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School victimization and psychosocial adjustment among Eastern European adopted adolescents across Europe

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Abstract

Background: Little is known about bullying experienced by internationally adopted teens residing in Europe.

Objectives: Within the framework of an international research effort involving several European countries, the main goal of this study was to explore the experiences of bullying victimization suffered by adopted adolescents, as well as its impact on their psychological adjustment.

Methods: The sample consisted of 199 adolescents born in Eastern European countries and adopted in France ($n = 50$), Italy ($n = 59$), Norway ($n = 25$) and Spain ($n = 65$).

Results: More than half of the adopted adolescents had been exposed to some form of peer victimization in the previous 2 months, with verbal harassment and social exclusion being the most common forms of victimization. Differences between receiving countries were not statistically significant, suggesting a common pattern for Eastern European adopted adolescents living in Western Europe. More frequent experiences of peer victimization were associated with more psychological difficulties among the adopted adolescents.

Conclusions: Findings highlight that adopted adolescents might have considerable difficulties in social integration with peers; these experiences of peer victimization might play an important role hindering their psychosocial adjustment. The socioemotional development of adopted people is not only linked to their pre-adoptive experiences; factors in their daily lives (i.e., peer relationships) may also be associated with their psychological adjustment later in life. Interventions are needed to promote the real inclusion of these groups of children in their social and educational contexts.

KEYWORDS

bullying, international adoption, psychological adjustment

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1 | INTRODUCTION

The study of bullying has evolved enormously in recent years to include explorations of its global prevalence at different ages, associated protective and risk factors, characterization of victims and bullies and consequences on child and adolescent development. Most studies have focused on the school context as the main place where bullying takes place and has a relevant impact on psychological adjustment. Some studies suggest that certain groups of children are more vulnerable to experiences of peer victimization at school, such as immigrants, children with physical or intellectual disabilities and children with special educational needs (Caravita et al., 2020; Carter & Spencer, 2006; UNESCO, 2017). A study of 100 000 victimized youth found that around 50% were targets of bullying because of their physical appearance, their origins or their birth country (UNICEF, 2014). In addition, experiences of early adversity and abuse within the child's family have also been associated with an increased risk of bullying victimization in subsequent years (Hsieh et al., 2020).

Internationally adopted children share some characteristics with these particularly vulnerable groups and might be more likely to suffer peer victimization, compared with their community peers. For example, they have experienced early adversity, were born in other countries, may look different and are more likely to have disability or special educational needs (Miller et al., 2022). However, very few studies to date have explored the prevalence and impact of bullying victimization in internationally adopted children and adolescents. Recent studies suggest that, when compared with community samples, children adopted from Eastern Europe have more difficulties in social relationships, such as lower social skills, fewer friends and more negative sociometric status than their peers in their classrooms (Cáceres, Moreno, et al., 2021; Cáceres, Román, et al., 2021).

To partially fill the gap, the current study explores the experiences of peer victimization suffered by internationally adolescents adopted from Eastern Europe in four different European countries: France, Italy, Norway and Spain. The aim of the study was to investigate bullying victimization faced by adopted Eastern European adolescents across different European countries and its relation to their psychological adjustment.

1.1 | The phenomenon of bullying and its prevalence

Bullying is characterized by aggression or intentional harm directed towards the victim in an interpersonal relationship in which an imbalance of powers occurs (Olweus, 1993). This hostility typically repeats over time. Gladden et al. (2014) classified the main types of bullying into physical (i.e., hitting, punching and kicking), verbal (i.e., name calling and threatening) and relational (i.e., isolation, preventing interactions with others and spreading rumours). Cyberbullying (assaulting or harming others through the internet, i.e., sending harmful messages or distributing photos of a peer without their permission) is an

increasingly recognized form of peer victimization (Brochado et al., 2017; Hutson, 2016).

Some studies suggest that about 22% of middle and high school students (11–15 years) have suffered sporadic episodes of peer victimization, and about 10% have been victims of bullying in the last months (i.e., Solberg & Olweus, 2003). The most recent international Health Behavior in School-Age Children (HBSC) study assessed the prevalence of self-reported bullying in more than 200 000 young people aged 11–15 years from 45 different countries. Between 8% and 11% of the participants across nations had been victims of bullying in the previous 2 months, and between 12% and 14% had been victims of cyberbullying (Inchley et al., 2020). In particular, the prevalence of victims was similar in France (7% reported being bullied), Italy (7%), Norway (6.5%) and Spain (5%).

