

1 Introduction

The study of adopted children and their families has a long and rich history, dating back almost a century. Research and scholarly articles on adoption have been authored by professionals in numerous countries and multiple disciplines, including psychology, psychiatry, behavior genetics, social work, sociology, neuroscience, anthropology, history, law, and education. This area of study has contributed to a better understanding of some of the most important questions addressed by developmental and family researchers and scholars such as: (a) To what extent is development influenced by genetics versus environment? (b) What is the impact of early adversity and trauma on children's developmental trajectories? (c) To what extent and under what conditions are children able to recover from early adversity, and is there a critical period after which previously experienced adversity has an enduring consequence? (d) Is there an ideal family form in support of children's well-being, and are children disadvantaged when they are reared outside of their biological family? (e) How are children's self-esteem and identity affected when they grow up outside of their family of origin, as well as outside of their racial, ethnic and cultural heritage? (f) What ecological factors shape children's development and adjustment? (g) When individual and family adjustment go awry, what type of services and supports facilitate emotional healing and healthier family relationships? In keeping with the spirit of the series, *Elements of Child Development*, we explore these questions in the context of research and writings on adopted children and their families. Before doing so, however, it is necessary to review some important trends in adoption practice and adoptive family life to highlight the tremendous diversity that characterizes the makeup of adoptive families and the lived experiences of adopted individuals. We also highlight different theoretical approaches to the study of adopted children and their families.

1.1 Historical and Contemporary Trends in Adoption

Adoption involves the legal transfer of parental rights and responsibilities from biological parents to adoptive parents. Depending on the country in which a family resides, adoption is governed by national, regional, or state law. Although there is considerable diversity in how adoption is practiced from country to country, the legal basis of adoption can be traced to the earliest civilizations. Adoption is referenced in the Bible and in the codes and laws of such ancient societies as the Babylonians, Egyptians, Hebrews, Hindus, and Chinese. Unlike today, most adoptions in ancient societies involved the adoption of adults, typically males, and was a vehicle to ensure inheritance rights and the continuity of the family, to meet the requirements to hold public office,

for religious purposes, or to forge an alliance between separate, but potentially rival, groups (French, 2019).

In most countries, the shift in adoption practice toward focusing on the interests of vulnerable children did not emerge until the mid-nineteenth to early twentieth centuries. In the United States, for example, the first adoption statutes were passed by the state of Massachusetts in 1851. For the first time, there was an explicit recognition in law that adoption was to promote the welfare of children needing placement outside of their biological family. Although other states soon passed similar legislation, it was not until 1929 or thereafter that other states and different countries instituted some form of judicial oversight regarding adoption. Initially, adoption involved children born in the same country as the adopters (domestic adoption). However, for reasons to be discussed below, intercountry adoptions, and in some countries, foster care adoptions, emerged as alternatives for those wishing to adopt. Together with other changes that will also be examined, such as the emergence of open adoption or adoption by gay and lesbian adults, adoption has become a complex phenomenon that affords new opportunities and concerns for children and adults as well as for those interested in the study of this form of family life, parenthood, and identity.

1.2 Characteristics of Adopted Children, Adoptive Parents, and Adoptive Families

What type of children are most often adopted and who are viewed as suitable to be adoptive parents? The answers to these questions are complex, have changed over time, and vary from one country to another. As the birth rate declined following World War I and the influenza epidemic of 1918, US public interest in adoption as a form of family building increased dramatically, a change that also occurred in other countries in connection with their own unique circumstances. Most adopting adults at the time were heterosexual infertile couples wanting to adopt newborn babies; in contrast, older children, those with special medical and mental health needs, and those who were part of a sibling group were seldom considered for adoption. Over time, the desire for adoptable babies soon exceeded the number available for adoption. This trend reflected the growing availability of contraception and abortion, which reduced the number of babies being born, as well as less social stigma associated with out-of-wedlock pregnancy and single parenthood, and increasing availability of social programs supporting the ability of parents to keep their children.

