

The welfare of adopted adolescents in School Health Promotion Study 2017

Main findings

- Adopted young people do not constitute a uniform group. There are differences in the welfare of adoptees born in Finland and other countries.
- The incidence of disability is higher among adopted adolescents than other young people.
- The majority of adoptees are satisfied with their lives.
- Experiences of loneliness and detachment are more common among adoptees than other young people.
- There are differences in the safety of the growth environment between adopted and non-adopted young people.
- The adopted adolescents are more likely to encounter difficulties in discussing with their parents.
- It is important to produce follow-up data on the welfare of children and young people living in diverse families and family situations. Information is needed for developing and monitoring services.

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BACKGROUND

The purpose of adoption is to promote the welfare of a child by creating a child–parent relationship between the adoptee and the prospective adopter (Adoption Act 22/2012). Annually, around 300 adoptions of minors take place in Finland. Some one third of these adoptions are international and the rest are domestic adoptions. (Official Statistics of Finland 2017a.) The majority of the domestic adoptions are intra-family adoptions, which refer to adoptions occurring in blended families or families where the adults are of the same sex, for instance. A smaller share of domestic adoptions involves the adoption of a child previously unknown to the family. (Parviainen 2003.) In 2016, Finland had 4,230 under 18-year-olds adopted from either Finland or a foreign country (Official Statistics of Finland 2017b.) Information is needed for identifying special characteristics in the welfare of adopted adolescents and their needs for support as well as developing the services to better respond to the needs of parents and adopted children and young people.

Adopted adolescents do not constitute a uniform group as there are special features in the welfare of domestically and internationally adopted adolescents. For example, those adopted from abroad may encounter different challenges related to building an identity and often stand out from the rest of the population due to their appearances. Those adopted internationally also often live in an orphanage or family care before their placement in a new family. Some of them may have developmental special needs and a number of placements before the adoption.

The Finnish Adoption Study (FinAdo) has produced information on the welfare of children adopted from abroad and their families. The information available on domestically adopted children and young people has been scarce and fragmented. The information obtained from registers is limited by the fact that the statistics often process the data of adoptive parents similarly as that of biological parents, as a result of which internationally adopted people are mistaken for people with Finnish origin (Ruohio 2016). For the first time ever, School Health Promotion Study 2017 enables examining the questions linked to the more extensive welfare of adopted children and adolescents at the population level.

This publication examines the health, school attendance, safety of growth environment, conditions at home and involvement of adolescents studying in grades 8 and 9 of basic education, upper secondary education and vocational institutions based on their adoption background. The School Health Promotion Study of 2017 serves as the data of this study. In the study questionnaire, the young people's adoption background was investigated with statements concerning the respondent's family, as one of the alternatives was "I was adopted". In the analyses, the adoptees were categorised into those born in Finland and other countries. Non-adopted adolescents served as a control group.

How this study was conducted

This study is based on the data of the School Health Promotion Study of 2017. The School Health Promotion Study is a population study that covers the entire country and collects extensive information about young people's welfare, health and services. The study is carried out once every two years. The young people respond to it anonymously during a school lesson.

In 2017, the School Health Promotion Study was participated by:

- 73,680 young people in grades 8 and 9 of basic education
- 34,961 students in the 1st and 2nd year of general upper secondary education
- 31,188 students in the 1st and 2nd year of vocational education and training.

For the purposes of the analyses, the respondents who had reported being Sámi, Swedish-speaking Finns and Roma or having all of the six serious disabilities were removed from the data. The aim was to eliminate joke responses.

The data were classified into three categories based on the young person's adoption background and country of birth:

1. Adopted adolescents, country of birth Finland
 - adopted
 - country of birth Finland
2. Adopted adolescents, some other country of birth
 - adopted
 - country of birth Sweden, Estonia, Russia or the former Soviet Union, former Yugoslavia, China, Thailand, Vietnam, some other European country, or some other country
 - The respondents born in Afghanistan, Somalia, Iraq and Iran who reported having been adopted were excluded from group 2 as there is no adoption convention between Finland and these countries.
3. Other adolescents
 - not adopted
 - any country of birth

The connection between the adoption background and the young person's welfare was examined with cross-tabulation. The statistical significance of the results was examined with logistic regression for which the odds ratio (OR) and a 95% confidence interval (CI) are reported. The young persons gender, disability and mother's level of education have been standardised in logistic regression analysis. The results of logistic regression only take into account statistically highly significant differences, $p < 0.001$.