1.2 | The experiences of bullying victimization in children and adolescents exposed to experiences of early adversity and adoption

Social development in internationally adopted children and youths is generally similar to that of community samples in terms of quality of peer relationships, although they tend to show difficulties in forming close peer relationships (DeLuca et al., 2018) and have less developed social skills than their peers (Barroso et al., 2018). These difficulties might be related to adverse early experiences and other circumstances faced by adopted people. In particular, family neglect and abuse is associated with an increased risk of bullying victimization in the childhood and adolescence years (Duke et al., 2010; Lereya et al., 2013; Shields & Cicchetti, 2001; Xiao et al., 2020; Yoon et al., 2021). In addition, children who were institutionalized in their countries of origin and those adopted from Eastern European countries seem to present more social difficulties when compared with community samples and also to adoptees from other countries (Barcons-Castel et al., 2011; Caprin et al., 2017; Holmgren et al., 2019). These children might also have more difficulties making friends with their same-age peers (Howard et al., 2004) and are less likely to be accepted by their classmates at school (Cáceres, Román, et al., 2021).

The bullying victimization experiences encountered by internationally adopted teens have been explored in few studies (i.e., Ferrari et al., 2022; Paniagua et al., 2022). Recent studies in Spain suggest that internationally adopted adolescents aged between 11 and 15 years are no more involved in bullying or cyberbullying episodes than their non-adopted peers, with the percentage of victims being similar in both groups (Paniagua et al., 2020, 2022). Raaska et al. (2012) found that about 20% of internationally adopted children in Finland reported being victimized at school. Among the variables associated with bullying victimization, boys (vs. girls) and adoptees from Eastern Europe (vs. China) suffered greater peer victimization at school (Raaska et al., 2012). Another study, carried out in the United States by Pitula et al. (2014), found that children internationally adopted after institutionalization faced greater open and relational victimization than community samples. Adoption age also seems to be

an important factor: a higher age at adoptive placement was associated with greater victimization in the peer group (Pitula et al., 2014). In sum, previous studies have reported that adoptees from Eastern Europe who were exposed to experiences of institutionalization might be more at risk of peer victimization at school.

1.3 | Bullying victimization and its impact on psychological adjustment

In any of its forms, experiences of bullying in childhood and adolescence have short-, medium- and long-term consequences on the psychosocial adjustment and well-being of victims across the lifespan (Hong et al., 2022; Lereya et al., 2015; Modecki et al., 2014). For example, greater exposure to peer victimization is associated with higher emotional difficulties (Sjursø et al., 2016), behavioural problems, alcohol abuse (Kritsotakis et al., 2017) and an increased risk of depression, suicidal ideation and suicide attempts (Klomek et al., 2007). Longitudinal studies show that the consequences of bullying on psychosocial adjustment are observable up to 15 years after the occurrence of peer maltreatment (Ttofi et al., 2012, 2016).

Among children exposed to family abuse and neglect, a significant association has been found between peer victimization and an increased risk of school difficulties, depression and alcohol consumption (Yoon et al., 2021). In internationally adopted adolescents and youths across Europe, peer victimization has been associated with lower subjective well-being (Paniagua et al., 2020) and higher risk of emotional and behavioural difficulties (Ferrari et al., 2022). Finally, studies in this area of research are not only limited in number but also have been carried out within specific countries such as Spain, Italy or Finland. To our knowledge, there are no studies to date that have conducted comparative studies between different European Western countries in this area of research.

1.4 | The present study

This study aims to explore the experiences of bullying victimization faced by adolescents adopted in France, Italy, Norway and Spain from Eastern European countries, as well as their psychological adjustment. Specifically, the first objective focuses on exploring the adoptees' experiences of peer victimization considering the main types of victimization (physical, verbal, relational, cyberbullying) and two different grades of severity (sporadic vs. frequent victims). We also analyse the association between some characteristics of the adopted teens (gender, age, age at adoption and receiving country) with the experiences of victimization. In the second objective, we focus on exploring the levels of psychological adjustment of the adoptees, considering their emotional, behavioural and peer problems, hyperactivity and prosocial behaviour. The association between the characteristics of the adopted teens (gender, age, age at adoption and receiving country) with their levels of psychological adjustment are also analysed. The third aim is to investigate the association between the experiences of bullying

victimization suffered by the Eastern European adoptees and their psychological adjustment.

2 | METHOD

2.1 | Procedure

An international adoption research group, composed of four research teams established in France, Italy, Norway and Spain, designed a research project to explore different topics in internationally adopted adolescents and their parents. The group created a common questionnaire (including the measures presented here) that was administered to individuals in the four participating European countries (France, Italy, Norway and Spain) within the same general period (2017–2019). Participants were contacted via collaborations with different international adoption agencies, institutions and adoptive parents' organizations in each receiving country. In France, Italy and Norway, these organizations distributed the link for the on-line questionnaires inviting families to participate and posted the invitation on their websites. The participant families in Spain belonged to the *LAIS.US* study, a longitudinal study on child welfare and protection in Spain. About half of the Spanish adolescents answered the questionnaires in paper, and the other half answered the same questionnaires using tablets provided by the research team. More details about the global sample and procedure can be found in Miller et al. (2022). The research protocol in each receiving country received ethical approval from the pertinent local committees. Research was conducted in compliance with the international ethical guidelines for human research.

