



ÚDARÁS UCHTÁLA na hÉIREANN
THE ADOPTION AUTHORITY of IRELAND

***Intercountry Adoption in Ireland:
Experiences, Supports, Challenges
Country Briefings***

Report 1: Russia

A core objective of the Adoption Authority of Ireland is to develop a research function, as described in Goal 3 of the Authority's Corporate Plan 2016 – 2019:

“To inform and influence adoption policy and service delivery through provision of a comprehensive information, research and communications framework”

This is the second in a series of short research reports, and the first in a series of five planned country-specific briefings. It looks at intercountry adoptions from Russia into Ireland between 1992 and 2014.

To ensure the provision of the highest possible standards of adoption related services, throughout the lifelong adoption process, with the best interests of children as the first and paramount objective.



Intercountry Adoption in Ireland: Experiences, Supports, Challenges

Country Briefings

Report 1: Russia

1. Profile of Children Adopted from Russia into Ireland

a. Overview

Between 1992 and 2014, 1,628¹ children were adopted from Russia, also known as the Russian Federation, by parents habitually resident in Ireland. Adoptions from Russia accounted for the largest proportion of all intercountry adoptions (ICA) into Ireland between 1991 and 2019, representing 33%, or one-third, of Ireland's total current ICA population.

Alongside the Adoption Act 2010, the ratification of the Hague Convention on Intercountry Adoption brought a number of changes into how adoption was regulated and managed in Ireland from 2010 onwards. This strongly impacted the ICA figures from all countries going forward. 1413 children were adopted from Russia into Ireland between 1992 and October 2010, while a further 215 were adopted between November 2010 and April 2014, after the new legislation.



Figure 1: Adoptions from Russia into Ireland by year, 1992 – 2014

¹ A review of the AAI's historical statistics and the implementation of a new database has allowed for more accurate reporting of figures. Some statistics published in previous years have been adjusted accordingly.



Figure 1 is a graphical representation of the adoptions from Russia by year, from the first adoption of a Russian child into Ireland in 1992 to the most recent in 2014. Sixty percent of all adoptions from Russia into Ireland took place between 2002 and 2008. The numbers peaked with 177 adoptions in 2004, and again there was a brief rise post-2010 to a spike of 131 children in 2011², before the numbers fell sharply. The same figures are broken down by year in Table 1, below. Russia, to date, has not ratified the Hague agreement. The Russian authorities generally seek a commitment from adoptive families that they will supply follow-up information once the child has been adopted, most commonly in the form of providing regular reports about the child to Russia over the first few years of the child's life. The Irish Constitution is designed to protect family life, and accordingly any child adopted into Ireland from another country such as Russia is treated in the same way as a child born in Ireland. As a result, the State currently has no legislative power to intervene, should an adoptive family fail or refuse to supply post-adoption information about their child to the Russian Authorities. No bilateral agreement is currently in place to facilitate intercountry adoption between Russia and Ireland, and adoptions from Russia have therefore ceased.

Table 1: Adoptions from Russia into Ireland by year, 1992 - 2014

Date of Adoption Order	Number of children adopted from Russia
1992 – 1996*	6
1997	19
1998	52
1999	91
2000	53
2001	64
2002	134
2003	158
2004	177
2005	121
2006	148
2007	138
2008	112
2009	91
2010	91
2011	131
2012	30
2013 – 2014*	12
Total	1628

In cases marked with ‘’, the years have been grouped. This is because the number of children adopted from Russia in these years is too small to be individually reported for reasons of anonymity and confidentiality.*

² A provision in the 2010 Act allowed for any adoptions for which Declarations of Eligibility and Suitability (DES) had already been received to be completed. Furthermore, prospective adoptive parents who had received a DES prior to the enactment could apply to have it extended while they continued to progress with their adoption. This provision explains the spike in figures in 2011, and subsequent decline thereafter.



b. Current age profile of individuals adopted into Ireland from Russia – October 2020

The range of current ages of individuals adopted into Ireland from Russia is illustrated in Figure 2. The mean current age of a child adopted from Russia into Ireland is 16.8 years old, as of 21st October 2020. While the ages range from 8-40 years old, the vast majority (92%) of individuals adopted from Russia are currently aged between 10 and 22, with 13 – 18 year olds accounting for over half (52%) of the total figure. The average age at adoption was 1 year 8 months at the time of the adoption order, both pre- and post- 2010. In terms of gender, slightly more boys than girls have been adopted into Ireland from Russia across the entire time period (56% male, 44% female).