RESULTS

Adopted adolescents' backgrounds are diverse

The examination of the welfare of adolescents is based on the data collected from a total of 139,829 young people. 1,000 of them had been adopted (0.7% of the respondents). The number of adoptees was 626 (0.9%) among pupils in grades 8 and 9 of basic education, 149 (0.4%) among students in the 1st and 2nd year of upper secondary education and 225 (0.7%) among students in the 1st and 2nd year of vocational education and training. Out of the adopted adolescents, 45 per cent ($N=460$) had been born in Finland and 55 per cent ($N=559$) in some other country. The majority of those adopted domestically were boys in all levels of education. The majority of internationally adopted young people in grades 8 and 9 as well as the internationally adopted young people in upper secondary education were girls, while in vocational education and training were boys. (Table 1.) The majority of the respondents were 14–20 years of age.

Table 1. School level, sex and adoption background of the respondents in the School Health Promotion study conducted in 2017.

	Adopted youth, born in Finland		Adopted youth, born somewhere else		Non-adopted youth	
	Boys	Girls	Boys	Girls	Boys	Girls
Comprehensive school, 8 th and 9 th year	180 66%	92 34%	158 45%	196 55%	32,250 48%	35,447 52%
Upper secondary school, 1 st and 2 nd year	27 53%	24 47%	31 31%	67 69%	13,971 41%	20,011 59%
Vocational school, 1 st and 2 nd year	89 69%	39 31%	54 56%	43 44%	16,012 56%	12,808 44%

Differences emerge between adopted adolescents and other young people when examining the young people's backgrounds. There are also differences between the adopted young people born in Finland and other countries. The adopted adolescents born in countries other than Finland were slightly more likely to live with both of their parents compared to other young people. In turn, a slightly smaller share of the adopted adolescents born in Finland did not live with their parents compared to other groups. The share of adopted adolescents born in Finland whose mother had completed only basic education was larger compared to other groups. The share of adopted girls born in countries other than Finland with a highly-educated mother was the highest (61%). There are no differences between adoptees and non-adoptees in how the adolescents consider their family's financial situation. The incidence of severe disabilities is higher among adoptees born in Finland and other countries compared to other young people. Disabilities were most common among adopted girls whose country of origin was Finland (30%). (Table 2.)

Table 2. Background information of the respondents in the School Health Promotion Study conducted in 2017.

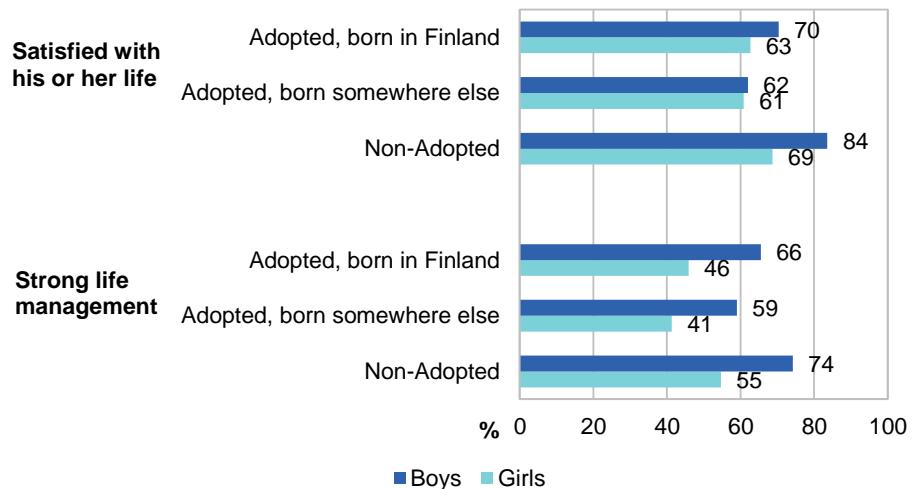
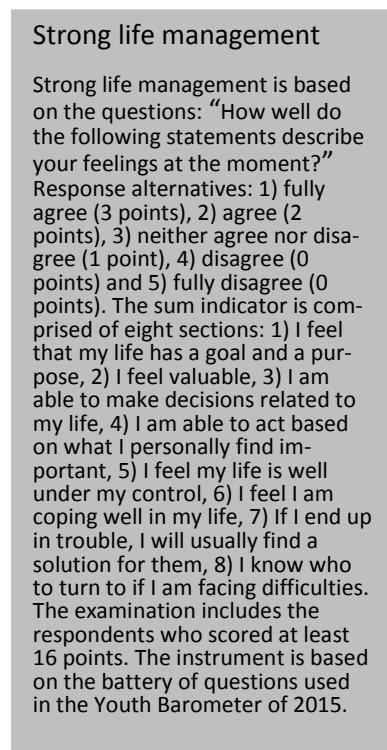
	Adopted youth, born in Finland		Adopted youth, born somewhere else		Non-adopted youth	
	Boys (%)	Girls (%)	Boys (%)	Girls (%)	Boys (%)	Girls (%)
Living arrangements						
Lives with both parents	71	65	75	75	69	64
Takes turns in living with both parents	10	7	4	6	12	10
Lives with one parent only	8	12	11	14	14	17
Does not live with parents	12	16	11	6	5	9
Mother's education						
Basic level (basic education or equivalent)	20	13	16	6	5	7
Upper secondary level (upper secondary school or vocational education and training institution)	43	47	36	34	54	53
Higher education (university or other higher education institution)	37	40	42	61	41	41
Family's perceived financial situation						
Poor or moderate	29	36	35	31	30	40
Excellent or fairly good	71	64	65	69	70	60
Disability						
No disability	78	70	75	79	90	83
Disability	23	30	25	21	10	17