2.2 | Participants

Participants of this study were adolescents adopted from Eastern European countries into France (Fr), Italy (It), Norway (No) and Spain (Sp). The sample was composed of 204 internationally adopted adolescents (Fr: $n = 51$; It: $n = 59$; No: $n = 25$; Sp: $n = 69$). Some of the participants ($n = 5$) had missing values on the scales used in this study; therefore, the final sample for this study consisted of 199 adolescents. Table 1 shows the descriptive statistics of the sample.

The gender balance was similar among the participants from the four receiving countries ($\chi^2(3) = 0.32, p = .956$). The average age at time of study was 15 years ($M = 15.48, SD = 1.76$), although the participants from Norway were 2 years older, with a statistically significant difference from the other countries (all at $p < .01$). Age at placement was more varied and differed between countries ($p < .001$), with placements at an earlier age (around 30 months) in Norway and Spain, and at older ages in both France (45 months) and Italy (67 months).

2.3 | Outcome variables and instruments

The sociodemographic information and the early experiences of the teens were collected through an ad hoc questionnaire answered by

TABLE 1 Sociodemographic information, SDQ subscales and bullying mean scores.

	Total sample	France	Italy	Norway	Spain
Sample size (n)	199	50	59	25	65
Gender					
Male	120 (60.3%)	31 (62%)	35 (59.3%)	14 (56%)	40 (61.5%)
Female	79 (39.7%)	19 (38%)	24 (40.7%)	11 (44%)	25 (38.5%)
	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>
Current age (years)	15.48 (1.76)	14.64 (2.06)	15.19 (1.53)	17.03 (1.32)	15.83 (1.36)
Arrival age (months)	46.35 (35.56)	45.08 (36.20)	67.95 (44.62)	28.17 (10.00)	32.76 (15.11)
SDQ total difficulties score	12.34 (6.44)	12.66 (7.16)	11.98 (6.75)	11.16 (6.47)	12.89 (5.53)
SDQ emotional problems	3.07 (2.55)	3.12 (2.34)	2.98 (2.81)	3.00 (2.94)	3.13 (2.32)
SDQ conduct problems	2.49 (1.92)	2.76 (2.23)	2.44 (1.91)	1.84 (1.28)	2.58 (1.86)
SDQ hyperactivity	4.57 (2.39)	4.52 (2.87)	4.10 (2.22)	4.04 (2.25)	5.26 (2.06)
SDQ peers problems	2.21 (1.90)	2.26 (2.32)	2.46 (1.78)	2.28 (1.79)	1.92 (1.66)
SDQ prosocial	8.23 (1.75)	8.02 (2.21)	8.31 (1.59)	8.36 (1.50)	8.27 (1.59)
Bullying (continuous measure)	8.88 (2.91)	9.66 (3.61)	9.03 (3.28)	8.13 (1.68)	8.41 (2.08)

Abbreviation: SDQ, Strength and Difficulties Questionnaire.

the teens. This questionnaire was prepared in English, then translated into each language, pilot-tested for clarity and back-translated to English. Translations were finalized by bilingual speakers in each receiving country. All the translation process was conducted following the *International Test Commission* guidelines for cross-cultural sensitivity (ITC, 2018).

2.3.1 | Experiences of bullying victimization at school

To measure the prevalence of bullying victimization, we used *The revised Olweus Bully/Victim Questionnaire* (Olweus, 1996). The questionnaire contained one question (*How many times have you experienced these things in your school or high school in the last two months?*) and seven items that represent different types of bullying (i.e., *I was called mean names, was made fun of, or teased in a hurtful way*). Teens answered on a five-point Likert scale (*Never in the last two months, Only once or twice, 2 or 3 times a month, About once a week, Several times a week*). Following the cut-off points recommended by Solberg and Olweus (2003), teens who experienced bullying (in any of its forms) at least 2 or 3 times a month in the last 2 months were considered *frequent victims*, and teens who experienced bullying only one or twice in the last 2 months were considered *sporadic victims*. The rest of teens were considered *non-victims*. We also calculated a quantitative *total score* of victimization by averaging the items, with higher scores indicating a greater frequency of victimization. This overall score of bullying was calculated using the mean score of the seven specific items as a continuous variable (Raaska et al., 2012; Solberg & Olweus, 2003). The reliability of the scale in the whole sample of this study was $\alpha = .75$. Regarding translations to each language, these questions were taken from the HBSC study protocol, a cross-national

study of adolescent's health, in its versions in French, Italian, Norwegian and Spanish (Currie et al., 2014). The questionnaires in the HBSC protocol are translated following the rigorous procedure set up by their international protocol, which ensures the validity of cross-national comparisons of adolescent's data (Roberts et al., 2009).

