

# **The Adoptee Experience and Impact of Adoption**

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## **Abstract**

Adoption is often framed as a solution – but for adoptees, it can also mark the beginning of complex emotional and psychological challenges. Shifting societal perspectives increasingly recognize adoption not merely as a social institution but as a complex psychological experience, often rooted in trauma and attachment disruption. Adoptees and individuals with care experience—whether through early infant adoption, foster care, kinship placement, transracial or international adoption, institutionalization, and placement disruptions—commonly face emotional dysregulation, mental health issues, and disrupted relationships when left unaddressed. Early separation from biological families compounded by cultural stigma, systemic barriers, and, in some cases, abuse may lead to even greater challenges. The adoptee experience through the lens of trauma, attachment theory, identity, and culture – particularly within the Kenyan context. These experiences highlight the need for therapeutic approaches that are not only trauma-competent and attachment-based, but also responsive to cultural and systemic contexts. Creating supportive, informed, and adaptable care frameworks can significantly improve outcomes and foster resilience for adoptees throughout their lives.

## **Keywords**

Adoption,  
attachment injury,  
trauma,  
separation,  
care experiences,  
loss, mental health, and  
trauma-informed care.

## **Introduction:**

### **Understanding the Realities Behind Adoption**

While adoption is commonly portrayed as a joyful new beginning, it often begins with profound loss.

For many adoptees, this includes the loss of biological family, cultural heritage, personal identity, and early stability—experiences that can leave enduring psychological and emotional effects. Many adoptees carry invisible wounds that traditional, dominant narratives framing adoption as primarily benevolent tend to overlook.

To fully understand the depth and complexity of the adoptee experience, it is essential to draw upon theoretical frameworks such as attachment theory, trauma research, and sociocultural analysis. This approach enables a more nuanced understanding of adoption as not merely a legal process, but a lifelong psychological journey shaped by multiple intersecting factors.

### **Attachment Theory and Why It Matters**

Attachment theory, pioneered by Bowlby and Ainsworth, provides critical insight into how early caregiver relationships are essential for survival and shape trust, emotional regulation, relational functioning, and worldview (Bowlby, 1988; Ainsworth & Bowlby, 1991). At its core, attachment refers to the enduring psychological connectedness between humans, particularly the bond formed between infants and their caregivers. Secure attachment is typically formed through consistent, nurturing, and responsive caregiving. For many adoptees, early caregiving is disrupted by neglect, abuse, institutionalization, or multiple placements.

Such disruptions—referred to as attachment injuries—can lead to maladaptive attachment styles, including anxiety, avoidance, or disorganization. These attachment disruptions are not indicative of inherent deficits in adoptees but rather are understandable. Attachment theory, pioneered by Bowlby and Ainsworth, provides critical insight into how early caregiver relationships are essential for survival and shape trust, emotional regulation, relational functioning, and worldview (Bowlby, 1988; Ainsworth & Bowlby, 1991). At its core, attachment refers to the enduring psychological connectedness between humans, particularly the bond formed between infants and their caregivers. Secure attachment is typically formed through consistent, nurturing, and responsive caregiving. For many adoptees, early caregiving is disrupted by neglect, abuse, institutionalization, or multiple placements.

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These attachment disruptions are not indicative of inherent deficits in adoptees but rather are understandable responses to early experiences that signaled relational instability and mistrust. When compounded by subsequent trauma, these injuries can persist into adolescence and adulthood, complicating efforts toward emotional healing and relationship building. Though unresearched, we propose that even adoptees without the aforementioned complications, can also be negatively impacted due to the mother-infant separation at birth even if cared for by a loving and attuned caregiver at infancy.

Early attachment relationships are rooted in the caregiver's ability to provide safety, comfort, and responsiveness. These relationships fulfill key functions: proximity maintenance (the instinct to stay close to caregivers for survival), a safe haven (seeking comfort during threats), and a secure base (confidence to explore the environment) (Simpson et al., 2021). Attachment styles reflect the variations in caregiver responsiveness and sensitivity and are categorized as secure, anxious-resistant, avoidant-dismissive, or disorganized (Ainsworth, 1978; Main & Solomon, 1986).

Attachment injuries occur when individuals experience abandonment or unmet needs during critical moments. Such injuries foster insecurity in relationships and can lead to attachment trauma characterized by emotional dysregulation and impaired communication. Trauma within attachment contexts—such as neglect or abuse—can exacerbate insecurity and hinder the ability to form secure bonds. This is particularly evident in adoptees, who often exhibit lower levels of secure attachment compared to non-adopted individuals (Johnson, 2002; Van den Dries et al., 2009). Furthermore, trauma outside attachment relationships (e.g., war-related violence) can similarly disrupt attachment systems by intensifying the need for connection while undermining trust (Johnson, 2002).

For individuals with pre-existing attachment injuries, subsequent traumatic experiences—such as abuse in adoptive or foster families—can compound difficulties in forming secure connections (Millers

et al., 2007; Landers et al., 2021). This highlights the complex interplay between early attachment experiences and later relational challenges.

