

The Crisis of Adoption and the Crisis within the Adoptive Families

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Abstract. Italy is characterized in the European market by a steady decline in fertility that does not correspond to a decline in the desire to parenting. The child continues to be for a couple a personal achievement element. In this socio-cultural context, national and international adoption has found a fertile ground for growth and development. For many years Italy has been the second largest country in the world for intercountry adoptions, position maintained even in the recent phase of the crisis that has seen the number of adoptions decreasing by more than a third worldwide. This paper tries to analyse the reasons for the global crisis and the reasons for Italy's stability. The analysis show the emerge of a new culture of intercountry adoptions that is changing the landscape of Italian families and questioning the services related to the design and implementation of services dedicated to these families.

Keywords: Adoptive families; Intercountry adoption; Hague Convention; Cost; Special need

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Adoptive parenthood

Above all European countries, Italy is experiencing a substantial decline in fertility. This fact is not due to a decline in Italian couples' desire for parenthood, but rather to an undeniable delay concerning the procreative choice – which is lowering their reproductive capability (Di Nicola, 2008; Donati, 2006; Saraceno & Naldini, 2007). A child is seen as a source of self-realization for both an individual and a couple, and therefore as a major reason to invest time and money for (Barbagli, Castiglioni, & Dalla Zuanna, 2003). These issues considered, Italian couples are often seen either striving to gain some career stability – hence procrastinating parenthood for a long period of time – or, at a later stage, being eager to become parents as soon as possible (Scabini, 1995). Intercountry adoptions data¹ confirm that, since 2004, Italy has been the first country in Europe for the number of adoptive children – and the second in the whole world after the USA. Data collected by the Italian Commission for Intercountry Adoptions (CAI, 2014) show that, from 2000 to 2013, the number of couples requesting for an authorisation to enter the country with underage foreigners were 33.820, thus totalling a number of 42.048 minors – as some couples adopted groups of siblings, the average is 1,24 children per couple. In that period, the trend shows a continuous growth, reaching the top amount of 3.241 adoptive couples in 2010 – there were 2.291 couples in 2013, corresponding to 2.825 adoptive children.

Since 2010, intercountry adoptions have decreased throughout the world; however, Italy has witnessed a slower pace with regard to this trend by reaching approximately a 30% reduction in 2013, compared to more than 50% decrease in some other countries. Despite the aforesaid Italian favourable trend within adoption worldwide conditions, it is rather pivotal to ascertain the crisis in adoptions by considering such an issue with an eye both on international policies and cultural backgrounds.

¹ This article will not expand on Medically Assisted Reproduction, focusing more on the other one procedure sterile couples can implement in order to become parents, that is adoption; also, particular emphasis will be given to its crisis, and therefore this analysis will not focus on national adoptions, which in good substance have been stable in numbers for now more than 20 years.

The crisis and the costs of adoption

Since 2010, the number of international adoptions has constantly decreased; this social phenomenon ought to be acknowledged and investigated. In addition to the reasons related to the economic crisis, this research aims at considering its political facets in the attempt to understand if and how such decrease is linked to the introduction and implementation of the Hague Convention of 29 May 1993 on the Protection of Children and Co-operation in Respect of Intercountry Adoption (hereafter the Hague Convention). By considering intercountry adoption as a way to build a family instead of an intervention for minors' international protection, one cannot but realise how international law has been influencing on the most private matter such as the formation of one's family and parenthood (Efrat, Leblang, Liao, & Pandya, 2015).

The driving motivation of a convention on intercountry adoption was the growing concern as to child abduction and trafficking in adoption procedures. The convention aimed to oppose to such offences and efficiently ensure that intercountry adoptions occur in the best interests of the child (Hansen & Pollack, 2006; Smolin, 2010) by means of the regulation of intergovernmental relationship. Through the convention ratification, governments mutually agree to the following commitments: the authorities of the receiving country ensure the suitability of prospective parents for adoption, while the competent authorities of the sending country guarantee for the child eligibility for adoption, i.e. 1) the biological family abroad is not able to take good care of the child, 2) all documents regarding the eligibility are not induced by payment, and 3) all possible ways had been considered for the placement of the child within the country of origin, thus making sure that the adoption is in the child's best interests. Before the Hague Convention, international law had been "mostly silent on the matter of adoption" (Bartholet, 1993; 2005). Hence the Hague Convention issued the long-awaited guidelines to enhance transparency and responsibility and provided tangible norms to carry out the principles of the United Nations Convention on the Rights of the Child (HCCCH, 1993).

Among the unexpected consequences of the Convention, there has been the raise in the costs for international adoption, which is the opposite outcome of what conventions usually achieve (Breuning, 2013a, 2013b;

Breuning & Ishiyama, 2009; McBride, 2013a, 2013b). In fact, according to literature, trade agreements and bilateral treaties lower transaction costs and boost flows (Tobin & Busch, 2010). Conversely, the agreement designed to ease information exchange and coordination about intercountry adoption has caused the inflation of transaction costs, thus having an overall counteractive impact on children's cross-border flows.

Many studies (Hollingsworth, 2000; Hollingsworth & Ruffin, 2002; Malm & Welti, 2010; Zhang & Lee, 2011) demonstrated that prospective parents have always perceived intercountry adoptions as the procedure giving the greatest chance to fulfil their adoptive objective more rapidly. Within this framework, prospective parents would rather adopt a child from a country with lower transaction costs and with a higher probability to successfully accomplish adoption procedures.