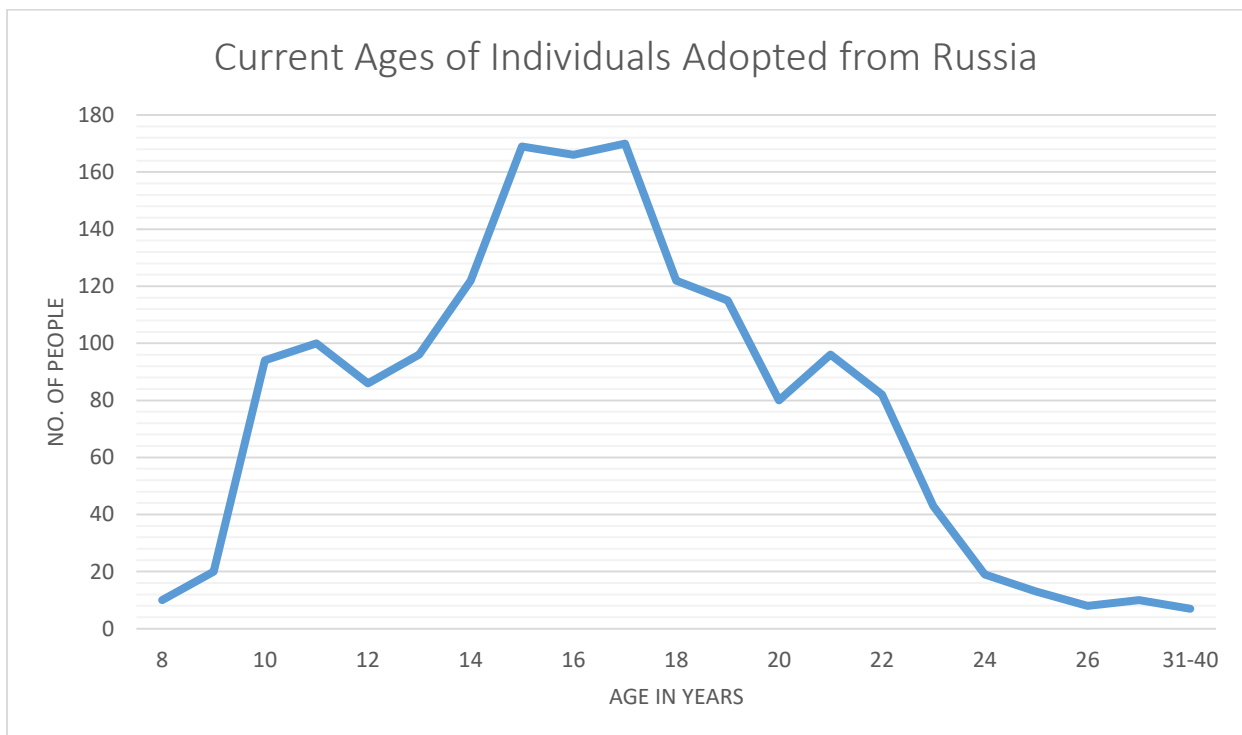


Figure 2: Current ages of individuals adopted from Russia (21st October 2020)

c. Geographical location of children adopted from Russia:

Table 1 illustrates the geographical location of the address of the adoptive parents at the signing of the adoption order. It is presented in descending order from Dublin, the county with the highest population of children adopted from Russia, to Longford, with the lowest population. So for example, 95 children were adopted from Russia by parents who lived in Galway at the time of the adoption. More than a quarter of all children adopted from Russia went to families living in Dublin at the time of the adoption.



