cultural and racial identity options (Baden & Steward, 2000; Loenen & Hoksbergen, 1986). Opponents and supporters of TRA alike hold on to the assumptions that strong cultural and racial identities are essential prerequisites for long-term well-being in TR adoptees and that these identities are best achieved in race-matched placements so as to maximise race-matched cultural socialisation and inoculation against racial discrimination (e.g., Andujo, 1988; DeBerry et al., 1996; Lee, 2003b; McRoy & Grape, 1999; Roorda, 2007; Simon & Altstein, 2000; Vonk et al., 2007). There appeared to be only limited empirical evidence

to refute these assumptions (Lee, 2003a; Vroegh, 1997) prior to the development and testing of Baden and Steward's cultural-racial identity model (Baden, 2002, 2007; Baden & Steward, 2000, 2007).

The cultural-racial identity model was developed as a theoretical framework to explain the unique and heterogenous cultural and racial experiences in TR families, including TRA families and TR adoptees (Baden & Steward, 2000, 2007). The model was selected for use in the present study to explore and explain the cultural and racial identity outcomes of IC adoptees in the context of their families' cultural socialisation attitudes and practices and the perceived consistency with the basic premise of Breakwell's (1986) identity process theory that a person's identity is a lifelong dynamic process of evaluation, accommodation and assimilation of personal and environmental factors. The model assumes that children have knowledge about, competence with and comfort within the culture of the parents who raise them and that the combination of the racial and cultural heritage of the TR adoptees with the culture and racial group they are raised in leads to a wide spectrum of cultural and racial identities among them (Baden, 2007; Baden & Steward, 2000, 2007). The present study addressed a number of limitations identified in the model's first validation study, such as its small sample, the selection bias towards TR adoptees who were members of a support group and the lack of a comparison group (Baden, 2002, 2007). The present study's comparison group of non-adopted migrant peers who arrived with, and were raised by, their birth parents meets the type of comparison group recommended by Baden and Steward (2007).

The foundations of the model, as outlined by Baden and Steward (2007), define culture as a cultural group's shared set of values, beliefs, ideals, skills, traditions, languages, customs and institutions. Race is defined as distinctive physical characteristics and racial groups as groups who distinguish themselves, or are distinguished by others, on the basis of these characteristics and social relations with others. In the model, culture and race are expressed in four dimensions that represent the degrees participants identify with their birth culture, their racial group, the culture of their parents and the racial group of their parents. The dimensions are combined into two axes, the cultural identity axis and the racial identity axis. The first represents the participant's identification with a culture or cultures, determined by levels of awareness, comfort, knowledge and competence with birth culture, parents' culture and other cultures. The second represents identification with a racial group or groups, determined by the degree of comfort with the participant's own racial group membership and with people belonging to own, parental and/or other racial groups (Baden, 2007). The present study

replicated the procedures and showed a striking similarity to the results of Baden's (2002; 2007) first validation study. First, the adoptees' mean scores fell below the midpoint on their birth culture dimension, at the midpoint on their racial dimension and well above the midpoints on their parents' culture and race dimensions, indicating that most adoptees have a moderate to strong racial identity, consistent with the Benson study (1994), and have more knowledge about, comfort within and competence with the culture of the parents who raised them than their birth culture. Second, the graphic illustrations of the adoptees' scores in their birth culture and parent culture and their race and their parents' race dimensions, plotted along the cultural and racial identity axes, bore a striking resemblance to those reported by Baden (2002; 2007) and showed convincing support for the hypothesis that TR adoptees are heterogeneous in their cultural and racial identities. The results were stable across gender, age group and country of origin.

The results seem to provide credible validation for the cultural-racial identity model, the first study outside North America believed to do so. This conclusion is further supported by the improved research design used in the present study, the equally strong reliability estimates of the four dimensions, the sample's representativeness of adolescent and adult adoptees in WA, the on-the-other-side-of-the-world location and the societal similarity between North America and WA in terms of ethnic and cultural diversity. One of the few differences between the results of the current and Baden validation studies was in the intercorrelations of the four dimensions. Baden (2007) found a very high correlation between the adoptees' culture and race dimensions and interpreted this as evidence of the difficulty of separating the influences of culture and race. The weaker associations found in the present study, although partly due to the difference in sample size, 51 versus the present study's 110 adoptee reports (Field, 2005), suggests that adoptees in WA are differentiating more clearly between the concepts of culture and race.

The results for the migrant comparison group included in the present study showed significantly higher levels on the culture and race dimensions than the adoptees', but similar levels on the parent culture and race dimensions. The results reflected not only the cultural-racial similarity between migrants and parents, but also their enculturation in the culture of the parents who raised them, the same as was found for the adoptees in the present study and hypothesised by the cultural-racial model (Baden, 2007). A graphic illustration of the limited and linear range of the cultural and racial identities among the migrants further highlighted the more homogenous nature of their identities compared to those found among the adoptees. The present study went, however,

further than the use of a recommended comparison group (Baden, 2007). It also applied the model to the parents of the adoptees and migrants by examining the nature and range of their cultural and racial identities. The resulting graphic illustrations not only showed the same striking differences between the parent groups as was found between the adoptees and migrants, but also remarkable similarities in the homogeneity of cultural and racial identities among children and parents. These results suggest the existence of what could be termed 'a family culture' that transcends racial differences between parents and children. They also suggest a moderate to high level of awareness, acknowledgement and acceptance of the racial differences among the present study's IC adoptees and adoptive parents. Additional interesting contrasts in the dimensions of the adoption group showed that adoptees identified more with their parents' culture than the parents did themselves while adoptive parents seemed to identify more closely with the adoptees' culture of origin and to feel more comfortable with the adoptees' race and with others of the same racial group than adoptees did themselves. However, considering few adoptive parents reported frequent active involvement in their children's cultures of origin it could be that these parents provided perceived socially desirable responses instead of factual ones. A closer examination of the cultural socialisation dynamics operating in the ICA and migrant families is beyond the scope of the current project and further research, using Baden and Steward's (2000; 2007) parental attitudes and characteristics model for affirming/discounting environments and the 16 different cultural and racial identity options of the cultural-racial identity model, is recommended.

It was shown earlier in the discussion that the large majority of adoptees in the present study presented as physically, psychologically and mentally healthy. These findings, similar to results of most previous ICA research (Juffer et al., 2002; Juffer & van Ijzendoorn, 2007a), defy the assumption that race-matched adoption is essential for adoptees' well-being. Consistent with the Baden results (2007), the adoptees' self reported well-being did not differ based on their cultural and racial identities. Nor was the change in adoptee well-being from 1994 to 2004 associated with these identities. For the migrants, on the other hand, the racial dimension seemed to play a protective role as identification with own and parent racial groups increased adaptive behaviours and reduced psychiatric risks. For adoptees and migrants alike, the influences of age at arrival, adverse pre-arrival experiences, parental SES, perceived discrimination as an adoptee or migrant and problems created by looking different were mostly negligible, but closer identification with their parents' culture and race seemed to protect against the perception that the continuity of their adoptee or migrant reference group was under threat. This last association seems a logical outcome of the adoptees' and migrants'

close identification with, and sense of belonging to, their parents' racial groups and culture (Breakwell, 1986; Turner, 1982). Further and more complex analyses are needed to gain deeper insights into the pathwise relationships between parent cultural and racial identities and children's well-being and identities, but the results thus far indicate that the cultural and racial identities of the adoptees and migrants appear to have a minimal influence on their well-being.

The final part of the discussion considers the association between cultural and racial identities and adoption dynamics in the adoption group. As both adoptees and adoptive parents reported on their own cultural and racial identities, it was possible to examine the influence of these identities on the adoptees' self and parent reported positive affect about adoption, negative experience with adoption, parental openness and preoccupation with own adoption. Adoptees' attitude towards adoption was found to be mostly positive and most families appeared to be open in their communication about adoption. As no similar previous empirical research was found to provide comparative strengths of associations, several hypotheses were built with the use of the core and context approach of (adoptive) identity development (Grotevant et al., 2000; Grotevant et al., 2007) and the principles of the identity process theory (Breakwell, 1986) while at the same time acknowledging the acquired, as opposed to chosen, nature of the adoptive status (Grotevant, 1992) and cultural and racial heritage (Liebkind, 1992). Acquired identities require coming to terms with these aspects of identity (Grotevant, 1997a) which, according to social identity (Turner, 1982) and identity process (Breakwell, 1986) theories, is more likely to include the strategy of ignoring or denying the assigned identity, especially if the particular status suffers social stigma. Evidence of stigma in Australia and WA against non-Caucasian minority groups and TR local and IC adoption, as well as of ongoing controversies surrounding TRA, has been provided throughout the discussion.

The cultural and racial identities among adoptees and adoptive parents in the present study showed significant heterogeneity. Adoptee self and parent reports also showed that adoptees identified more strongly with the culture and people of their parents' racial group than with their birth culture and racial heritage. It is generally assumed that these adoptees are in denial of their cultural and racial heritage, more at risk of experiencing dissonance between their personal sense of self and the cultural and racial identities ascribed to them by others, more likely to experience adoption negatively and less likely to feel positive about adoption (Lee, 2003b). The present study found no support for these hypotheses as the majority of associations between cultural and racial identities and adoption dynamics within self and parent reports were negligible. The same was

found for the associations between adoptees' self reported cultural and racial identities and parent reported adoption dynamics and between parents' self reported cultural and racial identities and adoptee reported adoption dynamics. The remaining associations were weak and nonsignificant, except for two in the adoptee self reports which showed that adoptees who felt more comfortable with their parents' racial group and those who experienced their parents as being more open in talking about adoption were more likely to feel positive about adoption.

The hypothesised positive relationships between the adoptees' identification with their birth culture and racial heritage and preoccupation with own adoption (Brodzinsky et al., 1992; DeBerry et al., 1996; Harper, 1994; Tieman et al., 2008) were also found in the present study, but the strength of the associations was negligible, except for the weak association between the adoptees' self reported racial identity and preoccupation with own adoption. It seems that for the small group of adoptees who reported being preoccupied with their adoptive status, racial identity and heritage may be playing a prominent role in the process of exploring, developing and achieving an integrated identity (Baden & Steward, 2007; Erikson, 1968; Grotevant et al., 2007). Preoccupied adoptees in the present study also perceived their parents as less open to talking about adoption, suggesting that parents are not meeting heightened needs of preoccupied adoptees to talk about their adoption issues. In contrast, stronger cultural and racial identities in both adoptees and parents seemed to have stimulated parental openness and family adoption talk, comparable to the experiences reported by the TR local and IC adoptees in the Benson study (1994). Further research is required to examine and clarify the links between cultural and racial identification and attitudes to adoption among and between adoptees and adoptive parents.

6.4 Implications and applications of the findings

As the first longitudinal study of ICA in WA and the first empirical research project to examine concurrently a large range of well-being and identity aspects, the present study has a number of important implications in broadening understanding in the fields of adoption and migration, in particular for current adoption policy, legislation and pre- and post-adoption services, and future research and service provision. The political direction in the closing section of this discussion reflects what Telfer (2000a) identified as one of the most important characteristics of the field of adoption, namely its "politicised cast", describing the relations between the stakeholders as "often conflictual and ambiguous against a backdrop of competing ideologies, concerns and interests" (p. 332).

First and foremost, the implication of the heterogeneity of responses from adoptees and migrants and their parents to the study's many parallel questions, as well as the absence of consistency in the agreement between parent and child responses, indicate that researchers should not rely solely on parents to report on their adolescent and adult children and vice versa, that children can not reliably answer questions on and for their parents. It seems advisable that any future ICA research either restricts itself to collecting data from the research target only, particularly for subjective measures, or uses a multi-informant model of inquiry.

Despite positive results on the well-being and identities of the large majority of adoptees and migrants in the present study, society's reactions to their non-Caucasian appearance seems to impact significantly on their well-being. In addition, the pessimistic view held by some adoptees and migrants about the continuity of their reference group of peers seems to undermine their sense of self, particularly those identity aspects that relate to cultural and racial heritage. Experiences of stigma, prejudice and discrimination were reported by adoptees and migrants alike, indicating broader societal problems that need social-focussed solutions. Although anti-discrimination legislation and education programs already exist in WA, Harper and Bonanno's recommendation in 1993 to improve multicultural education in the wider community and to sensitise educators to racial issues, with the aim of helping increase positive attitudes in the next generation and reduce discrimination, seems as relevant today as it was 15 years ago. Approaching the issue from a within-family perspective, the advice from an adult TR adoptee, to encourage and help TR family members to not just talk the antiracist talk but also live it by way of developing and maintaining genuine and caring relationships with individuals from different racial and cultural backgrounds (Raible, 2006), seems applicable to both TRA and migrant families.

In the small number of letters received with completed survey booklets, adoptees and adoptive parents expressed concern that adoptees are perceived to be a group of troubled individuals. The study results confirm that a number of adoptees perceive adoption to be held in low esteem by mainstream society. Australian adoption researchers have previously argued that attitudes about adoption are shaped by societal attitudes and social values (Harper, 1987, 1992) and that a pervasive negative attitude held by peers and society, negatively affects adoptees' self concept and attitudes to adoption (Winkler, Brown, van Keppel, & Blanchard, 1988). Programs to educate the general public about adoption, to help normalise adoption and remove the stigma that adoptees seem to be experiencing are, however, lacking. This absence seems to be at least partly due to the lack of political will to present adoption as a

positive option for children in need of a permanent alternative family due, firstly, to ongoing ambivalence about adoption among child and family welfare decision makers and practitioners and, secondly, to a perception among these stakeholders that raising public awareness about adoption will lead to an increase in demands on the adoption system in WA. This latter reservation is a valid one and the recommendation for an active, positive, public portrayal of adoption goes paired with the caution that any program to increase adoption awareness should aim to balance the need to avoid raising unrealistic expectations without compromising the integrity of the need to present both TR and IR adoption positively.

The finding that age at arrival had no significant influence on the long-term well-being of IC adoptees in WA, consistent with international research, as well as the finding of a significant catch-up in well-being in adult adoptees who had arrived after the age of two years and those who had experienced more pre-adoption adversity, presents further evidence to question, for instance, the ongoing policy and practice in WA to restrict the IC adoption of older children by refusing to give applicants approval to adopt older children. The variable effect of personal and environmental factors on the well-being and identity for IC adoptees found in the present study suggests that a restrictive one-size-fits-all approach is neither appropriate nor advisable. Genuinely flexible adoption legislation, policies and practices are urgently needed to enable the facilitation of the adoption of the many older and special needs adoptable children around the world who are currently waiting for a family.

TR local and IC adoption is still viewed with ambivalence in WA. Australian sociologist and TR adoptee from Vietnam, Indigo Williams Willing calls for the development of new dialogues that enable TR adoptees to achieve dignity through recognising their differences from both their adoptive and their birth families and to incorporate the differences more positively into their identity (Williams Willing, 2006). The present study's concurrent examination of the ethnic, cultural and racial identities of adoptees and adoptive parents and the finding of a wide spectrum of cultural and racial identities in adoptees and adoptive parents alike, is believed to have broken new ground in Australian adoption research. The presence of a limited range of these identities in the migrant group suggests that TRA families may be a special group of culturally and racially sensitised people. Further research is required to examine if these qualities are a core characteristic of individuals who apply for adoptive parenthood, being cognisant of any mediating effects of motivation to adopt, or if they develop over time while parenting their TRA children. The fact, however, that the large majority of parents in the present study adopted before compulsory pre-adoption education programs to

trigger such sensitisation became the norm, suggests the presence of a core pluralistic orientation in adoptive families expressed in broad ranging cultural and racial attitudes and behaviours. Such orientation deserves recognition by the WA Adoption Authority to help remove practical barriers for adoptable children to be placed transracially with families in WA.

The positive results furthermore suggest that the ICA assessment and placement practices in WA in the late 1970s and 1980s were effective. A re-examination of the current intense focus on cultural continuity in pre-adoption training and assessment may be in order as this emphasis seems to place adoptive families at risk of over-focussing on the differences between family members, a well-recognised and avoidable adoption stressor (Kirk, 1984). More than a third of adoptees and adoptive parents seem to want more contact with other ICA families, but adoptees in particular appear to feel inhibited to join in with an adoption group because of perceived public bias against adoption. These findings suggest an urgent need to (re)direct publicly funded resources towards further development and provision of transparent, publicly promoted, accessible, ICA-friendly and supportive post adoption resources and services with a focus on opportunities to socialise, rather than clinical issues.

6.5 Strengths and limitations of the study

As in any longitudinal study, attrition of participants between measurement points poses a risk to the generalisability of the findings. This is also the case in the present study. However, the following redeeming factors need to be noted. Adoptees were added as informants at the second measurement point resulting in a lower overall attrition rate. The remaining sample still represented over half of WA's original total target population of 353 IC adoptees born between the 31st of December 1976 and the 1st of January 1990. As those lost to the sample had reported higher levels of well-being at the first point of measurement than those retained, and the suggested bias towards negative outcomes did not eventuate in the present study, generalisability of the findings seems to be less threatened. Other researchers and adoption specialists (e.g., L. Miller, 2005) have cautioned against generalising research results based on Korean adoptees to adoptees from other countries. As three quarters of the adoptees in the present study came from Korea, care should be taken in generalising to all IC adoptees any results where distinction in country of origin was not reported.

Specific strengths of the present study are its inclusion of a control group, the use of mostly standardised and internationally validated measures, the longitudinal design and the collection of both self and parent reports. The additional collection of self

reports from parents on their ethnic, cultural and racial identities is believed to be a first in adoption and migration research and provides important information about the congruence and clashes between these identity aspects in parents and their children. The cultural-racial identity questionnaire (Baden & Steward, 2000, 2007) and the adoption dynamics questionnaire (Benson et al., 1994; Tieman, 2006) were, however, specifically developed for adoptees. The results from the adoptee self reports clearly validated the cultural-racial identity model, but the results from the reports of adoptive parents, migrants and migrant parents should be viewed as exploratory research only. This limitation should, however, not diminish the value of their unique contribution to the knowledge in the fields of migration and TR adoption. The same limitation applies to the adoptive parent reports on the adoption dynamics.

Several statistical limitations need to be noted. The uneven group sizes across the four main groups of informants resulted in biased effect sizes, with analyses involving the smaller migrant group samples in particular showing larger effects. These did, however, not always reach significance because alpha was set at .01 to reduce the risk of type I errors. Consequently, some of the migrant results may have been affected by type II errors and judged nonsignificant when in fact they were not. Perceived racial discrimination was measured with one item only while several items of the 'problems created by looking different' measure did not clearly refer to looking different from the majority of society. These weaknesses undermine the robustness of the findings on these measures. Further research with more comprehensive measures is needed to allow more in-depth examination of these important issues.

According to other adoption researchers, comparison with population norm groups has produced some inconsistent results (e.g., Benson et al., 1994; Sharma et al., 1998) which raises questions about the appropriateness of comparing adoptees with non-adopted population norm groups. The mental health norms used in the present study were based on adolescents and adults who had not received mental health and special education services (Achenbach & Rescorla, 2001, 2003). The research targets in the present study were not asked if they had previously accessed mental health services or were suffering a mental illness at the time the data were collected. Failing to make this distinction has made it more likely for the adoption and migrant groups to score above the norms of mental ill-health and below the norms for adaptive behaviours, thus increasing bias towards less positive conclusions.

Other longitudinal ICA researchers have also collected data by means of a personal interview with the research target (e.g., Tieman, 2006). Although the present study

used questionnaires only to obtain data from the targets and parents of the targets, a meta-analysis of studies assessing adult psycho-social and emotional functioning found no significant effects of the use of questionnaires versus interviews in the correlations between self and parental reports (Achenbach et al., 2005). It can therefore be concluded that the lack of interview data does not diminish the validity of the present study's findings and conclusions.

The richness of the existing data set and the opportunity for further in-depth analyses of the data, its use with other similar data sets and the potential for further longitudinal research, are additional major strengths of the present study.

6.6 Future research

In recent years adoption research has experienced an almost exponential growth from an increasing range of perspectives, but gaps in knowledge remain. Palacios and Brodzinsky (2005) urge for further research that views adoption from a positive adaptation or resilience paradigm and from a developmental rather than a psychopathological perspective. They also recommend more longitudinal studies and to ground the research in theory, assess the role of early risk factors, consider the cultural context of adoption, consider the impact and implications of adoption research on practices and policies, collaborate across disciplines and connect research, policy and practice. This research project has gone some way to meet these recommendations, but much more is needed to fill the gaps in Australian adoption research.

Throughout the body of the discussion potential future research projects were identified, including a number of issues that required further investigation of the present data set but went beyond the scope of the current project. It is important to note that the suggested investigations need not be limited to the discipline of psychology. In fact, the evergrowing body of adoption research presented by sociologists, philosophers, anthropologists and political scientists confirms that the field of adoption provides fertile ground for interdisciplinary research. The following are some of the issues considered to deserve futher investigation.

The existing body of data on IC adoptees and adoptive parents in WA could be used to examine further the short- and long-term relationships between, and effects of, the participants' characteristics and the measured aspects of adoptee well-being, identity and adoption, including the adoption dynamics. Full use should be made of the most recent data analysis methods available to maximise the identification and effects of

dynamics that may be operating between these constructs. For instance, over half of the adoptive families in the present study have more than one ICA child. Did the presence of more than one ICA child in the family have any effect on the well-being and identity of the IC adoptees and the ethnic, cultural and racial identities of parents and if so, how?

Adoptive parents in the present study reported a broad spectrum of cultural and racial identities, broader than migrant parents, challenging the perception that the first waves of ICA parents were largely mono-cultural in orientation and focussed solely on assimilating the IC adoptees into Australian culture to the exclusion of the adoptees' culture and country of origin (Williams Willing, 2006). As these results have implications for recruitment, assessment and preparation of adoption applicants, as well as adoption policies and legislation, it seems important to examine if being a multi-culturally and multi-racially oriented individual represents a self-selecting mediating factor within those who apply for TRA and ICA. Since the late 1980s, ICA applicants have had to attend pre-adoption education seminars as part of the process to become approved ICA applicants. Research that compares the cultural and racial identities of ICA parents and IC adoptees from the pre- and post-compulsory seminars eras with local adoptive parent peer groups as controls, may help shed further light on the role of cultural and racial orientation in TR local and IC adoption.

It was previously noted that the present study did not include the estimated 19 first generation and 32 second generation IC adoptees who were born before 1977 and that this exclusion may partly or wholly explain the differences between experiences reported by the IC adoptees in the present study and Australian works that report experiences from first generation IC adoptees (e.g., Armstrong & Slaytor, 2001). Within the paradigm of social change through research (Thomas & Robertson, 1992; Thomas & Veno, 1992), quantitative and qualitative research among the different ICA generations in WA is needed to search for, and examine differences in, socio-cultural and cultural socialisation experiences and their association with the adoptees' long-term well-being and sense of identity. Added control groups of local TR adoptees should include adoptees of Australian Indigenous descent because the perceived, or assumed, negative outcomes for this group of adoptees is generally used as baseline for arguments against TRA (Adoption Legislative Review Committee, 1997a; House of Representatives Standing Committee on Family and Human Services, 2005; Maluccio et al., 2000; New South Wales Law Reform Commission, 1994, 1997a). The inclusion of adoptees of Indigenous descent will also provide long overdue research within

Australia as to-date much seems to have been written on the perceived negative outcome for these adoptees without any supporting empirical research evidence.

The adoptees' identification with, and sense of belonging to, Australia and WA were found to be the main identity aspects that showed meaningful associations with, and were significant protective factors of, self and parent reported well-being. In the migrant group, on the other hand, strength of community and ethnic identities appeared to protect self reported well-being. In the parent reports, culture dimensions best protected migrant well-being. Adoptive parent reports also suggested that child and parent race dimensions may be risk factors for adoptee problem behaviours. Research is needed to explore further the levels of protection and risk associated with place identity and attachment, as reflected in the adoptees' sense of belonging to Australia and WA, and with ethnic, cultural and racial identities among different generations of migrants, including IC adoptees. Lee's (2003b) proposed cultural socialisation framework to explore issues and consequences for TRA children, placed within Bronfenbrenner's (1995) broader ecological framework of the process-person-context-time model, seems to offer a useful starting point.

Over half of the participating ICA families also had biological children, suggesting that motives other than involuntary childlessness led the parents to adoption. This fact raises a number of research questions, including what motivated these parents to undertake ICA and how did, and still do, the biological children of the adoptive parents experience ICA? Does being born before or after the ICA make a difference in the well-being and identity of the biological children and the IC adoptee(s)?

Further longitudinal research is needed to examine if the developmental nature of adoptee well-being can be replicated, as suggested by the present study's findings of significant differences in the well-being of 17- to 23-year-olds and 24- to 26-year-olds and stability in well-being across the 14- to16-year-old sequential cohort. Has the decline in well-being persisted in this particular cohort of 17- to 23-year-olds as they mature or has it improved again as it has for the 24- to 26-year-olds in the present study? The research could add cultural socialisation and cultural-racial identity factors, operationalised in the cultural-racial identity model (Baden, 2007; Baden & Steward, 2007), to a risk and resilience analyses of improvement or persistence in problems (Lee, 2003b).

The present study and its associated data set are unique in Australia and further use is recommended. However, adoption research is a sensitive personal area that risks

over-intrusion in the private lives of individuals and families. The use of the cohort-sequential longitudinal design option, validated in the present study, and the availability of sophisticated data analysis methods to analyse the increasingly complex dataset, makes it a valid proposition to recommend the undertaking of the next stage of this longitudinal research in a timeframe that ensures data collection can take place in 2014 when the adoptees are aged 24-36 years and the age cohort of 24- to 26-year-olds can act as the sequential cohort linking the data collected at the previous two measurement points.

6.7 Summary of findings

ICA literature and research have been dominated by the issues of culture and race and the present study is no exception. It does, however, differ markedly from previous research in its in-depth concurrent look at the well-being and identity of adolescent and adult IC adoptees in WA, its addition of adoptees to adoptive parents as principal informants and its inclusion of migrant peers and parents of migrant peers as comparison groups. The participants came from 35 countries spread across five continents. The findings are summarised under the research questions.

1. *What is the current level of well-being of the 14- to 26-year-old intercountry adoptees in Western Australia whose parents participated in the research undertaken in 1994?*

In the present cross-sectional study, it was hypothesised that the well-being of the adoptees would be comparable to that of non-adopted peers in the general population. This hypothesis was largely supported with information on 181 different IC adoptees obtained from 110 adoptee self reports and 160 parent reports. The adoptees' average age was 20 years. The ratio of females to males and adults to adolescents was four to one. The number of adoptees from Korea was three times that from the other nine countries. The majority of the adoptees and adoptive parents evaluated the physical, psychological and mental health of the adoptees positively and within general population norms, irrespective of their country of origin. The large majority of the adoptees reported being healthy, happy, satisfied with their life and their adoption and having high levels of self-esteem and self-efficacy. The majority also reported normal levels of social competence and adaptive behaviours, problem behaviours, both internalising and externalising, and psychological and psychiatric disorders. There were, however, some noteworthy within-group differences.

In the self and parent reports, adolescents rated healthier, happier, more satisfied and with fewer problem behaviours but also less competent than adults, particularly in the

area of education. Gender differences were mostly nonsignificant, although female adult adoptees aged 17 to 23 years stood out with their higher scores in both adaptive and problem behaviours. Substance use was also more prevalent among adult female than male adoptees and, although within recently published Australian norms, was above the USA normative levels. In contrast, adoptive parents underrated their children's use of licit and illicit substances, particularly their daughters'. This was reflective of the trend for adoptive parents to generally be more positive in their reports on well-being than the adoptees themselves. The majority of the adoptees seemed to enjoy well-being, but also appeared to experience persistent threats such as discrimination against their racial heritage and their adoptive status and a sense that IC adoptees may disappear as a distinctive group. The strongest predictor of their well-being, however, was a sense that looking physically different from mainstream society created problems. This social threat was especially evident in public places and negatively affected the adoptees, particularly in their self-esteem, satisfaction with adoption and internalising behaviours. The effects of age at arrival and parental SES on well-being were negligible. Pre-arrival adversity was also of little significance according to adoptees, but adoptive parents considered it a significant risk factor. How positive the adoptee feels about adoption emerged as a significant predictor and protective factor of their well-being. Parental openness about adoption had a similar but weaker effect. Negative experience with adoption and pre-occupation with own adoption, on the other hand, emerged as risk factors. Despite these significant findings on some of the correlates and predictors of adoptee well-being, most of the variance found in the adoptee self and parent reports has remained unexplained and further research is required.

2. How does the intercountry adoptees' current level of well-being compare with the level reported in the 1994 study when the adoptees were aged 4 to 16 years?

The hypothesis that the overall well-being of the IC adoptees would have reduced since middle childhood and early adolescence, particularly in females, was largely supported. Two longitudinal study designs were used to assess the changes in well-being from 1994 to 2004, namely cohort-sequential and repeated-measures. The cohort-sequential study included all adoptees reported on by adoptive parents in 1994 (n=283) and 2004 (n=160) and all adoptees who self reported in 2004 (n=110). The samples were linked by three cohorts of 14- to 16-year–olds from parent reports in 1994 (n=38) and 2004 (n=23) and from 2004 adoptee self reports (n=19). The cohorts' close similarity in personal characteristics and well-being results, irrespective of gender, current age, age at arrival, pre-arrival adversity and parental SES, validated the use and results of the cohort-sequential study. The repeated-measures study

included all adoptees with complete 1994 and 2004 parent reports (n=140) and with a complete 1994 parent and 2004 self report (n=85). The adoptees retained in the research were older at the time of adoption and, according to their parents in 1994, were less happy, less satisfied with their adoption and displayed more problem behaviours than those lost from the sample. The suggested negative response bias did, however, not appear to have resulted in more negative outcomes. To the contrary, a catch–up trend in well-being was found for adolescent and adult adoptees who had arrived after the age of two years and those who had experienced medium to high levels of pre-arrival adversity. As most characteristics of the samples and findings of the two longitudinal studies were similar, they are summarised together.

Adoptive parents and adoptees reported a decline in well-being across physical health, happiness, satisfaction with adoption (for adoptee, mother, father and family) and problem behaviours, including internalising and externalising. Adoptive parents were more likely to report declines in the positive measures of well-being, while adoptees were more likely to report increases in problem behaviours. According to both, well-being had declined most significantly for 17- to 23-year-old females from Korea and increased most significantly for all adoptees from other countries. Competence and adaptive behaviours had increased across all age groups, but particularly among 17- to 23-year-old female adoptees from Korea living in medium to high SES families and among 14- to 16-year-old and 24- to 26-year-old males adopted from other countires.

In both the adoptee and adoptive parent reports, the decline in well-being was best predicted by how positive the adoptee felt, or was perceived to be feeling, about adoption. How strongly adoptees sensed that their different looks created problems outside the home also predicted the self reported decline. Additional correlates to the decline were perceived racial discrimination, bias against adoptive status, looming demise of the ICA group, more negative experience with adoption, daydreaming more frequently about birthparents and a weaker sense of belonging to Australia and WA. Adoptee preoccupation with adoption, parental openness about adoption and parental SES seemed to have had no significant effects on the change in well-being, nor did adoptees' interest in biological heritage and birth country identity and adoptee and parental ethnic, cultural and racial identities. Despite these significant findings, most of the variance in the change in adoptees' well-being from 1994 to 2004 remained unexplained in both longitudinal studies.

3. Which identity aspects are salient to the intercountry adoptees in Western Australia? In particular, are the adoptive, heritage, community, ethnic, cultural, racial and place aspects salient, and if so, to what extent?

The hypotheses that IC adoptees would be fully aware of their adoptive status, somewhat ambivalent about their ethnic identity, identifying strongly with their adoptive parents' culture and having a strong sense of belonging to Australia and WA were largely supported. All adoptees knew they were adopted and most reported being glad to have been adopted. Few reported adoption or originating from another country as an initial identity marker with salience of adoptive status ranging from none to high, depending on the level of conscious awareness of being an IC adoptee at the time. Awareness was mostly triggered by situational factors such as incidents in public places in relation to their different physical appearance from mainstream WA society.

More than half the adoptees had little or no contact with other IC adoptees, excluding ICA siblings. The ambivalence about their connection with other IC adoptees seemed to be linked with the incongruence among many between their perception that ICA is going to disappear and their positive feelings about ICA. A third of adoptees and adoptive parents expressed interest in meeting other ICA families. Adoptees seem to be making contact with other adoptees in adulthood, both socially and via electronic media. The majority of adoptees expressed interest in their background such as medical information, but less than a third listed interest in their biological parents and family. Most adoptees were, however, interested in cultural aspects of their heritage such as language and visiting their country of origin. Adoptive parents, on the other hand, perceived their children to be more interested in biological heritage and less in cultural heritage as few adoptees were seen to show the same active interest and participation in culture of origin events and gatherings as their adoptive parents.

Most adoptees ethnically identified themselves and their parents as Australians or hyphenated Australians. The strength of their ethnic identity, on the other hand, was mostly moderate, irrespective of gender, age, country of origin or their parents' ethnic identity. The latter was generally stronger than the adoptees'. Adoptees' level of ethnic behaviours was lower than that of adoptive parents, but orientation towards other ethnic groups was similar. The adoptees' perception that the continuity of ICA was under threat posed a significant risk to their ethnic and racial identities, interest in heritage, other group orientation and ICA group identity. Perceived social prejudice against their physical appearance had a similar but weaker effect. Perceived racial discrimination and bias against their adoptive status, on the other hand, seemed to have little effect on their sense of identity.

One of the most interesting findings of the present study was the support for the cultural-racial identity model's prediction of a wide spectrum of cultural and racial identities among TR adoptees, confirming that IC adoptees in WA are also unique and heterogenous in these identities. Salience of these identities was reflected in the adoptees' differentiation between race and culture, evidenced by their reports of moderate to strong racial identities and strong orientation towards the culture they were growing up in. Adoptive parents showed a similar trend of heterogeneity in cultural and racial identities, a thus far seemingly unexplored dimension in ICA research. The large majority of adoptees, irrespective of age, gender, pre-arrival adversity and parental SES, reported a strong sense of belonging to Australia and WA and did not identify closely with their country of origin, especially those who had arrived from Korea at a young age.

4. What relationship exists between the adoptees' well-being and the adoptive, heritage, community, ethnic, cultural, racial and place aspects of their identity?

Despite all the theoretical models used, or recommended for use, in adoption research and practice, to identify and enhance assumed associations between well-being and identity, the current study found predominantly negligible to weak correlations between almost all measured aspects of the adoptees' well–being and identity in adoptee self and parent reports. The identity process theory and framework (Breakwell, 1983, 1986) proved particularly useful in explaining the significant relationships, or lack thereof, between well-being and identity. Only Australian identity showed a consistently significant, albeit moderate, effect. A stronger sense of belonging to Australia increased, in particular, happiness, life satisfaction and satisfaction with adoption. The same trend in significance and direction of effect was found on changes in well-being in the longitudinal studies where a sense of belonging to Australia, as well as to WA, seemed to protect adoptees against declines in physical, psychological and mental health. These outcomes confirm that place identity, or attachment to place, is an important correlate of short- and long-term well-being. The best predictor of changes in well-being, however, was how adoptees experienced their adoption. Positive feelings about adoption emerged as a particularly strong protective factor in short- and long- term well-being. In the 2004 cross-sectional study it positively influenced adoptees' self and parent reported well-being and several aspects of identity, especially the adoptees' sense of positive relatedness with other IC adoptees and identification and comfort with their parents' racial group. The latter also moderately enhanced the adoptees' perception of parental openness about adoption, but no other significant associations were found between the adoptees' experience of

adoption and the ethnic, cultural and racial identities of both adoptees and adoptive parents.

5. How do the well-being and the heritage, community, ethnic, racial, cultural and place identity aspects of these intercountry adoptees compare with those of a matched group of non-adopted migrant peers in Western Australia?

Eighty migrants and 44 migrant parents reported on 87 migrant peers. Their profile was similar to that of the adoptees in terms of average age and female-male ratio, but the proportions of adolescents and migrants from countries other than Korea were larger. Migrants were less likely to have had adverse pre-arrival experiences, but more likely to have arrived at an older age, spent less time in Australia, be tertiary educated or still studying and still be living at home with parents who were on average five years younger than adoptive parents and more likely to have been born overseas. The absence of any known Australian research prevented the formulation of specific hypotheses on the comparison between IC adoptees and non-adopted migrant peers, but the more general hypothesis that the well-being of adoptees would be similar to that of non-adopted peers was largely supported. Differences between adoptees and migrants seemed mainly related to cultural and acculturation issues of the informants.

According to self and parent reports, adoptees were physically healthier than migrants, but somewhat less happy and satisfied with life. Adoptees and adoptive parents rated adoption more successful than migrants and migrant parents rated migration. Adoptees and migrants reported the same high levels of self-esteem and self-efficacy, irrespective of age group, gender or country of origin. According to both self and parent reports, clinically low levels of competence and adaptive behaviours were more prevalent among migrants than adoptees. However, adolescent adoptees achieved significantly lower at school than their migrant peers. Adolescent male and female migrants were also more involved in out of school activities than their adopted male counterparts. Adolescent and adult adoptees were, on the other hand, more socially competent and active with friends than migrants were. Although adoptees were more likely to be employed than migrants, the adults seemed to be faring less well in employment, compared particularly to male adult migrants.

Adoptees and migrants had much in common in terms of problem behaviours, such as arguing and worrying about the future, and did not differ significantly in total problem, internalising and externalising behaviours. Differences seemed to be more gender and age based and mediated by different cultural norms. For instance, migrant parents rated their adolescent daughters significantly below the norms and less problematic

than their sons, but daughters' self reports showed an opposing trend. Adoptive parents, on the other hand, rated daughters more problematic than their sons, although still within normative levels, and daughters largely agreed. An exception was substance use which adoptive parents underrated in their daughters. Substance use was significantly less common among adult migrants than adoptees and significantly below the norms. Males, both adopted and migrant, seemed to be at more risk of serious mental health problems than females, particularly internalising behaviours. They showed above-the-norm prevalence rates of withdrawn/depression and thought problems. Male migrants also seemed at above-the-norm risk of somatic disorders. Male adoptees, on the other hand, displayed more attention and AD/H problems. Co-morbidity, or having more than one syndrome in the clinical range, was the highest in parent reports on male adult migrants. Although their self reports showed lower rates, overall agreement between parents and children on well-being was generally higher in the migrant than the adoption group.

There was consensus that the best predictor of adoptee and migrant well-being was a perception that looking different from the majority of society created problems, particularly in public places. Employment settings appeared especially problematic for migrants. It can, however, not be assumed that migrants experienced more racial discrimination at work than adoptees as the association between the perception that looking different created problems and perceived racial discrimination was negligible in the migrant group as opposed to moderate to strong in the adoption group. Like adoptees, the large majority of migrants had experienced racial discrimination, irrespective of age, gender, or country of origin, but migrants seemed more positive than adoptees about peer group and community contact and support. For them, strength of community, rather than Australian identity, was a significant protective factor of their well-being.

Interest in family and culture of origin was present in both adoptees and migrants, but level of contact with other group members was higher among migrants. Migrants were also more likely than adoptees to ethnically label themselves by their country of origin, less likely as hyphenated Australian and not at all as Australian. Ethnic identity was reportedly stronger in the migrant than adoption group, as were ethnic behaviours. These patterns were further reflected in the narrow spectrum of cultural and racial identities reported by migrants and their parents, contrasting sharply with the heterogeneity found among adoptees and adoptive parents, another seemingly unexplored comparison in ICA research. Migrants appeared similar to adoptees in their orientation towards the culture of their parents and their close identification with

Australia and WA, but the identification with their country of origin was stronger than in adoptees, irrespective of gender, age or country of origin. The strongest predictor of migrant identity was, however, the same as for adoptees, namely the perception that the continuity of migrants as a distinct group was under threat. The variances in migrant well-being an identity explained by the findings in the present study remained small and further research with larger samples is recommended so generalisation of findings to migrant peers in the wider community can be done with more confidence.

6.8 Conclusions and recommendations

Adoption is for life. Although for the IC adoptees in the present study adoption happened a long time ago, the empirical evidence presented indicates that this major life event has in various degrees led to long-term well-being and a positive sense of self in the majority of the 14- to 26-year-old IC adoptees born outside Australia between 1976 and 1990 and adopted by families in WA. Their physical well-being appears similar to that found in the general WA population, their psychological health presents as optimistic as that of their non-adopted peers in general while the developmental patterns in their mental health should be judged neither disordered nor deviant just different. While acknowledging that some adoptees struggle with aspects of their identity, the majority appear comfortable with whom they are in terms of the adoptive, biological heritage, community, ethnic, cultural, racial, national and residential aspects of their identity, and seem to neither deny nor dwell on their identity as IC adoptees. The traditional risk factors of pre-adoption adversity, older age at adoption and high parental SES had little influence on well-being and identity, nor did these factors increase the adoptees' vulnerability to public stigma, prejudice and discrimination. Adoptees and migrants alike were found to be vulnerable to feeling pessimistic about the continuity of their adoptee and migrant groups. This had a largely negative effect on their sense of identity. They were also vulnerable to questioning of, and about, their non-Caucasian physical appearance, which negatively affected their well-being. It is suggested that, despite Australia's public policy of multiculturalism, the historical contexts of growing up with a public discourse of strong anti-Asian sentiments, objections to non-Caucasian migrants and calls to stop all forms of adoption, may have been significant contributing factors to any negative outcomes in well-being and identity. Migrant parents appear to be faring no better than adoptive parents in preparing their children to cope with stigma, prejudice and discrimination and it seems as important for IC adoptees as their non-adopted migrant peers that Australia continues to address personal and institutional bias and prejudice.

In conclusion, it can be said that Dr Kim's prayer for a good life in Australia was answered for Korean IC adoptees placed in WA families. The large majority appears to have been growing up with multiculturally oriented parents in stable and financially secure families. The large majority of the adoptees appear happy with their adoption and at least as happy and healthy in body and mind as their migrant peers who came to WA with their birth families. The adoptees have not forgotten their country of birth, but seem to be living their life to the fullest as Australians, despite public and political challenges to their positive experience of, and affect for, ICA and the authenticity of their Australianess because of their non-Caucasian physical appearance. Australia must embrace adoption- and migrant-friendly environments to protect and promote the well-being and positive sense of self of its IC adoptees and their non-adopted migrant peers.

Finally, it is recommended that:

1. the research findings of the current cross-sectional and longitudinal studies be taken into consideration in the provision of pre- and post adoption as well as in adoption and adoption related policies and legislation; and
2. building on the existing data base and findings, a comprehensive combined qualitative and quantitative adoption research project be undertaken concurrently among the different groups of TR local adoptive and the different generations of IC adoptees in WA with all available members of the adoptive families as participants within an ecological framework of process-person-context-time.

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Appendices

Appendix 3-1

Attrition intercountry adoption sample: 1994 characteristics and results for 2004 respondents and non-respondents, by self and parent reports

		Adoptee self report		Adoptive parent report	
Characteristic in 1994	1994 n=283	2004 Respondent n=110[a]	2004 Non-respondent n=173[a]	2004 Respondent n=160[a]	2004 Non-respondent n=123[a]
Adoptee factors					
Korea	75%	73%	74%	72%	72%
Female	78%	79%	78%	79%	76%
Mean age/yrs (SD)	10.2 (2.9)	10.2 (2.8)	10.2 (2.9)	10.2 (2.7)	10.2 (3.0)
Adolescent (12-17 yrs)	24%	24%	21%	22%	27%
Mean arrival age/mths (SD)	22.8 (34.9)	28.3 (42.0)	19.6 (30.1)	24.6 (36.0)	20.6 (34.0
Mean time in Australia/yrs (SD)	8.4 (3.2)	8.1 (3.4)	8.6 (3.2)	8.4 (3.2)	8.4 (3.3)
Pre-adopt adversity (SD)	2.6 (1.8)	2.7 (1.9)	2.5 (1.9)	2.5 (1.6)	2.6 (1.9)
Very good/excellent health	91%	92%	91%	93%	90%
Happy/Very happy	88%	88%*	92%*	91%	93%
Adoption satisfaction	92%	88%	94%	91%	92%
Social competence (SD)	16.7 (3.0)	16.3 (3.6)	17.0 (2.7)	16.6 (3.1)	16.9 (2.9)
Problem behaviours (SD)	18.5 (17.6)	21.6 (22.7)	17.7 (15.5)	19.8 (19.0)	16.9 (14.7)

[a] Numbers may be lower for some variables due to missing data.
*p<.01.

Appendix 3-1 (continued)

Attrition intercountry adoption sample: 1994 characteristics and results for 2004 respondents and non-respondents, by self and parent reports

		Adoptee self report		Adoptive parent report	
	1994	2004 Respondent	2004 Non-respondent	2004 Respondent	2004 Non-respondent
Characteristic in 1994	n=283	n=110[a]	n=173[a]	n=160[a]	n=123[a]
Parental factors					
Parent born overseas	51%	51%	56%	57%	55%
1st marriage mother	83%	86%	86%	85%	86%
" father	84%	86%	81%	80%	86%
Divorced/separated mother	7%	5%	5%	7%	4%
" father	7%	5%	6%	7%	4%
Mean age mother (SD)	43.0 (4.5)	42.9 (4.3)	43.0 (4.20	43.0 (4.3)	43.4 (4.3)
Mean age father (SD)	45.0 (4.8)	44.7 (4.7)	45.1 (4.4)	44.8 (4.4)	45.1 (4.7)
Mother education ≤10 yrs	32%	28%	34%	28%	37%
Father education ≤10 yrs	18%	20%	14%	15%	20%
Mother employed	61%	53%	67%	60%	62%
Father employed	95%	95%	94%	95%	96%
Father unemployed	3%	2%	4%	4%	2%
Adoption satisfaction mother	91%	87%	94%	92%	90%
Adoption satisfaction father	91%	89%	93%	92%	88%

[a] Numbers may be lower for some variables due to missing data.

*p<.01

Appendix 3-1 (continued)

Attrition intercountryadoption sample: 1994 characteristics and results for 2004 respondents and non-respondents, by self and parent reports

		Adoptee self report		Adoptive parent report	
	1994	2004 Respondent	2004 Non-respondent	2004 Respondent	2004 Non-respondent
Characteristic in 1994	n=283	n=110[a]	n=173[a]	n=160[a]	n=123[a]
Family factors					
Two-parent family	90%	93%	91%	80%	92%
Above average SES	41%	38%	44%	44%	43%
Parent(s) own home	94%	93%	97%	93%	99%
Same home > 5 yrs	56%	57%	67%	59%	73%
Metropolitan area	73%	72%	74%	76%	71%
Number of children (SD)	3.0 (1.4)	2.9 (1.6)	3.0 (1.2)	2.9 (1.3)	3.1 (1.4)
Biological children	55%	51%	57%	55%	58%
ICA children >1	60%	56%	58%	56%	63%
Adoption satisfaction family	91%	87%	93%	92%	85%

[a] Numbers may be lower for some variables due to missing data.
*p<.01

Appendix 3-2

Demographic characteristics of 2004 intercountry adoption and migrant samples, by report type

	Self report		Parent report		Combined	
	Adoptee	Migrant[b]	Adoptee	Migrant[c]	Adoptee	Migrant[c]
Characteristic	n=110[a]	n=80[a]	n=160[a]	n=56[a]	n=181[a]	n=87[a]
Adoptee/migrant factors						
Korea	73%*	15%*[d]	72%*	30%*[d]	74%*	23%*[d]
Female	79%	64%	79%	55%	79%	62%
Mean current age/yrs (SD)	19.8 (3.2)	19.6 (3.8)	19.7 (3.0)	19.3 (3.7)	20.0 (3.0)	19.5 (3.7)
adolescents	24%	35%	22%	38%	19*%	34*%
adults	76%	65%	78%	62%	81*%	66*%
Mean arrival age/mths (SD)	28.3* (42.0)	78.9* (60.7)	24.6* (36.0)	70.5* (64.3)	25.4* (38.4)	76.3* (60.4)
≥6 months	54%*	81%*	53%	66%	54%	79%
≥2 years	30%*	74%*	28%*	61%*	29%*	71%*
>7years	12%	42%	8%	43%	9%	42%
Pre-arrival adversity medium/high	32%	24%	29%	23%	28%	23%
Mean time in Austr/yrs (SD)	17.5* (4.1)	12.9* (5.9)	17.7* (3.9)	13.4* (6.5)	17.9* (3.9)	13.2* (6.0)
range	5-25yrs	3-26yrs	5-26yrs	3-26yrs	5-26yrs	3-26yrs
Education ≤10 years	15%	16%	17%	20%	14%	17%
11-12 years	38%	28%	41%	32%	40%	29%

[a] Numbers may be lower for some variables due to missing data; [b] Includes 13 born in Australia; [c] Includes 17 born in Australia; [d] Includes those born in Australia to Korean migrants.
*p<.01.

Appendix 3-2 (continued)

Demographic characteristics of 2004 intercountry adoption and migrant samples, by report type

	Self report		Parent report		Combined	
	Adoptee	Migrant[b]	Adoptee	Migrant[c]	Adoptee	Migrant[c]
Characteristic	n=110[a]	n=80[a]	n=160[a]	n=56[a]	n=181[a]	n=87[a]
Adoptee/migrant factors cont.						
tertiary or trade	47%	56%	42%	48%	46%	52%
student	40%*	73%*	35%*	75%*	34%*	71%*
Employed	67%	54%	70%	61%	71%	58%
Adoptee/migrant SES	5.2 (1.6)	5.2 (1.7)	5.1 (1.7)	5.4 (1.6)	5.2 (1.6)	5.2 (1.7)
Own home	3%	5%	7%	2%	7%	5%
Only child	12%	9%	8%	13%	9%	9%
Anglicised name	69%	40%	71%	35%	70%	38%
Live with parents	60%*	86%*	56%*	93%*	55%*	86%*
Married/de facto	11%	13%	15%	11%	16%	14%
Offspring	6%	1%	6%	2%	7%	1%
Parental factors						
Born abroad mother	42%*	100%*	43%*	100%*	43%*	100%*
Father	37%*	96%*	41%*	95%*	40%*	95%*

[a] Numbers may be lower for some variables due to missing data; [b] Includes 13 born in Australia; [c] Includes 17 born in Australia; [d] Includes those born in Australia to Korean migrants.
*p<.01.

Appendix 3-2 (continued)

Demographic characteristics of 2004 intercountry adoption and migrant samples, by report type

	Self report		Parent report		Combined	
	Adoptee	Migrant[b]	Adoptee	Migrant[c]	Adoptee	Migrant[c]
Characteristic	n=110[a]	n=80[a]	n=160[a]	n=56[a]	n=181[a]	n=87[a]
Parental factors cont.						
Married mother	76%	86%	77%	78%	77%	84%
father	82%	88%	81%	83%	81%	87%
Separated/divorced	12%	8%	15%	15%	15%	10%
Mean age mother (SD)	53.1* (4.7)	47.7* (5.3)	53.3* (4.8)	46.9* (5.3)	53.5* (4.9)	47.3* (5.3)
father (SD)	55.1* (5.0)	49.7* (6.8)	55.1* (4.7)	49.2* (6.7)	55.3* (4.9)	49.6* (6.7)
Mean age difference						
mother-child (SD)	33.4* (4.4)	28.1* (4.6)	33.6* (4.5)	27.5* (4.2)	33.7* (4.6)	27.8* (4.6)
father-child (SD)	35.3* (4.6)	30.5* (6.1)	35.3* (4.6)	30.1* (5.3)	35.3* (4.6)	30.4* (6.0)
Education ≤10 years						
mother	23%	26%	22%	16%	24%	25%
father	22%	24%	23%	13%	24%	23%
Tertiary/trade						
mother	52%	53%	60%	57%	57%	55%
father	64%	59%	62%	68%	61%	62%

[a] Numbers may be lower for some variables due to missing data; [b] Includes 13 born in Australia; [c] Includes 17 born in Australia; [d] Includes those born in Australia to Korean migrants.
*p<.01.

Appendix 3-2 (continued)

Demographic characteristics of 2004 intercountry adoption and migrant samples, by report type

	Self report		Parent report		Combined	
	Adoptee	Migrant[b]	Adoptee	Migrant[c]	Adoptee	Migrant[c]
Characteristic	n=110[a]	n=80[a]	n=160[a]	n=56[a]	n=181[a]	n=87[a]
Parental factors cont.						
Employed mother	69%	58%	71%	57%	71%	56%
father	89%	89%	88%	94%	90%	90%
Family factors						
2-parent family	81%	89%	80%	84%	81%	87%
Parental SES (SD)	6.1 (1.3)	5.8 (1.2)	6.2 (1.2)	5.5 (1.3)	6.2* (1.2)	5.5* (1.3)
Own home	92%	78%	89%	83%	90%	78%
Same home >5 yrs	60%	52%	69%	52%	68%	52%
Metro area	71%	85%	71%	82%	72%	84%
Number of children (SD)	3.1 (1.8)	3.0 (1.6)	3.0 (1.6)	2.7 (1.6)	3.1 (1.6)	3.0 (1.6)
Biological children	50%*	100%*	50%*	100%*	50%*	100%*
ICA children >1	56%*	0%*	60%*	0%*	56%*	0%*

[a] Numbers may be lower for some variables due to missing data; [b] Includes 13 born in Australia; [c] Includes 17 born in Australia; [d] Includes those born in Australia to Korean migrants.
*p<.01.

Appendix 3-3

Summary of instruments used with reliability in Cronbach Alpha, by report type

Construct measured	Instrument	Source	# of items	Scale points	Cronbach alpha	
					Self report	Parent report
Socio-economic[a]	SES[a]	Harper 1986	1	9	n/a	n/a
Well-being						
Health past & present[a]	Health[a]	Verhulst 1992	1	5	n/a	n/a
Happiness[a]	Faces scale[a]	Andrews 1976	1	5	n/a	n/a
Life satisfaction	Subjective well-being	Pretty et al. 1996	4	8	.63	.74
Satisfaction adoption/ migration[a]	Adoption/migration satisfaction[a]	Harper 1986	1	5	n/a	n/a
Self-esteem	Self-esteem scale	Rosenberg 1979	10	5	.89	n/a
Self-efficacy	General self-efficacy scale	Sherer et al 1982	6	10	.70	n/a
Mental health[a]	CBCL[a]	Achenbach 2001	±145	mostly 3	n/a	√
	YSR[a]	Achenbach 2001	±139	mostly 3	√	n/a
	ABCL[a]	Achenbach 2003	±147	mostly 3	n/a	√
	ASR[a]	Achenbach 2003	±171	mostly 3	√	n/a
Threats & risks						
Pre arrival adversity[a]	Adversity index[a]	Verhulst et al. 1992	3	4	adoptee .80	n/a
					migrant .44	n/a
Perceived discrimination based on status[a]	Threat to well-being scale[a]	Korf & Malan 2002	1	5	n/a	n/a

[a] Variables and measures of longitudinal study

Appendix 3-3 (continued)

Summary of instruments used with reliability in Cronbach Alpha, by report type

Construct measured	Instrument	Source	# of items	Scale points	Cronbach alpha Self report	Cronbach alpha Parent report
Problems created by looking different[a]	Looking different[a]	Tieman 2006	11	3	.74	.69
Perceived racism[a]	Experience racism[a]		1	3	n/a	n/a
Threat to group identity[a]	Treat to group continuity[a]	Korf & Malan 2002	6	5	.62	n/a
Identity						
Self description	Describe self	Erikson 1968	1	open	n/a	n/a
Adoptive identity	Adoption dynamics quest.	Tieman 2006	29	5	adoptee .81	adoptive .61
Bio/Cultural heritage[a]	Attitude to origins[a]	Tieman 2006	4	3	adoptee .70	adoptive .64
					migrant .51	migrant .66
		Benson et al 1994	2	5	√	√
		Saetersdal 2000	1	open	adoptee √	adoptive √
Community identity	Strength of group identity	Obst et al 2002	13	5	.69	n/a
Ethnic identity	Self-label	Phinney 1992	1	open	n/a	n/a
	Multi-Ethnic Identity Measure	Phinney 1992	20	4	.88	.86
Cultural-racial identity[a]	MEIM-Revised[a]	Baden & Steward 2000	46	4	.78-.80	.63-.80
Place identity	Belonging to Australia	Rooney 1996	5	5	.83	.79
	Belonging to birth country	Rooney 1996	5	5	.83	.76
	Urban identity scale	Lalli 1992	20	5	.91	.73

[a] Variables and measures of longitudinal study

Appendix 4-1

Means and standard deviations of adolescent social competence raw scores, by gender and report type

YSR & CBCL factor	Adoptee n=37[a] M	(SD)	Migrant n=29[a] M	(SD)	A/parent n=52[a] M	(SD)	M/parent n=21[a] M	(SD)
Activities	9.3	(3.0)	10.0	(3.2)	9.3	(2.8)	8.8	(3.1)
male	8.8	(2.8)	9.6	(2.7)	***9.1***	(1.9)	9.6	(2.7)
female	9.9	(3.1)	10.4	(3.5)	9.4	(3.2)	8.0	(3.4)
Social	8.9	(2.1)	8.3	(2.8)	8.2	(2.0)	7.5	(2.7)
male	8.9	(2.5)	8.2	(3.0)	8.4	(2.1)	7.4	(3.1)
female	8.9	(1.9)	8.5	(2.7)	8.1	(1.9)	7.6	(2.2)
School[b]	2.1*	(0.4)	2.4*	(0.4)	***4.7****	(0.9)	5.4*	(0.6)
male	2.0	(0.4)	2.4	(0.4)	4.6	(1.0)	5.3	(0.7)
female	2.2	(0.4)	2.4	(0.4)	4.8	(0.8)	5.5	(0.4)
Total Competence	20.4	(4.3)	20.8	(4.9)	22.3	(4.4)	21.8	(4.9)
male	19.8	(4.4)	20.2	(4.9)	***22.2***	(3.4)	22.2	(4.9)
female	20.6	(4.3)	21.3	(5.0)	***22.3***	(4.9)	21.4	(5.1)

Note. Values significantly higher than the norm are displayed in bold; values significantly lower than the norm are displayed in bold italic.
[a] YSR male IC adoptee n=12 & migrant n=13; female IC adoptee n=25 & migrant n=16; CBCL male IC adoptee n=17 & migrant n=11; female IC adoptee n=35 & migrant n=10; [b] YSR represents mean academic performance scores only.
*p<.01

Appendix 4-2

Intercorrelations among adolescent social competence T-score, by report type

Competence scale		Activities	Social	School	Competence
CBCL[a]	Activities		.32	.02	.80*
	Social	.49*		.31	.77*
	School	.10	-.10		.26
	Competence	.89*	.77*	.22	
YSR[b]	Activities		.20		.77*
	Social	.37			.76*
	Competence	.87*	.75*		

Note. Correlations for IC adoptees below and migrants above the diagonal.
[a] IC adoptees n=52, migrants n=21; [b] IC adoptees n=40; migrants n=29.
*p<.01.

