The adoption of Indian children by Norwegian parents

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Abstract

This article examines the functioning of children originally from India who were adopted by Norwegian families. The sample included 192 internationally adopted children living in 142 Norwegian families. Surveys previously used in other countries were used resulting in descriptions of the health, disability status, development, educational functioning, and behavioral issues. Results suggest that most children were healthy and demonstrated developmentally appropriate progress for their ages. Attachment was quite strong with a decline as children grew older. Overall there were few behavioral concerns and behavior concerns of concerned initially at placement abated over time. The adoptions are stable. Overall, the findings paint a portrait of healthy adoptive family systems that have found a way to create and maintain stability as they have adapted to the unique challenges of international adoptions from India.

Keywords: adoption, international adoptions, adoptive fathers, strengths, behavior problems

Norwegian adoptions: an overview

Domestic adoptions are very rare in Norway (Saetersdal & Dalen, 2000). Haugland (1999) indicates that Norway has the highest rates of international adoption per 100,000 people and Selman (2000) lists Norway as having the highest adoption rate (14.6) compared to Denmark (11.8), Sweden (10.4), Switzerland (10.2), France (6.4), the USA (5.7), the Netherlands (5.3), Italy (4.6), Finland (3.5), and Australia (1.3). The number of international adoptions steadily increased in Norway during the 1990s (Statistics Norway, 2000). This means between 500 and 600 infants and toddlers arriving each year from other countries to Norway (Howell, 2002). International adoption is an important aspect of Norwegian adoptive family life and the adoption of children from India is part of the mosaic of international adoption in Norway.

Several factors have led to the rise in international adoptions in Norway, including: the decline in the rate of Norwegian babies available for adoption, the cultural expectations generated by the strong endorsement of family as an important aspect of life in Norwegian society (which leads to, "enormous pressure on those couples who find themselves unable to have their own children" Howell, 2001, p. 205), and the generous "birth leave" act that provides for 12-months of paid leave for either parent, includes adoptive families, and covers the family with other benefits until the child is three-years of age (Howell, 2001, 2002, 2003; Morgan & Zippel, 2003).

Adoption has been an area of scholarly inquiry for Norwegian researches for many years. One of the earliest studies of international adoption in Norway was conducted by Dalen and Saetersdal (1987). Drawing from a national sample of 226 Vietnamese and Indian adopted children, they surveyed 182 children (81% response rate), supplementing the survey with interviews. The published study is mainly based on a population of 80 young adoptees from Vietnam, all of them over 17 years of age (Dalen, 2004). The researchers tried to compose a sample with young adoptees from all parts of Norway. They traveled throughout Norway, interviewed 41 adoptees and their parents separately (n = 98) in their homes. The Vietnamese-adoptees were mostly female (75%). About 20% were adopted before the age of 1 year, 44% adopted between 1 and 3 years of age, and 34% adopted after age 3. Focusing on the Vietnamese children, they found that the older the child at adoption, the more language difficulties they had. This led subsequently to academic difficulties. Of the 41 adoptees interviewed, 17% (n = 7) succeeded well in school, 41% had average performance, and 41% had below average performance. In addition to the academic difficulties, they highlight the complex feelings the Vietnamese adoptees had about their ethnic identity. Adoption seemed to be less of an issue than the desire to distance their identity as a Vietnamese refugee.

Brottveit (1999, 2003) studied adult Korean and Colombian adoptees utilizing a qualitative research design. Through interviews, he gathered both retrospective and current information concerning their ethnic and social identity development. He concluded that adoptees in his sample could be categorized into three-groups: "Double-ethnicity, Cosmopolitan and Norwegian." The double-ethnic group was primarily comprised of "root-seekers" who made trips to their countries of origin. Some were "driven by psychological problems or problems with their relations to the adoptive parents" while others were "well adapted" and had "a solid identity and high self esteem" (Brottveit, 2003, p. 23). The cosmopolitan group did not embrace the ethnicities associated with either Norway or their country of origin. Those characterized as Norwegian identified entirely with a Norwegian ethnic identity. Brottveit speculates that some in this group were influenced by a rejecting attitude in the adoptive family towards their culture of origin. Others appear to have settled on their Norwegian identity after a great deal of exploration, visits to their birth-countries, etc. (Brottveit, 2003).

Howell's (2001, 2002, 2003) work has focused on identity formation and kinship. The creation and maintenance of kinship when Norwegian parents adopt children from other countries is viewed as a "mystical" process (Howell, 2003). Howell (2001) refers to process as the parents, "... symbolically transforming the blood of their children to their own..." (p. 220). The "transformation" of internationally adopted children into Norwegian is accomplished by the tendency to "ignore the differences" between parents and children (Howell, 2002). Howell (2001, 2002, 2003) also finds that the majority of adopted children in Norway do not identify with their country of origin or people from that country.

In contrast to the research on identity, Andresen (1992) focused on adjustment issues. He included a comparison group of native-born Norwegian children (who are in the same class at school and are the same age and sex as the subjects) to contrast the development of adopted children to nonadopted children. The strength of this approach is that all of the children experienced the same school environment and were often in the same class. The majority of the children were Korean born (72%), 12-13 year old internationally adopted children in Norway, while the origins of all other adoptees in the sample were not explicated. Overall, the adopted children were evaluated by their teachers as well-adjusted. They had no major problems with reading or writing. However, adopted children had more difficulty in math than their non-adopted counterparts. Language capabilities were equivalent between adopted and non-adopted children. The adopted children did not demonstrate more emotional or behavioral problems than non-adopted children but they were rated as significantly more hyperactive. No differences in adjustment were attributed to the child's age at adoption but country of birth did account somewhat for differences in adjustment among the adopted children. Children originally from Korea appeared to exhibit fewer problems than those from other countries. Adopted boys displayed more problems than adopted girls.