2.3.2 | Psychological adjustment

To assess adjustment difficulties, the adolescents completed the self-report version of the *Strength and Difficulties Questionnaire* (SDQ, Goodman, 1997). The official versions of the instrument in French, Italian, Norwegian and Spanish, as published on the questionnaire official website (www.sdqinfo.org), were used in the four countries. The instrument contains 25 items assessed on a three-point Likert scale in 5 subscales (prosocial behaviour, emotional problems, conduct problems, hyperactivity and peer problems). Each subscale contains 5 items. A sample item is 'I am usually on my own. I generally play alone or keep to myself' (Peer problems subscale). The sum of the problems subscales creates a total difficulties score. The score on each subscale ranges from 0 to 10, and the total difficulty score ranges from 0 to 40 points. The scores were also categorized as 'normal', 'borderline' and 'abnormal', using established criteria (80% *normal*, 10% *borderline* and 10% *abnormal*; www.sdqinfo.org). The reliability index of the total difficulties score in the whole sample of this study was $\alpha = .75$.

2.4 | Data analyses

Data were entered and analysed using SPSS. The analyses included bivariate correlations among study variables, regression models, chi-

square tests, *t* tests and univariate analysis of variance (ANOVA). In all cases, chi-square tests were complemented with the effect size of the differences based on Cramer's *V* (0.10 small, 0.30 medium, 0.50 large). ANOVAs were done using Welch's *F*, an adjusted variant of *F* to correct for possible small deviations from homogeneity of variances. Effect size for Student's *t* was based on Cohen's *d* (0.20 small, 0.50 medium, 0.80 large), and for ANOVA, they were based on partial eta squared (η^2p , .01 = small, .06 = medium, .14 = large).

3 | RESULTS

3.1 | Peer victimization of internationally adopted adolescents

As shown in Table 2, 74 children (37.2%) of the total sample reported having been bullied at school once or twice in the last 2 months (sporadic victims), and 39 (19.6%) had been bullied at school at least twice or three times in the last 2 months (frequent victims). The most common forms of victimization were verbal harassment, social exclusion and relational victimization, and physical abuse and cyberbullying were reported less frequently (Table 2). Among the 39 frequent victims, 27 (69%) suffered verbal victimization, 16 (42%) suffered social exclusion, 12 (32%) relational victimization, 11 (29%) sexual gestures or jokes, 5 (13%) cybervictimization-messages, 4 (10%) cybervictimization-photos and 3 (8%) physical victimization.

Overall score of bullying victimization was $M = 8.88$ ($SD = 2.91$). There were no statistically significant differences between boys ($M = 8.70$, $SD = 2.63$) and girls ($M = 9.15$, $SD = 3.30$), $t(194) = 1.06$, $p = .291$. The percentage of frequent victims was also statistically similar in boys (19.2%) and girls (20.3%), $p = .981$. The overall score of bullying was not significantly related to the age of the participants ($r = -.096$, $p = .182$) nor to their age at adoption ($r = -.042$, $p = .569$).

Regarding the comparisons between countries, when using the overall scale of bullying, the differences among the four receiving countries tended to statistical significance ($F(3, 89) = 2.55$, $p = .061$), suggesting a trend for higher scores in France than Norway, although none of the post hoc comparisons were statistically significant (Fr – No: $p = .069$). The differences in the prevalence of non-victims, sporadic victims and frequent victims in the four countries were not statistically significant, and the effect size was small ($\chi^2(2) = 10.18$, $p = .117$, $V = .16$).

3.2 | Psychological adjustment of internationally adopted teens and youths

Adjustment difficulties as measured by the SDQ in the total sample and the percentage of participants with borderline or abnormal scores in the total difficulties scale and subscales are reported in Table 3. The percentage of adopted youths scoring in these bands exceeded 10%

in some cases (i.e., 24% of girls and 18% of boys with abnormal scores in hyperactivity).

There were statistical significant differences in the total difficulties score of the teens based on gender ($t(194) = 2.95$, $p = .004$), indicating more general adjustment difficulties in girls than boys. Gender differences were also statistically significant in the scale of emotional symptoms ($t(134) = 4.13$, $p < .001$), again with girls obtaining higher scores than boys (Table 3). In the rest of subscales, gender differences were not significant. The association between age at assessment and psychological adjustment was not statistically significant for any of the scale or subscales (Table S1). Age at adoption was not associated with any of the scale or subscales of psychological adjustment (Table S1).

The means and standard deviations of SDQ scores for the children grouped by receiving country are shown in Table 1. Differences between countries were significant only for the hyperactivity scale ($F(3, 83) = 3.58$, $p = .017$), and post hoc differences were statistically significant between It-Sp ($p = .019$), with Spanish teens scoring higher. Differences between receiving countries were not statistically significant in the total scale of difficulties nor the other subscales.

