0196-206X/00/2503-0175
DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS
Vol. 25, No. 3, June 2004

Adoption of Romanian Children in the Netherlands: Behavior Problems and Parenting Burden of Upbringing for Adoptive Parents

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ABSTRACT. Seventy-two Dutch adoptive parents of 80 Romanian children completed the Child Behavior Checklist (CBCL), the Nijmegen Questionnaire for the Upbringing Situation (NQUS), and participated in a semistructured interview (response 83%). Thirty-four percent of the adopted children scored in the clinical range on Externalizing and 36 % on Total Problems scales. Significantly more children who were at least two years at placement and had stayed less than five years in the adoptive family received scores in the clinical range on almost all CBCL clinical clusters. Nevertheless, the adoptive parents judge their upbringing situation positive (NQUS). *J Dev Behav Pediatr 25:175–180, 2004.* Index terms: *adoption, burden, research, Romanian.*

This is the second report of a longitudinal study of adopted children born in Romania. In the first report of this longitudinal study we compared the present status of the children with the past status on the basis of parental recollection.[1] This current report of the research explores the clinical problems of the children and is aimed at gaining insight into the relationship between psychosocial problems and the burden of upbringing for adoptive parents of these Romanian children. The burden of upbringing depends on a combination of factors in the child, the parent(s), and the family system. Burden of upbringing refers to the (excessive) amount of effort parents have to invest in order to educate and to control the problematic behaviors of their children. Furthermore, it is influenced by the family's environment.[2] The results are aimed at offering insight into the psychosocial problems of children with early neglect and the burden of upbringing for adoptive parents, social workers, teachers, and adoption professionals.

Adopted Romanian Children: Issues and International Research

Several studies in the United States,[3–6] Canada,[7,8] and Great Britain[9] have shown that many adopted Romanian children present problems of education to their adoptive parents. By "education," we refer to parental efforts to make their children familiar with everyday life and to convey to them knowledge of their new world. Medical problems as well as significant developmental delay may cause some of these educational problems. These problems may also be the result of early neglect and maltreatment. The American neuropsychologist Federici[10] stated that 20 to 25 percent of these children had such bad and/or multiple developmental problems, that they would require lifelong care. Many children are infected with the hepatitis-B virus.[5] Other infections, tuberculosis, anaemia, and skin diseases also occur frequently.[3,11] More than half of the adopted Romanian children have growth disorders.[9] Ames et al[4] showed that more than half of the 46 adopted Romanian children scored height values that were lower than the fifth percentile for American children. Benoit, Jocelyn, Moddemann and Embree[12] and Rutter[13] found similar results.

Much attention has been paid to psychosocial issues. Fifty nine percent of the 111 adopted children that Rutter studied[9] were severely developmentally retarded and showed several psychosocial problems. Attachment problems,[12] semiautistic behavior,[15] and other behavioral problems such as the indiscriminant attachment behavior, hyperactivity, hyperacusis, a certain insensitivity for pain; stereotypical behavior, automutilation, eating and sleeping disorders, and extreme fear[14,16] were reported.

Our study is similar to the longitudinal study Canadian researchers conducted from 1992 until 1995, by Ames et al.[4] When the Canadians started the study, the study population of children had spent at least eleven months with the

Received December 2002; accepted January 2004.
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adoptive families. The investigators then went back three years later, when the children were 4.5 years old.

The first measurement point showed that the Romanian-orphaned group (RO, n = 46) had more behavioral problems than a group of 29 adopted Romanian children who were placed before they were four months old (Early-Adopted: EO, n = 29) and the nonadopted group of Canadian children (Canadian-Born: CB, n = 46). At the second observation at 4.5 years of age, 36% of the RO-group got scores within the clinical range on ''Total Problems'' of the Child Behavior Checklist (CBCL).[17] The longer the children had spent in the Romanian children's homes, the higher they scored on the Externalizing dimension (delinquent behavior, aggressive behavior) and to a lesser degree on the Internalizing dimension (withdrawn, somatic problems, anxious/depressed behavior).

