



Pre-adoption adversities and adoptees' outcomes: The protective role of post-adoption variables in an Italian experience of domestic open adoption



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ABSTRACT

Academics agree that pre-adoption adversities are determining factors in post-adoption adjustment. However, few studies have yet to explore the role of factors intervening in the adoption process and the interplay between the child and adoptive family variables. Specifically, little is known about how the impact of early adversities is moderated by post-adoption factors to produce specific outcomes.

The present study concerning domestic adoption explored the adjustment of 37 adolescents and 22 emerging adults (with age ranging between 11 and 18 and 18 and 24 years, respectively), adopted through an Italian form of open adoption, and analyzed the quality of adoptive family relationships and adoptees' attachment as possible moderating variables in the relation between multiple pre-adoptive risk factors and adoptees' outcomes. Pre-adoption stressors were derived from the official adoption files. The Family Environment Scale, Adult Attachment Interview and its modified version for adolescents were used to assess the two possible moderators. Psychological distress and wellbeing were the adoptees' outcomes, with the first being assessed through the Youth Self Report and the Symptom Checklist-90 revised to fit each age group, and the second being assessed through the Multidimensional Self-Esteem Test for the first age group and the Psychological Well-Being Scales, for the second age group. To treat the sample as a whole, the outcome measures were standardized within each group. Results of a path-analytic model with Process showed that the two moderators were significant only in the prediction of adoptees' distress: more specifically, attachment moderated the impact of age of first placement, type of foster care and the presence of biological children in the adoptive family, while the quality of adoptive family relationships moderated the impact of the frequency of birth-family contacts. Overall, the findings support the suggestion that attachment security and good current family relationships can mitigate the negative impact of pre-adoptive stressors on adoptees' later functioning, acting as protective factors.

1. Introduction

In line with the suggestion that adoption status represents a risk factor for later adjustment (Verrier, 1993), consistent findings show that adopted children exhibit poor outcomes: adoptees are more likely than non-adopted peers to display behavioral problems (Hawk & McCall, 2011; Juffer & Van IJzendoorn, 2005a, 2005b; Keyes, Sharma, Elkins, Iacono, & McGue, 2008; Merz & McCall, 2010; Wierzbicki, 1993).

Studies on adopted youths have shown that, when compared to their non-adopted counterparts, adoptees are more likely to be in the clinical range for behavior disorders (Barth & Miller, 2000; Brodzinsky, Schechter, Braff, & Singer, 1984; Lipman, Offord, Boyle, & Racine, 1993), have lower family functioning and often require family therapy

(Dhami, Mandel, & Sothmann, 2007; Leung & Erich, 2002). Furthermore, adoptees fare worse than non-adoptees on other variables such as depression, anxiety (e.g., Borders, Penny, & Portnoy, 2000; Cubito & Obremski Brandon, 2000; Tieman, Van der Ende, & Verhulst, 2005a, 2005b) and social and school engagement (Vandivere, Malm, & Radel, 2009).

However, contrary evidence has highlighted that most adopted children show substantial catch-up growth and developmental gains (Rutter et al., 2007; Van IJzendoorn & Juffer, 2006); even if adopted children keep lagging behind their non-adopted peers in several areas of development, effect sizes in most areas are relatively small (Van IJzendoorn & Juffer, 2006). For example, when self-esteem is considered in meta-analyses involving a large number of studies and participants, adoptees did not differ from their non-adopted peers in any

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age range, from childhood to adulthood (Juffer & Van IJzendoorn, 2007). Moreover, although adoptees displayed more internalizing or externalizing behavior problems than non-adoptees, meta-analytic evidence has shown that the effect sizes ($d = 0.16$ and $d = 0.24$, respectively) were small, indicating that the large majority of the adoptees were well adjusted (Juffer & Van IJzendoorn, 2005a, 2005b). Indeed, most adopted teenagers/young adults have good mental health (Collishaw, Maughan, & Pickles, 1998; Feigelman, 1997; Rushton, Grant, Feast, & Simmonds, 2013; Storsbergen, Juffer, van Son, & Hart, 2010), satisfying levels of global self-esteem as well as that related to the quality of the relationships with others (Cederblad, Höök, Irhammar, & Mercke, 1999) and appear to be satisfied with their lives (Storsbergen et al., 2010). Nevertheless, examining the mental health of domestic adult adoptees, a recent study found small yet significant differences in favor of the non-adopted peers (Dekker et al., 2016) and fewer mental health problems among domestic adoptees than international adopted peers.

Overall, these inconsistent findings highlight the importance of taking into account specific factors in order to reliably predict possible outcomes: for example, among adoptees' characteristics influencing outcomes, gender has been considered an important variable, because studies have tended to show higher rates of mental health difficulties for adopted men (Collishaw et al., 1998; Storsbergen et al., 2010; Tieman et al., 2005a, 2005b), probably because adjustment problems may be more strongly genetically influenced in males than in females. Besides gender, factors related to the type of adoption (international vs. domestic, closed vs. open adoption, later vs. early adoption), the age of assessment (children vs. adolescents or youth/emerging adults), the type of measures (self-report, teacher or parents assessments, observational data) might also explain the differences in the findings reviewed above. In fact, not all adoptions are associated with the same level of risk, as some sub-samples present more pre-adoption adversities, genetic risk factors and/or more negative caring experiences.