Dalen (1995, 2001) studied many of the same variables investigated by Andresen (1992) concerning internationally adopted children in Norway. Dalen (2001) compared children originally from Korea and Colombia to non-adopted Norwegian children. In contrast to Andresen's (1992) findings, Dalen's (2001) study revealed poor outcomes among the adoptees. Internationally adopted children experienced lower educational achievement, displayed more "problematic behavior" (especially hyperactivity), and demonstrated poorer "school language skills" than non-adopted children. However, no differences resulted between the two groups on day-to-day language skills. When the children adopted from Korea and Colombia were considered differentially compared to non-adopted Norwegian children, those born in Colombia faired most poorly in virtually all categories. In fact, the children who had been born in Korea had even higher scores on both school performance and day-to-day language skills than native born Norwegian children when all three-groups were compared.

Results also varied between children adopted at different ages, no matter the country of origin. Those who were adopted as older children displayed worse outcomes than those who were adopted at younger ages. However, the differences were not great enough for the author to conclude that age played a "crucial role" in the outcomes (Dalen, 2001). Interestingly, Dalen (1995, 2001) also found that adoptive parents were much more actively supportive of their children's efforts in school than parents of Norwegian-born children. Dalen (2001) speculates that this may lead either to positive academic outcomes due to involvement in the children's schooling, or negative outcomes due to high or unrealistic expectations of the adoptive parents.

In a recent study of depressive symptoms among 12-14 year old Norwegian children (Sund, Larsson, & Wichstrom, 2003), internationally adopted children were included in the sample of children (n = 2,465). The researchers found that children from "third world countries," including those children who had been adopted (n = 22), had higher mean depressive symptoms than others in the sample. There may have been some interaction with the "presence of both parents" in the home since those who had lost both parents also rated more highly on depressive symptoms than those who lived with both parents. In fact, those who did not live with both parents had the highest scores on depressive symptoms of the entire sample. However, any conclusion about adopted children would not be justified. Combining results for both immigrant children and children who were adopted from other countries obscures results, especially for adoptees. Therefore, it is not clear how relevant the study was for understanding depression in adoptees. The point about the influence of psychosocial stressors on depression in adolescents is well taken and probably is not different for children who are adopted compared to other children.

There are at least two ways to interpret the findings of the Norwegian studies of international adoptions reviewed here. We may view the results from a strengths perspective and point up the positive outcomes for many internationally adopted children in the face of the obstacles they have had to overcome (problematic pre-adoption experiences, post-adoption acculturation, language acquisition, etc.). For instance, internationally adopted children in Norway appear to be well-adjusted overall (Andresen, 1992) and to acquire a solid grasp of day-to-day language (Dalen, 2001). Another way to approach the data is from a problem oriented perspective. From this point of view, the research tends to paint a portrait of many difficulties experienced by internationally adopted children in Norway compared to native-born Norwegian children. For instance, some of these children often experience challenges with identity formation, particularly concerning ethnic identity (Brottveit, 2003; Howell, 2001, 2002, 2003). Two of the studies (Andresen, 1992; Dalen, 2001) reveal a high incidence of hyperactivity among international adoptees. These children often struggle with educational achievement, and display more behavior problems (Dalen, 2001). There is some evidence that they may experience higher rates of depression than native-born Norwegians (Sund et. al., 2003). Therefore, interpretations of the findings are dependent, in part, on the perspective used.

This review serves as background to the current study which focuses on a specific group of adoptees, those from India. The next section discusses Indian adoptions.

Adoptions from India

India was one of the first countries to allow the promotion of international adoptions as a 'giving' or resource nation (Yngvesson, 2002). The countries involved in the earliest international adoptions were Sweden, Norway, Denmark, Switzerland and Holland (Damodaran & Mehta, 2000). While there were many adoptions to the U. S., many were not considered international adoptions because many of the families had at least one person of Indian origin (Damodaran & Mehta, 2000).

The practice of placing children from India with foreign families (especially from Western countries) for adoption that began in the 1960s, accelerated considerably by the 1970s (Apparao, 1997; Damodaran & Mehta, 2000). This trend abated somewhat in the late 1980s due to the passage of a law in 1984 requiring 50% of the adoptions involving Indian children to be carried out domestically (Damodaran & Mehta, 2000; Yngvesson, 2002). Special needs children are exempted from this quota. Overall in India, there has been a steady increase in the number of adoptions. According to the data provided by the Central Adoption Resource Agency (CARA),[1] the steady increase in adoptions is due largely to the increase in domestic or in-country adoptions. For example, of the 2660 adoptions in 1995, 1424 were from domestic, in-country adoptions (54%). In 2000, of the 3234 adoptions, 1870 were domestic, in-country adoptions (58%).