Table 2: County level breakdown of families who adopted children from Russia

County	No. of children
Dublin	470
Cork	148
Galway	95
Kildare	87
Wicklow	67
Tipperary	67
Kilkenny	65
Meath	62
Wexford	61
Waterford	52
Limerick	52
Donegal	49
Mayo	45
Carlow	39
Louth	30
Clare	30
Westmeath	29
Sligo	29
Laois	26
Kerry	25
Cavan	24
Offaly	22
Leitrim	20
Monaghan	14
Roscommon	13
Longford	7
Total:	1628

2. Background to Adoptions from Russia

a. Overview

At the end of December 1991 the USSR collapsed. Russia, the largest of its former states, was established as a federal semi-presidential republic in 1993, to be known thereafter as either Russia or the Russian Federation. The biggest country in the world by geographical area, today Russia has an



estimated population of nearly 146 million people³, borders 17 other States and crosses 11 time zones. The under-18 age group account for approximately 21.4% of its population⁴.

The collapse of the Soviet Union in 1991 was followed by a period of intense economic and social difficulty in Russia in the 1990s and early 2000s. Dating back to the 1920s, Russia has had a history of intermittently large numbers of orphaned, abandoned, runaway or relinquished children. In the first half of the 20th century this was typically due to clear cut reasons, such as post-wartime separation of children from their families. More recently it has been due to a variety of socio-cultural issues such as high levels of alcoholism among the adult Russian population, maternal HIV positive status, domestic violence and extreme economic hardship to name a small number of known reasons (Balachova, Bonner & Levy, 2009; Unicef, 2010).

These children were commonly known as “street children”, though this term lacks clear definition (Balachova, Bonner & Levy, 2009). Generally they were so-called because they had no fixed abode, though in reality they were not all in urban settings, often drifted in and out of homes of relatives and friends, or lived in abandoned buildings or fields in rural areas. In the 1990s, the number of street children rose sharply each year. While there is no clear available data on their number, published estimates at the time varied between 40,000 and 5 million street children (e.g. Kravchuk, 2009; Balachova, Bonner & Levy, 2009).

b. Institutionalisation

The numbers of street children allegedly continued to rise in the new millennium, although verified data are very difficult to find. As one research team commented:

“in general there has been minimal data available and inadequate statistical reporting on street children and there are widely discrepant reports from various sources (Sidorenko-Stephenson, 2001).”

Balachova, Bonner & Levy (2009).

By 2011, the Russian Federation was described as having “a crisis of child welfare” (Gatti, 2014). According to Gatti (2014), there were an estimated 700,000 known “orphans”, or children living without parental care, though in fact in the vast majority of these cases one or both parents were still alive, prompting the use of the term “social orphans”. Approximately 370,000 of this 700,000 were living in state-run institutions (Gatti, 2014)⁵ – an estimate that nearly tripled the number mentioned in a Unicef report a few years previously (Unicef, 2010). Indeed one 2009 study predicted this increase, which gives a certain amount of confidence in the reported figures (Kravchuck, 2009). This provides a sense of how rapidly the situation escalated if the numbers are accurate.

The USSR had set up institutions in Russia to house some of the swathes of street children emerging in the 20th century, and these large, remote buildings, and their inherent cultures and ways of working, were inherited and continued by the new Russian Federation when it was founded in 1993 (Kulmala, Rasell and Chernova, 2017). Children found their way into institutions through a variety of mechanisms. Many were street children, or social orphans, found by local police and sent to the

³ <https://population.un.org/wpp/Download/Standard/Population/>

⁴ <https://population.un.org/wpp/Download/Standard/Population/> Percentage of Total Population by Broad Age Groups. De facto population as of 1 July of the year indicated.

⁵ It should be noted that the numbers reported vary widely, perhaps due to a dearth of specific information from Russia



institutions through official channels. Parental alcoholism and other social issues played a significant role in these cases. In other cases, children were relinquished. Having grown up with Communist ideologies, parents struggling with different issues genuinely felt that State-run care, with all its known deficiencies, was still a preferable option for their children than family-based care. Under huge financial strain and with no welfare system to lean on, some families often simply could not afford to feed or keep their children, and sent them directly to the State's institutions (King, 2019). Children with physical or mental disabilities were also frequently institutionalised, reportedly due to an inability to provide care and the high levels of stigma associated with having these difficulties (e.g. Steltzner, 2003). While the institutions received money from the State for every child, this money was often re-directed into paying overheads for utilities and other basic requirements, resulting in gross neglect of the children (Steltzner, 2003). Believing it was the best solution to the problem of children without parental care, the Russian authorities continued the long-established practice of institutionalising children, and by 2009 as the numbers swelled, there were an estimated 2,100 state-run institutions in Russia (Balachova, Bonner & Levy, 2009).