It is clear that the cost-volume could be the reason for the decreasing trend in the number of applications for international adoptions. Prospective parents might pay closer attention to the burden of the costs rather than sensing the positive implications of the Hague Adoption Convention. This is due to costs being more concrete, compared to the Convention's less tangible beneficial effects such as the reduction of the risks of fraud and abuse, and the improved possibility to achieve lawful and more ethical adoptions – thus pursuing both parents' and child's best interests.

Apparently, the Convention implementation has encouraged more ethical adoptions; however, such ethic has consequently shaped a reduction in adoptions due to its costs. As a matter of fact, for the time being, all the costs aimed at guaranteeing ethical adoption procedures only weight on prospective families and the sending countries. On the one hand, the Convention has surely favoured the reduction in illicit and corrupted practices, particularly in some specific countries (Bartholet, 2005; Kapstein, 2003; Pierce, 1996); on the other hand, it might have had unfavourable effects on children, also inducing some countries of origin to close off completely to intercountry adoption (Worthington, 2009).

The crisis and the children with special needs

Another outcome of the Hague Adoption Convention concerns the features of adoptable children – a matter which has been given less attention by literature despite the evidence provided by the data on adopted minors.

International adoption is deemed as a last resort by the Convention, and therefore signatory countries are committed to introduce policies and implement actions in order to contrast abandonment and to promote domestic adoption. Over time, this has resulted in the decrease in the number of minors placed for international adoption by each State, especially when the children are very young (possibly a consequence of the time-consuming process needed to prove their adoptability) and in good health (probably due to the increase in adoptions within national borders, mainly in those countries that have recently gained economic stability). At the same time, international adoptions witnessed an increasing trend in the number of children with special needs – a fact that has added more complexity to adoption procedures and new critical issues to consider.

The ‘Guide to Good Practice’ issued in 2008 by the HCCH (Hague Conference on Private International Law) identifies as children with special needs the following individuals:

- * minors who developed behavioural dysfunctions as a consequence of a trauma;
- * minors having any medical needs (any physical dysfunction or mental disease);
- * children more than 7 years of age at the time of the adoption;
- * those who are part of a group of brothers or sisters.

More often, children who are placed for intercountry adoption have lived part of their life in extremely inadequate family contexts, if not in one or more institutions or foster families. In most cases, such minors have undergone abandonment following adverse childhood experiences – either direct (maltreatment and abuse) or indirect (living with parents who are alcohol or drug-addicted or who have psychiatric disorders), and thereafter have lived through other traumatic conditions, such as living in institutions or moving from a foster family to another (Vadilonga, 2010). Additionally, more frequently than in the past the aforesaid children show medical illnesses which would be healed easily, or could be treated with all relevant rehabilitation therapies or complicated surgery in the adopting countries, or which cannot be cured at all.

Considering what is happening in Italy (CAI, 2014), as for the children who reached the country through international adoption, the average is around six years of age – specifically 5.5 in 2013 and 5.9 in 2012. Over four children out of ten are between 1 and 4 years of age (42,1%), other four children are

aged 5 to 9 (43,8%), 8,8% of them are 10 or older, while only 5,4% are below 1 year of age. This means that more than half of adopted children are more than 5.

Moreover, in 2013, 21% of children adopted in Italy through intercountry adoption had special needs, registering an increase compared to 14% of 2012. The abovementioned percentage reports are among the highest in Europe and possibly represent the explanation for the lower rate of international adoption decrease in Italy compared to that witnessed in other countries. Despite the overall reduction of the number of adoptions in the whole world, Italian couples are able to open up to children with special needs, thus keeping the chance to become a family still likely. However, it should be noted that the same high rate of adoptions of children with reversible or irreversible illnesses does not occur in Italian in-country adoptions. Italian juvenile courts are constantly trying to place children with disabilities, handicaps or health issues – sometimes with appeals to the public on the news, with no or little success. This contradiction seems difficult to understand, especially because domestic adoption is free whereas intercountry adoption involves high costs.

Minors with special needs require parents with a stronger inclination to acceptance and more time available for the child's health care, medical examinations and rehabilitation therapies. This results in both a financial burden on the parents' resources and, above all, a huge emotional effort in order to support the child in their specific needs, in addition to the ordinary difficulties of adoption alone.

In literature one can find a number of sources on the crisis of adoption and adoption failure. Several risk factors identified can be ascribed to the adoptive parents, as for example the inability to accept diversity, unsuccessful matching with parents' requests and abilities, unrealistic expectations regarding the adoptive child, or wrongful reasons for adoption (Bordes, Black, & Pasley, 1998; Brodzinsky, Smith, & Brodzinsky, 1998). Many other risks are related to the minor, like their age at the time of adoption, any behavioural disorders, childhood trauma, physical health issues, or when groups of siblings are adopted – i.e. child risk factors described in literature are mainly associated to minors with special needs (Gunnar & Kertes, 2005; Morison, Ames, & Chisholm, 1995; O' Connor, Rutter, Beckett, Keaveney, & Kreppner, 2000; Roy, Rutter, & Pickles, 2000). