



ÚDARÁS UCHTÁLA na hÉIREANN
THE ADOPTION AUTHORITY of IRELAND

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

Report 3: Romania

This is the third in a series of five planned country-specific briefings. It looks at intercountry adoptions from Romania into Ireland between 1989 and 2003.

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.



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Executive Summary

i. Overview

Between 1989 and 2003, 808¹ children were adopted from Romania by parents habitually resident in Ireland. Adoptions from Romania account for the third largest proportion of all intercountry adoptions (ICA) into Ireland to date, representing approximately 16% of Ireland's total current ICA population.

ii. Summary of adoptees from Romania into Ireland

The majority of adoptees from Romania were adopted after the fall of the communist government in 1989. The average age of a child adopted from Romania into Ireland was 1 year, 5 months at the time of the adoption order. The current ages of Romanian adoptees range from 21 to 38 years of age, with the average current age of an individual adopted from Romania into Ireland being 30 years old, as of 13th April 2022. At the time of adoption, 49% of those adopted were listed as "male", while 51% were listed as "female". Since 2011, Romania has strictly limited intercountry adoption to cases meeting a specific set of criteria.

iii. Health and development

Many adoptees from Romania during the early 1990s had experienced significant neglect, having lived in deprived environments for most of their pre-adoptive lives. Studies have generally shown that institutionalised children from Romania experienced significant and profound developmental delays in early childhood when compared to a non-institutionalised child population. However, there is a lack of Irish medical information and research on the physical health and related illnesses of Romanian adoptees in the State. Moreover, the physical, mental and intellectual development of Romanian adoptees is scarcely discussed past adolescence in the international literature.

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.



Intercountry Adoption in Ireland: Experiences, Supports, Challenges

Country Briefings

Report 3: Romania

1. Profile of Children Adopted from Romania into Ireland

a. Overview

Between 1989 and 2003, 808² children were adopted from Romania by parents habitually resident in Ireland. Adoptions from Romania account for the third largest proportion of all intercountry adoptions (ICA) into Ireland to date.

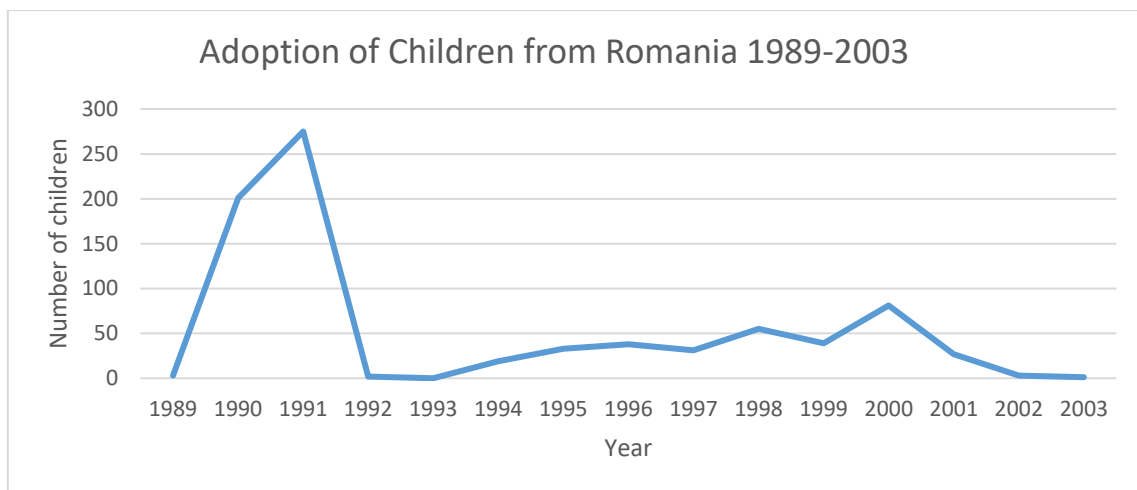


Figure 1: Adoptions from Romania into Ireland by year, 1989 – 2003

Figure 1 is a graphical representation of the adoptions from Romania by year, from the first adoption of a Romanian child into Ireland in 1989, to the most recent in 2003. The numbers peaked with 275 adoptions in 1991, and rapidly declined over the following years. It is important to note that the majority of adoptions from Romania (59%) took place in 1990 and 1991, prior to the establishment of the Adoption Act (1991) and the subsequent implementation of assessments for intercountry adoption. There was a small, brief spike in 2000 and the numbers continued to decline thereafter, stopping completely in 2003. The same figures are broken down by year in Table 1, below.

² 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.