3.3 | Association between bullying victimization and psychological adjustment in internationally adopted teens

The third aim of this study was to explore the association between the experiences of peer victimization and the psychological adjustment of the adopted adolescents. The continuous measure of bullying strongly correlated with the total difficulties score ($r = .477$, $p < .001$), suggesting that more experiences of bullying were linked to higher adjustment difficulties in the sample. Bullying victimization also positively correlated with emotional symptoms ($r = .313$, $p < .001$), conduct problems ($r = .358$, $p < .001$), hyperactivity ($r = .244$, $p = .001$), peer problems ($r = .531$, $p < .001$) and negatively with prosocial behaviour ($r = -.201$, $p = .005$). In a further step, regression analyses confirmed significant associations between bullying victimization and all the adjustment difficulties. As gender was related to adjustment difficulties (as reported in the previous section), we also included this variable in the models. Bullying victimization was significantly associated with the total difficulties SDQ scale and also with each SDQ subscale (Table 4).

To explore in greater depth the association between experiences of bullying victimization and adjustment difficulties, we compared the self-reported psychological difficulties of non-victims, sporadic and frequent victims of bullying (Table 5). Adopted adolescents who were frequent victims of bullying had significantly more psychological difficulties than non-victims, with sporadic victims in an intermediate position. That pattern of results was similar for all the subscales related to difficulties: non-victims had the lowest scores in difficulties, followed by sporadic victims; whereas, frequent victims of bullying obtained the highest scores. Effect sizes for the comparisons were medium to high (Table 5).

TABLE 2 Percentage of internationally adopted adolescents who were sporadic victims or frequent victims of bullying, disaggregated by receiving country.

	France		Italy		Norway		Spain		Total sample	
	Sporadic victims n (%)	Frequent victims n (%)	Sporadic victims n (%)	Frequent victims n (%)	Sporadic victims n (%)	Frequent victims n (%)	Sporadic victims n (%)	Frequent victims n (%)	Sporadic victims n (%)	Frequent victims n (%)
Overall experience of victimization	22 (44%)	14 (28%)	25 (42.4%)	10 (16.9%)	9 (36%)	4 (16%)	18 (27.7%)	11 (16.9%)	74 (37.2%)	39 (19.6%)
Verbal harassment	9 (18%)	10 (20%)	13 (22%)	8 (13.6%)	6 (24%)	2 (8%)	13 (20.3%)	7 (10.9%)	41 (20.7%)	27 (13.6%)
Social exclusion	7 (14%)	9 (18%)	10 (16.9%)	2 (3.4%)	3 (12.5%)	2 (8.3%)	12 (18.8%)	3 (4.7%)	32 (16.2%)	16 (8.1%)
Relational victimization	9 (18%)	5 (10%)	12 (20.3%)	5 (8.5%)	3 (13%)	1 (4.3%)	14 (22.2%)	1 (1.6%)	38 (19.5%)	12 (6.2%)
Sexual jokes or gestures	7 (14.3%)	3 (6.1%)	10 (16.9%)	4 (6.8%)	1 (4.3%)	1 (4.3%)	7 (11.1%)	3 (4.8%)	25 (12.9%)	11 (5.7%)
Physical	7 (14%)	2 (4%)	3 (5.2%)	1 (1.7%)	0	0	2 (3.2%)	0	12 (6.2%)	3 (1.6%)
Cybervictimization—messages	2 (4.1%)	2 (4.1%)	5 (8.5%)	2 (3.4%)	1 (4%)	0	0	1 (1.6%)	8 (4.1%)	5 (2.6%)
Cybervictimization—photos	5 (10.4%)	1 (2.1%)	1 (1.7%)	2 (3.4%)	0	0	2 (3.2%)	1 (1.6%)	8 (4.1%)	4 (2.1%)

Note: Sporadic victims: participants who experienced bullying one or twice in the last 2 months; frequent victims: experienced bullying at least 2 or 3 times a month in the last 2 months.

TABLE 3 Mean (M), standard deviations (SDs) and percentage of internationally adopted teens in the sample with adjustment difficulties assessed with SDQ.