RESEARCH DESIGN AND COMPOSITION OF THE DUTCH-ADOPTED GROUP

Our longitudinal study is both explorative and descriptive. It is a study of 80 (83%) adopted Romanian children of a total group of 96 children who came to the Netherlands between the beginning of 1990 and March of 1997. All children came from children's homes or hospitals where they had stayed from birth until adoption in a Dutch family. Data were acquired from the adoptive parents. The parents' education levels clustered closely: the mother's education level was above the Dutch average. At the time of placement the mothers were, on average, 37 years old, and the fathers averaged 39 years old. Nearly all the mothers stayed at home, while the fathers were at work.[18] The study was formed through the help of personal contacts and of two adoption agencies. It consisted of 44 boys (55%) and 36 girls (45%) with an average age on arrival of 2 years and 10 months. At the time of our study the average age was 8 years old, and they had been in the Netherlands for just over 5 years (range: 2 yr, 8 mo–10 yr, 2 mo). Twenty-three of the 72 families consisted of the parents and one child. The other 49 families had two or more children. Thirty-seven percent of the total group had one or more children of their own. Sixty-three percent of the total group were involuntarily childless. This number is unusually low for the Netherlands because 80–85% of the Dutch adoptive parents are involuntarily childless.[19,20] All 72 parents completed the CBCL, and 69 fathers (of 77 children) and 71 mothers (of 79 children) completed the NQUS.[21]

INSTRUMENTS

A semistructured interview was used. Moreover the parents filled in separately the Child Behavior Checklist (CBCL) and the Nijmegen Questionnaire for the upbringing situation (NQUS).

Child Behavior Checklist (CBCL)

The reliability and validity of the Dutch CBCL is acceptable, according to the Dutch Test Committee (COTAN).[22] The CBCL takes approximately 20 minutes to complete. Parents fill in if a behavior is (0) ''not'', (1) a ''little'', ''sometimes''; or (2) ''often'', ''clearly'' typical for their child. The Total Problems score consists of the sum of the scores of eight ''narrow band syndromes.'' Some are fused in two ''wide band dimensions'': Internalizing (Withdrawn, Anxious/depressed Behavior, Somatic Problems) and Externalizing (Delinquent and Aggressive Behavior). The three syndromes (Social, Thought, and Attention Problems) do not belong to one of the two wideband dimensions. Scores in the clinical range point to considerable behavioral or skill problems.[23]

Nijmegen Questionnaire for the Upbringing Situation (NQUS)

The NQUS measures the perceived family burden and the upbringing situation of parents of children up to 14 years old. The Dutch Test Committee (COTAN) judged the reliability of the NQUS as ''good.'' ''Good'' refers to internal consistency reliabilities of > .90. The construct validity was judged as sufficient.[21] The completion takes approximately one hour. The NQUS consists of four parts: (A) family burden, (B) assessment of upbringing situation with one question consisting of eight descriptions, ranging from ''no problems at all'' to ''very bad problems with the upbringing''; (C) attributions, and (D) expectation of support. We used parts A and B. For reasons of comparison, parents with children in primary school were used. These parents filled in the NQUS, but did not require any support in the upbringing.

Analysis

The CBCL scores on all clusters were computed. The results of ''Total Problems'' and of the two dimensions, Internalizing and Externalizing, were compared to the results of four other groups: a Dutch norm group, two groups of Dutch adopted children,[24,25] and a group of Canadian children adopted from Romania, taken from the Ames' study.[4] The relationship between scores on the CBCL and the scores on the NQUS were determined. These results were compared to the Dutch norm group.

RESULTS

The parents received information about the children's health from the Romanian authorities. According to this information, 47 percent did not exhibit any medical problem. After medical investigation in the Netherlands within two weeks, it turned out that only 28 percent of the children did not show any medical problem. Eight of 83 adopted were infected with Hepatitis B.

Child Behavior Checklist

The reliability of the eleven categories of the CBCL were calculated. The Cronbach's alphas were all .70 and higher, with the exception of ''Somatic Problems'' ($\alpha = .32$). This value was due to the low scores and the low variance on this subscale. We have kept this subscale score, however, to use in a comparison to the normative group on the wideband dimension, Internalizing.

Table 1. CBCL-Scores: Romanian Adopted Children; Group Stams (Children Adopted Before the Age of 6 Months) and Dutch Norm Group for CBCL-Scores, Boys and Girls, (Averages).