As a result of the decline in adoptable babies, some US adults began to look outside the United States as a means of building their family. For example, following World War II and especially the Korean and Vietnam Wars, large

numbers of orphaned children were adopted by US citizens. Although in some places, such as the United Kingdom, domestic adoption was always preferred, many other Western countries also pursued intercountry adoption, with the number of international placements increasing rapidly from the late 1980s to 2004, when international placements peaked in most Western countries before a sharp decline. For example, in the United States, approximately 23,000 intercountry adoptions occurred in 2004, whereas by 2021 the number had dramatically declined to 1,785. A similar phenomenon has been observed in many other countries (e.g., during the same period, intercountry adoptions in a smaller country like Spain changed from 5,500 to 170). The reasons for the decline in intercountry adoptions are complex and involve, among other factors, legal and ethical concerns regarding how intercountry adoptions were being practiced in both “sending countries” (i.e., the child’s country of origin) and “receiving countries” (i.e., where prospective adoptive parents reside), greater support for domestic placements in sending countries, and fewer infants or young children being made available for adoption by sending countries (Palacios, Adroher, et al., 2019).

Another important change in adoption practice concerned children who lingered in foster care. In the United States, for instance, prior to the 1980s, adoption of foster children from state care was uncommon. Because many of these children were older and had a history of adversity including prenatal exposure to drugs or alcohol, neglect, abuse, exposure to domestic violence and parental mental health problems, and/or multiple foster placements, they often were considered “unadoptable” and, consequently, child welfare agencies made relatively little effort to recruit prospective adoptive families for these youngsters. In 1980, however, the US government passed legislation which sought to create family permanency in the lives of children lingering in foster care. This landmark legislation, as well as subsequent legislative acts passed over the next three decades, emphasized the importance of timely permanency planning for children who were unlikely to be returned to their birth family. As a result, large numbers of foster children were legally freed for adoption, not only providing them greater family stability, but improving their health and emotional well-being. Currently, adoption of foster children represents the single greatest source of children for US citizens wishing to build or expand their families through adoption. A similar trend can be seen in other Western countries, where permanence and stability have become guiding principles of child protection regulations and policies.

The child welfare field has also witnessed remarkable changes in those who are viewed as acceptable adoptive parents. In the past, adoption agencies employed quite restrictive criteria in determining which adoption applicants

were suitable to adopt children. In most cases, adoptive parents were middle-class to upper-class, married, white, infertile, heterosexual couples, usually in their 20s to early 40s, and free of disabilities or significant health problems. In contrast, single and older adults, racial minority adults, sexual minority adults, fertile couples, those from lower- or working-class backgrounds, adults with disabilities, and foster parents were seldom approved for adoptive parenthood. This practice was based on uninformed and biased views of what type of family best serves the interests of children. However, as developmental and family research began to show that family structure was much less important for supporting healthy child development than family processes (Golombok, 2015), adoption agencies began “screening in” applicants as opposed to “screening them out.” Today, child welfare practice focuses more on identifying prospective adoptive parents who have the motivation and ability to meet the needs of children waiting to be adopted, and who understand and accept the challenges that often accompany adopting children with early adverse life experiences. Applicants’ marital status, age, race, income level, foster parent status, and sexual orientation are no longer barriers to adopt children in an increasing number of countries, although almost all sending countries object to placing children with sexual minorities. Moreover, even in the United States, where such adoptions are legal, adoption agencies with religious affiliations sometimes have policies of not placing children with LGBT adults (Brodzinsky, 2012). Despite these types of restrictions, there is clearly greater diversity today in most Western countries in terms of who is building or expanding their family through adoption.

The racial, ethnic, and cultural makeup of adoptive families has also changed over time. In the past, most adoptions involved in-racial or in-ethnic placements, usually with non-Hispanic White parents adopting White children. With the emergence of intercountry adoption and domestic foster care adoption, many adoptive families are now characterized by parents and children who do not share the same race, ethnicity, or cultural heritage.

A final change in adoption practice and in adoptive family life is the growing numbers of adoptive and birth families who have some level of contact with one another following adoption placement. For most of the twentieth century, adoptions were closed and strictly confidential, with no identifying information shared or contact between the adoptive and birth families. However, beginning in the 1970s and 1980s, some adoption professionals and adult adoptees began advocating for open adoption, resulting in adoption researchers starting to explore the impact of postadoption contact on adoptive and birth family members, including the adopted child. In contrast to the dire warning of opponents of open adoption, research indicated that in many cases contact between the families could be especially positive for adoptive parents, adopted children,

and birth parents (Grotevant, 2020). As will be discussed later, contact between adoptive and birth families in domestic placements is becoming more common in a growing number of countries. Although such contact is less common in intercountry adoptions, some internationally adopted individuals are also seeking contact with birth relatives in their country of origin.