Appendix 4-3

Means and standard deviations of adult adaptive behaviours raw scores, by gender and report type

	Adoptee n=73		Migrant n=51		A/parent n=108		M/parent n=35	
ASEBA factor	M	(SD)	M	(SD)	M	(SD)	M	(SD)
Friends [a]	10.1	(1.7)	9.2	(1.8)	9.4	(2.6)	8.6	(2.2)
male	9.7	(2.2)	9.1	(1.7)	8.8	(3.9)	8.3	(2.6)
female	**10.2**	(1.6)	9.2	(1.9)	9.5	(2.2)	8.9	(1.9)
Spouse [b]	5.7	(2.2)	4.8	(3.1)	3.7	(3.3)	5.4	(2.5)
Family [a]	1.7	(0.4)	1.7	(0.4)				
male	1.5	(0.7)	1.6	(0.5				
female	**1.7**	(0.4)	1.7	(0.4)				
Job [c]	1.9	(2.0)	2.1	(2.1)				
male	0.9	(1.6)	2.4	(2.7)				
female	2.0	(2.0)	2.0	(1.9)				
Education [d]	3.9	(1.9)	3.5	(2.1)				
male	3.0	(1.2)	2.6	(2.5)				
female	4.0	(2.0)	3.8	(1.9)				
Total adaptive [a & e]								
behaviours	50.4	(5.1)	49.1	(5.4)				
male	46.7	(5.0)	48.8	(5.7)				
female	**51.0**	(4.9)	49.2	(5.4)				

Note. Values significantly higher than the norm are displayed in bold; values significantly lower than the norm are displayed in bold italic.
[a] ASR male IC adoptee n=11 & migrant n=16; female IC adoptee n=62 & migrant n=35; ABCL male IC adoptee n=7 & migrant n=14; female IC adoptee n=91 & migrant n=21; [b] ASR IC adoptee n=30 & migrant n=11; ABCL IC adoptee n=31 & migrant n=5; [c] ASR male IC adoptee n=11 & migrant n=10; female IC adoptee n=55 & migrant n=25; [d] ASR male IC adoptee n=5 & migrant n=10; female IC adoptee n=33 & migrant n=25; [e] Total adaptive behaviour scores represent the mean of the subscales T-scores.
*p<.01.

Appendix 4-4

Percent of intercountry adoptees and migrants with clinical level in competence/adaptive behaviours, by age group, report type and gender

	Adolescent								Adult							
	Adoptee		Migrant		A/parent		M/parent		Adoptee		Migrant		A/parent		M/parent	
Competence/Adaptive factor	M n=12	F n=25	M n=13	F n=16	M n=17	F n=35	M n=11	F n=10	M n=11	F n=62	M n=16	F n=35	M n=17	F n=91	M n=14	F n=21
Activities/Job[a]	17	12	8	13	6	14	18	10	0	0	10	0				
Social/Friends[a]	8	0	8	13	0	3	18	10	0	0	0	0	12	2	14	5
School/Education[a]	0	0	0	6	0	0	0	0	0	9	20	4				
Family									9	3	0	9				
Spouse									0	0	0	0	0	6	0	0
Comp/adapt behaviours[a]	8	8	15	6	23	20	18	20	0	0	0	0				

[a] First scale applies to adolescents, second scale to adults.

Appendix 4-5

Intercorrelations among adult adaptive behaviours T-scores

Competence/Adaptive	Job	Friends	Education	Family	Spouse[a]	Total adaptive behaviours
Job		-.19	.13	-.13	.04	.25
Friends	-.04		.19	.39*	.46	.64*
Education	.39	.13		.02	.45	.74*
Family	.14	.34	.05		.48	.68*
Spouse [b]	-.04	.10	.46	.35		.75*
Total adaptive behaviours	.50*	.58*	.69*	.73*	.57*	

Note. Correlations for IC adoptees below and migrants above the diagonal. IC adoptees n=73, migrants n=51.
[a] n=11; [b] n=24.
*p<.01.

Appendix 4-6

Means and standard deviations of adolescent and adult intercountry adoptee and migrant problem scales raw scores, by age group, report type and gender

	Adolescent								Adult							
	Adoptee n=37[a]		Migrant n=29[a]		A/parent n=52[a]		M/parent n=21[a]		Adoptee n=73[a]		Migrant n=51[a]		A/parent n=108[a]		M/parent n=35[a]	
ASEBA factor	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)
Total problems	37.8	(19.5)	32.4	(16.3)	19.4	(18.4)	14.1	(13.8)	48.4	(29.9)	43.5	(22.4)	34.9	(36.9)	29.5	(23.9)
male	36.6	(20.4)	27.4	(19.5)	17.8	(17.9)	18.4	(16.0)	42.1	(19.5)	43.1	(25.2)	41.5	(48.3)	34.1	(20.0)
female	38.4	(19.5)	36.4	(12.4)	20.2	(18.8)	***9.3***	(9.7)	49.5	(31.4)	43.7	(21.4)	33.7	(34.5)	26.4	(26.1)
Internalising	10.5	(6.9)	9.7	(6.6)	5.6	(5.3)	4.4	(6.0)	15.5	(11.8)	13.8	(9.5)	8.2	(9.0)	8.0	(7.5)
male	9.4	(5.3)	7.9	(6.5)	3.6	(3.9)	6.1	(7.4)	10.3	(7.0)	14.4	(10.6)	8.5	(10.3)	10.1	(8.4)
female	11.0	(7.5)	11.2	(6.4)	6.5	(5.8)	***2.5***	(3.3)	**16.5**	(12.2)	13.5	(9.1)	8.2	(8.8)	6.7	(6.7)
Externalising	10.9	(6.5)	7.9	(5.6)	6.3	(7.3)	3.5	(3.0)	12.8	(9.0)	9.7	(6.7)	11.1	(13.6)	7.2	(7.9)
male	10.1	(8.2)	7.1	(5.6)	6.1	(8.5)	4.6	(3.3)	12.2	(7.1)	8.9	(5.6)	13.8	(17.8)	7.2	(5.1)
female	11.3	(5.6)	8.6	(5.6)	6.4	(6.8)	***2.3***	(2.3)	**13.1**	(9.2)	10.1	(7.0)	10.6	(12.7)	7.2	(9.5)
Anxious/Depress	4.0	(2.9)	4.1	(3.1)	2.5	(2.7)	1.7	(3.1)	9.0	(7.2)	7.1	(5.3)	3.9	(4.4)	3.2	(3.6)
male	3.0*	(2.4)	2.7*	(2.3)	1.8	(2.0)	2.5	(3.9)	5.5	(5.1)	7.5	(5.8)	3.4	(4.4)	4.1	(3.8)
female	4.5*	(3.1)	5.3*	(3.3)	2.9	(.9)	0.9	(1.6)	**9.6**	(7.4)	7.0	(5.1)	4.0	(4.4)	2.6	(3.4)

Note. Values significantly higher than the norm are displayed in bold; values significantly lower than the norm are displayed in bold italic.
[a] YSR male IC adoptee n=12 & migrant n=13; female IC adoptee n= 25 & migrant n=16; CBCL male IC adoptee n=17 & migrant n=11; female IC adoptee n=35 & migrant n=10; ASR male IC adoptee n=11 & migrant n=16; female IC adoptee n=62 & migrant n=35; ABCL male IC adoptee n=17 & migrant n=14; female IC adoptee n=91 & migrant n=21.
*p<.01.

Appendix 4-6 (Continued)

Means and standard deviations of adolescent and adult intercountry adoptee and migrant problem scales raw scores, by age group, report type and gender

	Adolescent								Adult							
	Adoptee n=37[a]		Migrant n=29[a]		A/parent n=52[a]		M/parent n=21[a]		Adoptee n=73[a]		Migrant n=51[a]		A/parent n=108[a]		M/parent n=35[a]	
ASEBA factor	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)
Withdrawn/Depress.	3.7	(2.6)	3.3	(2.5)	1.7	(1.9)	1.6	(2.0)	2.8	(2.6)	2.9	(2.7)	2.7	(3.7)	2.4	(2.6)
male	3.7	(1.7)	3.6	(3.3)	1.5	(1.9)	2.5	(2.2)	2.4	(2.0)	3.0	(2.8)	3.7	(5.3)	3.3	(3.0)
female	3.6	(3.0)	3.0	(1.7)	1.8	(1.9)	0.7	(1.3)	2.9	(2.7)	2.9	(2.7)	2.5	(3.4)	1.8	(2.2)
Somatic problems	2.8	(2.5)	2.3	(2.6)	1.4	(1.9)	1.1	(1.9)	3.8	(3.1)	3.7	(3.4)	1.7	(2.2)	2.4	(2.6
male	2.8	(2.2)	1.5	(2.4)	0.4	(1.2)	1.2	(2.0)	2.5	(2.1)	3.9	(3.9)	1.4	(1.6)	2.6	(2.8)
female	2.8	(2.7)	2.9	(2.6)	1.8	(2.1)	0.9	(1.9)	**4.0**	(3.2)	3.6	(3.2)	1.7	(2.3)	2.3	(2.6)
Social problems	2.7	(2.4)	2.5	(2.4)	1.5	(2.2)	1.4	(1.8)								
male	2.7	(2.2)	2.4	(3.2)	1.4	(2.0)	1.6	(1.9)								
female	2.8	(2.6)	2.6	(1.6)	1.5	(2.3)	1.2	(1.8)								
Thought problems	4.1	(3.5)	3.0	(1.9)	1.4	(2.1)	1.2	(1.5)	2.8	(2.5)	3.0	(2.3)	0.9	(2.3)	0.8	(1.2)
male	4.3	(4.6)	2.3	(1.8)	1.4	(2.1)	1.6	(1.4)	2.8	(2.3)	2.8	(2.3)	1.8	(2.8)	1.0	(1.2)
female	4.0	(3.0)	3.6	(1.8)	1.3	(2.1)	0.9	(1.6)	2.8	(2.6)	3.0	(2.2)	0.8	(2.2)	0.7	(2.0)

Note. Values significantly higher than the norm are displayed in bold; values significantly lower than the norm are displayed in bold italic.
[a] YSR male IC adoptee n=12 & migrant n=13; female IC adoptee n=25 & migrant n=16; CBCL male IC adoptee n=17 & migrant n=11; female IC adoptee n=35 & migrant n=10; ASR male IC adoptee n=11 & migrant n=16; female IC adoptee n=62 & migrant n=35; ABCL male IC adoptee n=17 & migrant n=14; female IC adoptee n=91 & migrant n= 21.
*p<.01.

Appendix 4-6 (continued)

Means and standard deviations of adolescent and adult intercountry adoptee and migrant problem scales raw scores, by age group, report type and gender

	Adolescent								Adult							
	Adoptee n=37[a]		Migrant n=29[a]		A/parent n=52[a]		M/parent n=21[a]		Adoptee n=73[a]		Migrant n=51[a]		A/parent n=108[a]		M/parent n=35[a]	
ASEBA factor	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)
Attention problems	5.1	(3.1)	4.2	(2.8)	2.8	(3.0)	1.9	(2.8)	7.1	(5.0)	6.9	(4.3)	6.8	(8.1)	6.0	(5.5)
male	5.7	(3.3)	4.2	(3.4)	3.2	(2.9)	2.6	(3.5)	7.0	(4.4)	7.0	(5.1)	9.2	(11.4)	7.3	(5.1)
female	4.8	(2.8)	2.7	(2.1)	2.6	(3.1)	1.2	(1.6)	7.0	(5.1)	6.9	(4.0)	6.3	(7.3)	5.1	(5.7)
Rule-breaking	4.1	(2.9)	2.5	(2.0)	2.3	(3.2)	1.4	(1.6)	4.0	(3.6)	2.1	(2.2)	4.0	(6.0)	1.9	(3.6)
male	3.8	(3.3)	2.7	(2.1)	2.7	(3.5)	2.1	(1.5)	3.6	(2.6)	1.9	(1.9)	5.5	(8.3)	2.1	(2.1)
female	4.3	(2.8)	2.3	(1.9)	2.1	(3.2)	***0.7***	(1.3)	**4.0**	(3.8)	2.2	(2.3)	3.7	(5.4)	1.9	(4.4)
Aggressive behaviours	6.8	(4.4)	5.5	(4.1)	4.0	(4.5)	2.1	(1.9)	6.5	(5.0)	5.1	(3.8)	5.7	(6.8)	4.1	(4.1)
male	6.3	(5.5)	4.4	(3.9)	3.4	(5.3)	***2.5***	(2.3)	5.6	(4.1)	4.8	(3.7)	6.3	(7.8)	3.9	(3.1)
female	7.0	(4.0)	6.3	(4.2)	4.3	(4.1)	***1.6***	(1.4)	6.5	(5.1)	5.3	(4.0)	5.6	(6.6)	4.2	(4.8)
Intrusive									2.5	(2.2)	2.5	(2.1)	1.5	(2.1)	1.1	(1.5)
male									2.9	(2.4)	2.3	(1.9)	1.9	(2.4)	1.2	(1.9)
female									2.3	(2.2)	2.6	(2.3)	***1.4***	(2.1)	***1.1***	(1.2)

Note. Values significantly higher than the norm are displayed in bold; values significantly lower than the norm are displayed in bold italic.
[a] YSR male IC adoptee n=12 & migrant n=13; female IC adoptee n=25 & migrant n=16; CBCL male IC adoptee n=17 & migrant n=11; female IC adoptee n=35 & migrant n=10; ASR male IC adoptee n=11 & migrant n=16; female IC adoptee n=62 & migrant n=35; ABCL male IC adoptee n=17 & migrant n=14; female IC adoptee n=91 & migrant n=21.
*p<.01.

Appendix 4-7

Percent of adolescent and adult intercountry adoptees and migrants with clinical levels in problem scales, by age group, report type and gender

	Adolescent								Adult							
	Adoptee		Migrant		A/parent		M/parent		Adoptee		Migrant		A/parent		M/parent	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Mental Health factor	n=12	n=25	n=13	n=16	n=17	n=35	n=11	n=10	n=11	n=62	n=16	n=35	n=17	n=91	n=14	n=21
Total problems	25	20	23	6	12	17	18	0	9	27	19	14	24	13	14	14
Internalising	7	16	23	6	12	23	18	0	18	39	38	17	29	14	29	10
Externalising	25	20	8	13	12	20	0	0	18	29	6	20	18	21	0	14
Anxious/Depressed	8	0	0	4	6	6	9	0	9	19	13	6	12	8	14	0
Withdrawn/Depress.	8	4	**31**	0	6	9	9	0	0	16	13	17	**29**	14	**29**	5
Somatic	8	12	8	6	6	14	9	10	0	18	**25**	17	0	6	**14**	10
Thought problems	**25**	4	0	0	6	6	9	10	18	15	**25**	14	**18**	6	7	5
Attention	8	8	8	0	8	11	9	0	0	11	6	3	**24**	14	7	10
Rule-breaking	8	8	0	0	12	9	0	0	0	16	0	9	18	13	0	14
Aggression	17	8	8	6	12	9	0	0	0	15	6	3	18	10	0	0
Social problems	8	8	8	0	12	9	0	0								
Intrusive									9	10	0	14	6	4	0	0
≥ 1 Syndrome present	25	36	39	13	29	31	27	20	27	44	38	40	29	25	36	24
1 Syndrome present	0	28	15	6	12	20	9	20	18	18	19	20	6	9	7	10
>1 Syndrome present	25	8	23	6	18	11	18	0	9	26	19	20	24	17	29	14

Note. Percentages higher than normative percentage of referred adolescents and adults with deviant scores are displayed in bold (Achenbach & Rescorla, 2001, 2003).

