
ADOPTION POLICY AND EVIDENCE-BASED DOMESTIC ADOPTION PRACTICE: A COMPARISON OF ROMANIA, UKRAINE, INDIA, GUATEMALA, AND ETHIOPIA

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ABSTRACT: The United Nations Convention on the Rights of the Child (1989), The Hague Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoption (The Hague Permanent Bureau, 1993), and the Guidelines for the Alternative Care of Children (2009) have provided a comprehensive, rights-based framework and guidance for developing domestic adoption and alternative, family based care programs. Domestic adoption is a critical component of any child-protection system and a core part of the range of alternative care options that the United Nations and other international organizations recommend be developed, resourced, and made accessible to children without parental care. This article uses data collected from adoptive parents' postadoption and governmental data in Romania, Ukraine, India, Guatemala, and Ethiopia to focus on domestic adoption in each of these countries. The article highlights both promising practices in domestic adoption as well as policies and practices that require additional research.

RESUMEN: La Convención de las Naciones Unidas para los Derechos del Niño (1989), la Convención de La Haya sobre la Protección del Niño y la Co-operación con Respecto a la Adopción Internacional (1993), y las Directrices para el Cuidado Alternativo de Niños (2009) proveen una estructura comprensiva con base en los derechos y una guía para desarrollar la adopción doméstica y programas alternativos de cuidado con base familiar. La adopción doméstica es un componente esencial de cualquier sistema de protección del niño y una parte medular del ámbito de opciones de cuidado alternativo que las Naciones Unidas y otras organizaciones internacionales recomendaron que se desarrollara, que se invirtieran en ella los recursos necesarios y que se hiciera accesible a los niños que no tenían el cuidado de sus padres. Este artículo usa información obtenida de padres adoptivos después de la adopción e información gubernamental recogida en Rumania, Ucrania, India, Guatemala y Etiopía con el fin de enfocarse en la adopción doméstica en cada uno de estos países. El artículo subraya tanto las prometedoras prácticas de adopción doméstica como las políticas y prácticas que requieren de investigación adicional.

RÉSUMÉ: A Convention sur les Droits de l'Enfant de l'Organisation des Nations Unis (1989), la Convention de la Hague sur la Protection des Enfants et la Coopération en Matière d'Adoption Internationale (1993), et les Lignes directrices relatives à la protection de remplacement pour les enfants (2009) offrent une structure basées sur une vision compréhensive des droits et un guide pour le développement de programmes domestiques d'adoption et de programmes de placement en famille alternatifs. L'adoption domestique est une composante critique de tout système de protection de l'enfant et une partie centrale de l'éventail d'options de soin alternatifs que les Nations Unis et d'autres organisations internationales recommandent de développer, avec des ressources adéquates, et de rendre accessibles aux enfants sans soin parental. Cet article utilise des données recueillies de parents adoptifs après une adoption et de données gouvernementales en Roumanie, en Ukraine, en Inde, au Guatemala et en Ethiopie afin de mettre l'accent sur l'adoption domestique dans chacun de ces pays. Cet article met en évidence à la fois des pratiques d'adoption domestiques prometteuses ainsi que des politiques et pratiques qui demandent plus de recherches.

ZUSAMMENFASSUNG: Das Übereinkommen der Vereinten Nationen über die Rechte des Kindes (1989), das Haager Übereinkommen über den Schutz von Kindern und die Zusammenarbeit auf dem Gebiet der internationalen Adoption (1993) sowie die Richtlinien für die alternative Betreuung von Kindern (2009) liefern ein umfassendes rechtbasiertes Gerüst und einen Leitfaden für die Entwicklung von Inlands-Adoptionen und alternativen familienbasierten Pflegeprogrammen. Inlands-Adoptionen sind ein kritischer Bestandteil jedes Kinderschutzsystems und ein Kernbestandteil der alternativen Betreuungsmöglichkeiten, den die Vereinten Nationen und andere internationale Organisationen empfehlen, der entwickelt, finanziert und für Kinder ohne elterliche Fürsorge zugänglich gemacht werden muss. Dieser Artikel basiert auf Daten von Adoptiveltern nach der Adoption und auf Regierungsdaten, die in Rumänien, der Ukraine, Indien, Guatemala und Äthiopien gesammelt wurden, um in jedem dieser Länder auf Inlands-Adoption

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INFANT MENTAL HEALTH JOURNAL, Vol. 35(2), 160–171 (2014)

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View this article online at wileyonlinelibrary.com.

DOI: 10.1002/imhj.21439

zu fokussieren. Der Artikel hebt sowohl vielversprechende Methoden der Inlands-Adoption sowie Strategien und Praktiken, die zusätzliche Forschung verlangen, hervor.

ABSTRACT: The United Nations Convention on the Rights of the Child (1989), The Hague Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoption (1993), and the Guidelines for the Alternative Care of Children (2009) provide a comprehensive rights-based framework and guidance for developing domestic adoption and alternative family-based care programs.

