

Chapter 13

Adoption: A Source of Maltreatment and Violation of Child Rights

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Introduction

A home in a socio-emotional flavor is adorned with the presence of a child. It is just not the conjugal intimacy of two adult individuals that constitutes the frame of a family structure; it is rather the etching of a place marked by the existence of a child with all his/her nuances that typifies the ambience of a family life. Children are just not the extensions of their parents in physical terms; they are the bearers of their values and the podium to reflect on the stylized parenting they receive in life. Parent–child interaction thus pays heavy toll on the future growth of a child, creating positive or negative ripples in the basic “present” life context. The precious presence of children is so heavily felt by most couples that a home without a child is felt as a groove that needs mending. The process might be going for “adoption”. A child, be it any biological or an adopted one, being contextually available, is expected to fill up the empty hearts of wanting-to-be parents. The expected scenario is healthy family flow with glowing emotional bonding and felt security and warmth therein. But at times, reality poses different and difficult picture through its crude lenses. The resultant experience being the fact that it is not all the roses to have in a family through the existence of a child, the thorns are hurting at times.

DeVooght et al. (2011) showed that although children of all ages can be victims of abuse or neglect, infants and children are particularly vulnerable. Federal data on child maltreatment from the National Data System (NCANDS) show that young children are more likely than older children to be reported to child protective services (CPS) for suspected abuse or neglect, and are more likely than their older peers to be determined victims of maltreatment by CPS.

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The data consistently show that child victims most frequently experience maltreatment in the form of neglect (with more than 78 % of all victims) in Federal Fiscal Year (FFY) 2009 experiencing neglect (DHHS 2010). Children aged five and younger are at an even greater risk for neglect than older children: almost 80 % of all maltreatment victims in the younger age group experienced neglect in FFY 2009, compared to two-thirds of children aged six and older. Furthermore, data on child fatalities consistently show that the youngest children (aged five and younger) are at greater risk of death as a result of abuse or neglect, with 87 % of all child maltreatment fatalities in FFY 2009. Children less than a year old comprise 46 percent of all child maltreatment fatalities.

Maltreatment of Children

The data furnish a new conceptual frame of maltreatment of children of every age through abuse or neglect, being intentional or unintentional. The Child Abuse Prevention and Treatment Act (2010) required states to develop minimum definitions of child abuse or neglect. The act states that abuse or neglect are “any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation or an act or failure to act which presents an imminent risk of serious harm.” In addition to this federal law, some states define specific types of abuse or neglect, such as emotional abuse, medical neglect, sexual exploitation, and abandonment.

Despite persistent media headlines about extreme cases of child abuse and neglect, the public remains largely uninformed about the developmental status of children affected by this tragic problem. The immediate markers of abuse and neglect are obvious—bruise and battered bodies and in its most severe form death. However, research has shown that child abuse and neglect—collectively known as “child maltreatment”—are also associated with a broad array of less visible negative outcomes that may emerge at different stages of children’s lives (Chalk et al. 2002).

Sensational stories of child abuse and neglect have become too frequent feature of news reports across the country. Research allows us to move beyond the headlines to get a better grasp of this pressing social problem. Child neglect is the most common form of child maltreatment. More than half (58 %) of the substantiated cases of child maltreatment involve child neglect. Additionally, about 36 % were victims of other forms of maltreatment, such as abandonment or threats of harm. Regarding consequences hundreds of research studies and agency reports have consistently reported negative outcomes from abuse and neglect for many children (English 1998). Taken together, this evidence suggests that abuse and neglect are associated with both short and long-term negative consequences for children’s physical and mental health, cognitive skills, and educational attainments and social and behavioral development. What is not yet certain, however, is the extent to which these effects are caused by the child’s experience with abuse and neglect or the presence or absence of other factors in the child’s developmental experiences.

