An Insight on Adopted Children

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Introduction

As the practice, accessibility, and acceptance of adoption has increased, the need for and the extent of research has also increased. At the same time, there has been an intensification of general curiosity, in addition to increased misconceptions around adoption. Therefore, research in this area aims to uncover and educate people on the benefits, potential harms, and other sociological and psychological impacts of adoption. While research into this area is beneficial to supporting adoptive families and enhancing the efficiency of the various agencies, it is also extremely vital in contributing to healthy adoption processes, integration, and for the adopted children's development. As an adopted child myself, it is an honour to be able to bring attention and clarity to this unique, beautiful version of childhood. The goal of this research paper is to provide insight into the struggles, the potential developmental risks, and the distinct characteristics of adopted children, while also examining the potential solutions for these challenges. This will be accomplished through a literature review of statistics, data, and other scholarly evidence. One additional goal of this paper is to bring attention to the strengths and limitations of some of the past adoption studies and to explore and suggest more dynamic ways of obtaining data for the future.

Understanding the Basics

In order to understand the complexities of adoption, we must first outline and describe the basic principles surrounding adoption. It is important to be conscious that there are different classifications of adoption, and that each classification has its own unique impacts on the adopted child. Hilborn (2006) defines the current modes and systems of adoption. The first mode is public adoption, which involves provincial agencies and government funding. The second mode is private adoption, which is organized and coordinated through private agencies. Through either of these systems, birth mothers' and/or birth parents' have the choice of open or closed adoption. Open adoption allows the birth family to choose the adoptive family with the option of keeping in contact with the child and adoptive family following the adoption; while closed adoption is processed with the goal of maintaining the privacy of the birth mother or birth family. Essentially, in the case of

closed adoptions, contact between the birth and the adoptive family is limited or nonexistent. It is important to note that through any of these means of adoption, there is also the presence of hard-to-place or special needs children. These children are usually "over one year old, possibly physically or mentally challenged, belonging to a racial or ethnic minority, or having a history of difficult foster or adoptive placement" (Hilborn, 2006).

As you read this paper further, it is crucial to note that although "adopted children and their adoptive families represent a distinct population at risk for a range of developmental difficulties… these difficulties are not deterministic and many adoptees demonstrate resilience" (Chobhthaigh & Duffy, 2018, p. 70).

Literature Review

At first glance, it is easy to assume that adoption carries potential burdens for the child, and research has supported that "adoption may make normal childhood issues of attachment, loss, and self-image even more complex" (Baxter, 2001, p. 281). However, there is a danger of these risks being over generalized and creating stigmas around adoption despite the fact that "being adopted does not necessarily mean that an individual child will have difficulties" (Suwalsky et al., 2008, p. 102).

According to Drustruo (2016), it is not unlikely for adopted children to feel loss, shame, and/or abandonment as a result of their circumstance. And while these feelings are normal, without the proper resources, "these difficulties may impede healthy psychological development" (Drustruo, 2016, p. 1). This is why it is vital for adoptive parents, as well as foster parents, or any other adult involved in the adoption process, to be informed and able to detect warning signs of distress in the child. These warning signs may be obvious or may be inconspicuous. Baxter (2001) lists some of the observable behaviour signs as aggression, anger, withdrawal, or sadness. Some of the more hidden or hard to observe warning signs may be problems connected to self-image or self-understanding, feelings of grief, feelings of not fitting in, or any other negative internal emotions. Additionally, Drustrup (2016) defines a potential issue called the "primal wound", which occurs when a postnatal separation from the biological mother imprints the infant with a sense of abandonment and loss" (p.2). To acknowledge this, post-adoption (or specialized services for foster families) services should be easily accessible and taken advantage of by the adoptive families. Although not all adopted children will feel the effects of the primal wound, all "adopted children have suffered at least one discontinuity in their caregiving environment. For whatever reason, they were separated from their primary caregivers to be adopted" (Tang et al., 2018).

Furthermore, while all adoptions and adoptees are unique, according to The Rudd Adoption Research Program (n.d) and their analysis of a study on adopted children, it is prevalent that children show curiosity about their birth families" (Rudd Adoption Research Program, n.d). To aid the child in managing their feelings in a healthy and productive way, there are various outside agencies and resources, as well as strategies for at home use.

Outside of the home, there are agencies that supply mental health services and other resources for adoptive families to promote the child's healthy psychological development by ensuring any potential stresses or negative feelings are acknowledged and addressed. These services may include,

> Counseling for families, including assistance with children's attachment issues, guidance in responding to adopted children's emotional, behavioural, and developmental issues, crisis intervention services, counseling for children, including groups for older children, [and] specialized children's treatment services, including psychiatric residential services and drug and alcohol treatment (Freundlich, 2007, p. 2).

These services are meant for any and all adopted children and their adoptive or foster families, regardless if the child is showing visible signs of struggling or not.