By the year 2000, single-year data for the entire country revealed that 1364 Indian children were adopted internationally (Groza & the Bharatiya Samaj Seva Kendra Research Team, 2002). Children from India are free for international adoption only when there are compelling circumstances, such as, they are members of sibling groups thatshould not be separated (Macedo, 2000), and it is not possible to locate suitable adoptive parents within India (Damodaran & Mehta, 2000). The child or children first must have been presented to prospective Indian adoptive families. It is only after having tried three different times unsuccessfully that children are then made available for international adoption. Adoptive parents in Norway have been the recipients of some of those children, but the largest number of internationally adopted Indian children go to parents in the U.S.A. (Damodaran & Mehta, 2000).

There are few studies specifically focused on Indian children adopted internationally. As such, this study fills a gap in the knowledge about this specific group of children.

A conceptual model for thinking about adoptions

Family systems is the theoretical perspective used in this research. The system's framework examines the child and family in context. That context includes the history of the child prior to adoption and the multiple domains of child and family functioning post-adoption. The domains investigated in this study reflect both internal and external dynamics that affect adoptive family systems.

It is important to recognize that adoption is a greatly improved situation for virtually all children in need of a family. Many children become available for adoption because their situations have been problematic and abandonment, neglect or abuse are often part of their pre-adoptive history. Problems certainly exist for some children in adoptive families, but their occurrence is often related to trauma from pre-adoptive experiences – not to the child's status of being an adoptee. In addition, a focus on problems obscures the commitment of families to the adoptee, the stability of most adoptions, satisfaction with the adoptive experience, and the many successes in adoptions overall (Groze, 1996).

As part of an adoptive family system perspective, it is recognized that in the family life cycle, adoptive families have many resources on which to draw. Their commitment to creating their families through adoption has involved prolonged involvement in at least one and often more agencies over a period of time from adoption approval to preparation to post-placement super-

vision. Often they have great support from extended family, friends, neighbors and colleagues (Groze, 1996). At the same time, adoptive families encounter different kinds of stressors than other types of family systems (Talen & Lehr, 1984; DiGiulio, 1987; Rosenberg, 1992) and have unique life cycle issues (Rosenberg, 1992). Stressors in the adoptive family include those from the community, those related to the service system, those that the child as a subsystem brings to the family as well as those the family system brings to the new adoptive family system (Barth & Berry, 1988). For instance, resources, when they are missing or not well developed, can be stressors to the adoptive family system.

The systems approach to examining adoptive families is a helpful framework for organizing the various issues explored in this study. In many ways, the systems approach is easily embraced by parents and social work professionals in unraveling and understanding the issues families and adoptees may encounter on multiple levels.

Study aims

This is a descriptive study that was part of a program evaluation. The analysis was organized around the following primary question:

- How are Indian children adopted to Norway functioning in multiple domains?

The domains studied include those that reflect the internal dynamics of the adoptive family system such as child health, attachment dynamics, differential parenting styles, service utilization, child problems and strengths, and the stability and nature of the adoptive family. Domains that reflect the impact of external factors on the adoptive family system include educational issues and service provision to adoptive families.

A secondary focus of this study will address the following question:

- Are there any differences between the perceptions of adoptive mothers and fathers concerning adoptive family systems?

Method

Sample

Children of The World Norway (CWN) is one of the three authorized agencies for international adoptions in Norway and one of two that accounts for 96% of all international adoptions (Saetersdal & Dalen, 2000). CWN has been an important international adoption organization for 5 decades in Norway. From 1982 through 2003, CWN facilitated the adoption of 398 children from India by 276 Norwegian families.

Data were collected through a mailed survey. Two hundred seventy six 276 adoptive families of Indian children in Norway were sent a mailed questionnaire in October 2003. Mailed surveys were returned to CWN in stamped envelopes that were enclosed with the questionnaires. Reminder notices were mailed 30 days after the initial mailing. All questionnaires were subsequently mailed to the principal investigator in the United States for data entry and analysis. No individual family response was able to be tracked back to a specific family. Responses were anonymous and confidential. IRB approval was obtained both in Norway and the U.S.A.

Measures

In previous research, we used a questionnaire similar to the one developed for this project for adoptive families in the United States, Romania and India (see Rosenthal & Groze, 1992; Groze, 1996; Groza and the Bucharest Research Team, 1999; Groza & the Bharatiya Samaj Seva Kendra Research Team, 2002). Standardized measures included the Child Behavior Checklist[2] (CBCL) that assesses problems (Achenbach, 1991; Achenbach & Edelbrock, 1983) and the Behavioral and Emotional Rating Scale (BERS)[3] that assesses strengths (Epstein & Sharma, 1998).

The CBCL provides measures that contain 5 subscales that assess internalizing problems among children plus a summative Internalizing Scale, and 3 subscales that assess externalizing problems plus a summative Externalizing Scale. The internalizing subscales include withdrawal, anxiety/depression, somatic complaints, social problems and thought-related problems. The externalizing subscales include attention problems, delinquency, and aggressiveness (Achenbach, 1991; Achenbach & Edelbrock, 1983).

The BERS assesses 5 dimensions of childhood strengths: interpersonal strength, family involvement, intrapersonal strength, school functioning, and affective strength (Epstein & Sharma, 1998).

