



SPECIAL ADOPTIONS: SPECIAL FAMILIES FOR SPECIAL CHILDREN?

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Since 2005 we have witnessed a significant decline in the annual number of adoptions in Spain as well as international adoptions in the world, accompanied by an increase in special adoption (Selman, 2010). Special adoption is defined as the adoption of children whose race, older age, sibling group or emotional, physical or intellectual disability may hinder their adoption. The aim of this paper is to review the research on the challenges, risks and stability of special adoptions and, more specifically, the adoption of children with disabilities. Finally we will discuss the convenience of promoting this kind of adoption among awaiting adoption applicants and the conditions under which this should be recommended.

Key Words: Adoption, Special adoptions, Child care, Family adjustment, Risk factors.

Desde el año 2005 venimos asistiendo a un descenso importante en la cifra anual de adopciones en España, así como de adopciones internacionales en el mundo que viene acompañado de un aumento de las adopciones especiales (Selman, 2010). Se entiende por adopción especial la adopción de niños cuya raza, mayor edad, pertenencia a un grupo de hermanos o discapacidad de tipo emocional, físico o conductual puede dificultar su adopción. El objetivo central de este artículo es revisar los resultados de la investigación acerca de los retos y riesgos asociados a las adopciones especiales y la estabilidad de estas adopciones y, más concretamente, a la adopción de niños con discapacidades, para posteriormente debatir sobre la conveniencia de promover este tipo de adopciones entre las actuales bolsas de solicitantes de adopción en espera y en qué condiciones.

Palabras clave: Adopción, Adopciones especiales, Protección de menores, Adaptación familiar, Factores de riesgo.

Since 2005 we have witnessed a significant decline in the annual number of adoptions in Spain as well as international adoptions in the world, a reality that has placed a large contingent of families on the waiting list for international adoption with increasingly long waiting times (Selman, 2010). Most of these families have been considered suitable for the adoption of healthy babies.

On the other hand, certain associations, ECAIs (Entities Collaborating in International Adoption) and countries of origin of the children are trying to address the situation of "waiting children", for whom it is more difficult to find an available family due to their special characteristics. The proposed solution involves "enticing" these families into special adoption, by ensuring generally shorter and faster

special needs adoption processes that are "accessible" for families, or closing international adoption to other types of adoption, as has been the case in Ukraine and Brazil.

How we define the needs of the children without a family is particularly relevant in understanding the meaning and scope of special adoptions with regards to the lives of the families and the organization of the adoption process. On the one hand, there are the needs that come from the specific situation of being adopted or the reasons that warranted the child's protection, which are common to most adopted children, such as the need for communication concerning their origins (Berástegui and Gómez Bengoechea, 2007) or the needs relating to the establishment of an altered bonding process (Berástegui, 2010). In view of this, we can affirm that all children that require protection are children with a special need (Hill, 2002).

On the other hand, although the definitions are different depending on the country and the Spanish autonomous region, the term 'special adoption' is reserved for the adoption of children whose race, age, membership of a sibling group, instability in the history of protection or disabilities of an emotional, physical or intellectual nature may hinder adoption (Brodzinsky and Pinderhuges,

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2002). It is understood that the difficulty does not relate to the child's prospects of integration, but rather to the possibility of finding available families for them. However, the adoption of these children usually also entails the presence of certain special needs, and greater challenges or at least different challenges in their development and nurturing (Wind, Brooks and Barth, 2007, McGlone, Santos, Kazama, Fong and Mueller, 2002). Thus we can presume that as the special needs increase not only does the gap between the desired child and the adoptable child increase, diminishing the availability of families, but also the number of theoretically suitable families to adopt decreases.

Finally, we address the adoption of children with disabilities of a physical, intellectual or sensory nature who, regardless of their adoption, would be considered children with special needs.

The principal objective of this article is to review the results of the research into the challenges and risks associated with special adoptions, and then to discuss the advisability of promoting this type of adoption among existing pools of applicants awaiting adoption and the conditions under which this would be recommended.