Child neglect can take many forms and can stem from a range of underlying conditions affecting families. These can include mental health issues, substance abuse disorders, issues involving domestic violence, and poverty. The federally supported Child Welfare Information Gateway, provides this definition, “neglect is frequently defined as the failure of a parent or other person with responsibility for the child to provide needed food, clothing, shelter, medical care or supervision, such that the child’s safety, health and well-being are threatened with harm.” (Devooght et al. 2011). Within the framework of the present article, the focus would be on mental health issues of adopted children, being the by-product of maltreatments of parents oozing out their own personality problems, expectations regarding parenthood, and total lack of identifications of biological parenthood itself. The presentation will take help of certain case studies as noted in psychotherapeutic situations.

Adoption: The Alternate Parenthood Context

Owing to physical or psychosocial problems, prospective couples really cannot manage to conceive a child yet cry for a baby in life tremendously—their only alternate way out is to adopt a baby. According to Nagera (2006), people adopt because of the following reasons:

- a. Kindness to accommodate a poor or abandoned child in life;
- b. Cannot conceive at all;
- c. In order to save the bitter marriage, having a buffer through an adopted child;
- d. Going to design a companion for an already existing child (biological or not).

Adoption first became a legal status and process for transferring parental rights from biological parents to substitute parents in 1926. Prior to that, the practice of babies and young children being cared for by extended family members or strangers probably goes back to the beginning of human time. At its inception, the legal framework for adoption was designed for the placement of babies with adoptive parents. The law was designed to ensure (Shiveman 2003):

- That adopted parents were suitable to care for a baby, and that this was not a financial transaction but a child-centered process.
- The anonymity of the birth parents, particularly the birth mother, was preserved, and the baby was given a new identity. The expectation was that post-adoption there would be no further contact between the child and its birth family. It was common practice for the adoptive child not even to be told that they had been adopted. Anonymity protected the birth mother from the shame of motherhood out of wedlock, the adopters from the embarrassment of infertility, and the child from the stigma of illegitimacy.

From Attachment Theory to Understanding Trauma of Adopted Children in Infancy by Bowlby

In his later works, Bowlby postulated the existence of ‘*an internal psychological organization with a number of highly specific features, which included representational models of the self and of attachment figures*’ (Bowlby 2005). This concept made sense of the patterns of behavior that children were displaying not only in adoptive families but in foster homes. The template for attachment that they were displaying in the substitute families was the template that had been learned in a dysfunctional birth family. This attachment behavior or attachment strategy can be seen as adaptive in the context of pathologies parent–infant relationships. In ‘normal’ functional substitute families, it was mal-adaptive. Bowlby had made the link between poor mother–infant attachment relationships and the development of ‘*delinquent*’ behavior in adolescence (Bowlby 1944). His followers had refined and developed his theory, and identified different attachment styles that children develop depending upon the quality and form of that primary attachment relationship between mother and infant (Main and Solomon 1986). These attachment styles have been defined as secure, insecure–ambivalent, avoidant, and disorganized (Howe 2005).

The work of Bessel van der Kolk (2005) and Bruce Perry (2006) helped us recognize that PTSD in childhood was really only applicable to children who by and large have had ‘good enough’ attachments to primary caregivers, but had subsequently suffered single traumas. For children who have experienced multiple traumas and who also had insecure attachment relationships, their whole development was impacted from birth through infancy by repeated ‘relationship’ or ‘ambient’ trauma. This phenomenon has subsequently been given the title of ‘Developmental Trauma’.

This syndrome has been researched and defined by Child Traumatic Stress Network Task Force (2003) in the following fashion:

Developmental trauma disorder by Bessel van der Kolk in the Psychiatric Annals (2005)	
a. Exposure	Multiple or chronic exposure to one or more forms of developmentally adverse interpersonal trauma (e.g. abandonment, betrayal, physical assaults, sexual assaults, threats to bodily integrity, coercive practices, emotional abuse, witnessing violence, and death) <ul style="list-style-type: none"> • Subjective experience (e.g. rape, betrayal, fear, resignation, defeat, shame)
b. Triggered pattern of repeated deregulation in response to trauma cues	Affective <ul style="list-style-type: none"> • Somatic (e.g. physiological, motoric, medical) • Behavioral (e.g. re-enactment, cutting) • Cognitive (e.g., thinking that it is happening again, confusion, dissociation, depersonalization) • Relational (e.g., clinging, oppositional, distrustful, compliant) • Self-attribution (e.g., self-hate, blame)

