

**EFFECTS OF INSTITUTIONALIZATION:
Goal of Permanency**



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Heart's Cry Children's Ministry

Heart's Cry Children's Ministry (HCCM) is a non-profit organization under 501(c)(3) of the United States Internal Revenue Code, and is registered in Panama under Resolution No. 755-286 of September 11, 2009. HCCM was founded to create efficiencies amongst governments and Temporary Care facilities worldwide, for the benefit of orphans and children deprived of their rights. We are also working to offer pre and post adoptive services to Panamanian families interested in adopting.

Our heart's cry is to see God lift orphans out of the pit of despair and give them a firm place to stand.
(Psalm 40)

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EFFECTS OF INSTITUTIONALIZATION: Goal of Permanency

- Introduction to Institutionalization

Institutionalization has a deep impact on the life of a child. It is imperative for anyone considering adopting a child that has lived in an institution to equip themselves with the knowledge and tools to effectively parent your child. This booklet is designed to be a reference for prospective adoptive parents in order to lay the foundation for concepts you will need in the future. This is not meant to be exhaustive but a beginning to your parenting toolbox, which you will want to begin compiling at the earliest date possible. This resource contains multiple references in the footnotes, which you may want to utilize so as to investigate a particular topic further in the days ahead.

While unconditional love is a crucial element to parenting your adopted child, it is not enough. You need to understand the effect that institutionalization has had on your child developmentally, emotionally and psychologically, in order for you to remain the permanent parent for them. Returning your child is not an option. Now is the time to get prepared.

- Definition of Institutionalization

Institutionalization is the placement of children in institutions, such as orphanages. Their placement in institutions during early critical developmental periods, and for lengthy periods of time, is often associated with developmental delays due to environmental deprivation, poor staff to child ratios, and/or lack of early childhood stimulation.¹

- Developmental Significance of Institutionalization

The child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding.

This principle underlines the importance of the family in the nurturing and development of the child. This is in recognition of the right of the child to a family, where his or her personality is formed and developed.²

A child should grow up in a family. Permanent parental care is the ideal situation for every child. Every child has a right to be permanently placed in a family. However, this is not always possible. There have been decades of research on the topic of institutionalization and the extreme negative effects it has on children. There are literally thousands of articles and numerous experts on this topic. While methods of treating institutionalization may vary amongst these professionals, they all agree that the sooner a child is placed in Permanent Parental Care the better off the child will be. Permanent Parental Care can be achieved through: reunification with family (that are adequately reviewed and approved), national adoption and intercountry adoption.

¹ <http://glossary.adoption.com>

² Hague Guide to Good Practices, §6.1.1 Child's entry into care: identification of children and families in need, Paragraphs 256-257.

It is standard scientific knowledge that institutionalization is linked to developmental problems amongst children. The professionals further agree that institutionalization is only to be used as an absolute last resort. The reason it is an absolute last resort is because of the extreme negative effects that institutionalization has on children. A more detailed description of the effects of institutionalization is found in this section below; however, in general, the effects of institutionalization is as follows:

- Social and Behavioral Abnormalities (aggressive behavioral problems, inattention/hyperactivity, delays in social/emotional development, syndromes mimicing autism);
- Poor Growth (children outside of family care lose 1 month of growth for every 3 months while living in an institution);
- Deficit IQ (children entering family care before 24 months of age display significant improvement in IQ, while those entering family care after 24 months only display slight improvement in IQ);
- Diminished Brain Activity (children living outside of family care have lower levels of brain activity across all regions of the brain, while those who are subsequently placed into family care demonstrate an increase in IQ and brain development); and
- Emotional Reactivity (children living outside of family care demonstrate a significant deficiency in sensory perception including responses to and understanding facial emotion).³

According to Dr. Dana Johnson, MD, PhD, a physician specializing in institutionalized children:

An orphanage is a terrible place to raise an infant or young child. Lack of stimulation and consistent caregivers, suboptimal nutrition and physical/sexual abuse all conspire to delay and sometimes preclude normal development. All institutionalized children fall behind in large and fine motor development, speech acquisition and attainment of necessary social skills. Many never find a specific individual with whom to complete a cycle of attachment. Physical growth is impaired. Children lose one month of linear growth for every three months in the orphanage. Weight gain and head growth are also depressed. Finally, congregate living conditions foster the spread of multiple infectious agents. Intestinal parasites, tuberculosis, hepatitis B, measles, chickenpox, middle ear infections, etc., are all found more commonly in institutional care settings... Many children, especially those who spent considerable time within institutional care settings, continue to show delays in language and social skills, behavioral problems, and abnormalities in attachment behavior **even after several years in their adoptive home.** In most situations, areas of delay respond to appropriate treatment, but resolution of the problem may take time and expert guidance. In some situations, therapy will improve but cannot correct the fundamental problem; e.g., fetal alcohol exposure. In these situations, the challenges will be life-long.⁴

Thus, the care that children receive in the early years of their childhood is an essential factor in their development. Children who have been neglected early in life experience effects that are long lasting, if not irreversible.⁵ For these reasons, it is important that all

³ Joint Council Summary Report on the Bucharest Early Intervention Study, 2009.

⁴ Dana Johnson, MD, PhD, "Adopting an Institutionalized Child: What are the Risks?" (in part), <http://www.adoption-research.org/risks.htm>. (bold and underline added for emphasis)

⁵ Id.

Prospective Adoptive Parents be made aware of the special needs of institutionalized children. Once empowered with the information on the long-lasting effects of institutionalization, you can better understand the needs of your future child.

- Physical Effects of Institutionalization

There are many physical and medical problems linked to the length of institutionalization prior to placement in a permanent family. As mentioned above, the effects of institutionalization are measurable and many scientific studies have been performed on this subject. One such study performed by The English and Romanian Adoptees (ERA) Study Team compared children adopted from Romania before the age of 2, with children adopted from Romania before 6 months of age.⁶ The researchers found “severe developmental impairments (below the third percentile in height, head circumference and cognitive abilities) in about half of their sample of Romanian children placed into permanent families before the age of 2. However, those children who were adopted before 6 months of age nearly caught up with a comparison U.K. sample when physical growth and cognitive level were measured. Those adopted after 6 months of age but prior to 2 years also made gains but were significantly delayed as compared to U.K. adoptees.”⁷ Follow-up results several years later continued to reflect these findings. It is imperative to note the 6-month dividing line found in this study.

Further studies indicate similar findings, including direct correlations between the amount of time spent in orphanages with shorter height, smaller stature, lighter weight, delays in motor, personal-social and language development, and increased medical problems.⁸ In fact, findings indicate that it was the orphanage experience, rather than prenatal or perinatal experience, that was responsible for these developmental problems.⁹ Further, visual problems have been directly linked to sensory-deprived settings found in orphanages, along with audio and language development deficits.¹⁰ In total, there are varied ways that institutionalization affects children physically. This information is not to discourage you from adopting an older child, it is meant to serve as another tool for your parenting toolbox that will prepare you to meet your child’s specific special needs.

- Physical Effects: Brain development

Institutionalization actually affects the physical formation and development of a child’s brain. Groundbreaking research by Dr. Harry Chugani utilized brain imaging on institutionalized children to detect sensitive regions in the brain that were literally reduced in size as well as activity.¹¹ Diana Bales, PhD, describes the formation and effect as follows:

⁶ <http://www.adoption-research.org/awards.html>, English and Romanian Adoptees Study Team section.

⁷ Id.

⁸ Id, Canadian-Romanian Adoption Study.

⁹ Id.

¹⁰ <http://www.adoption-research.org/thepost.html>

¹¹ “Creating Safe Places for our Children,” Karyn Purvis, Ph.D., & David Cross, Ph.D., April 2005, www.tcu.edu.

“The early years are critical for later life. For years, scientists have known that what happens--or doesn't happen--during the first few years makes a big difference in a child's later life. Babies who do not get enough love and attention in infancy are less likely to be well-adjusted adults. Scientists recently have learned even more about how important the early years can be. Thanks to new technologies, we now have a much clearer idea of how the brain functions at birth. And we've found out that the brain goes through some dramatic changes even after birth.