Disability

The measurement of disability is based on international recommendations on measuring disability through functional dimensions (Washington Group on Disability Statistics 2017). The dimensions are seeing, hearing, walking, remembering things, learning new things and concentrating. The indicator shows the share of pupils who find it very difficult or are unable to act in at least one dimension.

Adopted adolescents' life management and satisfaction with life

The majority of the adopted adolescents are satisfied with their lives. Out of the adoptees, boys born in Finland are the most satisfied with their lives (70%). The adoptees born in countries other than Finland include a higher number of those dissatisfied with their lives compared to other young people ($OR=0,5$, $CI=0,4-0,7$). Life management is also poorer among the adoptees born in countries other than Finland compared to non-adoptees ($OR=0,6$, $CI=0,5-0,7$). In all of the groups, life management experienced by boys is stronger than that among girls – the odds ratio for experiencing strong life management among boys was more than twice the ratio among girls ($OR=2,3$, $CI=2,2-2,3$). (Figure 1.)

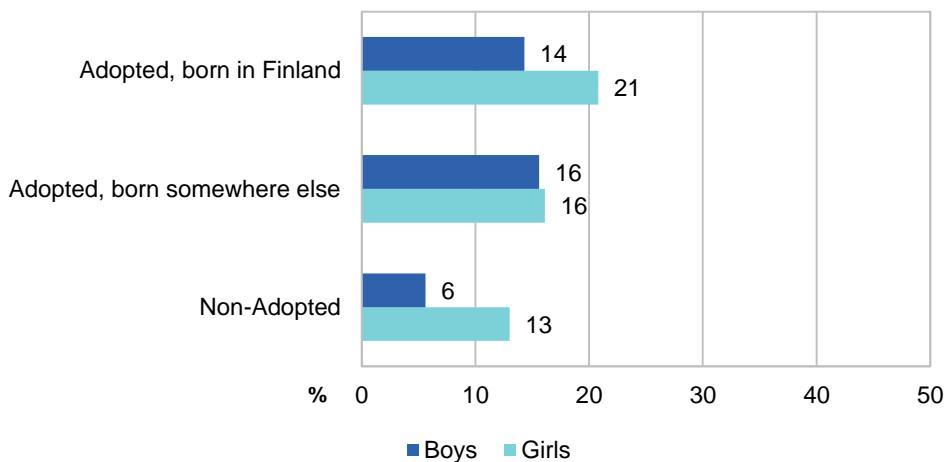


THL: School Health Promotion study 2017

Figure 1. Satisfaction with life and strong life management.

Adopted young people experience more loneliness than others

Adopted young people felt lonely more often than others. The odds ratio for feeling lonely among adoptees born in Finland was nearly twice as high compared to other young people ($OR=1,9$, $CI=1,4-2,5$), while being only slightly lower among those born in countries other than Finland ($OR=1,6$, $CI=1,2-2,0$). Adopted girls born in Finland, out of whom one in five felt lonely, were the loneliest group. (Figure 2.) In general, girls were more likely to feel lonely than boys. However, gender differences were considerably smaller among adopted adolescents. Loneliness was considerably more common among adopted boys than other boys.



THL: School Health Promotion study 2017

Figure 2. The share of young people who feel lonely based on adoption background (%).

The perceived health and anxiety symptoms of adopted adolescents

Adopted adolescents consider their health as somewhat poorer than other young people. In all of the groups, girls perceived their health as somewhat poorer than boys ($OR=1,7$, $CI=1,6-1,8$). Anxiety symptoms were also considerably more common among girls than boys. Of the adopted girls born in Finland, 28 per cent suffer from moderate or severe anxiety, a considerably larger share compared to adopted girls born abroad and other girls. (Figure 3.)

Anxiety

Young people's mental health was examined with the Generalized Anxiety Disorder indicator, which measures anxiety symptoms. The examination includes young people who have scored at least 10 points, which is the threshold for moderate generalised anxiety.

