

**INTERCOUNTRY ADOPTION AND SUICIDE IN AUSTRALIA:
A Scoping Review**



'Colourblind' by Gabby Malpas

**Report prepared by Ryan Gustafsson and Patricia Fronck for the
Department of Social Services (DSS)
August 2021**



Australian Government
Department of Social Services



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Front cover 'Colourblind' by Gabby Malpas

Gabby is a Chinese adoptee born in New Zealand in 1966 and adopted into a family of nine children. Gabby found the courage to express her feelings through her artwork, strength drawn from shared experiences in the adoptee community, especially those of isolation, frustration, and denial of racism. Gabby is actively involved in the Australian intercountry adoption community, volunteering for a number of organisations. She is one of the New South Wales (NSW) Representatives for InterCountry Adoptee Voices and has sat on the advisory committee at the NSW Post Adoption Resource Centre (the Benevolent Society) since 2014. Gabby is connected with the Families with Children from China (FCC Australia) running art workshops through them and other adoption groups she supports. Gabby also donates art to raise funds for adoption causes in her community in Australia and abroad. 'Colourblind' expresses how raising an adopted child in a colour-blind environment does not prepare them for how the world will see, treat and judge them as a person of colour. The koi swimming freely in the air amongst the lotus and against a backdrop of adapted 'Chinese clouds' and Koru motifs, a nod to Gabby's New Zealand heritage, and represents transracial adoptees as fish out of water – always seen as different wherever they go – even in countries of origin.

'Internal Geodes' by Ebony Hickey – p. 1

Ebony is a Haitian born, Australian contemporary artist with an interest in interrogating concepts of individuality, adoption, sexuality, queerness and black identity. Her art including performance is drawn from her life experience. Ebony's drag personality, Koko Mass, loves to perform and challenge perceptions with honest insights while having fun. 'Internal Geodes' represents multiple internal layers, the complexities of adoption and the experience of getting stuck in a loop of a bad headspace. Her work depicts deep feelings and emotions from the hardship of being the only Haitian child in school to being a strong woman of colour who understand mental health to be a life-long journey.

Back cover 'Genesis' by Jonas Haid

Jonas is a Korean-American adoptee. Creativity as a vehicle of expression plays a big part in Jonas' life as does the healing experienced when he creates art for others. 'Genesis' shows the complexity of adoption and the importance of connecting to one's roots - strong and beautiful - the Genesis. The butterflies in 'Genesis' connect to adoptee roots as they are found all over the world. Jonas wants to share with other adoptees that opening your heart to others will help them see that there are many people in the world willing to love them as they are, and to find confidence and happiness.

Executive Summary

The Department of Social Services (DSS) commissioned Patricia Fronck from Griffith University to conduct a comprehensive review of the literature on the topic of intercountry adoption and suicide in Australia. The objective of this scoping review was to examine, map, and summarise the available literature on intercountry adoption and suicide with specific reference to the Australian context. The review also aimed to seek additional information from key informants. It sought to identify the prevalence of suicide deaths and non-fatal suicide attempts among adoptees, identify risk and protective factors, and knowledge about prevention and interventions for at-risk intercountry adoptees. People who have experienced loss and tragedy through suicide are behind the research and information collected in this scoping review. We hope this review will contribute to understanding the situation of Australian intercountry adoptees, their families and communities impacted by suicide.

Key messages

- Suicidal behaviours in intercountry adoptees are a complex interplay of vulnerability and resilience, internal, historical and systemic factors.
- There is a small body of literature on intercountry adoptees and suicide, the majority of studies conducted internationally.
- There is little literature addressing the issue of suicide and Australian intercountry adoptees.
- Consistent with national and state and territory strategic aims, intercountry adoptees should be included in data collection systems to monitor prevalence.
- Australian research is sorely needed to address a significant knowledge gap.
- Awareness raising of issues related to suicide in communities and for professionals is indicated as a key activity that would enhance suicide risk detection and response in interactions with intercountry adoptees.

This report is presented in four parts:

- Part One presents brief background information which establishes the global and domestic context of intercountry adoption, reports on what is known about suicide generally in Australia, First Nations and domestic adoptee suicide, and risk and protective factors associated with suicide in general terms.
- Part Two outlines the rationale, key research objectives and questions, and scoping review method.
- Part Three presents the results, a synthesis of relevant published articles and information gathered from key informants. Importantly the synthesis points to risks and preventative

factors associated with suicide and suicide ideation in the intercountry adoption community for the consideration of policy makers and program managers. These can inform intercountry adoption specific support, as well as mainstream suicide support and crisis intervention for this community. This section clearly identifies the gaps in evidencing the Australian experience.

- Part Four offers a discussion of the results and provides a conclusion and recommendations. Recommendations are targeted at options to enhance data, build on the limited research and evidence base, and raising awareness of the complexities and lived experiences of intercountry adoptees and their families for the benefit of communities, schools and for practitioners that engage and work with them.

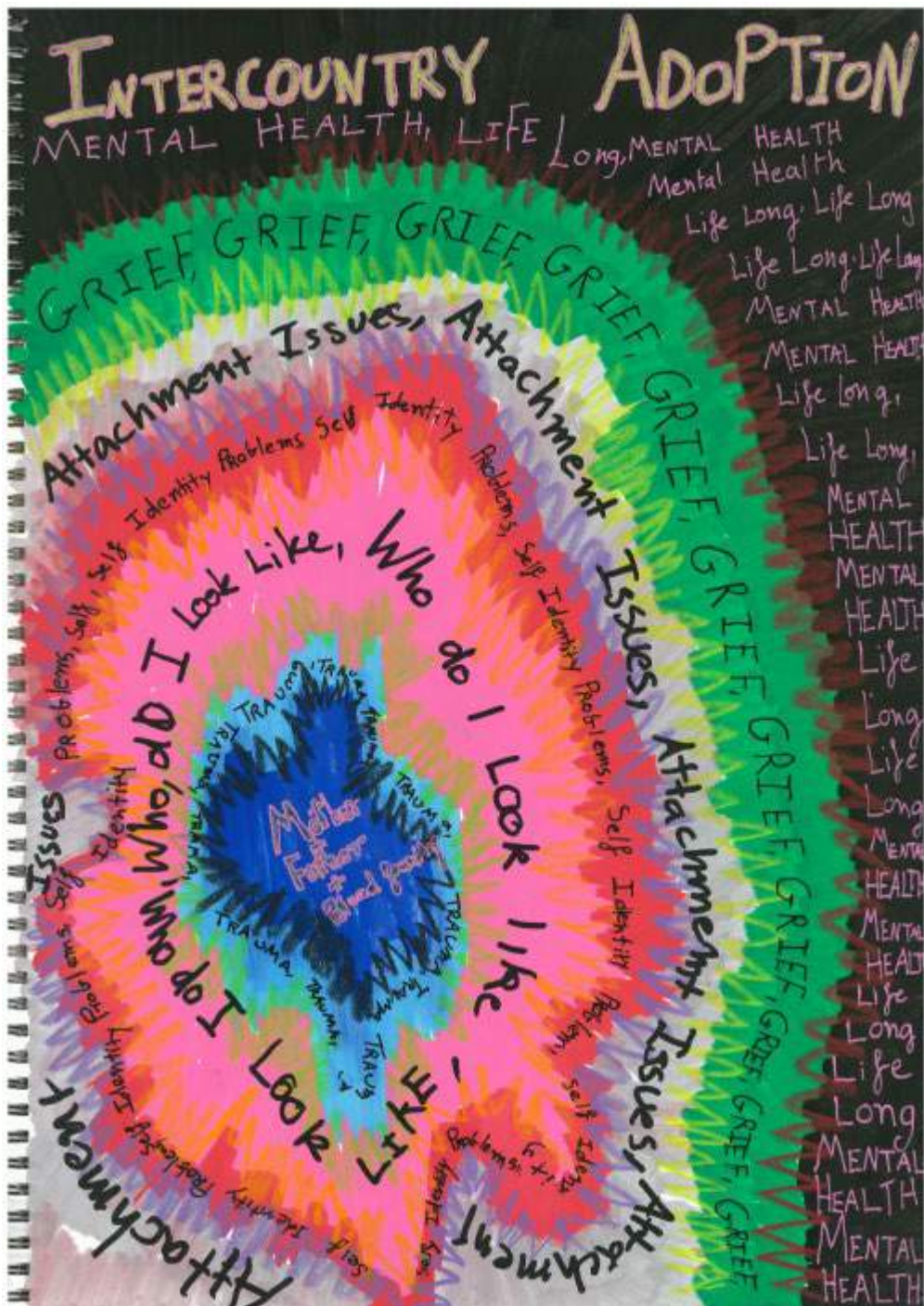
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Intercountry adoption and Suicide in Australia: A Scoping Review



'Internal Geodes' by Ebony Hickey

PART ONE

Background

Modern intercountry adoption (ICA) began in the post-WWII period when thousands of orphaned children from Europe – Germany and Greece – and Asia, in particular, Japan, were adopted to the United States followed by other receiving countries (Alstein & Simon, 1991). This emergent pattern of child rescue in the aftermath of devastating conflict proved permanently disruptive to traditional forms of caring for separated children and families (Cheney, 2014; Hübinette, 2005; Quartly, Swain & Cuthbert, 2013; Rotabi & Bromfield, 2017). In the aftermath of the Korean War, ICA escalated to the large-scale, global practice as it is understood today, a practice that separates children legally and geographically from their families and cultures of origin. Overseas-born children were predominantly adopted by white families in the United States, Canada, Western Europe, and Australia (Alstein & Simon, 1991; Selman, 2015). An exception to the flow of children from poor countries are the African American children who were adopted from the United States to countries such as Canada, France, Germany, the United Kingdom, the Netherlands and Belgium, a practice critiqued as having racial and discriminatory overtones at multiple levels (Willing, Fronek & Cuthbert, 2012).

Researchers have characterised the early waves of ICA as fuelled by western humanitarian concerns for children orphaned due to conflict and militarism. However, by the mid-1970s ICA was clearly driven by low fertility rates and limited availability of ‘healthy Caucasian infants’ for domestic adoption (Lovelock, 2000; Quartly, Swain & Cuthbert, 2013; Selman, 2015). By the late 1980s, an estimated 20,000 children were being adopted globally per year; this number peaked at roughly 45,000 in 2004 and has since declined (Selman, 2015). With the exception of Italy and Canada, the year 2004 marked the start of a decline in intercountry adoptions to the main receiving countries (Selman, 2012). Between 2003 and 2010, the main ‘sending’ countries include China, Russia, Guatemala, Ethiopia, South Korea, Colombia, Ukraine, Haiti, and Vietnam (Selman, 2012). Between 1945 and 2010, researchers estimate that over one million children were moved for the purposes of ICA (Selman, 2012). At the global level, many private or unregulated adoptions still occur despite the gains made by the *Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption (1993)* (Hague Convention). Therefore, the reporting of accurate and up-to-date figures of global intercountry adoptions pose challenges. A number of factors have contributed to a global decline in ICA including countries seeking compliance with the Hague Convention, a long history of fraudulent or illicit adoptions and the strengthening of child protection systems in developing countries (HCCH, 1993; Kim, McPherson & Sung, 2015; Selman, 2012). The Australian situation mirrors the global experience.