SPECIAL ADOPTIONS, SPECIAL RISKS?

The first obstacle to assessing the relationship between special adoption and risk is the scarcity of updated research in this field. The implementation of programs for the adoption of children with special needs around 80 years ago in the U.S., endorsed by the idea that every child should be considered adoptable, initiated a solid body of research related to adaptation in these adoptions (special needs adoption research). Generally, older children are overrepresented in these studies compared to other special characteristics and adaptation is understood in terms of the breakdown or stability of the adoption. Beyond this early boom in the research, there are few current studies that focus on these adoptions, so there are many questions left to be explored (Haugaard, Moed and West, 2000). In Spain, this issue has been specifically addressed by Fernández (2002, 2008), and the aspect of adopting older children has been researched by Berástegui (2005).

The accumulation of special needs in a child has been considered by McDonald, Propp and Murphy (2001) to be the most robust predictor of adoptive adaptation and stability. However, the results that take the different factors into consideration separately are not as straightforward.

Below we review the relationship between the risk, the challenges of adoption and the factors that are considered in special adoptions.

Age

For a long time, the age of adoption has been considered the most important variable in predicting the success of an adoption, such that the practice has been organized based on the belief that the younger the child upon adoption, the greater the chance of a satisfactory and successful adoption, whereas as more time passes between birth and adoption, the risk of maladjustment grows exponentially.

In the research, the age of adoption has been linked to all areas of adaptation studied, such as emotional and behavioral problems in general (Verhulst, 2000), externalizing problems in particular (Simmel, Brooks, Barth and Hinshaw, 2001), cognitive development (Morison, Ames, and Chisholm, 1995; Rutter, 1998), school performance (Verhulst 2000, Dalen 2003) and self-esteem (Juffer and Van IJzendoorn, 2007). It has also been found that the older the child when the adoption occurs, the greater the risk of the problems reaching clinical severity (Hjern, Lindblad and Vinnerljung, 2002, Logan, Morrall and Chambers, 1998) or adoption breakdown (Berástegui, 2003, Festinger, 2002). Despite this consensus on the results, other studies have gradually begun to question their interpretation (Fernández, 2008).

Firstly, there is no agreement on the age that differentiates a young child from one that is considered old for adoption (Haugaard, 1998 Berástegui, 2005) or whether the relationship is linear. While some studies consider that the difficulties increase progressively with age (for example, Sharma, McGue and Benson, 1998; Verhulst, 2000), others are set in developmental window periods of time beyond which an adoption can be considered to be special. This is the case with the 6-8 months barrier of the establishment of attachment, although the studies that considered this were carried out with samples of children in situations of extreme deprivation (for example, Chisholm, Carter, Ames and Morison, 1995 or Rutter et al., 2009). Other authors set the age limit for an adoption to be considered special at two years (Robinson, 1998; Priel, Melamed Hass, Besser and Cantor, 2000; Logan, Morrall and Chambers, 1998) or three years (Berry and Barth, 1989; Berástegui, 2005; Leung and Erich, 2002), separating the adoption of babies from that of other children. Finally, a large number



of authors consider a child old for adoption from the age of starting school, i.e., at 6 years old and this is the boundary that has tended to be used in our country to talk about special adoption (Fernández, 2002; Rosenthal and Groze, 1991; Berástegui, 2003).

Furthermore, the relationship between age and risk is mediated by prior history. Most significant in adaptation is the accumulation of adverse experiences and the duration and chronicity of these variables that would be masked after the age of adoption and are more difficult to operationalize and research than age itself (Juffer and Van IJzerendoon, 2009, Palacios and Brodzinsky, 2010, Verhulst, 2000). However, another moderating variable of the risk is if the adverse experiences occurred early, which may be the case in adoptions of very young children and not necessarily in older ones.

