Internationally adopted children's general and adoption-specific stressors, coping strategies and psychological adjustment

Reinoso, M.; Pereda, N.; Van den Dries, L.; G. Forero, C.

Abstract

We examined stress, coping and psychological adjustment of 68 children, aged 8 to 12, who were internationally adopted to Spain. Using the Kidcope, all children were asked about the most stressful general and adoption-related problem they experienced and the use and effectiveness of various coping strategies when dealing with the problem. For all reported problems the nature of the problem (personal, interpersonal, regarding others), the content, the degree of stress it created and its perceived controllability were analyzed. Emotional and behavioural functioning were assessed with the Behaviour Assessment System for Children. About half of the children mentioned specific problems concerning the adoption, with inracial adoptees reporting less adoption-related problems than transracial adoptees. For general and adoption-related problems, interpersonal problems were mentioned most often. With regard to the content, 'relationships' and 'victimization' were mentioned most often for general and adoption related problems, respectively. Adoption-related problems were appraised as less controllable. No differences emerged in terms of coping with general or adoption-related problems except for 'self-criticism'. Overall, the children used many coping strategies and were generally well-adjusted. Identifying the problems and coping strategies of adoptees is important in order to help these children and their families tackle these stressors.

Key words: international adoption, middle childhood, being adopted, stress, coping, psychosocial adjustment

Introduction

Spain is the second country in the world, after the USA, in terms of number of internationally adopted children (Selman, 2009). In Spain both international and domestic adoptions co-exist, although the former are considerably more preponderant than the latter (Palacios & Amorós, 2006). At their peak in 2004, intercountry adoptions reached up to 5,541. Despite a sharp decline since then, following the downward trend for most receiving countries, the number of children adopted internationally is still significant (Selman, 2009). Overall, 45,696 children joined Spanish families through international adoption between 1998 and 2010, with China (31%), Russia (24%), and Colombia (8%) representing the principal countries of origin (Spanish Ministry of Health and Social Policies, 2010). Albeit a large number of international adoptees are growing up in Spain, research in this area is limited, especially for children in middle childhood. In Spain the population of adoptees in middle childhood and adolescence is still rather small, as international adoption only started in 1996, after the ratification of the Hague convention. In recent years, the first studies on the psychological adjustment of this subgroup have started to appear (e.g., Barni, León, Rosnai, & Palacios, 2008; Barcons-Castel, Fornieles-Deu, & Costas-Moragas, 2011; Authors, 2011), but research focussing on adoptees' own experiences is still lacking. There are, however, a few exceptions. In a previous study on the current sample we explored the perceptions of adoption for the first time (Authors, in press). The present paper complements our previous work by examining stress, coping, and psychological adjustment of these children.

Stress in adopted children

Adopted children often experience hardship at the beginning of their lives, including separation from their biological parents, institutional rearing, malnutrition, deprivation, insufficient medical care, neglect, and maltreatment (Johnson, 2002; Miller, 2005). In addition, international adoption presents adoptees and their families with a set of unique issues and challenges throughout the lifecycle (Brodzinsky, Schechter, & Henig, 1992). However,

meta-analyses have shown that placing children into an adoptive family also provides them with positive opportunities for a healthy development (for an overview, see Juffer, Van IJzendoorn, & Palacios, 2011; Van IJzendoorn & Juffer, 2006).

In middle childhood, adopted children begin to understand the meanings and implications of adoption (Brodzinsky, Singer, & Braff, 1984). Children realize that being adopted means having both adoptive and birth parents. Also, they realize they have been relinquished, which may result in a profound sense of loss and abandonment (Brodzinsky, 1990). Adopted children must integrate into their adoptive families, but they also need to differentiate between their adoptive and birth families to make sense of their adoptive status (Neil, 2012). Adoptees, particularly transracial adoptees, might view themselves as different from others. Difference in physical characteristics can generate feelings of appearance discomfort (Juffer, 2006; Juffer & Tieman, 2009) and complicate a positive racial/ethnic development (Lee, 2003). In additon, in middle childhood adoptees become increasingly aware of the potential stigma and discrimination associated with adoption and/or their racial minority status (Lee et al., 2010).

These challenges, taken together with normative developmental challenges (e.g. physical changes associated with the onset of puberty and the development of autonomy), can be a source of great stress for adoptees in middle childhood. However, the extent to which these challenges are experienced as problematic and the way adoptees cope with them vary from person to person.