### **Common Issues Among Adoptees**

Adoptees and individuals with care experience often face significant challenges that, if unaddressed, can lead to mental health issues. Early life adversities such as loss, abuse, neglect, and disrupted caregiving systems are linked to developmental impairments, including physiological dysregulation and difficulties in emotional regulation, relationships, and cognitive functioning (Warner et al., 2013). Behavioral and affective regulation are particularly affected, influencing multiple aspects of life (Warner et al., 2013). Adopted children are at higher risk of conditions such as ADHD, reactive attachment disorder (RAD), oppositional defiant disorder (ODD), depression, and bipolar disorder (Miller, 2022; Atkinson & Gonet, 2007).

Adoptees often struggle with identity formation and belonging. International adoption has been described as isolating individuals from their original cultural communities and forcing assimilation into new ones (Ferrari et al., 2017, cited in Utley, 2020). Coping strategies among adoptees range from adaptive methods like self-care and relational work to maladaptive mechanisms such as emotional suppression, trust issues, perfectionism, and feelings of abandonment (Ferrari et al., 2017, cited in Utley, 2020). Fear of abandonment can hinder the formation of meaningful relationships, while difficulties processing emotions often result in emotional unawareness or avoidance. Many adoptees report isolation due to feelings of being unsupported or unseen and struggle with self-trust and decision-making (Ferrari et al., 2017, cited in Utley, 2020).

Cultural factors further complicate adoption experiences. In Kenya, stigma surrounding adoption is pervasive. Adoptees often face rejection from extended families due to cultural beliefs about inheritance and familial ties. For example, adoptees in polygamous families are more likely to experience neglect or disinheritance compared to

those in monogamous households (Mbuga, 2007; Mlemwa, 2020). Additionally, studies have shown that adopted children in Kenya are at increased risk of stunting due to inadequate care compared to those living with biological parents (Bloss et al., 2004).

These findings underscore the complex interplay between early adversity, cultural context, and the psychosocial challenges faced by adoptees. Addressing these issues requires culturally sensitive interventions and supportive environments that promote emotional well-being and secure attachments.

### **The Complex Psychological Landscape of Adoptees**

Adoption does not erase pre-existing adversities. Many adoptees have experienced significant trauma prior to placement, including abuse, neglect, abandonment, and institutional care. These adverse childhood experiences (ACEs) are strongly associated with disruptions in brain development, emotional regulation, behavioral adaptation, and cognitive processing.

As a result, adoptees are at elevated risk for a range of psychological challenges, including anxiety, depression, attention-deficit/hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), and reactive attachment disorder (RAD). Beyond diagnostic categories, many adoptees report pervasive difficulties related to trust, identity formation, and social integration. These difficulties are especially pronounced among transracial and international adoptees, who often grapple with cultural displacement and the pressure to assimilate. In the Kenyan context, adoption is further complicated by sociocultural factors, including stigma, tribal affiliation, and beliefs about bloodline inheritance. Adoptees may face marginalization or even rejection from extended family members, particularly within polygamous family systems where lineage plays a central role. These sociocultural dynamics underscore the need for contextually informed, culturally sensitive approaches to adoption and post-adoption support.

## Adoption as a Potentially Traumatic Experience

An increasing body of literature recognizes adoption itself as a potential source of trauma. The experience of being separated from one's birth parents, coupled with limited access to birth records or heritage, often results in unresolved grief, identity confusion, and chronic insecurity. In qualitative studies, adoptees describe their experiences using terms such as "living in fear" and "unresolved grief," reflecting the depth and persistence of their emotional distress.

For some adoptees, adoptive placements introduce additional layers of trauma, including emotional neglect, abuse, or unmet psychological needs. In cases where adoptive caregivers are ill-equipped to respond to these complex needs, adoptees may experience further attachment injuries. Thus, the process of adoption may involve not a singular trauma, but a series of cumulative and compounding stressors.

## Trauma and the Nervous System: Sensory Processing Difficulties

Trauma has significant neurological implications, particularly for sensory integration and regulation. Many adoptees, especially those with histories of institutionalization or neglect, present with symptoms consistent with Sensory Processing Disorder (SPD). These individuals may exhibit hypersensitivity or hyposensitivity to sensory stimuli such as sound, light, touch, or smell, which can interfere with social interaction, learning, and emotional regulation.

These sensory challenges reflect the impact of early relational trauma on the autonomic nervous system, often resulting in chronic states of hyperarousal or dissociation. Trauma-informed occupational therapy offers interventions that target sensory modulation and self-regulation, helping adoptees access higher cognitive and emotional functions. Such approaches are foundational to trauma recovery, especially when traditional verbal therapies may be inaccessible due to dysregulation.

## Psychological Implications of Adoption

The long-term psychological effects of adoption remain underexplored, with much of the existing research focusing on pre-adoption experiences rather than outcomes in adulthood (Zamostny et al., 2003; Jordan & Dempsey, 2013). Evidence indicates that adoptees are at higher risk for psychological disorders and psychiatric issues compared to non-adoptees, including trauma-related challenges and comorbid conditions such as sensory processing, behavioral, somatic, and attachment disorders (Corral et al., 2021; Juffer & van Ijzendoorn, 2005; Melero et al., 2017).