Finally, the age of adoption not only masks relevant variables regarding the previous history of the child but it can also determine the specific dynamics of the transition to adoptive parenthood and the differential tasks that the family will face in order to integrate with the child. Becoming a parent of a baby entails different challenges and expectations than becoming a parent of a preschooler or a teenager and both the difficulty of these tasks and the adaptation of expectations to such tasks are also masked after the age of adoption. Therefore, the relationship between age and risk also depends on the expectations of the children and the parents and the relational dynamics established between them. In this sense, a mismatch between the desired age and the actual age of the child is a prominent factor in adoption breakdowns (Berástegui, 2003).

Age is still a factor that is impossible to ignore, but a younger adoption age does not ensure success and an older one does not ensure failure, although the higher the age, the greater the likelihood that the child has experienced situations of deprivation or abuse and the more different the parenting exercise will be from the norm (McKay, Ross and Goldberg, 2010).

Racial differences

In the early studies on adoption we find that the variable of the child's race is not particularly related with child's adaptation to the family (Juffer and Van IJzerendoon, 2007).

Specific research on inter-racial adoptions also generally shows a good level of adaptation comparable with other adoptions, and no particular differences have

been detected in behavior at home, at school or in school performance in relation to other adopted children (Kim, 1995; Rushton and Minnis, 1997, Tizard, 1991), and close and mutually satisfactory relationships appear to develop between parents and children (Tizard, 1991; Assbury, Cross and Waggenspack, 2003; Vonk, Lee and Crolley-Simic, 2010) although at times lower levels of family satisfaction are found among intra-racial adoptions (Rosser, 2011).

In studies on international adoption in Spain, we usually find worse results in the adaptation of children from Eastern Europe, assumed to have a Caucasian phenotype, than children from other backgrounds, especially when compared with children of other origins, particularly those from Asian countries (Berástegui, 2003, 2005, Palacios, Sanchez-Sandoval and León, 2005). These differences may have their origin in the special dynamics that international adoptions may involve and the differences in the prior care bestowed in the different countries, and not just in ethnic, racial or phenotypic characteristics (Miller, Fan, Christensen, Grotevant and Van Dulmen, 2000).

Although no differences have been shown in the results, the adoption of children with different phenotypic traits poses specific challenges in the processes of social integration and the construction of identity (McRoy, Zurcher, Lauderdale and Anderson, 1984), challenges that, until now, have been underestimated in our country (Anzil, 2011). A growing body of research supports the idea that parents in transracial adoptions must deal with what is known as "cultural socialization" which includes making contact with the culture of origin, supporting the development of both a positive identity and mechanisms for coping with discrimination (Vonk et al., 2010). This cultural socialization has been linked with adjustment (Yoon, 2001), a sense of belonging, subjective well-being and the self-esteem of the adopted child (Mohanty, Koeske and Salas, 2006) but not so much with parental satisfaction or sense of closeness with the children (Vonk et al., 2010).

On the other hand, the emergence of international adoption as a widespread phenomenon has obliged us to rethink the inclusion of transracial adoption as a special adoption. In many countries it is no longer allowed to express a preference or choose the race of the child when applying for adoption and the International Social Service has warned of the inconsistencies of some central authorities on this matter, questioning where availability



begins, what parental suitability for adoption means, and where is the place for discrimination or the rejection of differences in adoption (Brodzinsky, 1990) when families are allowed to close their offer to children with certain ethnic phenotypes (ISS/CIR, 2011).

Multiple adoption

Usually the act of adopting two or more biological siblings together is considered a special adoption. The results regarding the relationship between multiple adoptions and breakdown do not seem conclusive and may be mediated by the different compositions of the study samples.

Trying to reconcile the different results, it could be concluded that for normal children multiple adoption has no connection with failure, or it may entail a slight increase in the risk of family maladjustment (Leung and Erich, 2002, Berástegui, 2003). This slight increase in difficulty may have its origin in the increased family stress during the transition to parenthood (Berástegui, 2005) and the degree of difficulty perceived (Rosser, 2011).