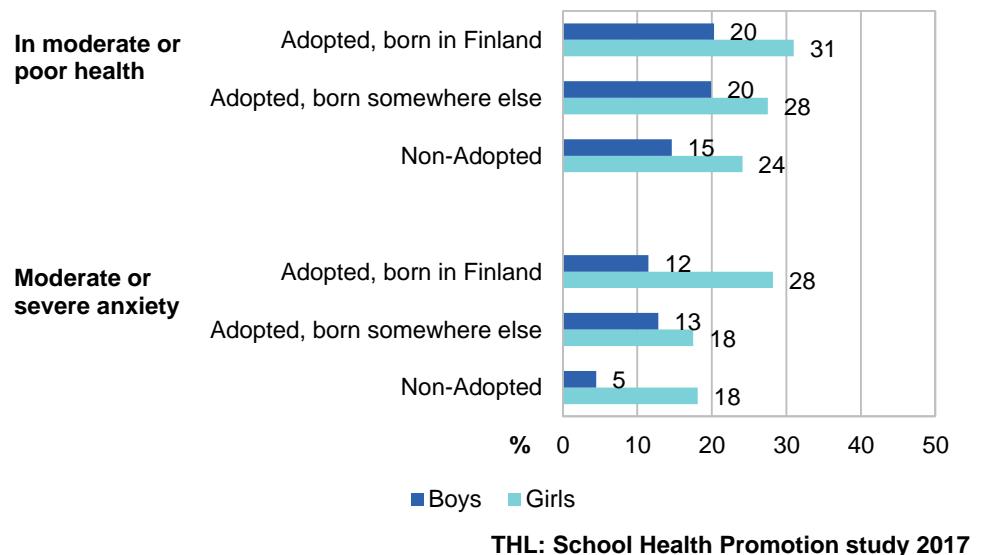


Figure 3. The health status and anxiety experienced by young people according to their adoption background (%).

School attendance of adopted young people

Adopted people born in both Finland as well as in other countries have less favourable views of going to school than their peers ($OR=0,6$, $CI=0,5-0,7$ and $OR=0,8$, $CI=0,6-0,9$). Adopted boys born in Finland liked going to school the least, as only half of them reported liking attending school.

Difficulties in following instruction are more common among adopted adolescents born in Finland compared to non-adopted adolescents ($OR=1,5$, $CI=1,2-1,8$). The foreign origin of the young person can be considered to explain learning difficulties more than an adoption background. There are no big differences in teachers' attitudes based on adoption background. Adopted young people are slightly less committed to their classroom community than other youths. In all age groups, girls are less likely to perceive themselves as important members of the classroom community than boys. (Figure 4.)