Coping in adopted children

The ability to manage stress successfully depends on the individual repertoire of coping strategies (Donaldson, Prinstein, Danovsky, & Spirito, 2000; Frydenberg, 1997; Lazarus & Folkman, 1984). Studies generally suggest that the use of emotion-focused or avoidance strategies (e.g., distraction, expressing one's emotions, or substance abuse) is related to poorer adjustment, whereas the use of problem-focused or approach strategies (such as gathering information, making decisions or planning) is associated with more positive adaptation (Band

& Weisz, 1988; Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001). Nevertheless, because effectiveness of coping strategies may in part depend on the characteristics of the stressor (i.e. type, intensity and controllability), children who are able to use them in a flexible way appear to have the best outcomes (see Pincus & Friedman, 2004). There is also evidence of developmental progression toward increasing sophistication and efficacy of coping responses from early to middle childhood (Zimmer-Gembeck & Skinner, 2011). In addition, parents play a role in how their children cope with stressors. Parents can assist children in using appropriate coping styles by being sensitive to the children needs en supporting and encouraging them in dealing with the stressors (Power, 2004).

As mentioned before, adopted children experience a variety of loss-related experiences (e.g., loss of birth family, ethnic and cultural connections, and stability in relationships). The way children appraise these experiences and the type of coping strategies they use to deal with them mediate their adjustment (Brodzinsky, 1990). For example, using avoidance strategies was linked to higher levels of parent-reported externalizing behavior problems in domestically adopted 8-to-12-year old children (Smith & Brodzinsky, 2002). We have extended the work of Brodzinsky and colleagues to international adoption (Authors, 2010). In 35 Spanish families with 8-to-12-year old adopted children we examined the stressors adoptees experienced and the way they dealt with them. Children, when asked about the most stressful event they had to face, mainly reported interpersonal problems referring to relationships and health, illness or accidents. Adoption-related problems were scarcely spontaneously mentioned. Adoptees mainly used control-oriented coping strategies, and the use of escape-oriented coping was associated with greater maladjustment.

As the above-mentioned findings reveal that many adoptees face both adoption and non-adoption related psychologically distressful events that may compromise their healthy development, this issue deserves further exploration. In the current study we replicated and extended our previous research by analyzing both types of stressors experienced by

international adoptees in middle childhood, and related them to children's overall psychological adjustment. To date, both types of problems have never been simultaneously analyzed. The main aims of the present study were: 1) to analyze the types of general and adoption-related stressful events experienced by international adoptees, and to study the intensity of the stress and its perceived controllability, 2) to identify factors associated with the presence of adoption-related problems, 3) to examine the types of coping strategies used in dealing with the stressors and their perceived efficacy, and 4) to examine adopted children's psychological adjustment, and its relationship with stress and coping. Differences between general and adoption-related situations were explored.

Although our study is mainly exploratory, we have several hypotheses. Based on our prior study (Authors, 2010), we hypothesized that adoption-related stressors would seldom be spontaneously mentioned by adoptees when asked about general problems. However, when specifically questioned about adoption-related problems, we expected the children to report a wide range of stressors. Also, it was expected that differences in the characteristics of adoption-related and unrelated stressors would lead to different use and effectiveness of coping stategies. Finally, we expected stress appraisal and coping responses to be related to children's overall psychological adjustment.

Method

Participants

In the present study, we included 68 participants from a larger sample of internationally adopted children (see Authors, 2011) for whom complete data on their adoption was available. The children (42 girls and 26 boys) ranged in age from 8 to 12 years, with a mean age of 9.59 years (*SD*=1.28). The adopted children were from the following countries of origin: twenty-nine (43%) from Asia (China, India and Nepal), twenty (29%) from Eastern Europe (Bulgaria, Russia and Ukraine), ten (15%) from Africa (Burkina Faso, Cameroon and

Ethiopia), and nine (13%) from Central and South America (Brazil, Haiti, Dominican Republic, Mexico and Panama). Children arrived in Spain at an average age of 3.29 years (range from a few days to 9 years). The assessments were on average 6.28 years (*SD*=2.28) after arrival.

For all children, except for one child with a single father, the mother was the primary caregiver and participated in the study. All adoptive families were Caucasian white and were predominantly from middle-class or upper-middle class backgrounds. Seventy-one percent of children were placed with parents with different racial backgrounds (transracial adoptees). About a third (34%) of the adoptees was an only child whereas 50% had one sibling, and 16% had two or three siblings. Table 1 provides an overview of the demographic characteristics of children and their parents.

