Beyond Ethiopia: Ethiopian Adoptees' Experiences of Attachment After Adoption

Hilina Grace Winkenweder

School of Psychology

The University of Adelaide

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Table of Contents

List of Figures

List of Tables

Abstract

There has been increasing acknowledgement of the potential effect of attachment on the health and wellbeing of both adoptees and adoptive parents. However, there remain some gaps in the literature, particularly in relation to certain groups of children. One such gap concerns how Ethiopian adoptees form attachments with their adoptive parents. Using a qualitative research design, this study investigated how Ethiopian adoptees experience attachment to their adoptive parents after adoption, and how adequately support services help to facilitate secure attachment within these relationships. Semi-structured interviews were conducted with eight Ethiopian adoptees and eight adoptive parents (including two parent-child dyads) in order to triangulate the data. Thematic analysis returned 10 themes, categorized into three sections, based on the aims of the study. Results indicated that attachment experiences were affected by the following: age at adoption; development of anxiety and survival mechanisms; access to biological family; and identity formation. Perceptions of support adequacy were varied, with most participants agreeing that informal support superseded formal support in terms of efficacy. This research may contribute to better understanding of Ethiopian adoptees' attachment patterns, and improve support services for these adoptees and their families, particularly in relation to post-adoption attachment.

Keywords: attachment, Ethiopia, international adoption

Declaration

This thesis contains no material which has been accepted for the award of any other degree of diploma in any University, and, to the best of my knowledge, this thesis contains no material previously published except where due reference is made. I give permission for the digital version of this thesis to be made available on the web, via the University of Adelaide's digital thesis repository, the Library Search and through web search engines, unless permission has been granted by the School to restrict access for a period of time.

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CHAPTER ONE: INTRODUCTION

1.1 Overview

International adoption is an often challenging approach to building a family unit, with a range of issues potentially affecting the health and wellbeing of both adoptees and their adoptive parents[1]. These include the process of adoption itself – such as long waiting periods – as well as the process of creating a functioning family dynamic despite children potentially experiencing loss and marginality (Murphy, 2009). Over the years there has been an increasing acknowledgement of the potential effect of attachment between children and parents on the health and wellbeing of both adoptees and their adoptive parents (e.g. Askeland et al., 2017; Barcons et al., 2014; Roberson, 2006; Verbovaya, 2016). This body of research suggests that in order for adoptees to be protected from possible risk factors, the establishment of secure attachment between children and adoptive parents is important (Barcons et al., 2014; Barroso et al., 2017; Murphy, 2009).

However, there remain some gaps in the literature concerning attachment and adoption, particularly in relation to certain groups of children (Baden et al., 2013; Drozd et al., 2018; Stinehart, Scoot & Barfield, 2012). One such gap concerns how Ethiopian adoptees specifically form attachment with their adopted parents (Miller et al., 2008). As such, this study focused on Ethiopian adoptees within Australia and aimed to explore and better understand how these adoptees experience attachment to their adoptive parents; as well as to investigate the perceptions held by adoptive families concerning how adequate post-adoption support is when it comes to facilitating secure attachment for this cohort.

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[1] Parents of adoptive children will be referred to as 'adoptive parents' because this is how adoptees refer to them during the study.

1.2 Definitions and Theoretical Background

1.2.1 Defining Attachment

Attachment is typically defined as the strong and continuous emotional bond that grows between a child and a caregiver (Ainsworth & Bowlby, 1991). The theory of attachment was first developed by Bowlby (1969), who argued that in order to accomplish emotional security, children must determine a primary attachment to a main caregiver, that is filled with warmth, intimacy, and continuity (Bretherton, 1992; Pylypa, 2016). Ainsworth (Ainsworth & Bowlby, 1991) built on Bowlby's attachment theory through her construction of the 'Strange Situation' experiment, in which she formulated attachment styles that are often still drawn upon in research and practice today (Sutton, 2019), namely: secure, anxious-resistant and anxious-avoidant attachment.

Secure attachment refers to attachment whereby the child enjoys the presence of the caregiver, becomes upset when the caregiver leaves, and is easily calmed when the caregiver returns. This style of attachment is considered the healthiest form, compared to the other two, and signifies a secure bond between the caregiver and child characterised by reciprocal affection (Ainsworth, Blehar, Walters, & Wall, 1978). Present research on attachment theory emphasises the importance secure attachment for long-term emotional development, as well as for ongoing relationships across the life course (Murphy, 2009).

In contrast to secure attachment, anxious-resistant attachment involves signs of anxiety prior to separation, with the child becoming intensely upset when separation occurs. Despite seeking close physical contact when reunited with the caregiver, the child also resists any attempts at comfort (Ainsworth, Blehar, Walters, & Wall, 1978; Darling Rasmussen et al., 2019; Fong, Hawes & Allen, 2019). Within anxious-avoidant attachment the child seems ambivalent

when the caregiver is absent, and either continues ambivalence or actively avoids the caregiver upon return (Ainsworth, Blehar, Walters, & Wall, 1978). Anxious-avoidant and anxious-resistant attachment are both described as insecure attachments.

A final attachment style, disorganised-disoriented attachment, was not originally included in Ainsworth's 'Strange Situation', but was later identified as another form of attachment (Main & Solomon, 1990). Within disorganised-disoriented attachment, children exhibit contradictory behaviour when reunited with the parent or caregiver, such as unresponsiveness or frozen postures, and become upset even after being comforted (Main & Solomon, 1990). This style of attachment is often referred to as the least secure of the four styles, and causes the most concern for caregivers and healthcare professionals (Fearon et al., 2010).

1.2.2 The Importance of Attachment for All Children

Secure attachment is key to establishing positive outcomes in a range of areas including the ability to self-regulate, the development of a sense of self, and satisfaction and a sense of belonging with social relationships (Cramer, 2019; Murphy, 2009; Ruhl, Dolan & Buhrmester, 2015; Steele, 2015; Vasquez & Stensland, 2016). Early attachment has been shown to be predictive of other outcomes including: levels of autonomy, coping, and risk taking (Levy, Kivity, Johnson & Gooch, 2018; Lionetti, Pastore & Barone, 2015; Madigan, Atkinson, Laurin & Benoit, 2013; Sroufe et al., 2005; Steele, 2015).

Research has shown that secure attachment leads to a range of positive outcomes, including superior communication skills, successful future relationships, high self-confidence, interest in new experiences, and more compliance to rules and instructions (Feeney, Passmore & Peterson, 2007; Lickenbrock et al 2013; Londerville & Main, 1981). Furthermore, securely attached adults generally value attachment experiences and relationships to a higher degree, are

more thoughtful, and can provide balanced, non-contradictory accounts of their childhood (Van IJzendoorn & Bakermans-Kranenburg, 1997).

On the other hand, learning from caregivers and the development of trust may be negatively impacted by insecure attachment (Groh et al., 2012; Hesse & Main, 2000; Lo, Chan & Ip, 2017). Continuing into adulthood, insecure attachment can lead to the view of relationships as unimportant or valueless, can lead to forms of anxiety as well as other mental health problems, and often these children can become dependent individuals later in life (Fearon et al., 2010; Hesse & Main, 2000; Jinyao et al., 2012; Lo, Chan & Ip, 2017).

Children who display disorganised-disoriented attachment behaviours generally are subject to seriously disturbed caregiving situations (Main & Solomon, 1990; Pylypa, 2016; Wilkins, 2012); often, the interactions between parent and child are inconsistent and sometimes inappropriate. Future problems, such as aggression, conduct and anxiety disorders, and other developmental complications, can ensue if attempts aren't made to remedy inappropriate attachment behaviours (Kim, 2010; Main & Solomon, 1990; Wilkins, 2012).

Disordered attachment experiences have been linked to two particular child psychopathologies, named 'reactive attachment disorder' (RAD) and 'disinhibited social engagement disorder' (DSED) (Atkinson, 2019; Guyon-Harris et al., 2018; Minnis, 2001; Pylypa, 2016). Both disorders are generally diagnosed when the child has a history of adverse experiences such as: neglect, abuse, frequently changing primary caregivers (e.g. foster care), or when selective attachments with specific caregivers is limited (e.g. orphanages) (Pylypa, 2016; Vasquez & Stensland, 2016). RAD has the potential to resolve if future access to sufficient attachment figures is offered, however DSED can endure even when caregiving circumstances are improved (Guyon-Harris et al., 2018; Pylypa, 2016).

1.3 Background Context

1.3.1 International Adoption

International adoption refers to the formal process that occurs when a child is adopted into a family of a different country (Intercountry Adoption Australia, 2019). In Australia, 65 intercountry adoptions were finalised between 2017-18 (Australian Institute of Health and Welfare, 2018). The goal of international adoption is that each child will be assigned a family that will actively and adequately manage the child's emotional, physical, social, educational and cultural needs (Roberson, 2006). International adoptive families can face unique challenges that can affect the parent/child relationship within their family dynamic; therefore, evidence-based support is needed to foster secure relationships within these family units (Drozd et al., 2018). It is evident that there are some supports available in Australia, however, there is little research which has explored the efficacy of those supports.

1.3.2 Adoption from Ethiopia

Ethiopia is a country located in the east of Africa. Due to high rates of HIV/AIDS, starvation, malaria, tuberculosis and other sicknesses, more than 4.5 million children - 13% of all Ethiopian children - are orphans (Miller et al., 2008). Many of these children live with relatives who care for them; however, some become 'street children' and some end up in orphanages (Miller et al., 2008). Throughout the past 20 years or more, Ethiopian orphans have been adopted into families from countries such as the United States (US), Canada, European nations, and Australia. Adoption from Ethiopia within Australia began in 1993, with the program ending in 2012, due to an increasingly complex adoption climate within Ethiopia (Australian Department of Social Services, 2017). A sevenfold increase in adoptions from Ethiopia occurred between the

years of 1995–96 and 2010–11, with Ethiopia being the most common country for adoption outside of the Asia region (Australian Institute of Health and Welfare, 2011).

Children in Ethiopia who have been adopted may have spent a substantial amount of time with their biological families (either their parents or, more usually, their extended family after the death of their biological parents) before relinquishment for adoption (Miller et al., 2008; Van Kesteren & Wojciechowski, 2017). Furthermore, there is heightened concern for children adopted from Ethiopia with regards to the loss of their cultural identity, particularly due to strong networks of kinship and community in the country. As such, Ethiopian children are usually brought up by the community as a collective, with strong connection to cultural norms and values (Verbovaya, 2016). Many children who are adopted from Ethiopia and raised in a Western, individualistic manner, lose that extended family and community support system and consequently, their cultural roots (Bunkers, Rotabi, and Mezmur, 2012). Nevertheless, serious behavioural and development issues are generally uncommon within this group of adoptees (Miller et al., 2008), however more research is still needed to explore whether Ethiopian children develop secure attachment styles throughout their adoption.