Pre-placement adversity, such as abuse or neglect, can disrupt neurobehavioral and interpersonal functioning, leading to emotional dysregulation and difficulties in self-regulation and stress management (Gunnar & Reid, 2019). These challenges often persist into adulthood, with behavioral and emotional difficulties during adolescence negatively affecting adult psychological well-being (Sánchez-Sandoval et al., 2020). However, warm adoptive parenting has been shown to mitigate internalizing and externalizing problems over time, highlighting the importance of post-adoptive protective factors (van Ijzendoorn & Juffer, 2006).

Trauma-informed therapeutic interventions such as Narrative Therapy, Occupational Therapy, and Cognitive Behavioral Therapy are recommended for adoptees. These approaches focus on recovery by addressing trauma-related domains and promoting emotional healing (Jordan & Dempsey, 2013). Longitudinal studies are needed to better understand the interaction between pre-adoptive adversity and post-adoptive environments in shaping adoptees' developmental trajectories.

## Trauma

A qualitative study by Dalton et al. (2022) used the Adult Attachment Interview (AAI) to explore the experiences of 17 adult adoptees, revealing that adoption itself can be experienced as trauma.

Reflexive Thematic Analysis identified key themes: "Coming out of the fog," unresolved grief, and living in fear. Unresolved grief often stemmed from the loss of birth parents, particularly the birth mother, compounded by factors such as lack of access to birth records or rejection by biological parents. This persistent grief was described as an ongoing process rather than a singular event, deeply affecting identity and attachment.

Trauma was also linked to abuse—physical, emotional, or sexual—by adoptive caregivers (Dalton et al., 2022). Miller et al. (2007) reported severe abuse leading to fatalities among international adoptees, with 67% of victims being toddlers, challenging claims that their behavior justified such outcomes. Landers et al. (2021) further highlighted high rates of emotional, physical, sexual, and spiritual abuse among adoptees, particularly American Indian participants, who faced poly-victimization at disproportionate levels.

Additionally, forming attachments with adoptive caregivers was identified as a potential source of trauma for some adoptees (Dalton et al., 2022). These findings emphasize the cumulative and enduring nature of adoption-related trauma and its profound impact on emotional well-being and relational functioning.

### **Sensory Processing Disorder (SPD)**

Sensory Processing Disorder (SPD), previously known as sensory integration dysfunction, is a neurological condition characterized by atypical responses to sensory stimuli, affecting daily functioning and social interactions (Miller et al., 2009). SPD is common among adoptees and foster care populations due to limited sensory experiences in institutional settings, often resulting in tactile defensiveness and heightened sensitivities to sensory inputs such as sound, touch, light, and smell (Cermak & Daunhauer, 1997, as cited in Fox & Kollodge, 2019; Johnson & Dole, 1999, as cited in Fox & Kollodge, 2019).

Trauma significantly impacts sensory processing by altering the nervous system, which governs sensory responses. Sensory dysregulations are categorized into three types: Sensory Modulation Disorder, Sensory Discrimination Disorder, and Sensory-Based Motor Disorder. These disruptions affect areas such as emotion regulation, attention, social participation, and interpersonal relationships (McCann, 2022). Adoptees often report discomfort with sensory stimuli—such as loud noises or certain textures—and may modify their behaviors to cope with these challenges (McCann, 2022).

Comparative studies highlight the prevalence of sensory difficulties among adoptees. For example, Wilbarger et al. (2010) found that post-institutionalized international adoptees exhibited higher levels of sensory processing disruptions compared to early-adopted children and those raised by biological parents. Romanian adoptees similarly demonstrated significant difficulties across multiple sensory domains (Cermak & Daunhauer, 1997). Furthermore, Eckerle et al. (2014) identified hearing and vision impairments among international adoptees as contributing factors to developmental delays and behavioral problems.

These findings underscore the need for trauma-informed interventions that address sensory processing challenges in adoptees to enhance their occupational performance and overall well-being. Behavioral disorders among adoptees have been a subject of extensive research, with findings revealing nuanced differences based on adoption circumstances. Escobar et al. (2014) conducted a comparative study of 25 adopted and 25 non-adopted adolescents in South America, concluding that behavioral problems were not significantly different between the two groups. This challenges the stereotype that adoptees exhibit more problematic behaviors during adolescence, suggesting instead that any difficulties may stem from typical developmental challenges rather than adoption-specific factors. However, discrepancies between parent and child reports were noted, with adoptive parents often perceiving more behavioral

issues, potentially due to heightened vigilance stemming from pre-adoption training and psychological evaluations (Escobar et al., 2014; Miller et al., 2000).

Age at adoption emerged as a critical factor influencing behavioral outcomes. Hawk and McCall (2011) found that post-institutionalized children adopted after 18 months displayed higher incidences of extreme behavioral problems—such as aggression, attention deficits, and social difficulties—compared to those adopted earlier. These issues were attributed to prolonged psychosocial deprivation in institutions, including inconsistent caregiving and emotional neglect. The delayed manifestation of these problems during adolescence, termed the "sleeper effect," highlights the lasting impact of early adversity despite placement in supportive adoptive homes.

Attachment styles also differ significantly between adoptees and non-adoptees. Escobar et al. (2014) reported that only 32% of adoptees exhibited secure attachment compared to 72% of non-adoptees, with avoidant and ambivalent attachments being more prevalent among adoptees. Additionally, later-adopted adolescents scored higher on social problem scales than those adopted earlier, indicating that the timing of adoption plays a role in social adjustment.