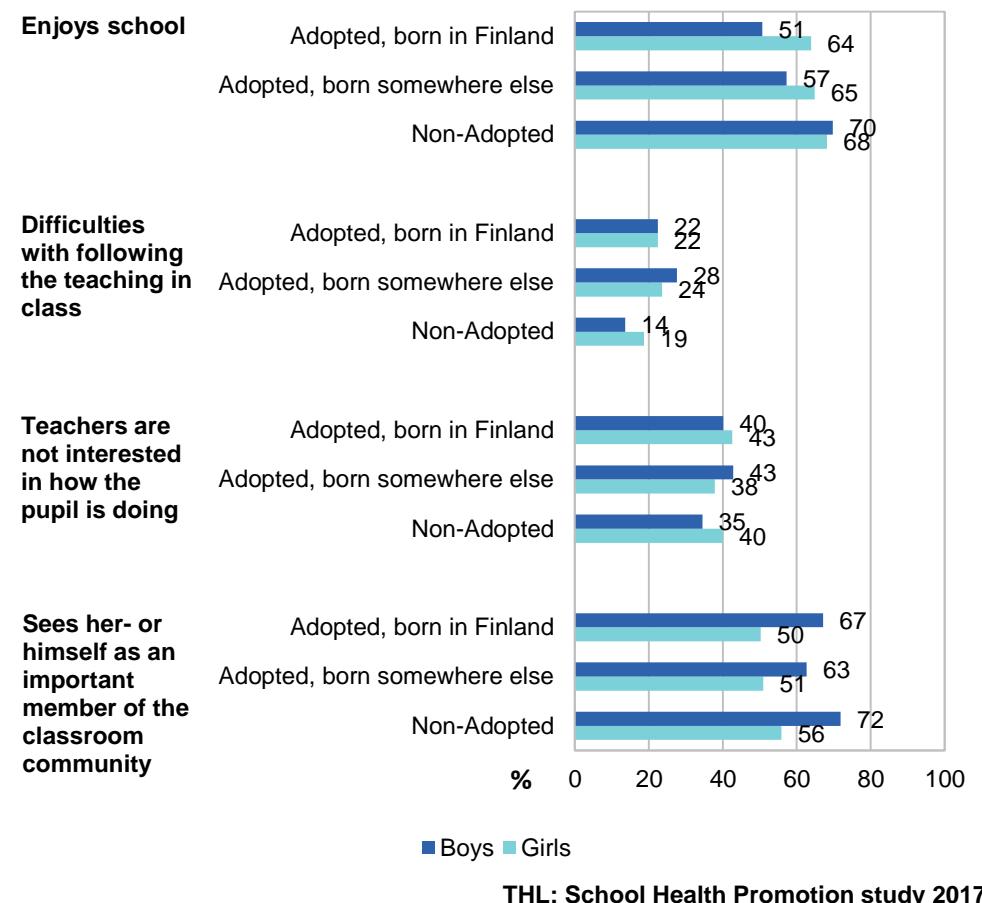


Figure 4. Factors related to young people's school attendance according to their adoption background (%).

Safety of the growth environment of adopted adolescents

Adopted adolescents are more likely to face discriminatory bullying compared to other young people. The odds ratio for adoptees born in Finland to encounter discriminatory bullying is nearly twice ($OR=1,9, CI=1,5-2,4$) and for adoptees born in other countries 2.5 times as high compared to other young people ($OR=2,5, CI=2,0-3,0$). Adopted boys born in countries other than Finland are most likely to encounter discriminatory bullying (42%). (Figure 5.)

The adoption background also correlated with young people's experiences of physical threat. The odds ratio for adoptees born in other countries to experience physical threat is over three times as high compared to other young people ($OR=3,2, CI=2,6-4,0$), and the odds ratio for adoptees born outside of Finland is over twice as high ($OR=2,1, CI=1,8-2,7$). Experiencing physical threat was more common among boys than girls in all of the groups ($OR=1,8, CI=1,8-1,9$). Around 40 per cent of adopted boys born in Finland and other countries report having experienced physical threat within the previous year. (Figure 5.)

Adoptees born in Finland ($OR=3,2, CI=2,6-4,0$) and girls were considerably more likely to be victims of sexual harassment ($OR=4,1, CI=4,0-4,3$). However, the differences between the genders in experiences of sexual harassment were narrower among adopted adolescents than other groups; around one third of adopted boys had encountered sexual harassment within the previous year. (Figure 5.)