Developmental trauma disorder by Bessel van der Kolk in the <i>Psychiatric Annals</i> (2005)	
c. Persistently altered attributions and expectancies	<ul style="list-style-type: none"> • Negative self-attribution • Distrust of protective caretakers • Loss of expectancy of protection by others • Loss of trust in social agencies to protect • Lack of recourse to social justice/retribution • Inevitability of future victimization
d. Functional impairment	<ul style="list-style-type: none"> Educational • Familial • Peer • Legal • Vocational

Grueling assessment, long waiting lists, exasperating bureaucracy, and considerable expense are some of the common stories or challenges that the prospective adoptive parents experience in the process. But there is a presumption that the day these parents finally take a child into their arms is the first day of the “happily ever after” dreams for both sides. But that really is a dream and is not realistic. Too many possible complications may come in the way in the source format being (Rehman 2003):

- Coming from the parents
- Coming from the child
- Coming from the interaction
- Coming from development

A. Coming from the parent

There is a common notion that if a child is picked up from an orphanage and put in a decent family, he/she will thrive and develop as per Archer and Burnell (2003) of the UK-based “Family Futures” which specializes in providing therapeutic services for children who have experienced early trauma. Unfortunately reality shows that love does not always conquer all. Hence in adoption situations, the “attachment issues” turn to be a primary problem among many. The older they are when placed in a family, the deeper the problem is likely to be. Consequently, it has been noted that children who receive poor early parenting have every aspect of their development being impaired or impacted to varying degrees by that early traumatic experience. It has been shown that their brains develop differently from those who are encouraged to develop a secure, loving attachment to a principal career—usually their mother (Monahan 1993; Archer and Burnell 2003). It is not just that they find it difficult to form secure attachment to their parents; they also have problems with problem-solving and cognitive processing and also with sensory motor development. Unless adoptive parents know about the issues and receive appropriate professional help where necessary, they are parenting on “faulty foundations”, says Archer and Burnell (2003). The problems are just not there in the initial stage of settling in a family, in adoption, long-term issues can re-emerge at various later life stages, particularly in adolescence.

A. Coming from the Parents

In parenthood, most parents draw on their experiences of being parented when raising a family. But adopted children may need different forms of parenting to help with feelings that biological children of their age would not have. They need a parent to help them to make a transition from babyhood to autonomous child of middle childhood; otherwise regressive modes have deep patches in their behavioral mode. Usually children with attachment issues can become overtly self-assured and pseudo-independent or they become frustrated and intolerant, often quite aggressive, or they are very compliant and quiet. None of these coping strategies that the child has developed works in the long run and “re-parenting” is needed to make up for what that child has missed. Additionally, it has been found that human-to-human touch releases oxytocin, a feel-good hormone and it is a process that happens all the time between biological parents and babies. In adoption, if by any chance, the dearth is noted in the context, relevant fearful experiences regarding touch takes place in the child’s mind. The touch seems to be the essential element in bonding with people with pleasure (Archer and Burnell 2003).

A typical emotional inadequacy is evident in most adoptive parents. They are found to be slow in looking for help for the child or for their relationship; because they may not want to admit that they are having difficulties. Faced with a child who would just not stop crying or tantruming, adoptive parents can feel a huge sense of shame. They seem not to have the visceral confidence that they know their child, and the experience can be quite harrowing. The behavior they are dealing with in their children includes extreme mood swings, aggression, and poor performance at school, low self-esteem and sometimes stealing and self-harming behavior. In fact, prospective adoptive parents need to know that it is not going to be an easy task for them. Their resilience would need to stand firm to confront the demand.