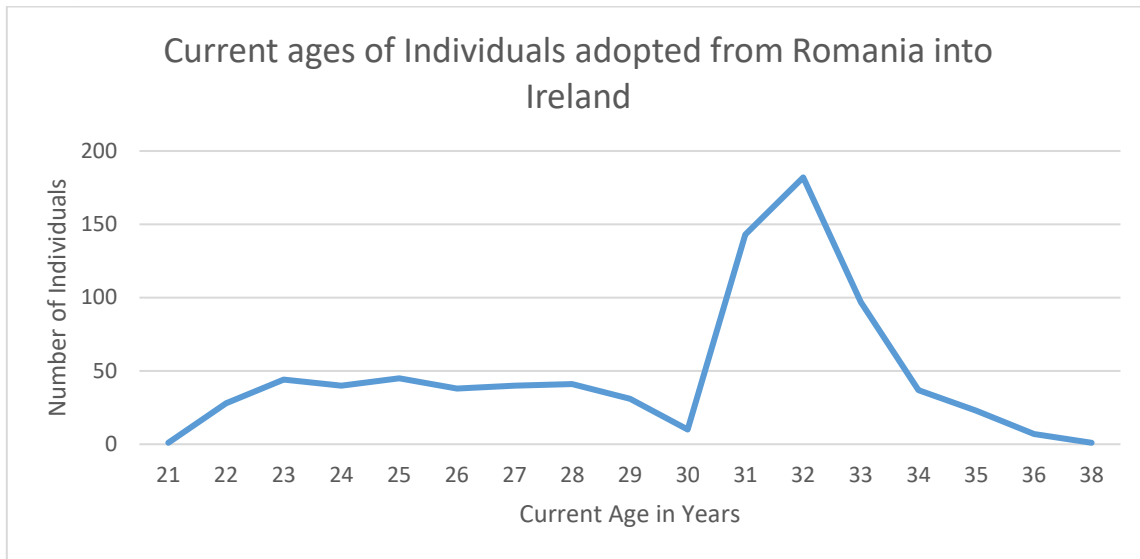


Figure 2: Current ages of individuals adopted from Romania into Ireland (as of 13th April 2022)

c. Geographical location of adoptive families at the time of adoption

Table 2 illustrates the geographical location 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 Romania, to Sligo, with the lowest population. There were no adoptions by families with addresses in Leitrim or Longford. More than half (approximately 57%) of the children adopted from Romania went to families living in either Dublin or Cork at the time of the adoption.



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

County	Number of children
Dublin	264
Cork	193
Kildare	44
Galway	42
Meath	28
Wexford	27
Tipperary	22
Limerick	22
Wicklow	21
Kerry	21
Donegal	16
Louth	15
Westmeath	14
Waterford	14
Cavan	13
Mayo	11
Monaghan	7
Carlow	7
Clare	6
Offaly	*
Roscommon	*
Kilkenny	*
Laois	*
Sligo	*
Leitrim	*
Longford	*
Total	808

In cases marked with ‘’, the number of children adopted from Romania in families living in these counties are withheld. This is because the number of children adopted by families in these counties are too small to be individually reported for reasons of anonymity and confidentiality.*

d. Requirements for Adopting Children from Romania

As of 2011, Romania has limited intercountry adoption to cases meeting specific criteria. The adopter, or one of the adoptive family’s spouses, must be at least a fourth-degree relative of the child being adopted (e.g., first cousins once-removed), or the adopter can be the spouse of the biological parent of the child who is being placed for adoption. Furthermore, the adopter or one of the adoptive family’s spouses must be a Romanian citizen. Individuals seeking to adopt from Romania must spend at least 30 days in the country, during which time authorities in Romania assess the way in which the child bonds with the prospective adoptive family and decides whether they will approve the adoption order. Potential adopters are only permitted to adopt children who have been



declared 'adoptable' by Court order, and those who are mentioned on the National Register for Adoptive Children. This register is kept and regularly maintained by the National Authority for the Protection of Child Rights and Adoption. It is the central regulatory body in Romania for the adoption process and for ensuring the rights and protection of the child.

2. Romania: Understanding the Context

Intercountry adoption from Romania has a complicated history, with deep legacy issues stemming from the communist era of the mid to late 1900s. When understanding the experiences of children adopted from Romania, it is thus important to be aware of their cultural and historical background, and to consider how Western intervention has ultimately impacted and shaped the framework of adoption in Romania.