Inside the home, Baxter (2001) emphasizes the importance of being open with the child about their adoption. Not only does this aid the parents in the process of the adoption, but it creates "an environment that is conducive to a child asking questions about [their] adoption" (Baxter, 2001, p. 281). This approach is most efficient when the story of the adoption is repeatedly told from a young age with emphasis on explaining that the child was placed for adoption in plans for a better life and more advantageous future. Openness inside the home is especially important as people outside of the home such as peers or other family members may not understand adoption enough to provide sufficient support. Drustrup (2016) states that an all too common reaction to someone being adopted are the words, "you're so lucky" (p. 1). He explains that although many adoptees are indeed appreciative of their adoption, this phrase overlooks and dismisses the negative emotions that adoptees commonly experience. As a consequence, "adoptees can feel coerced into silence regarding adoption questions that they may have" (Drustrup, 2016, p. 3). It may be a fine line, but it is important to acknowledge the adopted child's grief and allow them space to talk about it without pitying them.

Confronting Research

Research done by Zill and Wilcox (2018) provides evidence on how adopted children perform in an academic setting in comparison to non-adopted children. The 2016 study included 436 adopted students out of a sample of 14,071 elementary, middle, and high school students. The research illustrates that over the span of a year, adopted children were three times as likely to have their parents contacted with regard to behaviour problems and three times as likely to be suspended or expelled. Also highlighted by the study was that "adopted children were diagnosed [with] attention deficit disorder (36%), specific learning disability (23%), speech impairment (16%), and developmental delay (15%). All of these proportions were significantly higher than those for non-adopted students…" (Zill & Wilcox, 2018). On the other hand, the researchers recognized that there may have been potential influences on their data, such as substance abuse or mental illness of birth parents, or even neglect. Their results even show that "many adopted children *do* perform well in school, learning up to their potentials and getting along well with other pupils" (Zill & Wilcox, 2018).

In a critical sense, it is important to note that while this study recognized certain outside influences, it failed to actively take these influences into account before conducting their research,

as well as failing to provide information on the specific types of adoption that these students experienced. It does not analyze the data based on categories, such as the age of the student at the time of adoption. Children that have been in the system such as in foster homes will have had very different developmental paths than those adopted as infants. This is especially an important factor when taking into consideration the quality of the foster home or any childcare previous to the adoption.

Chobhthaigh and Duffy (2018) claim that "significant heterogeneity across [some] studies limits the conclusions that can be drawn" (p. 69). Christoffresen (2012) also brings attention to the concerns around research using inadequate comparison groups, small samples, and retrospective methods. Therefore, an imperative limitation is that the study blankets its findings over the term 'adopted' while not accounting for other developmental variables that may have contributed to certain behaviours or conditions.

For example, a more specific study demonstrated that "children adopted after their first birthday show a delay in their physical development" (Christoffersen, 2012, p. 221). This information is much more valuable in that it provides a specific explanation for developmental delay in adopted children, and it is therefore easier to construct effective solutions around this issue based on the findings of this study.

It is essential that data is not presented in a way that portrays children as victims of their adoptions. This can cause a false negative stereotype around adoption and adopted children, as well as potential for the child to think there is something wrong with them. Being aware and educated about this issue and the circumstances around adoption is the first step in avoiding or buffering its effects. For instance,

> There is some similarity between the symptoms of grief and symptoms associated with attention deficit/hyperactivity disorder; care givers must be wary to not label a child with attention deficit/hyperactivity disorder when, in fact, the child's behaviour is consistent with a normal grieving process (Baxter, 2001, p. 282).

This issue should be taken into account when reviewing data that involves adopted children's mental or physical health differences in comparison to non-adopted children. For example, according to a study, "majority of adoptive parents reported that a health or education professional had told them that their child had a condition that affected their ability to learn, get along with other children, or engage in physical activities" (Zill & Wilcox, 2018). As we've come to understand, these 'conditions' may just be the natural symptoms of the child's grief and/or distress around their adoption. On the other hand, the adopted child may indeed be suffering from psychological or physical development issues as a result of their circumstance.

These issues may also be amplified by not receiving the proper support from a young age. It is important to keep in mind that if the child is too young to voice or even understand their feelings, it may be difficult for parents or caregivers to observe or identify these feelings and take action to prevent severe distress or developmental complications. This demonstrates why it is vital for adopted or foster children to see professionals and participate in specialized therapies as soon as possible.

Conclusion

The efficiency and benefits of adoption have come a long way, as well as the resources available to help individuals and families navigate the system. The research surrounding adoption is vital to obtaining a better understanding of the concept and has proven its ability to do so. Research is also the first step to creating solutions and development of resources that will continue to further alleviate the stresses of adoption on the children and those involved in the process.

However, when reading about or interpreting studies regarding adoption and adopted children, it is important to take into consideration whether the study obtained information from the birth parents, adoptive parents, foster parents, or any other adult speaking *for* the child. It is also critical to understand that each adoption story is unique, meaning that each adopted child will experience adoption and develop through childhood in different stages. A child's development is dependent upon so many variables including the age at the time of adoption, the health of the birth mother during pregnancy, the quality of parenting before the child was placed in a new home, whether or not they were placed in foster care and if so, for how long and with how many other children. There are endless questions regarding adoption, meaning research must be more specific if we are to support healthy development and happy lives for adopted children.

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