Overall, while adoptees may not universally exhibit greater behavioral problems than non-adoptees, early institutional experiences and attachment injuries can lead to specific challenges that manifest over time. These findings underscore the importance of early intervention and supportive post-adoption environments to mitigate long-term behavioral difficulties.

### **Somatic Symptom Disorder**

Somatic Symptom Disorder (SSD) is characterized by physical symptoms accompanied by negative thoughts, emotions, and behaviors, with psychological factors playing a mediating role in their development and treatment (Sattel et al., 2012). Attachment theory, particularly Bowlby's concept of internal working models, provides a

framework for understanding how early caregiver interactions shape emotional and cognitive responses, influencing the processing of somatic symptoms (Bowlby, 1977).

Research highlights a significant prevalence of SSD among adoptees. A study of 859 adopted women in Sweden identified a somatization syndrome marked by frequent somatic complaints such as headaches, backaches, and abdominal distress, often co-occurring with psychiatric impairment. Adopted women exhibited higher rates of both psychiatric and physical problems compared to non-adoptees, with more frequent sick leave for somatic issues (Sigvardsson et al., 1984).

Attachment styles also play a critical role in SSD. Secure attachment acts as a protective factor against somatization, while anxious attachment is associated with more severe somatic symptoms due to deficits in emotion regulation. Anxiously attached individuals often exhibit heightened sensitivity to physical discomfort, using exaggerated symptoms as a means to maintain relationships (Falahatdoost et al., 2020; Meredith et al., 2008). These findings underscore the interplay between attachment, emotional regulation, and the manifestation of somatic symptoms.

### **Attachment Disorders – Reactive Attachment Disorder (RAD), Disinhibited Social Engagement Disorder (DSED)**

Reactive Attachment Disorder (RAD) and Disinhibited Social Engagement Disorder (DSED) are attachment disorders caused by severe neglect or insufficient care during early childhood. According to the DSM-5, RAD is a trauma-related condition characterized by inhibited emotional responses, social withdrawal, and difficulty forming healthy attachments with caregivers. Diagnosis requires symptoms to manifest before age five, with the child being at least nine months old and not meeting criteria for autism spectrum disorder (Ellis, 2022). Children with RAD often struggle with emotion regulation, loneliness, low self-esteem, and difficulties engaging emotionally with others (Butvilas et al., 2022).

In contrast, DSED involves indiscriminate sociability and an absence of reticence in interacting with unfamiliar adults. This disorder is marked by behaviors such as overly familiar interactions and a lack of preference for primary caregivers (American Psychiatric Association, 2013, as cited in Seim et al., 2021).

Research highlights diagnostic challenges and recovery potential. A review of clinical data from 100 maltreated foster and adoptive children revealed that 39 presented with RAD, DSED, or attachment disorders; however, over-diagnosis of RAD and under-diagnosis of DSED were noted, emphasizing the need for improved diagnostic accuracy (Allen & Schuengel, 2020). A comparative study found that adopted children with attachment disorders showed significant recovery after three years in stable family placements compared to those in long-term institutional care, underscoring the effectiveness of adoption as an intervention (Román et al., 2022). These findings highlight the importance of early intervention and accurate diagnosis in addressing attachment disorders.

### **Bringing it home: The Kenyan perspective**

Research on adoption and alternative care in Kenya remains limited, highlighting the need for further exploration to improve practices and outcomes for adoptees and children in care. Systemic challenges such as legal loopholes, commercialization of adoption, and child trafficking led to a moratorium on international adoptions in 2014 (Chepkoech, 2019; Mlemwa, 2020). Psychological concerns also arise, particularly regarding the loss of cultural identity in inter-country adoptions, which can lead to identity struggles during adolescence (Ahmed, 2019).

Efforts to address these issues include the revised Children Act (2022), which strengthens child rights protections through initiatives such as ending corporal punishment and establishing a child welfare fund. However, barriers to domestic adoption persist, including stigma, misconceptions about adoption as a last resort for infertile couples, tribal prejudices, financial constraints, and lack of public awareness (Mbuga, 2007; Stuckenbruck &

Roby, 2017). Cultural beliefs about lineage and inheritance further complicate adoption acceptance.

Alternative care solutions like kinship placements or institutional care have shown mixed results. While kinship-based institutional models provide moderate success as a last-resort solution, children often experience re-traumatization and lack autonomy upon leaving care. A sense of belonging and permanent family placement remains critical for their well-being (Gayapersad, 2019).

To improve outcomes for Kenyan adoptees and children in care, culturally sensitive approaches are essential. Therapists must consider the protective factors within African family systems while addressing stigma and systemic barriers. Promoting domestic adoption through public sensitization and ethical practices is vital to ensuring children's rights to family-based care.

## **Therapeutic Interventions**

Therapeutic interventions for adoptive families must address the unique challenges associated with trauma, attachment, and identity. Many adoptive families report that traditional therapeutic approaches often fail to meet their needs due to a lack of understanding of adoption-specific issues such as attachment, trauma, and loss (Atkinson et al., 2013). Effective therapy requires a psychosocial-emotional framework tailored to adoptive populations, emphasizing trauma-informed care and attachment-based approaches (Gardenhire et al., 2019; Van der Kolk, 2015).