During the 1990s and 2000s, there was huge transformation in the Russian political and economic landscape. Against a backdrop of growing international pressure, Russia took steps to move away from the model of institutionalisation (Kulmala, Rasell & Chernova, 2017). However, despite formal recognition of children's rights in the 1990s, little actually changed on a practical level in terms of how abandoned, orphaned or relinquished children were cared for in Russia during this time (Balachova, Bonner & Levy, 2009; Kravchuk, 2009).

The reality of institutionalised care in Russia has been described as "grim", its lasting impacts often meaning that "an equally bleak adulthood awaits these children" (Gatti, 2014, pp. 591), with increased risk of substance abuse and suicide if there is no intervention of adoption, fostering or similar during their childhood. Gatti reported that the vast majority of institutions were overcrowded, under-resourced, and the children were often badly neglected and deprived (2014). Children did not necessarily receive any higher quality care in institutions than they had at home. Indeed it has been reported that 50,000 – 60,000 children ran away from home *and* from institutions annually to avoid domestic violence and sexual abuse (Kravchuck, 2009). With few staff, short-cut feeding practices such as bottle-propping were common (Miller, 2012), meaning that the child was deprived of the sensory experiences associated with being fed by an adult – physical comfort, eye contact, displaying sensitivity to the child's needs and so on. The lack of such direct care can also impact on physical growth (Miller, 2012). However even in the minority of institutional settings where conditions were less difficult, negative impacts were still almost inevitable:

"Children living in institutional settings, no matter how adequate the conditions are, have been offered fewer opportunities to acquire or practice new skills, have received little variation or adaptation for individual differences and needs, and have received inadequate motivational conditions involving reinforcement and praise"

Linville & Lyness (2007, p. 77)

Children remained in these institutions on a long term basis, often with no connection to communities, local services, and no contact with or plan to return to their biological families (Kulmala et al, 2017).



c. Adoption of children from Russia

As the numbers continued to grow, intercountry adoption became a clear pathway out of State care for Russia's institutionalised children. From 2003 – 2010, 47,856 children were adopted internationally from Russia (Selman, 2012), leaving it second only to China as the largest sending country in the world. After a peak of 9,417 children in 2004 (the same year as the Irish intake of children from Russia peaked at 177), the numbers decreased and have been in steep decline since 2010. In 2012, Russia placed a sudden ban on adoptions to the USA. Until that point, it had been the largest "receiving country", with an estimated 61,000 children being adopted from Russia into the USA since 1991 (Champenois, 2015). The decrease in intercountry adoption was accompanied by an increase in fostering and domestic adoption, and traditionally large institutions were gradually replaced by much smaller, family-like facilities (Kulmala, Rasell & Chernova, 2017). By the time these changes took place, Ireland was no longer adopting children from Russia. Therefore, it can be concluded that the population of Russian ICA children living in Ireland today, collectively adopted between 1992 and 2014, hailed from a relatively homogenous background of institutional care. This complies with the findings of Greene et al (2007), who referred to a "total reliance on institutional care", when describing the background of their study's Russian sample.

3. The impact of ICA Adoption on Children from Russia

a. Approaches to studying outcomes for ICA children

Outcomes for children who have been adopted internationally have been the subject of many studies in recent decades. Researchers have attempted to establish the most effective way to understand how children are affected by early adversity, how adoption ameliorates this effect, and how best to support the children once the adoption has taken place. Yet findings are not clear cut, and different research methods have all shown various limitations in terms of actually identifying the specific needs of this particular group, and determining the exact causes of common difficulties (Palacios & Brodzinsky, 2010; Juffer & van Ijzendoorn, 2012). Greene and colleagues caution against negative assumptions in ICA adoption outcomes research (2007), highlighting the fact that the majority of the children in their study were "doing well", with persistent difficulties ranging from mild to severe reported for approximately 25-30% of children. This is comparable to the work of Groza, where the equivalent figure was approximately 20% (1998), and of Dalen, where the figure was 25% (2001).