ICA in Australia

Australian intercountry adoptees are represented in all age groups in the Australian general population as ICAs to Australia are known to have taken place in the 1950s and 1960s, prior to government-supported programs, and the recording of official statistics (Quartly, Swain & Cuthbert, 2013). The history of ICA in Australia is well documented and Australia's official ICA programs began in the mid-1970s, decades later than programs in the United States and Western Europe (Fronek, 2009a; Quartly, Swain & Cuthbert, 2013).

In 1975, Operation Babylift was the key and highly publicised event that saw the arrival of up to 300 Vietnamese and Cambodian children from Saigon (Forkert, 2012; Fronek, 2009a, 2012, 2015). Soon after, the Commonwealth Government established an ad hoc Interdepartmental Committee to investigate intercountry adoptions in Australia. The first program was established with South Korea in 1977 with the first children arriving in December (Fronek, 2009b). In 1978, joint Commonwealth and state delegations from Victoria, South Australia, Western Australia, and New South Wales visited eight South East Asian countries to investigate possible new partner countries with which Australia could establish intercountry adoption programs (Fronek, 2009b). Through these delegations, formal ICA programs were established over time with Sri Lanka, Thailand, Hong Kong, The Philippines, India and Taiwan. States became responsible for the management of particular ICA country programs, for example, New South Wales held responsibility for South Korea and Queensland, India and Ethiopia. South Korea was the main source of children representing the majority of ICAs in Australia before Chinese adoptions took the lead in the yearly numbers of adoptions in 2003-2004 (AIHW, 2004).

Although the Federal Government had overall responsibility for ICA, its practice was delegated to state child welfare authorities accounting for some variations in policies and legislation which built on existing child protection legislation. Each state also kept their own adoption statistics until the Australian Institute of Health and Welfare (AIHW) took over the task of co-ordinating national data in 1987-88 (Kelly, 2000). Although children were adopted by Australians prior to 1979, national estimates indicate that between 1979 and 2019 approximately 9,070 children have been adopted into Australia (AIHW, 2021). Rosenwald (2009) estimates that in the early days of ICA in Australia, children were adopted from over seventy countries. Aligned with global trends, ICAs to Australia peaked in the year 2004-05, when 434 adoptions were finalised and 2019-20 marked the 15th consecutive year of the decline in ICA numbers, with 37 adoptions finalised. Of these, the majority of children were from Taiwan and South Korea (AIHW, 2021). In the reporting period 2020 to 2021, there was a slight increase from the previous year and again nearly all children were from Asian countries (AIHW, 2021). Most intercountry adoptees in Australia were born in Asia and as adoptees are discovering today in origin searches, have parents or kinship relationships in their countries of birth (Fronek & Briggs, 2018).

There are other types of ICA in Australia. 'Relative or Known child intercountry adoptions,' are children adopted by relatives or known carers (AIHW, 2021). These adoptions are subject to the safeguards of the Hague Convention. Expatriate and private adoptions that are undertaken without the involvement of Australian federal or state authorities are not considered a formal intercountry adoption and Australian authorities are not responsible for these adoptions, although these adoptees and their families can access post-adoption support in Australia. Expatriate adoptions refer to adoptions by Australian citizens or permanent residents residing overseas for a minimum of 12 months, which take place through an overseas agency and are not subject to the same safeguards, placing children at risk. Data from the Department of Home Affairs indicates that 72 adoption-specific visas were issued in the period 2019-20 (AIHW 2021). Regardless of the pathway to adoption, the literature is clear that adoptees share similar challenges especially related to identity, belonging, culture, and well-being.

Although many intercountry adoptees are considered to be well adjusted, intercountry adoptees are reported to be more likely to experience mental health problems such as anxiety and mood disorders and substance misuse in adulthood (Tieman, van der Ende & Verhulst, 2005). There are a number of well-documented issues faced by intercountry adoptees related to their identities and senses of belonging, and uncertainty around their family and cultural origins. As well as the many challenges experienced about cultural identities, intercountry adoptees also face racism in Australia (Armstrong & Slaytor, 2001; Fronck & Briggs, 2018). The question of 'who am I?' can resurface at various stages of adoptees' lives due to uncertainty or unknowns regarding origins which can be particularly troubling for adoptees born overseas without access to their original birth certificate, exact date of birth, or pre-adoptive name (Darnell et al., 2017; Gustafsson, 2021; Walton, 2012). Cumulative unknowns, including medical history, reasons for relinquishment, details of original parents, and date of birth, can lead to ongoing questions regarding identity and belonging (E. Kim, 2010; Walton, 2012). While connecting to the past is an important part of the journey for adoptees at different times over the lifespan, there are further negative effects on wellbeing in those instances when information about origins is found to be false or misleading (Fronck & Briggs, 2018). Barriers to communication about the adoption experience and the disconnect between how an adoptee is expected to feel and how they actually feel are commonly reported experiences. Living with a set of 'unknowns' can be particularly challenging during significant life events such as searching for first family or visiting country of origin, medical diagnoses, childbirth, or loss of family members. Moreover, these challenges are not necessarily resolved when an adoptee is able to reconnect with their first families.

While the question of origins and pre-adoptive history relates to the adoptee's subjective sense of self, identity development is a fundamentally social process. Ethnicity, race, and culture are also central to adoptee identity formation. Many intercountry adoptees encounter a complex set of difficulties by virtue of their transracial placement. Known as the 'transracial adoption paradox,' Richard Lee (2003, p. 711) describes the 'contradictory' experiences undergone by adoptees who navigate their social environments as racial and ethnic minorities while being treated, and sometimes viewing themselves as, part of the 'majority' culture - that is 'racially white and ethnically European.' Typically lacking meaningful access to their 'birth' culture, intercountry adoptees often identify strongly with their adoptive families and cultures, although many identified as – or desired to be - white when they were growing up (Hübinette, 2007; McGinnis et al., 2009; Walton, 2015). This can be a profoundly alienating and isolating experience leading to a 'distorted physical self-image,' given it is the adoptee's bodily appearance that 'stands out' in environments where they embody most of the other characteristics of the dominant culture (Hoffman & Vellejo Peña, 2013; Hübinette, 2007). On the other hand, adoptees' lack of understanding and familiarity with their 'birth' culture can result in feelings of inauthenticity around individuals of the same ethnicity as the adoptee (Hoffman & Vellejo Peña, 2013; Hübinette, 2007). This double displacement or outsider-insider status can pose lifelong challenges for intercountry adoptees.

In addition, experiences of racism, discrimination, and microaggressions have been documented in studies on transracial adoptee experiences (Fronek & Briggs, 2018; Hübinette & Tigervall, 2009). The isolating impacts of racism can be exacerbated if adoptive families are dismissive of adoptees' experiences and can lead to 'topic avoidance' around issues of race within adoptive familial contexts (Chang, Feldman, & Easley, 2017; Docan-Morgan, 2010; Samuels, 2009). Racism, including everyday racism, functions to intensify difference and is a common experience for many adoptees in Australia as well as internationally (Walton, 2012).

Suicide in Australia

The World Health Organization (WHO) recognises suicide as a global public health priority and estimates that globally more than 700,000 people die by suicide every year (WHO, 2021). National suicide reporting and statistics are gathered from two sources, the Australian Bureau of Statistics (ABS) and the National Coronial Information System (NCIS) (The Department of Health, 2013). The ABS is the statutory authority and the NCIS is the national internet database for coronial cases. Data is also collected at state levels and discrepancies between state and national data have been reported. A report from the Community Affairs References Committee (2010, p. 18-19) outlines corrections made in the data collection process and a flowchart of causes of death data collection. The National Committee for Standardised Reporting of Suicide, an initiative of Suicide Prevention Australia, made

a number of recommendations to include ethnicity, culture, geography, educational attainment, employment and socioeconomic status (Department of Health, 2010). The Fifth National Mental Health and Suicide Prevention Plan which commits to integrated mental health and suicide prevention ends in 2022 and Vision 2030 aims to provide the direction for a whole-of-community and across the lifespan approach to suicide prevention making a commitment to hearing the voices of those with lived experience of suicide. The National Suicide Prevention Taskforce published Final Advice consisting of three complementary reports – Compassion First, Connected and Compassionate and Shifting the Focus which includes targeting groups disproportionately affected by suicide (National Mental Health Commission, 2021). To date, domestic and intercountry adoptions have not been included in strategic plans or data collection.

In 2019, suicide was the leading cause of death for Australians between 15 and 49 years of age accounting for the highest number of years of potential life lost (ABS, 2020a). Suicide was the thirteenth leading cause of death overall, with 3,318 registered suicides, and a rate of 12.9 deaths per 100,000 people. The Northern Territory recorded the highest suicide rate of 21.0 deaths per 100,000 people, followed by Tasmania at 19.5. Suicide was also the leading cause of death for children aged between 15 to 17 years. All states and territories, with the exception of Queensland, saw an increase in numbers of recorded suicide deaths between 2018 and 2019 (ABS, 2020a).

Biddle et al. (2020) assessed the statistical properties of the monthly suicide rate in Australia from 2007 to 2018. The authors show that national suicide rates were fairly steady from 2007 to 2010 and rose from 2010 to 2015 with no clear trend from 2015. By late 2018 suicide rates had risen in New South Wales, Queensland and Western Australia and were flat in other jurisdictions. Biddle et al. (2020) also reported there was little difference in trends between men and women and the deaths were three times more common in men. Suicidal ideation is reported to be more common among women than men, known as the gender paradox, observations are subjected to critique about gender bias and cultural differences (ABS, 2008; Balt et al., 2021; Canetto & Sakinofsky, 1998; Cibis et al., 2012; Schrijvers, Bollen & Sabbe, 2012). Information about gender identity and contributing factors such as discrimination and exclusion is not uniformly collected nor reported in suicide death records which impacts ABS reporting on gender diversity and intersectionality regardless of heightened risks (Rabasco & Andover, 2021; Suicide Prevention Australia, 2020).

Collecting data on rates of attempted suicide and prevalence of suicidal ideation is challenging (Johnston, Pirkis & Burgess, 2009). Results from the 2007 National Survey of Mental Health and Wellbeing indicated that one in eight Australians aged between 16-85 had experienced suicidal ideation during their lifetime. Four percent had made suicide plans, and 3.3% had attempted suicide (ABS, 2008; Johnston et al., 2009). Suicides have far reaching consequences (Krysinska et al., 2019).

Each death by suicide impacts at least 60 people, including the individual's family, friends, and colleagues (Pitman et al., 2014), and suicide bereavement is estimated to impact 48 million to 500 million people globally each year. According to Australia's peak body for the suicide prevention sector, roughly 50% of young Australians are impacted by suicide by the time they are 25 years old (ABS, 2020b; Suicide Prevention Australia). A review by Pitman et al. (2014) indicates an increased suicide risk among partners bereaved by suicide, and mothers bereaved by the death of an adult child by suicide.