Results

Response rates

Data were collected on 192 children from 142 families, representing 52% of the families who received the survey and 48% of the children adopted from India in the Norwegian sampling frame. We consider the response rate to be quite good for several reasons. This was the first time researchers who were not Norwegian conducted a study of Norwegian adoptive families, which might have influenced some parents concerning their participation. There is also some indication from adoption workers that Norwegian adoptive families are experiencing research fatigue – they feel that they have been studied too much. As such, some chose not to participate. Finally, the questionnaire was long, compared to other questionnaires used in previous research in Norway; the length may have affected response rates.

To test for systematic bias in the data, census data were obtained on the gender of each child, age at adoption, age at time of the study, and city of origin in India on all adoptions from India. These data were compared to the same data obtained from respondents to determine if there were any differences. From the census data, 70% of adoptions were female, children were .94 years (std. dev. = 1.0) at the time of adoption, 8.9 years (std. dev. = 5.8) at the time of the study, and 47% of adoptions were from Pune, India. There is no difference between the sample and population for child gender, age at the time of study, or location in India where the child was adopted. There is, however, a statistically significant difference in age at adoption ($t = -13.99$, $p < .01$), with the sample containing children older at adoption (mean = 1.6 years, std. dev. = 1.1) than the population (mean = .94 years, std. dev. = .98). Since the children in this study were adopted when they were older, the results must be considered with the overall differences in age as the context. We would expect some results to be more negative for this sample, since the children were older at adoption.

Description of the adoptive families

Most questionnaires (73%, n = 139) were completed by adoptive mothers. Adoptive fathers completed 23% (n = 44) of the questionnaires and a small number of the questionnaires were completed by both parents together (4%, n = 8). The respondents in each category were from different families. At the time of the study, adoptive mothers were 43.3 years old, on average, and adoptive fathers were 45.5. At the time of adoption, adoptive mothers were 34.9 years old, on average, and adoptive fathers were 37.2. Most families included more than one child in the home (80%, n = 147). When there were other children in the home, most often the children were additional adoptive children (90%, n = 132).

These families are mostly two-parent, first marriage families (91%). A few are second marriage families (6%) and very few are single parent families due to separation, divorce or widowhood (3%). Family income ranges from 140,000 to 1,800,000 Norwegian kroner; average family income is 610,276 kroner (std. dev. = 254, 952). [As of March 2004, this was equivalent to 70,461 Euro].

Description of children and their history

Most of the adopted children (69%, n = 132) were females; males comprised 31% (n = 59) of the sample. Almost all of the children (99%, n = 188) had been in an orphanage prior to adoptive placement. The majority of the orphanage placements (70%, n = 132) were evaluated as excellent or good (by adoptive parents retrospectively). About one-fourth of the children (n = 43) had spent time in their birth family prior to adoption and 11% (n = 19) had been in a foster home. Children were adopted from under one year of age to 9 years of age; average age at adoption was 1 year, 6 months. The majority of children (87%) were placed by age 2 or younger and 96% were placed by age 3 or younger. At the time of the study, adoptees were 1 to 23 years old; on average, they were 9.8 years old. Twenty percent of the children were under the age of 5, 40% were latency age (5 to 12), one third were adolescent (13 to 18), and 6% were older adolescents/young adults (over age 18), at the time of the study. The children had been in their adoptive homes on average 8.1 years. Only a few children (8%, n = 17) had been in their adoptive placements a year or less. About one-third had spent more than 10 years in their adoptive homes.

Health, disability and other developmental descriptions of children

For the most part, health problems, disabilities and other difficulties were not reported for the children. No children had vision impairments, 2 children (1%) were reported as deaf or hearing impaired, 9 (5%) were reported to have physical disabilities, and 2 children (1%) were reported to be mildly retarded. Overall, these children do not have special physical or health needs.

Parents were asked to evaluate lags in developmental skills for their children at placement and at the time of the study. For the most part, less than 15% of the children had developmental delays at placement and less than 10% had any delays at the time of the study. The only developmental areas in which the parents indicated dramatic improvement were language development followed by social skills. There were no statistically significant differences for whether there was a delay in any of the areas mentioned above by age at placement, although the trend was in the expected direction: children who were older at placement were more likely to demonstrate some type of delay. About 14% of families (n = 27) reported that their child was

malnourished or underweight at adoption. No families reported their children as having genetic problems.

Parents were asked to evaluate sensory information for their children at placement and at the time of the study. For the most part, there were no reports of sensory difficulties at placement or at the time of the study. For the few children entering the family with some sensory difficulties, most of these children had improved at the time of the study. There were no statistically significant differences for whether there was a sensory difficulty in any of the areas mentioned above by age at placement, although the trend was in the expected direction of older age at placement linked to higher likelihood of sensory difficulties at placement.

Attachment relations

Families were asked to report on a series of indicators of parent and child relations. Table 1 summarizes their responses. (Due to rounding, the percents do not always equal 100).