1.4 Previous Literature

1.4.1 Attachment and Adoptees

A substantive amount of research suggests that the establishment of secure attachment with a primary caregiver is particularly important for adoptees (Barcons et al., 2014; Barroso et al., 2017; Murphy, 2009; Pylypa, 2016; Roberson, 2006; Stinehart, Scoot & Barfield, 2012; etc.). Early experiences of deprivation, neglect and institutionalization can have enduring consequences for attachment development (Barcons et al., 2014; Murphy, 2009), and as a result of this, attachment difficulties are often at the core of many complications associated with failed

adoptions[2] (Harper, 1994; Roberson, 2006; Verbovaya, 2016). McCarty and Waterman (1999) found that adoptive parents in their study considered their adopted children's problems as relating to attachment and development, more so than behavioral issues.

When compared to other international adoption contexts, Ethiopian pre-adoption conditions may differ substantially. For instance, children adopted from Eastern Europe, such as Russia, Ukraine, Romania and Bulgaria, often experience severe pre-adoption deprivation and show more attachment disturbance than children adopted from other countries (Morison et al., 1995; Smyke et al., 2007); furthermore, many Chinese orphanages tend to be poorly run and overcrowded, leading to these adoptees lacking access to secure attachment figures in their pre-adoption life (Johnson, Huang, & Wang, 1998). For Ethiopian adoptees, the collectivist community and possible time spent with biological family members prior to orphanage placement/adoption, as mentioned previously, may mean that they develop less attachment related issues post-adoption, when compared to other international adoption contexts. Despite potentially having a more positive pre-adoption experience than other international adoptees, Ethiopian adoptees are still likely to have experienced nutritional neglect, abandonment, and/or institutionalization (Miller et al. 2008). These early childhood experiences put them at risk in relation to a range of negative developmental and wellbeing outcomes across social, physical and cognitive domains (Miller et al., 2008; Murphy, 2009; Ortiz et al., 2015; Van Kesteren & Wojciechowski, 2017). In instances of childhood abuse, neglect and/or institutionalization,

[2] 'Failed adoptions' refers to when a child is reassigned to care or placement with new adoptive parents, after dissolution or disruption during their previous placement (Verbovaya, 2016; Harper, 1994).

adoptees may internalize views of the world as dangerous, and this may also result in the adoptee's view of themselves as unwanted or unloved (Vasquez & Stensland, 2016). If these thought patterns are continued, behavioural patterns focusing on self-preservation and survival may emerge, interrupting attachment formation and developmental progress (Vasquez & Stensland, 2016).

Abuse, neglect, and prolonged periods in institutional settings (e.g. orphanages), may result in emotional withdrawal, lower cognitive functioning, dissociative and antisocial behaviour, and insecure attachment (Londen, Juffer & Ijzendoorn, 2007; O'Connor et al., 2003). Marcovitch et al., (1997) found that Romanian children adopted between the ages of three and five were less likely to be classified as securely attached. This outcome suggests that insecure and disorganized attachment may be more prevalent in children adopted at an older age and/or have experienced longer durations of deprivation. However, it should be noted that the development of disorganized attachment only occurs in the minority of international adoptees, many of which have experienced severe childhood adversities (Londen, Juffer & Ijzendoorn, 2007).

Indeed, the research suggests that the majority of international adoptees appear to form secure attachment and maintain normative developmental levels post-adoption (Londen, Juffer & Ijzendoorn, 2007). A study assessing attachment in internationally adopted infants (from Sri Lanka, Korea & Columbia) conducted by Juffer, Bakermans-Kranenburg and Van IJzendoorn (2005), found that most infants (74%) were securely attached at 12 months. Again, this may reflect that age at adoption is crucial to how securely adoptees attach post-adoption. Similar to their non-adoptive peers, securely attached adoptees typically gain better communication skills, as well as more superior relationship quality throughout life (Feeney, Passmore & Peterson,

2007). It should be noted that Ethiopian adoptees are underrepresented in the literature, with no studies found that specifically look at how this group of children attach to their adoptive parents.

Though it is important to recognize the effects of early adverse experiences on international adoptees, it is also essential to understand post-adoption grief and loss that can be felt by adoptees. For instance, the loss of their birth country, of family members, of cultural identity, and of their birth countries language, all of which can contribute to problems with attachment in their post-adoptive life (Reinoso, Juffer &Tieman, 2013).

Finally, in relation to attachment, adoptive parents tend to have high education, socioeconomic status and motivation to be parents (Drozd et al., 2018). Research conducted by Bernedo et al., (2007), found that adoptive parents perceive themselves as more loving and communicative than non-adoptive families. These parental factors mentioned support secure attachment relationships and benefit the adoptive child.

However, like adoptees, adoptive parents may face their own struggles, and in some cases, these struggles can consequently lead to negative impacts on attachment formations between parent and child (Baden et al., 2013; McKay, Ross & Goldberg, 2010; Santona & Zavattini, 2005; Verbovaya, 2016). Examples of struggles adoptive parents can face are as follows: the experience of infertility pre-adoption and the associated grief that surrounds this (Foli, 2010; Murphy, 2009; Santona & Zavattini, 2005; Verbovaya, 2016); pressure and expectations to develop a secure attachment with adopted children (Bergsund, Drozd, Hansen & Jacobsen, 2018); caring for an adopted child with developmental or psychological problems (Paulsen & Merighi, 2009); etc.

1.5 Current Care and Support

Studies of adoptive families have emphasised higher life satisfaction for both parent and child, when adequate pre- and post-adoption support is available (Drozd et al., 2018). Research suggests that these support services should aim to foster parenting skills, enhance communication skills, build on secure attachment styles, and provide psychological help when needed (Algood et al., 2011; Dozier & Rutter, 2008). Depending on the availability and quality of these support services, the relationship between adoptees and adoptive parents can either thrive or deteriorate (Verbovaya, 2016).

It is clear from the literature that support is imperative during the adoption process, however, despite this fact, some adoptive parents report feeling frustrated, discouraged, and unprepared for their child's psychological and emotional needs (Drozd et al., 2018; Murphy, 2009). Furthermore, Paulsen and Merighi (2009) found that one in five adoptive families in the US felt disappointed with the level of support received during their adoption process (there were no relevant studies found for an Australian context). This may not be the experience of all, or even the majority, of the international adoptive cohort; however, the mentioned research is important to understand when considering support services and their accessibility, quality and effect.

1.6 Aims and Research Question

Despite the abundance of research on international adoptive families, there are still gaps in the literature that must be filled in order to better understand and assist this cohort (e.g., adoptees from Ethiopian and their adoptive families), particularly in relation to attachment. For instance, there is little evidence-based research on pre-adoption interventions, in particular how bonding can be facilitated, the transition of adoptive parents into parenthood, and how these

factors affect later attachment between child and parent (Drozd et al., 2018; Murphy, 2009). Despite many studies that explore the adjustment of adoptees and adoptive parents to family life and the overall outcome of adoption, there are few studies that inform the counselling research, interventions and clinical processes that help to support adoptive families (Baden et al., 2013; Drozd et al., 2018; Stinehart, Scoot & Barfield, 2012); furthermore, there is also little evaluative research that informs how adequately Australian support services are helping to facilitate secure attachments within adoptive families. There are very few studies that explore Ethiopian adoptees' emotional and psychological wellbeing post-adoption, with no research on attachment styles that develop between Ethiopian adoptees and their adoptive parents (Miller et al., 2008; Ortiz et al., 2015; Van Kesteren & Wojciechowski, 2017).

In order to address the mentioned gaps, this interview-based research aimed to explore and better understand the attachment styles that form between an Ethiopian adoptee and their adoptive parents, through the following research questions: 1) How do Ethiopian adoptees in Australia experience attachment, with regards to their adoptive parents, after adoption? 2) What support is available to Ethiopian adoptees and their adoptive parents to aid secure attachment, and are these support systems seen as adequate? 3) What are some potential barriers and facilitators that contribute to Ethiopian adoptees and their adoptive parents receiving the support they need? How can these be challenged/implemented?

CHAPTER TWO: METHOD

2.1 Participants

Participants included eight South Australian Ethiopian adoptees, and a total of eight adoptive parents, (seven residing in South Australia, and one residing interstate). There were two parent-child dyads within this study, which added to the triangulation of the data. Adoptees were eligible to participate if they were an Ethiopian adoptee, 18 years of age or older and fluent in English. Similarly, in order to fit the inclusion criteria, adoptive parents must have adopted a child/children from Ethiopia, and be fluent in English.

Participant characteristics were as follows: adoptees were aged between 19 and 29 years (M=22.5 years), most adoptees were either completing or had completed a university degree, and age at adoption was between 8 months and 5 years (M=2.77 years; see Table 1 for demographic details). The majority of adoptive parents were married, and aged between 50 and 73 years (M=63 years; see Table 2 for demographic details). Due to the small size of the Ethiopian adoptive community in Australia, pseudonyms have been used to replace participant's real names, and some demographic details in both participant pools have been withheld from this paper, in order to protect participant anonymity.

Table 1

Participant characteristics (adoptees)

Participant	Age	Gender	Age at Adoption
Daniel	20	Male	9 months
Betty	23	Female	2 years
Cal	24	Male	8 months
Jake	22	Male	4 years
Harry	19	Male	5 years
Amy	29	Female	4 years
Joanna	24	Female	9 months
Ella	19	Female	5 years

Table 2

Participant characteristics (adoptive parents)

Participant	Age	Gender	Ethiopian Adoptees	Other Non-adopted Children
Amanda	59	Female	2 boys	4 other children
Kelly	64	Female	1 girl & 1 boy	0
Shelby	73	Female	2 girls	3 other children
Xavier	66	Male	1 boy & 1 girl	4 other children
Bob	60	Male	1boy & 1 girl	0
Ingrid	50	Female	1 girl	1 other child
Erin	60	Female	1 boy & 1 girl	4 other children
Donald	73	Male	2 girls	3 other children

2.2 Procedure

The study was approved by The University of Adelaide Human Research Ethics Committee on the 12th of April 2019, approval number H-2019-054. Two local post adoption support services: International Social Services (ISS), and Ethiopian Adoptees of Adelaide Facebook Group, agreed to disseminate the study flyer (Appendix D) to their clients via mailing lists and Facebook pages. In order to obtain a more comprehensive understanding of the Ethiopian adoption experience, an attempt to recruit participants residing in different Australian states was made; International Social Services Australia (ISS), a national service, helped by disseminating information to Ethiopian adoptive families Australia wide.

An official Participant Information Sheet (appendices A and B) and Consent Form (appendix C) were distributed to potential participants who made contact with the researchers. Informed consent was gained in person immediately before the face-to-face interviews. Participants were notified that all participation was voluntary, that they were free to choose not to answer any questions, and that they were free to withdraw from the study at any time until the end of data collection. All interviews were completed between May and July 2019, and were conducted in quiet locations at times convenient to the participants. All interviews were conducted face-to-face, except one, which was conducted via telephone, due to the participant residing interstate. Interviews lasted between 20 minutes and 87 minutes in length (M=49 minutes), and were recorded via a digital recording device.