Concern about the under-reporting of suicides is not unique to Australia (De Leo et al., 2010, Leske et al., 2020). In particular, suspected under-reporting of suicides in Culturally and Linguistically Diverse (CALD) communities is of concern (Leske et al., 2020). The Australian government announced the National Suicide and Self-harm Monitoring Project (NSSMP) and System in 2019, which aims to improve timeliness, quality, and comprehensiveness of national data on suicide and self-harm (AIHW, 2020a). For example, the National Non-admitted Patient Emergency Department Care Database does not include collecting data on suicide and/or self-harm presentations to emergency departments. The AIHW is gathering data from jurisdictions with existing suicide registers (Victoria, Queensland, Tasmania, NSW, and Western Australia), and supporting the establishment of suicide registers in SA, ACT, and NT (Flego et al., 2021). Data integration of the Medical Benefits Schedule (MBS), Pharmaceutical Benefits Scheme (PBS), National Death Index, and Victorian Mental Health Services Records is expected to gain insights into protective and risk factors (Flego et al., 2021). There are no jurisdictional or national data collected on adoptee suicide (Fronek & Briggs, 2018). Adoptee Rights Australia (NSW) and Victorian Adoption Network for Information and Self Help (VANISH) are currently advocating for the inclusion of adoptees in the National Suicide and Self-Harm Monitoring Project and public reporting, information provided by key stakeholders.

First Nations suicide

Indigenous Peoples, for example, in Australia, New Zealand, the United States and Canada, experience higher rates of suicidal behaviours than general populations. The section reports on the available research on First Nation adoptees (AIHW, 2020b; Curtin, 2019; Kumar & Tjepkema, 2019; Ministry of Health, 2021). Since the late 1970s, several studies conducted outside Australia have focused specifically on suicide rates among First Nations children adopted locally and linked suicides to systematic child removals and ongoing dispossession, identity loss, administrative violence, and intergenerational trauma (Berlin, 1978, 1987; Bagley, 1991; Doran, 2016). The suicide rate for Native American adoptees in the US has been estimated to be 70 per 100,000, roughly twice the highest tribal suicide rate (Berlin, 1987), and six times higher than the youth suicide rate in the US more broadly (Johnson & Tomren, 1999). Johnson and Tomren's (1999) study highlighted that although it is

dangerous to generalise or oversimplify, a number of factors contribute to Native American youth suicide including depression linked to victimisation, racism and sexual abuse, alongside feelings of alienation, helplessness, hopelessness and despair. As noted generally in literature on suicide, males tend to choose more lethal means. Bagley's (1991) Canadian study found First Nation adoptees were more than three times more likely than white or intercountry adoptees to experience suicidal ideation or to commit acts of deliberate self-harm in the preceding six months. Participants had comparatively low levels of self-esteem and higher suicidality scores. More recently, a study in 2017 found Native American adoptees had higher rates of suicidal ideation and non-fatal suicide attempts and scored higher on other mental health measures including substance misuse and self-harm, as compared to white adoptees (Landers et al., 2017).

First Australian communities have also been affected by past government policies resulting in the separation of children from families and culture and placement in foster or adoptive arrangements and residential schools. A number of factors are reported to contribute to First Australian suicides stemming from intergenerational trauma and the separation of children from their families and communities, identity and culture through past government policies and First Australian children continue to be over-represented in the child protection system and in out-of-home-care (AHRC, 1997; Harnett & Featherstone, 2020; O'Donnell et al, 2019; Tilbury, 2009). The literature makes clear that there are additional macro factors to consider that move beyond internal psychological deficits. Hunter and Milroy (2006) situated First Australian suicide in historical and social contexts, in particular social and economic disadvantage, discrimination and racism, and the complex interplay between historical experiences and internalised vulnerabilities (Hunter & Milroy, 2006). No published studies on First Australian adoptees have been located.

Non-Indigenous domestic adoption and suicide

Research conducted on domestic adoption and suicide prior to the 2000s is scarce. Schechter et al.'s (1964) study conducted in the United States found large numbers of adoptees presented to various psychiatric settings with emotional issues. Among children in this study (age range not specified), there was no difference in suicidality between those who were adopted and not adopted whereas adopted adults identified as emotionally disturbed tended to misuse substances, acted out sexually more and had proportionately more non-fatal suicide attempts (Schechter et al., 1964). In 1988, a South African investigation of 82 adult adoptees found 17% had attempted suicide in adolescence, with four reporting repeated suicide attempts (Boult, 1988). The study suggested that medical practitioners may be insufficiently aware of adoptive status as a contributing factor in adolescent adoptee suicide attempts (Boult, 1988).

From the early 2000s, several studies conducted in Sweden, Denmark and the US have used national population registers or national survey data to compare suicide risk between domestic adoptees and non-adopted adolescents and adults. Several Swedish and Danish studies have reported an elevated risk of suicide death among domestic adoptees. Von Borczyskowski et al. (2011) compared outcomes for adoptees and non-adoptees born between 1946 and 1968, and found adoptees had higher rates of suicide, 8.5 compared to 5.2 per 1000 men and 3.9 compared to 2.0 per 1000 women. Although the researchers point to heritable risk factors, they also suggest that adoption itself may lead to increased suicide risk. In their investigation of the link between school grades, parental education, and suicide among Swedish birth cohorts born between 1972 and 1981, Björkenstam et al. (2011) found the suicide rate for adoptees was more than twice that of non-adoptees and a correlation was found between low school grades and suicide risk.

In another study, adoptees were found to have better long-term outcomes than individuals who grew up in foster care and that both groups had poorer outcomes when compared to the general population (Hjern, Vinnerljung & Brännström, 2019). The researchers attributed greater risk factors with placement breakdowns and instability likely to be more prevalent in foster care. Danish studies also used national adoption register data, containing records of all formal non-relative adoptions from 1924 to 1947 and found an excess mortality rate among adoptees across major causes of death including suicide (Petersen et al., 2010). The researchers proposed that risk was related to genetic predisposition, psychological issues, substance misuse and/or possible early childhood trauma. A later study using Danish adoption register data also found that adoptees were at greater risk of suicide and concluded that age at adoption impacted mortality rates, with greater risk associated with the child being older when adopted into their new family (Petersen et al., 2018).

Findings from early studies based on national survey data in the United States have been mixed. The secondary analysis of data from Wave I of the National Longitudinal Study of Adolescent Health conducted by Slap, Goodman and Huang (2001) found that compared to non-adopted adolescents (3.1%), adopted adolescents (7.6%) were more likely to have non-fatal suicide attempts and twice as likely to have accessed counselling services in the previous twelve months. The association between adoption and non-fatal suicide attempts was not mediated by impulsivity and persisted after adjusting for depression and aggression. As Boulton (1988) also suggested, Slap, Goodman and Huang (2001) concluded that taking adoptive status into account may assist healthcare providers identify adolescents at risk and better inform suicide intervention efforts. However, other studies using the National Longitudinal Study of Adolescent Health data came to different conclusions. Whitten (2002) and Feigelman (2005) found minimal differences between adopted and non-adopted adolescents and young adults, with regard to suicidal ideation and non-fatal suicide attempts. In 2012,

analysis of the data from the three Waves of the National Survey found that adoptees had a one to three percent higher rate of suicidal ideation suggesting that children adopted at four years of age or older had a heightened risk (Festinger & Jaccard, 2012).

A handful of articles identified domestic adoptees as a group with particular mental health needs, requiring additional interventions due to the incidence of non-fatal suicide attempts. According to Bettmann, Freeman and Parry (2015), adopted adolescents constitute two to three percent of the US population with 16.5% of the population residing in residential care. Their study of adoptee adolescents in residential and wilderness treatment programs found significant differences between adoptees and non-adoptees with regard to suicidal tendency scores and family histories of mental illness. The authors concluded that adopted adolescents in residential care constitute a vulnerable population requiring targeted interventions. It is well-documented in the literature that living in residential care is undesirable and traumatic for children and adolescents and leads to further problems (Briggs et al., 2012). Hartinger-Saunders et al. (2019) argued for more trauma-informed adoption services to be made available to adoptive families. An analysis of 20 referrals for post-adoption therapeutic services at one of the United Kingdom's largest mental health service providers (SLaM) found 30% of presenting problems related to non-fatal suicide attempts and/or self-harm (Woolgar, Pinto & Tomaselli, 2018). The importance of service providers' understanding suicide risk among adopted adults, and not just children and adolescents, has also been noted (Forster et al., 2016; Hillen & Wright, 2015).

There is a lack of research on domestic adoption and suicide in the Australia context despite anecdotal evidence from adoptee organisations that suggest it is a pressing issue. The Australian Institute of Family Studies (AIFS) conducted research on past forced adoption practices in Australia and found these policies affected suicidal behaviours and resulted in adoptee deaths by suicide (Kenny et al., 2012). Jacobs (2004) paper submitted as part of Origins NSW' submission (#33) to the Senate Community Affairs Inquiry into Transparent Advertising and Notification of Pregnancy Counselling Services Bill 2005 noted the lack of statistical data on non-fatal suicide attempts and deaths by suicide among adopted adolescents and adults. As well as quantitative studies conducted outside Australia, generally very few in-depth qualitative studies have been conducted which provide more nuance than large population-based studies. Gair's (2008) Australian study offers an exception. She analysed the narratives of 20 participants, eight of whom were adoptees and three who had struggled with suicidal thoughts, and one adoptive mother and one first mother who had lost their adopted children to suicide. Emergent themes were identified – a disconnect between what adoptees were supposed to feel and what they actually felt, the general invisibility of the adoption experience and not being able to talk about their experience, feelings of powerlessness and lack of ownership over their own stories.

For the three adoptees, despair, depression, suicidal thoughts and attempts were directly linked to the adoption experience.

Risk and protective factors in suicide

Both systemic environmental and internal psychological factors influence suicidal behaviour and require targeted interventions. Major depression and other disorders are key precursors to suicide. Major depression is more commonly diagnosed in women than men possibly due to women exhibiting greater help-seeking behaviour or expressing symptoms more readily (White, 2017). Another concept that can precede depression and is often overlooked is demoralization (Briggs & Fronek, 2019). Demoralization is not a diagnosis defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM). It is characterised by non-specific psychological distress that can lead to depression and suicide if unaddressed. It occurs when “life becomes so overwhelming that daily functioning is affected and people lose all hope, agency, and the capacity to overcome their circumstances” (Briggs & Fronek, 2019, p. 157). External factors such as racism, discrimination and past traumatic experiences can lead to a sense of hopelessness, helplessness, a sense of worthlessness and an inability to see a future. Grief and adjustment can co-exist with demoralization.

Chamberlain et al., (2009) found a direct relationship between high psychological distress and suicidal ideation which is a risk factor for suicidal behaviour, namely death by suicide and non-fatal suicide attempts. However, as Taylor et al., (2007) make clear, ideation on its own is an insufficient indicator for suicidal behaviours, which makes detecting those factors that lead to psychological distress and mental illness challenging for practitioners. Understanding suicide and adoptee experiences become more important given the prevalence of suicidal behaviour documented internationally and the distress reported by adoptees in Australia about the range of issues that affect them.

Although not tested in adoptee populations, the literature presents evidence on the use of screening tools such as the Kessler ten-item K10 scale on psychological distress that has been tested in Australian populations for risk assessment and early intervention (Chamberlain et al., 2009; Kenny et al., 2012; Kessler & Mroczek, 1994). Other studies on adolescents such as Jakobsen, Larsen and Horwood’s (2017) observational study of self-reported suicidality identified the utility of the general psychological Resilience Scale for Adolescence (READ) as predictive of suicidal behaviour. The Demoralization Scale-II (DSM-II) is useful in detecting demoralization before the escalation to psychiatric disorders such as depression (Briggs & Fronek, 2019). It should, however, be noted that the use of screening tools alone has limitations especially in relation to building therapeutic relationships and exploring concerns in depth and should be used in conjunction with other therapeutic interventions. It is important to remain cognisant of those structural factors that

contribute to psychological distress and demoralization that are present before an individual might develop a mental illness, and to act to address those factors as a necessary aspect of early intervention.