a. Overview

Romania is a south-eastern European country, and has been a member state of the European Union (EU) since 2007. Romania was under a communist regime from 1948 until 1989, when the dictator Nicolae Ceauşescu was overthrown by a revolution in December of that year. As of 2020, Romania has a population of approximately 19 million people which is gradually declining since its peak population in 1990 of around 23.2 million people. The total population is expected to shrink to around 15 million by 2050 according to the Romanian National Institute of Statistics. Scholars have explained that this demographic issue is related to low birth rates, rampant emigration, and an ageing population, with the country experiencing very little immigration or migrant return to counterbalance this decline (Guran-Nica & Rusu, 2015; Doboş, 2020). According to the United Nations Population Division, there were approximately 3.6 million children living in Romania as of 2016. Romania is a signatory of the Hague Convention on Child Protection and Cooperation in respect of Intercountry Adoption since 1995, and is bound to the guidelines of the UN Convention on the Rights of the Child, which the Romanian government signed and ratified in 1990. Furthermore, at the Council of Europe level, Romania are obliged to adhere to the European Convention for the Protection of Human rights and Fundamental Freedoms (ECHR). The protection of children's rights falls within the scope of the ECHR, including Article 3 (freedom from torture, degrading and inhuman treatment) and Article 14 (non-discrimination).

b. Historical Context

After the Second World War, Romania came under the leadership of the communist party. Many policies implemented by the party brought about various economic and societal changes that would have a significant impact on the population for the decades that followed. One of the most



noteworthy policies enacted by the communist party leader Nicolae Ceaușescu was Decree 770, which came into effect on October 1st 1966. This decree was intended as a way to increase the Romanian population, which was declining due to a fall in birth rates in line with trends seen in most Central and Eastern European states during the late 1960's (David, 1982). In order to achieve this demographic goal, Ceaușescu heavily restricted abortion and prohibited the use of contraceptives. In addition, Ceaușescu declared that women should seek to have at least four (and later five) children to carry out their “patriotic duty” of building a large Romanian population (Betea, 2010). Sanctions were implemented to encourage the population to have more children, including increased taxes for childless marriages in the absence of a medical excuse or infertility, and refusal to provide dental and medical care if a woman did not attend her state sanctioned monthly gynaecological exam (Flister, 2013). Although these strict policies did raise the birth rate somewhat, they were resisted by Romanian citizens whenever possible, with fertility rates dropping and rising periodically throughout the rest of the communist era (Iordache, 2014). Another controversial measure taken by Ceaușescu was the attempt to eradicate social work as a profession. This was based on the belief that the needs of the Romanian population could be sufficiently met and maintained through the development of the economy (Loue, 2013). As a result, there were very few social workers available in Romania post 1989, and the field had to essentially be restarted after the fall of Ceaușescu (see Lazăr, Lightfoot, Iovu, & Dégi, 2021).

c. Communist Legacy and Western Intervention

Extended periods of austerity and a growing anti-communist ideology contributed to a violent revolution in 1989, whereby Ceaușescu was overthrown, and later executed, along with his wife Elena. The fall of the communist regime meant newfound access to the country by Western media, resulting in global awareness of the living conditions in Romania. One of the most prominent aspects that was uncovered was the dire state of the country's childcare institutions (Iusmen, 2013). A significant body of literature was published on the impact of Ceaușescu's strict birthing policies post 1989, which left behind a legacy of mass abandonment of children (Nedelcu & Groza, 2016; Tomescu-Dubrow, 2005), poverty (particularly in rural regions and among members of the Roma ethnic community) (Zamfir, et al., 2005; Tatar, 2016), and high rates of infant mortality (Baban, 2000; Eberstadt, 1994; Raț & Szikra, 2018). During the final decade of Ceaușescu's reign, 65,000 children were placed in childcare institutions, with 85% of these children placed before they were 5 weeks old (Chugani, et al., 2001; O'Connor & Rutter, 2000). Reports from the time revealed distressing abuses that children residing in these institutions were subjected to, with Hardman (2004) highlighting that these children often found themselves living in cramped environments, lacking



visual, auditory, physical and social stimulation, and getting very little emotional and psychological support. Children were also subjected to inappropriate restraining, unsanitary living conditions, an insufficient ratio of children to caregivers, malnourishment, and neglect (Stativa, Rus, Parris, Pennings, & Clocotici, 2017).

In response to the news of a humanitarian crisis in Romanian institutions, international adoption from countries such as Ireland, the United Kingdom (UK), and the United States of America (USA) became the primary 'rescue' mission for thousands of institutionalised children (Morrison, 2004). During the 1990's, Romania became one of the largest sending countries for international adoption in the world at the time (Selman, 2009; Davis, 2011). ICA was intended as a means of positively intervening in the lives of institutionalised children, and was initially used by the new Romanian government as a short-term solution to the problem of inadequate social support for families (Lowe, 1993). However, contemporary scholars criticised the many abuses of the ICA system utilised by the new Romanian government. ICA from Romania in the early 1990's was poorly regulated, and did not observe the Hague Convention of Intercountry Adoption (1993) and the United Nations Convention on the Rights of the Child (CRC)(1989) (Iusmen, 2013). Moreover, ICA from Romania developed to become offer-driven (Bainham, 2003). Prices were placed on children depending on health, age, and gender, essentially classifying the child as the object of trade, rather than the subject of a human rights intervention (Neagu, 2015).