A pilot interview was conducted in April 2019 with an Ethiopian adoptee and with one of the academic supervisors present. This was used to judge the suitability and clarity of the proposed interview schedule. Following the interview, it was noted that in order to achieve a comprehensive outlook on the research topic, interviews needed to be conducted with adoptees

who were adopted at diverse ages. Apart from this, no other changes were suggested, and the rest of the interview schedule was considered appropriate. The data from this interview was included in the analysis.

All interviews were conducted by the primary researcher (HW), with the first interview also completed with the academic supervisor (CD) as noted. A semi structured approach was taken when conducting the interviews, with open-ended questions being the main style, given the exploratory aims of the research (Braun & Clarke, 2013) (see appendices E and F for a list of questions). Specific interview questions were developed in relation to previous studies from the literature review which raised questions in need of further exploration (Drozd et al., 2018; Miller et al., 2008; Murphy, 2009; Pylypa, 2016; Verbovaya, 2016). In order to ensure rigorous practice in qualitative research (Braun & Clarke, 2013), post-interview summary sheets (Appendix G) were written; this allowed the researcher to formally reflect on the interview procedure and outcomes, and plan any modifications required. Data saturation was achieved by the seventh interview with adoptees, with no new themes emerging; one further interview was completed to ensure this was reached (Guest, Bunce, & Johnson, 2006). Data saturation was also achieved by the seventh interview for the adoptive parents, and again, one further interview was completed to ensure this was reached.

An orthographic method (i.e. a convention for writing language) was used to transcribe interviews, and included all verbal talk and utterances (Braun & Clarke, 2006; 2013). As mentioned earlier, pseudonyms were used in order to provide confidentiality and anonymity for participants; all names and identifying features were removed from the transcripts.

During the course of the research process, methodological precision was enhanced by following Tracy's (2010) 'Big-Tent' criteria for excellence in qualitative research. An ongoing

Audit Trail was retained to facilitate data analysis by noting and conceptualizing emerging themes, reflecting on the quality of the interview process, and making decision about modifications to future interview schedules. For example, through the use of the Audit Trail, a decision was made to specifically ask parents about their adoptive child's adolescence, as this age bracket appeared to be a complex time, according to interviewed adoptees. In order to keep track of decisions regarding the research process and the organisation of the data, the Audit Trail also included records of all the interactions with the participants and support organisations (e.g., emails, meeting notes). The recruitment of adoptees and adoptive parents contributed to triangulation of the data, and provided credibility to the findings through the ability to compare adoptive family member's experiences.

Tracy (2010) also advocates for member reflections within the participant pool; this entails a copy of a finished interview transcript and/or potential themes being sent to the participant. This gives participants a chance to comment, and provide feedback as to whether the transcript or themes reflect their experience, and whether they see need for modification. A total of eight participants (two adoptees and six parents) decided to take the opportunity to complete this process following their interview, and a copy of their transcript was emailed to them. A reply was received from one of these participants, in which they reported that they were satisfied with the content.

Finally, it is essential to acknowledge the potential impact of the researcher's subjectivity, biases and preconceptions on the findings (Tracy, 2010). The researcher (HW) is an Ethiopian adoptee and has experienced first-hand the impact of international adoption (this has inspired the current investigation). It is possible that this experience may have influenced analysis through unintentional identification of themes consistent with the researcher's own previous experiences.

However, it is also important to emphasize that the researcher's own experience could also be considered a strength, as it may increase the researcher's understanding of issues when conducting the interviews and analysis. A second researcher (CD) with no experience of adoption crosschecked the final theme's consistency with the interview data in relation to the research questions.

2.3 Data Analysis

Data were analysed and interpreted from a realist ontological point of view, and was received as a direct reflection of participants' lived experiences (Braun & Clarke, 2013). Thematic Analysis (TA), a widely used qualitative form of analysis in psychology, was then used to analyse the data (Braun & Clarke, 2006). There are six main steps, outlined by Braun and Clarke (2006; 2013), that should be taken when conducting TA. Step one instructs the analyst to become familiar with the data, through means of transcribing, reading, and noting initial ideas. The second step of the process is to generate initial codes in a systematic fashion, that are of interest and relevance to the study. Third, the analyst assembles codes into potential themes. Fourth, the themes are evaluated and compared to the raw data, initial codes, and relevance to the research aims. The fifth step involves clearly generating definitions and names for each theme, and ongoing analysis to refine the specifics of each theme. Lastly, final analysis of selected extracts should be conducted, resulting in a scholarly report of the analysis that relates back to the research questions and literature review. The mentioned steps highlighted by Braun and Clarke (2006; 2013) were taken when conducting this analysis. The data was categorised through a deductive ('top-down') approach, in order for better examination of the data in relation to the research questions and to directly reflect participants' stated lived experience. Themes were crosschecked by one of the academic supervisors (CD), in order to improve the trustworthiness

and rigour of selected codes and themes. This strategy is recommended by Braun and Clarke (2006; 2013).

CHAPTER THREE: RESULTS

3.1 Overview

The results have been categorized into three sections, and are based on the research aims indicated in Chapter 1. Specifically, section 3.2 focuses on the nature of adoptee attachment experiences, with the following themes: Age affects experiences of attachment; separation anxiety, survival mechanisms and attachment; the affect of biological family on attachment; and issues relating to ethnicity and skin colour. Section 3.3 presents findings related to formal and informal support experiences, as well as potential barriers to support. Lastly, section 3.4, 'facilitators and future supports' discusses what participants felt would be useful in the future. Data from adoptees and adoptive parents are presented together, as no major differences were found in their responses. However, specific instances of divergence between the groups are highlighted. A thematic map, as advocated by Attride-Stirling (2001), was used to organise themes, visualise interrelations between themes, and to assist in organising the results section (see Figure 1 for thematic map).

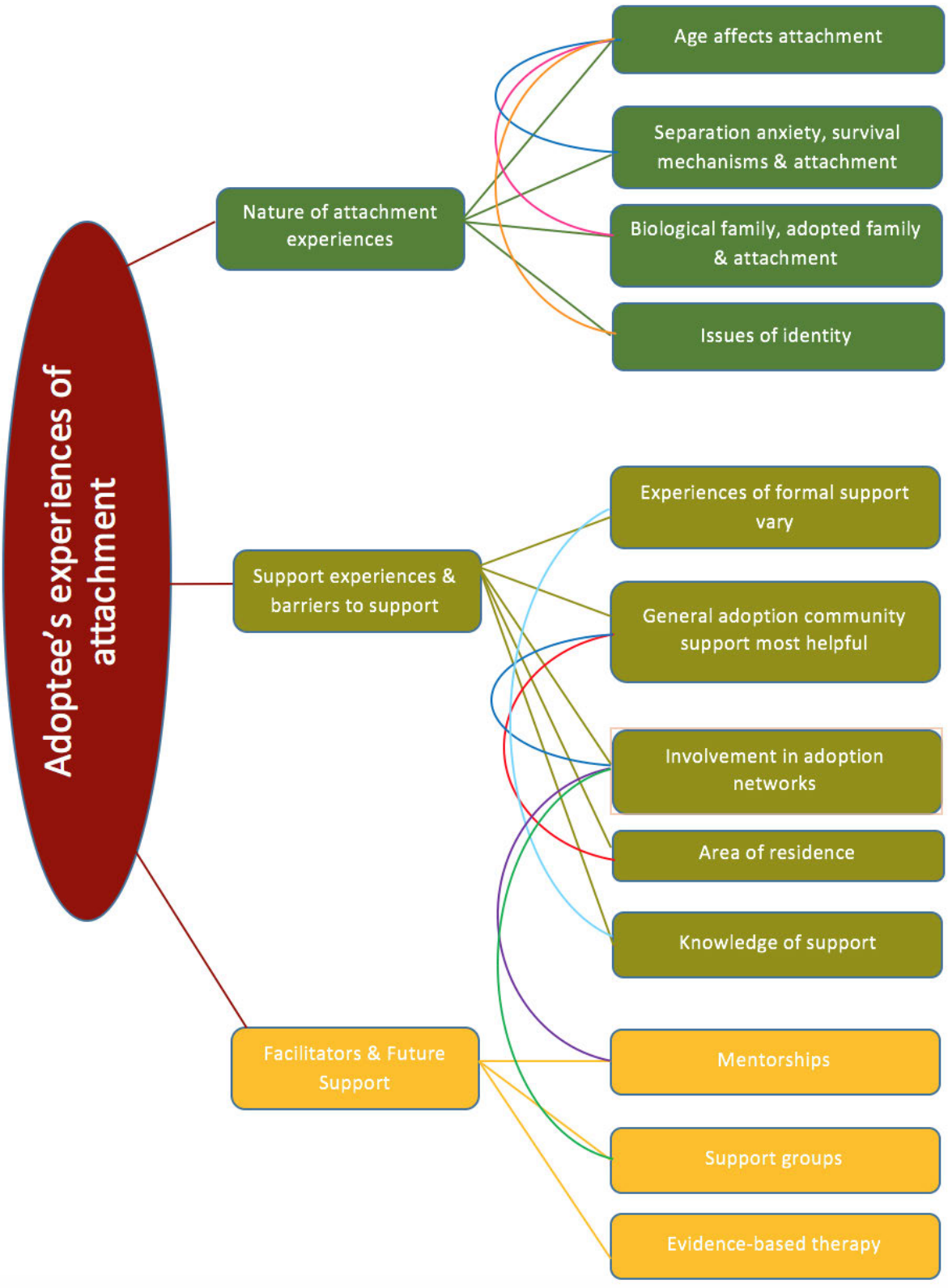

Figure 1: Thematic map representing relationships between themes

3.2 Nature of Attachment Experiences

3.2.1 Age affects attachment experience

Adoptees described varying accounts of experiences of attachment, particularly in relation to age. The the effect of age pre-adoption on post-adoption attachment was noted by both adoptees and adoptive parents. For example, Harry (adoptee, line 370) identified that "it's much easier to get adopted at a younger age". Adoptees who were adopted as infants expressed gratitude for this:

> "Because I was so young when I was adopted I didn't know anything else, so I feel like I was lucky in that sense… because I was so young, I didn't really feel that, like, I feel like the abandonment issues I didn't really get. But someone that was older, … the person that you first bonded with isn't the person you're with now and you might feel like [adoptive parents are] trying to fill their shoes in a way or something but I never felt any of that, I was fine" (Daniel, adoptee, lines 40-276)

Most of the adoptees interviewed were the youngest of siblings adopted together. Many of these adoptees described their older siblings as having more issues to tackle than they did themselves. Participants said that older adoptees (such as their brothers or sisters) had more memory of their early life, which in turn led to effects on attachment. They also appeared to take on a large amount of responsibility for their younger siblings, which possibly hindered their ability to trust and attach securely to their adopted parents:

> "for [eldest brother] definitely, … [eldest brother] had always said that he remembered more so I think for him he was like yeah and him also being the oldest he always just felt like responsible for us and everything so like yeah I think it was definitely different for him." ([redacted] adoptee, lines 127-131)

Similarly, Amy also found that her older sister's experience differed to her own, as she too felt responsible for her younger sibling:

> "I think it's hard for [older sister] because she never really had a childhood, because she was straight into like from 3 or 4 years old, she was looking after our sick mum when no one else was, by herself, so she was sweeping the floors and looking after a HIV patient and you know, our mum was really really sick and she was doing it all by herself, and then coming over here [to Australia] she was looking after me so, it's kind of like she never really had a childhood, which I feel sorry for her." ([redacted] adoptee, lines 212-225)

Amy also mentioned that during the first meeting with their adoptive parents, her older sister "was probably a bit more apprehensive, because she was a bit older" ([redacted] adoptee, lines 31-32). With age comes memory, and it was evident that memory of life before adoption had a large impact on the experience of attachment for adoptees. [redacted] explained how his older sister struggled more with attachment to her adoptive parents because of her memories of her past:

> "I think it was harder for my sister than it was for me, because I think sometimes she goes through, she told me she found it hard to get attached to them, but for me, I didn't really think about my [biological] family so, it didn't take me long, like I see [adopted parents] as mum and dad, … when we went back and saw my [birth] mum, I didn't really feel attachment to her at all, I think it was easy for me, the transition, rather than my sister." ([redacted] adoptee, lines 104-108)

Adoptive parents also were aware of the difference in attachment depending on their child's age at adoption. Again, adoptive parent participants identified that memory played the biggest role in their children's attachment, with some parents finding that their children "had been exposed to things and sights that were not okay" ([redacted] parent, lines 410-411). The consequences of these memories sometimes "came out years later" ([redacted] parent, 282-283),

and affected the parent/child relationship in differing ways. For example, Shelby described how she felt she was unable to be a mother to her youngest daughter, because of her eldest daughter's need to fill that role:

> "well [eldest daughter] was obviously the mother … so I found that difficult because I couldn't be [younger daughters] mother, because that was taking the only thing that [eldest daughter] had." ([redacted] parent, lines 472-475)

3.2.1.1 Adolescent years

After adoption had taken place, participants noted that age related changes also affected attachment and relationships between adoptees and adoptive parents. In particularly, the adolescent years were consistently described as the most troubling time for adoptees, with many feeling a divide between themselves and their adoptive parents at this time. For [redacted] adolescence brought with it a more pronounced consciousness of the differences between himself and his parents:

> "[Ages]14,15,16 yeah, that's when I started to realize the difference between me and my parents and we are not the same people at all like, just behaviorally and interest wise and everything, me and my parents are like yeah we are very different" ([redacted] adoptee, lines 184-187)

For [redacted] adolescence not only brought difficult thoughts about his adoption, but was also a time for discovering his sexual orientation. He explained how this complicated his relationship even more with his adoptive parents:

> "you don't talk about your feelings, it's kind of like swept under the rug yeah, so we would never talk about it, so we'd yell at each other or whatever. Progressing onto like the adolescent years, I think everyone goes through, you know, a hard time. One time my mother, I finally came out [about his sexuality], and she said very hurtful things, and I think it strained us for maybe 2 or 3

> years, and I felt confused because you would think I was adopted regardless of what the outcome is, so me being gay really shouldn't be a problem." ([redacted] adoptee, lines 231-242)

Amy found that her older sister had a more troubling time during adolescence, and tension between the siblings and their adoptive parents lead to the two girls moving out of their family home when [redacted] was 18-years-old:

> "I think [older sister] probably struggled more, like I think me and mum were always quite close, but [older sister] was quite rebellious … would push the button all the time, and she was quite angry, so there was a big stage of her teenage years where mum and dad and her were just butting heads all the time, and that was probably the worst time that we've had, where it was just war all the time, … and that's when we moved out, I moved out when I was 18 because she wanted to move out." ([redacted] adoptee, lines 308-314)

Adoptive parents also noticed that the adolescent years brought challenges to the family dynamic. [redacted] described her experience of parenting during the adolescent years, and though her children's issues appeared to be more behavioural than adoption related, she made it clear that their adoption status should not be over looked:

> "We took both of our [adopted] children in their teens to psychologists because of teenage behaviour or issues, which didn't appear to be anything more than teenage issues but of course, you can't ignore the underlying upheaval that they've had, and that if it's going to affect them, it'll affect them at adolescence." ([redacted] parent, lines 204-207)

[redacted] discussed how the adoption agency advised her that there may be internalised issues that arise during adolescence, and she found that both of her children displayed this in differing ways:

> "Teenage years were a little bit difficult, I think they, one of them would internalize stuff, and the other one would act up … but the adoption agency said that teenage years are tough, for your kids times that by three, so we were expecting that they would be, it was a bit of not knowing where you fit in, because as a teenager you have that anyway." ([redacted] parent, lines 459-463)

On the other hand, [redacted] did not feel prepared or supported by the agency during the adolescent years with her children and found this problematic:

> "I think the real issue is in pre-adolescents and that's probably where we needed the support but didn't get it, yeah, but having said that, that is across the general population, but there were different issues and for us we never felt supported, because we had some real difficulties." ([redacted] parent, lines 254-257)

[redacted] continued to explain that for both of her children "there were signs [early on in the adoption] that we didn't pick up well enough, which later came out in [their] teens" ([redacted] parent, lines 438-440).

3.2.2 Separation anxiety, survival mechanisms & attachment

Another key issue affecting attachment between adoptees and their parents was fear of abandonment and separation anxiety, especially in the early days of adoption. [redacted] described how she and her older sister would panic at the thought of her adoptive parents not returning whenever they left:

> "I think even when I was younger and we first got here, they'd go off to meetings at night, or they'd go to an event and we'd just like bang down the door because we didn't know whether they were coming back, and stuff like that, and that took a long time [to resolve], but they were so patient and now we have the best relationship." ([redacted] adoptee, lines 276-280)

Amy drew the conclusion that her separation anxiety as a child, her hesitation at attaching, as well as her wariness of becoming too vulnerable, stem from a fear of abandonment and a need to protect herself:

> "When I was younger I didn't want to get attached because I didn't want people to leave, so I think maybe that's one of the more solid conclusions I can hold on to, and [older sister] is probably similar as well in like, you'll leave before someone else can leave you, because you're kind of protecting yourself, I think it's a lot about protecting and self-preservation … that's a huge thing to happen to everyone, to think that both your parents have died, … or your parents gave you up and stuff, that's huge, and at that age, when you're so young, your brain is set up already and that just comes out later in life and it's probably been there from day dot." ([redacted] adoptee, lines 260-269)

Similarly, [redacted] also identified separation anxiety in her adopted daughter, and described how "if someone else picked [adoptive daughter] up she didn't want a bar of them, she didn't want me to put her down" ([redacted] parent, lines 123-125). Ingrid also interpreted her daughter's behaviour as stemming from fear of abandonment:

> "I remember two days [after adopting her], I took her back to [orphanage] to see where she lived … I asked to see the room where the babies were kept and they showed me all these cots all lined up together and I put her down in the cot to just take a photo of her, just so that she would have that photo for later and she was so distraught, you could just see on her face she was so worried I was going to put her down and leave her there, … and when we got back to the motel room she just screamed and screamed and screamed for like two hours, she just, she obviously had a lot of built up anxiety or something" ([redacted] parent, lines 123-136)

[redacted] discussed how the loss felt by her two adopted daughters lead to separation anxiety, and how this affected everyday life:

> "It got to the stage where I'd go out to the rubbish bin which was just by our backdoor, and they would cry their eyes out because we'd gone, because to [daughters], [their] parents left [them], or they died, [their] orphanage mother was taken away, so that loss as well." ([redacted] parent, lines 218-221)

However, not all participants experienced this; [redacted] in particular mentioned that her son had no problems with separation anxiety or attaching in the early days of adoption:

> "[Adopted son] was just a really well adjusted kid, it was only those little issues of him being a little stubborn at times, but that's not different to any other kid, so yeah no I didn't see any attachment issues at all, and he was happy and he was, he didn't have any separation anxiety at all, he was happy to go to anyone, and everyone loved him yeah." ([redacted] parent, lines 376-380)

Parents also discussed survival mechanisms and behaviours that related to self-preservation displayed by their children. It was sometimes evident that in the early days of adoption, adoptees sometimes forgot they were in a safe environment and resorted back to survival instincts. For example, [redacted] described how she resorted to stealing food, despite knowing she had plenty. She explained that at the time, she didn't know why she did this and it brought her great shame, but later realised it was a form of survival:

> "Like when I was younger I used to steal, which is weird, like I had everything that I wanted, I was so embarrassed, like later in life that was just the worst thing, I would carry that shame for so long, but I didn't know why I did it either, … we used to eat all our food all the time, and we'd be full but we'd keep eating because we'd be like 'we're not getting anymore', and I think I used to do it, because it was just like nature and I just never knew when it was going to stop" ([redacted] adoptee, lines 331-339)

Similarly, [redacted] discussed how her adopted son momentarily forgot he was in a safe environment, and resorted back to believing he was still begging on the street:

> "So I think our children probably still have issues… for [adopted son] being a street kid, he begged and that we know, because for him early on he forgot he was home, he forgot he was safe with us one day and regressed right back into thinking he was still begging on the streets so there was this old memory that came back sometime later." ([redacted] parent, lines 444-449)

[redacted] also described how her children often lied, and that despite her own biological children also doing this, how she interpreted this, too, as a form of survival for her adopted children:

> "I'd [say] you don't need to lie, … but it is interesting, but that used to happen with our [biological] children too, but I think the experience was very different for [adopted children] because of that whole you better be good, surviving, if I mess up mum won't love me anymore kind of thing." ([redacted] parent, lines 472-476)

Participants indicated that the impact of separation anxiety and survival mechanisms for adoptees often only became apparent later in life, with both adoptees and their parents discussing ongoing effects on adult relationships. [redacted] stated that he "put a shield on" in order to protect himself "from getting hurt by people, or feeling like unwanted" ([redacted] adoptee, lines 198-200). Adoptees discussed a fear of commitment and becoming vulnerable:

> "I can always get along with most people, but I'm very hesitant of commitment, even with a friendship, even with family, because I'm always thinking of what if something bad happened. I don't know if it stems back from maybe, possibly, I don't know, our mother giving us up for adoption, not wanting us maybe." ([redacted] adoptee, lines 205-212)

A need for control was also discussed by several adoptees, with [redacted] stating that, when you become vulnerable "you feel like you're giving up ownership, you feel like you're giving up power" ([redacted] adoptee, lines 248-259). [redacted] echoed this idea, with her observations of her sister's behaviour:

> "[Older sister] …struggles with having close friendships and relationships, like she's actually quite detached… like, she kind of needs to have the upper hand, like she won't be in a situation where she's not in control of her feelings kind of thing, so she won't be vulnerable, so most partners she's had, … she's always kind of had the upper hand." ([redacted] adoptee, lines 234-243)

Parents also commented on their adopted children's behaviour when it came to creating relationships. Amanda, in particular, discussed how her youngest son struggled with forming deep relationships:

> "I guess when I look at the attachment disorder issues I think I can see some of that in [youngest son], I think he has lots of friends but making deeper relationships is harder for him and finding a good friend." ([redacted] parent, lines 363-365)

3.2.3 Navigating "real" families: biological and adopted families, and attachment

As mentioned in the introduction, it is likely that many Ethiopian adoptees had spent some time with their biological families before relinquishment, or before their parents died (Miller et al., 2008). Adoptee participants in this study often mentioned their biological families within interviews, and how having this connection affected them, and their relationship with their adopted parents. Navigating relationships or feelings towards biological parents as well as adopted parents was complex for many participants. For example, [redacted] described how, after finding out her biological mother was still alive, her older brother became fearful of what this meant for their future:

> "[After finding out their biological mum was alive] I guess [second eldest brother] was more specifically scared that it meant something different for like our lives, like he was like is she going to want us to come back and all that sort of stuff which obviously she couldn't do anyway but he was like scared about that, whereas we knew like nothing was going to change except for our story." ([redacted] adoptee, lines 231-235)

[redacted] stated that sometimes when he sees friends with biological parents "I… get jealous here and there" ([redacted] adoptee, lines 206-208). Despite his respect for his adopted parents, [redacted] who was adopted at age four, said:

> "There's still a connection that birth parents have to their kids that even adoption, I'm not trying to be rude or disrespectful to my parents, but you can't really replace real parents, like I love my [adopted] parents, but you can't replace real parents, that's what I think, there's different views yeah." ([redacted] adoptee, 213-216)

For adoptees who had communication with their biological families, it was evident that their experience of attachment to their adopted parents was affected. [redacted] who was five years old at adoption and had many memories of her early life, stated that "especially if you know your [biological] family, it's more emotional, because you want to be a part of their family as well" ([redacted] adoptee, lines 163-165). She continued to emphasise her own attachment struggles with her adopted mother, in particular:

> "I think that my [adopted] mum and I argue a lot because I don't feel a connection with her. I think because she isn't my real mum I hold back a lot of feelings towards her … I think that it is harder to connect with your adoptive mum compared to your own biological mum… When I was younger I used to argue with my [adopted] mum so bad that I wished my [biological] mum never put me up for adoption, I would be like why did you do this to me you know." ([redacted] adoptee, lines 205-215)

Other participants had had no contact with their biological families, either in infancy or later after adoption. For some, such as [redacted] this caused tension when it was discussed with his adoptive parents:

> "[Adoptive mother] would always ask 'do you ever think about your birth family' and that was like a trigger question that we would get really annoyed about, because we would be like well why would you ask that, we're never going to find them." ([redacted] adoptee, lines 321-323)

Adoptive parents also made mention of the connection between their adopted children and their biological families. Interestingly, many adoptive parent participants perceived attachment with their children, and relationships with biological family, different to the accounts presented above from adopted children. Most found that, despite their children having biological family still alive, their role was instantly that of 'mum and dad':

> "When we were staying at the hotel [in Addis Ababa] … I remember after picking up [eldest son], in you know, in Amharic just chatting away to the person behind the counter and the guy must have said, oh you know 'who's this' and he goes, 'oh, oh that's my dad' and the man says 'and what's his name' and he goes 'I don't know he's my dad and I'm going to Australia' (laughs), so, he just seemed very comfortable." ([redacted] parent, lines 290-294)

[redacted] discussed how the attachment with his biological and adopted children was the same:

> "I have never felt different attachment issues with any of my kids, the situations have been different, so my dealing with those has been different, but my feeling for me, I've always been attached, I had no issues" ([redacted] parent, lines 368-370)

Some parents also considered the importance of having a connection to their adopted children's biological family for attachment, and took steps in order to build and maintain this relationship:

> "I've got a photo of [adopted daughter] with her [biological] mum because I wanted her to be able to have that photo for later on, and her mum was so relieved and so happy to know that her daughter was okay because she never heard anything else after she had to give her up." ([redacted] parent, lines 138-141)

These tensions between perceptions of attachment on the part of adoptees as compared to their adoptive parents were noticed by some adoptee participants. For example, they spoke of feeling that they should be 'grateful' for what they have as a family. [redacted] described how this put pressure on his relationship with his adopted parents:

> "I always get told by many people … how lucky you are, and I think sometimes, I think we all understand how lucky we are, we get it, but I think when it's shoved in your face by your parents, and by the community, and by people you don't know, it puts pressure on your relationship with your parents, because you feel like if you backchat or you don't do something that they say, it feels like they'll fall back on that argument, 'well we did this for you'." ([redacted] adoptee, lines 222-227)

Amy also discussed this feeling, and described her difficulty in allowing herself to feel certain emotions because of this:

> "One thing I think a lot of adoptees struggle with is actually being sad, like I always felt like I was doing a disservice to my parents, like I always thought, 'oh no if I do that then I'm ungrateful for this opportunity, I can't be sad I just got to be grateful' but it's yeah, it's one of those things where I always felt I needed to be happy all the time, I had to put on the face, I had to be grateful for everything I got." ([redacted] adoptee, lines 360-365)

Adoptive parents did not describe similar experiences of pressures; however, some did note the negative impact of their own past trauma on attachment to their adoptive children:

> "[Ex-husband] had suffered some trauma as a child, which contributed I think to his behaviors… by the time when [adopted sons] arrived it was like we, he didn't really bond as well with them, and it was almost like he didn't, I guess he wasn't as connected to the whole thing." ([redacted] parent, lines 126-130)

This theme presents a clear tension between perceptions of attachment on the part of

adoptees and adoptive parents. Adoptees described finding difficulty and complexity in navigating their belonging to their 'real' families as well as their adopted parents; adoptees also described feeling a constant need to be grateful to their adoptive parents and the pressure this brought with it. Despite adoptees finding that their biological families added complexity to attachment to their adoptive parents, adoptive parents did not appear to perceive this as a challenge to attachment.

3.2.4 Issues of identity: skin colour and ethnicity

Throughout the adoptee sample, it was evident that the difference in skin colour between their adoptive parents and themselves affected their experience of adoption and attachment. Adoptees discussed having to explain to their peers the reason behind the difference in skin colour, noting that "its… tiring because its going on and on" ([redacted] adoptee, lines 62-63). Adoptive parents also discussed their children's self-consciousness at the difference in skin colour:

> "At school they get sick of explaining why their mums white and they feel a bit self conscious about that and so, I mean [son] went through a time when he didn't even want to say goodbye to me when we dropped him off at school, and maybe that, I don't know if that was because he didn't want to be seen with me or, and I know [daughter] had similar [feelings]." ([redacted] parent, lines 224-228)

Indeed, for some parents, differences in skin colour was a consideration prior to adoption, as in the case of [redacted]

> "I was more interested in Ethiopia just because my dad's family were black they weren't from Africa but they were black and I thought a child would feel more comfortable in that family and

> already have people in the family who are, you had similar skin colours so, that was the basis for my reasoning for choosing Ethiopia." ([redacted] parent, lines 40-44)

Although this was not the case for all parents, with some not considering skin colour an issue at all when adopting:

> "I never worried once about coming back with an African child, even though I knew that there weren't any African children in the community where I was, colour didn't mean anything to me, you know, it was like it was my own child anyways." ([redacted] parent, lines 131-133)

Most of the adoptees interviewed grew up in a predominantly white Australian environment in terms of their adoptive families and broader communities, which some said complicated the formation of their identity. Many adoptees explained not knowing where they belonged in society and feeling left out of both groups (e.g., Australians and Africans) growing up. For Harry, who grew up with lots of other African friends, having white parents complicated social interaction, as his 'blackness' was often questioned:

> "I feel like I have two different identities, like people say like when you're around your African friends you change and you're all African and then when you're around your parents you're all like, white [laughs] yeah, it gets annoying when my African friends are like, 'oh you're so white'." ([redacted] adoptee, lines 137-145)

3.3 Support Experiences

3.3.1 Experiences of formal support vary

Opinions on the adequacy of official post-adoption support varied between participants. Some found it "extremely helpful" ([redacted] parent, line 75), others found it "lacking" ([redacted] parent, line 442). It was evident that some parents did receive specific support in fostering secure attachment with their adopted children, with one parent stating,

"there was a lot about attachment" ([redacted] parent, line 132). Some parents also received parenting strategies and ways to help children who have experienced trauma:

> "We did the attachment course in [Northern Territory] and that was within the first 6 months, yeah to do with attachment, and then, and then going back to the course with [support provider] to do with parenting, it's to do with parenting a child who has trauma and I found that really useful too and yeah, no it was good so that sort of support has been helpful." ([redacted] parent, line 370-378)

However, one parent found that, despite lots of advice given about attachment formation, there was an underlying feeling of intimidation and fear of judgment amongst parents:

> "Look there was a lot of attachment advice given out at the seminars at the start, and lot of advice on things to do and things like that … I think a lot of people felt a bit intimidated if they ever admitted that they didn't know something or were having trouble with anything because some people could be quite judgmental about things and you sort of felt like you had to make a show that everything was good… ([redacted] parent, lines 388-393)

Adoptive parents were required to participate in home visits in order to evaluate the adjustment of adoptees, post-adoption. Parents had differing views on this form of support, with one parent stating, "I wouldn't call it support, we were terrified" ([redacted] parent, line 451), and another parent defending the technique:

> "Yeah some people found [home visits] invasive, and some of the councellors you know I think were a bit difficult but we were really lucky we had really nice ones, and I just saw them as a support, I didn't think 'oh they're coming to judge me' kind of thing." ([redacted] parent, lines 190-195)

[redacted] also stated that, had she not received recommended counselling for her unresolved grief, she "wouldn't have coped with [adoptive children] at all" ([redacted] parent, line 173). [redacted] emphasized that the adoption agency made it clear that unresolved grief and trauma would negatively affect attachment:

> "The major thing with me was that they said if you have unresolved grief that you must get help because if you've got unresolved grief you won't be able to support your child appropriately, and that unresolved grief might come out in a way of some kind of negative actions or behaviour towards your child" ([redacted] parent, lines 132-137)

Adoptees discussed their hesitation in seeking support and the differing reasons behind this. One adoptee discussed feeling like he would be "betraying" ([redacted], adoptee, line 348) his adoptive parents if he sought professional help in dealing with his adoption status; this was a specific barrier to accessing support that was related to attachment.