Understanding suicide generally involves acknowledging the complex interplay of a range of factors which build a picture of vulnerability and resilience (McLean et al.,2008). International and national literature on suicide in general populations, Indigenous Peoples and domestic adoptions suggest a number of risk and protective factors. Individual risk factors are commonly identified including mental illness, feelings of hopelessness and helplessness, self-harm, previous suicide attempts, substance misuse, chronic physical illness or disability, personality, genetic predisposition and biological determinants. Other important risk factors are trauma (e.g. child abuse, adoption, disaster exposure, violence, intergenerational trauma, war, exposure to the suicide of others), poor family or social relationships including poor communication, unemployment, poor living conditions and poverty, exclusion, discrimination, racism and intersectionality.

Protective factors identified in the literature are resilience, problem solving skills, sense of control over thoughts, emotions and behaviour, hopefulness and optimism, having a reason for living or purpose including employment, a moral objection to suicide, spirituality, social values and culture, positive family and social relationships, general social support, inclusion, effective help seeking and access to professional intervention.

PART TWO

Rationale for Current Study

Suicide is a leading cause of premature death in Australia (Biddle et al., 2020). Anecdotal evidence from the intercountry adoption community and clients accessing the Department of Social Service (DSS) funded support services for intercountry adoptees and their families suggest that suicide may disproportionately affect intercountry adoptees in Australia. Yet, there is a marked gap in knowledge related to the available literature on suicide and intercountry adoptees in Australia. Understanding of the unique Australian intercountry adoptee experience in relation to suicide cannot occur in isolation of its social, cultural and geographical context. Without a thorough understanding of the available research, it is difficult to evaluate the efficacy of service interventions and the direction of future research needed. It is therefore important to explore the scope of the literature to better understand how suicide and suicidal ideation impacts the Australian intercountry adoptee experience and to identify research gaps from which recommendations can be made for future research and practice.

Objectives and Research Questions

The objective of this scoping review was to examine, map, and summarise the available literature on intercountry adoption and suicide with specific reference to the Australian context. The review also aimed to seek additional information from key informants.

The research questions for this review were:

- What is the body of knowledge on intercountry adoption and suicide, including the prevalence of death by suicide and non-fatal suicide attempts among adoptees, with specific reference to Australia?
- What are the suicide risk and protective factors for intercountry adoptees?
- What is known about the needs of intercountry adoptees related to suicide intervention and prevention?

For a detailed description of the scoping review method followed please see Appendix A on page 42.

PART THREE

Results

Selection of data sources

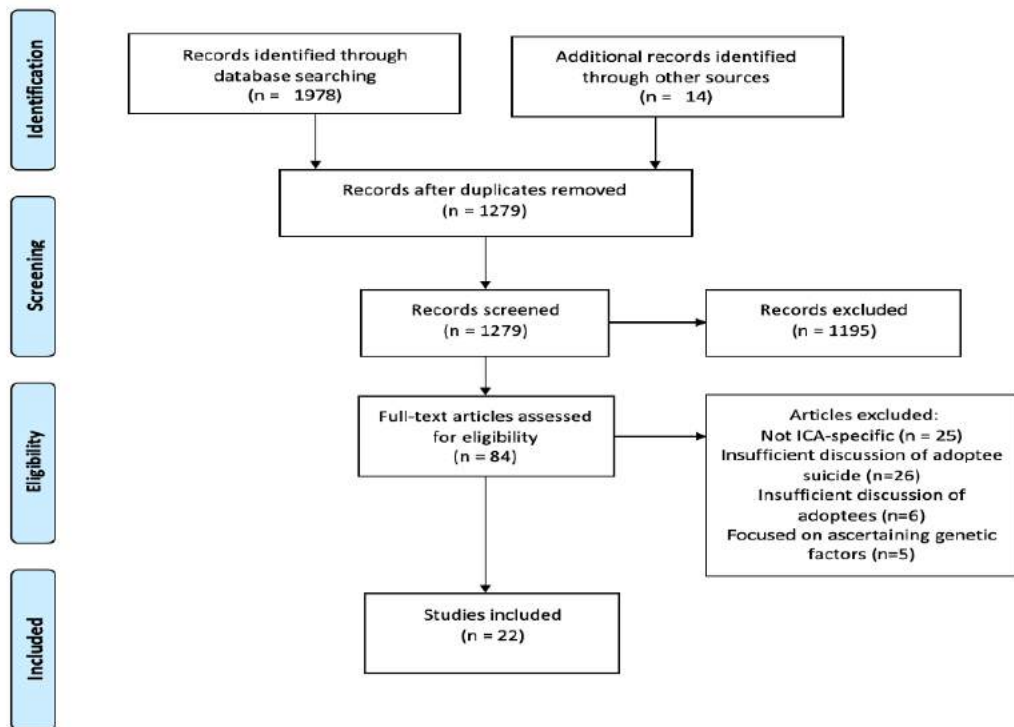
A total of 1,978 articles were identified through academic database searching. An additional 14 records were identified via other methods including contact with organisations (1), individual researchers (3), citation searching (3), and a Google search (7). After duplicates were removed 1,279 articles remained. Their titles, abstracts and key words were screened against eligibility criteria for potential inclusion in the review. Based on this, 1,195 articles were excluded with 84 full text articles to be retrieved and assessed. Of these, 62 articles were excluded for the following reasons: lack of focus on intercountry adoptees (25); insufficient discussion of adoptee suicide (26); insufficient discussion of adoptees (6), and sole focus on genetic factors only (5). A total of 22 articles were included in the scoping review - 16 published articles, 2 book chapters and 4 grey literature documents, see *Figure 1: Flow diagram detailing article selection* on page 14.

Characteristics of selected articles

Documents were published between 1997 and 2021. Nine articles were from Sweden (Berg-Kelly & Eriksson, 1997; Hjern & Allebeck, 2002; Hjern, Lindblad, & Vinnerljung, 2002; Hjern et al., 2020; Hjern, Vinnerljung, & Lindblad, 2004; Hübinette, 2012; Landgren et al., 2019; Vinnerljung, Hjern, & Lindblad, 2006; von Borczyskowski et al., 2006), six from the United States (Baden et al., 2016; Keyes et al., 2013; Kim, 2002; Morgan, 2017; Schwekendiek, 2019; Wiens et al., 2017), one each from Switzerland (ISS, 2021), Denmark (Webb et al., 2015), Colombia (Campo-Arias, Egurrola-Pedraza & Herazo, 2020), and four from Australia (Gair, 2015; Graham, 2014; Mackieson, 2015; Meech & Wood,

2000). Of the 18 published studies, the majority used quantitative methods. Of the four Australian articles, there was one literature review, 2 case studies and one policy analysis report, see *Appendix B: Characteristics of studies included in the review* on page 45 which presents citation information, publication type, country, study design, sample, concept, and key findings of included studies.

Figure 1: Flow diagram detailing article selection



Adapted from: Moher D, Liberati A, Tetzlaff J, Altman D.G. (2009).

Synthesis of results

Rates of suicide deaths and suicide attempts

The scoping review identified 22 published articles, 12 of which provided data on the prevalence of suicide deaths in Europe and the US State of Minnesota. There is no collected nor published national, state and territory Australian data on the prevalence of death by suicide and non-fatal suicide attempts by either domestic or intercountry adoptees. The meta-analysis conducted by Campo-Arias, Egurrola-Pedraza and Herazo (2020) found that intercountry adoptees carried twice the risk for suicide attempts. The studies conducted in Nordic countries and Minnesota found elevated risks of death by suicide and non-fatal attempts up to four and five times greater for intercountry adoptees than other sections of the population (Berg-Kelly & Eriksson, 1997; Hjern & Allebeck, 2002; Hjern, Lindblad, & Vinnerljung, 2002; Hjern et al., 2020; Hjern, Vinnerljung, & Lindblad, 2004; Keyes et al., 2013; Landgren et al., 2019; Vinnerljung, Hjern, & Lindblad, 2006; von Borczyskowski et al., 2006; Wiens et al., 2017).

While there is no Australian data available on prevalence of suicide, non-fatal suicide attempts or suicidal ideation for intercountry adoptees, consultations with key stakeholders suggested that intercountry adoptee risk factors and suicidal behaviours are hidden and a significant problem in Australia. Adoption services, community members and researchers have identified suicide as an area of concern for domestic and intercountry adoptees and were able to identify known cases of suicidal behaviours. Organisations such as Post Adoption Resource Centre (PARC) and globally connected online adoptee networks host memorials, memorial webpages and publish blogs on adoptee struggles, self-destruction and suicidal behaviours. For example, PARC held a Speaker's Forum on the 8th June 2021 in honour of a Korean Australian adoptee who died by suicide and delivered poster presentations on the ripple effect of adoption as trauma at the National Suicide Prevention Conference in 2018 and 2019. The organisation stressed the link between attachment, trauma, and adverse childhood experiences and increased risk of suicide. They referred to the AIFS Past Adoption Experience national research study which found elevated levels of psychological distress in people who were adopted domestically compared to the general population (Kenny et al., 2012).

Community-led adoptee memorial initiatives held on online forums are not formally recognised. Adoptee Remembrance Day, which aims to raise awareness of adoptee suicide and premature death due to maltreatment, was launched on the 30 October 2020 by the adult adoptee organization, Adoptees Connect. In January 2021, a contribution to the Australia-based InterCountry Adoptee Voices (ICAV) website by guest contributors, Zeldenrust and Engels (2021) discussed six cases of intercountry adoptees who died by suicide in one week around New Year's Day. Other contributions recommend establishing an adoptee crisis line and the necessity of including adoptive status on suicide death records in Australia and elsewhere (Vanegas, 2021).

Community members also call for more research on adoptee suicide to inform suicide prevention efforts and educational programs. In a submission to the Australian Government consultation on the 'Successor Plan' to the National Framework for Protecting Australia's Children 2019-2020, ICAV argued that intercountry adoptees who have experienced abuse and neglect should constitute a priority group due in part to increased risk of suicide (ICAV, 2021). There is a strong push from the intercountry adoptee community who undertake a range of advocacy activities for Australian research on intercountry adoption related concerns and a robust data collection system to be established and published.

Risk factors and age

A number of studies suggest that adolescence and young adulthood present periods of greater risk for adoptees (Berg-Kelly & Eriksson, 1997; Hjern & Allebeck, 2002; Hjern, Lindblad, & Vinnerljung, 2002; Keyes et al. 2013). The Swedish cohort study found adolescents and young adults born between

1970 and 1979 were three to four times more likely to die by suicide or non-fatal attempts than their counterparts in the general population (Hjern, Lindblad & Vinnerljung, 2002). Interrogation of the data found intercountry adoptees were five times more likely to experience drug addiction, two to three times more likely to misuse alcohol, and have a criminal offence, and were more likely to have accessed inpatient psychiatric care. Compared to immigrant adolescents and young adults in Sweden, adoptees demonstrated less substance misuse behaviour and criminality but more experiences of psychiatric disorders including death by suicide and non-fatal suicide attempts including hospitalisation. Hjern and Allebeck's (2002) interrogation of the data of the cohort born between 1990 and 1998 confirmed the earlier findings that adoptees had a higher risk of suicide than first or second-generation immigrants. Intercountry adoptee males in all subgroups had the highest incidence of suicide. The researchers went so far to suggest that risks may be heightened more so in adulthood than adolescence. Von Borczyskowski et al. (2006) also found an elevated risk in all groups in the 1963 to 1973 cohort. The incidence of death by suicide and non-fatal attempts was two to three times higher for intercountry adoptees in the study (n=6,065) compared to domestic adoptees (n=7,340) and the non-adopted population (n=1,274,312). The Danish study on suicidality and violent criminality interrogated national data for the cohort born between 1971 and 2002 and found intercountry adoptee men had the highest rate of non-fatal suicide attempts with a 6.1% risk of making an attempt before their 40th birthday compared to 3.5% in the "native Dane" population (Webb et al., 2015).

