

# How do young people growing up in adoptive families fare? A survey of adoptees and their siblings:

Summary and key points

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### > The PICRI programme

Entirely developed by the Île-de-France Region, PICRI aims to promote research programmes involving a close collaboration between public research laboratories and non-profit-making civil organizations.

These partnerships encourage continuous collaboration and mutual learning, all to the greater benefit of research into fields that are crucial for the social, cultural and economical development of the Île-de-France Region.

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# 1

## INTRODUCTION

Focused on the education, social adaptation and quality of life of adoptees in the 15-30 age range, this study is the continuation of previous research conducted on children adopted in France. The different variables studied included gender, age at adoption, origin (continent), pre-adoptive conditions of life, parent/child relationships and discrimination.

International research on the education and outcome of adoptees seldom takes into account the children's geographical origin. French families tend to adopt domestically and abroad, from all the continents, in equal proportions (Oceania excepted).

This study also compared adoptees and "biological" children (i.e. born within an adopting family) – a comparison already tested in the study conducted in 2004 by EFA, Enfance & Familles d'Adoption (Vaugelade et al. 2008). Seldom used in previous studies on adoption, this comparison proved highly instructive.

This study provides us with a broad overview of young adoptees and the families in which they grew up. Evidently, further investigations are needed to improve our understanding, knowledge and support of adoptees and their families.

# 2

## ADOPTION IN FRANCE

### 2.1 > A SOCIETAL PHENOMENON

Over the past thirty years, adoption has moved from being almost exclusively domestic in the 1950s to mainly international (75% of adoptions). International adoptions have risen from 1,000 in 1980 to 3,500 in 2010 (before dropping, a worldwide trend). After Sweden, France is proportionally the country with the highest rate of international adoptions (adjusted with respect to the overall population).

Adoption has become a societal phenomenon. The former veil of secrecy has been discarded and children now know very early that they have been adopted. Frequently featured in television programmes and films, adoption often gives rise to all sorts of contradictory statements, whether through incomplete information, stereotypes, or lack of experience. This study aims to quantify and objectify the various situations encountered in the frame of adoption.

### 2.2 > CURRENT KNOWLEDGE

In 2008, the symposium organised by the General council for Loire-Atlantique and MASF<sup>1</sup> presented the state of the art (Chomilier and Duyme, 2009).

Outside France, several studies have revealed learning difficulties and delayed independence for adoptees compared to non-adoptees, despite similar IQs (Maughan et al., 1998; IJzendoorn et al., 2005). Nevertheless, it has been established that adoption has a positive impact on children (Duyme et al., 1999; Capron et al., 1989; Dumaret et al., 1991).

The integration of adopted children in schools should take into account their levels of skills on arrival (language proficiency, fine movement development, etc.) and not only their age. Unfortunately, a lack of flexibility in the educational systems leaves little room for “non-standard” children such as adoptees (Vaugelade et al., 2008).

### 2.3 > WHAT IS NOT KNOWN

International studies show higher-risk behaviours in adoptees. What is the situation in France? Does it depend on the adoptees’ geographical origin or on other factors?

Which factors encourage familial, educational and professional integration? How are they experienced by teenage and young-adult adoptees? What do they have to say about adoption?

<sup>1</sup>MASF = *Mouvement pour l'adoption sans frontières* = *Movement for adoption without borders*

## 2.4 > ADOPTION SURVEYS IN FRANCE

Before 2000, adoption surveys mainly involved national adoptions. Since then, the focus has shifted to international adoptions.

In the Halifax survey (2001), adult adoptees mainly came from Korea. Cadoret's study (2009) involved teenagers and young adopted via the NGO "Médecins du Monde" (89% were born in one of three countries: Rumania, Brazil and China). The conclusions drawn by these studies concerned specific adoptee populations, according to their geographical origin.

Sellenet's study focused on "failed" adoptions in her 2009 qualitative study. A more recent study (Halifax, 2013) investigated a population of young children who had been adopted in 2005, 2008 and 2010.

The only French survey to cover children adopted across all continents as well as domestically was conducted by Enfance & Familles d'Adoption; it focused on the education of adoptees aged 6 years and over. It included 1,070 children and raised several lines of thought and action regarding the problems faced by adoptees, essentially in primary school (Enfance & Familles d'Adoption, 2008).

# 3

## METHODOLOGY

### 3.1 > QUESTIONNAIRES

Two questionnaires were designed and put online in a secure dedicated space (after receiving the green light of the Commission nationale de l'informatique et libertés, CNIL, which supervises compliance with the law on the protection of personal data):

- One was targeted at parents and concerned the child's pre-adoptive life, the actual adoption phase, their child's education, employment, how they experienced and perceived their child's behaviour and his/her capacity for self-confidence;
- The other was aimed at young people and focused on how they were living and experiencing things: study-wise, with respect to their family, their peers, their attitude to their origins, stress, satisfaction, self-esteem, etc. Most questions were extracted from standardised psychological questionnaires: they were not aimed at setting a diagnosis but at revealing trends, thus enabling comparison between sub-populations (boys/girls, adoptees/"biologicals", adopted as babies/adopted later, etc.);
- Both questionnaires (parents/young people) were paired by anonymous identifiers;
- To compare adoptees to a reference population, the survey was extended to the non-adopted children of the adoptive families (the so-called "biologicals"); the questionnaire was the same. Comparison was direct and therefore easy.

### 3.2 > THE SAMPLES

#### 3.2.1 The parent sample

The local associations belonging to EFA were invited to contact current or past members with adopted or biological children in the 15-30 age range.

The survey was publicized by EFA (Accueil magazine, website, Facebook), other adoptive-family and adoptee associations (MASF, La Voix des Adoptés, Racines coréennes, CNA<sup>1</sup>), authorized adoption agencies (OAA), UNAF<sup>2</sup>, ONED<sup>3</sup>, adoption clinics (COCA<sup>4</sup>) of the hospital network in the Île-de-France Region as well as other organizations and media.

#### 3.2.2 The young people sample

The survey targeting 15-30 year-olds was distributed alongside the parent survey. In addition to the dedicated space, the questionnaire was also available in a smartphone compatible format.

#### 3.2.3 The survey

Conducted between April 2013 and April 2014, the survey collected data on 1,450 young people: 807 adoptive families answered for 1,242 young people. 659 young people returned their questionnaire. Among these, 451 were paired to their parents' questionnaire; 208 were not. Three quarter of the 807 families who participated to the survey were related to Enfance & Familles d'Adoption: 45% are current members and 20% had been members in the past.

<sup>1</sup> CNA = Conseil National pour l'adoption = French National council for adoption.