Barriers to accessing appropriate care include a shortage of trained professionals, the complexity of coordinating multi-disciplinary support for adoptees' mental health and educational needs, and financial constraints (Miller et al., 2007). Traditional therapies like psychodynamic psychotherapy or cognitive behavioral therapy often require clients to be regulated enough for verbal communication, which can be challenging for trauma-affected children whose prefrontal cortex functioning is disrupted (Warner et al., 2013).

Adoption-specific therapies such as Trust-Based Relational Intervention (TBRI), Dyadic Developmental Psychotherapy (DDP), Theraplay, and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) have shown promise. These approaches focus on building secure attachments, processing trauma, and enhancing parent-child relationships. For example, TBRI integrates attachment principles with sensory and behavioral strategies to address fear-based behaviors, while Theraplay uses structured play to strengthen parent-child bonds (Booth & Jernberg, 2010; Siegel & Bryson, 2012). Adoption-Specific Therapy (ADAPT) combines evidence-based techniques with sensitivity to adoption dynamics, addressing issues such as grief, identity development, and parent-child bonding (Waterman et al., 2021).

Family-based interventions that include both parents and children are particularly effective in fostering healthy relationships and improving outcomes for adoptees. However, further research is needed to refine these approaches and ensure accessibility for all adoptive families.

### **Occupational Therapy**

Trauma has profound effects on the nervous system, disrupting the hypothalamic-pituitary-adrenal axis and leading to chronic states of hyperarousal or hypoarousal. This dysregulation impairs prefrontal cortex functioning, limiting higher cognitive abilities such as reasoning and emotional regulation (van der Kolk, 1994). Occupational therapy (OT) addresses these challenges using sensory-based interventions to help individuals achieve physiological regulation, enabling access to higher-order functions like language and imagination (Warner et al., 2013).

The Occupational Therapy Screening Tool (OTRT), developed by Fox and Kollodge (2019), is a brief instrument designed to identify developmental gaps in adopted and fostered children aged 0–17 years. The tool uses a six-point Likert scale to assess milestones and guide referrals for OT services. These interventions focus on sensory integration and self-regulation, helping children overcome

trauma-induced deficits in emotional and social functioning.

Trauma-informed occupational therapy emphasizes a bottom-up approach, targeting the sensory system to stabilize the nervous system before addressing cognitive or emotional challenges. Techniques include sensory rooms, tactile activities, and environmental modifications to promote adaptive self-regulation (Sutton et al., 2013; Champagne, 2011). By fostering resilience and improving engagement in daily activities, OT offers a holistic pathway for recovery from trauma while reducing maladaptive responses.

### **Narrative Therapy**

Narrative therapy offers a valuable framework for addressing the unique experiences of adoptees by challenging dominant discourses and fostering meaning-making within cultural and relational contexts (Knowles, 2022; White, 2007). This approach emphasizes the social construction of identity, enabling adoptees to explore and reframe their narratives of adoptive identity, parentage, and ancestry (Angell, 2022). For example, adoptees may reconcile the unknown aspects of their origins or construct new narratives following reunification with birth parents, restoring a sense of agency and intelligibility.

Narrative therapy is particularly effective in working with the adoption triad—adoptees, adoptive parents, and birth parents—by centering the client as the expert and validating multiple realities. It also examines broader cultural narratives around motherhood, fatherhood, and family roles, providing a space for individuals to redefine their identities and experiences (Stokes & Poulsen, 2014). By contextualizing adoptee experiences within societal and cultural influences, this approach promotes healing and empowerment.

### **Cognitive Behavioral Therapy and Trauma-Focused Cognitive Behavioral Therapy**

Cognitive Behavioral Therapy (CBT) is an evidence-based approach effective for addressing trauma-related conditions such as anxiety,



depression, and PTSD. It helps individuals identify and modify negative thought patterns, improving emotional regulation and adaptive responses to psychological challenges (Driessen & Hollon, 2010; Kar, 2011). For adoptees, CBT is particularly beneficial in addressing emotional dysregulation, social difficulties, and conduct problems, such as those associated with ADHD and ODD (Schutter & Matthys, 2021).

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), a specialized form of CBT, is designed to treat children and adolescents exposed to trauma. It incorporates gradual exposure techniques, cognitive processing of trauma-related thoughts, and caregiver involvement to address PTSD symptoms, depression, and behavioral issues (Cohen et al., 2004; Dorsey et al., 2014). TF-CBT emphasizes the importance of regulating the stress response system before engaging in talk therapy. Techniques such as repetitive somatosensory interventions help calm the nervous system, enabling effective engagement in therapy (Purrington, 2022).

TF-CBT also includes the creation of trauma narratives to help children process traumatic memories and reduce maladaptive cognitions. Parental participation enhances outcomes by fostering emotional support and improving family communication (Cohen et al., 2011). This structured, developmentally sensitive approach has demonstrated efficacy in reducing trauma-related symptoms and promoting recovery in both foster care and adoptive settings.

## **Conclusion**

Adoptees and individuals with care experience face complex challenges rooted in early trauma, loss, and neglect, which impact their emotional, behavioral, and relational development across the lifespan (Purvis et al., n.d.; van IJzendoorn & Juffer, 2007). These experiences often leave lasting imprints on their brain, biology, and sense of identity, requiring targeted therapeutic interventions and systemic support to foster healing and resilience.