Hjern et al.'s (2020) interrogation of the data on the Swedish cohort born between 1972 to 1986 found that while suicide risk among non-European intercountry adoptees was high at age 18-22 years, risk decreased by middle age (32yrs+). However, risk for non-fatal suicide attempts remained higher than the general population in all age groups. During adolescence, intercountry adoptees often report difficulties pertaining to belonging and identity development among other issues, including the 'transracial adoption paradox' which describes the incongruence of non-white adoptees' navigation of dual identities of being ethnically part of the dominant culture yet racially different (Hjern et al., 2020; Lee, 2003). Several reasons are given for the decline in suicide risk among middle aged Swedish intercountry adoptees, including adoptees coming to terms with identity and low self-esteem to a greater extent than in adolescence and young adulthood, improvements in prospective adoptive parent education and preparation, improvements in post adoption support informed by better understandings of adoptee well-being, and a critical debate initiated by adult intercountry adoptees in Sweden. They suggest that it might also indicate the presence of other adoption-specific factors and that adoptees in higher socio-economic households generally fared better. Risks for both suicide deaths and non-fatal suicide attempts were higher for those adoptees who were older at time of adoption, between four and eight years of age, findings consistent with previous research. The

researchers attributed this increased risk to a combination of factors including early childhood adversity, institutionalisation and maltreatment.

Landgren et al.'s (2019) prospective study was more narrowly targeted at 37 adults, 18 to 28 years of age, who as children were adopted from Eastern European orphanages. Of the 37 participants, 15 were female and 22 male and all had childhood diagnoses of Foetal Alcohol Syndrome Disorders (FASD). At the time of their adoptions, children and their families typically placed in orphanages in this region were often victims of corrupt systems and poverty, or children had severe developmental or physical disabilities such as the well-publicised situation in Romania (Dickens, 2002). The conditions in orphanages equated to severe neglect impacting further on children's well-being and development. All participants had vulnerabilities associated with physical, developmental and mental disorders (Landgren et al., 2019). Twenty of the 37 participants experienced disabilities to the extent they required social support. Nine reported sexual victimisation and others misused substances. Seven of the participants disclosed non-fatal suicide attempts.

Comparisons between intercountry adoptees and children in foster care

Some Swedish studies compared ICA and foster care, concluding that the risk of suicidal behaviours is lower in adult intercountry adoptees compared to adults who were children in foster care, but was higher than the general population in both groups (Hjern, Vinnerljung, & Lindblad, 2004; Vinnerljung, Hjern, & Lindblad, 2006). The analysis of the Swedish data on the 1973-1982 cohort comprising 12,240 intercountry adoptees and 6,437 adults who were children in long term foster care, and 15,868 adults who were children who had experienced 'other child welfare interventions' referring to child protection and/or early childhood interventions (Hjern et al., 2004). Researchers found that intercountry adoptees were at high risk for death by suicide only, compared to the cohort who were in foster care and also at high risk of other types of avoidable deaths (natural, unintentional injuries and homicide) and those who experienced other child welfare interventions who fell somewhere between the two. In the other study of the 1973-1982 cohort, researchers found higher rates of non-fatal suicide attempts in adolescence and young adulthood among those who had experiences of child welfare and intercountry adoptees than the general population (Vinnerljung, Hjern, and Lindblad, 2006). However, those with experiences of child welfare were two times more likely to experience non-fatal suicide attempts than intercountry adoptees (Vinnerljung, Hjern, and Lindblad, 2006, p. 726).

Gender differences

The studies that have been conducted suggest gender difference in how males and females express psychological distress while diverse gender identities and the impact of intersectionality

remain unexplored in adoptee suicide even though suicidal behaviours are reported to be higher in these marginalised groups (Rabasco & Andover, 2021).

The gender paradox refers to gender differences as expressed in suicidal ideation and behaviours, namely that women express higher rates of suicidal ideation and non-fatal suicide attempts while men more frequently die by suicide (Canetto & Sakinofsky, 1998). Berg-Kelly and Eriksson's (1997) research found adopted females reported suicidal ideation at 40.47% compared to 33% in their non-adopted counterparts, while suicidal ideation for adopted males was reported at 5.13%. The researchers suggest further investigations are needed to determine why intercountry adoptee females are particularly at risk for suicidal ideation. Von Borczyskowski et al.'s (2006) study also found the gender paradox was more pronounced for intercountry adoptee women suggesting the difference may be due to the multiplicative nature of risk factors such as the combination of depression, substance abuse, or antisocial behaviour, or due to increased exposure to sexual harassment. In studies of gender differences and suicide in non-adopted groups, it has been found that young females communicate more clearly with others to receive support than males, males' communications were more ambiguous and cloaked in humour therefore at risk of being missed, and that males choose more lethal means of suicide (Balt et al., 2021).

Pre and post adoption risk factors

Several international studies hypothesized links between suicidal behaviours and pre-adoption circumstances including poverty, malnutrition, disease and inadequate medical care, developmental delays related to length of stays in institutions, child abuse and neglect, hereditary factors and substance misuse during pregnancy (Hjern & Allebeck, 2002; Hjern, Lindblad, & Vinnerljung, 2002; Hjern et al., 2020; Hjern, Vinnerljung, & Lindblad, 2004; Meech & Wood, 2000; ISS, 2021; von Borczyskowski et al., 2006). Biological factors were confirmed in Landgren et al.'s (2019) research where early childhood diagnoses of FASD were made. Meech and Wood (2000) described an in-depth case study of long-term therapy with a young intercountry adoptee who expressed suicidal ideation and displayed suicidal behaviour. Prior to her adoption to Australia, she had lived in an orphanage from three weeks of age to seven years during which time she was subjected to physical and sexual abuse.

Suicide risk has also been linked to relinquishment or transfer of children from their families, discontinuity of caretakers, insecure or weak attachment, and risk factors within adoptive families (Hjern, Vinnerljung, & Lindblad, 2004; Keyes et al., 2013; von Borczyskowski et al., 2006). Insecure attachment has also been linked to suicidal ideation in non-adopted populations (Lessard & Moretti, 1998; Fergusson, Beautrais, & Horwood, 2003). Postadoption issues related to adoptive family dynamics was noted in two identified studies (Hjern & Allebeck, 2002, p. 428; von Borczyskowski et

al., 2006). One of these studies also suggested that intercountry adoptees may be reluctant to disclose suicidal ideation due to “fear that this would be perceived as ungratefulness for the adoption as such” (Hjern & Allebeck, 2002, p. 428). Issues may also arise if the adoptee is the only adoptee in a family with biological children and dynamics within the adoptive family can be heightened during adolescence when abandonment and identity issues may arise for the adopted teen (ISS, 2021; von Borczyskowski et al., 2006).

The struggles adoptees have with identity and belonging show the complexities involved in navigating one’s place and sense of self in society. These struggles are intensified when problematic dynamics in adoptive families hinder communication about difficult issues. In most of the studies in this review, issues pertaining to identity are only explicitly mentioned in brief, although it can be argued that issues of identity and belonging are foundational to several risk factors. It has been suggested that intercountry adoptees’ experiences of racialisation, racial isolation and discrimination lead in some cases to severe crises of identity and that adolescent adoptees can face additional difficulties regarding belonging and identity due to having to navigate multiple identities (Hjern et al., 2020; Hübinette, 2012; ISS 2021; Schwekendiek, 2019; von Borczyskowski et al., 2006, p. 100). A thwarted sense of belonging while negotiating multiple identities is an underlying risk factor for the development of mental health problems (Cederblad et al., 1999; Hjern et al., 2020).

Graham (2014) discussed how identity issues relate to suicidal behaviour in particular feelings of abandonment, expected gratitude, worthiness, attachment issues and the right to access one’s personal information about origins (Graham, 2014, p. 8-9). It has been noted that communication of suicidal ideation is hindered when adoptees are expected to be grateful for their adoption (Hjern & Allebeck, 2002). Examining the case of Charlotte Dawson's suicide, Graham identified a convergence with Schneidman's theory of suicide that offered ten underlying psychological factors and Leenaars intrapsychic and interpersonal concepts related to suicidal thoughts and behaviours and associated these with adoption-specific issues related to suicide that include psychological pain caused by unrecognised separation, loss and grief; frustrated psychological needs such as belonging and relationship maintenance; hopelessness-helplessness (feeling hopeless about the situation and one’s future and feeling helpless to do anything to change it), a sense of abandonment, powerlessness; ambivalence including a sense of unreality and denial of reality of first loss, being denied access to information, and name changes (Graham, 2014; Leenaars, 2010; Schneidman, 1976).

The International Social Service report (ISS, 2021) also identifies origins as an adoption-specific risk factor, explaining how unknown origins and lack of physical resemblance to those around them create particular stressors for adolescent adoptees emphasising a sense of not belonging and physical differences that are visible, inescapable and indisputable that may lead to suicidal thoughts and

behaviours. These issues around belonging, according to Graham, are prevalent in varying degrees regardless of the quality of upbringing provided by adoptive families. The AIFS report also found that regardless of positive or negative experiences within adoptive families, 70% of domestic adoptees reported experiencing problems with attachment, identity, abandonment, and low self-worth (Kenny et al., 2012). Graham links these identity and wellbeing issues to an increased risk of suicide, which the AIFS report did not. Further to this, accessing information and connecting to first families where possible and even when difficult had a positive effect on identity and sense-of-self for participants in Fronck and Briggs' (2018) study while some participants who were not ready or unable to connect continued to struggle.

Macro/systemic factors

Socioeconomic factors

Intercountry adoptees in the Swedish samples were raised in high socioeconomic households likely to be common in receiving countries due, at minimum, to the costs associated with intercountry adoptions (Berg-Kelly & Eriksson 1997; Hjern & Allebeck 2002; Hjern, Lindblad, & Vinnerljung 2002; Vinnerljung, Hjern, & Lindblad 2006). Berg-Kelly and Eriksson (1997) highlight a key finding in their study for a subset of girls, the larger group of respondents reporting suicidal thoughts. While higher socioeconomic status (SES) should have led to more favourable conditions among intercountry adoptee girls with regard to health and risk-taking behaviour, this was not the case in their investigation. They concluded that adopted adolescent girls required particular attention due to reports of "unpleasant" sexual encounters and more exposure to drug use. Hjern, Lindblad, and Vinnerljung (2002) concluded that outcomes for intercountry adoptees were comparable to those of immigrant children except for being slightly higher for psychiatric disorders and slightly lower for social maladjustment.