Outcome studies of intercountry adopted children have often followed a quasi-experimental model, whereby different aspects of the ICA children's development are recorded and then compared to another, similar group. The reliability of the findings from these studies very much depends on how much the two groups have in common in the first place, and how easily the adoption factor can be isolated. Comparison groups are generally identified according to specific attributes, while attempting to keep certain similarities level (e.g. age, socio-economic status, etc). In the intercountry adoption literature, previously identified comparison groups for the most part appear to fall into 2 broad categories. The first is *past peers*, or children who had the same early start in life without the intervention of adoption. So for example, this would include institutionalised children in Russia who remained in the institution while the ICA group were adopted out of the country. The second is *current peers*, which would include children of similar age and socio-economic status who were born in the country that the ICA child has been adopted into. Domestically adopted children in the destination country have been used as another type of comparison group (e.g. Juffer & van Ijzendoorn, 2012),



while more recently Hein and colleagues have examined the social adaptation of ICA children within the context of literature on non-adopted immigrant children (2017).

While *between group* comparisons such as the ones outlined above are useful, findings have been varied (Palacios & Brodzinsky, 2010). It has been suggested that *within-group* variations now need to be examined in order to fully understand how best to support internationally adopted children (e.g. Juffer & van Ijzendoorn, 2012; Hein et al, 2017). As one team of adoption researchers summarised this approach, it aims to “*elaborate on potential moderators explaining why some adopted children show better outcomes than do other adopted children*” (Juffer & van Ijzendoorn, in Gibbons & Rotabi, 2012 p. 176).

While there is a large, strong body of outcomes research connected to intercountry adoption, it is important to note that some researchers question its value, and the appropriateness of its underlying assumptions about the nature of intercountry adoption. Using their preferred terminology, they argue that *transnational* adoption is a very unique, subjective experience, operating in a complex context. As such, they suggest that the experience of adoption should be investigated through focusing on the nuanced detail of individual experience, underpinned by a thorough investigation of the context and background of adoptions from the country in question, rather than seeking to understand it with a type of pre-post paradigm with positive and negative “results”:

“These (outcome) studies...are limited by their tendency to disembled the phenomenon of transnational adoption from its relevant historical, social and political contexts”

Kim (2010), p9.

McGettrick (2020) concurs, suggesting that researchers can often draw misguided conclusions from studies that focus heavily on the individual’s “triumphs or failings”, without examining the wider systemic or circumstantial contexts that led to the person being deemed “adoptable” in the first place (p. 196). A detailed examination of the specific challenges faced by children adopted into Ireland from Russia, and patterns of variability among the individuals within this group, could allow for the provision of clear information around the particular needs of this group, which in turn could inform service design to meet those needs. The inclusion of both quantitative and qualitative approaches would ensure that a focus on outcomes, as measured largely through standardised measures, is balanced with the voice of the individual to elucidate the important nuances of subjective personal experience. Furthermore a review of the social, political and historical context of adoptions from Russia, and indeed a similar analysis about the Irish context as a so-called receiving country, could strengthen confidence in any emergent findings as a basis for informing policy and practice.

b. Challenges faced by children adopted from Russia

Early adversity

The literature suggests that the vast majority of children adopted into Ireland from Russia have spent time in institutional care first. The initial difficulties faced by children adopted from institutional care have been well-documented and are many and varied. Children have often experienced challenges prior to their arrival in the institution, meaning they begin their journey in institutional care already at a disadvantage which is then exacerbated by the poor support received thereafter. The effects of institutionalisation itself on children depend on a number of factors including their age, presenting problems, the type of care they receive while there, the length of time they spend in the institution



and their pathway out of the institution. Despite their early adversity, through the intervention of adoption or fostering and the inherent changes those interventions bring, children adopted from institutional care can demonstrate a remarkable level of “catch-up” with their non-adopted peers (e.g. Juffer & van Ijzendoorn, 2012).

Pre-institutional early adversity is common given the dire living circumstances experienced by many families in Russia, and indeed it has been argued that this is a more significant disadvantage for children than the oft-cited negative effect of institutionalisation itself (Hawk et al., 2012). Such early adversity can be due to a wide number of factors including neglect and abuse, prenatal exposure to drugs, alcohol and tobacco, perinatal complications such as low birth weight and prematurity, parental HIV status, physical and mental health, alcoholism, poverty, domestic violence and malnutrition (e.g. Miller, 2012).