抄録:国連子どもの権利条約(1989)、ハーグ国際養子縁組に関する子の保護及び協力に関する条約(1993)、および児童の代替的養護に関する指針(2009)は、国内の養子縁組と代替的な家庭による養育プログラムを作るための、包括的な権利に基づく枠組みと指針を提供する。国内の養子縁組は、どの子どもも保護システムでも非常に重要な構成要素であり、代替的養護の一連の選択肢の中核的部分である。その選択肢は、国連やその他の国際機関が、作り、準備し、そして親に養育されない子どもが近づきやすくすることを推奨している。この論文では、ルーマニア、ウクライナ、グアテマラ、およびエチオピアの、養子縁組後の養父母から集めたデータと政府のデータを用いて、それぞれの国の国内養子縁組に集中する。論文は、国内養子縁組の有望な実践と、さらに研究が必要な政策と実践の両者を強調する。

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Most of the children in low-resource countries who are not living with their birth families and living in group care (also referred to as *childcare residential facilities* or *institutions*) are referred to as *social orphans*. That means that the children have at least one birth parent who is alive, but the parent is unwilling or unable to provide appropriate care and support. Most (70–90%) children in residential childcare facilities globally have at least one living parent (Bilson & Cox, 2006; Davis, 2006; Meintjes, Moses, Lizette, & Mampane, 2007; Pinheiro, 2006; Williamson & Greenberg, 2010). The circumstances leading to placement in residential childcare facilities, in most cases, is primarily due to extreme poverty compounded by parental problems such as substance abuse, physically or sexually abusive behavior, domestic violence, or developmental disabilities and by social problems such as extreme drought, famine, pandemics, or war (Family Health International, United Nations Children’s Fund [UNICEF], & CIFI, 2010). The task of estimating the number of true orphans (those with no living parents) is very difficult. While the data are broad guesstimates, regardless of the actual number, there are millions of children worldwide not living with parents and without the possibility of being placed in extended kinship families. Adoption can be a viable family based option in these situations if it is appropriate and if it is an accepted care option within the country or cultural context.

CHILD RIGHTS BASED LEGAL FRAMEWORK FOR PROMOTING ADOPTION

Human rights laws strengthen the family unit by specifying a country’s obligations to keep families together and to reunify them when they have become separated (United Nations Convention on the Rights of the Child, 1989). If it is not possible for the family to remain together or it is not in the best interests of the child to remain in the birth family, then the country is compelled to provide alternative, family based care options such as kinship care (with related or fictive kin), foster care (United Nations Convention on the Rights of the Child, 1989; Guidelines for the Alternative Care of Children, 2009), or adoption or *kafala* (United Nations Conven-

tion on the Rights of the Child, 1989). *Kafala* is a type of family based care used in Islamic societies. It does not involve a change in kinship status, but does allow an unrelated child, or a child of unknown parentage, to receive family care and legal protection (Better Care Network Toolkit, n.d.). With adoption, according to child rights instruments, priority should be given to placement in domestic adoption before intercountry adoption (United Nations Convention on the Rights of the Child, 1989; The Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption, 1993). This also is referred to as the *subsidiarity principle* (The Hague Convention on Private International Law, 2008).

Significant developments in the legal framework related to children’s rights and protection have occurred in the past 30 years, including the almost unanimous ratification of the United Nations Convention on the Rights of the Child (1989), the development and approval of regional legal instruments such as the African Charter on the Rights and Welfare of the Child (1990), the Convention of the Council of Europe (2008), on Adoption, the Inter-American Convention on Conflicts of Laws in Matter of Adoption (1984), The Hague Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoption (The Hague Permanent Bureau, 1993), and the Guidelines for Alternative Care of Children (2009). These instruments provide a comprehensive legal framework that places children’s rights and their best interests at the center of all actions and decisions.

One of the four core provisions of the United Nations Convention on the Rights of the Child (1989) is the “best interests of the child” principle. This refers to the process of systematically considering the needs and interests of the child in all decisions that affect the child (Zermatten, 2010). Article 3.1 states that the best interests of the child should be a *primary* consideration in all actions, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities, or legislative bodies (United Nations Children’s Fund, 1989). In addition, article 21 of the United Nations Convention on the Rights of the Child requires any adoption system to ensure that

the best interests of the child are *the paramount* consideration when considering adoption as a placement option (United Nations Children's Fund, 1989), which is similarly reflected in The Hague Convention in articles 1, 4, and 16 (The Hague Permanent Bureau, 1993).

The placement of a child within a family other than his or her biological family and the transfer of parental rights in caring for and raising the child has occurred for centuries in varying cultural contexts, among different socioeconomic groups, and in various geographical locations (e.g., see Carp, 2004; Lindsay, 2009; Stone, Owen, & Mitchell, 1991). Adoption started as a way to preserve family lineage, secure inheritance, and forge alliances (Derrett, 1957; Gardner, 1998). It progressively evolved into a process for meeting the needs of adults to focusing on the child's need for a permanent family environment. The United Nations has estimated that 85% of all adoptions are domestic, numbering over 220,000 per year (United Nations, Department of Economic and Social Affairs, Population Division [UNDESA], 2009), although 10 countries account for 86% of all domestic adoptions globally (UNDESA, 2009). The remaining 14% (~31,000) were distributed among 86 countries (UNDESA, 2009). The United States records the most domestic adoptions per year, followed by China, Russia, Brazil, Ukraine, the United Kingdom, Germany, Uzbekistan, Kazakhstan, and Canada (UNDESA, 2009).