B. Coming from the Child

Children come into new families with pathological ways of relating and they at times pathologies the new family. As per the situation, it is not the parents who are a risk factor; it is the child who may be the risk factor. They endanger the marriage, endanger the mental health of parents and possibly the potentiality of the child could not be utilized in the desired ways in the family owing to his/her own constitutional factors like low intelligence, impulsivity, poor psychiatric history.

C. Coming from the Interaction

Most frequently adopted children are found to have poor identification with their parents. A constant search, even in fantasy for own parents, prevent them from having a healthy bond with the adoptive ones. They become verbally abusive, retaliate at every juncture of advice, and have displaced rage on them from the non-available biological parents. Adopted girls in a reactive mode become promiscuous and conceive illegitimate children. Boys become vandals, abuse drugs, remain asocial and can be quite destructive to adoptive parent’s property.

D. Coming from the Development

Adopted children have two sets of parents, biological and adoptive. They can denigrate and idealize them at will. Because of this, the mechanism of splitting is highly facilitated in them with negative consequences for development (Freud 1909). Similarly their oedipal orientations suffer injury for the same reason. The splitting in them turns two sets of parents into four sets:

- A denigrated bad set of biological parents;
- An idealized set of biological parents;
- A good idealized set of adoptive parents;
- A bad denigrated set of adoptive parents.

They feel frustrated in any way and react negatively. Navigating a balanced developmental chart and a welfare system for them then becomes a major challenge. The theoretical roots of analysis of such a situation can be schematized as follows (Fig. 13.1):

For such children, the denigrated bad set of biological parents as well as the possibility of denigrated bad set of adoptive parents can be neutralized and erased from the socio-emotional system if the above conceived conditions are adopted and general needs of the child are normally met. Clinical cases are revealing the fact that such frames of development chart are mostly not there in the adoptive parents' mind and hence the woes of numerous variety speaks for it in different pathologies.

The Hand-On Scenario of Adopted Children: Excerpts from a Few Psychotherapeutic Case Studies

1. Riyance, a 4 year old, very frail child has been brought to the clinic with following complaints;
 - The child is restless and has difficulty in going off to sleep;
 - He needs to be bribed to make him follow any instructions;
 - He eats very fast, has frequent outbursts of temper tantrums, especially with the mother;
 - Likes to draw father's attention, but fails;
 - Gets very aggressive at times.

The background history reveals that he was from a starved mother, who just after giving his birth, died of malnutrition. The father abandoned the child instantly. Through a home, he had been placed into a well-to-do family with a professor father and a working mother. The mother being beautiful was too narcissistic and did think that her beauty would be spoiled in conceiving a child. The husband seem to be reluctant in close bonding with the wife but cooperated with her in adopting the child and in looking after the household chores. The child seemed to be a victim of maltreatment. A helping assistant was hired to look after the child in the day time, but the mother did try her best to take care of him. In the process she developed a peculiar guilt thinking that she is not up to the expected level of being his mother, maybe she is depriving him of the quality of love that his natural mother could have