Measures

Kidcope

General and adoption-related stressors and coping strategies were obtained using the bilingual Spanish-Catalan Kidcope for 7-to-12-years olds (Spirito, Stark, & Williams, 1988). During face-to-face interviews children were asked to describe the most stressful event they experienced in their lifetime (situation 1:'general problem'), and the most stressful adoption-related experience they had had to cope with (situation 2: 'adoption-related problem'). In addition, the children's use of ten different coping strategies was assessed: 'distraction', 'social withdrawal', 'cognitive restructuring', 'self-criticism', 'blaming others', 'problem solving', 'emotional expression', 'wishful thinking', 'social support', and 'resignation'. For both situations, respondents rated the use ('Did you do this?', rated 'yes' or 'no') and perceived efficacy ('How much did it help?', rated as 'not at all', 'a little' or 'a lot') of all coping strategies.

Additionally, children rated the intensity of experienced stress and the degree of perceived control over the general and adoption-related problem by means of two items scored on a 5-point Likert scale ranging from 1 (nothing) to 5 (a lot).

Spirito and colleagues (1988) reported moderate test-retest correlation coefficients for short periods of time ranging from 3 to 7 days (.41-.83). Concurrent validity has been demonstrated by moderate to high correlations with other coping scales, such as the Coping Strategies Inventory (Tobin et al., 1984) and the Adolescent Coping Orientation for Problem Experiences (Patterson & McCubbin, 1987). The Kidcope has been developed and used in a wide variety of settings and applications and is commonly implemented to measure coping in samples of children from different cultures and countries, for example China (Cheng & Chan, 2003), and Spain (Caqueo & Forns, 2004; Authors, 2009; Authors, 2010).

BASC

The Behavior Assessment System for Children (BASC; Reynolds, & Kamphaus, 1992; Spanish adaptation, González, Fernández, Pérez, & Santamaría, 2004) is questionnaire designed to measure both maladaptive and adaptive aspects of child behavior. In this study the BASR-Parent Rating Scale (BASC-PRS) was used. Mothers rated the frequency of 134 child behaviors on a 4-point Likert scale (1=never, 2=sometimes, 3=often, and 4=almost always). The PRS includes 4 subscales. For Externalizing problems, Internalizing problems, and Index of behavioral symptoms (BSI), higher scores indicate more problem behaviors. For Adaptive skills, lower scores indicate more problem behaviors. Raw scores were transformed to T-scores (M=50, SD=10) according to national age norms.

The Spanish version of the BASC showed good reliability for the global dimensions (Cronbach's alpha values from 0.82 to .90). The internal consistency was .72 and the rest-retest reliability for a 3-month interval was .78. The BASC has well-documented reliability and validity for assessing behavior problems among adopted children from various ethnic backgrounds (e.g. Miller, Chan, Tirella &, Perrin, 2009; Rojewski, Shapiro, & Shapiro, 2000).

Adoptive mothers also filled out a questionnaire, devised by the authors, on sociodemographic characteristics of the family and their children's background.

Procedure

Adoptive families were recruited through adoptive families' associations, schools and health/education professionals (estimated participation rate about 50%; *n=46*) and through the snowball sampling method (*n=22*). Families received an invitation letter and were asked to contact the researcher by telephone or e-mail.

Scheduled appointments were made at the family's convenience either at the university/professional center (*n=56; 82%*) or at their home. Parents provided written informed consent for their family; the children provided verbal assent. The researcher administered the Kidcope, while parents completed the BASC in another room. The children were informed that they could stop the interview at any time or skip a question they did not wish to answer. After the visit, children received a gift packet made up of coloured pencils, a pencil sharpener and an eraser. Ethical approval was sought and granted by the University of Barcelona Bioethics Committee.

Children's self-reported stressors were analyzed using a simplified version of the Coding System Problems Reported (Forns et al., 2004). Two psychologists independently classified the nature of the problem (which identifies who suffered the problem) and the content of the problem (which identifies the topic of the problem) (Table 2). Disagreements were resolved via discussion. The kappa indexes for the nature and content of the problem in the general condition were 0.97 and 0.93, respectively. For adoption-related problems, they were 0.95 and 0.81, respectively. Following Gardner's (1995) criteria, the obtained kappa indexes were highly satisfactory.

Data analysis

First, the characteristics of general and adoption-related problems were studied. Chi-square tests and t-test were applied to examine differences between problems reported in both

situations. Second, chi-square tests and t-test were performed to determine possible differences in socio-demographic background variables (gender, age at adoption, current age, parents' age, family structure, family type, and type of placement) between the children who reported adoption-related problems and the children who did not report adoption-related problems. Third, percentages of use and perceived efficacy of coping strategies were obtained, for both general and adoption-related problems, and odds ratio were used to compare the proportions between the two situations. Fourth, Pearson's correlations were calculated to examine the relationship between appraisal of stress, effective coping strategies, and mother-rated BASC scores. Fifth, gender and age differences were examined using Chi-square tests and t-tests. The data were analyzed with the statistical package SPSS for Windows.