Domestic adoption can be viewed within a child rights framework. Children have a right to be raised in an optimal living environment; the optimal environment is recognized as a family (Delap, n.d.), as stated in the Preamble of the United Nations Convention on the Rights of the Child (1989). The right to and positive effects from being raised in a safe, stable, and loving family environment is well-understood worldwide, particularly in contrast to the negative effects of being raised in a poor-quality institutional setting (Dobrova-Krol, van IJzendoorn, Bakermans-Kranenburg, & Juffer, 2010; Groark, Muhamedrahimov, Palmov, Nikiforova, & McCall, 2005; Muhamedrahimov, Palmov, Nikiforova, Groark, & McCall, 2005; Smyke, Dumitrescu, & Zeanah, 2002; Smyke et al., 2007; St. Petersburg–USA Orphanage Research Team, 2005; Zeanah & Smyke, 2008; Zeanah, Smyke, Koga, Carlson, & the BEIP Core Group, 2005). Yet, despite the evidence, residential childcare facilities remain the main placement options for orphaned, abandoned, or vulnerable children—especially in low-resource countries (Rosas & McCall, 2009; Williamson & Greenberg, 2010). Critics of residential care have asserted that children thrive better in bad homes than in good institutions (Bowlby, 1951, p. 67–92). The other side of the spectrum includes those who have argued that in certain countries, residential childcare facilities can be better physical environments than are those provided by families (Wolff & Fesseha, 1998, 1999). In either case, quality of care is one of the most important factors and is consistent with the rights of children (Groark et al., 2005; Muhamedrahimov et al., 2005; St. Petersburg–USA Orphanage Research Team, 2005).

Adoption is recognized as a family-based, permanent care arrangement. It is both a social and a legal process whereby a child is placed legally and permanently with a parent or parents

other than the birth (biological) mother or father (Vité & Boechat, 2008). Adoption in many countries and cultures of the world is a recognized and established social welfare response for children without parental care (Roby, 2007). For centuries, adoption was a socially accepted way of creating, legally or customarily, a familial bond between two unrelated persons (Vité & Boechat, 2008). In India, for example, Hindus traditionally adopted male children when they had no heir. Even if a family had daughters, inheritance was passed only through the son, and the son was expected to care for parents in their old age (Bhargava, 2005).

Until the mid-20th century, adoption was mainly practiced between children and adults within similar cultures, communities, and countries. The practice is what is commonly referred to as *domestic* or *national adoption*. National adoption or other permanent family care is generally considered to be in the child's best interest; however, if there is a lack of suitable national adoptive families or permanent family caregivers, placement in a suitable family outside the country is considered preferable to keeping children in residential childcare facilities (The Hague Conference on Private International Law, 2008). The United Nations prescribes certain principles to be embodied in adoption policies and practices, both domestic and international. However, the actual practice of adoption has not always taken into consideration or, in some cases, may be inadequate to ensure that the child's best interest guides all steps of an adoption process and ensures ethical practice (Bunkers, Groza, & Lauer, 2009; Vité & Boechat, 2008).

Domestic adoption can offer children, especially children who cannot be placed in other family-based alternative care options, a permanent family. This is an especially relevant care option for children who are abandoned, have no parents or extended family, or for children who should not remain under the care of their parents due to abuse or exploitation. Adoption provides stability for a child and can be more cost effective than long-term placement in a residential care setting or foster care (EveryChild, 2012). There is ample evidence that adoption can be successful in low-resource countries. The following section examines government data and research around domestic adoption.

DOMESTIC ADOPTION EVALUATIONS IN SEVERAL LOW-RESOURCE COUNTRIES

Romania

Romania has a history of both domestic and intercountry adoptions. Data in Table 1 is from the Romanian government websites (www.copii.ro, www.adoptiromania.ro) and is updated from earlier published versions (Groza, Munteanu, & Ungureanu, 2012; Nedelcu & Groza, 2012).

The number of domestic adoptions doubled from 1998 to 1999. During this period, several nongovernmental organizations (NGOs) were piloting domestic adoption programs to demonstrate the feasibility of domestic adoption in Romania. After the demonstration projects, the number of domestic adoptions remained fairly steady, over 1,000 per year. The rate of domestic adoption increased

TABLE 1. Romanian Child Welfare Data

	Domestic Adoptions	Intercountry Adoptions	Children in Institutions	Children in Foster Care	Abandoned Children	Rate of Domestic Adoptions Based on Total Children in Out-of-Home Care	Rate of Intercountry Adoptions Based on Total Children in Out-of-Home Care
1998	846	2,017	n.c.	479	n.c.	n.a.	n.a.
1999	1,710	2,575	n.c.	3,058	n.c.	n.a.	n.a.
2000	1,291	3,035	51,647	5,157	n.c.	.02	.05
2001	1,271	1,521	45,422	8,370	n.c.	.02	.03
2002	1,346	407	43,234	10,935	n.c.	.02	.01
2003	1,383	279	37,870	13,625	5,130	.03	.01
2004	1,422	25	32,973	15,834	4,614	.03	.00
2005	1,136	2	28,786	17,213	2,580	.02	.00
2006	1,421	0	26,105	19,571	2,216	.03	.00
2007	1,294	0	25,114	20,194	1,710	.03	.00
2008	1,300	0	24,427	20,642	1,317	.03	.00
2009	1,216	0	23,696	20,498	1,400	.03	.00
2010	1,389	0	23,103	19,811	1,315	.03	.00
2011	1,083	0	23,240	19,376	1,432	.03	.00

n.a. = not able to calculate; n.c. = not accurately collected.

slightly from 2000 to 2004; from 2006 to 2008, the rate has been about the same (Rates could not be calculated in 1998–1999.) The rate of intercountry adoption decreased from 2000 to 2003, consistent with public policy restrictions on intercountry adoption. Romania eliminated intercountry adoption due to criticism from the European Union and United Nations (Bartholet, 2005). Criticism centered on concerns that intercountry adoption was driving the child welfare systems and that domestic adoption was suffering. Table 1 presents the Romanian child welfare data.