Age at Adoption

International best practice in intercountry adoption supports the subsidiarity principle:

“intercountry adoption is one possible component of wider child care and protection provision, to be used only when no suitable alternatives exist or can be created in that child’s own country”

Cantwell, 2014, p. 1

Therefore, in approving any intercountry adoptions, the AAI must be satisfied that every effort has been made to care for the child in their own country, and specifically, with their own birth family if at all possible. This can add considerable delay to the adoption process, but is essential for safeguarding the child. Yet much of the literature suggests that early adoption is key to ICA children’s healthy development, and this is known as the “age at adoption” effect (e.g. Groza, 1999). Later age adoption of Russian children, specifically after 18 months of age, has been associated with a step-like decline towards myriad developmental difficulties such as behavioural problems, cognitive, executive functioning and inhibitory control difficulties, and poorer social skills than children adopted before 18 months (Hawk et al, 2012). In a regularly-cited study, in which nearly two thirds of the sample were adopted from Russia, Albers and colleagues reported that for every 5 months spent in institutional care, the average child exhibited a one-month linear growth lag (1997). While this study had a relatively small sample, research continually points to the prevalence of developmental delay among children adopted from institutions (e.g. Miller, 2012; van Ijzendoorn, Bakermans-Kranenberg & Juffer, 2007).

Psycho-social adjustment

Children adopted from institutionalised backgrounds sometimes demonstrate psychological or socio-cultural difficulties in early childhood. In their meta-analysis, Juffer and van Ijzendoorn (2012) found that children adopted after the age of 1 were at increased risk of insecure attachment, and that ICA children from institutionalised backgrounds showed higher than average rates of disorganised attachment when compared to their non-adopted, current peers. As the authors comment:



“The frightening nature of severe insensitivity and enduring unresponsiveness in institutional settings may trigger insecure disorganised attachment in children, a category of insecure attachment with major psychopathological consequences (van Ijzendoorn, Schuengel & Bakermans-Kranenburg, 1999)”

Juffer & van Ijzendoorn, 2012, p. 177

However, when compared to past peers (ie children still in institutionalised care), the adopted children had a lower rate of disorganised attachment, suggesting that adoption can help ameliorate this risk. A recent study of 75 children adopted from Russia into the USA investigated child school readiness, behavioural adjustment and adaptive functioning at two time-points, approximately 15 months apart (Hein et al, 2017). The findings suggest that post-adoption parenting is a key factor in child adjustment. Juffer and van Ijzendoorn (2012) had found “small but significant delays” in school achievement among adopted children compared to their non-adopted peers. Hein et al (2017) looked into this specific issue in more detail. There was a significant improvement in child academic skills between the two time points in their study, which the authors point out could be due to adoptive parents prioritising education and investing in it accordingly. However on the other elements that they investigated, namely behavioural adjustment and adaptive functioning, findings remained steady across both time points. A positive change, in line with the academic improvement, might have been anticipated. The authors suggest that the Russian child’s post-adoption environment is central to their potential for improvement across a range of factors.

A strong body of research points to an increased prevalence of psychological difficulties and attendance at mental health services among adopted individuals (both domestic and intercountry) in adolescence, when compared to non-adopted peers. However, adoptive parents reportedly also have a lower threshold when seeking help – they are more likely to enlist the help of services, to have the resources to do so, and may have higher stress and anxiety than parents of non-adopted adolescents (see Barroso, Barbosa-Ducharne & Coelho, 2017, for a review).