	Boys			Girls		
CBCL-Clinical Clusters	Romanian (n = 44)	Norm group (n = 579)	Group Stams (n = 73)	Romanian (n = 36)	Norm group (n = 593)	Group Stams (n = 86)
Attention problems	7.34[a*,b*]	3.21	4.91	6.67[a*,b*]	2.45	4.30
SD	5.13			4.49		
Aggressive behavior Ex	12.02[a*,b*]	6.97	10.44	9.89[a*,b*]	5.13	7.17
SD	8.44			7.88		
Anxious/depressed In	3.30	2.23	4.30	2.92	2.47	3.02
SD	3.74			4.43		
Delinquent behavior Ex	2.02	1.28	1.99	1.61[a*]	0.91	1.41
SD	2.49			1.98		
Social problems	3.48[a*,b*]	1.31	2.34	3.11[a*,b*]	1.17	2.06
SD	3.57			2.41		
Somatic complaints In	1.00	0.74	1.35	0.56[a*,b*]	1.00	1.39
SD	1.20			0.94		
Thought Problems	1.91[a*,b*]	0.39	0.74	1.69[a*,b*]	0.46	0.64
SD	2.57			2.45		
Withdrawn In	1.91	1.61	2.60	2.11	1.79	1.97
SD	2.72			2.48		
Internalizing	6.07[b*]	4.52	8.08	5.44	5.16	6.25
SD	6.17			6.04		
Externalizing	13.98[a*]	8.26	12.10	11.42[a*]	6.04	8.57
SD	10.29			9.40		
Total Problems	37.89[a*]	21.27	33.02	32.42[a*]	19.18	26.80
SD	26.59			24.45		

CBCL, Child Behavior Checklist; Ex, externalizing; In, internalizing; SD, standard deviation.
[a]Comparison of Romanian group to the Norm group.
[b]Comparison of Romanian group to the Stams' group.
*$p < .05$.

Table 1 shows the adopted Romanian girls' and boys' average scores on the eight narrow band clusters, on Internalizing and Externalizing, and on their ''Total Problems'' score. For comparison, the Dutch norm group scores, and the data of the Stams et al[24] adopted group are presented. At the time of placement, all children of the Stams' group were younger than six months and were studied at seven years old, on average.

Compared to the normative group, the Romanian boys scored significantly higher on Externalizing and Total Problems. The adopted boys and girls showed significantly higher scores on Attention Problems, Aggressive Behavior, and Social and Thought Problems. Girls also got higher scores on Delinquent Behavior than the normative group. The scores of the girls on Somatic Problems were significantly lower than the scores of the normative group and the Stams' group.

Adopted Romanian boys and girls scored significantly higher than the Stams et al[24] group on Attention Problems, Social Problems, and Thought Problems. The girls also had significantly higher scores on Aggressive Behavior. The Stams et al group showed significantly higher scores on Somatic Problems (girls) and Internalizing (boys).

Adopted Romanian children scored significantly more often in the clinical problem range. Scores above the 90th percentile of the CBCL scores on Total Problems, Externalizing, and Internalizing are considered as clinical scores.[26] Following Achenbach[17] we have taken the higher 98th percentile as the cutoff score for the clinically significant clusters. No significant difference was found on any of the 11 scales between the number of girls and boys in the clinically problematic range. Therefore, boys and girls were taken together for further comparisons.

On Total Problems, 36 percent of the total group—39 percent of the boys and 33 percent of the girls—belonged to the clinically problematic group. A comparable result was found in the Ames et al study.[4] The RO-group did not differ significantly from the Canadian group on the Internalizing cluster: only 6.5 percent scored at the clinically problematic level. There was also no difference between our group and the normative group in the Internalizing cluster.

The Relationship Between the CBCL and Child-Parent Factors

In several studies significant differences between these two age groups in psycho-emotional adaptation have been found.[23,27] Two age-groups were used to determine the relationship between the CBCL-scores and the age at arrival: 0 to 2 years old (n = 25), and 2 years and older (n = 55). On all scales, the children of two years and older score significantly higher, except for somatic complaints. Adopted children who have been placed at the age of two years belonged more often to the 'problem group' than the younger children did.

To study the relationship between the time adopted Romanian children have been with their Dutch adoptive parents and their scores on the CBCL syndromes, we divided the sample into two groups: less than 5 years (n = 54), or 5 years and longer. The group that has been with the adoptive family for 5 years or longer scored significantly lower on Attention Problems, Aggressive Behavior, Social Problems, Externalizing, and Total Problems.

The Nijmegen Questionnaire on Upbringing Support (NQUS)

The results for the mothers' answers on the NQUS showed alpha of .80 and higher for all categories except one ($\alpha = .74$). The answers of the fathers yielded similar results, except for the category ''Not having anyone to turn to'' ($\alpha = .53$).