The correlation between domestic and intercountry adoption numbers in Romania for 2000 to 2003 was negative and not statistically significant ($-.52, p = .48$). It is not clear from those data that intercountry adoption had any effect on domestic adoption, with the exception that the NGOs that promoted domestic adoption often also had intercountry adoption programs.

It should be of concern that the rate of domestic adoptions in Romania has been at a standstill since 2006. More children are abandoned by birth parents than there are families to adopt them. For example, from 2006 to 2011, there were 6,620 adoptions, but there also were 7,958 abandoned children. This still left approximately 1,300 infants in another form of alternative care. In addition, there is an increase in the number of children in public and private institutions, which constitutes almost one third of children in the state custody (www.copii.ro). The increase of children in institutional care is inconsistent with Romania's national priorities and the best interests of children.

To date, the studies of domestic adoption in Romania have indicated very positive outcomes. In 1999, a postadoption study of domestic adoptions facilitated by Holt International Children's Services (<http://www.holtintl.org/>) was undertaken. At the time of the study, Holt had been responsible for 500 domestic adoptions, assisting with dramatically increasing the number of domestic adoptions. The project was designed primarily as a program evaluation

of the domestic adoption program. Details of the project methodology and sampling are available elsewhere (Groza, 1999). The overall response rate was 60%; 68 adoptive families participated in the study, 25 families participating in face-to-face interviews in Bucharest.

The primary reason for adoption was infertility. At the time of the study, children ranged in ages from 1 to 6 years, and were 2.7 years old, on average. Children had been placed from infancy to age 4 years; average age at placement was 7 months. The children had been in their respective adoptive placements from 1 to 5 years; average length of time in their adoptive homes was 2 years. Most of the children were typically developing and had no health problems or sensory difficulties. Parents reported good parent-child relations and few behavior concerns, and the adoptions were very stable. However, postadoption services were lacking. This was a potential source of stress to families, particularly as their children got older. Most families indicated that they would be interested in a second adoption, but were discouraged by the cost and difficulties navigating the bureaucracy.

In a more recent study of domestic adoptions, Groza et al. (2012) reported on data gathered in 2010 from a convenience sample of adoptive families with adolescent adoptees. At the time of the study, the age of the adoptees ranged from 11 to 16 ($M = 13.1, \sigma = 1.7$) years. At the time of adoption, the age of the adoptee ranged from 1 to 48 ($M = 22.6, \sigma = 16.9$) months. All adoptees were aware of their adoption: Age at adoption disclosure ranged from 5 to 16 years of age; average age at the time of adoption disclosure was 8.4 years ($\sigma = 3.7$). The adoptive parents in this study were doing very well, and the adoptive children were benefiting from the care from their adoptive families.

Muntean and Ungureanu (2012) conducted 40 adoptive parent-adolescent interviews to evaluate the attachment to parents for adoptees placed early in life (0–4 years). Fifty percent of the

children demonstrated secure attachment or were moving toward secure attachment. There was a relationship between parenting style and attachment; no parent using a punitive parenting style had an adopted adolescent with secure attachment. In contrast, the vast majority of parents using a negotiated style of parenting had adolescent adoptees with secure attachment (85%). Muntean and Ungureanu concluded that attachment evaluation tools and training for pre-adoption can significantly increase successful adoptions within the Romanian cultural context by focusing on parent–child interaction/relationship skills. In a different analysis with the same sample, Muntean, Tomita, and Stan (2012) found the least incidence of secure attachment among children adopted after 36 months.

Taken together, these studies are similar to studies of domestic adoption in high-resource countries. They demonstrate that Romania has not only an active domestic adoption program but also a program of research to inform policy and practice—a best practice model for promoting domestic adoption. While Romania's domestic adoption program initially was strengthened by private sector/NGO initiatives, it is now mostly supported and promoted by the governmental sector. There is a specific government office designed to promote domestic adoptions (Office of Romanian Adoptions, n.d.).

Ukraine

Similar to other former communist countries in Russia and Eastern and Central Europe, the child welfare system in Ukraine has been grounded in residential facilities for the placement of children who are orphaned, abandoned, or removed from their biological families due to abuse, violence, exploitation, and/or neglect (Cantwell, Lammerant, & Martinez-Mora, 2005). The system of institutions in Ukraine was formed in the middle of the 19th century and was mainly focused on meeting the basic needs of children, providing them with accommodation, food, healthcare, and education. The type of care in typical Ukrainian institutions is similar to that found in other former Soviet countries, which includes large institutions with many children, rotated caregivers, and children segregated by age and gender (Groark et al., 2005; Muhamedrahimov et al., 2005; St. Petersburg—USA Orphanage Research Team, 2005).

Complete child welfare data from Ukraine are available for only 2005 and 2007 through 2011, from the Alliance for Ukraine without Orphans (<http://en.ukrainabezsyrit.org>). These data are presented in Table 2.