It was also evident that knowledge of adoption-related support was lacking for many families. Jake described his lack of knowledge about the support services available as "a barrier and a half" ([redacted] adoptee, line 485). [redacted] went on to express how his experience with the general health care system was not adequate in meeting his needs:

> "Nah I just had Australian psychologists and doctors who had nothing to do with adoption, they didn't know anything like, yeah there has to be something that is more suited, custom-wise to our needs." ([redacted] adoptee, lines 391-393)

As opposed to the official adoption agencies, many of the adoptive parents described privately run parents' groups as being "invaluable" ([redacted] parent, line 420), as they provided lots of information and "told us all these things to expect" ([redacted] parent, line 348).

3.3.2 General adoption community was the most helpful support

Adoptees agreed that "it's good to have your friends around" ([redacted] adoptee, line 236) for support, but it was also evident that "sometimes they just don't get it" ([redacted] adoptee, lines 322-323). Parents discussed how extended family played a role in how welcome their adopted children felt in the family. [redacted] expressed how her mother-in-law struggled to connect with her adopted children:

> "She had been saying like 'oh they're not your real children' and stuff every now and again, and I would be like oh, and finally I said to [husband] I'm going to speak to her, and that's the only way, we can't just let it go, and she treated our adoptive children like they were gifts in the end." ([redacted] parent, line 167-175)

Likewise, [redacted] experienced a similar scenario, where her extended family felt that her children should not have access to family heirlooms, due to their adopted status:

> "I had a couple of extended family who, weren't very happy that I was adopting at all, it didn't matter where it was from, they weren't happy that I was adopting at all because I had heirlooms that they didn't think should go to adopted kids, they should go to blood, but they got told by other relative to shove it (laughs)." ([redacted] parent, lines 195-200)

There was consistent agreement between adoptees and adoptive parents that the most helpful informal support received was the support of the general adoption community. One adoptee stated that she felt "more connected to Ethiopia" ([redacted] adoptee, line 133) because of her friendship with other Ethiopian adoptees. Within this network, adoptees felt like they belonged and that "everyone's in the same boat" ([redacted] adoptee, line 59). Adoptive parents echoed this positive appraisal, with one parent emphasizing how the community created important connections:

> "The support through the informal network helped, that really connected us to [other adoptive parents] as friends, connected the kids to each other, and it is just part of the growth, for us, for me and for us, and for the kids." ([redacted] parent, 125-127)

However, [redacted] (adoptee, line 143) described the adoptive community as being "very cliquey", and pointed out that this inhibited some families from receiving this form of support, leading, as [redacted] (adoptee, line 204) said, to feeling "separated" from their adoptive peers. Additionally, those who didn't live in the metropolitan area found that where they lived was a barrier to accessing support.

3.4 Facilitators & future supports

The final aim of the research was to consider implementations that could help to facilitate attachment support for adoptees and adoptive parents. There were three themes identified that mapped onto this aim: Mentorships; support groups; and more evidence-based therapy. These themes are outlined in this section.

3.4.1 Mentorships for adoptees

Adoptees expressed their desire for role models and mentors when they were younger, who had experienced the same life circumstances as them. They believed that this would have helped them and their siblings adjust better at the beginning of their adoption, and henceforth improved their continued relationship – and therefore promoted secure attachment – to their adopted parents:

> "Like an older brother kind of situation like I don't know like you know that kind of like charity thing where it's like older brothers and sisters for like at risk youth and stuff, that sort of thing would have been helpful I think for people who came across at an older age and knew like they had to really change their lifestyle." ([redacted] adoptee, lines 252-258)

Participants said that this sort of support would have also provided them with an outlet to speak about their feelings, separate from their adoptive parents. Furthermore, several adoptees also stated that they would be willing to act as mentors to other young Ethiopian adoptees now. There was some support from the adoptive parents for a mentorship program, with some feeling that it would be good to get "support from someone who's been there and done it" ([redacted] parent, line 582). However, one parent was hesitant towards this form of support, as she believed that a mentorship "only happens when you respect the person's values" (Erin, parent, 508-509), and therefore must occur naturally and without force.

3.4.2 Adoptee support group

Some adoptees felt that a support group, in which adoptees share their feelings and experiences, would be beneficial. Many expressed that they had thought other adoptees had not struggled in the same way as themselves; this may have made them feel isolated and may have affected attachment with their parents:

> "…even a focus group, small group of the adoptees so that they can talk, and it can be different stories, different times and different ages, but it all is actually quite similar and I think to know that would have been a better feeling." ([redacted] adoptee, lines 385-389)

Many participants stated that the interview was helpful, in that, they were talking to someone who understood what the adoption process entails and the feelings associated with it; furthermore, many went on to say such things like: "talking like this is probably useful" ([redacted] parent, line 553).

3.4.3 Evidence-based therapy

Lastly, adoptees and parents talked about the need, within the Ethiopian adoptive community, for more therapy and support from health care professionals. One adoptee

described her wish for more support and guidance specifically after she discovered her biological mother was still alive, as this was a momentous time that could have affected her attachment to her adoptive parents:

> "I think like therapy, family therapy, especially after we found out about our mum being alive like that would have been a good time, because like I don't think I was scared but like I know [second eldest brother] was scared like when we found out." ([redacted] adoptee, lines 214-217)

Many adoptees and parents discussed not having the resources or the know-how to deal with complex issues such as the above, and that having evidence-based therapy "would have helped" ([redacted] adoptee, 385).

CHAPTER FOUR: DISCUSSION

4.1 Overview

Through thematic analysis of qualitative interviews, this study explored how Ethiopian adoptees experience attachment to their adoptive parents after adoption, and how adequately current support services facilitate secure attachment within these relationships. Throughout this section, the study's results will be discussed in conjunction with the broader literature, as well as the implications of this research.

The findings of this thesis suggested that age at adoption plays a large role in the experiences of attachment post-adoption; specifically, adoptees who were adopted at an older age typically expressed more difficulty in attaching to their adopted parents, and younger siblings also observed this for their older siblings. The difference in attachment depending on age at adoption is also seen in research conducted by various other researchers (Escobar, Pereira & Santelices, 2014; Gleitman & Savaya, 2001; Marcovitch et al., 1997), which found that children adopted at ages three and above were less secure in their attachment post-adoption; it also supports previous attachment related research, which indicates that children who are subject to longer durations of neglect, abuse and institutional rearing (e.g. orphanages) are more likely to exhibit insecure attachment after adoption (O'Connor et al., 2003). To date, there is no research on Ethiopian children's attachment experiences post-adoption; as mentioned previously, Ethiopian children tend to have close family relations before adoption relinquishment, therefore their early attachment experiences may vary compared to other groups of adoptees who aren't surrounded by a collectivist community (e.g. Romanian children) and this may have corresponding effects for post-adoption attachment.

It was noted that attachment disturbance was a continued difficulty throughout the

lifespan, and evidently was a major issue in adolescence. The tension felt during adolescence could be linked to the theme of identity; specifically, this period of life brought heightened awareness of differences between adoptees and their adoptive parents. Particularly, the difference in skin colour between adoptees and their adoptive parents was a point of self-consciousness for adoptees. During a time in which fitting in is important to many, difference in skin colour and ethnicity brought identity issues and created tension between adoptees and their adoptive parents, and further complicated attachment between the two.

The literature indicates that instances of childhood abuse, neglect and/or institutionalization can lead to negative internalized and externalized patterns which focus on self-preservation and survival (Vasquez & Stensland, 2016). As mentioned in the introduction, despite many Ethiopian orphans being cared for by extended relatives, some end up as 'street children', who beg and steal for survival. Participants in the study discussed instances of survival mechanisms post-adoption, such as stealing and begging, and how their early life experiences affected how much they trusted the environment around them post-adoption. There were some suggestions in the results that adoptees are likely to experience insecure attachment with parents, particularly in relation to separation anxiety. Separation anxiety post-adoption is understandable as research on attachment indicates that a child's early experiences of how reliable and predictable social interactions with their caregivers are, will more or less dictate how they will behave, and the extent they will rely on others in the future (Steele, 2015). The impact of separation anxiety and survival mechanisms on attachment became largely apparent later in life, with both adoptees and their parents discussing ongoing effects on adult relationships; again, this correlates with previous research that finds insecure childhood attachment as leading to difficulty

in creating meaningful relationships in adulthood (Fearon et al., 2010; Hesse & Main, 2000; Jinyao et al., 2012; Lo, Chan & Ip, 2017).

As mentioned in the introduction, Ethiopian adoptees tend to have spent some time with their biological family before relinquishment (Miller et al., 2008), and this was true of some participants in this study – many of whom also maintained connection post-adoption. Interestingly, this often appeared to result in some tension between adoptees and adoptive parents. Specifically, in regards to navigating their biological and adoptive families, some adoptees expressed a clear separation of "real" parents, and "adopted" parents, although age appeared to mediate this as those who were older at adoption were more likely to use such descriptors. Adoptive parents, on the other hand, were resolute in their view of their adoptive children as "their children" and that their adoption was purely circumstantial. Research suggests that post-adoption loss and grief, including for biological family members, can also have detrimental effects on attachment with adoptive families, and the current research supports this finding (Reinoso, Juffer &Tieman, 2013).

The literature also suggests that international adoptees will often simultaneously identify with two cultures (e.g. Ethiopian and Australian), but at the same time, may feel detached from both (Grotevant, 1997). Clinicians have recognised the stressful impact this can have on an individual and have labelled this 'double consciousness' (Baden et al., 2013). Reflecting this research, participants discussed the impact of skin colour and ethnicity on attachment; specifically, how having to continuously explain their circumstances created self-consciousness and negative feeling, resulting in tension between themselves and their adoptive parents. Research also states the importance of adoptive parents fostering cultural identity for secure attachment, through celebrating and exposing children to traditions of their birth country

(Verbovaya, 2016), adoptees and parents discussed ways in which this was/was not implemented, and the positive/negative affect it had.

Support experiences were divided into formal and informal supports, and the majority of the participants found informal support more adequate in fostering secure attachment. In regards to formal support, it was evident that there was specific attachment related information available through the official adoption agencies, but many described this avenue of support intimidating and/or unhelpful. This reflects previous research which found adoptive parents feeling disappointed with the level of support received during their adoption journey (Drozd et al., 2018; Murphy, 2009; Verbovaya, 2016). Informal support included friends, family, and the wider adoption community within Australia, and these supports superseded formal support according to participants. Specifically, support from the wider adoption community was described as invaluable for both adoptees and parents. However, some found they were unable to access these communities or found them to be cliquey, and consequently were unable to reap the benefits; this was identified as a barrier to accessing vital support.

Another barrier identified was the area participants resided in, as this also affected the ability to access supports, especially for those not residing in metropolitan areas. Lastly, some participants expressed zero knowledge of support avenues specific to adoption (and attachment), and after being enlightened, commented that it would have been helpful during their adoption journey.