A baby is born with more than 100 billion brain cells. Some of these cells are already connected to other cells at birth. These connections regulate the heartbeat and breathing, control reflexes, and regulate other functions needed to survive. But much of the brain's wiring does not happen until after birth. In the first months and years of life, brain cells form connections in many parts of the brain. These connections are the complex circuits that shape our thinking, feelings, and behaviors.

During these early years, the brain cells make many more connections than the baby will use. The developing brain is a little like a fertile garden. When we plant a garden, we want the crops that we planted to grow and thrive. But when weeds start to grow, there is less room for the plants we want to grow. By weeding out the plants we don't want, we allow more room for the crops to grow. The brain has a similar “weeding” process. By about age 3, the brain cells have made many more connections than the child will ever need. But the brain is also efficient at weeding out the connections. It keeps track of the connections that the baby uses most. In time, the brain gets rid of the connections that it does not use regularly. The least-used connections are weeded out so that the most-used ones have more room to grow.

The Importance of Experience: From the moment a baby is born, every experience taken in by the five senses helps build the connections that guide development. No two brains are alike! Each child develops individual pathways to deal with his or her experiences.”¹²

The above description is excellent in describing the natural “pruning” or “weeding” that takes place in our early brain development, so as to prune brain pathways and prevent overwhelming clutter and thus further development of those necessary pathways. This allows for proper brain functioning, in normal growth instances. However, “if a trait or process is not mirrored by the parent during infant-parent interactions, it may be pruned away. Remorse, for example, often used as a true mark of sincerity, is a complex brain-based socio-emotional capability that may be pruned away if not activated by loving empathic responses by parents. Children that have not been cared for properly may have lost this ability.”¹³ Institutionalization thus has a profound effect on brain development of children. Limited sensory input, frequent changes of caretakers and lack of the “mirror” process mentioned above, all work to cause deficiencies in brain development.

¹² “Building the Baby's Brain: Much of the Brain's Wiring does not happen until after birth”, Diana Bales, PhD, <http://www.fcs.uga.edu/pubs/current/FACS01-1.html>.

¹³ *The Whole Life Adoption Book*, Schooler & Atwood (2008), 140.

- Brain Development and Behavioral Effects

The most troublesome problems reported by parents post-adoption are behavioral, emotional, or social problems.¹⁴ There are many different forms that these problems can take, but first it is important to understand the nature of how brain development affects a child biochemically and thus guides current and future behaviors. As stated by Karyn Purvis, Ph.D., and David Cross, Ph.D., of the Institute of Child Development of Texas Christian University in a compilation of their articles and research,

“Children who don’t receive touch (hugging, rocking, holding) during their early months of life may have alterations in their neurochemistry which induce decreased levels of serotonin in addition to elevated levels of cortisol. A casualty of the runaway stress response is the overproduction of adrenaline, the stress hormone produced by adrenals. We find in our research that young children, under the age of ten, who have been harmed or neglected have excessive production of adrenaline. In addition, we have found that as these children from hard places become about ten or eleven years of age the adrenals “burn out” because they have pumped so hard, for so long... Sadly, children who come from emotional war zones may ultimately develop neurochemistry akin to that of Viet Nam war veterans (Posttraumatic Stress Disorder or “PTSD”)... The overproduction of adrenaline, for example, is associated with withdrawn behaviors, depressed behaviors, and anxious/afraid behaviors (“acting-in” behaviors). And those same children, by the age of 9 or 10, are vulnerable for adrenal depletion that is associated with aggression, delinquency and other externalizing behaviors (“acting-out” behaviors)... Inability to trust, lack of attachment to safe caregivers, over production of excitatory brain chemicals, and underproduction of serotonin and other calming brain chemicals – these are the mechanisms that actually drive mental illness in many children.”¹⁵

- Posttraumatic Stress Disorder (PTSD)