Appendix 4-8

Means and standard deviations of intercountry adoptee and migrant DSM IV-oriented scales and critical items raw scores, by age group, report type and gender

	Adolescent								Adult							
	Adoptee n=37[a]		Migrant n=29[a]		A/parent n=52[a]		M/parent n=21[a]		Adoptee n=73[a]		Migrant n=51[a]		A/parent n=108[a]		M/parent n=35[a]	
DSM IV factor	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)
Affective/Depress	4.3	(2.9)	3.3	(3.0)	1.7	(2.4)	1.1	(1.9)	6.2	(5.3)	5.2	(5.9)	4.5	(5.0)	3.3	(3.5)
male	4.7	(3.2)	2.7	(3.1)	1.4	(1.8)	1.8	(2.4)	3.5	(3.1)	4.9	(3.9)	4.7	(5.4)	4.2	(2.7)
female	4.2	(2.9)	3.8	(3.0)	1.9	(2.6)	***0.3***	(0.7)	**6.7**	(5.5)	5.3	(3.2)	4.4	(5.0)	2.7	(3.9)
Anxiety	2.4	(1.7)	2.8	(2.1)	1.2	(1.5)	0.9	(1.4)	4.9	(3.0)	4.6	(2.6)	2.6	(2.2)	2.8	(2.5)
male	2.0*	(1.5)	1.7*	(1.5)	0.9	(0.9)	1.1	(1.6)	3.2	(2.3)	4.3	(2.7)	***1.9***	(2.1)	3.3	(2.2)
female	2.5*	(1.8)	3.8*	(2.1)	1.3	(0.7)	1.6	(1.1)	5.2	(3.0)	4.7	(2.5)	***2.7***	(2.3)	2.5	(2.7)
Somatic	1.8	(1.9)	1.2	(1.8)	1.0	(1.6)	0.9	(1.7)	2.2	(2.1)	2.4	(2.6)	1.3	(1.8)	1.9	(2.2)
male	1.8	(1.9)	0.7	(1.5)	0.3	(1.0)	0.9	(1.7)	1.6	(1.7)	2.8	(3.2)	0.9	(1.2)	2.1	(2.5)
female	1.8	(2.0)	1.6	(2.0)	1.3	(1.7)	0.9	(1.9)	2.4	(2.1)	2.3	(2.4)	1.3	(1.9)	1.9	(2.2)
Conduct/Antisocial	3.4	(2.6)	2.2	(2.0)	2.2	(3.8)	1.0	(1.3)	5.4	(4.3)	3.8	(3.0)	5.8	(8.3)	3.5	(4.1)
male	3.5	(2.7)	2.1	(1.9)	2.8	(4.5)	1.4	(1.4)	5.4	(3.6)	3.6	(2.7)	8.0	(12.1)	3.6	(3.4)
female	3.4	(2.6)	2.4	(2.2)	2.0	(3.4)	***0.5***	(1.1)	**5.4**	(3.7)	3.9	(3.2)	5.4	(7.3)	3.4	(4.7)

Note. Values significantly higher than the norm are displayed in bold; values significantly lower than the norm are displayed in bold italic.
[a] YSR male IC adoptee n=12 & migrant n=13; female IC adoptee n=25 & migrant n=16; CBCL male IC adoptee n=17 & migrant n=11; female IC adoptee n=35 & migrant n=10; ASR male IC adoptee n=11 & migrant n=16; female IC adoptee n=62 & migrant n=35; ABCL male IC adoptee n=17 & migrant n=14; female IC adoptee n=91 & migrant n=21.
*p<.01.

Appendix 4-8 (continued)

Means and standard deviations of intercountry adoptee and migrant DSM IV-oriented scales and critical items raw scores, by age group, report type and gender

	Adolescent								Adult							
	Adoptee n=37[a]		Migrant n=29[a]		A/parent n=52[a]		M/parent n=21[a]		Adoptee n=73[a]		Migrant n=51[a]		A/parent n=108[a]		M/parent n=35[a]	
DSM IV factor	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)
AD/H	4.8	(2.9)	4.2	(3.0)	2.2	(2.5)	1.5	(1.7)	6.1	(4.3)	5.4	(3.5)	5.3	(6.1)	4.5	(4.4)
male	4.9	(3.0)	3.7	(3.2)	2.2	(2.2)	1.9	(2.1)	7.0	(4.0)	5.1	(3.9)	6.7	(8.4)	5.6	(3.9)
female	4.8	(2.9)	4.6	(2.9)	2.2	(2.6)	***1.0***	(1.2)	6.0	(4.4)	5.5	(3.3)	5.0	(5.6)	3.8	(4.7)
Oppositional prob.	3.4	(2.0)	2.3	(1.8)	2.1	(2.1)	1.3	(1.7)								
male	3.2	(2.3)	2.3	(2.2)	1.9	(2.4)	2.0	(1.9)								
female	3.5	(1.8)	2.4	(1.5)	2.1	(1.9)	***0.6***	(1.0								
Avoidant personality									3.1	(2.5)	3.4	(2.5)	2.2	(2.7)	1.9	(2.2)
male									1.9	(1.8)	3.4	(2.8)	2.5	(3.4)	2.6	(3.0)
female									3.4	(2.8)	3.4	(2.4)	2.1	(2.5)	1.5	(1.5)
Inattentive									3.0	(2.3)	2.7	(2.4)	3.1	(3.7)	3.0	(2.8)
male									3.4	(2.2)	2.9	(2.7)	4.4	(5.1)	3.8	(2.6)
female									2.9	(2.4)	2.5	(2.3)	2.8	(3.3)	2.4	(2.9)

Note. Values significantly higher than the norm are displayed in bold; values significantly lower than the norm are displayed in bold italic.
[a] YSR male IC adoptee n=12 & migrant n=13; female IC adoptee n=25 & migrant n=16; CBCL male IC adoptee n=17 & migrant n=11; female IC adoptee n=35 & migrant n=10; ASR male IC adoptee n=11 & migrant n=16; female IC adoptee n=62 & migrant n=35; ABCL male IC adoptee n=17 & migrant n=14; female IC adoptee n=91 & migrant n=21.
*p<.01.

Appendix 4-8 (continued)

Means and standard deviations of intercountry adoptee and migrant DSM IV-oriented scales and critical items raw scores, by age group, report type and gender

	Adolescent								Adult							
	Adoptee n=37[a]		Migrant n=29[a]		A/parent n=52[a]		M/parent n=21[a]		Adoptee n=73[a]		Migrant n=51[a]		A/parent n=108[a]		M/parent n=35[a]	
DSM IV factor	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)
Hyperactive									3.1	(2.4)	2.7	(1.8)	2.2	(2.8)	1.5	(1.9)
male									3.6	(2.1)	2.2	(1.5)	2.3	(3.4)	1.8	(1.5)
female									3.0	(2.5)	2.9	(1.9)	2.2	(2.7)	1.4	(2.1)
Critical items									5.6	(4.6)	3.7	(2.9)	3.4	(5.4)	2.2	(3.1)
male									4.5	(2.9)	3.6	(3.3)	4.6	(6.7)	2.4	(1.9)
female									**5.8**	(4.8)	3.7	(2.7)	3.2	(5.1)	2.1	(3.7)

Note. Values significantly higher than the norm are displayed in bold; values significantly lower than the norm are displayed in bold italic.
[a] YSR male IC adoptee n=12 & migrant n=13; female IC adoptee n=25 & migrant n=16; CBCL male IC adoptee n=17 & migrant n=11; female IC adoptee n=35 & migrant n=10; ASR male IC adoptee n=11 & migrant n=16; female IC adoptee n=62 & migrant n=35; ABCL male IC adoptee n=17 & migrant n=14; female IC adoptee n=91 & migrant n=21.
*p<.01.

Appendix 4-9

Percent of adolescent and adult intercountry adoptees and migrants with clinical DSM IV-Oriented scale scores, by age group, report type and gender

	Adolescent								Adult							
	Adoptee		Migrant		A/parent		M/parent		Adoptee		Migrant		A/parent		M/parent	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
DSM IV factor	n=12	n=25	n=13	n=16	n=17	n=35	n=11	n=10	n=11	n=62	n=16	n=35	n=17	n=91	n=14	n=21
Affective/Depress	25	4	15	6	0	11	9	0	9	24	13	6	23	12	0	5
Anxiety	0	0	0	13	0	3	9	0	0	5	0	0	6	3	7	5
Somatic	17	8	8	13	6	11	18	10	9	10	**38**	17	0	4	14	10
Conduct/Antisocial	8	12	0	0	12	11	0	0	9	16	6	6	18	13	0	10
AD/H	17	8	8	6	0	11	0	0	0	11	0	3	17	14	0	10
Inattentive									0	10	13	6	**23**	14	7	14
Hyperactive									0	8	0	6	**18**	8	0	5
Avoidant									0	15	13	11	12	11	14	0
Oppositional prob.	17	8	15	0	18	6	9	0								
≥ 1 DSM scale clinical	33	28	39	25	23	29	18	10	27	39	44	34	29	26	29	24
1 DSM scale clinical	17	20	31	19	12	14	9	10	27	13	25	23	6	7	21	10
> 1 DSM scale clinical	17	8	8	6	12	14	9	0	0	26	19	11	23	19	7	14
Critical items									9	24	10	6	18	11	0	10

Note. Percentages higher than the norm are displayed in bold.
Note. M=male, F=female.

Appendix 4-10

Means and standard deviations of substance use raw scores for adult intercountry adoptees and migrants, by informant and gender

	Adoptee n=73[a]		Migrant n=51[a]		A/parent n=108[a]		M/parent n=35[a]	
ASR/ABCL factor	M	(SD)	M	(SD)	M	(SD)	M	(SD)
Tobacco use	2.9	(5.3)	0.7	(2.3)	2.0	(4.4)	0.6	(2.7)
Male	3.6	(4.0)	***0.6***	(1.6)	3.1	(5.5)	***0.3***	(1.1)
Female	2.8	(5.5)	***0.8***	(2.5)	***1.8***	(4.2)	***0.9***	(3.4)
Alcohol use	7.7*	(10.2)	1.5*	(4.4)	2.6	(5.2)	5.6	(31.3)
Male	7.4	(7.4)	***0.8***	(1.7)	3.4	(7.9)	13.9	(49.9)
Female	**7.8**	(10.7)	1.9	(5.2)	2.4	(4.5)	***0.2***	(0.5)
Drug use	7.5	(26.5)	0.7	(4.2)	0.9	(4.2)	0.1	(0.5)
Male	***0.0***	(0.0)	***0.0***	(4.2)	***0.4***	(1.3)	***0.2***	(0.6)
Female	8.9	(28.6)	***1.0***	(5.1)	***1.0***	(4.5)	***0.0***	(0.0)
Substance use[b]	55.9*	(5.5)	51.4*	(2.9)	53.1	(4.1)	51.0	(3.2)
Male	53.1	(1.9)	***50.5***	(1.1)	53.0	(4.4)	51.7	(4.7)
Female	**56.4**	(5.8)	***51.8***	(3.3)	53.1	(4.0)	***50.5***	(1.6)

Note. Values significantly higher than the norm are displayed in bold; values significantly lower than the norms are displayed in bold italic

[a] ASR male IC adoptee n=11 & migrant n=16; female IC adoptee n=62 & migrant n=35; ABCL male IC adoptee n=17 & migrant n=14; female IC adoptee n=91 & migrant n=21; [b] Substance use scores represent the mean of the subscales T-scores.

*p<.01.

Appendix 4-11

Adult intercountry adoptee and migrant clinical level substance use in percent, by informant and gender

	Adoptee		Migrant		A/parent		M/parent	
	M	F	M	F	M	F	M	F
ASR/ABCL factor	n=11	n=62	n=16	n=35	n=17	n=91	n=14	n=21
Tobacco	0	3	0	0	6	2	0	0
Alcohol	0	27	0	6	12	13	7	0
Drugs	0	23	0	3	0	4	0	0
Substance use	0	15	0	2	6	10	7	0

Note. M=male, F=female.

Appendix 4-12

Intercorrelations between well-being and identity variables for intercountryadoptee (n=110) and migrant (n=80) self reports

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1. Current health		.28	.21	.12	.35*	.19	.32	.33	-.44*	-.46*	-.17	-.08	-.46*	.30	.09	.29	.07	-.07	.15	-.06
2. Happiness	.33*		.51*	.54*	.43*	.44*	.32	.36*	-.54*	-.61*	-.25	-.06	-.33*	.19	.10	.00	.05	.20	.01	.13
3. Life satisfaction	.42*	.48*		.42*	.41*	.42*	.33	.27	-.48*	-.48*	-.31*	-.01	-.33*	.27	.27	.08	.07	.15	.16	.02
4. Satisfied adopt/migrate	.17	.43*	.34*		.46*	.38*	.22	.17	-.40*	-.40*	-.24	-.15	-.40*	.10	.15	.03	.13	.23	-.01	.22
5. Self-esteem	.53*	.54*	.64*	.25*		.57*	.26	.29	-.34*	-.41*	-.08	.02	-.25*	.26	.31*	.16	.34*	.07	.15	.12
6. Self-efficacy	.38*	.27*	.53*	.21	.55*		.12	.32	-.32*	-.38*	-.15	-.09	-.19	.12	.23	.14	.25	.17	.11	.25
7. Competence	.23	.03	.13	.14	.22	.20			-.19	-.04	-.16		-.15	.23	-.08	.08	.17	-.26	-.17	-.02
8. Adaptive behaviours	.22	.27	.31*	.39*	.40*	.49*			-.60*	-.61*	-.38*	-.03	-.59*	.17	.45*	.40*	-.05	-.04	.30	.10
9. Total problems	-.51*	-.45*	-.61*	-.35*	-.70*	-.43*	.14	-.46*		.89*	.73*	.24	.68*	-.08	-.12	-.12	.09	-.00	-.13	.06
10. Internalising	-.44*	-.52*	-.61*	-.35*	-.70*	-.39*	.11	-.33*	.91*		.43*	.15	.69*	-.20	-.19	-.12	.06	-.05	-.17	-.01
11. Externalising	-.39*	-.23*	-.50*	-.25	-.55*	-.29*	.15	-.46*	.88*	.67*		.44*	.49*	-.21	-.07	.12	-.00	-.08	.01	.11
12. Substance use	-.30	-.07	-.32*	-.03	-.31*	-.31*		-.10	.42*	.34*	.50*		.07	-.22	-.24	-.10	-.02	.19	.05	.33
13. DSM problems present	-.41*	-.28*	-.33*	-.15	-.50*	-.27*	-.01	-.27	.66*	.59*	.61*	.33*		-.20	-.32*	-.26	-.20	-.00	-.13	.06
14. Interest in heritage	-.05	-.11	-.11	-.11	-.07	-.03	.19	-.19	.13	.14	.04	-.20	.01		.40*	.62*	.23	-.13	.54*	.03
15. Strength group identity	.02	.03	.01	.07	.07	.06	.14	.10	-.04	.01	.00	-.18	.08	.33*		.54*	.33*	.07	.36*	.13
16. Strength ethnic identity	.14	.07	.05	.03	.08	.24	.19	-.15	-.00	-.07	.04	-.21	-.07	.50*	.43*		.27	-.01	.36*	.01
17. Other group orientation	.10	.10	.03	-.08	.08	.19	.29	-.06	.09	.03	.11	.04	-.13	.24	.26*	.50*		.04	-.01	.09
18. Australian identity	.17	.38*	.31*	.19	.24	.22	-.15	.10	-.21	-.20	-.05	.07	-.11	-.13	-.01	-.04	.06		-.20	.57*
19. Country of origin identity	.08	-.09	.02	.01	.01	.07	.23	-.08	-.05	-.06	-.11	-.24	-.10	.54*	.14	.52*	.19	-.10		.01
20. W. Australia identity	.12	.22	.14	.15	.16	.25*	.16	.21	-.12	-.14	-.04	-.09	-.06	.03	.07	.07	.16	.57*	-.01	

Note. Correlations for IC adoptees below and migrants above the diagonal.
*p<.01

Appendix 4-13

Intercorrelations between well-being and identity variables for intercountry adoptee (n=160) and migrant (n=56) parent reports

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1. Current health		.53*	.57*	.45*	.25	.08	-.53*	-.56*	-.47*	-.28	-.57*	.15	.14	.15	-.14	-.02	-.18	.29	.04	.27	.13
2. Happiness	.46*		.59*	.52*	.36	.28	-.43*	-.52*	-.31	-.12	-.46*	.22	-.05	-.14	.12	.05	.16	.10	.02	.10	-.06
3. Life satisfaction	.40*	.76*		.44*	.12	.28	-.68*	-.64*	-.58*	.02	-.58*	.14	.06	.04	-.09	.19	.00	.34*	.20	.14	.04
4. Satisfied adopt/migrate	.47*	.77*	.68*		.30	.38*	-.53*	-.48*	-.48*	-.13	-.52*	.21	.12	.03	.24	-.22	.08	.36*	.25	.13	.34
5. Competence	.07	.42*	.36*	.30			-.31	-.34	-.24		-.46	.06	.09	.15	.14	.09	.07	-.06	.05	-.00	.09
6. Adaptive behaviours	.35	.67*	.60*	.58*			-.22	-.31	-.13	-.06	-.26	.46	.28	.07	-.05	.34	-.05	.24	.35	.18	.11
7. Total problems	-.50*	-.76*	-.68*	-.70*	-.36*	-.54*		.87*	.90*	.17	.76*	-.05	-.19	-.03	.02	-.06	.01	-.37*	-.13	-.26	-.07
8. Internalising	-.44*	-.70*	-.64*	-.61*	-.35	-.53*	.91*		.64*	.08	.81*	-.20	-.12	.06	-.05	-.17	-.01	-.30	-.09	-.19	-.07
9. Externalising	-.48*	-.74*	-.66*	-.73*	-.34	-.52*	.96*	.80*		.26	.63*	-.06	-.27	-.07	-.06	-.02	-.04	-.52*	-.22	-.42*	-.20
10. Substance use	-.25	-.31*	-.31*	-.19		-.19	.39*	.26*	.46*		.05	-.13	-.08	.25	.15	.07	.15	-.05	.22	-.50*	-.12
11. DSM problems present	-.27*	-.59*	-.48*	-.50*	-.28	-.41*	.69*	.61*	.65*	.27*		-.23	-.17	-.17	-.04	-.22	-.02	-.45*	-.27*	-.22	-.14
12. Interest in heritage	-.02	.01	-.06	-.07	.23	.09	-.03	-.01	-.08	-.01	-.00		.35	.11	-.25	.31	-.33	.32	.28	.36	.27
13. Strength ethnic identity[a]	-.13	-.12	-.10	-.11	-.15	-.07	.22*	.22*	.21	.11	.16	.12		.31	-.20	.16	-.05	.70*	.80*	.83*	.96*
14. Other group orientation[a]	-.07	-.05	-.17	-.09	.13	-.01	.17	.13	.14	.24	.11	.05	.31*		-.10	-.11	-.08	.35*	.31	.04	.36*
15. Australian identity	.24*	.24*	.20	.34*	-.01	-.29*	-.19	-.20	-.18	-.10	-.08	-.17	-.01	.08		-.06	.58*	-.11	-.13	-.18	-.20
16. Country of origin identity	.08	.13	.15	.03	.38*	-.07	-.09	-.09	-.11	-.01	-.00	.57*	.26*	.03	-.12		.08	.24	.36*	.17	.09
17. W. Australia identity	.04	-.16	.13	.20	-.14	.16	-.09	-.10	-.09	-.08	-.18	-.19	.16	.10	.49*	.26*		.01	-.01	-.03	-.11
18. Child culture dimension[a]	-.02	-.10	-.11	-.00	-.12	.24	.14	.08	.15	.23	.07	.25*	.21*	.19	-.01	.22*	-.03		.76*	.62*	.70*
19. Child race dimension[a]	-.08	-.21	-.15	-.19	.01	-.04	.23	.20	.23*	.29*	.21*	.24*	.36*	.43*	.03	.30*	.05	.53*		.60*	.79*
20. Parental culture dimension[a]	-.13	-.12	-.06	-.08	-.04	.13	.14	.12	.17	.14	.09	.04	.63*	.26*	-.09	.23*	.06	.13	.34*		.73*
21. Parental race dimension[a]	-.10	-.10	-.09	-.09	-.11	-.05	.20	.23*	.20	.08	.13	.07	.96*	.29*	.05	.23*	.21	.31*	.29*	.50*	

Note. Correlations for IC adoptees below and migrants above the diagonal. [a] Represents parent self reports.
*p<.01.