Research underscores the importance of trauma-informed care tailored to the unique needs of adoptees. Evidence-based approaches such as Cognitive Behavioral Therapy (CBT), Trauma-Focused CBT (TF-CBT), Narrative Therapy, and Occupational Therapy address specific issues like emotional dysregulation, attachment difficulties, and sensory processing challenges (Warner et al., 2013; Purrington, 2022). These therapies emphasize the importance of physiological regulation, meaning-making, and strengthening relationships within adoptive families.

Adoptees' experiences are not confined to their past but influence their present and future. For example, adoptees may struggle with identity formation, self-esteem, and relational difficulties as they navigate adolescence and adulthood (Brodzinsky, 1993; Knowles, 2022). Parenting as an adoptee presents additional challenges linked to unresolved trauma but can also serve as a turning point for breaking cycles of adversity (University of East Anglia, 2023).

The role of adoptive parental warmth is critical in mitigating the effects of adverse childhood experiences (ACEs) and promoting positive developmental trajectories. Warm parenting has been shown to reduce internalizing and externalizing problems in adoptees while fostering secure attachments and emotional stability (van IJzendoorn & Juffer, 2007; Brodzinsky, 1993).

To support adoptees effectively, therapists must adopt a culturally sensitive and adoption-competent approach that considers systemic barriers such as stigma, inadequate resources, and financial constraints. Interventions should be accessible throughout the lifespan to address evolving needs as adoptees transition into adulthood. By integrating evidence-based practices with a deep understanding of adoption-related dynamics, professionals can help adoptees move toward healing and thriving within their unique contexts.


## References

- Ahmed, Z. M. H. 2019. *The best interest of a Kenyan child in inter-country adoption* (Doctoral dissertation, Strathmore University).
- Ainsworth, M. D. S., Blehar, M., Waters, E., and Wall, S. 1978. *Patterns of attachment: A psychological study of the Strange Situation*. Hillsdale, NJ: Erlbaum.
- Ainsworth, M. S., and Bowlby, J. 1991. An ethological approach to personality development. *American Psychologist*, 46(4), 333–341. <https://doi.org/10.1037/0003-066X.46.4.333>
- Allen, B., and Schuengel, C. 2020. Attachment disorders diagnosed by community practitioners: A replication and extension. *Child and Adolescent Mental Health*, 25(1), 4-10.
- American Psychiatric Association. 1994. *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> ed.). Washington, DC: Author.
- Angell, S. L. 2022. *The Third Mother: Exploring Adult Adoptive Identity through the Lens of Constructivism and Narrative Psychotherapy* (Doctoral dissertation, Pacifica Graduate Institute).
- Atkinson, A., and Gonet, P. 2007. Strengthening adoption practice, listening to adoptive families. *Child Welfare: Journal of Policy, Practice, and Program*, 86(2), 87–104.
- Ayres, A. 1979. *Sensory integration and the child*. Los Angeles: Western Psychological Services.
- Benish, S. G., Quintana, S., and Wampold, B. E. 2011. Culturally adapted psychotherapy and the legitimacy of myth: a direct-comparison meta-analysis. *Journal of Counseling Psychology*, 58(3), 279.
- Bloss, E., Wainaina, F. and Bailey, R.C., 2004. Prevalence and predictors of underweight, stunting, and wasting among children aged 5 and under in western Kenya. *Journal of tropical pediatrics*, 50(5), pp.260-270. <https://doi.org/10.1093/tropej/50.5.260>
- Bowlby, J. 1977. The making and breaking of affectional bonds: II. Some principles of psychotherapy: The Fiftieth Maudsley Lecture (expanded version). *The British Journal of Psychiatry*, 130(5), 421-431. <https://doi.org/10.1192/bjp.130.5.421>
- Bowlby, J. 1988. *A secure base: Clinical applications of attachment theory*. London: Routledge
- Butvilas, T., Králová, E., and Kołodziejcki, M. 2021. Open Adoption and Child's Further Socialization. Dalton, N., Tony, C., & McLaughlin, M. (2022). Trauma in midlife adoptees: a qualitative analysis of Adult Attachment Interview narratives.
- Cermak, S. A., & Daunhauer, L. A. 1997. Sensory processing in the postinstitutionalized child. *American Journal of Occupational Therapy*, 51, 500- 507. doi:10.5014/ajot.51.7.500
- Chepkoech, A. 2019. Kenya bans child adoption by foreign nationals. *The East African [online]*. Published 2019, September 12. <https://www.theeastafrican.co.ke/tea/news/east-africa/kenya-bans-child-adoption-by-foreign-nationals-1427022>
- Eckerle, J. K., Hill, L. K., Iverson, S., Hellerstedt, W., Gunnar, M., & Johnson, D. E. 2014. Vision and hearing deficits and associations with parent-reported behavioral and developmental problems in international adoptees. *Maternal and child health journal*, 18(3), 575-583.
- Ellis EE, Yilanli M, Saadabadi A. 2022. Reactive Attachment Disorder. StatPearls Publishing; Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK537155/>
- Escobar, M. J., Pereira, X., and Santelices, M. P. 2014. Behavior problems and attachment in adopted and non-adopted adolescents. *Children and Youth Services Review*, 42, 59–66. <https://doi.org/10.1016/j.childyouth.2014.04.001>
- Falahatdoost, M., Dolatshahi, B., Pourshahbaz, A., Deghani, M., Yalguzagaji, M. N., and Mohammadi, Z. 2020. Modeling the relationship between attachment styles and somatic symptoms with the mediating role of emotional processing. *Journal of*