	Boys			Girls			Total sample		
	n	M (SD)	Abnormal n (%)	n	M (SD)	Abnormal n (%)	N	Borderline n (%)	Abnormal n (%)
Total difficulties score	118	11.25 (5.97)	9 (7.6%)	78	13.97 (6.80)	9 (11.5%)	196	18 (9.2%)	36 (18.4%)
Emotional symptoms	118	2.45 (2.14)	5 (4.2%)	78	4.00 (2.82)	6 (7.7%)	196	11 (5.6%)	22 (11.2%)
Conduct problems	118	2.36 (1.98)	10 (8.4%)	78	2.69 (1.83)	11 (14.1%)	196	21 (10.7%)	30 (15.3%)
Hyperactivity	118	4.42 (2.45)	13 (10.9%)	78	4.80 (2.29)	9 (11.5%)	196	22 (11.2%)	40 (20.4%)
Peer problems	118	2.03 (1.78)	22 (18.5%)	78	2.49 (2.04)	14 (17.9%)	196	36 (18.4%)	12 (6.1%)
Prosocial behaviour	118	8.15 (1.80)	7 (5.9%)	78	8.35 (1.67)	5 (6.4%)	196	12 (6.1%)	7 (3.6%)

Among frequent victims of bullying, 43.6% ($n = 17$) had abnormal scores in the scale of total difficulties, and among non-victims, the percentage was 8.2% ($n = 7$) for the same category. The difference in the distribution of normal, borderline and abnormal scores, according to the experiences of peer victimization, was statistically significant, $\chi^2(4) = 28.33, p < .001, V = .269$. The analyses of adjusted standardized residuals (z) indicated that frequent victims of bullying had a higher probability of abnormal scores of psychological difficulties ($z = 4.5$) and a lower probability of normal scores ($z = -4.1$), and non-victims had a higher probability of normal psychological difficulties scores ($z = 4.0$) and a lower probability of borderline scores ($z = -1.9$) or abnormal scores ($z = -3.2$).

4 | DISCUSSION

This study explores the experiences of bullying victimization endured at school by adolescents adopted from Eastern Europe, as well as their levels of psychological adjustment. The inclusion of adoptees in four different receiving countries (Italy, France, Norway and Spain) gave the opportunity to compare the experiences of teens who were placed in different countries, a comparative strategy that has not been previously used.

4.1 | Discussion of the study findings

The first objective of this study was to investigate the adoptees' experiences of peer victimization. The data from this study indicate that nearly 20% of Eastern European adoptees were frequent victims of bullying at school in the last 2 months and that an additional 37% suffered sporadic episodes of victimization (once or twice in the last 2 months). That is, more than half of Eastern European adoptees participating in this study were exposed to some form of peer victimization in the last 2 months. These percentages are in sharp contrast with those found in community samples, which have reported a proportion of frequent victims at around 10% and of sporadic victims at around 22% (Inchley et al., 2020; Solberg & Olweus, 2003). The prevalence of bullying in the present study was comparable with previous reports on international adoptees, although these prior studies did not limit their sample of international adoptees to those adopted from East Europe. For example, Raaska et al. (2012) found that 20% of international adoptees in Finland were frequent victims of bullying, in a sample of teens who were placed in their families with an average age of 3 years and after experiences of institutionalization. In the study by Paniagua et al. (2020), the prevalence of frequent victims reached 24% among international adoptees in Spain.

Differences between the four receiving countries in this study were not statistically significant and had small effect sizes (both when considering the scale of bullying and the percentage of victims), suggesting that these findings might be a common pattern for Eastern European adoptees living in Western Europe and that the causes of

peer victimization do not relate to the specific characteristics of each receiving country.

Internationally adopted children, although generally showing positive social development (e.g., Palacios et al., 2013), have circumstances that may place them at greater risk of peer victimization at school. Exposure to experiences of neglect and abuse in the biological family, institutionalization in their countries of origin or the social perception that they come from different backgrounds might place them in a situation of greater vulnerability. In the case of adoptees from Eastern Europe, this risk might be even higher than for adoptees from other countries, as other studies have reported (Raaska et al., 2012). This could be related to the generally unfavourable conditions of the institutions in which they lived, the special educational needs that a significant percentage of them present or the physical and ethnic features that could differentiate them from other children in the receiving countries (Gunnar, 2001; Miller et al., 2022). Some recent studies also suggest that symptoms of attachment disorders might be prominent among Eastern European adoptees (Román et al., 2022), and these symptoms have been linked with peer relationships problems and bullying victimization (Raaska et al., 2012).

The second objective of this work was to explore the psychological adjustment of Eastern European adoptees. Our findings are consistent with previous research in several aspects. The high prevalence of adjustment difficulties (and, especially, hyperactivity and emotional problems) in adoptees coincides with much of the international research in this area (i.e., Askeland et al., 2017). In this study, about 27% of adoptees had borderline or clinical scores for total psychological difficulties, and about 30% fall into this range for hyperactivity. Among girls, in addition, 30% had borderline or clinical emotional difficulties scores. The results are similar in the four receiving countries analysed in this study, suggesting that these results on the adjustment of Eastern European adoptees are reliable beyond national boundaries. Although some differences were detected (e.g., more hyperactivity in adoptees in Spain compared to Italy), the similarities between countries were notable, consistently with previous studies on school aged adoptees (Barni et al., 2008). The slight differences between countries might relate to factors that were not explored in this study; further research might help better understand between-countries differences.