Living with high SES adoptive parents was a risk factor for intercountry adoptees' social maladjustment in the Hjern et al. (2002) study. Similar findings have been reported in Dutch studies on young adult intercountry adoptees, which found adoptees in high SES households were more at risk for developing psychiatric disorders than their non-adopted peers, whereas adoptees with low or middle parental SES did not differ from their counterparts in the general population (Tieman, van der Ende, & Verhulst, 2005). Interestingly, intercountry adoptees in families with lower SES had fewer academic challenges and were more socially competent, the opposite of findings in the general population. The association of mental health problems with higher SES is interesting as this could indicate better access to health care and greater awareness of mental and emotional well-being. Researchers suggest adoptive parent-child interactions may play a role, such as high expectations for school performance and pressures in other competitive environments (Hjern, Lindblad, & Vinnerljung,

2002; Tieman, van der Ende, & Verhulst, 2005). In Fronek and Briggs' (2018) qualitative study, male participants in the study seemed to have a worse experience in private schools which mostly have students from higher SES.

Hjern, Lindblad, and Vinnerljung (2002) suggest discrimination and racism contribute to the experiences of intercountry adoptees and immigrant children. However, in the 2020 study, researchers found that in contrast to non-European intercountry adoptees, suicide risks for immigrants decreased substantially when socioeconomic factors improved (Hjern et al., 2020).

Racism

The earliest study on Swedish intercountry adoptees in this review noted the importance of understanding outcomes of those 'visible adoptions', that is, where adoptees are from non-European backgrounds, particularly in homogeneous societies such as Sweden (Berg-Kelly & Eriksson, 1997). Not only do these intercountry adoptees experience separation from biological parents and caretakers which may impact identity development during adolescence, they also grow up in the social context of 'increasing racism' (Berg-Kelly & Eriksson, 1997, p. 200). Other studies point to discrimination on the basis of racial or ethnic difference and loss of cultural identity as risk factors for elevated suicide risk (Hjern & Alleback, 2002; Hjern, Vinnerljung, and Lindblad, 2004; Keyes et al., 2013; ISS, 2021; von Borczyskowski et al., 2006). Research by Hjern, Lindblad, and Vinnerljung (2002) indicate the presence of structural racism in justice and mental health systems.

Hübinette (2012) described the omission of race in intercountry adoption research notwithstanding extensive discussion of racism in the context of domestic transracial adoptions. This omission, according to Hübinette (2012, p. 223), reflects the "colour blindness" of Western research on intercountry adoption which "tends to privilege childhood over adulthood, family over society, and the adoption factor over the race factor". A key observation has been a sense of "bodily alienation", racial discrimination and isolation from other minorities (Hübinette 2012, p. 225). This is attributed to the particularities of transracial subjectivity of adoptees raised in white families, described by Richard Lee as the "transracial adoption paradox" (Gustafsson, 2021; Hübinette, 2007; Lee, 2003, p. 711). This transracial aspect of intercountry adoption compounds existing challenges experienced during adolescence in regards to belonging and identity development (Hjern et al., 2020).

Hübinette (2012) contended that systemic and everyday racism, and the distinct bodily and affective impacts of transracial placements, must form part of analyses of intercountry adoptees' heightened vulnerability and high suicide rates. Similarly, Schwekendiek (2019) described how the racial isolation, discrimination and bullying experienced by Korean adoptees contributes to social maladjustment. The study cites research that demonstrates that despite high educational achievement, 43% of Korean adoptee respondents in the US and 38% in Western Europe experienced

racial discrimination at work or while job seeking (Schwekendiek, 2019, p. 85). Experiences of racism have also been reported in qualitative studies with intercountry adoptees in Australia (Fronek & Briggs, 2018; Heaser, 2016; Walton, 2012). The Australian cultural image is one of egalitarianism which along with colour blindness serves to hinder recognising the impact of racism (Fronek & Briggs, 2018). Schwekendiek (2019) argues that racism and stereotyping play key roles in the adjustment issues faced by adult Korean adoptees which are linked to the prevalence of identity crises, high rates of accessing psychotherapy and high suicide rates. The combination of these prevalent health and wellbeing issues leads Schwekendiek (2019, p. 85) to conclude that the Korean overseas adoption “historical experiment” has failed.

Prevention

Robust data collection systems, a body of quality research and the development of practice guidelines drawn from research are the basis from which suicide prevention for intercountry adoptees can be addressed at individual and strategic levels.

Having established elevated risks for suicide ideation, death by suicide and non-fatal suicide attempts among intercountry adoptees in the Swedish cohort studies, brief recommendations for suicide prevention were made. These included the development of internal guidelines for service providers to ensure accessibility of support services for intercountry adoptees, the categorisation of intercountry adoptees as a high priority group, and to increase awareness of risk among adoptive parents and clinicians (Hjern & Alleback, 2002; Hjern, Lindblad, & Vinnerljung, 2002; Hjern, Vinnerljung, & Lindblad, 2004; Keyes et al., 2013; von Borczyskowski et al., 2006).

Only one article that specifically addressed suicide prevention was identified in this review. A guide for school nurse practitioners in the United States focused on prevention in relation to at-risk adoptee students (Morgan, 2017). Noting the lack of evidence-based research on suicide risk factors for adolescent intercountry adoptees, the article stressed the importance of school nurses being aware of elevated risks, existing school-based suicide prevention programs and relevant risk assessment tools. Morgan (2017) recommended launching school-wide suicide prevention programs prior to high school commencement and the education of school nurses about adoption-specific emotional stressors and risk factors with particular attention to the needs of intercountry and older adoptees. The Signs of Suicide (SOS) prevention program (<https://www.sprc.org/resources-programs/sos-signs-suicide>) was recommended due to its emphasis on staff training (including certifying key staff members), school-wide suicide screenings, teaching students about identifying signs of depression and suicidality in their peers and providing guidance on how to report these. Because none of the available risk assessment tools for school nurses are specifically for adoptees,

Morgan (2017) suggested a condensed risk assessment instrument better suited to intercountry adoptees be developed.

Other studies questioned the utility of available screening instruments and limitations of data keeping mechanisms. The Minnesota Department of Health Brief on suicides among Korean adoptees noted difficulties ascertaining who was actually a Korean adoptee based on death certificates, given Minnesota does not have an adoptee registry (Wiens et al., 2017). In partnership with the community organisation Korean Adoptees Ministry Center (KAM), the Department of Health continues to monitor the impact of suicide among the Korean adoptee community and seeks to improve the quality of available data to help identify adoptee suicides using the Minnesota Violent Death Reporting System (Wiens et al., 2017).

Graham (2014) and Mackieson (2015) stress that no statistical information is gathered on adoptee suicides in Australia, and that the 2012 AIFS report into past adoption experiences did not sufficiently address suicide prevalence and risk (AIFS, 2012). Graham (2014, p.21) suggested including the question “are you affected by adoption?” in all healthcare intake settings nationwide, including crisis helpline services, as well as increasing awareness among practitioners of adoptee suicide risks. Similarly, Baden et al. (2016) recommended developing and implementing training programs for all clinical practitioners to ensure adoption-competent approaches to service provision and the need to develop evidence-based practices to intervene with adoptees at risk. Importantly, they recommended that instruments be validated, and interventions developed with intercountry adoptees, first parents and adoptive parents. The need for identifying, implementing, and evaluating post adoption support services is recommended (Gair, 2015; Fronek & Briggs, 2018). This is particularly important given adoptees identify that practitioners with limited knowledge of adoption is problematic when they seek help (Fronek & Briggs, 2018).

Several studies also recommended that further research specifically focusing on contributing factors such as issues pertaining to race and ethnicity is needed (Baden et al., 2015; Gair, 2015; Hübinette, 2012; Kim, 2002; von Borczyskowski et al. 2006). Gair (2015) suggested Australian intercountry adoptees’ health and wellbeing outcomes need to be documented, and research needs to explore public attitudes toward intercountry adoption including attitudes pertaining to race, peer group acceptance and integration as well as parental attitudes toward countries of origin and first families (2015, p. 23). Baden et al. (2016) call for more empirical research that explains racial, cultural, and other disparities inherent in intercountry adoption. Von Borczyskowski et al. (2006) also identifies the need for research to understand how race, ethnicity, and gender play a role in suicide risks among intercountry adoptees.

Importantly, qualitative methodologies should be pursued to supplement findings from quantitative research. Kim (2002) and Hübinette (2012) point out how the majority of quantitative studies aim to produce diagnostic profiles of adoptees and generally attribute emotional or behavioural problems to genetic risk factors. Yet these problems are likely due to ‘complex genetic and environmental interactions’ rather than solely genetic risks (Kim, 2002, p. 423). Moreover, racism and the challenges posed by transracial placements have significant impacts on adoptee outcomes, beyond or apart from genetic or pre-adoption risk factors (Hübinette, 2012). Hübinette (2012) suggests further research on adoptee wellbeing and suicide prevention should bridge quantitative and qualitative research, and centre on issues of race.

PART FOUR

Discussion

Australian research on intercountry adoption is sparse, with only four identified articles situated within a larger but still small body of international literature that either focused on suicide and intercountry adoptees or referred only briefly to suicide or did not include intercountry adoptees. There is one literature review, one policy analysis and two case studies which do not provide empirical evidence nor are generalisable. There are no quantitative or mixed method studies. The entire body of literature exploring intercountry adoptees and suicide is variable in quality and the lack of Australian research is marked.

Although some of the research identified in this review should be generalisable, temporal, geographical and cultural contexts are quite different. For example, Nordic countries were more racially homogeneous than Australia thus potentially bringing different considerations to those in Australia about racism and white privilege (Fronck & Briggs 2018; Hübinette, 2005; Walton, 2012). European studies examine older cohorts of adoptees that were conducted in different cultural settings to Australia. Certain practices have improved since those early cohorts were adopted including the development of prospective adoptive parent education (although there are discussions around quality) and more countries now adhere to the Hague Convention (although illicit and fraudulent practices still occur and adoption systems vary considerably between countries). There are some commonalities in the findings regardless of methodological approaches, particularly in relation to suicidal risk, behaviours and macro, systemic or structural issues that contribute to adoptee distress. Although prevalence studies are absent in the Australian context, generalisations may be made that intercountry adoptees in Australia are likely to be at greater risk of suicidal behaviours than the general populations. This assertion is supported by consultations with key stakeholders including ICAV, VANISH, International Social Service (ISS) Australia, and PARC.

All empirical studies have identified weaknesses as clearly outlined in the commentary by Kim (2002). Early descriptive studies, in particular, tended to focus on individual or biological explanations of suicidal behaviours. Later studies including those conducted by adoptee researchers also identified structural or macro factors such as racism, the impact of adoption itself, adoption models that contribute to struggles with identity and belonging, disconnection from the past, and lack of information. Limitations of early studies identified by Kim (2002) include recruitment of intercountry adoptees from psychiatric facilities which represents selection bias. The majority of studies have also been conducted on adolescents or young adults with few prospective, longitudinal studies gathering data across the lifespan. Hjern, Lindblad Vinnerljung (2002) and Tieman, van der Ende and Verhulst (2005) identified that data drawn from clinicians using standardised instruments only and studies that do not include the perspectives of adoptees who are not receiving psychiatric care are limitations. Other critiques suggest the diagnostic spectrum of high suicidal behaviours, depression, substance misuse and antisocial personality point to a complex picture of the interplay between environmental and biological factors (Kim, 2002; Petersen et al., 2010; von Borczyskowski et al., 2006).