<sup>2</sup> UNAF = Union nationale des associations familiales = French national union of family associations

<sup>3</sup> ONED = Observatoire national de l'enfance en danger = French national observatory for at risk children

<sup>4</sup> COCA = Consultations d'orientation et de conseils en adoption = Adoption orientation and counselling clinic.

# 4

## SOCIO-DEMOGRAPHICS

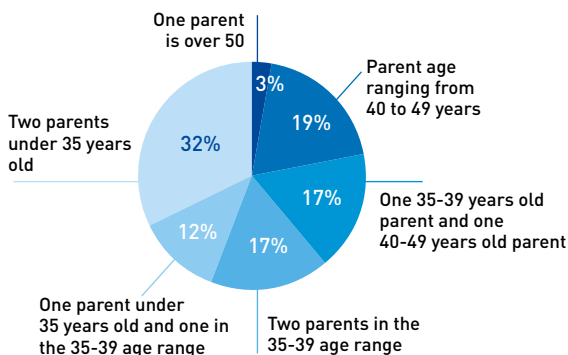
The 1,450 answers concerned 83% of adoptees and 17% of young “biologicals”. 53% were boys and 47% girls. 39% had been adopted before age 1, 31% between 1 and 4, and 30% at age 4 or older.

17% of adoptees were born in France, 30% in America, 22% in Africa, 20% in Asia and 11% in Eastern Europe.

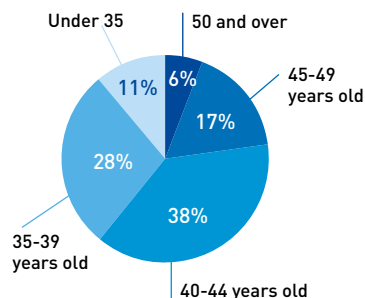
On average, when their child arrived, 53% of parents were childless, 25% only had adopted children and 13% only “biologicals”; 9% already had both adopted and “biological” children. Multiple adoptions were declared in 9% of cases, which corresponds to 19% of adoptees. Most adopters (86%) were married, but 1.5% lived as unmarried couples. Some were single: 11.5% were bachelors and 1% were either divorced or widowed.

The age of parents on adopting is detailed in the two following graphs: single parents are older than adopters living as a couple.

Age of couples when adopting



Age of single parents when adopting



Regarding socio-professional status of adopters, results show:

- 1 to 2% farmers, as in the general French population;
- Over 40% of executives, versus less than 20% in the general French population;
- From 20 to 30% of intermediate professions, versus 15% in the general French population;
- 15% of office and manual workers, versus more than 40% in the general French population.

The study confirmed the results of works undertaken in France and abroad: in all countries, the social status of adoptive families is generally above the national average.

# 5

## EARLY HEALTH PROBLEMS

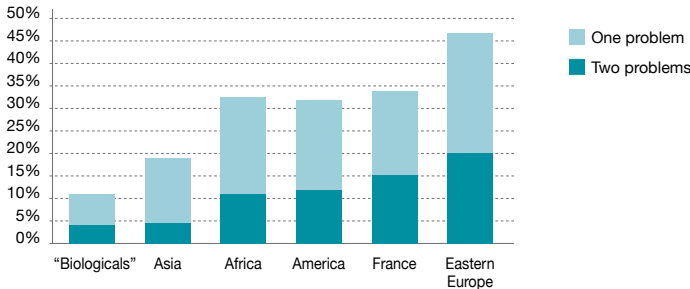
Early health problems may impact the development of the brain or lead to behaviour disorders which impede adaptation.

Although they frequently remain unknown, many problems may have affected the pregnancy (addiction, smoking, drinking, stress) and induced premature birth or low birth weight, which may be known. Other childhood health problems, such as malnutrition and its consequences, disabilities, etc., may produce similar effects.

If one selects four health problems (consequences of malnutrition; medical treatment aftereffects; hospitalization for over one month; mental disability) which may impact the child’s later life, 32% of adoptees are affected by at least one health problem against 11% for the “biologicals”.

*Proportion of young people with one or two negative health factors according to place of birth. Reading the graph: 32% of African-born adoptees suffer from at least one health problem and 10% from two or more.*

**At least one or two health problems during childhood**



Previous research had shown that children born in Eastern Europe were at risk for health problems. This study reveals that children born and adopted in France also carry a significant risk whereas, conversely, children born in Asia are less at risk. In addition, the survey confirms that the older the child on adoption, the less information the parents have on their child’s health as regards the first 2 years of its life.

After-effects of health problems suffered before age 2 by “biological” children, or observed during the two years following adoption, persist for 4% of “biologicals” and 11% of adoptees. Age on adoption induces no difference but some differences do emerge with the place of birth: the most affected are adoptees born in Eastern Europe, in France and in Africa, by order of frequency. Three percent of “biologicals” and 12% of adoptees were affected by some disability (4% physical disability, 7% mental disability and 1% multiple disability). These disabilities varied considerably in severity: some were innate, either genetic or pregnancy-related and possibly at the origin of the abandonment, others result from difficult pre-adoptive living conditions. This explains the higher disability rate of adoptees when compared to “biologicals”.

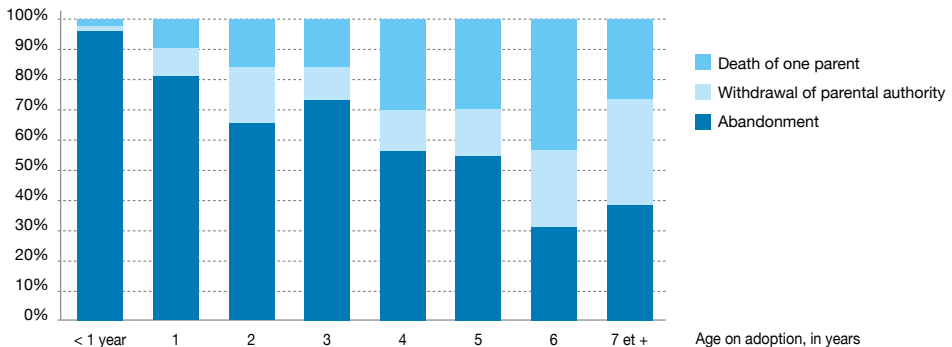
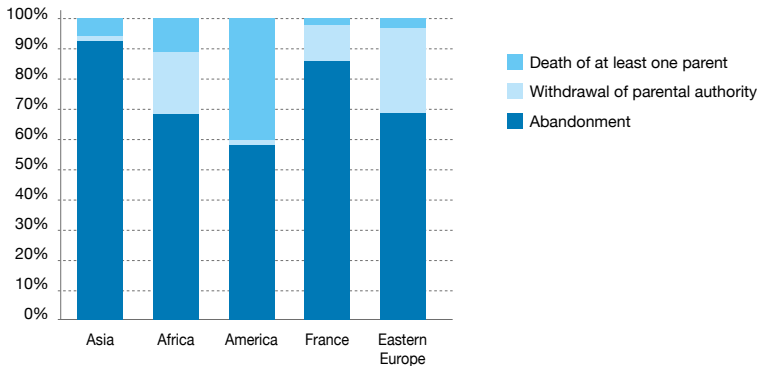