Finally, participants articulated some future supports they felt would be beneficial in fostering secure attachment, these included: the establishment of mentorships for adoptees, as this was seen as an outlet for adoptees to speak to someone who has experienced the same life circumstances, separate from their adoptive parents, as a form of 'big brother/sister'; an adoptee

support group, as a means to share and relate to those who are experiencing the same circumstances, in order to reduce feelings of isolation and abnormality; and lastly, more evidence-based therapy in order to assist adoptees and parents in navigating complex issues unique to an adoptive family unit.

4.2 Strengths

A main strength of this study was its contribution to the limited literature concerning Ethiopian adoptees and attachment. To the researcher's knowledge, this study is the first qualitative inquiry into Ethiopian adoptees' lived experiences of attachment. Additionally, an open-ended and semi-structured interview format was appropriate for the exploratory nature of the research aims, and gave participants freedom in discussing relevant experiences and concerns. Triangulation of adoptees' and adoptive parents' lived experiences strengthened the credibility of the findings. It should be noted that some interviewed adoptees and adoptive parents were part of the same family unit; this allowed further understanding of the intersection between adoptees' and adoptive parents' perspectives. Another strength of the qualitative study was its compliance to best practice guidelines (Tracy, 2010). Finally, the researcher's own experience as an Ethiopian adoptee increased foresight, initiative and understanding about the participant's perspectives, and therefore encouraged more thorough discussion.

4.3 Limitations and future research

Many adoptees reported having little memory of when they were first adopted and how they related to their adoptive parents, due to their young age. Some were merely infants at adoption, and could not recount their early attachment experience; this was a shortcoming of the study that was noted by participants as well. Though an attempt to include older adoptees within the study was made, it was evident that these adoptees were more hesitant to participate, perhaps

due to negative feelings associated with their adoption; this meant that the data did not grasp the full extent of experiences of attachment and was therefore limited. Future research could continue attempting further exploration of adoptees who were adopted at older ages, in order to achieve a more comprehensive finding about the nature of attachment experiences.

Adoptees and adoptive parents were recruited through post-adoption support providers, and were motivated to make contact with the researcher and share their experiences for the purposes of the study. Henceforth, the mentioned information could indicate a selection bias towards adoptive families who positively appraise sharing their experience, and have access to support services and networks; therefore, limiting the comprehensiveness of the study and failing to obtain all possible experiences of attachment. Future research could benefit from exploring attachment styles in adoptive families who do not have access to adoption related support services and networks. Additionally, in order to build on current findings, future studies could adopt quantitative methods as a means to reach a broader sample of adoptees and adoptive parents, perhaps those who were reluctant or unable to participate in a face-to-face interview.

In the previous section the researcher's own experience as an Ethiopian adoptee was described as a strength of the study; however, it could also be argued that participants may concede to the social desirability affect because of their previous association with the researcher, and this could distort the findings. Despite the attempt to explore experiences of attachment and support Australia-wide, most participants resided in one Australian state; it would have been beneficial to hear from more participants from other states, in order to investigate whether different states have an effect on the experience of attachment and support. Additionally, there was an attempt made to include post-adoption support providers within the study as well, but was

unsuccessful due to the time constraints of the project; future research could look to include this cohort in order to further triangulate the data.

4.4 Implications

4.4.2 Academic contributions

The findings of this thesis suggest that adoptees may experience disturbances to attachment formation in infancy and childhood, particularly where they are adopted at an older age and where their cultural or ethnic background differs to those of their adoptive parents. It was also clear that many adoptees' issues regarding attachment presented in adolescence and later adult life, rather than during childhood. This suggests that attachment for adoptees is a continual, life-long process. Based on these findings, future research with Ethiopian adoptees (and other international adoptees) could explore attachment process in more detail, including throughout the life course.

4.4.1 Practical contributions

This study has revealed that post-adoption attachment experiences of Ethiopian adoptees' is varied and complex. In regards to support experiences, it was evident that formal support was seen as lacking, especially in the eyes of adoptive parents. There is a clear need for more support for both adoptees and parents during adolescence, as this was noted as a particularly difficult time, in which little adoption-related support was received. Given the varied nature of adoptees' experiences, a range of flexible support options are required to suit varying support needs. While some adoptees may be drawn to individual, evidence-based therapy or support groups, others will better respond to more informal options. The qualitative nature of this study also lends a more nuanced understanding of Ethiopian adoptees' experiences; this can help support services with gaining a clearer idea of what

adoptees and parents are searching for, and can contribute to the implementation of these much needed forms of support.

4.5 Conclusions

This study is the first to qualitatively explore Ethiopian adoptees' experiences of attachment following adoption, and has provided an important addition to the literature surrounding attachment experiences of international adoptees within Australia. It is evident that adoptees and their adoptive parents face a complicated range of challenges that effect the formation and experience of attachment; furthermore, there are also noted challenges related to obtaining adequate support that facilitates secure attachment post-adoption. As such, this study has provided a foundation upon which future research can be built, to further increase understanding of attachment between internationally adopted children, such as Ethiopian adoptees, and their adoptive parents. Additionally, this can further inform the development of targeted support strategies that will help to facilitate secure attachment for these adoptees and their families.

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Appendix A

Participant Information Sheet – Adoptees

PARTICIPANT INFORMATION SHEET

PROJECT TITLE: Ethiopian Adoptees' Experiences of Attachment Following Adoption in Australia

HUMAN RESEARCH ETHICS COMMITTEE APPROVAL NUMBER: [redacted]

PRINCIPAL INVESTIGATOR: Dr Clemence Due

STUDENT RESEARCHER: Miss Hilina Winkenweder

STUDENT'S DEGREE: Honours Degree of Bachelor of Psychological Science

Dear Participant,

You are invited to participate in the research project described below.

What is the project about?

This project aims to increase understanding about how Ethiopian adoptees experience attachment in regards to their adoptive parents, and how current support services might help to facilitate healthy attachment styles within these relationships.

Who is undertaking the project?

This project is being conducted by Miss Hilina Winkenweder. This research will form the basis for the Honours degree of Bachelor of Psychological Science at the University of Adelaide under the supervision of Dr Clemence Due and Dr Peter Strelan.

Why am I being invited to participate?

You are being invited to participate in this study, if you are an Ethiopian adoptee aged 18 years or over, and speak fluent English.

What am I being invited to do?

If you consent to participate, you will be able to participant in an interview about: your experiences of attachment in regards to your adoptive parents and, your perceptions towards support following your adoption. Interviews can take place at the University of Adelaide (North Terrace Campus) or an alternative public area at a time that is convenient to you. The interview will be audio recorded, with participant's consent, so that a de-identified transcription can be made of the interview.

How much time will my involvement in the project take?

The interview is anticipated to take approximately 1 hour of your time.

Are there any risks associated with participating in this project?

Due to the potentially sensitive nature of discussing your experiences of adoption, you may experience some emotional distress during the interview. However, every effort will be made to minimise this possibility, and there is a comprehensive list of supports that you may wish to access at the end of this information sheet. These include telephone helplines, online forums, and local organisations relevant to international adoption. You can also choose not to answer questions, or to end the interview at any time.

What are the potential benefits of the research project?

This research may help to inform support organisations and healthcare professionals about how to best provide support to international adoptees and their families following adoption. Although you will not receive any financial compensation from your involvement in the study, your participation in this research may contribute to benefits experienced by adoptive families in the future.

Can I withdraw from the project?

Participation in this project is completely voluntary. If you agree to participate, you can withdraw from the study at any time.

What will happen to my information?

Your name and any identifying information will remain confidential and will be removed from any publications or reports that arise from the data. Confidential interview transcripts will be made from the audio recordings, however only the named researchers above will have access to the interview transcripts, for the purposes of analysis. While all efforts will be made to remove any information that might identify you, as the sample size is small, complete anonymity cannot be guaranteed. However, the utmost care will be taken to ensure that no personally identifying details are revealed. The transcripts of the interviews will be kept securely in Dr Due's office in The School of Psychology at the University of Adelaide, and the research data must be retained for a minimum of five years following the date of final publication. The interviews form the research for an Honours thesis, and the results of this study will be written up for publication in a peer-reviewed journal. A short report will also be made available to organisations and to participants who express interest. Following your interview, you will be asked if you would like to be sent a copy of your interview transcript to review. Once analysis has begun, you can also request to be provided with a copy of the emerging results. Upon review, we will welcome any feedback or requests to change or remove data that you feel is not representative of your experiences.

Your information will only be used as described in this participant information sheet and it will only be disclosed according to the consent provided, except as required by law.

Who do I contact if I have questions about the project?

Should you wish to ask any further questions about the project, please contact:

Dr Clemence Due (Project Manager)

- [redacted]
- [redacted]

Dr Peter Strelan

- [redacted]
- [redacted]

Miss Hilina Winkenweder

- [redacted]

What if I have a complaint or any concerns?

The study has been approved by the Human Research Ethics Committee at the University of Adelaide (approval number H-2019-054). This research project will be conducted according to the NHMRC National Statement on Ethical Conduct in Human Research 2007 (Updated 2018). If you have questions or problems associated with the practical aspects of your participation in the project, or wish to raise a concern or complaint about the project, then you should consult the Principal Investigator. If you wish to speak with an independent person regarding concerns or a complaint, the University's policy on research involving human participants, or your rights as a participant, please contact the Human Research Ethics Committee's Secretariat on:

Phone: +61 8 8313 6028

Email: hrec@adelaide.edu.au

Post: Level 4, Rundle Mall Plaza, 50 Rundle Mall, ADELAIDE SA 5000

Any complaint or concern will be treated in confidence and fully investigated. You will be informed of the outcome.

If I want to participate, what do I do?

Please contact Hilina ([redacted] to organise a time for an interview.

Yours sincerely,

Miss Hilina Winkenweder,

Dr Clemence Due, and

Dr Peter Strelan

Support Resources

To talk to someone right away:

- **Lifeline** - Available 24/7

  Phone: 13 11 14

- **Beyond Blue** - Available 24/7

  Phone: 1300 224 636

Organisations Offering Post Adoption Support Services:

- **Post Adoption Support Services (PASS) Relationships Australia**
  Email: hr@rasa.org.au
  Phone: 8216 5200
  Web: https://www.rasa.org.au/services/couples-families/post-adoption-support-services-pass/
- **Intercountry Social Services Australia (ISS)**
  Email: iss@iss.org.au
  Phone: 1300 657 843
  Web: https://www.iss.org.au/
- **Intercountry Adoption Family Service (ICAFSS)**
  Email: icasupport@lifeworks.com.au
  Phone: 1300 543 396
  Web: https://www.intercountryadoption.gov.au/post-adoption-support/intercountry-adoption-family-support-service/

Appendix B

Participant Information Sheet – Adoptive Parents

PARTICIPANT INFORMATION SHEET

PROJECT TITLE: Ethiopian Adoptees' Experiences of Attachment Following Adoption in Australia

HUMAN RESEARCH ETHICS COMMITTEE APPROVAL NUMBER: [redacted]

PRINCIPAL INVESTIGATOR: Dr Clemence Due

STUDENT RESEARCHER: Miss Hilina Winkenweder

STUDENT'S DEGREE: Honours Degree of Bachelor of Psychological Science

Dear Participant,

You are invited to participate in the research project described below.