The parents' responses were compared on this measure to the Wels and Robbroeckx group.[2] The scores per item for family burden are scaled from 1 to 5. A lower score indicates relatively better management of the situation, more pleasurable experience of the upbringing, and less problems (see Table 2).

The adoption group got significantly higher scores (more burden), than the comparison group on all categories except ''having fun'' (both parents) and ''wanting to be in a different situation'' (fathers). The largest difference between the Romanian group and the comparison group was found on ''child is a burden.'' Within the Romanian group there was no significant difference between the mothers' and the fathers' scores. In the comparison group the fathers showed slightly lower scores (less burden) on all categories. The perceived burden did not differ with the upbringing of sons or daughters. Parents of the children who arrived at the age of younger than two years reported slightly lower scores on all eight scales than the others, but there was no significant difference on any scale. The larger families experienced more family burden, but the difference was not significant. Only fathers reported more often ''Not having anyone to turn to'' and ''Having fun'' (t test $p < .05$). The number of years with the family, biological children or not, good/reasonable or bad health on arrival, expectations/knowledge of behavioral problems showed no significant associations with the burden of the upbringing situation.

Within the adoptive parents' group, there were no significant differences in the assessment of the upbringing situation (NQUS-B).

The upbringing situation was perceived more problematic by both parents of children of two years and older at the time of placement (mothers: $t = -2.10$, $p < .05$; fathers: $t = -3.4$, $p < .001$, one-tailed). There is no relationship between the amount of time the children had spent living with the families and the mothers' assessment of

Table 2. Perceived Family Burden (NQUS-A), Romanian Group Compared to the Norm Group of the NQUS, Fathers, Mothers, Averages Per Category.

Family Burden	Romanian Fathers (n = 77)	Norm Group Fathers (n = 180)	Romanian Mothers (n = 79)	Norm Group Mothers (n = 234)
Acknowledgment (e.g., "My life would have been happier if I had not had this child")	1.55*	1.34	1.58*	1.40
SD	0.68		0.71	
Capability (e.g., "Cannot handle this child, even if I did my utmost")	1.77*	1.57	1.91*	1.71
SD	0.54		0.62	
Having Problems (e.g., "I am worried how to continue the education of my child")	2.05*	1.73	2.13*	1.94
SD	0.74		0.79	
Wanting a different situation (e.g., "Things should be different between me and my child")	1.76*	1.58	1.81	1.71
SD	0.68		0.69	
Child is a burden (e.g., "This child is not easy to raise")	2.49*	1.86	2.53*	2.01
SD	0.99		0.98	
Not having anyone to turn to (e.g., "I have to raise the child totally on my own")	2.06*	1.70	2.18*	1.88
SD	0.60		0.75	
Having fun (e.g., "I really enjoy spending time with my child")	1.57	1.52	1.67	1.57
SD	0.59		0.64	
Good social contact (e.g., "Me and my child get along well")	1.88*	1.69	1.97*	1.76
SD	0.69		0.79	

SD, standard deviation.
*$p < .05$.

the burden of the upbringing situation. The longer the children had been with the family, the fewer burdens the fathers experienced ($t = 2.40$, $p < .05$, two-tailed). There was no relationship of this measure with family size, health on arrival, and expectations.

Based on the idea that the perceived burden of upbringing will be influenced by demographic, psychosocial, and family factors, regression analysis was conducted using age on arrival, number of years in the Netherlands, number of children in the family, and the CBCL Total Problems subscale. Of these four variables, only CBCL Total Problems showed a significant relationship on the NQUS-B. For 54% of the mothers (Standardized = 0.765, $p < .001$) and 48% of the fathers (Standardized = 0.669, $p < .001$), the assessment of the upbringing situation (NQUS-B) can be predicted by the Total Problems cluster. The higher the score on Total Problems, the higher the score on the NQUS-B will be. When the total behavior problem score goes up, the more negative the upbringing situation is assessed by the parents.