Institutionalized children tend to suffer from a variety of disorders associated with diminished brain development and resulting behavior problems. An example is Posttraumatic Stress Disorder, which the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders*¹⁶ describes as a constellation of symptoms that stem from exposure to threatening or frightening experiences. A person suffering from PTSD persistently reexperiences the traumatic events, develops impairments in functioning, avoids and numbs to cope, and experiences persistent arousal, including irritability, insomnia, and/or hypervigilance.¹⁷ Described further, “PTSD, previously referred to as “shell shock” or “battle fatigue, was developed out of literature on the effects of war. Exposure to prolonged trauma over time or early in life, however, can have an even more pervasive effect on development [than the literature] on PTSD describes. According to Bessel van der Kolk and Christine Courtois, PTSD as a diagnosis is not broad enough to capture the experiences of many victims of prolonged

¹⁴ <http://www.adoption-research.org/awards.html>, Canadian-Romanian Adoption Study.

¹⁵ “Creating Safe Places for our Children,” April 2005, and “Caught Between the Amygdala and a Hard Place,” Nov/Dec 2006, (combination of two articles), www.cild.tcu.edu. Dr. Purvis and Dr. Cross provide an excellent detailed explanation of the effects on brain functioning in these two articles.

¹⁶ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. Text revision (Washington, D.C.: American Psychiatric Association, 2000), 463-468.

¹⁷ *Id.*

trauma, including profound changes in feelings of safety, trust and self-worth.”¹⁸ PTSD symptoms are common amongst institutionalized children and create long lasting, if not permanent, effects.

▪ Bonding and attachment disorders

The New York Attachment Center explains attachment disorders as follows¹⁹:

The theory of attachment was developed by John Bowlby and Mary Ainsworth from the 1940's through the 1980's. Attachment is the reciprocal bond between child and caregiver that is established early in life. This relationship has profound and lasting effects on all aspects of development including neurological, physical, emotional, cognitive, behavioral and social. The early attachment relationship:

- Lays the foundation for our basic ability to trust
- Acts as a model for future emotional relationships
- Develops our ability to regulate arousal, stress and trauma
- Informs our sense of identity, self-worth and competency
- Lays the foundation for pro-social morals such as compassion, empathy and conscience

Attachment is primarily established in the first three years of life as the caregiver fulfills a child's basic needs and provides touch, eye contact, smiles and positive affective engagement. Through an active and constant cycle of bonding, repeated thousands, if not millions of times in the first few years of life, a child develops a positive internal working model (I am loveable, worthwhile, my needs are met, I am safe), establishes a sense of trust and security and learns how to organize their reality. Furthermore, it is during this cycle and stage in life that the child's brain (specifically the orbital frontal cortex and limbic systems, which regulate emotion, arousal, social skills and ultimately effect communication skills) develops.

What causes attachment disorder? **Attachment Disorder manifests in children who have suffered some sort of chronic neglect and/or abuse in the first three years of life.** While the disorder is most often associated with physical and/or sexual abuse, pervasive neglect (such as infants neglected in orphanages), maternal prenatal drug or alcohol abuse, persistent changes in caregivers or the traumatic loss of a primary care giver.²⁰

What does attachment disorder look like? Attachment issues exist on a broad continuum between mild to severe. The child of an irresponsible birth mother, for example, who had limited needs met but exhibits emotional or behavior problems may have mild to moderate attachment issues. On the other hand, a child who has suffered chronic abuse or neglect and demonstrates irrational emotional, social or physical behavior, particularly towards their primary caretaker, may be diagnosed with Reactive Attachment Disorder (RAD). Not only do these children believe on a core level that they must avoid intimacy and stay in control as a matter of life or death (literally!), they also develop a chronic inability to regulate emotions, impulses and behavior. As a result they are often diagnosed with AD/HD, Conduct Disorder and/or Oppositional Defiant Disorder.

¹⁸ *The Whole Life Adoption Book*, Schooler & Atwood (2008), 145.

¹⁹ <http://www.newyorkattachmentcenter.com>.

²⁰ Id.