What is the project about?

This project aims to increase understanding about how Ethiopian adoptees experience attachment in regards to their adoptive parents, and how current support services might help to facilitate healthy attachment styles within these relationships.

Who is undertaking the project?

This project is being conducted by Miss Hilina Winkenweder. This research will form the basis for the Honours degree of Bachelor of Psychological Science at the University of Adelaide under the supervision of Dr Clemence Due and Dr Peter Strelan.

Why am I being invited to participate?

You are being invited to participate in this study, if you are an adoptive parent of an Ethiopian adoptee, and speak fluent English.

What am I being invited to do?

If you consent to participate, you will be able to participant in an interview about: your experiences of attachment in regards to your adoptive child and your perceptions towards the support you were given before, and after your adoptive journey. Interviews can take place at the University of Adelaide (North Terrace Campus) or an alternative public area at a time that is convenient to you. The interview will be audio recorded, with participant's consent, so that a de-identified transcription can be made of the interview.

How much time will my involvement in the project take?

The interview is anticipated to take approximately 1 hour of your time.

Are there any risks associated with participating in this project?

Due to the potentially sensitive nature of discussing your experiences of adoption, you may experience some emotional distress during the interview. However, every effort will be made to minimise this possibility, and there is a comprehensive list of supports that you may wish to access at the end of this information sheet. These include telephone helplines, online forums, and local organisations relevant to international adoption. You can also choose not to answer questions, or to end the interview at any time.

What are the potential benefits of the research project?

This research may help to inform support organisations and healthcare professionals about how to best provide support to international adoptees and their families following adoption. Although you will not receive any financial compensation from your involvement in the study, your participation in this research may contribute to benefits experienced by adoptive families in the future.

Can I withdraw from the project?

Participation in this project is completely voluntary. If you agree to participate, you can withdraw from the study at any time.

What will happen to my information?

Your name and any identifying information will remain confidential and will be removed from any publications or reports that arise from the data. Confidential interview transcripts will be made from the audio recordings, however only the named researchers above will have access to the interview transcripts, for the purposes of analysis. While all efforts will be made to remove any information that might identify you, as the sample size is small, complete anonymity cannot be guaranteed. However, the utmost care will be taken to ensure that no personally identifying details are revealed. The transcripts of the interviews will be kept securely in Dr Due's office in The School of Psychology at the University of Adelaide, and the research data must be retained for a minimum of five years following the date of final publication. The interviews form the research for an Honours thesis, and the results of this study will be written up for publication in a peer-reviewed journal. A short report will also be made available to organisations and to participants who express interest. Following your interview, you will be asked if you would like to be sent a copy of your interview transcript to review. Once analysis has begun, you can also request to be provided with a copy of the emerging results. Upon review, we will welcome any feedback or requests to change or remove data that you feel is not representative of your experiences.

Your information will only be used as described in this participant information sheet and it will only be disclosed according to the consent provided, except as required by law.

Who do I contact if I have questions about the project?

Should you wish to ask any further questions about the project, please contact:

Dr Clemence Due (Project Manager)

- [redacted]
- [redacted]

Dr Peter Strelan

- [redacted]
- [redacted]

Miss Hilina Winkenweder

- [redacted]

What if I have a complaint or any concerns?

The study has been approved by the Human Research Ethics Committee at the University of Adelaide (approval number [redacted]. This research project will be conducted according to the NHMRC National Statement on Ethical Conduct in Human Research 2007 (Updated 2018). If you have questions or problems associated with the practical aspects of your participation in the project, or wish to raise a concern or complaint about the project, then you should consult the Principal Investigator. If you wish to speak with an independent person regarding concerns or a complaint, the University's policy on research involving human participants, or your rights as a participant, please contact the Human Research Ethics Committee's Secretariat on:

Phone: +61 8 8313 6028

Email: hrec@adelaide.edu.au

Post: Level 4, Rundle Mall Plaza, 50 Rundle Mall, ADELAIDE SA 5000

Any complaint or concern will be treated in confidence and fully investigated. You will be informed of the outcome.

If I want to participate, what do I do?

Please contact Hilina [redacted] to organise a time for an interview.

Yours sincerely,

Miss Hilina Winkenweder,

Dr Clemence Due, and

Dr Peter Strelan

Support Resources

To talk to someone right away:

- **Lifeline** - Available 24/7

  Phone: 13 11 14

- **Beyond Blue** - Available 24/7

  Phone: 1300 224 636

Organisations Offering Post Adoption Support Services:

- **Post Adoption Support Services (PASS) Relationships Australia**
  Email: hr@rasa.org.au
  Phone: 8216 5200
  Web: https://www.rasa.org.au/services/couples-families/post-adoption-support-services-pass/
- **Intercountry Social Services Australia (ISS)**
  Email: iss@iss.org.au
  Phone: 1300 657 843
  Web: https://www.iss.org.au/
- **Intercountry Adoption Family Service (ICAFSS)**
  Email: icasupport@lifeworks.com.au
  Phone: 1300 543 396
  Web: https://www.intercountryadoption.gov.au/post-adoption-support/intercountry-adoption-family-support-service/

Appendix C

Consent Form – Adoptees & Adoptive Parents

Human Research Ethics Committee (HREC)

THE UNIVERSITY of ADELAIDE

CONSENT FORM

1. I have read the attached Information Sheet and agree to take part in the following research project:

Title:	**Ethiopian Adoptees' Experiences of Attachment Following**
[redacted]	[redacted]

2. I have had the project, so far as it affects me, and the potential risks and burdens fully explained to my satisfaction by the research worker. I have had the opportunity to ask any questions I may have about the project and my participation. My consent is given freely.

3. Although I understand the purpose of the research project, it has also been explained that my involvement may not be of any benefit to me.

4. I agree to participate in the activities outlined in the participant information sheet.

5. I agree to be audio recorded ☐Yes ☐No

6. I understand that I am free to withdraw from the project at any time.

7. I have been informed that the information gained in the project may be published in a journal article/s, Honours thesis, and a report.

8. I have been informed that while I will not be named in the published materials, it may not be possible to guarantee my anonymity given the nature of the study and/or small number of participants involved.

9. I understand my information will only be disclosed according to the consent provided, except where disclosure is required by law.

10. I am aware that I should keep a copy of this Consent Form, when completed, and the attached Information Sheet.

Participant to complete:

Name: _____ Signature: _____ Date: _____

Researcher/Witness to complete:

I have described the nature of the research to _____

(print name of participant)

and in my opinion she/he understood the explanation.

Signature: Position:

Appendix D

Study Flyer – Adoptees and Adoptive Parents

THE UNIVERSITY of ADELAIDE
School of Psychology

ETHIOPIAN ADOPTEES' EXPERIENCES OF ATTACHMENT FOLLOWING ADOPTION IN AUSTRALIA

Are you an Ethiopian adoptee?
Or a parent of an Ethiopian adoptee?
We would like to speak with you!

As part of my Honours in Psychological Science, I am conducting a research thesis that is based on Ethiopian adoptees' experiences of attachment following their adoption in Australia. This project aims to increase understanding about how Ethiopian adoptees experience attachment in regards to their adoptive parents, and how current support services help to facilitate healthy attachment styles within these relationships.

Participation is voluntary and will involve approximately one hour of your time for a confidential interview.

Are you eligible?

Ethiopian Adoptees:	**Adoptive Parents:**
• You must be over 18 years of age • You must speak fluent English	• You must have adopted a child/children from Ethiopia • You must speak fluent English

Your participation in this research may contribute to benefits experienced by adoptive families in the future.

For more information or to participate, please contact

[redacted]

Appendix E

Interview Schedule – Adoptees

1. **Can you start by telling me a little bit about your adoption story?** (how old were you when you were adopted? Any known biological family? Recollection of birth country and family?)
2. **How do you feel about being an international adoptee? Have your feelings changed over the years?**
3. **Were there any times in your life where you struggled with the fact that you're adopted?**
4. **Throughout your adoption, have you felt connected or disconnected to Ethiopian culture? Why do you feel like this?**
5. **How would you describe the relationship you have with your adoptive parents?**
6. **Has your relationship with your adoptive parents changed over the years or stayed constant?**
7. **What kind of support did you receive during your adopted life?** (friends, family, support services)
8. **Did you receive any support from an organised service?** (psychologist, counsellor, social worker)
9. **Did you feel that the support you received throughout your adoption was adequate?**
10. **Did you feel that there were barriers that prevented you from receiving the support you wanted?**
11. **What kind of support do you think would have been helpful during the beginning of your adoption, as well as now and in the future?**
12. **Is there anything else you would like to tell me? Or ask me?**

- **Ongoing prompts:** Can you give me an example of…? What do you mean by…? Can you tell me more about…?
- **Would you like to be sent a copy of your interview transcript/ the emerging themes to review?**

Appendix F

Interview Schedule – Adoptive Parents

1. **Can you start by telling me a little bit about your adoption story?** (why international adoption? The process?)
2. **Did you have any fears about adopting internationally?**
3. **What kind of support did you receive early on in your adoption process?** (friends, family, support services)
4. **Did you receive any support from an organised service before, during or after the adoption process?** (psychologist, counsellor, social worker)
5. **Did you find this support adequate in preparing you for adoption?** (i.e. did you feel prepared to be an adoptive parent)
6. **How would you describe your relationship with your adopted child?** (parent and child relationship? Guardian relationship?)
7. **Has your relationship with your adoptive child changed over the years or stayed constant?**
8. **Did you have any major challenges with your child early on in the adoption? How did you resolve these challenges?**
9. **Did you feel that there were barriers that prevented you from receiving the support you wanted?**
10. **Is there any kind of support you think would have been more helpful during the beginning of your adoption journey?**
11. **Has your family taken any steps to include your adoptive child's culture within their/your life? How have you done this?**
12. **Is there anything else you would like to tell me? Or ask me?**

- **Ongoing prompts:** Can you give me an example of…? What do you mean by…? Can you tell me more about…?
- **Would you like to be sent a copy of your interview transcript/ the emerging themes to review?**

Appendix G

Post Interview Summary Sheet

Post-Interview Summary Sheet

Participant:

Date:

Start time: *Finish time:*

Reflection on location/environment

Participant details: self-presentation, reactions

Reflection on the interaction

Changes required to the interview schedule

General interview difficulties

Potential emerging themes

Analysis points – relating to the literature

Questions to ask in subsequent interviews