

A Summary of a Study of Eastern European Adoption Dissolutions

Adoption dissolution, “rehoming” in lay terms, is an emotionally charged issue for all involved. Actually, perhaps no topic in adoption generates as many feelings, observations, opinions and controversy as does a child leaving a family after the finalization of the adoption.

Much research has attempted to determine the causes of adoption dissolution. If we know the “why”, then we can improve the manner in which children are placed in a family—dissolutions will be reduced, or, we hope, ceased. The majority of this research has focused on domestic adoption. Yet, it is currently widely known, mostly due to the World Wide Web, that international adoptions are not immune to dissolution.

In order to begin to fill the void in international adoption dissolution literature, this blogger along with adoption professional, Barbara Holtan, and social researcher, Tim McCarrgher, conducted an exploratory study of 26 families who had completed and then dissolved their Eastern European adoption. The survey was qualitative—many answers required parents to write about their experience. Responses were then grouped according to common themes. Demographic information and the main themes discerned are summarized below.

Twenty-four of our surveyed families were married while two were single parents. Combined family income ranged from \$34,000 to over \$150,000—the median income was \$90,000 to \$99,000. Seventy-seven percent of the families had other children in the home prior to the adoption—birth, adopted or a combination of birth and adopted. There was no pattern of occupations, but 98% of the parents had at least some college education; most had completed college. The average age of mothers was 41 and fathers, 42. Most families provided a stay-at-home parent for a period of time upon the arrival of the new child in the family.

The motivation to adopt respectively included infertility, a desire to save a child, religious beliefs and providing a sibling for another child. Eight couples stated that they expressed a willingness to adopt a child with special needs, however, the majority of the sample did not. For example, a family stated, “We repeatedly stated that we had three biological children and could not handle the demands or requirements of a ‘special need.’”

Five families reported that they were required to attend pre-adoptive training. The content of the training varied. Overall, the topics included child development, impact of institutionalization, mental health issues, attachment, physical abuse and neglect. The length of the pre-adoptive education ranged from 2 to 20 hours.

Fifteen of the adoptees were from Russia and the others were from Romania, Hungary, Poland, Ukraine and Bulgaria. Fifteen were female and fourteen were male. The range of ages at the time of the adoption was 18 months to 12 years old. The time these children spent in institutional care was 14 months to 9 years, 4 months. A majority of the children were placed in the orphanage at birth, and resided in only one orphanage prior to being adopted.

All of the respondents visited the child’s orphanage or foster home, and most—73.1%—had misgivings about going ahead with the adoption. Generally, both parents had misgivings. One parent commented, “During the first meeting which lasted one hour our daughter was hyper, giddy, overexcited, and seemed unable to focus. We left this meeting with severe misgivings about the adoption but felt we were locked into this placement.” Virtually all of the parents reported that they felt they were not told the truth about what to expect in adopting a child from

Eastern Europe. The vast majority—84.6%—did not believe they received adequate written information on the child before they traveled.

Once the families arrived home, an enormous array of behavioral problems became apparent: violence/aggression, sexual acting out (including sexual abuse of a sibling) or inappropriate sexual behaviors, pet cruelty, an inability to think conceptually and/or express themselves, lying, stealing and a perception that the adopted child had no conscience or guilt associated with inappropriate behaviors. The behavior difficulties were a primary factor in making the decision to dissolve the adoption. In conjunction with these behaviors, families mentioned fear as another of the biggest problems for the family—fear for the safety of the other children in the family, fear of the family's well-being and fear that the other children would be removed because of the adoptee's extreme behavior.

The families accessed a variety of help prior to their adoption dissolution: support groups, Internet, community mental health facilities, community medical facilities, pediatricians, library, attachment therapists, school district, fetal alcohol specialists, neuropsychologists and developmental/behavioral pediatricians. In terms of the level of knowledge of providers, there was a mixed response with comments like, "No one had ever seen a child like this" or "No one could believe the level of damage she's suffered and what she was doing to us."

Overall, the time frame from placement to dissolution was from immediately to 5 years. The average time to decide to dissolve the adoption was 25 months.

In spite of the difficult experience, most parents never lost sight of the children and the horrific conditions that shaped their behavior. As one family wrote, "The adoptions have negatively influenced every aspect of our life—marriage, happiness, health, financial, etc. However, having painted such a bleak picture, we love our children and would still probably have adopted them even if we were able to look into the future—the children are innocent of any wrongdoing and deserve a life better than what they were experiencing in a Russian orphanage."

Currently, Greg Keck, Barb, Tim and I are replicating this study with a group of 100 families who have dissolved their adoptions from a variety of countries.