# 6

## FROM ABANDONMENT TO ADOPTION

### 6.1 > ABANDONMENT CONTEXT

Two questions concerned the position of the biological mother and father with respect to their child's adoptability.<sup>1</sup> Three situations were considered: withdrawal of parental authority for one parent, which concerned 11% of adoptees; death of at least one parent for 14% of children and other abandonment situations (75%).



If one considers geographic origins, the proportion of adoptions following parental death reflects the country's sanitary conditions. The worst are found in Africa,<sup>2</sup> where child adoptability results from the death of both parents in over half of cases, of the mother in one third of cases and of the father in one case out of ten.

Parental authority withdrawal is more frequent in Eastern Europe than in America. The high abandonment rates in France and Asia are explained by the early adoption age. Indeed the frequency of parental deaths and parental authority withdrawals tends to increase with the age on adoption.

<sup>1</sup> This is supported by what the adoptive parents know.

<sup>2</sup> In the twentieth century, maternal death concerned 1/100 births.

## 6.2 > SUCCESSIVE FOSTER HOME PLACEMENTS

Most adopted children only experience one foster home. This proportion decreases and the number of successive placements increases when age on adoption exceeded one year, but three quarters of the children adopted after one year only experienced one foster home. The older the age on adoption, the greater the frequency of foster home placements. Successive placements in different foster homes (three and more) concern 8% of the children adopted after age 4.

Age on adoption	Number of foster homes		
	1	2	3 or more
Under 1 year old	95%	4%	1%
1-3 years old	75%	20%	5%
4 years and older	73%	19%	8%
All included	82%	14%	4%

The impact of the number of foster homes on affective and cognitive development and ulterior bonding has been studied (Guedeney, 2002 and 2005).

The time spent in the biological family, which is related to the age on adoption, was as follows:

- nil or under one month for 47% of adoptees;
- 1 month to 1 year for 16%
- 1-2 years for 13%
- 3 years and more for 24%

Nine percent of adoptees had lived in the street for less than one year in 6% of cases, but for over a year in 3% of cases (presuming that this data is always known). The most affected were children born in Africa or America and adopted after age 2, 17% and 14%, respectively. Nearly all the children (90%) had lived in a protected environment: institution for 67% (orphanage, etc.); foster family for 31%; 10% having experienced both forms of care. Fostering is not that frequent except in America and, secondarily, in France; it only concerns 13% of adoptees born in Eastern Europe.

Place of living	All adoptees	Origin of adoptees				
		France	America	Africa	Asia	Eastern Europe
Street	9%	4%	14%	17%	4%	2%
Institution	67%	65%	54%	83%	62%	92%
Foster home	31%	36%	49%	19%	24%	13%

## 6.3 > PRE-ADOPTION NEGLECT

Parents were not aware whether there had been neglect prior to adoption for one child in four (24%). This rate reached 33% for children from Eastern Europe.

Declared neglect	All adoptees	Origin of adoptees				
		France	America	Africa	Asia	Eastern Europe
Unknown	24%	12%	25%	28%	16%	33%
None	70%	82%	54%	69%	91%	49%
Probable	17%	9%	24%	19%	6%	27%
Certain	13%	9%	22%	12%	3%	24%
Probable or certain	30%	18%	46%	31%	9%	51%

When neglect was known, it was certain or probable for 9% of Asian-born adoptees and could affect one adoptee in two from America or Eastern Europe (46% and 51%).

Neglect concerned 26% of adoptees who never lived in the street; this figure rose to 74% for those who did. Similarly, neglect affected 14% of adoptees who were living in their biological family prior to adoption, 24% of children living in care in a single foster home, 46% of those who had lived in two foster homes and 85% of those having experienced at least three foster homes. In the case of children who had been removed from their birth family, rates of neglect rose to 80%.

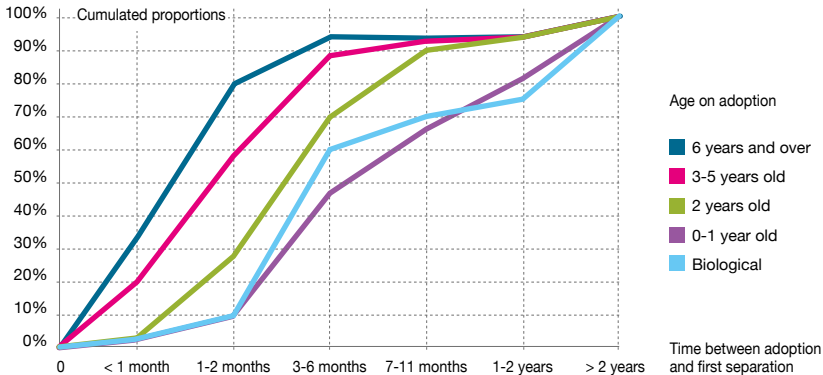
## 6.4 > RISKS OF EMOTIONAL DEPRIVATION AND EARLY HEALTH PROBLEMS

In addition to neglect, the risk factors for emotional deprivation in adoptees included successive foster homes, living in the street and withdrawal of parental authority. Only 52% of the children presented no risk – neither emotional deprivation, nor early health problem; 25% had one risk factor and 23% cumulated two risk factors.

# 7

## EARLY RELATIONSHIP BETWEEN A CHILD AND THE ADOPTING PARENTS

Less than one month after arriving into their family, 12% of adoptees were separated from their parents (placed with a childminder, in a crèche or at school). This proportion reached 34% of children within the first two months. The older the child was on adoption, the earlier the first separation was from his adoptive parents.



Among the children adopted before age 2, only 10% were separated from their parents before they were 2 months old: the curve is similar to the one observed for “biological” children.

Separation within 2 months of arrival occurred in 28% of cases when adoption occurred between age 2 and 3 years; the proportion rapidly increased with age on adoption, to reach 80% as from age 6.

Does this priority given to education over intrafamilial life have any impact on school experience, emotional development or behaviour? This question will be addressed later.