These changes in adoption policies and practices suggest that there is no such thing as a “typical adoptive family” or a “typical adopted person.” Adoptive families are highly diverse in their makeup, and the lived experiences of adopted individuals are also extremely diverse and constantly changing. Therefore, in considering questions related to the adjustment of adopted persons and their families, it is important to examine a wide range of biological, ecological, interpersonal, and developmental factors impacting the lives of these individuals.

1.3 Theoretical Perspectives in Adoption Research

Although there were previous isolated studies, the earliest systematic research on adoption, unguided by formal theory, began in the late 1950s and early 1960s, with a primary focus on describing the differences in adjustment between adopted and nonadopted individuals. Later research interest focused on developmental questions such as the role of genetics and the impact of early adversity on adoptees’ psychological adjustment and recovery, and the processes and factors underlying their development (Palacios & Brodzinsky, 2010). The field of specialization of researchers has guided their empirical work and the theories that could best serve to address the issues of interest. Neurobiological and psychological trauma theories have guided studies focusing on the impact of early nutritional deficiencies and other cumulative adversities on physical, neurological, and psychological development of adopted individuals, and their postadoption recovery from previous life difficulties (Johnson & Gunnar, 2011; Rutter et al., 2010; Wade et al., 2022); attachment theory has been used to understand the impact of preadoption hardships and relationship disruptions on later attachment security of adoptees and their adjustment (Dozier & Rutter, 2016); cognitive developmental theory and stress and coping theory have provided valuable insights into how children comprehend and appraise their adoption experience and cope with loss and grief (Brodzinsky, 1990, 2011b); psychodynamic theory has contributed to understanding how adoption is internalized and experienced emotionally by the adoptee (Hindle & Shulman, 2008); Erikson’s psychosocial theory and narrative theories have guided insights into adoptive identity development (Grotevant & Von Korff, 2011); and lifespan developmental psychology and family life cycle theories have been helpful in examining adoption as a lifelong

experience (Brodzinsky et al., 1992). In their scoping review and analysis of adoption research, Sequin-Baril and Saint-Jacques (2023) identified twenty-seven theories that have guided empirical investigators, sixteen of which originate from psychology.

For the most part, psychological theories guiding adoption research have been rather narrow in focus, examining specific aspects of the adoption experience. An exception is the application of Bronfenbrenner's bioecological model of development to the field of adoption (Palacios, 2009). The model focuses on the development of the person, embedded within a complex nesting of contextual influences, from the direct impact of immediate influences such as family, peer group, school, and health services (microsystems), to the impact of the interactions of different microsystems (mesosystems), to the indirect effects of community influences on adoption, such as governmental agencies, social services, mass media, and neighbors (exosystems); to the broader influences of culture, social values, and laws related to adoption (macrosystems). Moreover, the chronosystem adds a temporal dimension to each of the previous levels of analysis (such as age-related changes in adoption identity in connection with parents' and professionals' changing attitudes about contact between adoptive and birth families, and changing laws and policies regarding the right of adopted persons to have access to origins-related information). Bronfenbrenner's model resonates with the "specificity principle of adoption" proposed by Bornstein and Suwalsky (2021), who assert that the experience of adoption for individuals is best understood when considering its specific setting conditions, specific people, specific times, specific processes, and specific domains. Sections in this Element reflect research findings inspired by these perspectives, as well as the other ones noted in the preceding paragraphs.

Finally, efforts to integrate different theoretical perspectives can be seen in longitudinal studies that incorporate a transdisciplinary approach. For example, the English and Romanian Adoption Study (ERA) has examined genetic influences, neuropsychological functioning, cognitive development, mental health, and behavioral adjustment in children, adolescents, and young adult adoptees (e.g., Sonuga-Barke et al., 2017). Similarly, the Early Growth and Development Study (EGDS), a longitudinal investigation of adopted children, their birth parents, and their rearing parents, studied across infancy and childhood, has investigated the role of genetics, prenatal circumstances, and rearing environments on adopted children's psychological adjustment (Reiss et al., 2023). Although it focuses on the adjustment of foster children, the Bucharest Early Intervention Project (BEIP) has also been guided by several theories, including those related to neuropsychology and attachment (e.g., Wade et al., 2022). Findings from these and other longitudinal projects are reported in this Element.