Table 1
Assessment of parent-child attachment relations

How well do you and your child get along?	
Very well	83%
Fairly well	15%
Not so well	3%
How often do you and your adoptive child enjoy spending time together?	
Just about every day	85%
2-3 times a week	11%
Once a week	3%
Once a month	1%
Less than once a month	1%
How would you rate the communication between you and your child?	
Excellent	67%
Good	28%
Fair	4%
Poor	2%
Do you trust your child?	
Yes, very much	66%
Yes, for the most part	30%
Not sure	4%
No	1%
Do you feel respected by your child?	
Yes, very much	70%
Yes, for the most part	26%
Not sure	4%
No	1%
Do you feel close to your child?	
Yes, very much	83%
Yes, for the most part	14%
Not sure	4%

Overall, attachment relationships were very positive. The majority of parents reported getting along well with their children, spending enjoyable time together with their children, good communications with their children, trusting their children, feeling respected by their children and feeling close to their children. There was a significant correlation between age at the time of study and: getting along ($r = .31$, $p < .01$), spending time together ($r = .43$, $p < .01$), communication ($r = .21$, $p < .01$), respect ($r = .17$, $p < 05$), and closeness ($r = .29$, $p < .01$) so that as age increases, there is a decrease in positive reports on each of these variables. That means that as the children get older, parents report getting along less well, spending less time together that they enjoy, poorer communication, feeling less respect and feeling less close to their children. The correlations for getting along, spending time together and closeness were moderate; the correlations for communication and respect were weak. There was no such correlation with placement age. These correlations are similar to other data collected on adoptive families and suggest a life cycle change; as children get older, relationships with their parents change. However, these changes may be attributed to a "normal" developmental process which many non-adoptive families experience. This finding, then, may have v little to do with adoption and more to do with the changing nature of parent-child relationships that are a natural part of the family life cycle.

Behavioral concerns

Families were asked to rate their children on a series of behaviors reported in the past to be of concern to American families who adopted children with a history of institutionalization. The following figure summarizes this information.

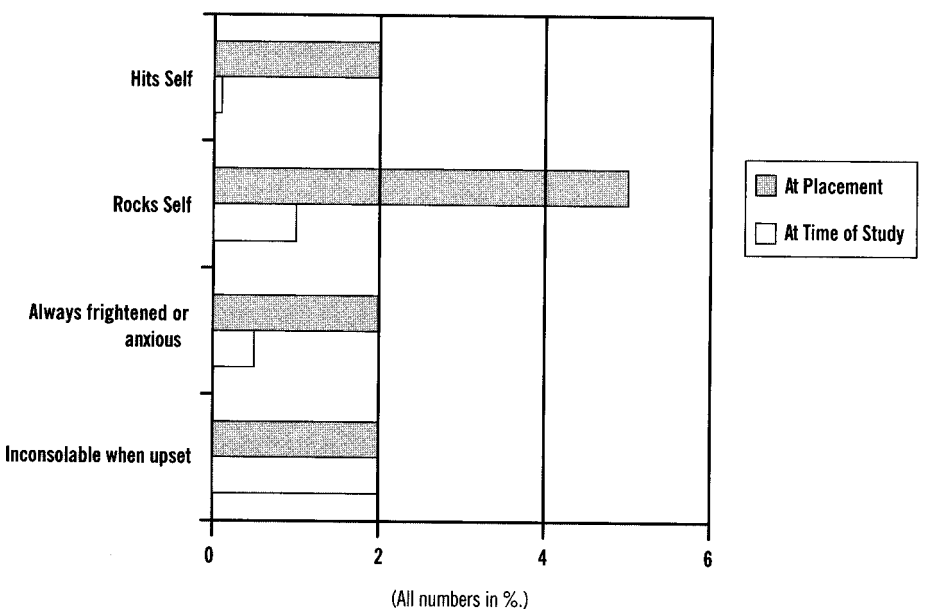

Figure 1
Percent with behavior

For the most part, there were no behavior concerns at placement or at the time of the study. For families that reported problems at placement, this changed over time with the exception of a few children (n = 4) who remained inconsolable when upset. There were no statistically significant differences for whether or not there was a behavior difficulty in any of the 4 areas reflected in figure 1 by age at placement, although the trend was in the expected direction of older age at placement for children demonstrating these behavior issues at placement.

A second measure of behavior utilized in this study was the Total Score on the CBCL. The CBCL is composed of internalizing and externalizing subscales for children 4 to 18 years of age. Data were analyzed for the percentage of children scoring in the clinical range of each of these scales – the clinical range includes those scores indicative of severe emotional and behavioral disorders. The scales do not have norms for children under the age of 4 or over the age of 18, so children in that age range are the primary subjects of this analysis (Achenbach, 1991; Achenbach & Edelbrock, 1983). Table 2 summarizes the data for the percentages of children scoring in the clinical range for each subscale.

The clinical range is equivalent to CBCL scores for children who receive outpatient mental health services. The nonclinical range of scores is similar to CBCL scores of children who have not been referred for mental health services, more akin to the "typical" child. Cutoff scores that differentiate the clinical from "typical" children are scores above the 90th percentile (Achenbach & Edelbrock, 1983).

The results indicate that most children did not have high enough scores that would be indicative of severe emotional and behavioral problems. There were significant correlations between age at the time of study and two variables: somatic complaints ($r = .22$, $p < .05$) and anxiety/depression ($r = .18$, $p < .05$) so that as age increases, there is an increase in scores on these two scales. This means that older children had more somatic problems and anxiety/depression as reported by their parents. However, the correlations were weak. There were no such correlations with placement age and either of these variables.

Educational functioning

The majority of school age children (87%) are in school. About 15% of the children are enrolled in special education classes. Only 3% of the children are enrolled entirely in special education classes. There was no correlation between placement age and whether or not the child was enrolled in special education.