Results

The outcomes are presented in four sections. First, we describe the characteristics of both general and adoption-related problems elicited by children. Second, we examine the factors associated with the presence of adoption-related problems. Third, we analyze the use of coping strategies and their perceived efficacy. Finally, we examine adoptees' psychological adjustment, and its relationship with stress and coping.

Adopted children's problems

Sixty-four children (94%) reported a general problem, and around half of them (53%, n=36) mentioned an adoption-related problem when specifically asked about it. Two children reported an adoption-related problem in the general situation, which they also reported in the adoption-specific situation. These children were excluded from the analysis for general problems.

The types of problems mentioned by the children are described and illustrated in Table 2. It shows that most problems were of an interpersonal nature, with no significant differences between general and adoption-related situations. We found significant gender differences in the nature of general problems ($\chi2$ [2, N=62]=6.55; p<.05). Most girls (62%) mentioned

interpersonal problems, followed by personal problems and problems related to others (20% and 18%, respectively). Boys also mentioned interpersonal problems most frequently (60%), followed by personal problems (40%). However, none of them mentioned problems related to others. In the same vein, a gender difference was present for adoption-related problems (χ^2 [2, N=36]=15.56; p<.01). Most girls mentioned interpersonal problems (73%), followed by personal problems (23%) and problems related to others (4%). Conversely, none of the boys described interpersonal problems. Instead, they mostly reported personal problems (90%), followed by problems related to others (10%). No significant age differences were found in these variables. Regarding the content of the general problems, most children referred to 'relationships', 'conflicts with norms and rules' and 'academic performance', while for adoption-related problems most children referred to 'victimization', 'relationships' and 'moving house/changing school'. Because of the small sample size, the relation between the content of the problems and situation (general vs adoption-specific), gender, and age could not be tested.

Children rated the intensity of the stress as, on average, 3.81 (SD=1.21) for general problems, and 3.86 (SD=1.07) for adoption-related problems. No gender or age differences were found. The perceived control over problems was of medium level (general problems: M=2.69, SD=1.44; adoption-related problems: M=2.03, SD=1.32), and again no gender or age differences were found. The nature of the problem was not significantly associated with either the intensity of reported stress or the degree of perceived control over the stressor. In addition, we did not find a significant relationship between the degree of perceived control over problems and the intensity of stress for both general and adoption-related problems. General and adoption-related problems did not differ in the degree of stress, $t(34)$=-0.42, p=.68, but statistically significant differences were found for the level of perceived control over them, $t(34)$=3.20, p<.01. General problems were appraised as more controllable than adoption-related problems.

Variables associated with the presence of adoption-related problems

We examined possible differences in socio-demographic background variables between the children who reported adoption-related problems and the children who did not report adoption-related problems. The results of Chi-square tests showed a trend towards increased incidence of adoption-related problems in the transracial adoptees (81%, *n*=29) compared to the same-race adoptees (19%, *n*=7), although the difference did not reach statistically significance (*p*=0.056). No other significant or borderline differences in terms of gender, age at adoption, current age, parents' age, family structure, and family type were found between the two groups.

Coping with problems

To cope with general and adoption-related problems, the majority of the children used 'distraction', 'cognitive restructuring', 'problem solving' 'emotional regulation', 'wishful thinking', and 'social support' (see Table 3), which were considered the most useful strategies (rated as moderately or very effective on the scale by over 85% of the adoptees). 'Self-criticism' and 'resignation' were least frequently used and the least helpful strategies. On average, children used 6 coping strategies (general problems: M=6.34, SD=1.76; adoption-related problems: M=6.08, SD=1.59), 5 of which were considered effective (general problems: M=5.00, SD=1.92; adoption-related problems: M=5.06, SD=1.37). We found a gender difference in the total number of coping strategies used for adoption-related problems, but not for general problems. Girls employed more coping strategies to deal with adoption-related stressors than boys (M_{girls}=6.46, SD=1.42; M_{boys}=5.10, SD=1.66, t(34)=-2.458, p=.02). No age differences were found. There were no significant effects of gender and age on the total number of effective coping strategies used.

The comparison of use and efficacy of coping strategies did not revealed significant differences by situation (general versus adoption-related problems), with the exception of 'self-criticism'. This strategy was used less frequently to deal with adoption-related problems

than to deal with general problems (*OR*=0.23, *95% CI* =0.08-0.62). Both situations did not differ in the number of coping strategies used and the number of effective coping strategies.

Psychological adjustment.