Kim (2012) also identified that the studies concluding that age at adoption is important did not investigate pre-adoption factors such as trauma and attachments nor post adoption factors. It is also important to include the impact of different adoption systems such as the pre-adoptive care of babies by foster mothers compared to the experience of institutionalisation. Other issues such as the neglect of transracial issues, discordance in adoptive families and communication barriers were identified emphasising the importance of comprehensive prospective parent education and close attention to approval processes. Descriptive comparisons between children in long term foster care and adoptees are also challenging as statistical analysis provides little information about individual circumstances which differ case by case. Descriptive analysis presents facts and associations but not necessarily causation. Individual experience, pre- and post-adoption care and other contributing factors need to be explored using complementary methodologies that allow for in-depth data collection and analysis. Many intercountry adoptees may not have experienced abuse or neglect outside of the trauma of separation from their mothers, families, communities or other caregivers. The vast majority of intercountry adoptions occur for reasons of poverty and while the Romanian orphanage situation is often used as an example, it lies at an extreme end of the spectrum of possible pre-adoption scenarios (Fronek & Cuthbert, 2012).

There are several factors attributed to internal psychological states identified in the reviewed studies that relate to adoption systems. Adoption systems vary considerably from country to country depending on the welfare regime and some countries are more culturally and racially homogenous than others (Dickens, 2009). However, it should be noted that shared experiences and frustrations

with adoption systems are universally reported by adoptees. The importance of continuity for adoptee identities, particularly as it pertains to suicidal ideation, has been noted by Dr Oh Myo Kim (2013). Kim (2013) argues that some adoptees struggle with suicidal ideation and display other destructive behaviours due to a lack of continuity with their pasts. Attempts by adoptees to rebuild this continuity are denied or thwarted by agencies who withhold information. Issues with unknown origins and barriers to accessing information for a range of reasons are well-documented and when adoptees are able to access information and/or connect with first families, their documented information is often wrong (Fronek & Briggs, 2018; ISS, 2021).

The global intercountry adoption system ends the legal relationships with first families and establishes a parent-child relationship with adoptive parents. For many adoptees, this can have a profound effect on their sense of identity and culture. Intercountry adoption in receiving countries is often perceived as lives beginning with adoption and pre-adoption lives are assumed to be negative and generalised from the worst childhood experiences. Records are not centrally held in perpetuity in most sending countries and some private organisations, for example in Vietnam, refuse to give adult adoptees access to their records. Graham's (2014) single case study discussed how identity issues relate to suicidal behaviour. He identifies access to information on origins and the right to request this information. Other authors attribute identity issues to the adoption process itself including lack of information, transracial placement, grief, loss, and sadness or anger arising from feelings of abandonment and states described as "genealogical bewilderment" and "psychic homelessness" (Baden et al., 2016, p. 203; Morgan, 2017).

While multiple risk factors are identified for intercountry adoptees, few protective factors are actively explored in the literature and it is suggested that adoptee risk is a complex interplay of vulnerability and resilience and internal historical and systemic factors. Systemic and internal risk factors identified in the review are genetic predisposition, adolescence, school performance, adoptive parental education, age at adoption, history of institutional care, racism, discrimination, identity issues, past traumatic experiences, problematic family dynamics, psychological distress, self-harm, previous attempts of suicide, and psychiatric disorders such as depression. Likewise, there is limited evidence on support systems specific to the needs of at-risk intercountry adoptees or on effective interventions for practitioners. Screening instruments such as the Kessler Psychological Distress Scale (K10) and DSM diagnostic criteria have been used in research and recommended for practice. The two Australian case studies that discuss therapeutic interventions point to long-term, flexible approaches informed by a variety of theories that are adaptive to complex, individual need. An obvious gap in the literature is how an understanding of adoption-related issues and knowledge on suicide prevention and intervention works together to meet the needs of intercountry adoptees.

Landgren et al.'s (2019) research differed from other studies in that it focused exclusively on a subgroup of intercountry adoptees with a confirmed medical diagnosis of FASD and who were adopted from orphanages known to have some of the worst documented conditions. FASD is a condition characterised by a plethora of physical, developmental, social and behavioural challenges and is estimated to affect 14.6 people in 10,000 globally (Popova et al., 2017). The link between FASD and suicide is important to unravel given the potential risks of suicide and self-harm as well as the vulnerability of these children and adults. However, more research is needed to unravel environmental and biological factors as well as raising awareness about this group and the prevalence of FASD in intercountry adoptees. There are challenges in diagnosis especially as more recent evidence suggests that children with FASD may not necessarily have facial dysmorphia which has been important in diagnosis (Wozniak, Riley & Charness, 2019). There is therefore a risk that FASD may go undiagnosed and wellbeing and behavioural issues may be misattributed especially for children in out-of-home care and adoption (Chasnoff, Wells & King, 2015; Gilbert et al., 2021; Gregory, 2021).

Studies on national databases in Sweden provide a unique opportunity to explore data collection systems. In Sweden, each individual is assigned a unique personal identification number which is used to link health and sociodemographic data from Swedish national registries which includes the National Parent Register, the Register of the Total Swedish Population, the Swedish Hospital Discharge Register, and the National Cause of Death Register. Managed by Statistics Sweden and the National Board of Health and Welfare, these population-based registries provide robust data and opportunities to conduct research on prevalence and comparisons with other population groups.

In terms of the research questions, the body of knowledge on intercountry adoption and suicide including the prevalence of deaths by suicide and non-fatal suicide attempts among adoptees with specific reference to Australia has only been partially answered. The literature on prevalence studies have only been conducted in Nordic countries, the Netherlands and Minnesota in the US. The suicide risks and protective factors question is also only partially answered with protective factors being relatively unexplored in the literature on intercountry adoptee suicide. The final research questions that explored knowledge around prevention and interventions was also limited with one international article on practice guidance for school nurses and clinical interventions limited to two Australian case studies.

Limitations

Research was not ranked due to the few Australian and international studies identified and ranking is not required for scoping reviews. However, the limitations and generalisability of studies were discussed. Formal interviews were not conducted with key stakeholders. Rather, contact focused on exhausting the available published scholarly and grey literature, and to ascertain whether any

informal data collection was being recorded on intercountry adoptee suicide. Because there is no Australian database for intercountry adoptee suicide, examination of prevalence was not possible.

Conclusion and Recommendations

The objective of this scoping review to examine, map, and summarise the available literature on intercountry adoption and suicide alongside additional information from key stakeholders with specific reference to the Australian context has been met. The body of literature is small, and the bulk of studies have been conducted in international contexts. Research on intercountry adoption and suicide in Australia is a significant gap particularly in relation to the national and state emphases on the strategic inclusion of vulnerable groups.

Recommendations

1. Intersectoral and intergovernmental collaborations to include the collection of data on adoptee suicide and non-fatal suicide attempts in robust data collection systems.
2. To establish points of verification of adoption status to aid in data collection.
 - a. As suggested by Graham (2014), including an adoption question in healthcare intake settings nationwide, including crisis helpline services.
 - b. Additionally, an adoption question to be included in practitioner interviews following a death by suicide.
3. Increase Australian based research and studies that explore:
 - a. Prevalence, identification of risk and protective factors and prevention strategies for suicide ideation, non-fatal suicide attempts and death by suicide in the intercountry adoptee community.
 - b. Interventions that include internal and structural contributors to suicidal ideation, non-fatal suicide attempts and death by suicide for intercountry adoptees.
4. Increase Australian based research to explore environmental and biological factors for intercountry adoptees with FASD and the impact of FASD and suicide.
5. Based on this emerging knowledge the development of practice guidelines including adoptee experiences would inform interventions for at-risk adoptees.
6. To raise awareness in adoption communities, in schools and for practitioners about suicide and intercountry adoptees.

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Appendix A: Method

Eligibility criteria

Authors searched for English language international and Australian scholarly and grey literature from 1950 to the present that focused on intercountry adoptee children and adults and suicide inclusive of prevalence, risks, suicidal ideation, deaths by suicide and non-fatal suicide attempts, suicide prevention and interventions. Sources were excluded if:

- Title/abstract did not address adopted children, adolescents, or adults;
- Title/abstract did not explicitly address suicide or suicidality;
- Title/abstract addressed adoption and suicidality solely related to genetic/biological factors.

Information sources

ASSIA, CINAHL, Emcare, Family & Society Studies Worldwide, Global Health, Medline, PsycINFO, Scopus, SocINDEX, and Sociological Abstracts databases were searched. Open Grey, Trove, AIHW, ABS and AIFS websites, and a Google search was also conducted. Two topic specific journals were searched individually: *Adoption Quarterly* and *Adoption & Culture*. VANISH library materials were searched manually.

Keywords used in database searches were:

- adoption, adoptee, adoptive
- and
- intercountry, international, transnational and overseas adopt*
- and
- suicid*

Authors contacted key informants in Australia and overseas-based organisations due to the global nature of adoptee networks for additional information including case accounts of suicide in intercountry adoptees. Organisations contacted include, VANISH, ISS Australia, PARC, ICAV, Relationship Matters, Relationships Australia (South Australia), Institute for Open Adoption Studies, Search Institute, Adoptee Rights Australia, KoRoot, and GOA'L Korea. Individual researchers with known resources were contacted.

Search

The search of academic databases, grey literature and key informant contacts were conducted in June 2021. As an example, the full electronic search strategy for the PsycInfo database is depicted in *Figure 2: PsycInfo database search* on page 43.

Selection of data sources

The authors regularly discussed screening and eligibility criteria through an iterative process (Levac, Coluhoun & O'Brien, 2010) including refining search strategy, and reviewing titles, abstracts,

and full text of articles for inclusion. The reviewers assessed and selected articles based on the eligibility criteria.

Data charting process

A data excel chart was created to record included sources of evidence. Data from eligible studies were manually charted in accordance with the charting sheet, which was reviewed by both authors. See the example, *Figure 2: PsycInfo database search*.

Figure 2: PsycInfo database search

Search: PsycINFO (ovid), Tuesday 8 June 2021:		
APA PsycInfo <1806 to May Week 5 2021>		
1	adoption.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh]	31409
2	exp "Adoption (Child)"/	5478
3	exp International Adoption/	315
4	exp Interracial Adoption/	441
5	adoptee*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh]	1902
6	1 or 2 or 3 or 4 or 5	32218
7	suicid*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh]	73177
8	exp Suicidal Ideation/	10019
9	exp Attempted Suicide/	10755
10	exp "Death and Dying"/	41623
11	7 or 8 or 9 or 10	109193
12	6 and 11	449
13	limit 12 to (english language and yr="1950 -Current")	427

Data Items

For each document, the reviewers recorded the following information:

- Author/s
- Year of publication
- Title
- Country
- Publication type
- Study design
- Study population and sample (if applicable)
- Concepts in relation to ICA and suicide
- Key findings in relation to research questions

Synthesis of results

The scoping review was conducted to synthesise previous research to gauge current understandings on intercountry adoptees and suicide with specific reference to Australia including prevalence, risks, suicidal ideation, deaths by suicide and non-fatal suicide attempts, risks and protective factors, suicide prevention and interventions. Information gathered from key informants was included. Results are summarised thematically to describe, disseminate information and to identify research gaps. The emphasis of this review was on mapping the literature rather than critically evaluating on a hierarchy of evidence (Arksey & O'Malley, 2005).