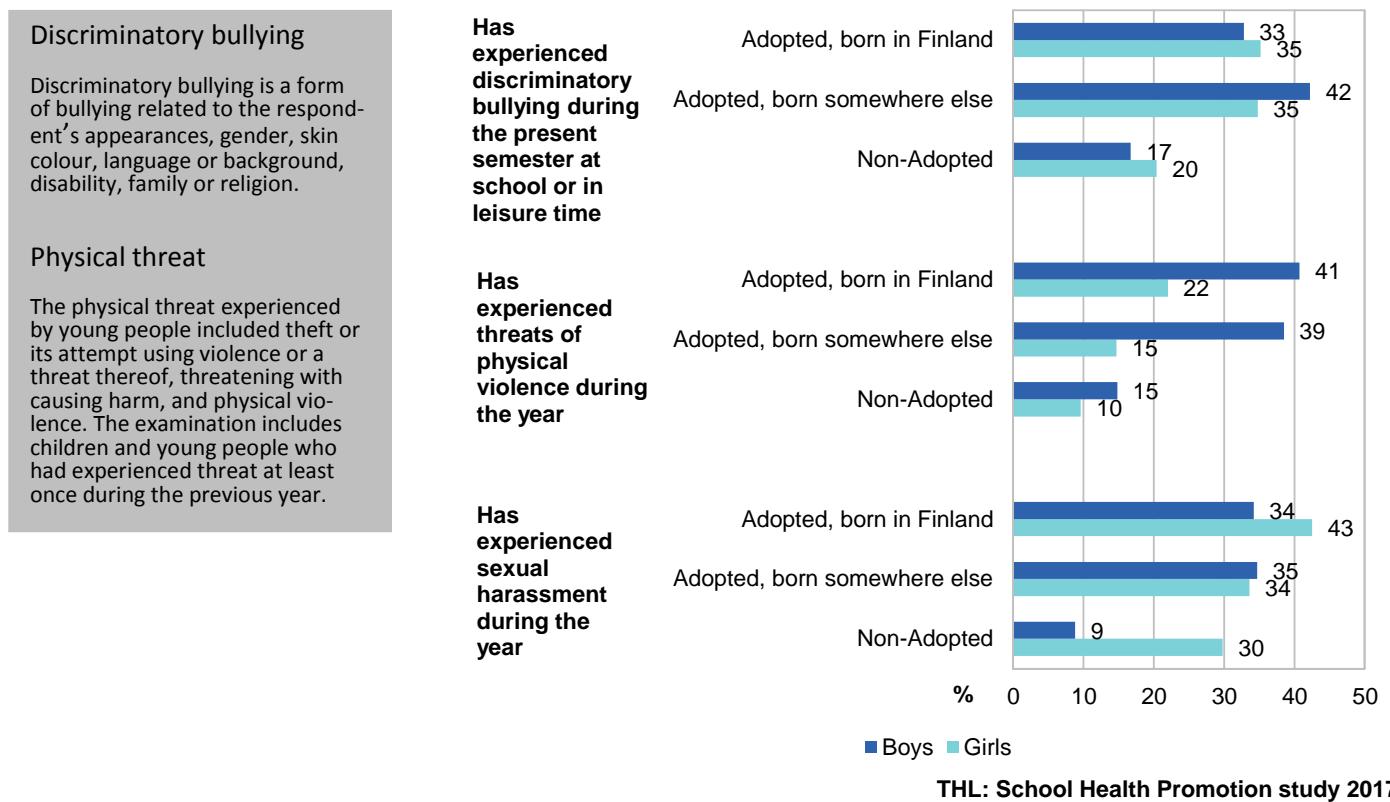


Figure 5. Factors related to the safety of young people's growth environment according to their adoption background (%).

Attachment to family and group of friends

The majority of adoptees feel that they are an important part of their family and group of friends. However, compared to adoptees born in Finland, commitment to family is still slightly poorer among the adoptees born in Finland ($OR=0,3$, $CI=0,2-0,4$) as well as the adoptees born in other countries ($OR=0,4$, $CI=0,3-0,5$). The commitment to the group of friends follows the same pattern and is slightly poorer among the adoptees born in Finland ($OR=0,6$, $CI=0,5-0,8$) and those born in other countries ($OR=0,6$, $CI=0,5-0,8$) compared to other young people. Of all adopted people, over 70 per cent still feel an important part of their family or group of friends. (Figure 6.)

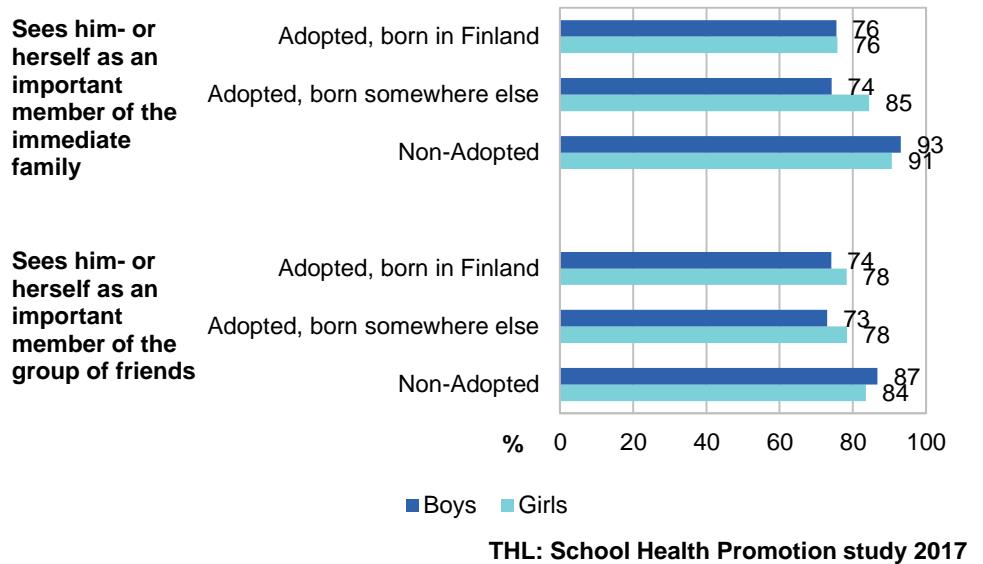


Figure 6. Involvement in family and group of friends experienced by young people according to their adoption background (%).

More difficulties in the relationship between adopted adolescents and their parents compared to others

Around one fifth of the adopted young people had difficulties in communicating with their parents. Compared to non-adopted young people, the odds ratio for adoptees born in Finland to experience difficulties in discussing with their parents is over three times higher ($OR=3,1$, $CI=2,4-4,1$). The odds ratio for adoptees born in countries other than Finland is nearly three ($OR=2,7$, $CI=2,1-3,5$). For adopted young people born in countries other than Finland, boys were more likely to encounter difficulties in communicating with their parents than girls (22% vs. 15%). (Figure 7.)

Difficulties in discussing with parents

The indicator provides information about the share (%) of the young people hardly ever able to discuss their personal issues with their parents. Based on the question: "Are you able to discuss your personal matters with your parents?" Response alternatives: 1) hardly ever, 2) now and then, 3) fairly often, 4) often. The examination includes the respondents who selected alternative 1.