Mean T-scores and standard deviations on the BASC-PRS composite scales are presented in Table 4. The adoptees were functioning well within the normal range on all the scales and there were no significant age or gender differences. For adoption-related problems, but not for general problems, the controllability of stressors was negatively correlated with Adaptive skills (*r*=-.39, *p*<.05). Appraisals of psychological discomfort, total number of coping strategies and total number of effective coping strategies were not associated with scores on the BASC-PRS, neither for general nor adoption-related problems.

Discussion

We examined coping respones and adjustment to general and adoption-related stressful events in 68 8-to-12-year old adoptees. To our knowledge, this is the first study to have studied this issue.

Adopted children's problems

The adoptees in this study most frequently report problems of an interpersonal nature, both for general and adoption-related problems. These results are consistent with previous empirical studies in Spain on the types of problems that affect adopted (Authors, 2010) and immigrant children (Caqueo & Forns, 2004). However, they differ from those obtained from same-ages Spanish-born children (Authors, 2009), who most frequently cited problems related to others. This outcome may be explained by the international placement that can bring about stressful changes in the children´s social network (Chan et al., 2009). Another explanation may be the adoptive status of the children. According to attachment theory (Bowlby, 1982), children who have often been subjected to separation, loss and/or maltreatment, may be particularly sensitive to issues concerning social interactions and therefore find conflicts of an interpersonal nature especially disturbing.

We found significant gender differences in the nature of the reported problems. While some girls mentioned problems that were related to others in the general situation, boys did not report any problem in this category. However, for adoption-related problems boys did report problems related to others, while girls mainly referred to interpersonal and personal adoption-related problems. It is possible that girls are more involved in interpersonal relationships and therefore more conscious of problems in this area, as found in other studies (Authors, 2009; Roecker, Dubow, & Donaldson, 1996; Forns et al. 2004).

Regarding the content of the general problems, most children referred to 'relationships', which is consistent with previous studies (Caqueo & Forns, 2004; Authors, 2009; Authors, 2010). Other problems that were often mentioned in the general situation were 'conflicts with norms and rules' and 'academic performance'. For adoption-related problems, 'victimization' was the most commonly reported stressor. Problems affecting children included insults, jokes, teasing, derogatory comments, and intrusive questioning. Results reported here, in conjunction with our previous findings in this sample (Authors, in press), constitute evidence that discrimination based on adoptive status or race is not an uncommon experience for international adoptees, particularly for those placed transracially (see also Docan-Morgan, 2010; Lee, 2003, 2010; Raaska et al., 2012). Discrimination may be especially hurtful for school-aged children, as at these ages children have an increased awareness of the stigma associated with adoption and a sense of difference (Brodzinsky et al., 1992; Juffer, 2006; Juffer & Tieman, 2009). Also, it is worth noting that children in geneal tend to find bullying difficult to discuss with their parents (Demaray & Malecki, 2003; Fekkes, Pijpers, & Verloove-Vanhorick, 2005; Jankauskiene, Kardelis, Sukys, & Kardeliene, 2008), and, specifically for adoptees this subject may be hard to discuss since the adoption-related bullying affects the whole family. Problems related to 'moving house/changing school' were also frequently mentioned by children in the present sample. Again, resettlement could play a role in the results obtained (Chan et al., 2009) and needs to be considered. Adoptees may

perceive these inevitable changes associated with resettlement as particularly stressful ones, as some children in this sample did.

As expected, and converging with previous research (Authors, 2010), just two children reported adoption-related problems when asked about general problems. Remarkably, however, more than half of the children mentioned adoption-related problems when specifically asked about it. This could be interpreted as evidence for Brodzinsky's stress and coping model (Brodzinsky, 1990; Smith & Brodzinsky, 1994, 2002), which states that only in adolescence adoptees develop a complex and abstract understanding of their adoptive status (Brodzinsky et al., 1984; Brodzinsky et al., 1992). Consequently, adoptees in middle childhood may not yet relate specific problems to their adoptive status, unless they are promted to do so. Also, some adoptees may find it difficult to talk about their adoption (Neil, 2012). To ensure that the children felt comfortable during our study the researcher was trained to attune to the children and respond to their signals. Alternatively, these results could indicate that for many children adoption was not perceived as a problem, as is consistent with the statements of some of the adoptees.

Degree of stress and perceived control

The above-mentioned problems caused quite high levels of stress, and the perceived control over them was medium. General and adoption-related problems did not differ in the intensity of stress they produced; since we asked about the most stressful event children had to cope with, it is logical that they considered both problems as quite distressing. That adoption-related problems were appraised as less controllable than general problems may be explained by the fact that the adoption-related stressors (e.g., victimization with regard to race or adoptive status, moving house/changing school because of child's resettlement in Spain), can not easiliy be controlled or changed by the child. The fact that adoptees did not control anything in the adoption process (e.g., they had no control over the loss of the birth family and the choice of the adoptive family) could also have contributed to perceived lack of contol over

adoption-related issues. This seems to converge with clinical observations and theoretical literature on adoption that control is an important aspect in adopted individuals' lives (Silverstein & Kaplan, 1982).