The number of domestic adoptions was greater than that of intercountry adoptions from 2007 to 2011. During this time period, the number of domestic adoptions increased slightly whereas the number of intercountry adoption decreased. However, the rate of domestic adoptions has not increased since 2007 but the rate of intercountry adoption has decreased. The correlation between intercountry adoption and domestic adoption is $-.79$ ($p = .06$); the data approach statistical significance, indicating that as intercountry adoption increases, domestic adoption decreases. During a time of rapid transition in Ukraine, the total number of children in out-

of-home care has increased from 2005 to 2011, but the number of children in institutional care has decreased because foster care and family type homes have progressively increased over time. These changes were consistent with the priorities of the Ukrainian Ministry of Family, Youth and Sport (Groza, Komarova, Galchinskaya, Gerasimova, & Volynets, 2010).

In 2006, domestic adoption was made a national priority. The Ministry of Family, Youth and Sport worked with Holt International Children's Services through a U.S. Agency for International Development (USAID) grant to study successful domestic adoptions. First, a pilot study was conducted to ascertain whether domestic adoptive families could be located and to pretest the questionnaire. After the pilot, the first study of domestic adoption was undertaken (see Groza et al., 2010). One major difference between Romania and Ukraine was that Ukraine had the infrastructure at the governmental and university levels to support research collaboration and evaluation on child welfare issues such as domestic adoption.

Summarizing the first study of successful domestic adoptions, the majority of families adopted one child (80%). At the time of adoption, the majority of adoptive parents (89%) were married and had been married an average of 9 years. At the time of adoption, most adoptive mothers were between the ages of 22 and 34 (61%); most adoptive fathers were between the ages of 31 and 44 (62%). Families were highly educated; 70% of adoptive mothers and 66% of adoptive fathers had a bachelor's or higher degree. Most parents adopted infants and toddlers up to 24 months of age (55%). The major reason families mentioned for wanting to adopt was infertility (61%), followed by a desire to help the child (44%), including a call from God (14%).

While adoption has always been part of Ukrainian culture, it usually has been marked by secrecy. More than half of the parents (56%) have not disclosed to the child that he or she is adopted, and 24% plan never to discuss adoption with their child.

One result of the study was to increase the expertise of governmental social science researchers in conducting adoption studies. In addition, initial differences between public policy and local practices led to training to bring more uniformity in adoption processes. At the same time the study was concluding, media reports were highlighting high infertility rates in Ukrainian woman. One strategy was to make sure adoption information was provided at all fertility and gynecological clinics. A second strategy to promote domestic adoption was to elicit the support of the president at the time (Viktor Yushchenko and his U.S.-born wife) in a national campaign to promote domestic adoption. They took the plight of the children in Ukraine as a personal mission and leveraged the political influence of the office of the president to bring attention to institutionalized children and domestic adoption as an option for orphaned and abandoned children. Through these efforts to raise community consciousness about domestic adoption, a calendar was created with a message from President Yushchenko about the positive attributes of Ukrainian families who open their hearts to adopting children. However, the public relations campaign emphasized how difficult it was for children to be raised in an institution

TABLE 2. *Ukrainian Child Welfare Data*

	Domestic Adoptions	Intercountry Adoptions	Children in Institutions ^a	Children in Foster Care	Children In Family-Type Homes (5–10 Children Per Home)	Total in Out-of-Home Care	Rate of Domestic Adoptions Based on Total Children in Out-of-Home Care (institution, foster care, & family-type homes)	Rate of Intercountry Adoptions Based on Total Children in Out-of-Home Care
2005	1,419	2,110	31,603	288	1,025	32,916	.04	.06
2007	1,784	1,670	26,619	2,561	1,960	31,140	.06	.05
2008	2,066	1,587	24,488	4,050	2,605	31,143	.07	.05
2009	2,374	1,428	26,492	4,934	3,185	34,611	.07	.04
	2,247	1,202	25,451	5,451	3,573	34,475	.07	.03
2011	2,114	970	23,996	5,949	4,041	33,986	.06	.03

^aThis number includes Ukrainian children in Baby Homes (0–3), Children’s Homes (3–6), Boarding Schools for Orphans (6–16), and Orphanages for Special Needs Children.

as a method for trying to encourage Ukrainian families to adopt. This may have stigmatized children adopted from an institution and alienated the institutions and their caregivers (see Groark, McCall, & Li, 2010). While there were very positive developments, it is not clear if this momentum has been maintained after government changes in 2010.

India

Similar to former communist countries in Eastern Europe, child welfare in India is largely based on group care for orphaned, abandoned, and vulnerable children. Unlike their European counterparts, India has a long history of democracy and a strong non-governmental system of child welfare agencies. Social work is firmly established in India, and with English as a second language, most social work programs use U.S. and U.K. social work texts in their training. In addition, India has the Tata Institute of Social Sciences, with its strong history of conducting community-based child welfare research. This includes the seminal work on domestic adoption by Bhargava (2005).

Table 3 presents Indian child welfare data. India has a complicated system of group care that includes state-run residential child-care facilities, private nonsectarian residential childcare facilities, and faith-based/sectarian care facilities. Data may be available to estimate the total number of children in group care, but it was not provided or accessible. Therefore, it was impossible to compute domestic or intercountry adoption rates.