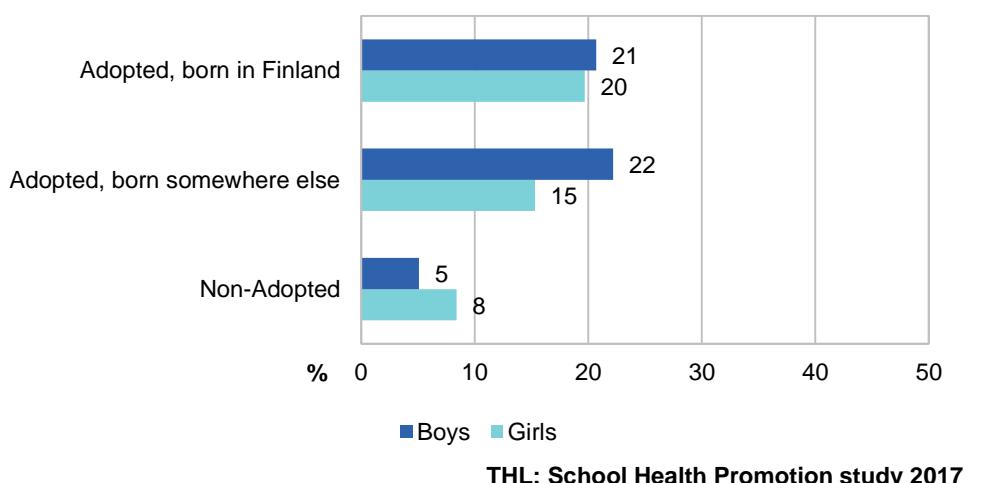


Figure 7. The share of young people who had experienced difficulties in discussing with their parents according to their adoption background (%).

Adopted adolescents experience emotional abuse by their parents more often than others. The odds ratio for experiencing emotional abuse by parents for adoptees born in Finland and other countries is around twice as high as for non-adoptees ($OR=2,1$, $CI=1,7-2,7$ and $OR=1,9$, $CI=1,6-2,3$). Adopted girls born in Finland experienced most emotional abuse by their parents (44%). (Figure 8.)

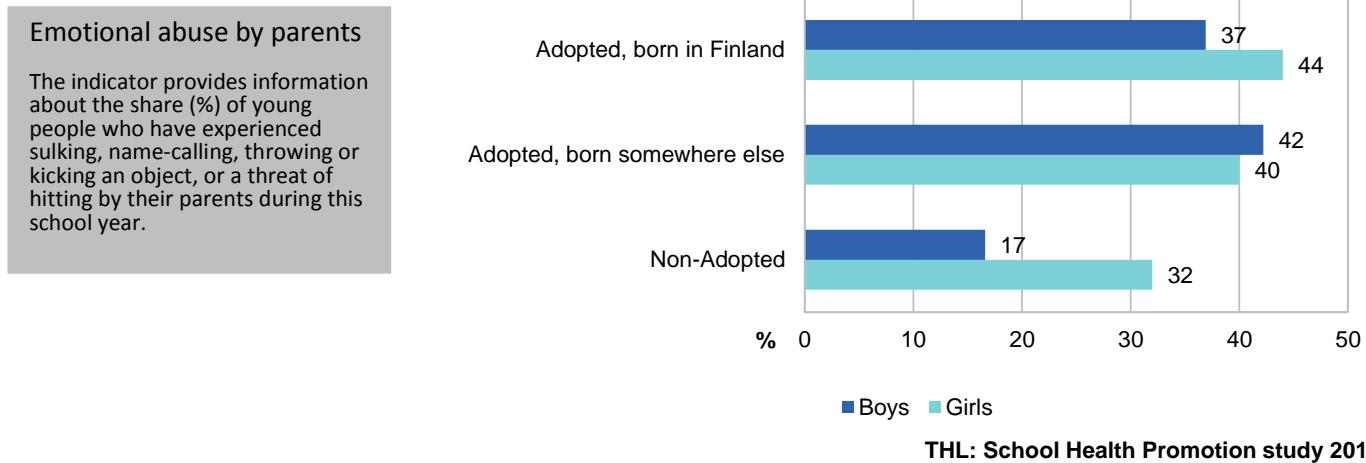


Figure 8. The share of young people who had experienced emotional abuse by their parents according to their adoption background (%).

LITERATURE

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SUMMARY

Only little follow-up data is available on the welfare of adopted young people. A question concerning adoption was first included in the School Health Promotion Study in 2017. It also allows collecting follow-up data on the welfare of both adoptees as well as children and young people living in different families and family situations in general. The information is needed in monitoring the implementation of equality as well as in developing services and assessing their correspondence with needs.