d. Romanian Orphans

Reasons for relinquishment

The relinquishment of children to the care of the state generally came about when parents could not afford to sufficiently look after their child due to a combination of factors. Under the leadership of Ceauşescu, the Romanian population were experiencing widespread poverty. Ceauşescu had borrowed large amounts of money from foreign banks to invest in oil refineries and manufacturing oil processing equipment, leaving the country in considerable debt (Ban, 2012; Topan, Paun, Stamate-Stefan, & Apavalomei, 2018). In order to pay back this debt, Ceauşescu enacted an austerity programme, which involved the mass exporting of food and industrial produce from Romania (Szalontai, 2020). The austerity program sparked a social crisis, resulting in severe food shortages and poverty (Irimie, 2014; Vassilev, 2011). This led to the increase in 'social orphans', whereby children were relinquished by their parents because they were not able or willing to care for them (Nedelcu & Groza, 2012). Relinquishment was related to the enactment of the austerity programme and the subsequent shortage of food, increased taxation, the criminalisation of abortion, and the push for increasing the population combined with the lack of social supports



(Wilson, 2003). Moreover, communist propaganda claimed that institutionalisation helped to ensure that children reached “normal (levels of) physical, mental, and intellectual development”, which in turn was seen as a temporary solution for many poor families to ensure the survival and care of their children (Tomescu, 2003). This is further supported by Lowe (1993), who points out that most children in childcare institutions had biological parents who were still alive and were relinquished out of fear that they would starve or die if they remained in the care of their parents. Children were generally relinquished from families who were impoverished, came from marginalised areas (such as rural regions), and lived below the poverty line (Sohr, 2006; Smolin, 2007).

Romani Orphans

The Roma (also referred to as the Romani) community are a traditionally nomadic group of people who are believed to have emigrated from Northern India at some point in the 14th century (Beníšek, 2020). In Romania, the Roma are an officially recognised ethnic minority since 1989, and are represented by a deputy in government (Achim, 2004). Although exact figures on the population of the Roma community can be difficult to collect due to the traditionally nomadic nature of the Roma people and fear and stigma associated with claiming Romani heritage, the European Commission estimates that approximately 1.85 million people of Roma ethnicity live in Romania, accounting for approximately 8.32% of the population. However, Romani children are disproportionately represented in the orphan population, accounting for over half of all abandoned children in Romania during the 1990’s (Rus, Parris, Cross, Purvis, & Draghici, 2011; Zamfir E. , 1997). A recent report by the European Roma Rights Centre (ERRC, 2021) estimates that members of the Roma community could make up over 60% of children residing in Romanian state institutions today, whether they are of Roma or half-Roma descent (i.e. one parent belongs to the Roma community). UNICEF (2017) outlines that Romani children end up in state-run institutions through unfortunate life events such as the death or institutionalisation of their parent(s); parent behaviours or attitudes that directly or indirectly harm the child; and societal and economic causes such as poverty, lack of social services and support, and unstable housing.

The large discrepancy in the proportion of Romani and non-Romani children in state institutions is partly due to the culturally ingrained, traditionally discriminatory practices against the Roma community (LeMare, Audet, Kurytnik, O’Neill, & Zinga, 2016). Scholars have highlighted the numerous policies in Romania and, more broadly, Eastern Europe and the Soviet Bloc during the 20th century which had negative consequences on the Roma community (End, 2012; Donert, 2017; O’Keeffe, 2013). During the communist era, Roma ethnicity was not given legal recognition (Achim, 2018). Raț and Szikra (2018) outline that the Roma population was also subject to systematic



prejudice through social policies that restricted access to welfare payments, enforced disciplinary action, and propagated stigmatisation. Although the economic status of Roma families varied, poorer families generally had higher fertility rates, could not afford uniforms required for attending school, and in some cases resorted to petty crime such as theft (Martin & Straubhaar, 2002). Roma children today still experience difficulties in access to healthcare, housing and obtaining education (McCarthy, 2020). A recent report by the European Commission against Racism and Intolerance (ECRI, 2019) expressed concerns for the Roma community, highlighting the continued bigotry and discrimination faced by Romani in their daily life.