From 1998 to 2001, the number of intercountry adoptions was greater than that of domestic adoptions; starting in 2002, the reverse is true. In 2001, intercountry adoptions were 58% of all adoptions, and in 2011, they were 9% of all adoptions. The tremendous increase in domestic adoptions after 2009 is remarkable. The increase in domestic adoption since 2009 has correlated with substantial economic prosperity in India and public policy initiatives by the Central Adoption Resource Authority, which emphasized domestic adoption. According to their website (www.adoptionindia.nic.in), there are 72 programs that undertake both domestic and intercountry

TABLE 3. *Indian Child Welfare Data*

	Domestic Adoptions	Intercountry Adoptions	Children in Residential Childcare
1998	1,406	1,746	n.a.
1999	1,293	1,558	n.a.
2000	1,364	1,870	n.a.
2001	1,298	1,799 ^a	n.a.
2002 ^b	2,014	1,066	
2003	1,949	1,024	
2004	1,707	1,021	
2005	1,541	867	
2006–2008	n.a.	n.a.	n.a.
2009	1,852	666	n.a.
2010	5,693	593	n.a.
2011	5,964 ^c	589	n.a.

n.a. = not able to calculate.

^a1998–2001 data provided by CARA via http://www.rkas.org/54_stats.ht; ^bData from 2002–2006 was provided by Dr. Aloma Lobo, who was chairperson of CARA, it was mailed as part of personal correspondence, 2004; ^cIncludes data until March 2012.

try adoptions, but 254 programs that focus entirely on domestic adoption. The correlation between domestic and intercountry adoption was $-.66$ ($p = .03$). This suggests that as domestic adoption increased, there was a significant decrease in intercountry adoption and vice versa. Note that correlation is not causation and that a third variable could be causing the correlation. The data also are of poor quality, so the finding must be interpreted with caution.

Several studies of domestic adoption have occurred in India (see Bhargava, 2005; Groza, Kalyanvala, Boyer, & Nedelcu, 2003; Groza, Kalyanvala, & BSSK Team, 2003; Proctor & Groza, 2008) including the first study of adult adoptees (Groza, Park, Oke, Kalyanvala, & Shetty, 2014).

In one study, a random sample was utilized. Mailed survey data were collected from 236 families and interview data from 113 families in 2001 (Groza, Kalyanvala, Boyer, & Nedelcu, 2003;

TABLE 4. Guatemala Child Welfare Data

	Domestic Adoptions	Intercountry Adoptions	Children In Residential Childcare Facilities	Children in Foster Care	Rate of Domestic Adoptions Based on Total Children in Out-of-Home Care ^a	Rate of Intercountry Adoptions Based on Total Children in Out-of-Home Care
2008	64	4112	5,600	n.a.	.01	.73
2009	184	754	n.a.	40		
2010	162	50	5,370	n.a.	.03	.01
2011	100	32	5,063	56	.02	.01
2012	65	7	4,442	n.a.	.02	.001

n.a. = not able to calculate.

^aExcludes foster care since it is new, and the data are not robust for tracking foster care.

Groza, Kalyanvala, & BSSK Team, 2003; Proctor & Groza, 2008). The response rate was 56% for the mailed questionnaire and 82% for the face-to-face survey (as a percent of families who completed the mailed survey). Parents reported that most of the children were typically developing and had no health problems, sensory difficulties, educational challenges, or behavior problems. Parent-child relations were rated as extremely positive, and families evaluated the impact of the adoption on the family in very positive terms. Some families were concerned about their expectation regarding the adoptee's performance in school. Most significant, many families struggled with disclosing adoption and discussing adoption issues at home. They reported feeling that they should disclose the adoption and discuss it, but were uncertain about how to do so. Adoptive families wanted guidance and counseling long after the adoptive placement, but such services were not available. As a result of the study, BSSK (the agency involved in the research) developed an array of postadoption services for adoptive families and adoptees and took a leadership role in advocating for services in India.

Bhargava (2005) studied a convenience sample of 53 adoptive families and young adoptees (25% response rate), combining social science research with stories of parents and adopted children about their adoption journey. Her work integrates historical and cultural concepts into her analysis and discussion, offering a rich anthropological and sociological interpretation of adoptive family life in India. Like the previous study, adoptions were faring very well, but issues of adoption disclosure were noted as a challenge.

In 2011, the first study of adult adoptees in India was conducted (Groza et al., 2014). Data were gathered via interviews from 48 adult adoptees (81% of eligible participants). Participants ranged in age from 21 to 31 at the time of the study and were adopted at 10.5 months of age, on average. Overall, the adoptees were very healthy. The Indian adoptees were well-adjusted and doing well academically. Most adoptees have thoughts and questions about their birth family; yet, a significant percent did not feel that they could discuss this interest with their adoptive parents without the parents feeling betrayed or hurt. At the same time, the vast majority reported that they were happy about their adoption.

Guatemala

Data for Guatemala are problematic to obtain because prior to 2008 and the implementation of the Adoption Law (2008), adoption records were not centralized as they have been after 2008 (National Commission on Adoption, personal communication, November 2012). Similarly, prior to 2008, there had been no national assessments of children in residential care. Formal foster care in Guatemala has only been in practice, with data collected, since that time. Data in Table 4 were from multiple sources (Office of Children Issues, 2013; Perez, 2008; United Nations Children's Fund [UNICEF] Guatemala, 2009, 2011).