Appendix 4-14

Means and standard deviations of mean scores on group, ethnic, cultural and racial identity measures, by participant type and age group

	Adoptee			Migrant			Parent		
	All	Adolescent	Adult	All	Adolescent	Adult	All	A/parent	M/parent
Identity factor	n=110	n=37	n=73	n=80	n=29	n=51	n=164	n=120	n=44
Group identity									
Strength	3.1 (0.5)	3.3 (0.5)	3.1 (0.4)	3.3 (0.5)	3.2 (0.4)	3.4 (0.5)			
Centrality of identity	2.4 (0.8)	2.3 (0.7)	2.4 (0.9)	2.5 (0.8)	2.3 (0.7)	2.6 (0.9)			
Ingroup affect	4.0 (0.8)	4.1 (0.6)	3.9 (0.8)	3.9 (0.7)	3.8 (0.7)	4.0 (0.7)			
Ingroup ties	3.3 (0.7)	3.4 (0.8)	3.2 (0.7)	3.6 (0.7)	3.5 (0.5)	3.6 (0.8)			
Ethnic identity[a]									
Strength	2.4* (0.5)	2.4 (0.5)	2.4 (0.5)	2.8* (0.5)	2.8 (0.4)	2.9 (0.5)	2.8 (0.4)	2.8* (0.4)	3.0* (0.4)
Affirm/belong	2.5* (0.6)	2.5 (0.7)	2.5 (0.6)	3.0* (0.5)	3.0 (0.4)	3.0 (0.6)	3.0 (0.5)	3.0 (0.5)	3.2 (0.5)
Achievement	2.4 (0.5)	2.5 (0.5)	2.4 (0.5)	2.6 (0.5)	2.6 (0.5)	2.6 (0.5)	2.8 (0.5)	2.8 (0.5)	3.0 (0.4)
Explore	2.2 (0.7)	2.3 (0.7)	2.2 (0.6)	2.5 (0.5)	2.5 (0.6)	2.5 (0.5)	2.4 (0.6)	2.3* (0.6)	2.7* (0.5)
Commit	2.7* (0.5)	2.7 (0.4)	2.7 (0.5)	3.1* (0.5)	2.9 (0.5)	3.1 0(.6)	3.2 (0.5)	3.3 (0.5)	3.2 (0.5)
Ethnic behaviours	1.9* (0.7)	2.0 (0.8)	1.9 (0.7)	2.6* (0.8)	2.5 (0.8)	2.7 (0.8)	2.6 (0.7)	2.4* (0.7)	3.0* (0.7)
Other-group orientation[a]	3.2 (0.1)	3.1 (0.5)	3.5 (0.3)	3.2 (0.1)	3.1 (0.4)	3.3 (0.4)	3.3 (0.4)	3.4 (0.3)	3.2 (0.5)
Cultural-racial identity[a]									
Child culture dim.	1.9* (0.7)	1.9 (0.8)	1.9 (0.7)	2.9* (0.6)	2.9 (0.6)	2.9 (0.7)	2.5 (0.6)	2.2* (0.5)	3.1* (0.6)
Child race dim.	2.5* (0.5)	2.5 (0.5)	2.5 (0.4)	2.9* (0.4)	2.9 (0.4)	2.9 (0.4)	3.0 (0.5)	2.9 (0.4)	3.0 (0.4)
Parental culture dim.	3.1 (0.6)	3.1 (0.7)	3.1 (0.6)	3.0 (0.6)	3.0 (0.7)	3.1 (0.6)	2.8 (0.5)	2.7* (0.5)	3.1*(0.6)
Parental race dim.	2.8 (0.5)	2.8 (0.5)	2.8 (0.5)	3.0 (0.4)	3.0 (0.4)	2.9 (0.5)	2.9 (0.5)	2.8* (0.5)	3.1* (0.5)

[a] Parent reports represent parent self reports

Appendix 4-15

Means and standard deviations intercountry adoptee and migrant mean scores on national and place identity, by age group, report type and gender

	Adolescent								Adult							
	Adoptee n=37[a]		Migrant n=29[a]		A/parent n=52[a]		M/parent n=21[a]		Adoptee n=73[a]		Migrant n=51[a]		A/parent n=108[a]		M/parent n=35[a]	
Identity factor	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)
Australian identity	3.9*	(0.8)	3.4*	(0.9)	3.9	(0.6)	3.7	(0.8)	3.9*	(0.8)	3.6*	(0.7)	4.0	(0.6)	3.8	(0.7)
male	3.8	(1.0)	3.5	(1.1)	3.9	(0.6)	3.8	(0.6)	3.8	(1.1)	3.6	(0.8)	3.8	(0.9)	3.6	(0.9)
female	4.0	(0.6)	3.2	(0.7)	3.9	(0.6)	3.6	(0.9)	3.9	(0.7)	3.6	(0.6)	4.0	(0.6)	3.8	(0.5)
Birth country identity	3.1*	(0.9)	3.7*	(0.7)	3.0	(0.8)	3.1	(0.8)	2.8*	(0.8)	3.5*	(0.8)	2.9	(0.7)	3.5	(0.8)
male	3.1	(0.8)	3.7	(0.5)	2.9	(0.8)	3.1	(0.8)	3.2	(1.1)	3.7	(0.8)	3.1	(0.7)	3.5	(0.7)
female	3.1	(0.9)	3.7	(0.5)	3.1	(0.7)	3.2	(0.8)	2.7	(0.8)	3.4	(0.9)	2.9	(0.7)	3.6	(0.9)
W. Australian identity	3.6	(0.5)	3.2	(0.7)	4.0	(0.6)	3.8	(0.8)	3.6	(0.6)	3.5	(0.6)	4.2	(0.7)	3.9	(0.8)
male	3.7	(0.5)	3.2	(0.7)	4.0	(0.6)	3.8	(0.6)	3.6	(0.7)	3.5	(0.6)	3.9	(0.7)	4.0	(0.8)
female	3.5	(0.6)	3.2	(0.7)	4.0	(0.6)	3.8	(1.1)	3.6	(0.6)	3.6	(0.6)	4.3	(0.7)	3.9	(0.8)
Evaluation	3.8	(0.7)	3.5	(0.6)					3.8	(0.6)	3.7	(0.6)				
Attachment	3.9*	(0.5)	3.3*	(0.8)	4.2*	(0.7)	3.8*	(0.8)	4.1*	(0.7)	3.8*	(0.7)	4.4*	(0.7)	4.0*	(0.9)
Continuity	3.2	(0.8)	2.8	(1.0)					3.3	(0.8)	3.2	(0.9)				
Familiarity	3.7	(0.6)	3.3	(0.9)					3.5	(0.9)	3.4	(0.8)				
Commitment	3.3	(0.9)	3.3	(0.9)	3.9	(0.7)	3.8	(0.9)	3.4	(0.9)	3.6	(0.7)	4.1	(0.9)	3.8	(0.9)

[a] YSR male IC adoptee n=12 & migrant n=13; female IC adoptee n=25 & migrant n=16; CBCL male IC adoptee n=17 & migrant n=11; female IC adoptee n=35 & migrant n=10; ASR male IC adoptee n=11 & migrant n=16; female IC adoptee n=62 & migrant n=35; ABCL male IC adoptee n=17 & migrant n=14; female IC adoptee n=91 & migrant n=21.

*p<.01.

Appendix 4-16

Correlations between adoption dynamic, well-being and identity variables for intercountry adoptee self (n=110) and parent (n=160) reports

	Positive affect		Preoccupation		Openness		Negative experience	
Variable	Adoptee	Parent	Adoptee	Parent	Adoptee	Parent	Adoptee	Parent
Current Health	.26*	.37*	-.23*	-.23*	.10	-.08	.02	-.13
Happiness	.48*	.67*	-.22	-.16	.36*	.12	-.14	-.35*
Life satisfaction	.28*	.57*	-.17	-.11	.08	.22*	-.14	-.29*
Satisfaction adoption	.59*	.74*	-.38*	-.24*	.45*	.20	-.31*	-.47*
Self esteem	.29*		-.13		.12		-.24	
Competence	.10	-.01	.01	.39*	.21	-.02	.03	.04
Adaptive behaviours	.24	.49*	-.22	-.17	.36*	.27*	-.31*	-.39*
Total problems	-.26*	-.56*	.15	.22*	-.10	-.08	. 22	.29*
Internalising	-.28*	-.55*	.20	.25*	-.08	-.14	.25*	.34*
Externalising	-.19	-.54*	.06	.12	-.05	-.05	.17	.24*
DSM problems >1	-.39*	-.59*	.17	.19	-.07	-.15	.29*	.28*
Interest in heritage	-.13	-.07	.36*	.14	.03	.00	.06	-.11
Grp ID Centrality adoption	-.25*		.28*.		-.03		.29*	
Grp ID Ingroup affect	.57*		-.19		.35*		-.45*	
Ethnic identity[a]	.10	-.10	.23	-.05	.21	.03	.04	-.04
Adoptee culture dim.[a]	.19	.05	.01	-.05	.22	.06	.04	-.10
Adoptee race dim.[a]	.09	-.18	.22	.07	.18	-.04	.01	.04
Parental culture dim.[a]	.03	-.16	.06	.05	.16	-.06	-.04	.03
Parental race dim.[a]	.33*	-.07	-.03	-.11	.34*	.05	-.11	-.05
Australian identity	.21	.29*	-.14	-.13	.20	.13	-.16	-.27*

[a] Parent reports represent self reports.
*p<.01.

Appendix 4-17

Correlations between four threats and well-being and identity variables, by informant

	Adoptee (n=110)				Migrant (n=80)				A/parent (n=160)		M/parent (n=56)	
Variable	Grp cont.	Status	Looks	Racism	Grp cont	Status	Looks	Racism	Looks	Racism	Looks	Racism
Current health	-.18	-.05	-.25*	-.13	-.08	-.16	-.13	-.04	-.28*	-.22*	-.17	-.11
Happiness	-.29*	-.14	-.32*	-.21	.05	-.16	-.33	-.03	-.32*	-.21*	-.33	-.10
Life satisfaction	-.26*	-.25*	-.32*	-.17	-.09	-.23	-.25	-.08	-.31*	-.26*	-.37	-.10
Satisfied adopt/migrate	-.14	-.36*	-.43*	-.39*	.05	-.25*	-.40*	-.08	-.31*	-.30*	-.29	-.20
Self-steem	-.27*	-.27*	-.40*	-.29*	-.16	-.27*	-.37*	-.06				
Self-efficacy	-.15	-.13	-.20	-.27*	-.02	-.23	-.32*	-.19				
Adaptive behaviours	-.02	-.03	-.10	-.30*	-.30	-.18	-.42*	-.20	-.12	-.13	-.57*	.09
Total problem	.18	.26*	.37*	.29*	.09	.36*	.40*	.19	.40*	.29*	.39*	.25
Internalising	.21	.30*	.47*	.31*	.15	.42*	.46*	.23	.43*	.25*	.32	.35*
Externalising	.13	.22*	.25*	.20	.02	.25	.27	.08	.32*	.26*	.44*	.06
Substance use	.34*	.27*	.36*	.31*	.19	.13	.24	.10	.21	.19	.18	-.17
DSM problems present	.19	.03	.21	.18	-.26	.06	.28	.05	.28*	.25*	.24	.21
Interest in heritage	-.22	.16	-.03	-.10	-.38*	.03	-.26	-.03	.01	-.02	-.22	.10
Strength group identity	-.48*	-.25*	-.21	.10	-.45*	-.24	-.26	.15				
Strength ethnic identity[a]	-.39*	.14	-.13	.05	-.39*	-.09	-.27	.15	-.04	.09	-.15	-.05
Other group orientation[a]	-.37*	-.01	.01	.13	-.25*	-.11	-.12	.27	-.13	-.16	-.04	.07
Child race dimension[a]	.02	.19	.23	.26*	.14	.13	-.06	.29*	.05	-.23*	-.16	-.01
Parent culture dimension[a]	-.35*	.15	-.10	.05	-.40*	-.09	-.23	.11	-.06	.15	-.22	-.06
Parent race dimension[a]	-.31*	.06	-.02	.12	-.44*	-.05	-.24	.12	-.05	.08	-.04	-.04
Country of origin identity	-.09	.03	-.16	-.06	-.36*	-.03	-.27	.03	-.07	-.00	-.28	-.02

[a] Parent reports represent self reports.

*p<.01

Appendix 4-18

Significant hierarchical regression models from self reports on well-being and identity with predictors[d] problems with looking different and threat to group continuity, controlled for participant type

	Model[a]			Participant type[b]			Prob. looking different			Threat group continuity		
Outcome	R^2	adj. R^2	F	β	Δ R^2	F	β	Δ R^2	F	β	Δ R^2	F
Happiness	.13	.10	4.94*	.04	.01	1.36	-.32*	.11	21.67*	-.09	.01	1.32
Life satisfaction	.14	.11	5.31*	.09	.01	1.56	-.25*	.11	20.78*	-.12	.01	2.54
Adopt/migrate sat.	.20	.18	8.55*	-.12	.02	2.75	-.34*	.17	35.95*	.03	.00	0.26
Self-esteem	.18	.16	7.57*	-.03	.00	0.01	-.30*	.15	31.45*	-.14	.02	3.93*
Self-efficacy	.10	.07	3.69*	.05	.00	0.02	-.18	.07	12.60*	-.05	.00	0.35
Total problems	.20	.17	8.30*	-.12	.02	3.07	.28*	.15	31.88*	.06	.00	0.60
Internalising	.26	.23	11.67*	-.07	.01	1.29	.35*	.22	48.30*	.08	.01	1.37
Externalising	.15	.12	5.86*	-.24*	.06	10.21*	.21	.08	16.19	.02	.00	0.11
Substance use[c]	.35	.33	12.00*	-.38*	.21	29.49*	.23	.11	17.29*	.20	.03	5.40
DSM problems	.09	.06	3.17*	-.08	.01	1.83	.16	.06	10.72*	.07	.00	0.72
Heritage	.20	.18	8.74*	.22*	.08	15.08*	-.20	.01	2.24	-.25*	.06	11.94*
Group identity	.26	.24	12.06*	.13	.02	3.62	-.02	.01	1.84	-.46*	.20	45.71*
Ethnic identity	.32	.30	15.66*	.29*	.14	27.97*	-.23*	.03	6.17	-.38*	.11	25.34*
Other group orientation	.15	.12	5.84*	.01	.00	0.00	-.00	.00	0.19	-.33*	.11	20.53*
Child culture dim.	.38	.37	21.07*	.51*	.32	80.60*	-.21*	.02	3.95	-.14	.02	5.07
Parent culture dim.	.28	.25	12.83*	.27*	.12	23.84*	-.18	.02	3.67	-.35*	.11	23.68*
Parent race dim.	.18	.16	7.38*	.09	.02	3.23	-.12	.01	2.08	-.36*	.12	23.79*
Birth country identity	.20	.18	8.54*	.30*	.13	26.64*	-.22*	.03	6.87	-.15	.02	4.51

[a] Degrees of freedom (df)=5/175; [b] IC adoptee=0, migrant=1; [c] Adults only df=5/112; [d] Predictors perceived status and racial discrimination not shown.
*p<.01.

Appendix 4-19

Significant hierarchical regression models from parent reports on well-being and identity with predictors problems with looking different and perceived racial discrimination, controlled for participant type

	Model[a]			Participant type[b]			Prob. looking different			Perceived racism		
Outcome	R^2	adj. R^2	F	β	Δ R^2	F	β	Δ R^2	F	β	Δ R^2	F
Health	.08	.07	5.84*	-.12	.00	0.34	-.22*	.06	12.69*	-.15	.02	4.25
Happiness	.12	.10	6.68*	-.02	.01	1.17	-.31*	.10	22.59*	-.10	.01	2.02
Life satisfaction	.14	.13	10.41*	-.01	.01	1.84	-.29*	.10	22.25*	-.17	.03	6.29
Adoption satisfaction	.17	.16	12.64*	-.30*	.04	8.20*	-.25*	.09	18.40*	-.21*	.04	9.32*
Total problems	.20	.18	15.77*	.06	.01	1.00	.36*	.16	36.43*	.19*	.03	8.29*
Internalising	.20	.18	15.93*	.11	.00	0.09	.37*	.16	38.14*	.19*	.03	8.14*
Externalising	.15	.13	11.08*	-.03	.02	3.41	.31*	.11	24.29*	.15	.02	4.62
Substance use[c]	.09	.07	4.10*	-.17	.05	6.56	.18	.04	5.02	.07	.00	0.55
DSM problems	.19	.17	14.83*	.05	.01	1.16	.37*	.16	36.24*	.16	.03	5.93
Australian identity	.08	.06	5.49*	-.23*	.03	5.62	-.17	.04	7.71*	-.12	.01	2.83

[a] Degrees of freedom (df)=3/196; [b] IC adoptee=0, migrant=1; [c] Adults only df=3/127.
*p<.01.