# 8

## ADAPTATION OF THE YOUNG PEOPLE

To study the adaptation of the young people and explore all the psychological dimensions, questions were extracted from psychological research questionnaires. Two indicators summed up several dimensions: emotional disorders and behavioural disorders.

*Cross-referencing emotional and behavioural disorders according to gender and adoption.*

Behavioural disorders	Emotional disorders	"Biologicals"			Adoptees		
		Boys	Girls	All	Boys	Girls	All
None	None	89%	92%	91%	71%	75%	73%
None	Yes	3%	6%	4%	5%	7%	6%
Yes	None	6%	2%	4%	15%	12%	13%
Yes	Yes	2%	0%	1%	9%	6%	8%

Cross-referencing showed:

- Fewer disorders in "biologicals" (91% have neither behavioural, nor emotional disorders) than in adoptees (73% without disorders);
- More emotional disorders without behavioural disorder for adopted girls (7%) than boys, the reverse being true for behavioural disorders without emotional disorders (15% in boys);
- This discrepancy between boys and girls is quite usual. The trend is the same for "biologicals" but differences were too small to be statistically significant;
- The greatest importance of emotional and behavioural disorders for adoptees is found in psychiatric disorders (see box on next page).

## Psychiatric disorders: what the studies say

In the Netherlands, a comparison with the general population showed that the frequency of psychiatric disorder increased for male adoptees, nearly twofold.<sup>1</sup> In Sweden, the frequency of psychiatric disorders was higher for adoptees (5%) than the general population (2%); and when these frequencies were adjusted for socio-economic factors and parental risk factors, the risk was increased threefold in adoptees.<sup>2</sup>

<sup>1</sup> Tieman Wendy, van der Ende Jan, Verhulst Frank C. (2005). Psychiatric Disorders in Young Adult Intercountry Adoptees: An Epidemiological Study. *Am J Psychiatry*; 162.

<sup>2</sup> Hjern A., Lindblad F, Vinnerljung B. (2002). Suicide, psychiatric illness, and social maladjustment in intercountry adoptees in Sweden: a cohort study. *Lancet*. 10;360(9331).

**Self-esteem** is defined as the opinion or assessment one makes of one's own personal value. **Life satisfaction** is the overall assessment of one's quality of life according to one's own criteria. These two concepts should be differentiated. For instance, "I want to be President but I am not." As I have not achieved my objective, I am not yet satisfied with my life, although I do, of course have a high degree of self-esteem.

The self-esteem of the young people was determined by a positive answer to two questions: "I feel that I am a person of worth, at least on an equal plane with others.", "I take a positive attitude toward myself", and by negative answers to the three following questions: "I feel less beautiful than other young people of my age", "All in all, I am inclined to think I am a failure", "I feel like nobody loves me". The answers to these five questions show that 70% of "biologicals" and 57% of adoptees had a very good degree of self-esteem and 23% and 22% a good degree of self-esteem".

Satisfaction with life was measured by two rather interconnected questions. Positive answers to these two questions showed that 84% of "biologicals" and 68% of adoptees were satisfied with their life.

## The self-esteem of adoptees: what the studies say

Research in this field is abundant, but mainly concerns the Anglo-Saxon world where, probably more than anywhere else, self-esteem is considered an essential value, one of the pillars of wellbeing.

In their 1997 meta-analysis of 88 studies involving 10,000 adoptees and over 33,000 non-adoptees in comparative groups, Juffer and IJzendoorn<sup>1</sup> found no difference in self-esteem between adopted children and the reference population of non-adopted children living in the same families. A compilation of the 18 research projects which focused on self-esteem in relation with the young people's ethnic identity also concluded that neither skin colour, nor ethnic belonging, seemed to have any impact, whatever, regardless of the adoptive family's composition. Neither did age on adoption seem to introduce any difference.

To conclude, the authors suggest the following explanation: while adopted children are often born and initially raised in unfavourable conditions, the adopting family's environment plays a determining part in the development of a satisfactory degree of self-esteem. Despite the greater frequency of behavioural disorders and learning difficulties highlighted by other studies, the adoptive family's considerable implication generally enables young adoptees to develop a positive self-image.

<sup>1</sup> Femmie Juffer et Marinus H. van IJzendoorn, Adoptees Do Not Lack Self-Esteem: A Meta-Analysis of Studies on Self Esteem of Transracial, International, and Domestic Adoptees, University of Leiden, 2007

# 9

## FAMILIAL RELATIONSHIPS

### 9.1 > PARENTAL STYLES

In order to characterize educational styles, two assessment scales were designed, based on the young people's answers: one for **parental expectations**, and one for **emotional warmth**. No significant difference emerged between boys and girls on the expectations scale, whether they were adoptees or "biologicals". Adopted girls tended to view their parents as more demanding than biological girls, but the difference is minor.

All young people felt that parental emotional warmth was extremely high. Overall, the young people assessed their parents as follows, thus enabling us to classify them into four educational styles:

- Democratic: 52%, with high expectations and considerable warmth;
- Indulgent: 29%, with considerable warmth but lower expectations;
- Strict: 14%, with little warmth and high expectations;
- Uninvolved: 5%, with little warmth and lower expectations;

Emotional warmth	Parental expectations	
	Low	High
Low	Uninvolved style: 5%	Strict style: 14%
High	Indulgent style: 29%	Democratic style: 52%

There was no significant difference between boys and girls. Adoptees tended to view their parents as less indulgent and stricter than "biologicals".

The young people who perceived their parents as indulgent or democratic were those with the highest degree of self-esteem and who were the most satisfied with their lives. The young people who perceived their parents as strict presented more disorders, particularly emotional, and those whose parents were perceived as uninvolved suffered from more disorders, particularly behavioural. Nevertheless, no connection was found between educational style and school results.



## 9.2 > THE QUALITY OF CHILD-PARENT RELATIONSHIP

Relationships between young people and their parents were “always good” for 80%. Relations with parents were all the better if the young people had experienced their affection and love, and this applied to both “biologicals” and adoptees. Relationships between adoptees and their mother were more difficult than for “biologicals”, particularly for the girls. Father-child relations compared to mother-child relations show a significant differences only for girls who had better relationships with their father than with their mother.

Over 80% of young people knew that they could rely on their parents, slightly less for adopted boys. On the other hand, integrating the extended family was more difficult for adoptees. Only 54% of adoptees were sure that they could rely on members of the extended family against 73% of “biologicals”.

## 9.3 > ADOPTEES’ SENSE OF FAMILIAL BELONGING

According to the answers to the question “What does being adopted mean for you?” we determined three types of familial belonging: affiliated, associated and unattached.