The rate of domestic adoption has remained the same during this time period. Intercountry adoption decreased dramatically after a moratorium was imposed because of concerns that the adoption process did not protect the rights of children and because evidence of unethical practices throughout the adoption process came to the forefront (see Bunkers et al., 2009). The correlation between intercountry adoption and domestic adoption is $-.40$ and is not statistically significant ($p = .51$). Rates of domestic and intercountry adoption are quite low.

Ethiopia

Ethiopia, the country with the lowest socioeconomic status within this analysis, did not have many child welfare data that were available and open to the public. The inability to collect data to monitor the situation of children in Ethiopia is an issue that needs to be remedied before any programs are implemented. Without such data, it will be difficult, if not impossible, to know what impact programs have on the child population. Table 5 presents data that were available from Ethiopia.

There are reports coming from Ethiopia that are promising. In a 2012, study of adoptions in the Oromia region of Ethiopia (Oromia Bureau of Women, Children and Youth Affairs, 2012), 1,145 children were placed in domestic adoption; 63% ($n = 724$) were formal adoptions, and 37% ($n = 421$) were *guddifachaa* adoptions (Bunkers, 2013). Certain ethnic groups in Ethiopia have a long-standing tradition of practicing informal adoption (Beckstrom, 1972) called *guddifachaa* (Beckstrom, 1972). The cultural

TABLE 5. Ethiopia Child Welfare Data

	Domestic Adoption ^a	Inter-country Adoption to the United States ^b	No. of Children in Institutional Care
2008		1,723	6,503 ^c
2009		2,275	4,676 ^d
2010		2,511	
2011	762	1,732	
2012	97		4,301 ^e
2013	168		4,548 ^f

^aAdoptions do not line up exactly by year, the 2011 adoptions are from October 2011–March 2012, the 2012 adoptions are from April 2012–September 2012, and the 2013 adoptions are from October 2012–March 2013; ^bData obtained from http://adoption.state.gov/about_us/statistics.php; ^cData provided by the Family Health International Study of Institutions; ^dRepresents an estimate of children who pass through intercountry adoption transition homes; ^eData provided from six regions via UNICEF family tracing and reunification program monitoring; ^fPreliminary estimates are from UNICEF in five regions.

practice of *guddifachaa* involves taking an oath in front of community members and leaders to assimilate a nonbiological child into the family. The term, coming from the Oromo language, was incorporated into the Ethiopian legal framework and also used to describe the formal legal process of domestic adoption. Negeri (2006) described some of the specific cultural rituals used in *guddifachaa*. The adoptive parents usually conduct a ceremony at their home with community members in attendance. They take responsibility for the child, and the child is given a name. In one community in the region of Oromia, the families approach tribal leaders and sing a request to the biological family (if present) lamenting their lack of a child and asking for help in gaining a child for their family. Tribal elders then sing a song and have each of the families, biological and adoptive, take a vow before passing the baby from one family to the next. These types of elaborate traditional ceremonies appear to be in decline, although the practice of *guddifachaa* still continues.

Most adoptive parents were two-parent families (71%), but 15% adopted as a single parent, and 14% were divorced or widowed. The major reason mentioned for wanting to adopt was infertility. Most adoptions were unrelated (99%), and a significant percent of families were of low income, employed in the informal work sectors of agriculture, petty trade, and day labor.

LESSONS LEARNED ACROSS COUNTRIES

Regardless of the country reviewed in this article, the main reason children entered the child protection system was abandonment. The second reason was that a parent, usually the birth mother, relinquished the child, most often immediately or soon after birth. In contrast, most children in high-resource countries enter the child protection system because of a combination of neglect and abuse within their biological family. Often, parental rights are terminated involuntarily through the judicial system.

The children who are adopted domestically in the countries in this article are typically infants or toddlers. Few older children, children with disabilities, or sibling groups are adopted. This is similar to the model of adoption used historically in high-resource countries—only over time, with the development of a more knowledgeable public and private child welfare workforce, has policy and practice changed to promote and support the adoption of older children, children with disabilities, and other groups of children who have special needs or considerations such as sibling groups. In the United States and the United Kingdom, it has been only within the last few decades that public policy and practices have emphasized the adoption of children with disabilities, chronic medical conditions, or other children considered as “hard-to-place.”

Many of the families who adopt domestically indicated an interest in a second adoption, but often encountered barriers. One barrier is age restrictions; many countries limit adoptions to couples who are in their 20s or 30s. In the countries that permit older parents to adopt, they often will not be permitted to adopt infants or toddlers but are required to consider older children or children with special needs, such as those with medical or physical difficulties. A second barrier identified, regardless of country, includes bureaucratic barriers to adoption, including difficulty dealing with the courts, unprofessionalism of the public agency staff, the types and expense of required documents, and the unspoken allegation that bribes may facilitate the process.

Across countries, adoption outcomes from the parents’ perspective are quite positive. Adoptive parents expressed satisfaction with the adoption and with their adopted child. The issue that was consistently raised in the different contexts was uncertainty around adoption disclosure and the lack of postplacement services and support. In the one study of adult adoptees in India, adoptions also were viewed positively by adoptees.