Table 2
Percent of Indian adopted children scoring in the clinical range

CBCL Subscales	Males 4-18	Females 4-18
Internalizing		
Withdrawal Behavior	1%	1%
Somatic Complaints	2%	2%
Anxiety/Depression	3%	1%
Social Problems	3%	5%
Thought Problems	1%	1%
Externalizing		
Attention Problems	2%	4%
Delinquency	3%	3%
Aggressiveness	1%	1%

Adoption outcomes

Several items were used to assess adoption stability. Families were asked to evaluate the impact of the adoption, the smoothness of the adoption over the last year, and how often they think of ending the adoptive placement. Figure 2 summarizes parents' reports concerning the first of these.

Families were also asked to evaluate overall how the adoption went during the last year. Most (60%) reported it went as they expected and almost another third (30%) reported it went better than expected. Ten percent of parents reported that the adoption had more ups and downs than they expected.

Finally, families were asked if they ever thought of ending the adoption; most, 92%, did not. When asked in a different way about how often they thought of ending their adoption, most, 85%, reported "never," 13% reported "not very often," and only 2% reported "most of the time."

There is no association between placement age and impact of adoption or how often families think of ending the adoption. There is a correlation with study age and thoughts of ending the adoption ($r = .17$, $p = .04$) such that, as age increases, families are more likely to think about ending the adoption. Mean scores were also higher on the behavior problems for withdrawal, anxiety/depression, social problem, aggressiveness, internalizing problems and total problems for families who considered ending the placement compared to families who never considered ending the placement.

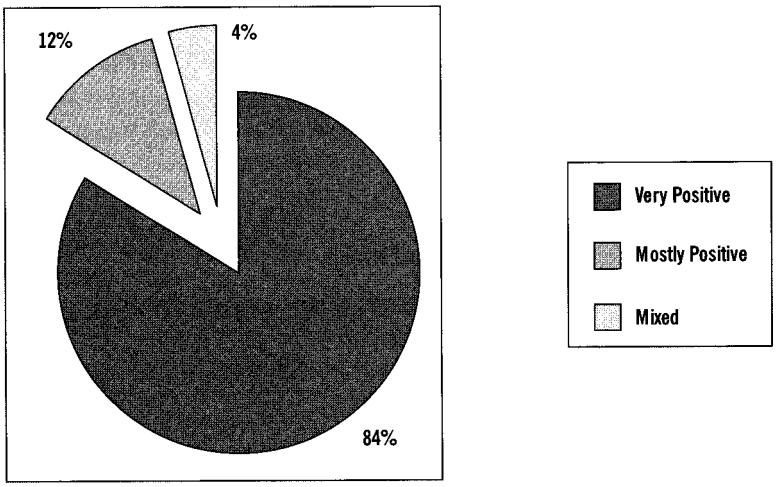

Figure 2
Overall impact of the adoption on the family

Comparing parent views

Each variable in the study was analyzed by the gender of the parent who responded to the questionnaire in order to inquire about any differences between adoptive mothers and father's perceptions of the adoptive family system. Overall, the similarity between the responses of adoptive mothers and fathers across many variables in the study was striking. There was far more agreement than disagreement in the perspectives of the two parents. There were, however, some statistically significant differences concerning the following variables.

For instance, adoptive mothers and fathers report differing perspectives on whether or not their children understand the difference between being born or adopted into a family. Adoptive fathers appear to be more likely to report that their children understand the difference between being born and being adopted into a family than adoptive mothers or both parents ($\chi^2 = 13.15$, *df*-2, $p = .001$). However, adoptive mothers seem to be somewhat more likely to have discussed adoption with their children than adoptive fathers ($\chi^2 = 13.02$, *df*-4, $p = .011$).

Parenting styles contrasted significantly. Parents differed when asked what they do if saying "no" to their child does not work right away. Fathers appeared to be more likely to "keep talking" than mothers who seemed more likely to take some "other kind of action" ($U = 2155.50$, Mean Rank-Mo. = 82.45, Fa. = 102.87, p = .019). Another finding was that Fathers appear to be more likely to rate themselves as often not carrying out a "fair threat or warning" to their child than mothers who seemed more likely to score closer to "I always do what I said" ($U = 2265.50$, Mean Rank-Mo. = 83.29, Fa. = 100.31, p = .041).

Adoptive fathers and mothers also differed on whether or not they "use bad language or curse" when their child misbehaves. Fathers were more likely to indicate they do use bad language or curse than mothers ($U = 2158.50$, Mean Rank-Mo. = 82.85, Fa. = 103.80, p = .005).

Finally, parents were asked several questions about the importance of various services during and subsequent to the adoption of their child and whether or not they used any of these services. Differences were only found on a few of these services, the most important being the need for information about the child and the use of information concerning available services. Mothers appear to have wanted more information about their adoptive child "on experiences prior to adoption as well as on current health, educational and social needs" than fathers required ($\chi^2 = 7.88$, *df*-2, $p = .019$). When it came to actually using services, mothers were also somewhat more likely to indicate that they used "information about and help in locating needed services such as financial subsidy, therapy, support groups, medical care, educational services, etc." than fathers ($\chi^2 = 11.65$, *df*-2, $p = .003$). Interestingly, when asked to rate the "importance" of information on the child and information concerning applicable services, there were no significant differences between adoptive fathers and mothers. The vast majority of respondents in both groups rated information on the child as essential or very important to adoptive parents.