What are the most common symptoms of attachment disorder? While researchers continue to identify and discern various subtypes of the disorder--all of which come with their own particular set of symptoms--the most common are excessive tantrums, poor self-regulation, manipulation, control, persistent defiance, poor cause-and-effect thinking, depression and an inability to experience intimate bonds. Attachment disorder in children with significant attachment issues often do not exhibit these behaviors until they feel secure in their new environment. A child will progress far better in your home than he/she would have in the orphanage, and most children make tremendous gains in growth and development during the first years with their adoptive families.²¹

- Other effects of institutionalization

Institutionalized children also are reported to have one or all of the following problems.

Eating problems: Institutionalized children often exhibit eating problems associated with refusing to eat solid foods. This is attributable to orphanage life, due to lack of environmental opportunity, and often improves over time when placed into an adoptive home.²² Of more concern is the issue of excessive eating and hoarding tendencies associated with food. These continue years, if not decades, post-adoption. The children in institutions learn to eat according to their institutional meal schedule, not according to when they are experiencing feelings of hunger. As a result, these children must “learn when to stop eating.”²³ The pervasiveness of this issue is difficult to describe. These excessive eating tendencies are “wired” in these children and can create numerous and varied physical problems in later years.

Sleeping Problems: Also commonly reported by adoptive parents of institutionalized children are sleeping problems. These children tend to lie quietly in their beds without signaling wakeup. Again, this seems to be a behavior directly attributable to orphanage life, where lying quietly in bed was the most common activity for young children, and where no one would have come to the children if they had cried or called upon awaking.

There are hosts of other physical, mental and emotional problems associated with institutionalization. For example, Sensory Processing Disorder is an enormous problem amongst institutionalized children. However, the above items are meant to serve as an introduction to the wide and varied negative effects that are directly linked to institutionalization of children.

Staff members of HCCM have witnessed the majority of these negative effects during the investigational process of institutionalized children in Panama. Again, this information is not to discourage you from adopting, it is meant to serve as further tools for your parenting toolbox.

²¹ Id.

²² <http://www.adoption-research.org/chapter3.htm>

²³ Id.

- Importance of Permanency

Studies show that once troubled children from institutionalized backgrounds were placed in a permanent home they were able to make great advancements in attachment rich, sensory rich environments, evidencing dramatic positive behavioral and attachment gain.²⁴ Studies performed by the English and Romanian Adoptees Study Team proved that once children were placed in permanent homes they started to quickly catch up with their cognitive and physical development, and that the recovery was deeply connected to how early in life they were placed into permanency.²⁵ It is in the Best Interest of the Child with relation to their physical, cognitive and socio- emotional development to be placed in Permanent Parental Care at the shortest time possible.

- Conclusion

Your future child has already been through hard times... worse than you can begin to imagine. This booklet was meant to prepare you for some of the effects these hard times will likely have on your child, and to open your eyes to the possible situations you may have to face as a newly adoptive parent. Preparation is crucial to give you the tools you need to satisfy your child's special needs. Institutionalized children are special needs children. Your child will require extreme amounts of love and attention. It is highly recommended that you take ample time away from work or other responsibilities in order to focus on your new son or daughter and their individual needs. You are your new child's best advocate, and you will be the one to identify potential effects of institutionalization in your child as well as the one to seek treatment.

No child should suffer because their adoptive parents were not prepared or were unwilling to make the sacrifices necessary to meet their needs. Returning your adoptive child is not an option. Would you "return" a biological child? Time and time again, though, adoptive parents attempt to return an adoptive child because they are just not behaving "normally." It is imperative to get ready now, because parenting an adoptive child is totally different than parenting a biological child. Raising your adoptive child will be different. If you are applying to adopt or are simply considering adopting, it is never too early to begin your preparations. Do not stop here. Start researching and investigating. Begin putting your parenting toolbox together today!

²⁴ "The Hope Connection: A Place of Hope for Children From the "Hard Places," Purvis & Cross, Summer 2005.

²⁵ <http://www.adoption-research.org/chapter3.htm>.