Inter-country adoption plays different roles at different times in each of the countries highlighted in this study. Sometimes it negatively affects domestic adoption, sometimes it has no effect, and sometimes it has a positive effect. That means that advocates and proponents of intercountry adoption may be correct in some countries and may be wrong in other countries. It can have negative consequences such as putting pressure on the availability of young, healthy children to be placed internationally rather than domestically because of the fees generated (Bunkers et al., 2009). It also can provide new resources. Inter-country adoption is an intervention that needs careful monitoring and to be held to high standards of ethical practice as well as to operate within a child rights framework guided by the The Hague Convention on the Protection of Children and Co-operation in Respect of Inter-country Adoption (1993).

IMPLICATIONS: MODEL PRACTICES FOR DOMESTIC ADOPTION

In a modern system of child welfare, governmental and nongovernmental agencies comprise a network of services that strengthens

and preserves at-risk families, reunifies children separated from birth parents or extended kin, supports the family in caring for children, provides foster family care when needed, establishes a system of domestic adoptions, and permits ethical and regulated intercountry adoption, if culturally appropriate. Domestic or intercountry adoption should not drive the child welfare system; instead, the system is organized around family preservation and family reunification. Adoption is a last resort only when family preservation and family reunification, including reunification with the extended kin network, are assessed and determined to not be in the best interest of the child. Every country determines the criteria that they use for these decisions.

A best-practice model is for a team of specifically trained professionals to conduct an assessment of the plan for children, with no vested interest in the outcome. There should be no potential conflict of interest in the assessment and recommended case plan. For example, if a director of a residential care facility was concerned about keeping the residential childcare facility filled, it would not be appropriate for that person to be involved in the determination of the best interest of the child. The same would be true for any individual who or agency that participates in either domestic or intercountry adoption. Professionalism, impartiality, transparency, and predictability are qualities that a modern child welfare system embraces.

In addition, cultural practices should be supported. Whether it is *guddifachaa* in Ethiopia or indigenous childcaring practices of Mayan communities in Guatemala, formal or legal adoptions should supplement and support local cultural care options if they are determined safe and promote the child's well-being and rights. Formal processes should complement, not supplant, cultural practices. The legal framework should be inclusive of cultural practices rather than forcing cultural practices to conform to the legal framework. Ethiopia provides a good example of how traditional, informal adoption practices can be supported by eventually formalizing them through legal means (Bunkers, 2010, 2013).

Creating a national system for monitoring children and adoption is a best-practice model for promoting domestic adoption. It would allow a country to set targets, allocate resources, monitor progress, and ensure accountability (for a discussion related to child development in general, see Engle et al., 2007). Using Romania as a model, having data easily accessible to researchers and policymakers may help promote domestic adoption by drawing attention to the continued need for adoptive families.

Political will and leadership are essential building blocks for improving domestic adoption programs. One unique aspect of the campaign in Ukraine was having the endorsement of the president of the country; his leadership jump-started interest in adoption. The closure of intercountry adoptions in Guatemala spurred renewed efforts that were aimed at increasing domestic adoption; new leaders were identified, and government structures were created to help promote domestic adoption. Three leaders of Orthodox, Catholicism, and Islam made a video promoting domestic adoption in Ethiopia that was shown at national soccer game, which has re-

sulted in an increase of potential adoptive parents applying at local authorities in Addis. Effective leadership is critical to any successful change (Pearlmutter, 2002).

Further, a strong legislative framework with standards for implementation and accountability is the bedrock of modernizing child protection systems (United Nations Children's Fund, 2008). Public policy making is complex, occurring in a crucible of competing interests and priorities. Child protection and child welfare compete with other education, health, and social welfare needs, and with a myriad of other issues facing legislative and administrative policymakers. Yet, without at least a legislative framework and a government agency dedicated to the welfare of children upon which to draw, improvement of child welfare systems cannot and will not occur. Domestic adoption must be a legislative priority and incentives developed to promote adoption of all children—not only infants but older children, children with disabilities, and any children considered hard-to-place in their own country. In Eastern Europe, this includes Roma children; in Central and South America this includes children from indigenous groups; and in Africa, this includes children of tribal groups or minorities. Of course, priority for placing children should be within their own culture, which means having a culturally competent workforce for the various within-country cultures.

CONCLUSIONS

The countries reviewed in this article represent a continuum of countries having basic data about the status of children that are credible and easily accessible. Research and evaluation can assist in both building a domestic adoption program and evaluating the program for quality assurance and improvement. One strategy that was successful in Romania and Ukraine (as well as other countries not mentioned here) was to formally study successful domestic adoptive families as part of building a knowledge base to help inform policy and practice in support of domestic adoptions. Otherwise, case experiences and anecdotal information are used to create policy and influence practice, not resulting in the best evidence-based decisions. One positive example of how policy has resulted in improvements in the study and support of adoption is the creation of the Center on Parent-Child Relationships at the West University of Timisoara in Romania. This Center is focused on domestic adoption. Highlighting domestic adoption as an area for scholarly inquiry and developing university-based centers for conducting research enhance the profile of domestic adoption, a best practice for increasing domestic adoptions.

Regardless of the intervention strategy used—family preservation, family reunification, foster care, group care, or adoption—countries need to build data systems that track the status of children and use this information to inform policy and practices that aim to improve the safety and well-being of children. Domestic adoption has a viable and important role to play in most low-resource countries where adoption is a culturally accepted care practice.

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