A majority of answers came from **affiliated** adoptees (55%) who stressed how lucky they had been to be adopted and only considered one family, their adoptive family. For one of the young adoptees, it meant “Being welcomed into a family and becoming their child with no distinction from other families”. In parallel, his parents were happy when their child told them, “Your son had a good mark at school”. For another, being adopted meant “A second chance in life. Feeling happy and accomplished with the people who love us”.

The answers of **associated** adoptees (26%) linked their birth family to their adoptive family or the two cultures. For one young person from this category — adopted at age 8 and able to visit his native country and meet his birth family— adoption meant “enjoying two cultures, two families and two origins”. Another answered: “Luck and complications. Fuzzy identity. Double culture. Cultural richness. Sensitivity++”

The answers given by the **unattached** children (19%) were focused on the initial abandonment, on suffering and the feeling that they belonged to neither family. One young person felt it meant: “Having been abandoned and spending the rest of one’s life doing one’s best not to be abandoned again.” Another said: “Coming from two cultures, being unhappy, sad, misunderstood, feeling different every day, lonely, without any real family.”

The sense of belonging did not vary with gender. Neither were there any differences according to age on adoption, current age, native country, diplomas or feelings of failure at school. One notes a slight tendency for young people to shift from “affiliated” to “associated” as they get older: the proportion of “associated” rose by 7% between the youngest (15-19 years old) and the oldest (25-30 years old); simultaneously, the proportion of “affiliated” decreased, whereas that of “unattached” individuals remained stable.

One young person in five experienced no emotional warmth from his or her parents: among these 35% were unattached, against 15% for those who had experienced parental warmth. The frequency of “affiliated” and “associated” adoptees was more frequent among the latter.

# 10

## EDUCATION AND CAREER

### 10.1 > PRIMARY AND SECONDARY SCHOOL

The sense of wellbeing in primary and secondary school was greater for the “biologicals” than the adoptees and more so for girls than boys. Average or high degrees of wellbeing were experienced at school by 68% of adoptees against 81% of their biological siblings. Feelings of failure at school were greater in adoptees than in “biologicals”.

Feelings of failure at school	“Biologicals”			Adoptees		
	Boys	Girls	Overall	Boys	Girls	Overall
Very low	73%	86%	80%	52%	60%	57%
Low	21%	10%	15%	24%	22%	23%
High	6%	4%	5%	24%	18%	20%

If one considers both criteria jointly, wellbeing at school was high and feelings of failure at school were low (or very low) for most children, 78% of “biologicals” and 62% of adoptees.

### 10.2 > EDUCATIONAL AND CAREER GUIDANCE

Educational or career choices may be made immediately after secondary school or later, with some young people choosing vocational training and others remaining in an academic track.

Orientation	“Biologicals”			Adoptees		
	Boys	Girls	Overall	Boys	Girls	Overall
Vocational	8%	7%	8%	50%	35%	43%
Academic	92%	93%	92%	50%	65%	57%

Whereas 92% of “biologicals” are orientated towards general education, only 50% of adopted boys and 65% of adopted girls are.

If one considers adoptees with no health problem or pre-adoption risk, the proportion of those who are orientated towards a general curriculum rises by almost 10%: 59% boys and 74% girls.

All young people felt positive regarding their educational guidance, the girls more so than the boys. The highest satisfaction rate was found in “biological” girls (90%), the lowest rate being that of adopted boys (67%).

However, these satisfaction rates decreased with age at the time of survey, both for “biologicals” where it dropped from 91% for the 15-19 years old to 73% for the 25-30 years old, and for adoptees for whom the rates dropped from 80% to 58%.

If one studies the most recent orientation choice of the young, adoptees were less satisfied than “biologicals”, but their satisfaction rate remained high: 67% against 81%. Satisfaction rates did not differ with gender, whether concerning adoptees or “biologicals”.

### 10.3 > DIPLOMAS

The level of qualification of the 20-30 age range showed that 90% of “biologicals” had at least passed their *Baccalauréat*<sup>1</sup> which corresponds to the statistics for the children of executives; this rate was 53% for adoptees, a figure approaching the national average.

How can this difference be explained when one knows that adoptive families offer a favourable environment for the adoptees’ intellectual development?

Passing the *Baccalauréat* and health problems during early childhood are connected: 59% of problem-free children took the exam successfully, the rate slightly decreased for those with one problem, 54%, but dropped to 23% for adoptees with two health problems (1 adoptee in 7 was concerned).

The same occurred concerning neglect: 59% of the young people with no known risk factor obtained their *Baccalauréat*, against 41% with one risk factor and 22% with two risk factors (1 in 14). When one took into account the risk of neglect and early health problems, the age on adoption proved to have no direct influence on qualification. Indeed, the absence of neglect (97% of the children adopted before age 1) decreased as the adoption age rose: half the adoptees in the 7-plus age range carried at least one risk factor for neglect and a quarter presented two risk factors.

The higher results achieved at school by Korean adoptees has often been stressed and the results of our survey confirmed these better achievements in Asian-born adoptees if one took into account neither neglect nor health problems. When these two variables were considered, the results showed no more differences between continents of origin.

In the 20-30 age range, 66% of adoptees without any early health problems or risk factors for neglect passed their *Baccalauréat*. There remained the problems of which adoptive parents were unaware: failure to move up to the next class at the primary school level was a good indicator, if one considers adoptees without early health problems or neglect risk factors who always passed successfully from one grade to the next, the proportion passing their *Baccalauréat* reached 70% (74% for girls and 67% for boys), which is considerably higher than the national average.

Many studies show that girls achieve better results at school. In France, for instance, a majority of young people who fail at school are boys: among the young people who drop out of the education system every year without qualification, two-thirds are boys (Auduc, 2009). Regarding adoptees in Québec, repetition rates are 12% for girls, and rise to 25% for boys (Tessier et al., 2005).

On the other hand, neither the family’s educational style, nor the rapid separation after the child’s arrival in his or her adoptive family had any influence on the proportion who passed their *Baccalauréat*.

<sup>1</sup>The *Baccalauréat* is the French diploma that marks the successful completion of secondary studies and opens the door to higher education.

## The intellectual development of adoptees: what the studies say

One excellent study<sup>1</sup> about the intellectual development of adopted children concerned children adopted in France between age 4 and 6, removed from their parents at birth or following neglect during childhood and who, prior to adoption, possessed an intellectual quotient (IQ) less than 86, which is the threshold for slight mental disability. When these children were reassessed as teenagers (mean age: 14), their IQ showed an average improvement of 14 points, up to 20 when the adoptive families were of a higher socio-economical level.