Parenting

The research suggests that sensitive parenting of adopted children can strongly impact their adjustment over time. In their recommendations, Juffer and van Ijzendoorn (2012) point specifically to the importance of attachment-based interventions for the adoptive family in post-adoption support services. Hein and colleagues argue that, in their sample at least, parental quality was in fact more important to the child’s adjustment than the oft-lauded age at adoption effect (2017). They reported that length of time spent in the adoptive family could impact the child’s socio-cultural adaptation, while quality of parenting, and consistency in parenting styles between the two parents, could influence their psychological adaptation and wellbeing (Hein et al, 2017). A 2010 qualitative study by Johnstone & Gibbs indicated the hard work carried out by parents of children adopted from Russia in supporting their children to adjust to their new environment, and clear sensitivity to their children’s needs. Detailed preparation and research prior to adoption, inner resilience of parents, and their commitment to helping their child adjust, were all noted to be of critical importance to settling the child into their new life. The authors also highlighted the importance of support groups in helping parents to understand and help meet the emotional needs of their child.

Physical health

An analysis of a sample of children adopted into the USA in the 1990s, 64% of whom were from Russia, identified a few key issues in relation to physical health. These children were found to be at increased



risk of a host of physiological difficulties, including failure to thrive, rickets, tuberculosis, anaemia, foetal alcohol syndrome, malnutrition, parasites, exposure to syphilis, infectious diseases and motor problems (Albers et al, 1997). Depression and anorexia have been highlighted as a concern in post-institutionalised children (Miller, 2012), with possible causes of anorexia including medication, dental issues due to lack of care, and sometimes even attention-seeking. As Miller explains:

“for an emotionally deprived child, individualised attention from a caregiver encouraging him to eat may be more highly valued than food itself”

2012, p.188

More recently, a meta-analysis of a number of studies on ICA children adopted from institutions (not specific to Russia) found that those adopted from institutional care were typically smaller than average in height, weight, and head circumference when compared to their non-adopted current peers (Juffer & van Ijzendoorn, 2012). Children adopted from Russia generally received a medical examination prior to leaving the institution, the report from which is sent to the relevant authorities in the country of adoption. However the accuracy of these reports has been questioned (Albers et al, 1997), with generalised, dated and unusual medical terms widely used (Steltzner, 2003). Albers suggested that in some cases the medical reports from Russia suggested “ominous” difficulties which in fact were ruled out in the subsequent US medical examination. Other unknown issues are only identified when the child is examined by a physician in the destination country.

The difficulties arising from an early life in institutional care, though incredibly challenging, can be ameliorated by the intervention of adoption. In a study of children adopted from Romania, where circumstances were similar to those adopted from Russia, Groza and colleagues (1998) summarised that participants fell into 3 categories. Four years after their adoption, 20% of the children remained severely affected by the institutionalisation, 60% had made “significant strides” towards catching up with their peers, while another 20% appeared remarkably resilient, showing little or no ill-effects of their early adversity. However challenging the problems are, there is also clear evidence that, with certain supports in place, children adopted from institutionalised care can show an astonishing level of catch-up on their non-adopted peers, meaning that adoption is a “unique and powerful” opportunity for recovery from early adversity in institutionalised care (van Ijzendoorn, Bakermans-Kranenberg & Juffer, 2007).

4. Adoptions from Russia – the Irish Context

There is limited information available on outcomes for the cohort of individuals adopted into Ireland as children from Russia. Two notable studies, both commissioned by the then Adoption Board or Adoption Authority, have looked at this group as part of a wider investigation regarding ICA children. The first study, by Greene and colleagues (2007), was carried out in 2007, and O’Shea, Collins & Bourke nine year later in 2016. In each study, children from Russia comprised approximately one-third of the sample, which is broadly in line with their proportional representation within the ICA community in Ireland. Both studies occasionally highlight specific findings relating to the children adopted from Russia. It is difficult to clearly demarcate the outcomes for Russian children or predict their needs based on this information alone, as sample numbers from individual countries were small and part of a wider general ICA focus. However, the information provided on the Russian cohort in these two studies is undoubtedly very useful as a starting point for planning further, more detailed investigations. The main findings relating to the ICA sample adopted from Russia are detailed below.



Greene and colleagues (2007) conducted the largest and most comprehensive study to date on outcomes for ICA children in Ireland. Their study included a sample of 63 children adopted from Russia, 95% of whom had been adopted after the age of 1. Significantly fewer children from Russia had been adopted before age 1 when compared to children adopted from other countries. The Russian cohort had all been in some form of institutional care or hospital prior to adoption – no child had been adopted directly from their birth family or an individual foster home.