Appendix B

Characteristics of studies included in the review

Author / Year	Country	Publication Type	Study Design	Sample	Concept	Key Findings
von Borczyskowski et al. (2006)	Sweden	Journal article	Cohort study Statistical analysis of Swedish National Register data of cohort born between 1963-73	Intercountry adoptees (N=6,065), national adoptees (N=7,340), and 1,274,312 non-adopted subjects (N=1,274,312).	rates of attempted suicide; rates of suicide death; risk for suicide death;	Intercountry adult adoptees have elevated risks for attempted suicide (4.5) and suicide death (3.6) compared to the non-adopted population, after adjustments for sex, age, and socio-economic factors. National adoptees have lower risks than intercountry adoptees, but still elevated compared to non-adoptees (2.8 for attempted suicide, 2.5 for suicide death). Intercountry adoptee women's risk for attempted suicide is elevated to a greater extent than adopted men.
Hjern, Lindblad, & Vinnerljung (2002)	Sweden	Journal article	Cohort study Statistical analysis of Swedish National Register data of cohort born between 1970-1979	Intercountry adoptees (n=11,320), Swedish-born siblings (n=2,343), immigrant children (n=4,006), and general population (n=853,419).	rates of suicide death; risk of suicide death; risk of attempted suicide;	Intercountry adopted adolescents and young adults are 3-4 x more likely to die from suicide and attempted suicide than the general population.
Hjern et al. (2020)	Sweden	Journal article	Cohort study Statistical analysis of Swedish National Register data of cohort born between 1972-1986	Non-European intercountry adoptees (n=20,625), compared with non-European immigrants (n=10,915), and Swedish born persons (n=1,435,167).	rates of suicide death; risk for suicide death; risk of attempted suicide;	Suicide risk among non-European intercountry adoptees is high at 18-22yrs, but decreases by middle age, at which risk is similar to that of the general population. However, risk of attempted suicide remains higher than in the general population across all age groups.

Author / Year	Country	Publication Type	Study Design	Sample	Concept	Key Findings
Hjern, Vinnerljung, & Lindblad (2004)	Sweden	Journal article	Cohort study Statistical analysis of Swedish National Register data of cohort born between 1973-1982	Swedish residents (n= 989,871) born between 1973-82 intercountry adoptees (n=12,240), foster children (n=6,43), subjected to other forms of child welfare (n=15,868), other children (n=955,326)	rates of suicide death; risk for suicide death;	Risk for suicide death and attempted suicide is lower in intercountry adoptees as compared to former child welfare recipients. Risk is elevated compared to the general population. With regard to risk for avoidable death, intercountry adoptees are at high risk for suicide death only, compared to long-term foster children and children who have experienced other child welfare interventions.
Vinnerljung, Hjern, & Lindblad (2006)	Sweden	Journal article	Cohort study Statistical analysis of Swedish National Register data of cohort born between 1973-1982	intercountry adoptees (n=12,240), former child welfare clients (n=22,305), and general population cohort (n=955,326).	rates of attempted suicide; risk of attempted suicide;	Rates of suicide attempts among former child welfare clients and intercountry adoptees in adolescence and young adulthood are elevated compared to the general population. Former child welfare clients are 2x more at risk for attempted suicide than intercountry adoptees.
Hjern & Allebeck (2002)	Sweden	Journal article	Cohort study Statistical analysis of Swedish National Register data of cohort born between 1990-1998	National cohort (n= 2.7 mill) Swedish residents 10-68 yrs; Intercountry adoptees (n=11,787).	Rates and risks factors for suicide death;	Intercountry adoptees, particular men, are at high risk for suicide death compared to the general population and first and second-generation immigrant groups.
Berg-Kelly & Eriksson (1997)	Sweden	Journal article	Epidemiological surveys x2 (1990-91 & 1994-95) Self-report	Intercountry adoptees (n=125) and non-adopted adolescents (n= 9,329) aged between 13-18yrs.	suicidal ideation;	Proportion of intercountry adoptee girls reported significantly more suicidal ideation compared to the control group with more truancy and risk-taking behaviours e.g. not wearing seatbelts, sexual activity, "unpleasant" sexual encounters, and substance misuse. Boys saw themselves as physically

Author / Year	Country	Publication Type	Study Design	Sample	Concept	Key Findings
						smaller and had literacy challenges. Visible adoptions (from overseas) need additional support in adolescence.
Landgren et al. (2019)	Sweden	Journal article	Prospective observational cohort study	Adoptees (n=37) from Eastern European orphanages with Foetal Alcohol Syndrome Disorders (FASD) diagnosed in childhood. Assessed again at median age of 22yrs.	rates of attempted suicide;	20 participants required social support, 9 suffered sexual victimisation and others substance misuse. Participants had developmental, physical and mental disorders. 21% (n=7) of study population had attempted suicide.
Hübinette (2012)	Sweden	Book chapter	Qualitative analysis	Data from interviews with Swedish adoptees (n=20), adoptive parents (n=8).	racism and suicide	Racism and transracial identification impact on high suicide rates in Sweden. Risks in pathologizing adoptee experience.
Webb et al. (2015)	Denmark	Journal article	Cohort study National register data for cohort born between 1971-2002	total 2,069,114 persons.	rates of attempted suicide; rates of suicide death; risk for suicide death;	Intercountry adopted men have highest rate of attempted suicide as compared to other Danish immigrants and general population, with a 6.1% risk of experiencing a suicide attempt prior to their 40th birthday. Intercountry adopted women have elevated rates of attempted suicide compared to the general population, but lower than rates among first generation immigrant women.
International Social Service/ International Reference Centre (ISS/IRC) (2021)	Switzerland	Report	Literature review	n/a	risk factors; risk of attempted suicide;	Adolescent risk factors - age at adoption, pre-adoptive history including institutionalisation, trauma, quality of attachment with adoptive parents, racism and discrimination, questions about origins, unknown backgrounds (lack of medical history and knowledge of biological background e.g. prenatal malnutrition).

Author / Year	Country	Publication Type	Study Design	Sample	Concept	Key Findings
Baden et al. (2016)	US	Book chapter	Literature review	n/a	rates of non-fatal suicide attempts; risk factors; suicidal ideation	Heightened suicide risk is highlighted as a salient mental health issue. Authors conclude issues arise when uninformed professionals provide support services, and when they do not interrogate their pre-existing beliefs about adoption. Recommendations for scholars and practitioners include developing clinical applications specifically tailored to treat adoption-related issues, conduct research to inform evidence-based best treatments, develop adoption-competency training, conduct research on racial and cultural disparities, and on mental health issues impacting families of origin.
Keyes et al. (2013)	US	Journal article	Descriptive analysis of data from the Minnesota Sibling Interaction and Behavior Study	Intercountry and domestic adoptees (n=692) and nonadopted offspring 11-21yrs (n=540) and one rearing parent per participant.	risk of attempted suicide;	Reported suicide attempt are 4x more likely in adopted adolescents. Suicidal behaviour is associated with psychiatric disorders, personality, family environment and academic engagement. Family discord was associated with greater risk of externalising behaviour and negative mood. Recommended greater awareness of risk by clinicians and a research focus factors that mediate risk.
Kim (2002)	US	Journal article	Commentary	n/a	Critiques of methodologies used on studies of intercountry adoptees and suicide with particular attention to Hjern's longitudinal cohort studies.	Early studies are descriptive. Since then, 2 dominant methodologies have arisen – 1) participants in psychiatric facilities to investigate over-representation and 2) compare adoptee and control groups using standardised assessments. Critique weaknesses of these studies, e.g. selection bias, selective ascertainment of severe outcome variables and skewed distribution of behavioural disturbances. There is no evidence of higher genetic risk of suicide for Korean children in Swedish studies. Careful screening and preadoption education for prospective parents is recommended.

Author / Year	Country	Publication Type	Study Design	Sample	Concept	Key Findings
Morgan (2017)	US	Journal article	Literature review and practice guide	n/a	risk factors; risk of attempted suicide; suicidal ideation; suicide prevention;	Emotional stressors identified – reasons for adoption, missing or difficult information, difference, permanence, identity and loyalty. School prevention programs should be launched in middle school, high priority should be given to intercountry and older adoptees, options for immediate evaluation and referral should be made accessible, and adoptee specific assessment tools developed. As part of a suicide prevention strategy, school nurses ought to confidentially identify which students are adopted.
Schwekendiek (2019)	US	Journal article	Policy analysis	n/a	rates of suicide death;	Given welfare issues faced by adoptees, including higher suicide rates, racism, identity issues, and the large proportion of adoptees who report accessing psychotherapy, the author concludes Korean overseas adoption as a 'historical experiment,' has failed. Places a greater emphasis on racism than adopted related issues influencing adoptee well-being.
Wiens et al. (2017)	US	Report	Descriptive analysis	Minnesota Department of Health Public Health Investigation data, 2011-2017.	rates of suicide death; suicide monitoring;	Between 2011-2017 there were 14 suicide deaths among presumed Korean adoptees in Minnesota. Since 2012 the suicide rate in this group has remained stable and is not considered higher than to be expected from population of 15-20,000 adoptees.
Campo-Arias et al. (2021)	Colombia	Journal article	Meta-analysis	6 studies in Spanish, English and Portuguese included. (3 case controlled and 3 cohort studies).	attempted suicide;	Adoptees have double the risk of attempted suicide than the general population.

Author / Year	Country	Publication Type	Study Design	Sample	Concept	Key Findings
Gair (2015)	Australia	Report	Literature review	n/a	rates of attempted suicide; risk factors; risk of suicide death;	Research on impact of loss and trauma for intercountry adoptees is limited, particularly in Australia. International studies indicate high risk for death by suicide death and non-fatal suicide attempts. Recommendation future research on health and wellbeing outcomes for intercountry adoptees in Australia.
Graham (2014)	Australia	Journal article	Case study	Death by suicide case (n=1).	risk factors; risk for attempted suicide; risk of suicide death; suicidal ideation; suicide monitoring;	Identifies adoption-related issues that converge with Schneidman's commonalities underlying suicide-psychological pain as stimulus (e.g. unrecognized separation and loss), frustrated psychological needs as stressor (e.g. belonging and relationship maintenance), hopelessness-helplessness as emotion (e.g. sense of abandonment, powerlessness, unreality), and ambivalence as cognitive state (e.g. denial of reality of first loss, denied access to information). Recommendations for suicide prevention - add a question about adoption on medical practitioner intake forms nation-wide, provide factsheets to crisis helplines and train staff to ask about adoption, conduct research on prevalence of adoptee suicide in Australia.
Mackieson (2015)	Australia	Report	Policy analysis	n/a	rates of suicide death; suicide monitoring;	Among other omissions, the Adoptions Rethink report (2014) released by Women's Forum Australia fails to mention suicide rates among Australian adoptees, lack of available statistical information on adoptee suicide in Australia, and anecdotal evidence from support services and adoptee networks of higher suicide rates among both domestic and intercountry adoptees.

Author / Year	Country	Publication Type	Study Design	Sample	Concept	Key Findings
Meech & Wood (2000)	Australia	Journal article	Case study	intercountry adoptee (n=1).	suicidal ideation;	Case study report over three years of individual therapy addressing family and wider systemic issues. Different theoretical approaches were utilised at different times. Family sessions were also conducted. Enabling the adoptee to contemplate her life via visual representation was useful in reconnecting the past, present, and future, highlighting achievements and significant events, and building coherence. A client-focused, flexible, and adaptable approach to therapy is important.



'Genesis' by Jonas Haid