LOOKING FOR CLUES, RECENT RESULTS IN ADOPTION RESEARCH
An overview of the ADOC presentation at the EurAdopt Conference Open Days, April 28th 2012, based on scientific publications from 2010 - 2012
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Detective stories: institutions and the brain
Before birth the development of the brain is mostly under genetic control (except e.g. alcohol, smoke and drugs), after birth the child’s experiences have a major impact on further development. Adverse experiences or lack of stimuli may lead to underspecification and miswiring of circuits in the brain.
Vulnerability to an adverse environment may partly be genetic, as is found for the serotonin promotor gene 5HTT. Scientists have found that this gene has two varieties, one of which protects against vulnerability to adverse environment.
However, this vulnerability can be influenced by adverse circumstances such as living in an institution where neglect and abuse is experienced: this may cause methylation of the protective gene and an increase in vulnerability.
Several large studies have shown the adverse effects of institutional deprivation on the brain. Examples are the ERA study: English and Romanian Adoptees (Rutter, Mehta et al, comparison between English and Romanian adoptees) and the BEIP: Bucharest Early Intervention Project (Zeanah et al ; comparison between institutional and foster care).
Early life deprivation in institutions may cause reduction or alteration of brain development, changes in select areas of the brain, and impact on the communication between brain structures.
Effects have been found on emotional, cognitive and executive functions, on attachment, stress, behaviour, and motor development.

Sensitive periods
An important finding is that for several features studies suggest a kind of stepwise mechanism in which the system is ‘open’ to change and adaptability during a sensitive period. After that the capacity for change may remain, but more energy is required (adoption/foster care, therapy).

<table>
<thead>
<tr>
<th>In institution from birth till</th>
<th>Adverse effects found</th>
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<tr>
<td>4-6 months</td>
<td>no increase in rate of long-term adverse effects</td>
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<tr>
<td>6, 12, or 18 months</td>
<td>parent-rated behaviour problems, security of attachment</td>
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<tr>
<td>15 months</td>
<td>language (speaking and understanding)</td>
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<tr>
<td>18 months</td>
<td>parent-reported executive functioning</td>
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<tr>
<td>24 months</td>
<td>IQ, security of attachment, EEG coherence</td>
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From Zeanah et al, 2011.
This implies important consequences for policy and practise:
While rules increase and become more complicated – in order to prevent child trafficking and illegal adoptions – they at the same time increase delay, whereas results from scientific studies show, that the children’s interests are best served by a sense of urgency: the sooner the children are out of institutions, the better.

**Foster care versus institutional care**

Several studies have shown that foster care had positive effects on the children in various developmental areas. This was clearly shown in the Budapest Early Intervention Project with well trained foster parents. A study on Chinese adoptees raised in institutions or in foster families before adoption has shown advantages in the latter with respect to aspects as responsiveness, security of attachment and cognitive development. Not however with respect to disorganized attachment, physical development and hormonal stress regulation. A study on foster care showed that lack of resources and shortcomings in quality may counteract positive results. A comparison between long-term foster care and adoption showed better performance of adoptees as compared to foster children.

**The importance of racial, ethnic and cultural background**

A review of the literature shows no overall evidence on the importance of ethnic, racial and cultural identity for adoptees; it is considered to be one aspect of the total identity. In minorities the feeling of marginality because of racial identity, but not because of ethnic identity may lead to decreased self esteem. However, exposure to diverse cultural experiences increased ethnic identity and was positively related to personal growth and self esteem. Parental support plays a fundamental role.

Several authors show that awareness about racial, cultural and ethnic background may be important, but it is not easy for adoptive families to implement this within the families. Research shows that there is little or no integration with people of the children’s race/ethnicity; adoptive families use post adoption support groups, education or online resources. The families show more cultural than racial socialization. Their cultural socialization may be like a kind of cultural tourism, a selective appropriation and consumption of renovated cultural symbols, artefacts and events. This may result in a ‘staged authenticity’. Adoption children often fail to develop hybrid identities and adult adoptees may feel that they exist on the margin of two cultures.

**Medical issues**

**Hepatitis A**

To prevent transmission of hepatitis A, the American Academy of Pediatrics recommends a Hepatitis A vaccination for adoptee household members and close contacts, when children are adopted from countries with high or intermediate rates of hepatitis A infection.
Schizophrenia
A disease like schizophrenia in the birth family of an adoptee increases the risk of the adoptee suffering from schizophrenia later in life. The adoptive family environment is usually a protective factor, but a disadvantageous adoptive family environment may increase the risk, especially in adoptees with genetic vulnerability.

Literature from the ADOC database