- education and health promotion, 9, 157. [https://doi.org/10.4103/jehp.jehp\\_102\\_20](https://doi.org/10.4103/jehp.jehp_102_20)
- Fox, A., & Kollodge, E. 2019. An Occupational Therapy Referral Screening Tool for Children in Adoptive and Foster Care Placements.
- Gardenhire, J., Schleiden, C. and Brown, C.C. 2019. Attachment as a Tool in the Treatment of Children Within Foster Care. *Contemp Fam Ther* 41, 191–200. <https://doi.org/10.1007/s10591-018-09487-1>
- Gayapersad, A., Ombok, C., Kamanda, A. 2019. The Production and Reproduction of Kinship in Charitable Children’s Institutions in Uasin Gishu County, Kenya. *Child Youth Care Forum* 48, 797–828. <https://doi.org/10.1007/s10566-019-09506-8>
- Hawk, B. N., and McCall, R. B. 2011. Specific extreme behaviors of postinstitutionalized Russian adoptees. *Developmental Psychology*, 47(3), 732–738. <https://doi.org/10.1037/A0021108>
- Hinton, D. E., and Patel, A. 2018. Culturally sensitive CBT for refugees: Key dimensions. In *Mental Health of Refugee and Conflict-Affected Populations* (pp. 201–219). Springer, Cham.
- Johnson, S. M. 2002. *Emotionally focused couple therapy with trauma survivors: Strengthening attachment bonds*. Guilford Press.
- Johnson, D., & Dole, K. 1999. International adoptions: Implications for early intervention. *Infants & Young Children: An Interdisciplinary Journal Of Early Childhood Intervention*, 11(4), 34-45. doi: 10.1097/00001163-199904000-00008
- Kar, N. 2011. Cognitive behavioral therapy for the treatment of post-traumatic stress disorder: A review. *Neuropsychiatric Disease and Treatment*. 2011;7:167-81. <https://doi.org/10.2147/NDT.S10389>
- Kenya’s New Children Act Takes Effect. 2022, July 29. End Violence Against Children. Retrieved from <https://www.end-violence.org/articles/kenyas-new-children-act-takes-effect>.
- Knowles, K. T. 2020. *An Exploratory Study of the Lived Experiences of Adoptees in the Caribbean* (Doctoral dissertation, Nova Southeastern University).
- Landers, A. L., Danes, S. M., Campbell, A. R., and Hawk, S. W. 2021. Abuse after abuse: The recurrent maltreatment of American Indian children in foster care and adoption. *Child Abuse & Neglect*, 111, 104805. <https://doi.org/10.1016/j.chiabu.2020.104805>
- Main, M., and Solomon, J. 1986. Discovery of an insecure-disorganized/disoriented attachment pattern. In Brazelton, T. B. & Yogman, M. W. (Eds.), *Affective development in infancy* (pp. 95–124). Ablex Publishing.
- Matthys, W., and Schutter, D.J.L.G. 2021. Increasing Effectiveness of Cognitive Behavioral Therapy for Conduct Problems in Children and Adolescents: What Can We Learn from Neuroimaging Studies?. *Clin Child Fam Psychol Rev* 24, 484–499. <https://doi.org/10.1007/s10567-021-00346-4>
- McCann, E. 2022. Analysis Notes from Needs Assessment Survey. Baylor University.
- McCann, E. and Sears, C. 2022. The Impact and Treatment of Sensory Processing Dysfunction in Adult Adoptees. Baylor University.
- Mbuga, M.W. 2007. Child adoption and its implications on children in difficult circumstances (CEDCS). Master’s Thesis. The University of Nairobi. Retrieved from [http://erepository.uonbi.ac.ke/bitstream/handle/11295/19275/Mbuga\\_Child%20Adoption%20and%20Its%20Implications%20on%20Children%20in%20Difficult%20Circumstances%20\(Cedcs\).pdf?sequence=4](http://erepository.uonbi.ac.ke/bitstream/handle/11295/19275/Mbuga_Child%20Adoption%20and%20Its%20Implications%20on%20Children%20in%20Difficult%20Circumstances%20(Cedcs).pdf?sequence=4) (Accessed: 29 November 2022)
- Meredith, P., Ownsworth, T., and Strong, J. 2008. A review of the evidence linking adult attachment theory and chronic pain: Presenting a conceptual model. *Clinical psychology review*, 28(3), 407-429. <https://doi.org/10.1016/j.cpr.2007.07.009>