By contrast, in the adoption of older children, multiple adoption appears to be a protection factor (Berry, 1990, Fernández, 2008, Rushton, Dance and Quinton, 2000). However, multiple adoptions in homes that have biological children prior to adoption seem to have more risk than in those households where there are no other children (Berry, 1990).

In response more to the dynamics than to the results, some qualitative studies have highlighted the difficulties in family adaptation caused by the reality of children undertaking a parental role with regards to their younger siblings (Mullin & Johnson, 1999). This is one of the issues where further research is clearly needed to make informed decisions with respect to matching and post-adoption support for groups of siblings.

Chronic illness or disability

With regard to disability, Coyne and Brown (1985) found, in a study of 1,588 adopted children with developmental disabilities, only 8.7% of the adoptions failed, this rate being lower than that of children with other special needs. Also Boyne, Denby, Kettering and Wheeler (1984) found the presence of disability to reduce the risk of adoption breakdown, and Rosenthal and Groze (1991) found no relationship between visual, auditory, physical or cognitive disability or a serious health diagnosis and relationship breakdown while

special needs that are not as obviously severe, such as learning difficulties, delays in development or other behavioral problems did show a greater tendency to break down.

Generally among adoptions of special needs children studied by Rosenthal and Groze (1991), the most successful in terms of the child and family adaptation were those in which the children had an intellectual deficiency, a population that has been the focus of numerous studies (Glidden, 2000; Lazarus, Evans, Glidden and Flaherty, 2002; Perry and Henry, 2009).

Glidden (1991) shows how 87% of a group of mothers who adopted children with an intellectual disability said the adoption had fulfilled or exceeded their expectations and if they had to turn back the clock they would do it again. Most families stated the positive impact that adoption had had on the various family members, an impact that has been emphasized in adoptions of children with Down syndrome, even compared to biological families with children with the same characteristics (Gath, 1983). In the longitudinal follow-up of adopted children with intellectual disabilities, very positive long-term results have been confirmed regardless of the characteristics of the child or the family composition. Also the families that adopted a second child with disabilities had a level of adjustment that was comparable to that of the first adoption (Glidden, 2000).

The low incidence of this type of adoption in Spain until now has not allowed us to include this variable systematically in research on adoption (Berástegui, 2005. Palacios et al, 2005; Rosser, 2011).

FAMILY ADAPTATION IN SPECIAL ADOPTIONS: SPECIAL FAMILIES?

The review of the research allows us to consider that special adoptions involve greater challenges or at least different challenges than the adoption of healthy babies or normative parenthood, and increased family stress (Wind et al., 2007, McGlone et al., 2002). Despite this increased risk, most of these adoptions tend to function well and show high levels of satisfaction in a large number of families.

The question we have to ask is: are we looking for special families? We are still in need of a thorough study of the family characteristics and dynamics that predict success in special adoptions (Haugaard et al., 2000, Perry and Henry, 2009). However, the model of family stress and coping is beginning to be applied to explain



adoption success or family resilience in special adoptions. From this perspective, there are two key factors that mediate between the challenges and stressors associated with adoption: the expectations of the family and the coping resources available (Berástegui, 2005, Berry and Barth, 1989; Glidden, 2000; Groza and Ryan, 2002; Lightburn and Smith, 1996; McGlone et al, 2002). Research has also highlighted as key issues the previous preparation of the family and the post-adoption support (Egbert and Lamont, 2004) which would support the development of appropriate expectations and resources.

The role of expectations and pre-adoption preparation

The research repeatedly highlights how parental expectations are a critical predictor of the adaptation of the family and the child (Berástegui, 2005, Berry, 1990; Perry and Henry, 2009; Sar, 2000; Welsh, Viana, Petrill and Mathias, 2008; McGlone et al, 2002), such that lower levels of satisfaction of special adoptions have to do with a lack of clarity in the expectations of families (Paulsen and Merighi, 2009). As such, when the family finds itself with a special need that had not been foreseen or chosen, the risk increases exponentially (Berry and Barth, 1989; Partridge, Hornby, and McDonald, 1986).