A meta-analysis<sup>2</sup> covering 62 studies showed that the IQs and educational achievements of adoptees were slightly inferior to that of their “biological” (non-adoptee) siblings in their adoptive family but frankly superior to their non-adopted birth siblings.

These studies showed that IQ levels were not fixed and that adoptive families were a factor that encouraged resilience in these children. Therefore, one can say that IQs are environment-dependent, and gene-independent.

<sup>1</sup> D1 Duyme M, Dumaret AC, Tomkiewicz S. (1999). How can we boost IQs of "dull children"? : A late adoption study. Proceedings of the National Academy of Sciences of the United States of America, 96(15):8790-8794

<sup>2</sup> IJzendoorn (van) MH and Juffer F. (2005). Adoption Is a Successful Natural Intervention Enhancing Adopted Children's IQ and School Performance. Current Directions in Psychological Science, 14: 326

## 10.4 > OCCUPATIONAL OUTCOMES

Seventy-five percent of those who were happy with their career choice did not consider changing careers against half of those who were not satisfied.

Considering a change in career was independent of gender or adoption and strongly increased with age: 22% in the 15-19 age range were thinking of changing their job, 30% in the 20-24 age range and 41% in the 25-30 age range. One in four said that their job did not suit them, one in three wished to increase their income and one in ten blamed poor career prospects.

Adoptees seemed slightly more concerned by their professional outcome than “biologicals” (47% against 39%). In the “biological” category, girls were more concerned than boys (43% against 35%).

# 11

## SOCIAL RELATIONSHIPS

### 11.1 > DISCRIMINATION

*Proportion of positive answers to questions concerning discrimination*

Question	Bio-logicals	Eastern Europe	France	America	Africa	Asia	All adoptees
Physical appearance perceived as “foreign”	6%	35%	46%	90%	96%	96%	79%
Previous negative discrimination	12%	30%	31%	33%	47%	48%	38%
Current negative discrimination	4%	9%	12%	18%	8	26%	16%
Discrimination related to appearance perceived as “foreign”	2%	13%	21%	40%	48%	64%	41%
Discrimination related to adoption	1%	17%	14%	15%	11%	18%	15

Only 6% of “biologicals” describe themselves as having a physical appearance that is perceived as “foreign”. The least concerned were the adoptees from Eastern Europe (35% felt that they were perceived as “foreign”) and children adopted in France (nearly half). Nearly all the adoptees born in Asia, Africa and America felt that their appearance was perceived as “foreign”.

Current negative discrimination affected 4% of “biologicals” and 16% of adoptees. Past discrimination was more important: respectively 12% and 38%. The aggregation of current and past discrimination showed that 65% of young people considered they had a “foreign” aspect (both “biologicals” and adoptees) and only 20% did not perceive themselves as “foreign”.

Adoption-related discrimination affected 15% of adoptees, independently of origins. Age did not affect discrimination. The discrimination experienced by the young people did not seem to lead them to be drawn towards other young people with similar physical appearances. Other reasons for discrimination were put forward, apart from “looking foreign”, and most were related to physical appearance (weight, height, colour of hair...).

Past negative discrimination was independent of age. It probably occurred before age 15 at school: one of the first places for discrimination (Halifax, 2001). Children often complained to their parents, but sometimes failed to bring up the subject.

The impact on wellbeing at school was only manifest in those who experienced current discrimination (when they answered the survey): 57% graded their feeling of wellbeing as high against 77% of those who never experienced discrimination, independently of age. On the other hand, past discrimination seemed unrelated to the degree of wellbeing at school.

## 11.2 > SOCIAL INTEGRATION

One adoptee in four was relatively isolated (no friends, or just one friend), a ratio which was twice as high as for “biologicals”.

The survey questioned young people about support outside their family in case of difficulty (see 9.2 - The quality of child-parent relationships). Independently of gender or adoption status, many said they could rely on their friends (81%) or other persons (92%).

There was no significant difference between adoptees and “biologicals”. As regards the girls, 12% had no support and they were twice as isolated as the boys, independently of their adoption status.

Regarding outings, sports and friendships, there was no significant difference between adoptees and “biologicals”. About half the young people belonged to a club and attendance rates were similar: 30% attended once a week, 42% once or twice a week and 28% three times or more.

Lastly, concerning their future marital status, answers were balanced, with 53% who were “worried” or “rather worried” and 47% who were “not” or “not very worried”. Differences according to gender and adoption status were mild. Only the 15-19 years old were less worried.

Overall, adoptees seemed to have socialised similarly to their biological siblings.

# 12

## LOOKING FOR ORIGINS AND MEETING BIRTH FAMILIES

The study tried to assess if origins were an issue for these young people (“did they try and learn about their native country?”), and whether not knowing where they came from was a burden for them. The survey also investigated the type of actions considered and undertaken, as well as the assessment of their feasibility. The impact of these actions and the part played by parental support were also examined.

Concerning their native culture, young people born outside France asked the most questions. Those who were born in France were more concerned with their personal origin (I don’t know where I come from). These concerns increased with age and were more marked in girls than in boys.

The most frequently considered approach was a trip to the birth country for 87% of young people (excluding adoptees born in France). The second option was to consult the adoption file and visit the institution. The least frequently achieved or considered option was meeting the birth family, something that 31% of the young people considered impossible.

The study shows that perception changes with time. Among adoptees who chose to search, the proportion of those for whom this was “not under consideration” or “under consideration” decreased after 20 years and those who had “undertaken” some form of search increased. In the under-25 age group, this search was most often carried out with the adoptive parents; the 25-30 years old tended to search without their parents’ help.

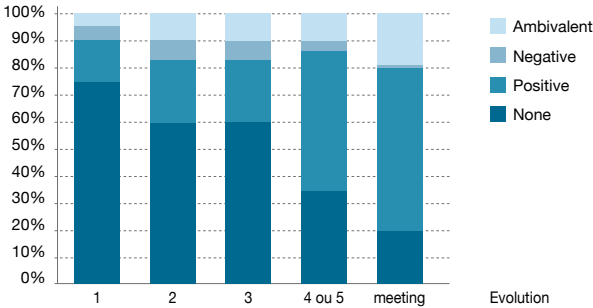
And 34% had initiated no search at all. This proportion decreased with age on the day of the survey, dropping from 42% for the 15-19 years old to 26% for the 25-30 years old. Conversely, the proportion of those who had initiated at least three actions with respect to their origins rose from 16% to 41%.