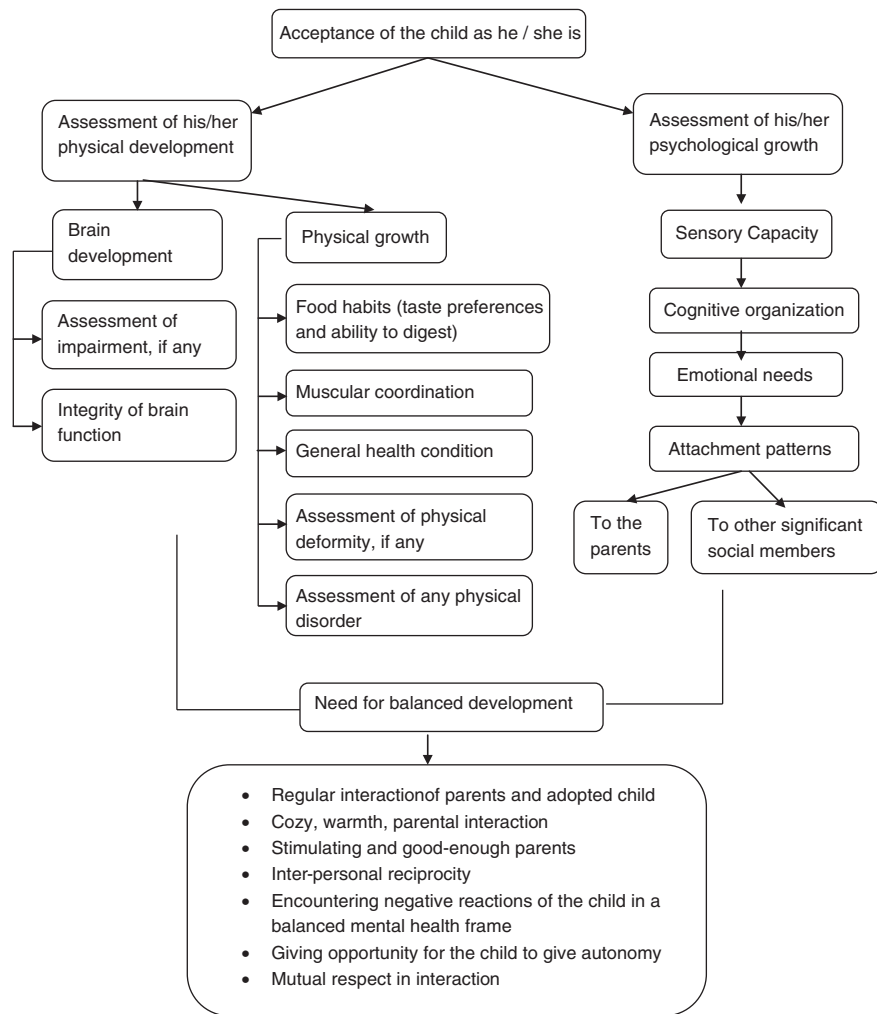


Fig. 13.1 Schematic representation showing the requisite conditions for balanced personality development of adopted children

given him. She was always worried about his food and was constantly offering him food to compensate for whatever may be his deprivation with her. While trying to help the child in any habit formation, she always felt shaky, thinking that she might be coxing him to do it. The father attended him physically at times, but very rarely attended him psychologically. Their inadequate, inconsistent, and irresponsible parenting was no doubt inking the maltreatment issue for their child.

2. Shaon, a girl of 7 years was brought to psychotherapy for her attention deficit in studies, stubbornness, non-compliant attitude to family members, dislike toward studies and going to school, constant T.V. watching habit, lying, and

extreme regressive speech. The family backdrop revealed her adoptive mother was approaching 40 years of age; father's age was 44 years. Both of them were graduates. The father worked in a private company, the mother was the home maker. The mother was brought in an extended family with a widow mother-in-law and a spinster sister, elder to her husband. The husband had strong inclinations toward them and all three of them used to criticize her for almost everything. The couple life was at stake; they constantly fought with each other. Both the members revealed an obsessive-compulsive personality pattern with extreme rigidity in their self-opinionated ways in life. They could not conceive in natural way and hence opted for adoption. Shaon was conceived as a bridge between them but very soon they started fighting over their care-giving roles. The child was the victim of family conflicts, clashes, even parents fighting physically, abusing each other in high pitches, and not being allowed by the mother to spend time with the grandmother or aunt. Ultimately the couple got separated from the mother-in-law and sister-in-law and started their home in a new locality with the daughter. She was sent to school. But they found her to be absent-minded and not at all interested in studies. She was keen on watching T.V. even at the cost of receiving thrashings from the parents. To the therapist she seemed to be a bright girl who used all her potentialities in manipulating a situation or condition to fulfill her instant pleasure-seeking habit format. Her defense was that of having regressive speech, but she seems to be aware of the minute details of the situation. On her second day of visit, feeling quite assured with the therapist, she opened her mind, saying, "I don't like my parents, they fight a lot between them, beat me up regularly, force me to obey them always and take out their own anger on me. I can't study, I watch T.V. to forget all my miseries. Can I be sent somewhere else? I like to be away from these two human beings." Her emotional plight is an instance of maltreatment.

