

Adopting Sibling Groups: Is the Youngest of the Group the Healthiest?

By Arleta James, PCC

In general, most prospective adoptive families—international and domestic, desire to adopt the youngest child possible. Certainly, there is the understandable desire to parent a baby or young child. However, there is also the belief that “younger won’t have so many problems.” Actually, this is a myth! This type of expectation doesn’t hold true when adopting either, a sibling group or a single child.



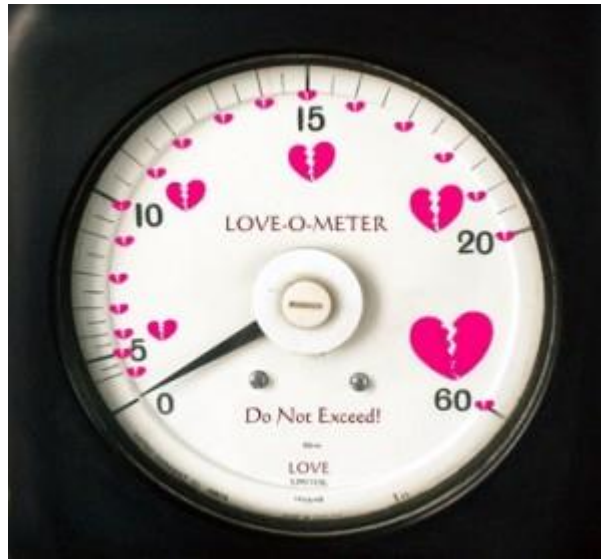
Let’s explore “why” and some implications this has for placement and treatment.

The Oldest Got What the Birth Family Had To Give

Children are removed from or abandoned by birth parents that present with dysfunction. There is pre-natal drug and/or alcohol exposure, neglect, physical and/or sexual abuse, mental illness, etc. These adults parent in an inadequate manner. Thus, the first born often receives the most attention—the parental abilities and the resources that exist can be focused on this one child. As more children come along, there simply isn’t enough to go around. In fact, older siblings often parent the younger brothers and sisters!

A nutritionally, medically attentive and nurturing environment is essential to development. Love, attention and time, facilitate attachment. A healthy attachment is the context in which physical, cognitive, social and emotional growth flourish! The youngest child in a birth family with multiple children may then be the most starved of the affection essential to solidifying a foundation on which subsequent development builds. He or she may have a poor “blueprint” for relationships. Thus, upon joining the adoptive family this child may not be able to forge solid connections. His or her social, emotional and cognitive skills will be those of a child “younger” than his or her chronological age.

1 Arleta James, PCC, ABC of Ohio, 440-230-1960, arletajames@gmail.com, www.arletajames.com, *Welcoming a Brother or Sister by Adoption: From Navigating New Relationships to Building a Loving Family* (Jessica-Kinsley Publishers - <http://www.jkp.com/>, 2013)



Pre-natal Drug/Alcohol Exposure: The Youngest is More Vulnerable

Substance abuse can adversely affect any child born from such a toxic womb. Yet, there is evidence that drugs—especially alcohol — have a more dire impact the more births that occur to one mother. The younger children born to the addicted mother stand a greater chance of being more negatively impacted. So, the youngest of children is more vulnerable (Chasnoff, 2010.) The exact factors that cause this situation are unknown. It could be that long-term alcohol consumption affects the manner in which the liver metabolizes the alcohol. Thus, more alcohol crosses the placenta during each subsequent pregnancy. [Alcohol affects nutrition](#) as well. It may be that the fetus is deprived of the nutrients critical to healthy development.

Whether adopting a sibling group, or a single child who is the third, fourth, fifth, sixth or so on births to a substance abusing mother, pre-natal drug exposure is certainly a factor in dispelling the belief that a younger child will definitely arrive healthier!

A Change in the Birth Family Environment: Each Sibling has Diverse Experiences

Frequently, changes occur in birth families between the births of children. Perhaps, the birth grandmother or birth aunt who was looking out for the children died or re-located. A birth family move caused the loss of the neighbor who offered food and a different view of life. The birthmother may change romantic partners. Sibling groups may be comprised of brothers and sisters with different genetic make-up. One paramour may be more violent than another. Substance abuse takes a different turn,

Barbara and Cindy, adopted at ages 6 and 9 respectively, are now 13 and 16-years-old. Cindy fares well. She makes average grades with support services, has a small circle of close friends, and her behavior would be considered “normal” for her age. Barbara, on the other hand, struggles—daily! She attends an alternative school. Her angry, aggressive outbursts proved too

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great for her school district. She has no peer relationships. She attends multiple therapies in order to reduce her violence as well as her stealing, lying, profanity, hoarding and so on. At home, she prefers to withdraw to her room. Any intrusion, even those necessary, are met with yelling and screaming! She has no desire to interact with her adoptive family. At this point, they are content to engage with her as little as possible.