2 Psychological Adjustment and Mental Health of Adopted Children

Developmental science has always been interested in the role of the environment in children's development, but researchers cannot create specific variations in rearing conditions to study the corresponding outcomes. The study of adopted children, who often experience adverse initial life conditions followed by more nurturing postadoption circumstances, provides researchers with the opportunity to study important developmental questions related to the environments to which these children are exposed, such as: Are children disadvantaged when they are reared outside of their biological family? What are the long-term consequences of early adversity for later development and to what extent can children recover after a dramatic change of rearing conditions? The comparison of adopted children to their nonadopted peers was the first strategy used in the contribution of adoption research to the study of children's development, followed by an examination of the influence of early adversity on their subsequent adjustment and their ability to recover when their life circumstances improved (Palacios & Brodzinsky, 2010). In this section and the next, the main findings from meta-analyses and recent representative studies focusing on these questions are presented.

Before describing the findings of this research, it is important to consider the reference group against which adopted children are compared. Most research compares adopted children to their nonadopted peers living in similar communities. Given that adopted children have often been exposed to preadoption adversity, whereas their nonadopted peers have not, it is common for adoptees to manifest more adjustment problems. In such cases, adoption status is considered a risk factor for children. However, when adopted children are compared to those who remain in adverse circumstances, such as living in an orphanage or institution, or with neglecting or maltreating parents, they typically manifest more positive adjustment (van IJzendoorn et al., 2019). In short, depending on the comparison group used, being adopted can be viewed as either a risk or a positive protective alternative for children in need (Palacios, Adroher, et al., 2019).

2.1 Do Adopted Children Have More Problems?

Hundreds of studies have compared the adjustment of adopted and nonadopted individuals, using different age samples, methodologies, and outcome measures. To overcome the limitations of any one study, researchers have used meta-analysis to provide a synthesis and integrated view of the research findings. One of the first meta-analyses in the adoption literature involved more than 25,000

adoptees and 80,000 nonadopted children across different studies and countries (Juffer & van IJzendoorn, 2005). Findings indicated that although most adoptees are well adjusted, they tend to have more externalizing and internalizing symptoms than nonadopted children, with adoptees overrepresented in clinical settings. However, except for use of mental health services, for which there was a large effect size, the magnitude of the group differences was modest, with overall results supporting Haaugard's (1998) thesis about the greater presence of adoptees in the more problematic range of maladjustment. This interpretation is consistent with a previous study by Sharma et al. (1996) showing that, in the midrange distribution of scores for psychological problems, there was a 1:1 ratio for adopted and nonadopted adolescents, but the ratio was more than 3:1 at the upper range of the distribution, indicating significantly more adopted youth at the extreme level of adjustment difficulties.

Behle and Pinquart (2016) published another meta-analysis based on eighty-five studies to see if adoptees were more represented in the extreme end of clinical problems. The risk of a psychiatric diagnosis was found to be approximately twice as high in adoptees as in non-adoptees, with an elevated risk for ADHD, conduct disorder, anxiety disorders, substance use, depression, personality disorder, and psychosis. The mean percentages of adoptees receiving diagnoses varied between 32 percent (conduct disorders, oppositional and defiant disorder) and 13 percent (depression). Moreover, adoptees were at 2.35 times higher risk for receiving ambulatory mental health assistance and psychiatric treatments in general, as well as 2.63 times higher risk for receiving psychiatric hospital treatment.

Another meta-analysis focused on eleven studies of internationally adopted adolescents (Askeland et al., 2017). Once again, more problems were identified in the adopted group, with higher scores for total behavior problems and externalizing difficulties, but not for internalizing problems. The difference was larger when relying on parents' reports than adoptees' self-reports, suggesting that parents could be over-estimating their children's problems or that teenagers could be under-reporting their difficulties. Also, larger differences were observed in studies using clinical categories than when symptoms were assessed on a continuum. The use of diagnostic labels would explain why register-based studies, which tend to rely on categorical data, report larger estimates of mental health problems in adoptees.

Although adoptees' propensity to manifest higher levels of adjustment difficulties could explain their overrepresentation among children receiving mental health services, there could also be a referral bias on the part of adoptive parents. Adoptive parents have a greater propensity to seek professional services even when their children's problems are not especially serious, suggesting that they

may be unduly sensitive to the challenges associated with their children's difficulties (Warren, 1992). However, this bias does not seem sufficient to explain the overrepresentation of adoptees in clinical settings, especially those in inpatient facilities. For example, adopted youth are disproportionately represented in residential treatment facilities (Brodzinsky et al., 2016). Although adoptees represent only slightly more than 2 percent of the US child population, 25–30 percent of youth enrolled in these programs were adopted. Compared to their nonadopted peers in the same facilities, adopted youth manifested more attention problems, impulsivity, oppositional behavior, attachment difficulties, trauma symptoms, identity issues, fear of rejection, and problems with empathy.