*Number and type of actions undertaken by adoptees according to age on the day of the survey and gender. This graph shows that, for the 25-30 age range, 74% had initiated at least one action, 60% two actions and 37% at least three.*

More girls had initiated at least one action: 70% against 58% for boys.

The greater the number of actions undertaken (consulting one's file, trip to native country, visit to institutions and meeting with biological family), the more positive the evolution. This positive evolution is multiplied by two when young people felt free to speak of their search with supportive parents.



*Number and type of actions undertaken towards meeting the birth family*

Negative reactions concerned 5% of young people and ambivalent reactions 7%. Reactions were positive in 15% of young people who had initiated one action and reached 51% for young people having undertaken at least four actions.

Evolution was negative in 2% of those who met their birth family and positive for 61%. These results agree with the conclusions of other studies undertaken in France and other countries (see box below).

### Meeting one's birth family: what the studies say

In the United Kingdom, Triseliotis, Feast and Kyle's study, "The adoption triangle" (BAAF, 2005) questioned 126 national adoptees involved in search and reunion with one's birth family; the study showed that new relationships were discovered, particularly with siblings. These meetings were deemed positive by 89% of birth mothers and 96% of adoptees benefited from them, 78% still maintained contact eight years later. Only 8% of adoptive families believed that the meeting had a negative impact on their child. Genderwise, boys were more loyal to their adoptive parents and critical towards their birth mothers; girls were more attracted by and felt closer to their birth parents.

Within the framework of France's National Council for Access to Personal Origins (CNAOP), which concerns people whose mother opted for an anonymous birth, 249 adoptees et 6 former adoptable children in care (mean age: 42, 65% women), 110 birth parents and 53 adoptive parents took part in a survey (Duyme and Perriard, 2014) after meeting the birth family. The impact on emotional balance and quality of life was highly positive for all three groups: adoptees, birth parents, adoptive parents. Generally, the apprehensions of adoptive parents turned out to be unfounded, search and reunion were beneficial for all three parties.



### 13.1 > EARLY PUBERTY IN GIRLS

Depending on the age on adoption, the risk of early puberty increased until age 5 where it reached 40%, rapidly decreasing afterwards. The risk of early puberty significantly increased for adoptees in the 3-5 age range and presenting malnutrition after-effects. Neither the continent of origin, nor sequel-free malnutrition had any impact.

The "Accueil" journal devoted a special issue to this topic.<sup>1</sup>

### 13.2 > GENERAL HEALTH

One question explored what the young people thought about their health and another identified health-related parental concerns. Apart from adopted girls, 10% of whom declared themselves worried, only 3% of young people were concerned about their health. Parents were slightly worried, 5% for their "biological" children and 14% for their adoptees. Overall, one notes that neither young people nor parents seemed very worried.

<sup>1</sup> Accueil #122. La puberté précoce ". Février 2002.

# 14

## CONCLUSIONS

Overall, young adoptees have similar degrees of social integration compared to siblings born in their adoptive families, despite the negative discrimination experienced by 65% of young people who feel that they “look foreign”.

International studies show that adoptees’ IQs are similar to that of their adoptive siblings but that their school results are not as good. This survey confirms lower educational achievements.

Age on adoption and geographical origin have been put forward to explain these differences. Because it considered life before adoption, this study showed that, from what can be known about preadoptive difficulties (health and neglect issues), these could explain the differences observed when one considers age on adoption or geographical origin.

Adoptees generally have good relationships with their adoptive parents. Bonds are all the stronger when young people perceive their adoptive parents as affectionate, but the survey did not allow us to determine whether this avowed emotional warmth was the cause or the consequence of good relationships with the parents. Adoptees who perceive their parents as “affectionate” tend to have fewer problems than those who do not perceive this.

Being supported by their adoptive parents also proves important when adoptees undertake actions to discover their origins. Search and reunion prove to be nearly always positive for the adoptees, their birth family and their adoptive family.

Only 53% of adoptees had encountered neither neglect nor health problems before adoption; obviously, adoptive parents have an important part to play as regards resilience in their adoptive children.

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# WHAT THE ADOPTEES HAVE TO SAY

## > WHAT DOES BEING ADOPTED IMPLY?

The young adoptees who took part in the survey had to answer the following question: "What does being adopted mean for you?" ».

To see myself in the mirror every day, wondering where my features come from.

Having been given a second chance. It's totally positive, even if it does trigger many fears.

For me, being adopted means having two families, a different history with each and a past history which enables us to build ourselves in the future.

Being uprooted means being placed into another pot, in foreign soil, by people who hope the seedling will grow. It means wondering where one's roots are.

To have been desired for a long period of time, having (adoptive) parents who love us more than anything else and being sure of this. To be given a second chance. But also to be different from other people (most people) physically and because of my past history.

Being parachuted into a country which is not mine and satisfying the needs of parents who are ill at ease with their own family.

It means, after having discovered that my biological parents had ten other non-adopted children, feeling abandoned, rejected. Other adoptees think themselves very lucky.

Being abandoned and building one's self with two past histories.

I'm very much ashamed of my Rumanian origins and nobody understands this. I deny it and have done so since I was 5 and a half, even lying by saying I am also Spanish.

It depends on one's experience of adoption one experienced. Adoption landed me with a major identity issue. Beyond the ID card, identity is about origins, nationality, personality and sometimes even religion.

Having a second life, not always being understood by other people, seeing life differently.

Lifelong trauma, guilt, uprooting!!!

Not having a true identity, except for the one which is a part of me in spite of myself: adoptee. And even then, in my case, having been stolen from my family and betrayed by all, both here and over there! I don't accept this adoption and plan to go to court to get my adoption annulled!

I am very proud of being adopted and say so to all.

## > ADOPTION = ABANDONMENT?

Being adopted means being deprived of the possibility of being loved and cared for by one's biological parents due to their own circumstances (sometimes unwillingly). However, for us, or at least, for me, it has been a considerable source of suffering and questioning (19, adopted at 5 years old, Eastern Europe).

Adoption means being born of biological parents who, not wishing to keep their child for whatever reason, abandon it; the child is then placed into an orphanage so that he/she may be adopted by a family wanting a child (adopted when 5 years old, Eastern Europe).

It means being abandoned and then being given a second chance with people who want us (adopted before 6 months old, France).

First of all, being abandoned, being different, even if it does mean being loved by the adoptive family (adopted before 6 months old, France).

Being abandoned, by choice or lack of choice. Having to cope with another life without really being given much choice (adopted at age 6-11 months, Sub-Saharan Africa).

I consider being adopted as a fresh departure. I was adopted with two of my three siblings, so I believe this made it easier for us. Adoption is not an issue, it is having been abandoned which remains buried deep inside (adopted when 6-11 months old, France).