Some studies suggest that the early years of adolescence are a key moment in the appearance of internalizing and externalizing difficulties in adoptive people (Bimmel et al., 2003; Colvert et al., 2008; Maclean, 2003; Stams et al., 2000), probably as part of the developmental changes in this period. These adjustment difficulties seem to be especially relevant in children adopted from Russia and Eastern Europe (Gunnar & van Dulmen, 2007; Palacios et al., 2013), as also supported by the results of this study. As mentioned before, this pattern of difficulties may have to do with the profile of children coming from these countries, who are typically adopted later, following experiences of early institutional deprivation and, in some cases, with symptoms of prenatal alcohol exposure (McGuinness & McGuinness, 1999). In this study, the age at placement in the adoptive family was not significantly associated with the adjustment

TABLE 4 Regression analyses on the association between bullying victimization, gender and adjustment difficulties on adopted adolescents.

	Total difficulties			Emotional symptoms			Conduct problems			Hyperactivity			Peer problems			Prosocial		
	β	SE	p	β	SE	p	β	SE	p	β	SE	p	β	SE	p	β	SE	p
	Step 1: $R^2 = .042$			Step 1: $R^2 = .085$			Step 1: $R^2 = .003$			Step 1: $R^2 = .003$			Step 1: $R^2 = .011$			Step 1: $R^2 = -.003$		
Gender (female = 1)	.22	.92	.003	.30	.36	<.001	.09	.28	.220	.09	.35	.205	.13	.28	.079	.05	.26	.499
	Step 2: $R^2 = .252$			Step 2: $R^2 = .165$			Step 2: $R^2 = .123$			Step 2: $R^2 = .055$			Step 2: $R^2 = .282$			Step 2: $R^2 = .035$		
Gender (female = 1)	.18	.82	.004	.28	.34	<.001	.06	.27	.369	.07	.34	.301	.09	.24	.165	.07	.25	.362
Victimization	.46	.14	<.001	.29	.06	<.001	.35	.05	<.001	.24	.06	.001	.53	.04	<.001	-.21	.04	.004

TABLE 5 Differences in the adjustment difficulties of frequent victims, sporadic victims and non-victims of bullying.

	Non-victims (NV, n = 85)	Sporadic victims (SV, n = 72)	Frequent victims (FV, n = 39)	Comparison			NV-SV Post hoc p	NV-FV Post hoc p	SV-FV Post hoc p
	M (SD)	M (SD)	M (SD)	F	p	Effect size (r^2)			
Total difficulties	9.71 (5.21)	13.14 (6.35)	16.59 (6.48)	18.98	<.001	.17	.001	<.001	.023
Emotional symptoms	2.28 (2.31)	3.43 (2.51)	4.10 (2.64)	8.50	<.001	.08	.010	.001	.399
Conduct problems	1.95 (1.63)	2.60 (1.93)	3.46 (2.11)	8.41	<.001	.09	.069	.001	.093
Hyperactivity	3.93 (2.35)	4.79 (2.32)	5.54 (2.27)	6.99	.001	.07	.058	.001	.234
Peer problems	1.54 (1.51)	2.32 (1.79)	3.49 (2.19)	13.96	<.001	.15	.011	<.001	.016
Prosocial	8.59 (1.39)	8.07 (1.75)	7.74 (2.27)	3.54	.033	.04	.108	.090	.716

difficulties of adolescents. It is possible that, as suggested by Askeland et al. (2017) meta-analysis, mean age at adoption is a crude measurement that does not capture the variability in the preadoption circumstances. Looking to the future, it is necessary to continue investigating the pre-adoptive variables that could be associated with the socio-emotional adjustment of adoptees over time.

It is also possible that certain post-adoptive experiences could also compromise the psychological adjustment of these teens. Among these, peer relationships at school could have a considerable effect. The third objective of this work was to explore the association between peer victimization experiences and the psychological adjustment of adolescents adopted from Eastern Europe. The data from this study consistently show that experiences of victimization at school have a relevant connection with the overall psychological adjustment of adolescents adopted from Eastern Europe in Italy, France, Norway and Spain, with greater experiences of peer victimization associated with greater psychological adjustment difficulties. Among frequent victims of bullying, 44% obtained abnormal scores on the global scale of difficulties, and this percentage was 8% for the non-victims.

These results are consistent with the findings of community-based population studies, which have extensively documented the association of peer bullying and children and adolescents' socioemotional development (e.g., Sjørsø et al., 2016), with longitudinal data documenting the impact of bullying on adjustment difficulties (Murphy et al., 2022). Previous studies with Eastern European adopted children have reported significant social integration

difficulties in this population in Spain (Cáceres, Román, et al., 2021). The data in this article confirm that such difficulties, found by Cáceres, Román, et al. (2021) in the school-age period of Spanish adopted children, also occur in other European countries and that they may be maintained throughout adolescence.