e. Domestic Adoption and Deinstitutionalisation

Similar to ICA, domestic adoption during the communist era was restricted. Domestic adoptions were mainly from well-off couples who were wealthy in comparison to the general population and were able to afford to care for the child. If a family wasn't wealthy, adoptions came from couples within a wide family network, where custody and care of a child may be passed onto other extended family members in the event that the natural parents could not afford to care for them (Kligman, 2000). Prior to the reformation of the childcare system in Romania, there was no discernible attempt to keep the child close to their birth family. This, along with considerable sympathetic interest in adopting a children from the West, precipitated a "black market" of Romanian children which thrived under a lack of legislative control and suitable alternative childcare supports (Popescu, Muntean, & Juffer, 2020). As part of Romania's bid to become a member state of the EU, the Romanian government was instructed to prohibit international adoption as an element in the reform of the child protection system in their country. Principles of both the CRC and Hague convention had not been reflected in Romania's legislative framework of adoption, with critics highlighting the potential for abuse and claiming that the policies paved the way for the offer-driven "black market" of Romanian children in ICA (Jocoby, Lataianu, & Lataianu, 2009). On the order of the European commission, a moratorium was placed on international adoption by the Romanian government in 2001. A reform of the childcare system in Romania was undertaken, backed by funding from the PHARE (Poland and Hungary: Assistance for Restructuring their Economies) programme (Post, 2007). The government set about developing a plan of deinstitutionalisation of children by closing "old-style" institutions, these being the traditional residential institutions which housed children that had been relinquished or separated from their birth parents. In order to close down these facilities, the government began to establish suitable alternatives for childcare such as group and family homes and modulated placement centres (Iusmen, 2013). In 2004, Romania introduced legislation on adoption (Law 273/2004) which restricted ICA to second degree



relatives, and only to be used in extreme exceptions. In 2011, Romania extended ICA to fourth degree relatives, yet still holds ICA as a last resort in line with the guidelines of the CRC.

The National Strategy for the Promotion and Protection of Children's Rights (2014-2020) formally outlined the Romanian government's intent to close all "old-type" institutions and to replace them with community-based care. In 2018, the government outlined an updated 'Operational Plan' to support the implementation of the strategy (Ene, 2019). Through this plan, the Romanian government dedicated €100 million of EU funding to shutting down 50 of the country's childcare institutions (ERRC, 2021). In 2014, Romania prohibited the institutionalisation of children under the age of three, and subsequently increased this to seven years of age in 2019 to support the continuing deinstitutionalisation programme (Enache & Mihai, 2021). According to the Romanian Ministry of Labour and Social Protection (2021), the total number of children housed in institutions by the end of 2020 was 13,961, with 10,968 of these children residing in public institutions. Children residing in institutions made up less than 30% of children under the care of the state. The remaining 34,070 children were either assigned to foster care, living with extended family relatives, or placed with other families/individuals in Romania. This was in accordance with the guidelines of the CRC and the Hague Convention which prioritise family care of the child over institutionalisation. As of 2014, domestic adoptions have been relatively stable in the country, averaging approximately 1,000 adoptions per year (Popescu, Muntean, & Juffer, 2020).

While the efforts of the Romanian government to preserve the rights of the child are undeniable, there is concern that this progress could be undermined by several key factors. Firstly, while domestic adoptions are steady, fewer children who were deemed eligible for adoption are actually adopted year on year. According to Popescu et al (2020), despite a decrease in the number of children eligible for domestic adoption, under 35% of children deemed eligible for domestic adoption are actually adopted each year. Moreover, pressures of the global economic crisis brought about by the COVID-19 pandemic and austerity cutbacks have left the childcare system underfunded and understaffed, and deinstitutionalisation has been relegated from the list of national policy priorities.



3. Adoption between Romania and Ireland

a. The origins of ICA in Ireland

It is well documented that Irish residents were part of the initial effort to adopt institutionalised children from Romania after the fall of the communist government (Selman, 2009; O'Brien & Richardson, 1999). However, those who brought a child back from Romania found themselves in legal difficulty. At the time, there were no statutory measures within the Adoption Act (1988) that recognised adoptions from abroad, nor was there a process for enacting an Irish adoption outside of the State (O'Brien & Richardson, 1999). The Law Reform Commission's (LRC, 1989) 'Report on the Recognition of Foreign Adoption Decrees' argued for the implementation of a law that would allow for the legal recognition of children adopted abroad by Irish parents. As a result of pressure from Irish citizens adopting from abroad and the LRC, the Irish government enacted the Adoption Act (1991), which provided recognition under Irish law for adoption orders effected outside of the Irish State (O'Halloran, 2006).