Appendix 4-20

Correlations between three known risk factors and well-being and identity variables, by informant

	Adoptee (n=110)			Migrant (n=80)			A/parent (n=160)			M/parent (n=56)		
Variable	Adversity	Arrival age	SES	Adversity	Arrival age	SES	Adversity	Arrival age	SES	Adversity	Arrival age	SES
Current health	-.18	.01	-.03	-.15	.13	.15	-.20	-.06	.16	-.09	.28	-.12
Happiness	-.37*	-.08	-.15	.00	.02	.05	-.33*	-.13	.07	-.09	.04	-.10
Life satisfaction	-.20	-.03	.04	-.07	.02	.14	-.33*	-.17	.16	-.27	.14	-.07
Satisfied adopt/migrate	-.28*	-.19	.05	-.03	.06	.12	-.40*	-.22*	-.00	-.13	-.05	.02
Self-esteem	-.19	-.06	.01	.05	.10	.14						
Self-efficacy	.02	-.02	-.04	.05	-.00	-.00						
Competence	.12	.02	-.03	-.15	.02	-.03	.12	.04	-.03	-.53	-.10	-.18
Adaptive behaviours	-.14	-.06	.10	-.23	.12	.23	-.20	-.15	.13	-.29	.09	.13
Total problems	.25*	-.02	-.07	.17	.02	-.14	.37*	.20	-.12	.30*	-.05	.02
Internalising	.21	-.08	.07	.16	.05	-.16	.28*	.11	-.14	.35	-.07	.06
Externalising	.24	.01	-.19	.21	-.02	-.07	.37*	.20	-.09	.27	-.02	.00
Substance use	-.01	-.08	.04	.27	-.21	.10	.16	.08	-.10	.45	-.24	-.38
DSM problems present	.17	-.01	.04	.06	-.04	-.11	.25*	.16	-.03	.31	-.09	.20
Interest in heritage	.20	.13	-.13	-.10	.18	.02	.08	.13	.09	-.13	.17	-.12
Strength ethnic identity[a]	.07	.11	-.12	-.24	.05	.06	.15	.19	-.13	-.38	.22	.17
Other group orientation[a]	.04	-.03	-.11	.06	.09	.17	.21	.14	-.07	-.01	.33	.03
Child culture dimension[a]	.01	.15	.01	-.02	.09	.00	.04	.11	.04	-.10	. 33	-.04
Australian identity	-.09	.07	.08	.03	-.23	-.12	.10	-.10	.24*	-.06	-.53*	-.14
Country of origin identity	.23	.25*	-.20	-.09	.12	.07	.08	.27*	.08	-.28	.09	-.22
W. Australia identity	-.13	.22	.08	.12	-.28	-.14	.03	-.05	.03	-.03	-.22	-.02

[a] Parent reports represent self reports.
*p<.01.

Appendix 4-21

Significant hierarchical regression models from self reports on well-being and identity with predictors[d] pre-arrival adversity, problems with looking different and threat to group continuity, controlled for participant type

	Model[a]			Participant type[b]			Pre-arrival adversity			Prob. looking different			Group continuity		
Outcome	R^2	adj. R^2	F	β	Δ R^2	F	β	Δ R^2	F	β	Δ R^2	F	β	Δ R^2	F
Happiness	.19	.16.	6.72*	.02	.01	1.36	-.24*	.06	10.18*	-.31*	.10	20.73*	-.08	.01	1.08
Life satisfaction	.14	.11	4.52*	.05	.01	1.57	-.09	.02	3.14	-.30*	.10	18.85*	-.11	.01	2.09
Adopt/mig satisf.	.24	.21	8.57*	-.03	.02	2.75	-.03	.02	3.94	-.45*	.18	39 89*	.05	.00	0.53
Self-esteem	.18	.15	6.06*	-.08	.00	0.01	-.07	.01	1.95	-.35*	.14	28.50*	-.14	.02	3.57
Total problems	.20	.17	7.14*	-.06	.02	3.07	.17	.04	7.52*	.37*	.13	28.60*	-.04	.00	0.30
Internalising	.25	.22	9.44*	.01	.01	1.29	.16	.03	5.49	.44*	.20	44.18*	.07	.01	1.10
Externalising	.18	.15	6.26*	-.19	.06	10.21*	.16	.04	7.47*	.27*	.07	14.01*	.00	.00	0.00
Substance use[c]	.35	.32	9.66*	-.35*	.21	29.49*	-.03	.00	0.33	.28*	.10	15.26*	.19	.03	5.19
Heritage	.18	.15	6.27*	.18	.08	15.08*	.07	.01	1.63	-.04	.01	1.85	-.27*	.07	13.68*
Group identity	.24	.21	8.86*	.04	.02	3.62	-.00	.00	0.09	.02	.01	1.31	-.47*	.20	45.29*
Ethnic identity	.30	.27	11.81*	.22	.14	27.97*	-.08	.00	0.44	-.08	.02	4.55	-.34*	.11	26.18*
Other grp. orient.	.11	.08	3.57*	-.05	.00	0.00	.05	.00	0.17	.04	.00	0.17	-.35*	.11	20.91*
Child race dim.	.28	.25	10.62*	.19	.12	23.84*	-.05	.00	0.01	-.04	.01	2.70	-.35*	.11	25.60*
Parent race dim.	.16	.13	5.35*	.02	.02	3.23	-.12	.02	2.85	-.01	.01	1.41	-.35*	.12	22.76*

[a] Degrees of freedom (df)=6/174; [b] IC adoptee=0, migrant=1; [c] Adults only df=6/111; [d] Predictors age at arrival, parental SES, status discrimination and racial discrimination not shown.

*p<.01.

Appendix 4-22

Significant hierarchical regression models from parent reports on well-being and identity with predictors[c] pre-arrival adversity, age at arrival and looking different, controlled for participant type

	Model[a]			Participant type[b]			Pre-arrival adversity			Age at arrival			Prob. looking different		
Outcome	R^2	adj. R^2	F	β	Δ R^2	F	β	Δ R^2	F	β	Δ R^2	F	β	Δ R^2	F
Health	.11	.08.	4.01*	-.23	.00	0.34	-.16	.02	4.76	.16	.02	3.69	-.21*	.05	10.90*
Happiness	.16	13	5.95*	-.09	.01	1.17	-.22*	.06	13.29*	.04	.00	0.16	-.29*	.08	18.97*
Life satisfaction	.21	.19	8.74*	-.07	.01	1.84	-.29*	.11	23.49*	.05	.00	0.41	-.26*	.07	17.42*
Adopt/mig. satisf.	.26	.23	10.33*	-.33*	.04	8.20*	-.27*	.12	26.01*	-.08	.00	0.88	-.23*	.07	15.67*
Total problems	.27	.25	11.77*	.11	.01	1.00	.28*	.12	27.56*	.01	.00	0.01	.33*	.12	30.78*
Internalising	.24	.21	9.91*	.18	.00	0.09	.22*	.07	15.76*	-.06	.00	0.53	.35*	.13	32.96*
Externalising	.23	.20	9.35*	.02	.02	3.41	.29*	.12	27.15*	.02	.00	0.07	.28*	.08	19.43*
DSM problem	.26	.24	11.36*	.07	.01	1.16	.26*	.12	26.37*	.08	.00	0.96	.34*	.12	31.13*
Ethnic identity[d]	.09	.07	3.29*	.08	.03	6.65	-.03	.00	0.61	.24*	.04	7.83*	-.10	.01	1.15
Parent race dim.[d]	.09	.06	2.95*	.03	.02	4.38	-.01	.01	1.31	.25*	.04	8.68*	-.10	.01	1.26
Australian id	.15	.12	5.46*	-.07	.03	5.62	.06	.01	2.11	-.31*	.06	13.77*	-.16	.03	6.55

[a] Degrees of freedom (df)=6/193; [b] IC adoptees=0, migrant=1; [c] Predictors parental SES and perceived racial discrimination not shown; [d] Parent reports represent self reports.*p<.01.

Appendix 5-1

Characteristics of intercountryadoptees in longitudinal studies 1994-2004, by report type and longitudinal study design

	Adoptee report		Parent report	
Characteristic	C-S[a] (n=110)	R-M[b] (n=85)	C-S[a] (n=160)	R-M[b] (n=140)
Female	79%	78%	79%	80%
Mean age/yrs (SD)	19.8 (3.2)	19.9 (2.8)	19.7 (3.0)	20.0 (2.8)
Adolescents (14-16 years)	15%	10%	17%	9%
Mean arrival age/mths (SD)	28.3 (40.3)	25.8 (40.3)	24.6 (34.4	22.4 (34.4)
Arrival age > 6 months	54%	51%	53%	50%
Arrival age >2 years	30%	27%	28%	36%
Pre-arrival adversity (SD)	2.8 (1.9)	2.6 (1.6)	2.6 (1.7)	2.6 (1.7)
Mean time in Australia/yrs (SD)	17.5 (4.1)	17.9 (3.4)	17.7 (3.9)	18.3 (3.2)
Korea	73%	75%	72%	76%
Education ≤ 12 years	51%	48%	57%	53%
Employed full-time	33%	32%	31%	33%
Living with parents	60%	61%	56%	54%
Married/de facto	11%	8%	15%	15%
2-parent family	81%	77%	80%	75%
Only child	12%	11%	8%	7%
Number siblings (SD)	2.1 (1.8)	2.1 (1.7)	2.0 (1.6)	2.1 (1.4)
ICA siblings	56%	56%	60%	58%
Parent born overseas	50%	50%	55%	55%

[a] Cohort-sequential; [b] Repeated-measures

Appendix 5-2

Intercountry adoptee well-being cohort-sequential study raw score means, standard deviations and mean differences 1994 to 2004, by age group, informant and measurement point

	14-26[a] *(4-16[b])*		14-16[c] *(4-6[d])*		17-23[e] *(7-13[f])*		24-26[g] *(14-16[h])*	
Well-being factor	M (SD)	d '94-'04	M (SD)	d '94-'04	M (SD)	d '94-'04	M (SD)	d '94-'04
Current physical health								
parent 1994	*3.6 (0.7)*		*3.2 (0.8)*		*3.6 (0.6)*		*3.5 (0.9)*	
parent 2004	3.2 (0.9)	-0.42*	3.5 (0.7)	0.21	3.2 (0.8)	-0.47*	2.7 (1.1)	-0.81
adoptee 2004	2.9 (1.0)	-0.63*	3.1 (1.1)	-0.25	2.9 (0.9)	-0.73*	2.8 (1.1)	-0.64
Happiness								
parent 1994	*5.3 (0.9)*		*5.5 (1.0)*		*5.4 (0.8)*		*4.9 (1.3)*	
parent 2004	5.0 (1.3)	-0.32*	5.4 (0.9)	-0.13	5.0 (1.3)	-0.36*	4.6 (1.7)	-0.37
adoptee 2004	5.3 (1.0)	-0.07	5.5 (0.8)	-0.03	5.3 (1.0)	-0.13	5.1 (1.4)	0.14
Satisfaction adoption for adoptee								
parent 1994	*4.7 (0.7)*		*4.8 (0.5)*		*4.7 (0.6)*		*4.4 (1.0)*	
parent 2004	4.4 (0.9)	-0.24*	4.7 (0.5)	-0.07	4.5 (0.8)	-0.25*	3.9 (1.1)	-0.46
adoptee 2004	4.4 (0.8)	-0.24	4.9 (0.3)	0.07	4.4 (0.8)	-0.29	4.1 (1.1)	-0.30
Satisfaction adoption for adoptive mother								
parent 1994	*4.7 (0.8)*		*4.7 (0.7)*		*4.7 (0.6)*		*4.1 (1.3)*	
parent 2004	4.4 (0.9)	-0.22	4.7 (0.5)	-0.01	4.5 (0.9)	-0.25	3.8 (1.2)	-0.31
adoptee 2004	4.5 (0.9)	-0.20	4.9 (0.2)	0.23	4.5 (0.8)	-0.23	3.7 (1.5)	-0.40

Note. In italic 1994 age groups.
[a] Parent 2004 n=160; IC adoptee 2004 n=110; [b] Parent 1994 n=283; [c] Parent 2004 n=23; IC adoptee 2004 n=19;[d] Parent 1994 n=38; [e] Parent 2004 n=114; IC adoptee 2004 n=72; [f] Parent 1994 n=207; [g] Parent 2004 n=23; IC adoptee 2004 n=19; [h] Parent 1994 n=38; [i] T-scores.
*p<.01

Appendix 5-2 (continued)

Intercountryadoptee well-being cohort-sequential study raw score means, standard deviations and mean differences 1994 to 2004, by age group, informant and measurement point

	14-26[a] *(4-16[b])*		14-16[c] *(4-6[d])*		17-23[e] *(7-13[f])*		24-26[g] *(14-16[h])*	
Well-being factor	M (SD)	d '94-'04	M (SD)	d '94-'04	M (SD)	d '94-'04	M (SD)	d '94-'04
Satisfaction adoption for adoptive father								
parent 1994	*4.6 (0.8)*		*4.8 (0.6)*		*4.7 (0.7)*		*4.1 (1.2)*	
parent 2004	4.4 (1.0)	-0.24	4.7 (0.6)	-0.10	4.4 (1.0)	-0.28	3.9 (1.4)	-0.27
adoptee 2004	4.4 (1.0)	-0.22	4.8 (0.7)	0.07	4.5 (0.8)	-0.21	3.7 (1.3)	-0.46
Satisfaction adoption for adoptive family								
parent 1994	*4.6 (0.8)*		*4.8 (0.6)*		*4.7 (0.6)*		*4.0 (1.3)*	
parent 2004	4.5 (0.9)	-0.15	4.7 (0.5)	-0.06	4.5 (0.8)	-0.21	4.0 (1.2)	-0.03
adoptee 2004	4.5 (0.9)	-0.16	4.9 (0.3)	0.13	4.5 (0.7)	-0.16	3.7 (1.3)	-0.38
Competence/Adaptive behaviours[i]								
parent 1994	*44.5 (7.4)*		*38.5 (6.5)*		*45.2 (7.0)*		*44.6 (8.9)*	
parent 2004	48.6 (9.6)	4.23*	44.5 (9.6)	5.98	49.2 (9.8)	3.96*	50.5 (7.4)	5.86*
adoptee 2004	50.3 (8.8)	5.87*	50.4 (12.6)	11.89*	49.7 (8.2)	4.44*	52.7 (6.9)	8.13*
Total problems[i]								
parent 1994	*46.8 (10.7)*		*48.5 (9.6)*		*46.1 (10.5)*		*49.5 (12.7)*	
parent 2004	48.5 (12.6)	1.65	46.5 (11.8)	-2.00	48.4 (12.8)	2.36	51.4 (12.4)	1.81
adoptee 2004	51.3 (11.0)	4.54*	50.0 (8.8)	1.49	52.8 (11.4)	6.76*	47.1 (10.2)	-2.43

Note. In italic 1994 age groups.
[a] Parent 2004 n=160; IC adoptee 2004 n=110; [b] Parent 1994 n=283; [c] Parent 2004 n=23; IC adoptee 2004 n=19;[d] Parent 1994 n=38; [e] Parent 2004 n=114; IC adoptee 2004 n=72; [f] Parent 1994 n=207; [g] Parent 2004 n=23; IC adoptee 2004 n=19; [h] Parent 1994 n=38; [i] T-scores.
*p<.01.

Appendix 5-2 (continued)

Intercountry adoptee well-being cohort-sequential study means, standard deviations and mean differences 1994 to 2004, by age group, informant and measurement point

	14-26[a] *(4-16[b])*		14-16[c] *(4-6[d])*		17-23[e] *(7-13[f])*		24-26[g] *(14-16[h])*	
Well-being factor	M (SD)	d '94-'04	M (SD)	d '94-'04	M (SD)	d '94-'04	M (SD)	d '94-'04
Internalising[i]								
parent 1994	*48.0 (9.9)*		*47.2 (10.2)*		*47.9 (9.6)*		*49.0 (10.8)*	
parent 2004	49.3 (11.2)	1.26	48.6 (9.8)	1.28	49.2 (11.3)	1.20	50.7 (12.5)	1.65
adoptee 2004	52.3 (11.7)	4.39*	49.3 (10.1)	1.98	54.2 (11.7)	6.27*	48.2 (11.8)	-0.78
Externalising[i]								
parent 1994	*48.2 (10.1)*		*50.4 (8.8)*		*47.3 (9.8)*		*50.7 (12.4)*	
parent 2004	50.7 (11.8)	2.42	46.3 (10.9)	-4.18	51.0 (11.9)	3.66	53.9 (11.6)	3.14
adoptee 2004	52.8 (10.5)	4.36*	52.3 (7.1)	1.84	52.9 (11.2)	5.55*	53.1 (11.0)	2.34

Note. In italic 1994 age groups and results.
[a] Parent 2004 n=160; IC adoptee 2004 n=110; [b] Parent 1994 n=283; [c] Parent 2004 n=23; IC adoptee 2004 n=19;[d] Parent 1994 n=38; [e] Parent 2004 n=114; IC adoptee 2004 n=72; [f] Parent 1994 n=207; [g] Parent 2004 n=23; IC adoptee 2004 n=19; [h] Parent 1994 n=38; [i] T-scores.
*p<.01

Appendix 5-3

Correlations between cohort-sequential change in well-being 1994-2004, threats, risks, adoption-specific factors and identity, by report type

	Health		Happy		Sat.child		Sat.mother		Sat.father		Sat.family		Compet.		Problems		Internal		External	
Variable	Par	Ado	Par	Ado	Par	Ado	Par	Ado	Par	Ado	Par	Ado	Par	Ado	Par	Ado	Par	Ado	Par	Ado
Prob. looking different	-.28*	-.13	-.16	-.16	-.12	-.39*	-.14	-.28*	-.21	-.15	-.24*	-.24	-.06	-.19	.17	.23	.13	.31*	.14	.31*
Status discrimination		-.10		-.12		-.33*		-.18		-.11		-.28*		-.17		.13		.14		.24
Racial discrimination	-.29*	-.04	-.20	-.03	-.16	-.32*	-.13	-.19	-.16	-.10	-.16	-.18	-.06	-.13	.25*	.12	.23*	.19	.16	.15
Group continuity		-.16		-.40*		-.16		-.22		-.12		-.16		-.11		.16		.23		.09
Age at arrival	-.06	.09	.09	.07	.15	.26	.22*	.15	-.02	-.05	.21	.14	.18	.08	-.21	-.34*	-.08	-.17	-.23*	-.42*
Arrival <2yrs>	.01	.09	-.02	.01	-.03	.12	-.01	.05	-.13	-.19	.06	.06	.10	.05	-.18	-.27	-.05	-.11	-.23*	-.36*
Adversity	-.09	.02	.06	.16	-.06	.26	.04	.21	-.15	.15	.02	.14	.20	.01	-.23*	-.15	-.14	-.02	-.14	-.22
AD positive affect	.25*	.07	.48*	.11	.49*	.19	.36*	.25	.41*	.07	.30*	.26	.18	.11	-.23*	.02	-.34*	-.16	-.17	.11
AD preoccupation	-.10	.04	.02	.02	-.14	-.19	-.10	-.22	-.12	-.00	-.18	-.14	.10	-.04	-.08	-.04	-.06	.09	-.10	-.10
AD openness	-.08	-.09	.13	.05	.19	.04	.16	.18	.13	.13	.12	-.01	.22	-.12	-.08	.10	-.12	-.06	-.01	.23
AD negative exp.	-.08	.08	-.27*	-.02	-.28*	-.18	-.23*	-.16	-.27*	-.01	-.18	-.11	-.12	-.07	.14	-.01	.21	.03	.04	-.09
Bio heritage	.02	-.06	-.00	-.03	-.16	-.05	-.11	-.12	-.09	.06	-.01	-.12	.08	-.09	.01	-.01	.00	.06	-.04	-.07
Daydream birth parent	-.04	-.00	-.13	-.14	-.26*	-.12	-.33*	-.22	-.17	-.14	-.07	-.20	-.05	-.03	.02	-.10	.12	.23	.02	-.04
Child culture dim.	-.15	.08	-.07	-.06	.00	.01	-.02	-.04	-.05	-.06	-.10	-.10	-.01	-.21	.04	-.03	.03	-.09	.05	.08
Child race dim.	-.04	.17	-.14	.01	-.12	.00	-.07	-.08	-.08	-.07	-.09	-.15	-.06	-.12	.12	-.08	.09	-.16	.06	.03
Parental culture dim.	-.18	-.01	-.15	.13	-.01	-.28	.04	-.05	.11	-.17	.07	-.01	-.15	-.04	.05	.04	.03	-.21	.05	.18
Parental race dim.	-.05	.10	.09	.23	.06	.05	.17	.13	.16	-.03	.27*	.11	-.04	.01	-.00	-.07	-.10	-.00	.00	.09
Australian identity	.25*	.09	.21	.32*	.30*	.23	.27*	.10	.34*	.14	.30*	.21	.03	-.04	-.08	-.28*	-.13	-.16	-.05	-.18
W. Australian identity	.08	.25*	.13	.29*	.17	.37*	.26*	.29*	.31*	.22	.27*	.29*	-.01	.26	-.04	-.32*	-.08	-.12	.01	-.25

Note. 2004 parents n=160, IC adoptees n=110.
*p<.01.