3. A 6 year old boy, Rohit, has been brought into the clinic with concentration problem, mother-teasing and extreme demanding nature. He was an adopted son of a reputed medical practitioner and a homemaker mother. Unfolding his mind he gradually revealed the fact that he feels something amiss in the family. He always wanted to see the mother in stripped-off condition in order to see how he was born out of her. He had some confusion regarding father too that he found to be unrealistically possessive and protective about him. At the age of 6, he had been given two tutors to teach him, he was showered with gifts and toys from the father at regular basis. Mother was restrictive a bit for which she was constantly abused by the father. His little mind put a query in front—"Is there anything unnatural regarding my birth? I do not feel comfortable here." Taking the child much away from normal developmental course is another angle of maltreatment meted out to them at times.
4. A 9 year old Shreya had the problems of poor academic grade, problem of enuresis, nail biting, unusual hankering for money and electronic gadgets, a special lesbian friendship with a girl of 2 years older than her. She was the adopted

daughter of an affluent business father and was a student of a very posh school in Kolkata. She was described as an internet addict and was in a habit of constantly using her mobile for text messaging. Therapeutic interviewing was difficult with her initially. Gradually she narrated her plight saying her mother was extremely prying type and complained about her to the father that resulted even in shoe-beating for her. She had been criticized by both of them for not being beautiful in looks, good in studies and in terms of not being obedient. Her friend seemed to offer her the emotional cushion which she was not ready to part with. The discourse with the parents revealed their mentality, saying, “She is not the type we wanted to have. Neither can we accept her, nor can we abandon her. Even her body features seem repulsive to us.” Barring details, isn’t it good enough to conceptualize what maltreatment means?

5. 3 and 1/2 year old Reshma came with her mother to the clinic. The child was having seizure-disorder and was usually hyperactive. The home maker mother of an engineer husband found it very difficult to accept the child with her problem. She said, “To me, the child seems to be a problem, an emotional burden, a time consumer, a robber in terms of my free life. I just want her to get removed to someone else or die.” The father’s version was that the child was brought to fill up the void of his wife in terms of time and emotions. The contrast between the dreamt child and the child in reality, painted the canvas of maltreatment for her.

The Mental Frame of Maltreating Parents: A Few Salient Points

In the mental frame of maltreating parents, especially the mother, certain noteworthy psychological points seem to be:

- Infertile mothers’ design and expectations at times do not match the reality situation—they instantly become reactive in terms of open irritation and rejection.
- Motherhood or parentage is a heavy task, carrying out which, successfully can bring enormous joy and fulfillment. But the process needs a lot of resilience and patience to bear the common hazards of developmental tasks. One needs to be totally mentally prepared to combat any errands there.
- Children are not decorative elements in life. Life follows unfolding of growth in hazardous sequential stages, one need to offer balanced “holding” there.
- Children are not your canvas to put your designs on it. They are living beings having their potentialities as well as vulnerabilities to grow in a stylized manner.
- If children are required to follow their parents, parents need to be the stable role models.
- Psychoanalytically mothers or caregivers are called “containers” in life. In order to contain (the child) in a container (mother or parent), the container must be clean to assure its quality preservation.

- Mother's/father's infertility may be the outcome of wrong parenting received and hence poor identification with the roles. Before opting for adoption, one needs to rectify the situation through self correcting therapeutic processes.
- Being parent is difficult, accepting the challenge and confronting it needs maturity to carve progression in life. Maltreating a child is a wrapping on the defects of the parents. One needs to acknowledge it.

Indicators for Child Maltreatment

Traditional indicators for child maltreatment prevention programs raise thorny ethical, methodological, and empirical issues and have significant validity problems. To inform the design of maltreatment prevention program evaluation, it is recommended that there should be a combination of indicators that measure risk and protective factors for child maltreatment along four dimensions:

- Parenting capacity
- Substance use
- Financial solvency and
- Family conflict.