The initial Act for foreign adoption in Ireland was introduced in 1991. For context, this came about five years prior to Ireland signing the Hague Convention in 1996, and nineteen years before the ratification of the Convention in 2010. There was considerable criticism and concern surrounding the ICA process in Ireland, particularly related to the market driven nature of international adoptions (Triseliotis, Shireman, & Hundleby, 1997; Selman, 2009) and the lack of a standardised framework for assessment practices for people seeking to adopt from abroad (McCaughren & Sherlock, 2008; O'Brien, 2009). O'Brien and Mitra (2018) outline that subsequent efforts by the Irish government have made the adoption process more transparent for potential adopters looking to adopt abroad, with the aim of providing a definitive and quality-focused adoption process.

b. Romanian Adoptees in Ireland- Initial Presentation

Many of the children adopted from Romania during the early 1990's had experienced significant neglect, having lived in deprived environments for most of their pre-adoptive lives (Wilson, 2003; Chugani, et al., 2001; O'Connor & Rutter, 2000). It is widely accepted within the literature that deprivation in early childhood can result in developmental and physical delay, and has been associated with mental and physical disorders later in adulthood (Glasper, 2020; Audet & Le Mare, 2011; Rutter, et al., 2007). Furthermore, Tomalski and Johnson (2010) emphasised that a poor socioeconomic background, being in institutionalised care, and experiencing sensory deprivation in an impoverished environment were all factors that negatively impacted the mental health and development of the child. However, studies have also commented on the distinct resilience and



catch-up demonstrated by Romanian adoptees in a supportive and caring environment. Nevertheless, high rates of physical illness were reported in institutionalised children in Romania. For example, an outbreak of HIV during Ceaușescu's era was directly related to strict family planning policies designed to increase the population, and the use of 'micro-transfusions' of unscreened blood in an attempt to boost the immune systems of abandoned children (Glasper, 2020). Human Rights Watch (2006) reported that over 10,000 children were infected with HIV from 1986 to 1991, with Romania having the highest proportion of young people (ages 15-19) living with HIV in Europe in 2006. Although Ireland-specific data is difficult to source, Johnson's (2000) study on Romanian children adopted into the USA found that 85% of children had some form of illness or health issue upon arriving in the States, highlighting Hepatitis B and intestinal parasites as common ailments among this population of adopted Romanian children.

Cognitive Development

Studies have generally shown that institutionalised children from Romania experience significant and profound developmental delays in early childhood when compared to a non-institutionalised child population (Nelson, Furtado, Fox, & Zeanah, 2009; Tomalski & Johnson, 2010; van IJzendoorn, et al., 2020). Findings from Sonuga-Barke et al's (2017) English and Romanian Adoptees longitudinal study suggested that Romanian children adopted into England experienced greater developmental issues than a comparison group of English domestically adopted children, including inattention, over-activity, impaired IQ, and a higher prevalence of autism spectrum disorder. Furthermore, this study highlighted that Romanian children who were institutionalised for more than 6 months continued to experience significant developmental delays into adolescence, while children who were institutionalised for less than 6 months did not significantly differ in most developmental criteria to the English comparison group once they reached 6 years of age (Sonuga-Barke, et al., 2017). These results provide evidence for the theory that prolonged and significant deprivation can result in poor brain development, and have a negative impact on cognitive performance (Clarke & Clarke, 1976; Nelson III, Zeanah, & Fox, 2019). While the length of institutionalisation of Romanian children prior to their adoption into Ireland is undocumented, O'Shea and colleagues' (2016) survey of Irish General Practitioners (GPs) found that roughly 44% of Romanian children who presented to Irish GP clinics displayed signs of behavioural, social, emotional, psychological, psychiatric or attachment issues. Romanian adoptees made up the highest proportion of children who presented with developmental difficulties, reporting a greater incidence of difficulties than Russian (34.5%), Chinese (18.9%), and Vietnamese (13.3%) adoptees. O'Shea et al (2016) attributed this distinction in the level of difficulties to the experience of children prior to



adoption in Romania, potentially relating to the lack of care or emotional/physical engagement with staff within the childcare institutions (Johnson, 2000; Sonuga-Barke, et al., 2017).

Physical Health

There is a dearth of Irish medical information and research on the physical health and related illnesses of Romanian adoptees in the State. This may be in part caused by the lack of a legal framework for international adoption prior to 1991, in addition to there being no legal requirement for a medical specialist to assess adoptees upon arrival in Ireland. However, information regarding the health of children in Romanian institutions at the time of the surge in adoption cases suggest that illnesses such as Hepatitis B and intestinal parasites were likely of some concern for healthcare authorities in Ireland (Johnson et al, 1992). Grob (2000) highlighted that 35% of all Romanian children eligible for adoption were carriers of the Hepatitis B infection. Moreover, over 50% of a sample of Romanian adoptees screened for illnesses in the United States tested positive for intestinal parasites (Staat & Klepser, 2006). Grogg and Grogg (2007) questioned whether internationally adopted children were efficiently immunised for diseases such as polio upon arriving in the USA, and expressed concern for their physical health. Unfortunately, there is no way of knowing the proportion of children who presented with illnesses upon arrival in Ireland. However, with the information we do have available, it would be likely that at least some of the Romanian children adopted into families in Ireland had some sort of illness or ailment upon arriving in the State.