These girls' birthmother switched paramours when Cindy was four-years-old. Barbara's father was an addict as well as he manufactured [Meth](#) in the garage behind their house. Chemicals permeated the air! He was violent! While waving a gun, he often threatened to shoot the children or the birthmother. Sexual abuse occurred because Meth is known to increase the sexual drive. Children are often the victims of this heightened need for sexual activity. Barbara's early weeks, months and years of life were replete with the experience of [complex traumas](#). Cindy experienced a better beginning during which her birthparents were more functional. Her start allowed her to survive her trauma, and to emerge far healthier than Barbara. **Trauma, during the first year of life can be particularly difficult for the child to overcome.**

Moving, Moving, Moving! How Many Time did Each Sibling Move?

Children related by birth do not necessarily share the same history regarding the number of times each has moved, and the age at which the moves occurred. For example,

*Mary, Jason, Peter, and Carl were adopted internationally. Mary is the youngest. She was removed from her birth family at two months of age due to neglect, and the abuse of her older siblings. She was placed in institutional care. This orphanage closed for unknown reasons when Mary was eight-months-old. Mary moved to her second orphanage. Around age two, she was moved to a different wing of this second institutional setting. This was done to place her in the "toddler" portion of the orphanage. Such age segregation moves are common place in foreign countries. While this re-location was within the same building, Mary experienced a change in routine, care givers and orphanage mates. Just prior to her third birthday, her adoptive Mom and Dad arrived, and she moved to America. Mary experienced a total of **four** moves.*

*In the meantime, Jason, Peter and Carl, ages 4, 5 and 6, were placed in one institutional setting. (This orphanage was different than the institution in which Mary was placed). They remained in this environment until adopted. They experienced **two** moves. Jason, Peter and Carl also had the advantage of being placed together. They could console one another. Mary, on the other hand, lost everything familiar time and time again!*

The adverse effects of multiple moves have been described in my articles, *Why Love Isn't Enough: Part Six – Abandonment/Multiple Moves and Moving: Through the Eyes of the Child.*

Reunification Fantasies: Fantasy Flourishes Where Facts Flounder!

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Continuing with Mary, Jason, Peter and Carl from above, the boys had clear memories of the physical abuse they experienced at the hands of their birthfather. Their bruises faded, but not their memories! They could clearly picture going hungry, being cold and having few clothes and toys. Once adopted, they were easily able to realize why they could not live with their birth family. They recovered and accepted their adoptive family.



Mary had no declarative memories of her birth family. Lacking actual knowledge, she fantasized instead. She generated one reunification fantasy after another—"I was accidentally lost. My birthmother is looking for me and can't find me because I am adopted." "I was stolen." "I could change my birth family if only I could get back to them." "My birthmother couldn't find me at the orphanage."

It is actually quite common for children adopted prior to declarative memory to have great difficulty coming to terms with their abandonment. At the [Attachment and Bonding center of Ohio](#) where I work, a majority of our clients were adopted in infancy or as young toddlers. The crux of their attachment disorder is the struggle to comprehend that they cannot return to their birth families. It can be a life-long process for an adopted person to accept that the people who were supposed to love and care for him, didn't and won't be. It can be an especially hard journey for those traumatized adoptees that joined their adoptive families at the youngest of ages. The declarative and implicit memory systems are explained in more detail in my article, *Implicit Memories: The Roots of Today's Behavioral Challenges*.

In conclusion,

- Young does not guarantee that the child will be healthy. This is an expectation that adoptive moms and dads need to be shed prior to arrival of a son or daughter.
- Pre-adoption, understand the risks involved in adopting any child! My series, *Why Love Isn't Enough* is good food for thought about the potential aftermath trauma imprints on children.
- Pre-placement, make sure to review each child's history—individually and jointly. Learn about the trauma each child has experienced and the impact of that particular trauma on that unique child. Also, take the history as a whole. How much time have siblings spent together and apart? How well do they really know each other? What may this mean when integrating them into your family?
- Post-adoption, view all of your children as accurately as possible. Frequently, parents forge strong connections with the child that arrived at the youngest age. This makes sense. This is not criticism.

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Yet, the strength of a parental attachment allows mothers and fathers to skew their perceptions. There is resistance to believe the youngest is not developing reciprocal feelings and skills in a “normal” manner. Step back and look at each child with clear eyes. Early intervention is the key to helping each member of your family thrive and enjoy family life.



- Understand that each child will respond to or move through therapy at his or her own particular pace. **Often, children adopted at younger ages run long courses of treatment for the reasons outlined in this article.**
- Don't accept placement of a sibling group unless all of the brothers and sisters are desired. Prospective families frequently accept a group in order to parent one young child. There is the good intention that with time they will learn to love all of the children. This may not be the best motivation to bring children into your home.

Regina Kupecky, Attachment and Bonding Center of Ohio, specializes in the placement of sibling groups. [Contact Regina](#) to obtain an assessment or a sibling matrix. You may also ask Regina about her training program, *My Brother, My Sister: Sibling Relations in Adoption and Foster Care*.

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