Effects of Adoption on the Child’s Health

1. Physical Health

A Dutch meta-analysis by Marinus H. van IJzendoorn and Femmie Juffer of Leiden University found that when adopted children are initially placed in a new family, regardless of their age, they tend to lag very significantly in height and weight behind their non-adopted same-age peers.\(^1\) After some time in their families they do close the gap, massively outperforming their non-adopted birth peers, though not totally catching up with their peers in the general population. Children adopted before twelve months of age close the gap the most.\(^2\) This meta-finding can be seen also in the results of a study in California of 83 African-American adoptive families: One third of newly adopted children were rated less than “very healthy” at the time of adoption, but had later improved significantly.\(^3\) The same is found in international adoptions.\(^4\)

One health anomaly is worth noting: Internationally adopted children, particularly girls, are at increased risk of early puberty, which in turn contributes to shorter height in adulthood. Girls who are most underdeveloped when they are placed for adoption and who then catch up quickest are at greatest risk of reaching puberty early. Though precocious puberty is very rare for boys,\(^5\) one study showed that 30 percent of internationally adopted girls experienced precocious menarche (on average, at 10.5 years of age).\(^6\) Many girls adopted from other countries experience this because they suffered from chronic malnutrition before their adoption occurred.\(^7\)

Adoption has the power to restore health even in drug-exposed children. This is illustrated in a longitudinal study of such children exposed in utero to crack cocaine, other kinds of cocaine, heroin, marijuana, and PCP. According to adoptive parent surveys administered immediately after adoptee placement and four and eight years later, drug-exposed adoptees generally functioned normally. Sixty-three percent were reported to be doing “well with few problems.” They were almost identical in most outcomes to adopted children who were not exposed to drugs. Over 97 percent of the parents of these adoptees said they felt very close to their children.\(^8\)

2. Mental Health

A study by Anthony Burrow of the department of psychology at Loyola University, Chicago, and colleagues shows that there are no significant differences in psychological adjustment or physical health between adolescents who were adopted and those who were not.\(^9\) Adopted children do exhibit lower self-esteem than children from intact families but their self-esteem is not significantly different from that of children from separated or divorced families.\(^10\) Though some adoptive children experience affective difficulties such as depression and unhappiness, behavioral problems present the greatest challenge by far, especially among children who were older at the time of their adoption, or who have special needs.\(^11\)

The development of a clear sense of self by the adopted child is influenced by early experience, adjustment within the family and community, and social attitudes toward adoption (among a number of other factors). This explains the adopted child’s difficulties in combining a sense of self with other non-familial spheres of social identity.\(^12\)


This entry draws heavily from Adoption Works Well: A Synthesis of the Literature.