I was abandoned at age 3, placed in care and then adopted at age 12. I met my birth mother prior to my (full) adoption, she has died since. I am waiting to see my file at the social services. For me, being adopted means I was abandoned. Both are closely related (19 years old, adopted at age 12, France).

It means that the first person who should have been part of your life preferred to abandon you. Mothers ought to leave their name and address for their children, write them a letter and explain why... (adopted before 6 months old, France).

Having been abandoned. With an opportunity for a new departure (adopted before 6 months old, America).

Being abandoned and building one's identity with two past histories (adopted before 6 months old, France).

I am depressed and take antidepressant drugs and sleeping tablets because I suffer from insomnia. I see a psychiatrist often. Sometimes, I feel like committing suicide. Sometimes, I feel I am going to be whisked away by Evil. Having been abandoned and that parents came to fetch me (17 years old, adopted at age 5, France).

"Abandonment": I am absolutely against the use of this word when referring to the act committed by the birth parents. I was not abandoned! I am sure my mother had her reasons (17 years old, adopted before 6 months old, French overseas department).

Being adopted means that I have been saved, that I was lucky to meet my loving parents. It also means having been abandoned (19 years old, adopted at age 2, Eastern Europe).

It means being made welcome into a new family to have a second chance and a better life (adopted between 12 and 17 months, America).

## WHAT THE PARENTS HAVE TO SAY

Our daughter had not been prepared: we had to win her over... She remains very reserved, but always turns to us in case of problem: she knows she will always find the help she needs.

He is an extravert who talks, laughs and has a great sense of humour. He is highly resourceful concerning his colour and has great esteem for his physical appearance (when he was small, I used to tell him he was the most beautiful...). Eminently likeable; he is the only one to kiss me every evening and every morning.

Teenage-related difficulties: reserved, concentration disorders, communication problems, emotional and professional instability. Currently living with a partner, she is the mother of a 9-month old boy, of whom she takes great care and is very proud. Our relationships are serene and peaceful.

Very independent child who needed four to five years to bond with us. Distant and/or conflictual relationships since teenage.

My daughter is rather distant, but she is close to her brothers – whilst describing them as her “half-brothers” to explain the difference in skin colour. She has few friends outside school. I think it’s too risky for her. She does not want to speak about her adoption. I let her handle this as she wants.

Difficult social relationships initially, but rather good adaptation in the family.

When we raised our biological and adoptive children, we were also a foster family, with children in care living with us. They all continue to meet during “sibling parties” which they organise. Their respective partners have no other choice but to accept this tradition, which they do not seem to dislike.

If I had known how much adopted children suffer, I would not have adopted.

She was very ill at age 15 and decided to tell everyone that she had been adopted. This decision was highly beneficial. Her psychology studies probably helped her, as well as her work on abandonment with the psychologist. She has just completed her thesis on the theme of adoption.

Child treated for hyperactivity and intellectual disharmony from age 3 to 11 with very positive results. At ease, very affectionate, brilliant at school.

Abandoned at birth, she experienced life in an orphanage until age 7 and then was cared for in a foster home. She went to school for one year and had learnt to read and write Rumanian. We adopted her at age 9 and she started primary school in Year One. After two years in secondary school, she joined a support class, obtained her qualification to care for small children and found a job.

Times were difficult during adolescence. He is determined, strong-willed, works hard, has a full time job and will soon be a father himself.

The school environment does not seem to be well prepared for situations such as those of our children. Hence the long quest for alternative solutions. Peer groups, conferences and testimonies, “good” therapists, have been a great help. Parental love is not enough, patience, energy, experience and trust in the future are also required.

We always spoke positively of her adoption and her native country, where we have been twice. She is very close to us and to her grandparents.

I did all I could but did not succeed and this makes me sad; I think my troubles are not over.

She is not interested in her birth family or country of origin, despite the openings we have made. She is very determined to succeed at school.

Adopted at age 7, our son knows his past history and that he has family in his native country where we have travelled twice. He is proud of his Ukrainian origins and boasts of them with everybody.

He asked questions at key periods of this life: when he turned 7, changed school, at age 11 and when he started secondary school. No questions while he was in secondary school. He looked at his file when he was 18 and goes on chatrooms and other social networks to exchange with other adoptees.

His main problems: stability at work and managing money.

Adoption of an underfed and under-stimulated 5-month old baby. Difficulties at school and in choosing a vocational option, rehabilitation, psychotherapy, daily support. No help from teachers, institutions or the adoption agency. Good relationship, he is serious and hard-working, happy with his life and we are confident.

Adopted at age 5, our son has found self-confidence and self-esteem in athletics. Secondary school was average. Despite racist comments in his last year, going to agricultural college where he passed his BTS<sup>1</sup> was highly beneficial.

Adopted at age 6 and a half, our son is a winner, eager to help and affectionate. His ambition compensates his difficulties at school, he is a team captain and has many friends. At the same time, he needs safety: for a long time, going on holiday used to trigger anxiety.

Our daughter needed to be praised and encouraged. Her self-confidence is fragile. She is very sociable.

Our son has dropped out of school and has been at home for over a year. He is unable to carry through any projects. He seems sort of depressed but is improving slowly: his familial relationships are slightly less deteriorated.

It will have taken 13 years of higher education, with failures and curriculum changes, to get there. Adoption forces you to take time into account.

After years of school problems, he has just finished his apprenticeship and passed his CAP.<sup>2</sup> He has found his way in life. We are happy, proud and relieved.

<sup>1</sup> BTS = *brevet de technicien supérieur (technical degree)*. This exam is taken after the baccalauréat and two years of study in a specific technical field.

<sup>2</sup> CAP = *certificat d'aptitude professionnelle = French professional proficiency certificate*.

This survey, initiated by Enfance & Familles d'Adoption, involves 1,450 young people aged 15 to 30. The young people included adoptees, as well as non-adoptees who have grown up in adopting families; the latter form the comparison population.

The results of this survey were presented during an international symposium “How well do adoptees fare? The state of the art in adoption search, professional practice and peer support”, held in Paris on 4 and 5 June 2015, which brought together the scholars who participated in this study and other French and International researchers. This symposium enabled us to confront the results of our study with those of international research.

The first results confirmed what is well known, both in national and international adoption: on average, more difficult schooling for adoptees than their adoptive siblings; educational achievements which are close to the national average; satisfactory social integration. This study showed that age on adoption was not, in itself, a determining factor that could explain these difficulties when one took into account pre-adoption living conditions.

The full results of this study will be the object of a later publication.

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