Variables associated with the presence of adoption-related problems

In the present study, there was a tendency for transracial adoptees to experience more adoption-related problems than same-race adoptees. The link between physical dissimilarities and adoption outcomes has been documented before (see Hollingsworth, 1998), but the influence of transracial adoption continues to be debated (for a review, see Griffith & Bergeron, 2006; Lee, 2003). Prior studies have shown that transracial adoptees, compared to same-race adoptees, experience more difficulties in several areas (e.g. identity development) (see Hollingsworth, 1997). However, for other developmental domains, such as attachment and self-esteem, no significant differences between transracial and same-race adoptees have been found (Juffer et al., 2011).

Coping with problems

Consistent with research among non-adopted children (for a review, see Donaldson et al., 2000), international adoptees use different coping strategies. The most commonly used strategies by children in this sample were a mixture of approach ('social support', 'problem solving' and 'cognitive restructuring') and avoidance coping ('emotional regulation', 'wishful thinking' and 'distraction'). It is worth noting that 'social support' was the most frequently used and most helpful coping strategy used to deal with adoption-related problems. This implies that the adoptees have a positive relationship with their adoptive parents. Conversely, 'resignation', 'self-criticism' and 'social withdrawal' were scarcely used by children in our study, in line with prior research on internationally adopted children's coping (Authors, 2010). Children from the present sample considered the most commonly used strategies to be useful. This suggests that children are able to change their coping efforts as a function of

situational demands. This contextual shift in coping strategies has been considered as a predictor of positive psychological adjustment (see Pincus & Friedman, 2004).

In the current study, girls employed a greater number of coping strategies to deal with adoption-related problems compared to boys. Nonetheless, boys and girls did not differ in the overall perceived effectiveness of the strategies they used, suggesting that girls may require more coping responses to successfully overcome stressful issues concerning their adoption. The use of multiple coping responses has been associated with positive psychological adjustment (Pincus & Friedman, 2004). Therefore we can conclude, as stated elsewhere (Eschenbeck, Kohlmann, & Lohaus, 2007; Authors, 2009), that interaction effects between gender and coping strategies need to be taken into account when studying the coping process.

As was expected, and in accordance to Lazarus & Folkman's (1984) transactional model, coping responses varied across situations: 'self-criticism' was less commonly used to deal with adoption-related problems compared to general problems. However, our findings do not support the assumption that individuals tend to engage in avoidance strategies when confronted with uncontrollable stressful situations. Remember that in the adoption situation the most often quoted stressor was victimization and that perceptions of control over the event were generally low (see above).We do not know whether, apart form controllability, coping processes are also influenced by other situational factors (e.g., stability, predictability), as is suggested in the literature (Brodzinsky, 1990). At the same time, results showing that children in our sample do not tend to blame themselves for causing their adoption-related problems should be interpreted in a positive way, since many adoptees struggle with feelings of rejection, guilt or shame in their lives (Silverstein & Kaplan, 1982).

In the literature it is suggested that there are developmental changes in individual's stress perception and coping responses (Zimmer-Gembeck & Skinner, 2001), however we found no age differences in any of the variables. This could be explained by the homogeneity of the

sample with regard to the current age. Differences may become evident in comparisons with adoptees from other age groups, partlicularly adolescents.

Psychological adjustment

Even though internationally adopted children face with multiple stressors and challenges in their lives, our study has shown that adoptees are generally well-adjusted, regardless of gender or age (see Authors, 2011, for results of the whole sample; see also Juffer et al., 2011; Van IJzendoorn & Juffer, 2006). Children who felt less in control over their adoption-related problem, showed more adaptive skills. The fact that adoption involves many uncontrollable circumstances (Brodzinsky, 1990), could indicate that children who overestimate their level of control tend to be less adaptable and lack social skills to cope with new situations, compared to those who have realistic perceptions. The importance of the fit between the amount of control wanted by the individual and the amount of control required by the situation has been demonstrated to influence well-being (Shapiro, Schwartz, & Astin, 1996). However, in our study no other stressor characteristics or coping strategies were associated with adjustment. Given the important role of stress and coping in mediating psychological adjustment in adopted and non-adopted children (Donaldson et al., 2000; Lazarus & Folkman, 1984; Authors, 2010; Smith & Brodzinsky, 2002), this question deserves future exploration.