In addition, Centre for Study of Social Policy (CSSP) indicators in two other areas: child well-being and home and community. Indicators of child well-being should address the domains of physical health, education and cognitive development, and social and emotional well-being. From among several dimensions of home and community factors, indicators include domain of home safety and social connectedness (Ross and Vandinere 2009) (Chart 13.1).

There are many reasons why reliable and valid indicators of child maltreatment do not exist. Maltreating a child can result in civil or criminal actions that have severe repercussions for parents and children. In addition, parents labeled as abusive or neglectful of their children bear a heavy social stigma. These qualities undermine direct observation aimed at detecting maltreatment—parents can be expected to avoid maltreating their children in the presence of researcher or therapist. In adoptive family situation, two most important factors that need consideration are:

Domain	Concept Measured
Child well-being	<ul style="list-style-type: none"> • Health • Education and cognitive development • Social and emotional well-being
Home and community factors	<ul style="list-style-type: none"> • Home safety • Social connectedness
Child maltreatment	<ul style="list-style-type: none"> • Parenting capacity • Substance use • Financial solvency • Family conflict

Chart 13.1 Domains and concepts for assessment of child development prevention programs

Parenting Capacity

This has many dimensions, including parenting skills, parenting knowledge of child development, and parent mental health. Strong parenting capacity can be a protective factor against maltreatment, while weak parenting capacity can be a risk factor. Some parents, especially young parents or parents going for adoption may not have had the opportunity to practice parenting skills or learn about child development. This appears especially true when parents have not experienced modeling of appropriate parenting behavior (Shiveman 2003). Mental health problems can also hamper parenting capacity, resulting in an increased risk of child maltreatment (Barth 2003). Parenting knowledge of child development is a protective factor for child maltreatment—and a lack of knowledge is a risk factor that can contribute to parenting practices that are not developmentally appropriate.

Three approaches to using indicators of parenting capacity in evaluating child maltreatment prevention programs include measuring the existence of screening and service access, directly observing parenting and parent self-reports.

Family Conflict and Discipline Practices

Nurturing parenting is a protective factor for child maltreatment. The use of non-violent and non-aggressive methods for resolving conflicts between partners and for disciplining children, for example, are protective factors. Conversely, aggressive methods for resolving conflicts, including threatening and abusive language as well as physical confrontation and punishment, are risk factors. Because witnessing violence between parents or a parent and a significant other is traumatic for children, it can be considered child maltreatment even when children are not physically harmed (Putnam 2001).

The selection of specific indicators and how they are operationalized may vary across evaluations, depending partly on available resources. Though challenging, rigorous assessment of maltreatment prevention programs are critically important. In the complex matrix of family problems from multidimensional sources, placing increasing stresses on families and threatening the resources available to support the family in terms of financial as well as socio-emotional, it is particularly important to invest in effective programs to deal with child maltreatment.

Thus, the vulnerability of infants and young children to abuse or neglect and the significant toll of maltreatment on the very young child underscore the critical importance of early and effective interventions that support and strengthen their families and ensure that these children are protected and nurtured. At the same time, reduction in the incidence of abuse or neglect among these very young children holds the promise of substantial Government savings, befitting children and families as well as society as a whole. The selection of specific indicators and how

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In fact India has been a major supporter of child's rights and CRC but still it has not been able to achieve or eradicate child-related basic issues. Consistent efforts are needed in right direction. Securing child rights is not the matter to be dealt at the policy level, people has to be mobilized to this cause. The role of psychologists stands very high there.