Conversely, families who voluntarily adopt children with special needs, have very often had previous experience of children with the same characteristics in their family or at work, giving them more appropriate expectations which enable them to react more positively to the same or greater difficulties than other families (Triseliotis, 1994). In the same vein, the special adoptions that arise from special foster placements are more successful (Rosenthal and Groze, 1991, Coyne and Brown, 1985).

It appears that good preparation, capable of adjusting family expectations, is linked with special adoptions that have a more positive evaluation of the relationship with the child, of the child's behavior, family life in general and a reduction of parental stress (Sar, 2000). The initial training of these families, from a self-selection perspective, is therefore vitally important (Berry, 1990; Egbert and LaMont, 2004), as is the provision of complete information about the child's past and his or her psychological and medical condition at the time of placement, and help in understanding the significance and scope of these aspects (Berry, 1990, Fernández, 2008; Marcenko and Smith, 1991). In short, advance preparation for how life will be, as an adoptive family,

increases the adaptability and the ability to deal effectively with the challenges of family life (Egbert and Lamont, 2004).

In this sense, there are some issues that should be taken into account when assessing family expectations regarding the special adoption of a child with a disability or illness, especially when the initial application was for a healthy baby and it has opened up to this type of adoption in the process.

1. Having an illness or disability does not cancel out the other risk factors and very often it is correlated with some of them. For example, having an illness or disability may have led to major problems of abuse or neglect in the biological family or in the context of care (Berástegui and Gómez Bengoechea, 2006).
2. Having an illness or disability does not cancel out or minimize the specific challenges of adoption. The variables affecting the development and functioning of these adoptions, such as the child's older age or behavioral problems are the same as those affecting other adoptions (Haugaard et al. 2000). On the other hand, the special challenges of raising a child with an illness or disability may increase the difficulty of coping with the stress of the transition to adoptive parenthood and the specific tasks this involves, such as the initial adaptation, the bonding process, communication about the child's origins, identity construction, social integration or the management of differences (Berástegui, 2005; Lazarus et al, 2002).
3. The fact that it is an adoption does not cancel out the challenges of the illness or disability. Sometimes we have a magical notion that the illness or disability of a child in protection will heal with a change of context. However, it is important to remember that not every disease is "remediable" and not every disease is "isolatable", in the sense that the symptom that has been highlighted, and which we have prepared for, is sometimes accompanied by other issues that had not been taken into account. Not every complication is predictable or diagnosable and special needs affect the entire family system in many aspects of life.
4. The fact that it is a special adoption does not cancel out the challenges of life. We need to consider how life will be with the child, not in a static way but as part of the everyday life of the family, working out how the accumulation of demands, including those of the special need, will not overwhelm the family (Berástegui, 2005). The place of the special needs will also need to



be considered in the event of “unexpected occurrences”, such as unemployment, illness, moving house or other issues pertaining to family life.

Post-adoption support and resources

In addition, the role of the post-adoption services is critical in these adoptions (Haugaard et al, 2000; Reilly and Platz 2004), such that unmet needs of post-adoption support are associated with a poor perception of the quality of the relationship between parents and children and a more negative perception of the impact of adoption on the family and marriage (Reilly and Platz, 2004). When specifying the need for support, some authors emphasize the importance of intensive support to families during the first months after adoption (Berry, 1990, Fernández, 2008). The family’s perception of connection at this early stage is a predictor of the stability of the adoption, so this should be especially encouraged and supported (Glidden, 1991, Rushton, Dance and Quinton, 2000).