Multivariate analysis

Regression analysis was used to study the relationships between the children's ages at placement for adoption, children's ages at the time of the study, parent's perceptions of children's problems (CBCL, Achenbach, 1991; Achenbach & Edelbrock, 1983) and parent's perceptions of children's strengths (BERS, Epstein & Sharma, 1998). The correlations between these variables are highlighted in Table 3. The CBCL and BERS scores are correlated significantly (-.446), indicating that as parents perceptions of strengths increase, perceptions of problems decrease and vice versa.

Regression analysis was used to further test the relationships between these variables with the BERS (the strength assessment) as the criterion variable. Table 4 summarizes the findings of the analysis. The regression model was significant at the < .001 level but the only independ-

Table 3
Correlations between: Children's ages at time of adoptive placement, children's ages at time of study, scores on the CBCL (Problems) & scores on the BERS (Strengths).

	Placement Age	Study Age	CBCL Total Score	BERS
	Adopted Children (n = 192)			
Placement Age	–	-.067	-.020	-.151
Study Age		–	.037	-.009
CBCL Total Score			–	-.446***
BERS				–

*** $p < .001$

Table 4
Summary of regression analysis

Variable	*B*	*SE*	β	*p*
Placement Age	-2.598	1.390	-.146	.064
Study Age	.135	.386	.027	.727
CBCL Total Score	-.583	.103	-.439	.000

($F(5, 132) = 7.175$, $p < .001$) Multiple R = .462, $R^2 = .214$, Adjusted $R^2 = .184$

ent variable that had significant explanatory power in the model was the CBCL. Scores on the CBCL predict slightly over 21% of the ratings on the BERS. Therefore, among Norwegian families who adopt Indian children, parent's perceptions of their children's problems predict approximately 21% of parent perceived children's strengths.

Discussion

Viewed from a family systems perspective, the results of this study lead to one general conclusion that addresses the major question on which the study focused. Indian children adopted by Norwegian parents are functioning quite well overall in the many domains studied.

Though the domains studied were quite varied, each of them represent substantial impacts on the family system, either internally or externally. Most of the domains in the study include significant internal family systems dynamics such as child health, attachment dynamics, differential parenting styles, service utilization, child problems and strengths, and the stability and nature of the adoptive family all represent aspects of the internal development of the adoptive family system. Educational issues and service provision to adoptive families represent some elements of the variables in the study that impact the adoptive family system externally.

A high percentage of these children were reported to be healthy and most of them have demonstrated developmentally appropriate progress for their ages. Most parents rated attachment with their children as quite strong with a predictable decline in mutual activities and feelings of closeness as children grew older. There were no significant negative trends concerning the behavior of these children. Overall behavioral concerns in most children abated over time after

placement. The low percentages of children with severe emotional and/or behavioral problems are comparable to non-adopted children. Educational difficulties also appear to be minimal for most of the sample. The adoptions in the study appear to be quite stable with only a very small number of parents indicating any instability.

Overall, the findings of this study paint a portrait of mostly healthy family systems that have found a way to create and maintain stability as they have adapted to the unique dynamics of international adoptions.

There are several limitations to this study. First, this is a descriptive study. The study employees a cross-sectional design. No control group or matched comparison groups are used. The cross-sectional design produces a reflection of one point in time. The adoptive parents are asked to answer some questions retrospectively. This requires good memories and excellent historical reporting in order for the data to be as accurate as possible. The only responses included in the data are from those who voluntarily responded to the survey.

Even with these caveats, the one lesson that is continually reinforced is that adoption works. It is apparent from this study that the adoption of Indian children to Norway is working very well.

Notes

1. CARA is an autonomous agency under the Ministry of Social Justice and Empowerment, Government of India. It was established in 1990 to deal with all matters concerning adoption in India. For additional information, see their website at http://www.adoptionindia.nic.in
2. The CBC provides measures that contain 5 subscales assessing internalizing problems plus a summative Internalizing Scale, and 3 subscales assessing externalizing problems plus a summative Externalizing Scale. Over a one-year period, the mean r was .75; over a two-year period, the mean r was .71. Subscale alphas range from .54 to .96. The 5 subscales assessing internalizing problems are withdrawal, somatic complaints, anxiety/depression, social problems, and thought problems. The 3 subscales assessing externalizing problems are attention problems, delinquency, and aggressiveness. Scores on the subscale can be classified as in the clinical range – similar to scores for children receiving outpatient mental health services – and the nonclinical range that is akin to the typical child.
3. The Behavioral and Emotional Rating Scale (BERS) is a standardized, norm-referenced scale designed to assess the behavioral and emotional strengths of children ages 5 to 18. It is a 52 item checklist normed on children not identified as having emotional and behavioral disorders and on children with emotional and behavioral disorders. It assesses 5 dimensions of childhood strengths: Interpersonal Strength, Family Involvement, Intrapersonal Strength, School Functioning and Affective Strength. The BERS subscales have alphas ranging from .87 to .96; it has an overall reliability of .97.

References

ACHENBACH, T. (1991). Manual for the child behavior checklist/4-18 and 1991 profile. Burlington, VT: University of Vermont, Department of Psychiatry; 1991.

ACHENBACH, T. & EDELBROCK, C. (1983). *Manual for the child behavior checklist*. Burlington, Vt.: University of Vermont, Department of Psychiatry.