Child Right Violation

Violation of the rights of children represents a common occurrence in many parts of the world. These violations take the form of torture, cruel, inhuman or degrading treatment, excessive work and labor, sexual abuse, and slavery. The Universal Declaration of Human Rights (UDHR 1945) contains important provisions for children, although emphasis is upon protection and non-discrimination rather granting specific, independent rights to a child as a person. Article 25(2) of the Declaration provides that motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

As far as children's rights as a distinct category of human rights is concerned, the real impetus was provided with the adoption of the United Nations General Assembly Declaration on the Rights of the Child in 1959. The Convention came into force in September, 1994. It is the most valuable treaty in the armory of human rights law with which to protect and defend the rights of children the world over. The basic thrust of the Convention is that the child has independent rights and the primary focus of the Convention is to operate in, "the best interests of the child." According to Van Bueren (1999), the Convention is essentially about what she terms as the "four Ps". These are:

- The participation of children in decisions affecting their own destiny;
- The protection of the children against discrimination, destiny, and all forms of neglect and exploitation;
- The prevention of harm to children, and;
- The provisions of assistance for basic needs.

While accepting the realities of parental influences and rights and duties of the wider family, the Article is nevertheless reticent in dealing with situations where the interests, directions and guidance of parents are not "appropriate" or "consistent" with

the evolving capabilities of the child. To bring out the best in each child, the Rights of a child to be protected against all forms of abuse and violence are as follows:

- The right to special care if disabled;
- The right to adequate nutrition and care;
- The right to learn to be useful member of society and to develop individual activities;
- The right to be brought up in a spirit of peace;
- The right to a name and nationality;
- The right to affection, love, and understanding
- The right to be among the first to receive relief in times of disaster;
- The right to protection against all forms of neglect, cruelty, and exploitation;
- The right to free education and to full opportunity for play and recreation;
- The right to enjoy these rights regardless of race, color, gender, national, or social origin.

Thus keeping in mind the common rights of children in any set up and considering the scenario of various possible maltreatments meted out on them at times, certain alternate emotional moves on the part of parents are required to have a frame for common reference.

Conclusion and Recommendations

In any context, everyone must ensure child's welfare and respect his innocence and integrity. Life may pose problems of various kinds, adults may not always be equipped with all the good qualities of taking life responsibilities, situations may provoke one's senses to operate in negative directions, come what may, one should remember and recognize the fact that children are dependent, yet respectable future agents, whose complete development should be the goal of our life, irrespective of specific life conditions that render children's status of a specific kind. Life will be full of efforts and understanding there, practices would be of positive quality, the automatic resultant effect would be child welfare and protection, rather than abuse, neglect and desertion. Children with health content will really adorn families, curving the future niche of being good parents to other children, be it natural or of adoption.

Solution-Oriented Emotional Moves of Adoptive Parents: Helping a Child to Settle

Advice for parents returning home with an adopted child includes:

- Keep the house hassle-free and physically quiet;
- Limit the number of toys and equipment available to the child to enroot him in the family realistically. Too much stimulation can cause overwhelming reaction;

- Seek support from other parents who have older adopted children, to get a sense of what things are going to be like;
- Expect that the child is going to need a lot of time settling at night;
- Try to get as much information as possible from the care home as the child's typical habits like eating, sleeping etc.
- It is better if one of the parents is available on a one-to-one basis for the child for at least a couple of years, after coming into the home.
- One should remain prepared for temper tantrums as they are the single media of expressing anxiety;
- Be prepared for the child's physical rejection of parents through pushing the parent away. Time and consistent support alters the situation.
- Professionally monitor child's development with experts on the subject;
- Use remedial techniques like psychotherapy, counseling, parental guidance when things do not move smoothly;
- Provide on-going supportive and preventive services such as parents group, marriage counseling etc.

Apart from the offered solution orientations to adoptive parents, certain policy-based approaches need to be followed to combat maltreatment effect on adopted children.

- Possible adoptive parents must go through rigorous psychotherapeutic interviews to open up their emotional files behind the desires for adoption;
- Personality profiles of such parents needs to be mapped out with projective techniques;
- They need to be counseled to heal up their emotional patches before finally taking the decision of adoption;
- Data need to be collected regarding the couples' socio-emotional basic reaction patterns;
- Follow-up interventions in the family after adoption are required to verify the comfort level of the adopted child.

Summarily, the prospective parents must be mentally prepared to accommodate the child in their lives and be equipped enough to deal with the hazards of the normal developmental course to see a bright future of their own family profile.

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