

## **THE EFFECTS FROM INSTITUTIONALIZATION ON CHILD FUNCTIONING POST ADOPTION: A TIPOLOGY**

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### **Abstract**

Numerous researchers indicate that institutionalized children are at high risk for impaired health, developmental difficulties, behavioural aberrations, and attachment problems. Because of poor nutrition and the lack of physical and social stimulation available in institutional settings, children may experience short or long term medical, socio-emotional, and educational problems, causing life-long challenges

Too often in research on the effects of institutionalization, child outcomes have been evaluated only as linear models and mathematical computations without a context. Mathematical models are based on group averages and often fail to account for much of the natural groupings in child outcomes, in part because there is little attempt to look at the subgroups; statistical analysis is based on the entire group. When subgroups are analyzed, usually a mathematical approach is used to develop subgroups. Typically, they can split between the "high" scoring and "low scoring" subgroups. This is a helpful tool for statistical analysis but often doesn't reflect the way subgroups naturally form or are observed in practice. Some researchers cluster children by country or region from where they are adopted. However, this type of clustering fails to account for the great variability within the group from the same country.

In this chapter, we will attempt to accomplish the following objectives. One, provide a framework for what we know about the effects of institutionalization in child outcomes. This framework involves reviewing past research and putting those findings into a typology. Two, we will discuss the research, policy and practice implications of the evidence to date.

To write this chapter, all studies conducted on international adoptees that could be located through the library electronic journals data bases were collected, read and organized into a table. The search engine included scholar.google.com as well as ERIC searches in social, behavioural and medical sciences. A table was constructed that included categories as follow for each of the specific studies reviewed: the design of the study; sampling of the study; methodology used; measures; and, major study findings in the areas of health, intellectual/cognitive functioning, education/learning, behavioural issues, developmental milestones, sensory functioning and additional comments. The narrative was then developed from the summary table.

As we organized this chapter, we relied on a typology of children first reported in 1997 (Groza) that was based on observation of children adopted from institutions in Romania, and subsequently discussed with scholars, medical practitioners, psychologists, social workers, and adoptive parents in forums and face-to-face individual and small group meetings in Norway, Iceland, the Netherlands, Spain, Romania, India, Ukraine and the United States. Each of these subsequent discussions helped to refine the typology used to organize the chapter.

For the purpose of this chapter, we do not critique methodology or measures. Instead, we use the data reported and reorganize it into the typology we believe better reflects how families and practitioners think about the children adopted internationally. The use of a typology is beneficial for several reasons. First, it resonates with parents and practitioners. They understand the categories and can

easily identify in which group their children belong. Two, the typology helps us better prepare families for adoption as well as support them after adoption. Three, the typology can be used as a descriptive measure to help social service agencies and allied professionals understand the needs of previously institutionalized children, and develop intervention to meet those needs. We are beginning to understand the different service needs of the different groups of international adoptees, which allows us to better match need with service and plan more effectively for services.

The 3 major areas we evaluate are medical issues, education and socio-emotional development. After the existing studies are reviewed and organized in our typology, we summarize the factors that result in more positive outcomes. While we review these factors in general terms, it is not possible to fully explicate how well these protective and risk factors can predict the typology we propose. In general, more risk and less protective factors would increase the likelihood of a child having challenges. However, we cannot predict which children will be more likely to be resilient, recover or continue to have challenges. The lack of predictive ability leads us to the research implications of the knowledge to date. In addition, we outline the service delivery implication of what we do know and the policy implications that can be used for all child advocates.