4. The Impact of ICA on Romanian adoptees: Adolescence to Early Adulthood

Upon the collapse of the communist government, Romanian childcare institutions and the mental and physical well-being of children residing in these institutions was of considerable interest to the international scientific community (Johnson, 2000; Chugani, et al., 2001; Rutter, et al., 2007). International adoptions from Romania were halted in 2001, with the Adoption Board only processing applications for siblings, older children (who were being aged out of the system) and children with special needs up to 2003. 2003 marked the final year in which Romanian adoptees arrived in Ireland. By 2003, the Adoption Board only processed applications for siblings, older children (who were being aged out of the system) and children with special needs. There is potential for a longitudinal study of Romanian adoptees, given their unique age demographic among ICA individuals in Ireland. Romanian adoptees are older than any other group ICA group in Ireland. The majority of those adopted from Romania into Ireland are now in early to middle adulthood, with current ages ranging from 21 to 38 years old. This presents an opportunity for researchers to investigate the impact of ICA on a particular population of adoptees from Romania from infancy to adulthood, while also helping us to understand the lifelong impact of deprivation and early adversity in childhood. Unfortunately, Irish longitudinal data on intercountry adoptees from infancy to early/middle adulthood is scarce. As such, this section will take information from similar studies of Romanian adoptees in other receiving countries such as the UK and the USA.

Length of Institutionalisation

While institutionalisation undoubtedly has an impact on the development of children, researchers have noted that the length of time spent in institutionalised care could be a contributing factor in the ability for the child to 'catch up' with their peers as they develop into adolescence (Mehta, et al., 2009; Morison, Ames, & Chisholm, 1995; Liu & Hazler, 2017). As previously mentioned, the longitudinal study of English and Romanian Adoptees (see O'Connor, et al., 2000; Rutter, et al., 2007; Sonuga-Barke, et al., 2017) provides the most consistent evidence for the impact of time spent in institutionalised care as a child on developmental and mental health trajectories in later life. Sonuga-Barke et al's (2017) analysis found that Romanian adoptees who were institutionalised for more than 6 months experienced heightened difficulties into adolescence in comparison to a UK domestically adopted group and Romanian adoptees who had less than 6 months of institutionalised care. Specifically, the difficulties that persisted into adulthood encompassed autism spectrum disorder, cognitive impairment, disinhibited social engagement, and inattention and over-activity. In a follow up study with young adults, it was found that adoptees who



had more than 6 months of institutionalised care were also more likely to perform poorly at school, were unemployed as adults, and were more likely to use mental health services than their comparison groups (Sonuga-Barke, et al., 2017). An earlier study by Lin and colleagues (2005) had highlighted that children who were subject to institutionalised care for more than 6 months also demonstrated heightened sensory issues, such as difficulty interpreting and/or overresponses to sensory information (e.g. distress when hearing loud noises). Researchers have also linked early deprivation and length of institutionalised care to lower brain volume, with structural changes in the brain in adulthood related to deprivations at a young age (Mackes, et al., 2020). Further investigation is needed, however the Mackes et al study does raise concerns for the impact of institutionalised care on brain development, and potentially warrants the development of services for these adults. While longer institutionalisation does impact on developmental outcomes, it should be highlighted that children adopted from Romania into Ireland were often welcomed into a supportive home environment that was socioeconomically steady (and in many cases advantaged) (Greene, et al., 2008). This gave Romanian adoptees an opportunity to develop an ability to adapt to (and build resilience towards) deprivation experienced in early childhood.

Resilience and Development

Although the impact of institutionalisation on Romania adoptees cannot be understated, there have been numerous studies highlighting the remarkable resilience evident in Romanian adoptees who have been welcomed into a loving and supportive environment by their adoptive parents. Beckett et al's (2006) comparison study between Romanian adopted children and UK adopted children found that the Romanian adoptees who spent longer in institutionalisation experienced a greater rise in intellectual ability than both those in the Romanian group who spent less time in childcare institutions, and UK adoptees. Moreover, while Rutter et al (2007) found that those who were adopted after the age of six months still experienced greater psychological dysfunction than their peers, Romanian adoptees demonstrated considerable catch-up in their psychological functioning when compared to their UK-adopted counterparts. These findings could be explained through differential impact theory (DIT), which postulates that the impact of any given intervention or environment (both positive and negative) is related to the experiences and vulnerabilities of the individual (Ungar, 2017). In the case of Romanian adoptees, Ungar and Hadfield (2019) proposed that those who spent longer in institutionalisation demonstrated greater strives and gain in intellectual development in order to catch-up with their peers from a more advantageous early environment.