There is a general consensus that pre-adoption adversities are determining factors for post-adoption adjustment (van IJzendoorn & Juffer, 2006) and there has been great research attention aimed at identifying the early precursors of later problems; firstly, adverse perinatal factors might undermine later adjustment: adoptive children often have low birth weight, experience premature birth and neonatal drug withdrawal (Van der Vegt, van der Ende, Ferdinand, Verhulst, & Tiemeier, 2009); they might display chronic illness and different forms of disability (Fernández-Molina, 2008) and can encounter developmental delays over time (Juffer & van IJzendoorn, 2009).

Besides the risks associated with the child, great research attention has been devoted to dysfunctional caregiving within the birth family, such as maltreatment, abuse and neglect. Studies on adoptees have shown that early inadequate relationships experienced by these children weaken their sense of safety and self-worth, undermine their ability to form secure attachments and trusting relationships (Howe, 2003) and that psychological deprivation has a long lasting impact on their adjustment (MacLean, 2003). Specifically, pre-adoptive neglect has been found to be linked to behavioral problems (Tan & Marfo, 2006), physical abuse predicts externalizing problems (e.g., Simmel, Brooks, Barth, & Hinshaw, 2001), whereas early maltreatment predicts adoptees' antisocial behavior (Grotevant et al., 2006).

After the breakdown of primary relationships, adopted children generally face one or more placements either in institutions or foster families, which increase uncertainty in their lives and therefore the risk of encountering adjustment problems in later life. Findings show that children experiencing multiple pre-adoptive placements may exhibit learning and behavioral difficulties (Logan, Morrall, & Chambers, 1998; Newton, Litrownik, & Landsverk, 2000; Raaska et al., 2012; Smith-McKeever, 2004), especially externalizing and oppositional children (Lewis, Dozier, Ackerman, & Sepulveda-Kozakowski, 2007; Rubin, O'Reilly, Luan, & Localio, 2007; Van der Vegt et al., 2009). Institutional care can be prolonged, characterized by a very low quality of care

(Rutter, 1998) and it is likely to expose the child to extreme life events (Brodzinsky & Schechter, 1990; Dozier & Rutter, 2008). Indeed, this kind of experience predicts later behavioral problems (Hawk & McCall, 2010) and post-institutionalized (PI) children have been reported to be more likely to encounter such problems, as compared to non-adopted children reared in their birth families and children adopted from non-institutional settings (MacLean, 2003; Rutter et al., 2007). Both children adopted from institutional settings and those with previous failed foster care experiences have an upper risk of attachment disturbances (Bruce, Tarullo, & Gunnar, 2009; Smyke, Dumitrescu, & Zeanah, 2002) and are not classifiable according to traditional attachment assessment systems (Bakermans-Kranenburg et al., 2011).

Follow-up studies investigating mental health among young adults who underwent international adoption when they were young do not always support the negative impact of pre-adoptive institutionalized experience. On one side, the English and Romanian international adoptees study (Sonuga-Barke et al., 2017) showed that young Romanian adult adoptees who had experienced > 6 months of pre-adoptive institutionalization reported higher levels of symptoms, compared to both Romanians with < 6 months of such experience and English adoptees with no pre-adoptive deprivation, indicating that the lasting psychological impact of negative experiences seems insusceptible to environmental enrichment and support received in adoptive families. On the contrary, the British Chinese Adoption Study (Rushton et al., 2013) shows that the timing and extent of exposure to depriving orphanage care did not influence outcomes: Chinese women who were adopted into the UK within the first six years of life showed comparable adjustment in comparison with non-orphanage adopted and non-adopted age-matched UK women. Nevertheless, participants' reports of poorer quality adoptive family experience was significantly associated with poorer mental health outcomes, suggesting that positive adoptive experiences are related to mid-life psychological and social functioning.

Age at time of adoption has also been targeted as a possible predictor of later outcomes: late-adopted children are often considered as having "special needs" (Wilson, 2004) because of their higher rates of problems compared to earlier-adopted children (e.g., Bruce et al., 2009; Camras, Penman, Wismer Fries, & Pollak, 2006; Kreppner et al., 2007; Rutter et al., 2010; Tan, Major, Marn, Na, & Jackson, 2015; Van IJzendoorn, Juffer, & Poelhuis, 2005; Vandivere & McKlindon, 2010); nevertheless, findings on the impact of age at time of adoption on development are inconsistent (e.g. Barcons et al., 2012; Escobar, Pereira, & Santelices, 2014; Gleitman & Savaya, 2011; Raaska, Elovainio, Lapinleimu, Matomäki, & Sinkkonen, 2015; Wierzbicki, 1993), and seem to suggest that this variable is a powerful predictor only in combination with other pre-adoptive risk conditions (Elovainio, Raaska, Sinkkonen, Mäkipää, & Lapinleimu, 2015; Hawk & McCall, 2010; Hussey, Falletta, & Eng, 2012; Juffer & Van IJzendoorn, 2005a, 2005b; Merz & McCall, 2010).

In sum, it appears difficult to trace a complete map of links between pre-adoptive adversities and specific adjustment outcomes; and this is why, in recent years, scholars have preferred to examine the influence of cumulative risk factors (Jiménez-Morago, León, & Román, 2015). For example, when examining together more pre-adoptive risk factors, Nickman et al. (2005) found that multiple placements, parental abuse and neglect, in-utero exposure to drugs and institutional rearing can represent traumatic experiences associated with adjustment problems.

1.1. The protective role of the quality of adoptive family relationships and attachment organization

While most adoption studies have examined adoption outcomes, very few have paid attention to the adoption process and to psychosocial and contextual factors which might intervene by increasing or buffering the risk associated to the adoptee's adjustment (Palacios & Brodzinsky, 2010; Sánchez-Sandoval & Palacios, 2012). Research highlights the importance of strong relationships and positive family

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