When present, adoptees' adjustment difficulties appear more enduring than transient. This is illustrated in a longitudinal study of international adoptees placed beyond the age of 4 years and followed for 3 years (Helder et al., 2016). For these children, externalizing problems remained as an area of difficulty, with some worsening over time in internalizing problems as well. A similar outcome for externalizing problems was reported in the longitudinal studies by Paine et al. (2021) and Nadeem et al. (2017), in which a significant proportion of the children (20 percent or more) continued to manifest problems in the clinical or borderline-clinical range over time, particularly externalizing behaviors. In contrast, prosocial behavior was observed to improve significantly with more time in the adoptive family (Paine et al., 2021).

Research has also examined differences in adopted and nonadopted children in other relevant areas of functioning. Executive functioning (EF) encompasses a diverse set of cognitive abilities (e.g., sustained attention, working memory, and inhibitory control) that are crucial for social interactions and school learning. There is abundant research showing the negative impact of early deprivation and its enduring consequences on EF. Research comparing EF abilities in community samples of never-institutionalized children and those with institutional experience who were later placed in foster care or in adoptive families has documented the persistence of EF difficulties in the latter groups. These difficulties have been observed shortly after adoption (Hostinar et al., 2012), as well as several years later, as in the study of children adopted in Spain from Russian institutions and examined 7 years after their adoptive placement (Peñarrubia et al., 2020). The persistence of EF problems following early adversity has also been observed in studies with a longer follow-up. In the BEIP, children who remained in institutional care were compared to those who started in institutions but were later placed in high-quality foster care, as well as to a group of community-based, never-institutionalized children. Although improvements were observed in some aspects of EF, the difficulties of the foster care group in EF functioning persisted during childhood and adolescence

(Wade et al., 2019). Together with other difficulties, such as behavioral problems and linguistic deficiencies, persistent EF problems may explain a lower academic attainment in the comparisons with nonadopted classmates (Brown et al., 2017).

In contrast to the persistence of EF problems for children placed in foster care in the BEIP longitudinal study, there was significant improvement in IQ in the first years after placement, with remarkable stability in the following years (Fox et al., 2011). The impact on intelligence of a more stimulating environment was also shown in a Swedish study based on national register data, in which the IQs of more than 2,500 male siblings separated by adoption were studied at the age 18–20 years (Kendler et al., 2015). IQs of adopted-away individuals were higher than those of their full siblings reared in their biological home environment, reflecting the more stimulating context provided by adoptive parents with higher education.

Positive changes in attachment behaviors have also been observed after placement in adoptive families. For example, a longitudinal study comparing children adopted from Russia into Spanish families and a group of children in institutional care has documented significant improvements in attachment disorders for the adoptees, but not for those in group care, whose difficulties persisted or worsened over time (Román et al., 2022). In addition, research has documented improvements in quality of attachment relationships for children with early adversity once placed in adoptive homes (Helder et al., 2016; Raby & Dozier, 2019).

In summary, research on the adjustment of adopted children supports two main conclusions. First, adopted children are within the normal range of adjustment in most domains of functioning, including those children with relatively low levels of preadoption adversity (Hornfeck et al., 2019), as well as those with more significant early life challenges (Nadeem et al., 2017). This finding runs counter to the stigma often associated with adoption, suggesting that most adoptees are maladjusted. It also supports the belief that adoption is an effective societal intervention for children who cannot be reared by their biological parents, and who otherwise might continue to live in adverse circumstances (Palacios, Adroher, et al., 2019; van IJzendoorn & Juffer, 2006). The second conclusion, however, qualifies the first one. Although most adoptees are well adjusted, as a group, they do manifest significantly more problems than their nonadopted agemates, with a higher percentage of problems in the clinical or borderline range of adjustment, especially for externalizing behavior (ranging from 20 percent to 30 percent) (Paine et al., 2021). The percentage of internalizing problems for adoptees compared to non-adoptees is smaller, but still above the clinical threshold, with proportions varying for different domains of functioning (8 percent for somatic problems, 15 percent for anxiety/depression)