Adopted young people do not constitute a single, uniform group. The incidence of different disabilities is higher among adopted adolescents compared to other young people. The results also indicate that there are differences in the welfare of adoptees born in Finland and other countries. The reasons and underlying factors of adoption are very diverse and may reflect on the young person's welfare for a long time. The School Health Promotion Study does not enable examining these matters, which must be taken into account in interpreting the results.

The majority of adopted young people are feeling well. They are surrounded by caring people, they are committed to their classroom community and are satisfied with their lives. Nonetheless, the results also reveal differences in the welfare of adopted adolescents and other young people of the same age. Compared to other young people, the lives of adopted adolescents are more likely to include generally identified risk factors considered to threaten the young people's welfare in the long run. These risk factors include problems in involvement, family relations and, more extensively, the growth environment.

Over 15 per cent (15% of boys and 19% of girls) of adopted adolescents feel lonely. Experiencing loneliness is considerably more common among adopted boys than other young people. This is a worrying result as no young person should have to be alone. Feeling lonely is a subjective experience which one may also experience when surrounded by people. A sense of not belonging with others is often related to loneliness. Lonely young people have in common an experience of being different. For instance, some adopted young people may experience differences related to their family background, appearances or culture, which may make it harder for them to get attached to their group of friends. (Junttila 2015.)

Loneliness and detachment are intertwined with welfare in multiple ways. Loneliness correlates with, among other things, a reduced sense of life management and satisfaction with life in general. Compared to other young people, lonely adolescents are more likely to experience anxiety, different symptoms and fatigue, and engage in truancy. Loneliness is also connected to unhealthy lifestyles, such as substance abuse. (Halme et al. 2018.)

According to the results, adopted adolescents need support in mental welfare and coping. Out of adopted girls, nearly third experienced moderate or severe anxiety. Periodic feelings of anxiety are part of young people's daily life. However, prolonged anxiety hinders young people's coping with their studies as well as managing other age-appropriate challenges. An anxiety disorder also exposes the young person to depression and substance abuse disorders, for instance. (Strandholm & Ranta 2013.) Early recognition and intervention are important in the prevention of exhaustion and anxiety. Good communication with parents and parental support may also prevent and reduce difficulties related to mental welfare (Halme et al. 2018).

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Referred to on 30 May 2018

Compared to other young people, the adopted adolescents were more likely to feel unable to discuss their personal matters with their parents. This may also contribute to the large number of adopted adolescents with anxiety.

There are significant problems in the safety of the growth environment of adopted adolescents, and attention must be paid and measures taken on this issue. Adopted adolescents were more likely to face discriminatory bullying compared to other young people. Over one third of the adopted young people had experienced bullying due to factors such as their family background, skin colour or disability. Such bullying is particularly harmful as the adopted young person is unable to affect the factors for which he or she is bullied. A previous study revealed a connection of a developmental disorder and a reactive attachment disorder occurring at the age of adoption to becoming a victim of bullying at school (Raaska et al. 2012).

Out of adopted boys, nearly 40 per cent had experienced physical threat over the past year. Such an experience may cause versatile emotional reactions in the young person, including insecurity and anxiety. It is worth noticing that young people do not always report the physical violence they have experienced or have been threatened by anyone (Fagerlund et al. 2013). Prevention of violence, addressing it and early intervention in it is a shared duty of schools, social and health care, parents, youth workers and other agents who encounter young people.

Adopted boys and girls encounter a lot of sexual harassment. Experiencing sexual harassment is particularly common among adopted boys. Sexual harassment experienced by boys is also otherwise a phenomenon which needs to be recognised and addressed by introducing new methods and instructions (Ikonen & Halme 2018).

Around one fifth of adopted young people experienced difficulties in discussing with their parents. Around 40 per cent of adopted adolescents had experienced emotional violence by their parents within the previous year. The young people's difficulties in discussing with their parent and the emotional abuse they had experienced from their parent highlight a need for parental support. The open interaction between the parent and young person promote the welfare of the young person. However, the strengthening of personal identity, which is part of adolescence, may result in an adopted adolescent turning against his or her adoptive parents (Sinkkonen 2001). Indeed, parenthood needs to be supported by competence that strengthens cooperation between different agents and helps them encounter different families.

The interpretation of research results must take into account the fact that, in questions concerning their parents, the young people may have been thinking about their adoptive parents or their biological parents.

In conclusion, we may note that adopted adolescents and their families have diverse needs for support. Attention must be paid to the early identification of support needs and the continuity of the support must be ensured. This requires cooperation between several different bodies and agents, which must be considered in developing the services for children, young people and families with children in a changing operating environment.

We would like to express our gratitude to the adoption specialists at Save the Children Finland who commented on this text.