Limitations

Some limitations of this study should be acknowledged. A convenience sample was used and therefore caution must be taken when generalizing our findings. Another limitation is that the Kidcope has not been validated in Spain. However, there is ample literature using the Kidcope both with Spanish children and Spanish-speaking children from other countries, all of them providing evidence on the effectiveness of the Spanish version of the Kidcope. In addition, the inventory has been successfully used without adaptation in many European and non-Western countries countries. Finally, we must state that this is an exploratory study. Future research should expore the relationship between stressors, coping and adaptational

outcomes in more detail, preferable in longitudinal studies, which allow for multiple observations over time.

Despite these limitations, our findings add to the scarce knowledge about stress and coping in internationally adopted children. Indeed, this is the first study that presents descriptive results on the type of adoption-related and unrelated stressful events that adopted children may face. In addition, in this study the experiences of stressful events were measured by interviewing the adopted children and thus capturing their viewpoints. This is important, because adults' perceptions of children's difficulties may not correspond with that of the children. Furthermore, we present data on Spanish international adoptees, which is still scant, especially on children in middle childhood.

Practical implications

The present findings show that children in middle childhood can articulate the problems that affect them when given the opportunity to do so. Identifying what international adoptees find stressful and which strategies they use to manage these stressors is essential to gain better understanding in the challenges, experiences and needs of these children. The Kidcope might be a useful tool in this regard.

Most adoptees may not spontaneously verbalize problems associated with their adoptive status. This does not mean, however, that there are no difficulties in this area. Our results revealed that a considerable part of children recognized and expressed adoption-related problems when asked directly about them. Parents and professionals need to be aware of this and assist children – especially those who may struggle in addressing these issues – to open up and talk about their adoption experience, since open communication about adoption enhances children's coping, acceptance of the adoptive status and psychological well-being.

Although adopted children seem to use a wide-ranging coping repertoire, which they perceive as highly effective, adoptees should be supported to adequately deal with difficulties that may emerge in their interpersonal relationships, as our outcomes show that problems are

most often reported in this area. Likewise, the fact that a large group of adopted children feel victimized with respect to different adoption-related aspects is important and has implications for adoptive parent training, adoption policies, professionals, as well as the societies that receive these children.

Finally, the findings of this study suggest that practitioners can transmit a positive message to adoptive families: despite all the challenges, most internationally adopted children are well-adjusted. Nevertheless, adoption is not a time-limited process but a complex lifelong process, with changing challenges and needs. Post adoption services must be available to strengthen and support these families in addressing those both adoption-specific and common childhood issues that may arise.

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Table 1. Child and Family Demographic Characteristics

	Mean	SD	Range
Children's current age (years)	9.59	1.28	8-12
Children's age at placement (months)	39.51	26.05	0-108
Mothers' age (years)	48.52	5.47	35-57
Father's age (years)	49.46	6.67	41-67
		N	%
Children's sex	Male	26	38
	Female	42	62
Type of placement [a]	Transracial	48	71
	Same-race	20	29
Family type [b]	Adopted children	56	82
	Mixed families	12	18
Family structure [c]	2 parents	43	63
	1 parent	25	37

Note. The sample was composed of 68 children; [a] Children placed with adoptive parents of different versus same racial backgrounds; [b] Families composed of adopted children only (one or more) versus families with adopted and birth children; [c] There were 24 single-mother families and 1 single-father family.

Table 2. Percentages of occurrence of problems reported by adopted children (N=68)

Categories and subcategories	Definition	Examples of problems reported by children (general / adoption-related)	General problems (n=62)		Adoption-related problems (n=36)	
			N	%	n	%
Nature						
Personal	The problem has happened to the child, without the intervention of other persons.	'I repeated a grade in school' / 'I don't know who my birth parents are'	16	25.8	15	41.7
Interpersonal	The problem is related to the relationship of the child with others.	'Yesterday I quarreled with my parents' / 'At school everyone is asking me where I am from, where Ethiopia is and what it looks like, what language I spoke, and so on'	39	62.9	19	52.8
Related to others	The problem has happened to other person or persons, who can be related to the child.	'My dog died' / 'My best friend at the orphanage does not have a family as I do have now'	7	11.3	2	5.5