- Miller, L. C., Chan, W., Tirella, L. G., Reece, R. A., and Pertman, A. 2007. Family and research context of internationally adopted child abuse fatalities. *Child maltreatment*, 12(4), 385.
- Miller, L.J., Nielsen, D.M., Schoen, S.A. and Brett-Green, B.A., 2009. Perspectives on sensory processing disorder: a call for translational research. *Frontiers in Integrative Neuroscience*, 3, p.22. <https://www.frontiersin.org/articles/10.3389/neuro.07.022.2009/full>
- Miller, Y. M. 2022. *Trauma and Attachment Informed Care for Families of Adopted Children* (Doctoral dissertation, Northcentral University).
- Mlemwa, F. 2020. 'These are our experiences with adoption', *Nation [online]*. Published 2018, December 8<sup>th</sup>, Revised 2020 July 5<sup>th</sup>. <https://nation.africa/kenya/life-and-style/saturday-magazine/these-are-our-experiences-with-adoption-116598>
- Pace C, Di Folco S, Guerriero V, Santona A, and Terrone, G. 2015. Adoptive parenting and attachment: association of the internal working models between adoptive mothers and their late-adopted children during adolescence' *Frontiers in Psychology*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4585065/>
- Payne, H., and Brooks, S. D. 2019. Medically unexplained symptoms and attachment theory: the BodyMind Approach®. *Frontiers in psychology*, 1818. <https://doi.org/10.3389/fpsyg.2019.01818>
- Purrington, J., Glover-Humphreys, E., Edwards, H., and Hudson, M. 2022. The impact of a brief neuro-collaborative play-based intervention on the presentations of developmental trauma and attachment difficulties in adopted children: A service evaluation. *International Journal of Play Therapy*.
- Purvis, K., Parris, S., Cross, D. n.d. Trust-Based Relational Intervention®: Principles and Practices. <https://www.sac.edu/StudentServices/Counseling/TeacherEd/SiteAssets/Pages/Workshop-Powerpoints-and-Materials/TBRI%20Principles%20and%20Practices.pdf>
- Román, M., Palacios, J., and Minnis, H. 2022. Changes in Attachment Disorder symptoms in children internationally adopted and in residential care. *Child Abuse & Neglect*, 130, 105308.
- Sattel, H., Lahmann, C., Gündel, H., Guthrie, E., Kruse, J., Noll-Hussong, M., and Henningsen, P. 2012. Brief psychodynamic interpersonal psychotherapy for patients with multisomatoform disorder: Randomized controlled trial. *The British Journal of Psychiatry*, 200(1), 60-67. <https://doi.org/10.1192/bjp.bp.111.093526>
- Seim, A. R., Jozefiak, T., Wichstrøm, L., and Kaye, N. S. 2020. Validity of reactive attachment disorder and disinhibited social engagement disorder in adolescence. *European child & adolescent psychiatry*, 29(10), 1465-1476.
- Seim, A. R., Jozefiak, T., Wichstrøm, L., Lydersen, S., and Kaye, N. S. 2021. Self-esteem in adolescents with reactive attachment disorder or disinhibited social engagement disorder. *Child Abuse & Neglect*, 118, 105141.
- Simpson, J. A., Rholes, W. S., Eller, J., and Paetzold, R. L. 2021. Major principles of attachment theory: Overview, hypotheses, and research ideas. In Van Lange, P. A. M., Higgins, T. E., & Kruglanski, A. W. (Eds.), *Social Psychology Handbook of Basic Principles* (3rd ed., pp 222-239). The Guilford Press.
- Sigvardsson, S., von Knorring, A., Bohman, M., and Cloninger, R. 1984. An Adoption Study of Somatoform Disorders: The Relationship of Somatization to Psychiatric Disability. *Arch Gen Psychiatry*, 41(9):853-859. doi:10.1001/archpsyc.1984.01790200035005. <https://www.researchgate.net/profile/Robert-Cloninger/publication/16730351>

- Stokes, L. D., and Poulsen, S. S. 2014. Narrative Therapy for Adoption Issues in Families, Couples, and Individuals: Rationale and Approach, *Journal of Family Psychotherapy*, 25:4, 330-347. <https://doi.org/10.1080/08975353.2014.977681>
- Stuckenbruck, D., & Roby, J. L. 2017. Navigating uncharted terrain: Domestic adoptions in Kenya. *Child & Family Social Work*. <https://doi.org/10.1111/cfs.12365>
- Utlej, J. 2020. *A Phenomenological Exploration of Korean Adoptees' Multiple Minority Identities* (Doctoral dissertation, University of Denver).
- Van der Kolk, B. A. 2015. *The body keeps the score: brain, mind, and body in the healing of trauma*. New York, New York, Penguin Books.
- Velez, J. 2017. *Children in Foster Care: Improving Outcomes through Intervention*.
- Wangusi, S. S. 2021. Intercountry adoption in Kenya: A critique on the role of government regarding the modern-day human trafficking.
- Warner, E., Koomar, J., Lary, B., and Cook, A. 2013. Can the body change the score? Application of sensory modulation principles in the treatment of traumatized adolescents in residential settings. *Journal of Family Violence*, 28(7), 729–738. <https://doi.org/10.1007/s10896-013-9535-8>
- Wilbarger, J., Gunnar, M., Schneider, M. and Pollak, S. 2010. Sensory processing in internationally adopted, post-institutionalized children. *Journal of Child Psychology and Psychiatry*, 51(10), pp.1105-1114. <https://doi.org/10.1111/j.1469-7610.2010.02255.x>

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