Appendix 5-4

Final hierarchical regression models from parent reports on changes in well-being 1994-2004[b] cohort-sequential study, controlled for pre-arrival adversity and arrival after age two years

	Model[a]			Adversity/arrival>2yrs			Positive affect			Looking different			Parental race dim		
Outcome	R^2	adj. R^2	F	β	Δ R^2	F	β	Δ R^2	F	β	Δ R^2	F	β	Δ R^2	F
Health	.13	.09	3.06*	-.10	.02	1.59	.18	.06	7.86*	-.23	.04	6.28	-.06	.00	0.55
Happiness	.27	.24	7.79*	.20	.01	0.36	.53*	.26	44.06*	.01	.00	0.08	.10	.01	1.73
Adoption satisfaction															
adoptee	.24	.21	6.72*	.02	.01	0.34	.43*	.20	33.59*	.03	.00	0.04	.08	.01	1.03
mother	.22	.18	5.95*	.12	.00	0.22	.32*	.14	20.55*	-.01	.00	0.31	.18	.03	5.04
father	.21	.17	5.66*	-.03	.03	2.17	.34*	.13	19.93*	-.11	.02	2.68	.18	.03	5.17
family	.20	.16	5.10*	.07	.00	0.27	.31*	.10	14.03*	-.11	.02	2.95	.27*	.07	11.39*
Competence/Adaptive	.10	.06	2.32	.26	.03	2.13	.27*	.07	9.48*	.01	.00	0.03	-.04	.00	0.20
Total problems	.12	.08	2.95	-.22	.04	2.55	-.24*	.07	10.92*	.08	.01	0.99	-.03	.00	0.09
Internalising	.16	.12	4.07*	-.22	.01	0.76	-.38*	.14	20.90*	.02	.00	0.20	-.11	.01	1.77
Externalising	.08	.04	1.84	-.07	.04	2.53	-.20	.04	5.32	.06	.00	0.36	.01	.01	0.01

[a] Degrees of freedom (df)=6/153; [b] Predictor daydreaming about birth parents not shown.
*p<.01.

Appendix 5-5

Final hierarchical regression models from intercountry adoptee reports on changes in well-being 1994-2004[b] cohort-sequential study, controlled for pre-arrival adversity and arrival after age of two years

	Model[a]			Adversity/arrival>2yrs			Positive affect			Looking different			Parental culture dim		
Outcome	R^2	adj. R^2	F	β	Δ R^2	F	β	Δ R^2	F	β	Δ R^2	F	β	Δ R^2	F
Health	.03	.01	0.51	.00	.02	0.66	.10	.01	1.06	.00	.00	0.14	.03	.00	0.08
Happiness	.17	.11	3.08	.31	.05	2.18	.03	.03	2.21	-.32	.04	3.87	.23	.05	4.23
Adoption satisfaction															
adoptee	.27	.22	5.71*	.33*	.07	2.90	.16	.09	8.65*	-.30	.09	9.23*	-.16	.02	2.40
mother	.21	.16	4.17*	.37*	.05	2.26	.24	.12	10.90*	-.26	.04	4.10	.06	.00	0.31
father	.20	.15	3.96*	.31	.12	5.63*	-.05	.01	0.59	-.25	.06	5.65	.13	.02	1.56
family	.16	.11	2.97	.28	.02	0.92	.26	.11	9.27*	-.21	.02	2.24	.08	.01	0.53
Competence/Adaptive	.04	.02	0.60	.02	.01	0.21	.08	.02	1.56	-.14	.01	1.05	.02	.00	0.02
Total problems	.12	.08	2.00	-.07	.06	2.69	.06	.00	0.33	.27	.04	3.72	-.08	.01	0.50
Internalising	.13	.08	2.38	.03	.01	0.45	.00	.03	2.41	.38*	.08	7.15*	-.12	.01	1.87
Externalising	.23	.18	4.50*	-.08	.13	5.91*	.19	.00	0.00	.36*	.10	9.76*	.03	.00	0.06

[a] Degrees of freedom (df)=6/103.
*p<.01.

Appendix 5-6

Correlations repeated-measures change in intercountry adoptee well-being 1994-2004, threats, risks, adoption factors and identity, by report type

	Health		Happy		Sat.child		Sat.mother		Sat.father		Sat.family		Compet.		Problems		Internal		External	
Variable	Par	Ado	Par	Ado	Par	Ado	Par	Ado	Par	Ado	Par	Ado	Par	Ado	Par	Ado	Par	Ado	Par	Ado
Prob. looking different	.04	-.17	.01	-.18	-.09	-.41*	-.09	-.28*	-.08	-.15	-.10	-.24	-.07	-.27	-.05	.26	.02	.26	.09	.30*
Status discrimination		-.04		-.12		-.34*		-.16		-.09		-.26		-.25		.13		.14		.22
Racial discrimination	-.27*	-.03	-.20	-.03	-.15	-.35*	-.12	-.24	-.13	-.13	-.16	-.21	-.05	-.20	.22*	.14	.21	.13	.15	.14
Group continuity		-.18		-.39*		-.21		-.22		-.15		-.18		-.19		.17		.25		.08
Age at arrival	-.07	.10	.08	.07	.14	.23	.24*	.11	-.01	-.08	.19	.10	.19	.04	-.30*	-.35*	-.16	-.17	-.32*	-.41*
Arrival <2yrs>	.03	.15	-.00	.01	-.06	.06	.01	.01	-.07	-.23	.02	.02	.09	.01	-.21	-.29*	-.05	-.13	-.28*	-.36*
Adversity	-.14	.02	-.03	.14	-.12	.15	.02	.12	-.20	.05	-.11	.07	.08	-.05	.08	-.12	-.10	-.02	.04	-.21
AD positive affect	.26*	.12	.46*	.10	.45*	.22	.34*	.27	.35*	.10	.29*	.28*	.17	.19	-.12	.01	-.24*	-.13	-.07	.10
AD preoccupation	-.11	.05	-.02	.05	-.10	-.17	-.08	-.22	-.11	-.02	-.15	-.14	.10	-.09	-.09	-.03	-.07	.07	-.13	-.10
AD openness	-.08	-.11	.13	.04	.20	.09	.18	.18	.08	.15	.15	-.02	.24*	-.09	-.07	.10	-.10	-.01	.01	.21
AD negative exp.	-.10	.18	-.26*	-.01	-.17	-.23	-.20	-.19	-.29*	-.06	-.17	-.15	-.12	-.14	.05	.02	.14	.10	-.04	-.08
Daydream birth par.	-.03	-.07	-.11	-.22	-.17	-.12	-.31*	-.22	-.09	-.12	-.11	-.19	-.06	-.09	.13	.03	.10	.19	.00	-.05
Child culture dim.	-.12	.05	-.06	-.05	.02	-.00	-.03	-.05	-.04	-.04	-.10	-.09	-.01	-.23	-.03	-.43	.02	-.08	.10	.07
Child race dim.	-.09	.14	-.14	.01	-.02	-.07	-.04	-.04	-.04	-.12	-.03	-.14	.08	-.10	.07	-.17	.05	.03	-.14	.01
Parental culture dim.	-.19	-.09	-.15	.12	-.03	-.21	.08	.01	.12	-.12	.10	.04	-.14	-.06	-.01	.03	-.03	-.07	.03	.18
Parental race dim.	-.07	.04	-.08	.21	.08	.08	.19	.16	.11	-.03	.24*	.16	-.05	.02	-.10	-.07	-.15	-.10	-.02	.09
Australian identity	.25*	.12	.20	.37*	.26*	.31*	.25*	.15	.35*	.17	.25*	.23	.06	.01	-.07	-.27	-.12	-.20	-.03	-.16
W. Australian identity	.09	.21	.13	.29*	.19	.38*	.26*	.29*	.28*	.25	.24*	.31*	.00	.28	.02	-.28	-.06	-.17	.04	-.24
Self-esteem		.33*		.30*		.29*		.29*		.21		.29*		.28*		-.50*		-.50*		-.44*
Self-efficacy		.26		.14		.32*		.15		.18		.11		.29*		-.40*		-.36*		-.26

Note. 2004 parents n=140, IC adoptees n=85.
*p<.01.

Appendix 5-7

Final hierarchical regression models from parent reports on changes in well-being 1994-2004 repeated-measures study, controlled for pre-arrival adversity and arrival after age two years

	Model[a]			Adversity/arrival>2yrs			Positive affect			Prob. looking different			Parental race dim		
Outcome	R^2	adj. R^2	F	β	Δ R^2	F	β	Δ R^2	F	β	Δ R^2	F	β	Δ R^2	F
Health	.09	.05	2.54	-.02	.03	2.04	.24*	.05	8.09*	.04	.00	0.23	-.04	.00	0.18
Happiness	.23	.20	8.13*	.06	.00	0.06	.49*	.22	38.49*	.02	.00	0.08	.11	.01	1.96
Adoption satisfaction															
adoptee	.23	.20	7.75*	.03	.01	0.31	.47*	.20	34.57*	-.09	.01	1.11	.11	.01	2.01
mother	.18	.15	5.97*	.11	.01	0.43	.38*	.13	20.76*	-.09	.01	1.02	.20	.04	6.22
father	.15	.12	4.75*	-.04	.01	0.83	.35*	.11	16.95*	-.09	.01	0.97	.15	.02	3.56
family	.17	.14	5.26*	.03	.00	0.01	.32*	.09	13.39*	-.11	.01	1.40	.26*	.07	10.39*
Competence/Adaptive	.08	.04	2.08	.21	.02	1.58	.21*	.04	6.04*	-.05	.00	0.44	-.07	.01	0.72
Total problems	.09	.05	2.58	-.15	.05	3.87*	-.17	.03	3.95	.04	.00	0.21	-.08	.01	0.87
Internalising	.11	.07	3.15	-.14	.01	0.66	-.28*	.07	10.75*	.02	.00	0.05	-.15	.02	3.43
Externalising	.09	.05	2.52	-.23	.07	5.09*	-.11	.01	1.60	.08	.01	0.88	-.01	.00	0.00

[a] Degrees of freedom (df)=6/135.

*p<.01.

Appendix 5-8

Final hierarchical regression models from adoptee reports on changes in well-being 1994-2004 repeated-measures study, controlled for pre-arrival adversity and arrival after age of two years

	Model[a]			Adversity/arrival>2yrs			Positive affect			Prob. looking different			Parental culture dim		
Outcome	R^2	adj. R^2	F	β	Δ R^2	F	β	Δ R^2	F	β	Δ R^2	F	β	Δ R^2	F
Health	.05	.01	0.83	-.00	.01	0.58	.03	.02	1.70	-.14	.02	1.24	-.06	.00	0.09
Happiness	.16	.11	3.02	.30	.04	1.62	.03	.03	2.36	-.34*	.05	4.72	.22	.04	4.03
Adoption satisfaction															
adoptee	.23	.18	4.45*	.28*	.02	0.90	.16	.10	8.78*	-.35*	.10	9.86*	-.08	.01	0.58
mother	.20	.15	3.97*	.33*	.02	0.94	.25	.12	11.46*	-.29	.05	4.49	.12	.01	1.15
father	.18	.12	3.29	.24	.11	4.86	-.03	.01	0.83	-.24	.05	4.69	-.10	.01	0.78
family	.17	.11	3.07	.27	.01	0.35	.28	.12	10.65*	-.23	.03	2.25	.13	.02	1.41
Competence/Adaptive	.08	.02	1.33	-.02	.00	0.16	.10	.04	3.10	-.24	.04	3.19	.01	.00	0.00
Total problems	.13	.08	2.39	-.01	.07	2.81	.08	.00	0.33	.31	.06	5.02	-.10	.01	0.76
Internalising	.11	.06	2.00	-.04	.01	0.36	-.02	.02	1.91	.33	.05	4.66*	-.18	.03	2.41
Externalising	.21	.16	4.09*	-.05	.11	5.13*	.19	.00	0.00	.35*	.09	9.38*	.04	.00	0.13

[a] Degrees of freedom (df)=5/80.
*p<.01.

Appendix 5-9

Means and standard deviations of intercountry adoptee well-being in repeated-measures study, by age group, arrival before/after age two years and measurement point

	Adolescents[a]				Adults[a]			
	Arrival < 2 years		Arrival ≥ 2 years		Arrival < 2 years		Arrival ≥ 2 years	
	1994	2004	1994	2004	1994	2004	1994	2004
Outcome	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)
Health	3.6* (0.6)	3.3* (0.7)	3.6 (0.6)	3.6 (0.7)	3.6* (0.6)	3.0* (0.9)	3.4* (1.1)	2.8* (1.0)
Happiness	5.1 (0.8)	5.4 (0.9)	5.4 (1.3)	5.1 (1.2)	5.4 (0.9)	5.2 (1.2)	4.7 (1.3)	4.8 (1.4)
Adoption satisfaction								
mother	4.8 (0.5)	4.7 (0.6)	4.6 (0.8)	4.3 (0.6)	4.7* (0.7)	4.5* (0.8)	4.0 (1.5)	3.8 (1.3)
father	4.8 (0.5)	4.7 (0.5)	4.8* (0.5)	4.0* (1.1)	4.7* (0.7)	4.5* (0.8)	4.2 (1.1)	3.9 (1.3)
adoptee	4.7 (0.5)	4.7 (0.6)	4.8 (0.4)	4.4 (0.6)	4.7* (0.7)	4.4* (0.8)	4.2 (1.0)	4.0 (1.1)
family	4.7 (0.5)	4.8 (0.5)	4.7 (0.8)	4.4 (0.6)	4.7* (0.7)	4.4* (0.8)	4.0 (1.3)	3.9 (1.2)
Competence/Adaptive[b]	**41.4* (6.6)**	**46.5* (10.0)**	**35.7 (8.6)**	**42.8 (8.6)**	**46.5* (6.9)**	52.0* (7.4)	**42.4* (8.4)**	49.6* (9.8)
Total problem[c]	48.7 (9.6)	49.0 (10.8)	49.5 (7.9)	50.2 (10.1)	45.0* (10.8)	49.6* (12.6)	**54.1 (13.1)**	48.4 (12.0)
Internalising[c]	**50.8 (8.7)**	49.8 (9.8)	44.6 (10.4)	48.9 (8.6)	47.9 (10.5)	**50.6 (12.3)**	**52.0 (10.0)**	49.0 (11.5)
Externalising[c]	49.9 (9.7)	50.8 (10.6)	**53.4 (6.0)**	**51.6 (10.7)**	45.4* (10.1)	**52.1* (11.9)**	**55.5 (13.1)**	51.2 (11.6)

[a] Adolescents arrive < 2 years n=54, arrive ≥ 2 years n=16; Adults arrive < 2 years n=110, arrival ≥ 2 years n=45; [b] Values lower than the norm in the case of Competence/Adaptive; [c] Values higher than the norm are displayed in bold.
*p<.01.

Appendix 5-10

Means and standard deviations of intercountry adoptee well-being in repeated-measures study, by age group, pre-arrival adversity and measurement point

	Adolescents [a]				Adults [a]			
	Low adversity		Med/high adversity		Low adversity		Med/high adversity	
	1994	2004	1994	2004	1994	2004	1994	2004
Outcome	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)
Health	3.6* (0.6)	3.3* (0.8)	3.7 (0.7)	3.7 (0.5)	3.6* (0.6)	2.9* (0.9)	3.5* (1.1)	2.7* (1.1)
Happiness	5.2 (0.8)	5.3 (1.0)	5.1 (1.6)	5.6 (0.5)	5.4 (0.9)	5.2 (1.1)	4.7 (1.3)	4.8 (1.4)
Adoption satisfaction								
mother	4.8 (0.5)	4.6 (0.6)	4.6 (1.0)	4.6 (0.7)	4.8* (0.5)	4.5* (0.8)	4.0 (1.5)	3.8 (1.3)
father	4.8 (0.5)	4.6 (0.8)	4.7 (0.7)	4.4 (0.7)	4.8* (0.6)	4.6* (0.7)	4.0 (1.1)	3.6 (1.4)
adoptee	4.7 (0.5)	4.6 (0.6)	4.9 (0.4)	3.7 (0.7)	4.8* (0.6)	4.5* (0.8)	4.2 (1.0)	4.0 (1.1)
family	4.8 (0.5)	4.7 (0.5)	4.4 (1.0)	5.1 (1.6)	4.8* (0.5)	4.5* (0.7)	4.0 (1.3)	3.9 (1.2)
Competence/Adaptive[b]	**40.0* (7.6)**	**46.3* (9.9)**	**39.2 (7.8)**	**41.4 (7.4)**	**46.8* (7.1)**	51.7* (7.7)	**41.6* (7.8)**	50.3* (9.4)
Total problems[c]	48.5 (9.1)	49.7 (10.8)	**51.3 (9.9)**	46.2 (8.9)	44.9* (10.4)	49.0* (11.8)	**54.4 (13.9)**	50.0 (13.9)
Internalising[c]	49.0 (9.3)	50.3 (9.6)	**51.6 (10.3)**	44.9 (5.0)	47.9 (10.2)	50.1 (12.1)	**52.1 (10.7)**	50.1 (12.1)
Externalising[c]	50.5 (9.1)	51.1 (10.5)	**52.8 (8.9)**	50.1 (11.6)	45.4* (9.8)	**51.3* (11.3)**	**55.6 (13.9)**	**53.1 (13.0)**

[a] Adolescents low adversity n=61, med/high adversity n=9; Adults low n=111, med/high adversity n=; [b] Values lower than the norm are displayed in bold; [c] Values higher than the norm are displayed in bold.
*p<.01.