DISCUSSION

Adoptive parents of Romanian children were confronted with complex and long-term psychosocial problems of their children. Boys and girls did not show significant differences on the two used instruments and demographic variables like age at arrival and number of children in the family. Growing up with or without biological children, health at the time of arrival, and the parent's expectations were not related to CBCL scores. Neglect of girls seemed to cause a heavier burden on ''Delinquent Behavior'' than neglect of boys. In comparison to Verhulst and Versluis-den Bieman's research group (1989, p. 51)[23] more boys (39% vs 12%) and more girls (33% vs 20%) had higher score values on Total Problems. Boys and girls showed significantly higher score levels than the normative group on most CBCL-clusters. There were no significant differences in comparison to the normative group on the Internalizing cluster and its subscales. The girls scored even less often at the problematic level on Somatic Complaints than the normative group. Boys and girls got higher scores than the Stams et al group (children adopted before the age of 6 months) on Attention Problems, Social Problems, and Thought Problems. The Stams et al group, however, did show higher scores on Somatic Complaints and Internalizing. Externalizing problem behavior may have increased the chance of survival early on in the children's homes, while Internalizing behavior did not. The hospitalized children got more attention and more food from the caregivers when they showed externalizing behavior. We know that there are many deaths in the Romanian children's homes.[5] Because Stams' group consists of children less than six months of age, the risk for being identified as having Internalizing problems was not as high. If they had been in those homes longer, many of them may not have survived as well.

Adoptive parents have to be prepared for externalizing problem behaviors in children who are older at arrival. This acting-out behavior usually is not easy to deal with.

Surviving Romanian children, especially girls, are probably physically healthier children. This could explain the lower than average scores on Somatic Complaints.

More than a third of the adopted Romanian children had score levels belonging to the clinically problematic group. This group probably needs professional help. Children with problems most often arrived at the age of two years or older and had been with the family for no longer than four years. Parents of children who were in the family five years or longer report fewer child behavioral problems. This could indicate that the behavioral problems decrease after a stay of five years or longer or that parents adapted to their behaviors over time.

Adoptive parents experienced much higher family burden of parenting than the normative group of parents. There was hardly any difference between mothers and fathers. The scale ''Having fun'' differed from the other seven NQUS-scales, showing that the adopted group does not differ from the comparison group in this dimension. This possibly is an indicator of the parental involvement in the children's upbringing. Even though they often suffered from the children's developmental and behavioral problems, the children were still accepted, loved, and desired. The fact that a large number of the parents tried to have children using technologically assisted methods of reproduction probably did not influence these feelings for the adopted child.

The group of children with problems needed professional help more often than the comparison group. The CBCL scores predict that the adoptive parents experienced greater degrees of family burden and need for help. Parents with children in the clinically problematic group probably experienced large amounts of tension in the upbringing of these children. They had, therefore, a great need for effective professional help—help they sometimes do not find or even look for. ''We have to find it all out for ourselves,'' one parent said, speaking of school choice and school psychologists.

Our results solely rest on data collected from the parents. This picture has to be completed by using data taken from third parties (e.g., caretakers, teachers, and peers) and from direct observations of the children' behavior. It would have been interesting to use a different group of foreign adopted children similar in gender, age on arrival, and family makeup as a comparison group. We hope that future researchers will take this into consideration.

Adoptive parents with a badly neglected child obviously need special capacities for bringing up that child. However, preparation for such an upbringing situation is difficult. Children react very differently both to neglect and to the interaction with caring adults who suddenly become available, providing attention and love. Adoptive parents need a lot of patience. During the first few years they likely will have to learn to live with the child's serious behavioral problems and sometimes even behavioral disorders. These problems will only start to lessen, on average, after the first five years. It may be the case that the parental skills and involvement will need to be great. Nearly all the mothers were investing all of their time in the family.

The child's behavioral problems as assessed by the CBCL-scores predicted the perceived family burden and

the need for professional support fairly well. The CBCL can be used as an assessment when an adopted child has been with the family for at least one year. It is possible that information could be identified to shorten the child's recovery period, which is often five years or more. In the study of Ames et al (1997, p. 56),[4] we see comparable results: the longer the adopted Romanian children had been in Canada, the lower the CBCL-scores were found on Internalizing, Externalizing, and Total Problems subscales.

Sometimes the behavioral problems do not stop after five years. A minority of parents have to deal with these continuing concerns. However, these "survivors" may have many abilities to bounce back.

Parents of neglected children often feel that they must tackle the problems alone. Effective support for these special families is difficult at times because important details about the adopted child's history aren't available. This makes correct diagnosis and treatment difficult while these parents' input and involvement are high. This, in combination with the heavy burden of upbringing, suggests that asking for support often comes from a crisis situation that makes professional help even more difficult.

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