Content

Relationship	The problem appears in the relationship between: the child and his/her family, the child and his/her peers, and the child and his/her teachers or school authorities.	'I had an argument with my best friend' / 'I am sometimes jealous of my adoptive sister because I think my adoptive parents love her more than me'	18	29.0	10	27.8
Self-blaming	The problem is related to the child's feelings of personal culpability.	'I felt guilty lying to my parents' / -	4	6.5	0	0.0
Academic performance	The problem is related to school achievement.	'I failed most of my exams' / 'When I arrived here the school had already started, I couldn't understand anything and I had to repeat the course'	7	11.3	2	5.6
Moving house, changing school	The problem appears as a consequence of moving home or changing the school.	- / 'It makes me very sad to have left El Salvador, because I was born there and I thought I would spend all my life in that country'	0	0.0	4	11.1
Conflict with norms and rules	The problem is related to breaking norms or rules by the child.	'I copied in the latest exam' / -	12	19.4	0	0.0

Victimization	The problem is related to physical/psychological aggression or abuse suffered by the child.	'My friend hit me' / 'My classmates make fun of me because of the elongated appearance of my eyes'	5	8.1	15	41.7
Sports, leisure, holidays	The problem is related to the inability to play any sport or to go away on vacation	' I stopped playing football' / -	3	4.8	0	0.0
Health, illness, accidents	The problem appears as a consequence of: physical/mental illness, poor health, and suffering an accident by the child or acquaintances.	I fell and hurt my ankle / 'I needed surgery because of a problem in my eyes nobody had addressed until I came here'	3	4.8	1	2.8
Death and suicide	The problem is related to the death or suicide of a child's friend, relative or pet	I never met my grandfather, he died before I was born / 'My birth grandparents and my birth parents are dead'	3	4.8	1	2.8
Others	The content of the problem doesn't belong to any of the previous categories.	I get very ashamed when I step in front of a live audience / 'I often feel different from others'	7	11.3	3	8.2

Note. Adapted from Coding System Problems Reported by Forns et al. (2004). For definitions of categories and subcategories, and more examples of general problems, see Authors (2004), Authors (2009), and Authors (2010).

Table 3. Percentages of use and perceived efficacy of coping strategies according to the Kidcope and contrasts between situations

	Use					Perceived efficacy				
	General (n=62)		Adoption (n=36)		OR (95% IC) [a]	General (n=62)		Adoption (n=36)		OR (95% IC)[a]
	N	%	n	%		n	%	n	%	
Distraction	43	69.4	27	75.0	1.33 (0.52-3.35)	40	93.0	24	88.9	0.60 (0.11-3.21)
Social withdrawal	24	38.7	16	44.4	1.27 (0.55-2.91)	12	50.0	9	56.3	1.29 (0.36-4.58)
Cognitive restructuring	49	79.0	27	75.0	0.80 (0.30-2.10)	42	85.7	27	100.0	-
Self-criticism	29	46.8	6	16.7	0.23 (0.08-0.62)	6	20.7	3	50.0	3.83 (0.61-24.02)
Blaming others	25	40.3	17	47.2	1.32 (0.58-3.03)	12	48.0	10	58.8	1.55 (0.45-5.37)
Problem solving	47	75.8	22	61.1	0.50 (0.21-1.22)	43	91.5	21	95.5	1.95 (0.21-18.58)
Emotional regulation	57	91.9	28	77.8	0.31 (0.09-1.03)	52	91.2	26	92.9	1.25 (0.23-6.88)
Wishful thinking	54	87.1	29	80.6	0.61 (0.21-1.86)	46	85.2	25	86.2	1.09 (0.30-3.97)
Social support	51	82.3	34	94.4	3.67 (0.76-17.59)	50	98.0	34	100.0	-
Resignation	14	22.6	13	36.1	1.94 (0.79-4.79)	3	21.4	3	23.1	1.10 (0.18-6.76)
No coping strategy	1	1.6	0	0.0	-	-	-	-	-	-

Note. OR=odds ratio; CI=confidence interval; a Adoption-related problems are used as a reference group. Coping strategies were only assessed when the children reported a problem in the situations explored. Efficacy was only examined when the particular coping strategy was used.

Table 4. Mothers' Reports of Children's Behavior (BASC-PRS)

	Total	Gender		Age	
		Boys	Girls	8-9	10-12
		(*n*=24)	(*n*=38)	(*n*=31)	(*n*=31)
Externalizing problems	54.63 (13.26)	52.54 (12.29)	55.95 (13.84)	56.03 (12.44)	53.23 (14.10)
Internalizing problems	49.23 (11.46)	48.58 (11.44)	49.63 (11.61)	49.29 (12.40)	49.16 (10.64)
Adaptive skills	49.16 (11.18)	48.13 (11.76)	49.82 (10.90)	49.16 (11.82)	49.16 (10.70)
BSI	51.47 (11.53)	52.50 (13.06)	50.82 (10.60)	53.45 (11.90)	49.48 (10.99)

Note. Sixty-two mothers completed the BASC

No statistical differences were found.