Beyond the intensive support during the initial adjustment period, the presence of the social worker throughout the life of the family also seems to be a prominent factor for the families (Reilly and Platz, 2004). In contrast, discontinuity in the specialists accompanying the family deactivates their effectiveness, both in their capacity for early detection of problems that could jeopardize the family and in the assurance that they can provide in their role as counselors or advisers (Berástegui, 2003). Also in the long term, formal and informal support groups are associated with greater family satisfaction in special adoptions (Marcenko and Smith, 1991; Reilly and Platz, 2004) and are among the only resources that have been empirically proven to be effective in the reduction of risk (Barth and Miller, 2000).

In these studies, some families highlight certain unfulfilled needs, most related to home-services such as respite care, home care or child-minding (Marcenko and Smith, 1991, Reilly and Platz, 2004).

In the Anglophone literature, the financial support and subsidies for meeting the extraordinary expenses of medical, dental or therapy treatments in these adoptions are also associated with family satisfaction and adjustment (Reilly and Platz, 2004; Berry, 1990). Moreover, it appears that the socioeconomic status of the family affects its perception and use of support services, such that higher income families feel that they need these services and so they pay for them, and families of intermediate income feel that they need them

but may not be able to afford them (or not without considerable effort), while lower income families do not seem to perceive the need for support services (Marcenko and Smith, 1991). In our system these subsidies are usually available when fostering children with special needs, including in the pre-adoptive period, but they are no longer accessible after adoption.

CONCLUSIONS

Every child has the right to grow up in a family (Gómez Bengoechea and Berástegui, 2009) and, as a society, we should do everything possible to prevent any adoptable child from being unable to have a family adopt them because of their age, race, membership in a sibling group, illness or disability. However, to ensure that the child finds the atmosphere of affection and the moral and material security that he or she requires in a family, according to the Bill of Rights of the Child, the family must be able to meet the different challenges of special adoption.

The results of the various studies reviewed show that no special characteristic of a child – whether age, race, multiple adoption or the existence of illness or disability – justifies, in itself, the inadequacy or failure of his or her adoption and it can even, in the case of intellectual disability, become a protective factor. In this sense, the socio-demographic variables cannot predict with a reasonable degree of reliability the adaptation to the family after the adoption, but they can, however, establish different systemic configurations that may help to generate dynamics risk or protection in the transition to parenthood in special adoptions (Berástegui, 2005). Thus, the child’s age influences the evolutionary moment that the family has to face, ethnic differences call for the families to develop certain multicultural competence, multiple adoptions increase the initial work and family stress, and adoptions of children with illness or disability call for the handling of uncommon challenges that can be especially stressful and the search for support in family life.

However, if there is a variable that stands out as a key to success in special adoptions it is the family’s expectations. Only realistic, clear and flexible expectations regarding the reality of adopting a child with certain special characteristics ensure the desire for training, finding the necessary resources, support and experience, essential for family adaptation after adoption. On the other hand, the existence and availability of these types of support is also a protective



factor of prime importance in the success of these adoptions and the undertaking of the special challenges involved. In this sense, if we consider the families as allies in protecting the most vulnerable children, we not only should place them in an active and well informed position (Berástegui, 2005), but we should also provide them with the necessary resources (financial, medical, psychological and educational) to make a success of their family project.

The question that this article seeks to answer is do we have to look for special families to promote special adoptions? This question has yet to have a response from the empirical point of view (Perry and Henry, 2009). However, in my point of view, it is not special families that are needed, but rather especially motivated, trained, informed, accompanied and supported families. In this sense, and from the standpoint of the best interests of the child, it would be equally as irresponsible to stop promoting special adoption among national and international applicants who have applied to adopt a healthy baby, as it would be to promote it without ensuring that an adequate process of training and clarifying of expectations is provided and that there will be sufficient post-adoption support resources available.

A case by case approach is ideal for promoting special adoptions among the current pools of applicants, based on the idea that there is no family that is ideal, or unsuitable, for every adoptable child. Therefore, for the promotion of special need adoptions, it is necessary to greatly refine the process of training-evaluation and matching, and to review the type of post-adoption support that this type of adoption requires (Schweiger and O'Brien, 2005).

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