The qualitative aspect of the study gives some insight into the experiences of parents adopting children from Russia, and thus into the background of the children themselves. The reported costs associated with adoptions from Russia at the time varied between €5,000 and €35,000. Parental descriptions of conditions in the orphanages were generally negative, detailing overcrowding, lack of stimulation and poor conditions, with few positive exceptions. There was variability in the amount of information reportedly provided to adoptive parents on the child's life pre-adoption. One parent received no information and was told that adoption in Russia is secret, while another felt that the language barrier was a huge obstacle to obtaining useful information. One family described receiving notes on the child's medical history.

Once the child was adopted, the Russian authorities sought frequent post-placement reports to monitor their welfare, including 4 reports in the first 3 years post adoption. In terms of maintaining a connection with Russia, some families reported that their early attempts to maintain informal contact with the child's birth family or institution of origin eventually came to an end, either through adoptive parents having outdated contact information or lack of time due to their new parenting commitments. However, links were maintained in other ways. Fourteen percent of families in the study who adopted a child from Russia did return to Russia at some point after the adoption. Support groups in Ireland gave families the opportunity for cultural connectedness, including the celebration of Russian Christmas. Sixteen percent of parents of children adopted from Russia had noticed some form of racism against their child in Ireland. Findings from the qualitative research with the children themselves included an openness to discussing their Russian background in school and among peers, remembering Russia generally as snowy and cold, with many children in orphanages (Greene et al, 2007).

In order to investigate post-placement support for ICA children in Ireland, O'Shea, Collins & Bourke (2016) conducted a survey of Irish General Practitioners (GPs). The authors commented that their study was "an exploratory study following on from the last significant research undertaken by the adoption Board with Trinity College Dublin in 2007" (2016, p.2). The GP is often the first port of call for families once they return from adopting the child, particularly if they are concerned about the child's mental or physical wellbeing. The number of Russian children represented in this sample was 135.

It should be noted that the two studies – the Greene study and the O'Shea study - dealt with somewhat different cohorts, and respectively took place before and after the Adoption Act 2010 which had brought in a number of changes regarding Intercountry Adoption in Ireland. While the Greene study had a broad remit, the O'Shea GP study by design had a different focus. The GP survey found that 34.5% of the children in their Russian sample had exhibited "some signs" of a behavioural, emotional, social, psychological, psychiatric or attachment issue. Eighteen percent of all ICA children presenting to the GPs were referred on to the HSE, Child and Family Agency or CAMHS for behavioural, emotional or mental health issues - significantly more than their non-adopted peers. Children from Russia were in turn significantly over-represented in this "referrals" group, making up over one-third of the total number of referrals. Furthermore, children adopted from Russia were more likely to have been



adopted after their 1st birthday than the other ICA children mentioned in this study. The findings demonstrated a clear link between age at adoption and number of GP referrals – children adopted from Russia at an older age were more likely to be referred on to other services. GPs reported that just over a quarter of ICA children (26%) in their practice were identified as having some form of emotional, social or mental health issue. In particular, children who were adopted from Russia over the age of 2 were significantly more likely to have behavioural, social, emotional psychiatric or attachment issues. In both of these studies, Greene et al (2007) and O’Shea, Collins & Bourke (2016), a lack of support services was highlighted as a challenge for families of adopted ICA children.

A recent article looked at the experience of search and reunion among young ICA adults in Ireland aged 19 – 30, including participants who had been adopted from Russia (Shier, 2019). Shier reported on how the use of social media and technology among young Irish ICA adults has completely changed the nature of search and reunion, has “normalised and casualised contact with the birth family” (p.61), and has added an additional layer of complexity. Apart from Shier’s work, this area is under-researched in Ireland, and further investigations would enable services to provide targeted support for adopted individuals and their families when conducting a search.

Conclusion

Children adopted into Ireland from Russia may start their life in Ireland with a number of physical, emotional and developmental challenges, which are a direct result of their pre-adoptive circumstances. A minority may continue to have difficulties over time. Two notable Irish studies, carried out 9 years apart, focused on individuals adopted into Ireland from a number of different countries. These studies provide an initial evidential foundation for new research which looks at the specific experiences, supports and challenges associated with children adopted into Ireland, on an individual country-by-country basis.



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