In addition to psychological dysfunction, delays or disruptions to height and weight growth were occasionally reported among institutionalised children from Romania (Johnson D. E., et al., 1992; Johnson & Gunnar, 2011; Stativa, et al., 2017). Johnson (2000) found that adoptees from Romania exhibited high rates of growth failure, with greater severity linked to length of time spent in institutionalisation. From the time of their adoption, children were reported to be below the expected growth development for their age, with studies finding that institutionalised children were likely to weigh considerably less and be of smaller height than other children their age (Judge, 2003; Miller, et al., 2007). However, similar to the aforementioned findings on intellectual development, children appeared to make considerable gains in their height and weight as they developed in a more enriching environment. Evidence from a Canadian longitudinal study on Romanian adoptees, who had previously spent a minimum of nine months in institutional care, found that there was significant growth catch-up among adoptees (le Mare & Audet, 2006). Indeed, the authors found no significant differences between Romanian adopted children and Canadian born children in terms of physical health, height or weight at around 10 years of age. While this catch-up can be viewed as a generally positive impact of adoption, Tang and colleagues (2018) outline the potential negative effects of rapid increases in body size on the health of the adoptee as they grow up. Adolescents that had been previously institutionalised had accelerated body mass index (BMI) trajectories, which could potentially contribute to overweight/obesity and health problems in later life (Adair & Cole, 2003; Zheng, et al., 2018).

Experiences of Adoption

Intercountry adoptees and their families have reported conflicting emotions when asked to talk about their adoption experience, with experiences shaped based on numerous factors, including the country of origin, racism in the receiving country, the adoption process, and length of institutionalisation (Hawkins, et al., 2007; Greene, et al., 2008; Linville & Prouty Lyness, 2007). Hawkins et al (2007) found that adoptees who were adopted both internationally and domestically in the UK generally reported not feeling different from their adoptive family. However a significant minority (30%) of Romanian adoptees who were adopted when they were older than 6 months did feel some innate differences from their adopted family. Romanian adoptees who were adopted when they were older than 6 months also found it more difficult to speak about their adoption than UK adoptees. Beckett and Songua-Barke (2008) explained that the difference in views between UK adoptees and Romanian adoptees who were adopted when they were older than 6 months may be due to either parents not fully understanding their adoptive child's difficulty in discussing topics related to their adoption, or due to the typical developmental stage at age 11 involving difficulty



discussing personal issues with parental figures. However, Greene and colleague's (2008) interviews with adoptive parents showed some awareness of the difficulties faced by their children. They reported that 50% of families who had adopted children from Romania experienced racism of some form directed towards their child, noting that:

'The higher proportion of Romanian children who experienced racist or prejudicial comments may be because more of them are older, but may also be influenced by a particular prejudice against Romanians in Ireland'

- Greene et al, 2008, page 195

While there is a wealth of information on childhood and parental experiences on the adoption process, current and up to date analysis on the views of adoptees in their late adolescents/early adulthood is lacking. This may be due to the difficulty in recruiting teenagers, who could refuse participation more easily than younger children and their parents. Further research is warranted over the coming years to provide a clearer understanding of the thoughts and feelings of adoptees as they transition into adulthood in Ireland.

5. Conclusion

The fall of the communist government exposed the harsh nature of childcare institutions in the country, and presented Romanian "orphans" with an opportunity to grow up with caring families in Ireland. Although many of these children faced difficulties growing up in early childhood, research has consistently highlighted the ability for institutionalised children to 'catch-up' with their non-institutionalised peers. The reformation of the child protection system in Romania, in addition to considerable investment in establishing alternative, family-based care, has paved the way for the closure of most of the country's traditional institutions. While the strict limitations on intercountry adoption have been controversial, Romania's policy closely follows the guidelines of the CRC and the Hague convention for prioritising family care of the child over institutionalisation. The average current age of people adopted from Romania into Ireland is 30 years old as of April 2022, yet most of the published literature concerns their childhood and their early adolescent years. Indeed, Greene and colleagues (2008) presented the most in-depth and exploratory analysis of an Irish sample of adoptees and their families, including those from Romania. However, this study was not able to capture the experiences of adoptees in late adolescence into early-middle adulthood. It is also notable that, notwithstanding several small scale studies in recent years, the largest study into the experiences of Irish intercountry adoptees to date is over 12 years old. To further understand and document the experiences of Romanian adoptees in Ireland, and to provide a greater understanding



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for the lifelong impact of adoption, it would be of considerable interest for researchers to investigate Romanian adoptees as adults.



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