Globally, research in adoption has tended to focus on pre-adoptive conditions as the main explanatory factors of the difficulties of these children, analysing in detail the impact of variables such as early adversity or institutionalization. This study suggests that certain post-adoptive conditions, such as experiences of victimization among peers, might play an important role in the adjustment difficulties of adopted children. Looking ahead, it is important to take into consideration the relation between pre- and post-adoption variables to disentangle and try to explain the development and adjustment of adolescents adopted from Eastern Europe.

4.2 | Strengths, limitations and practical implications of the study

The inclusion in the sample of adoptees living in different countries (France, Italy, Norway and Spain) is unusual in existing research and a clear strength of this study. That confirms that, with some caution, the findings from this study could be generalized to children adopted from Eastern Europe to other Western European countries. However, access to these specific samples is difficult and so the sample size and

sample characteristics were not equivalent in all the receiving countries. We focused only on adopted teens and compared their bullying experiences and adjustment with normative data, but the inclusion of a community group of non-adopted peers would be a necessary step for further studies in this area. The bullying questions focused on the experiences at school, so further studies could also explore broader social contexts. Another limitation of the study is that the main variables were self-reported by adolescents. Future efforts could include data from other informants, such as peers' perceptions of bullying experiences or parents' ratings of adjustment difficulties. Finally, although we hypothesized that the experiences of peer victimization would affect the adjustment difficulties of the teens, the information on both variables was collected at the same time point, so the directionality of this relation could not be confirmed. Theoretical background and recent longitudinal studies support the idea that bullying experiences in late childhood impact psychological adjustment in adolescence (Murphy et al., 2022). Nevertheless, it could also be possible that the psychological difficulties affect the adolescent's experience and perceptions of victimization (i.e., Giletta et al., 2010). Future studies on adopted people could benefit from longitudinal approaches to assess how the experiences of bullying and victimization in childhood affect psychological adjustment in the adolescence and emergent adulthood years.

The fact that more than half of adopted adolescents from Eastern Europe experienced bullying at school is quite concerning. It is important to raise awareness of this reality in schools and the community and to design and implement school programmes focused on promoting positive peer relations and preventing bullying, addressing the specific needs of adopted children. Specific training for teachers would also be important, as well as updated intervention protocols for these situations of victimization in schools (i.e., Palacios et al., 2014). In addition, greater visibility of adoption and family diversity in society could help to reduce prejudices and negative behaviours towards these groups of children.

The psychological adjustment difficulties found in a great number of adopted teens in this study were also remarkable. Despite having spent most of their lives in their adoptive families, many of these teens show considerable emotional and behavioural difficulties. It is important to provide psychological support in their close environments such as their families, the school and the community, to be alert to early signs of difficulties and intervene at early stages. Adoptive parents and schools should be places of solid emotional support for these adolescents, where they feel secure to openly talk about their specific needs and demands. There should also be local support networks for these adolescents and their families, where they can share experiences and strategies to face their socioemotional difficulties.

Finally, the data from this study support the idea that the socioemotional development of adopted persons is not only linked to their pre-adoptive experiences. Factors in their daily lives, such as their peer relationships, may be associated with their psychological adjustment later in life. Adopted persons may face different challenges and developmental tasks at each stage of their lives, and

research and intervention must work together to promote their long adjustment and well-being.

4.3 | Conclusions

Most children adopted from Eastern Europe join their adoptive families after early adversity. The children must integrate not only into a new family but also into social contexts; this latter process might be particularly challenging. This study shows that a high percentage of these teens have a high probability of peer victimization. This might be due to their adoption status. Furthermore, adopted adolescents who are victimized tend to present more psychosocial adjustment difficulties. Interventions to promote the well-being of these teens should go beyond the family context and take place in the school and social context too (i.e., Cornell & Crowley, 2021). The educational context should promote the inclusion of these groups of children, working with effective bullying intervention programmes (i.e., Earnshaw et al., 2018).

AUTHOR CONTRIBUTIONS

All authors have made substantive intellectual contributions to this study. All authors read and approved the final manuscript. IC: conceptualization, methodology, formal analysis, investigation, data curation, project administration, writing—original draft, writing—review & editing; JP: conceptualization, writing—review & editing, visualization, supervision, funding acquisition; LF: conceptualization, validation, investigation, data curation, writing—review & editing, project administration; SR: conceptualization, methodology, investigation, data curation, writing—review & editing; RR: conceptualization, methodology, investigation, data curation, writing—review & editing; LM: conceptualization, methodology, investigation, writing—review & editing, supervision, project administration; ST: investigation, resources, data curation, writing—review & editing, project administration; PC: conceptualization, investigation, writing—review & editing, visualization; MP: conceptualization, methodology, investigation, project administration, writing—review & editing; MR: conceptualization, methodology, investigation, writing—original draft, writing—review & editing, supervision, funding acquisition.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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