ANDRESEN, I. K. (1992). Behavioural and school adjustment of 12-13-year old internationally adopted children in Norway: A research note. *Journal Of Child Psychology And Psychiatry And Allied Disciplines*, *33*(2), 427-439.

APPARAO, H. (1997). International adoption of children: The Indian scene. *International Journal Of Behavioral Development, 20*(1), 3-16.

BARTH, R.P., & BERRY, M. (1988). *Adoption and Disruption: Rates, Risks, and Response*. New York: Aldine De Gruyter.

BROTTVEIT, A. (1999). Intercountry, transracial adoptee's strategies facing external catergorisation. In A. RYVGODL, M. DALEN & B. SAETERSDAL (eds.), Mine – Yours – Ours and Theirs, pp. 125-133. Olso: Univesity of Olso.

BROTTVEIT, A. (2003, April). *Ethnic identity among adult intercountry adoptees in Norway*. Paper presented at the International Adoptions Conference, Korea Klubben, The meaning of roots: Ethnic identity & biological heritage, Copenhagen, Denmark.

DALEN, M. (1995). Learning difficulties among inter-country adopted children. *Journal of Nordic Educational Research, 15*(4).

DALEN, M. (2001). School performances among internationally adopted children in Norway. *Adoption Quarterly, 5*(2), 39-57.

DALEN, M. (2004). Personal correspondence.

DALEN, M. & SAETERSDAL, B. (1987). Transracial adoption in Norway. Adoption and Fostering, 11, 4, 41-46.

DAMODARAN, A., & MEHTA, N. (2000). Child adoption in India: An overview. In P. Selman (Ed.), International Adoption: Developments, Trends and Perspectives, pp. 405-418. London: British Agencies for Adoption and Fostering.

DIGIULIO, J. F. (1987). Assuming the Adoptive Parent Role. *Social Casework: The Journal of Contemporary Social Work*, November, 561-566.

EPSTEIN, M. H., & SHARMA, J. M. (1998). Behavioral and Emotional Rating Scale (BERS): A Strength-Based Approach to Assessment, Examiner's Manual. Austin, TX: Pro-ed Publishers.

GROZA, V., & Bucharest Research Team (1999). A follow up study of Romanian families who adopted Romanian children. Prepared for Holt International Children's Services, Eugene, Oregon and Bucharest, Romania.

GROZA, V. and the Bharatiya Samaj Seva Kendra Research Team. (2002). A Study of Indian Families Adopting Indian Children. Prepared for Holt International Children's Services, Eugene, Oregon and Pune, India.

GROZE, V. (1996). *Successful Adoptive Families: A Longitudinal Study of Special Needs Adoption*. New York: Praeger.

GROZE, V. (1992). Adoption, Attachment and Self-Concept. *Child and Adolescent Social Work Journal*, 9(2):169-191.

HAUGLAND, V. (1999). Official Opening. In A. Ryvgodl, M. Dalen and B. Saetersdal (eds.), Mine – Yours – Ours and Theirs, pp. 8-11. Olso: Univesity of Olso.

HOWELL, S. (2001). Self-conscious kinship: Some contested values in Norwegian transnational adoption. In S. Franklin & S. McKinnon (Eds.), *Relative Values: Reconfiguring Kinship Studies* (pp. 203-223). Durham, NC: Duke University Press.

HOWELL, S. (2002). Community beyond place: Adoptive families in Norway. In V. Amit (Ed.), *Realizing Community: Concepts, Social Relationships and Sentiments* (pp. 84-104). New York: Routledge-Taylor & Francis Group.

HOWELL, S. (2003). Kinning: The creation of life trajectories in transnational adoptive families. *Journal Of The Royal Anthropological Institute, 9*, 465-484.

MACEDO, N. (2000). A home away from home: The experience of an Indian child welfare programme. In P. Selman (Ed.), International Adoption: Developments, Trends and Perspectives, pp. 419-433. London: British Agencies for Adoption and Fostering.

MORGAN, K. J., & ZIPPEL, K. (2003). Paid to care: The origins and effects of care leave policies in Western Europe. *Social Politics, 10*(1), 49-85.

ROSENBERG, E. B. (1992). *The Adoption Life Cycle: The Children and Their Families Through the Years*. New York: The Free Press.

ROSENTHAL, J., & GROZE, V. (1992). *Special Needs Adoption: A Study of Intact Families*. New York: Praeger.

SAETERSDAL, B., & DALEN, M. (2000). Identity formation in a homogenous country: Norway. In P. SELMAN (Ed.), International Adoption: Developments, Trends and Perspectives, pp. 164-180. London: British Agencies for Adoption and Fostering.
SELMAN, P. (2000). The demographic history of intercountry adoption. . In P. Selman (Ed.), International Adoption: Developments, Trends and Perspectives, pp. 15-39. London: British Agencies for Adoption and Fostering.
SUND, M. A., LARSSON, B., & WICHSTROM, L. (2003). Psychological correlates of depressive symptoms among 12-14-year-old Norwegian adolescents. *Journal Of Child Psychology And Psychiatry, 44*(4), 588-597.
TALEN, M. R. & LEHR, M. L. (1984). A Structural and Developmental Analysis of Symptomatic Adopted Children and their Families. *Journal of Marital and Family Therapy*, 10(4):381-391.
YNGVESSON, B. (2002). Placing the "Gift Child" in transnational adoption. *Law & Society Review, 36*(2), 227-256.

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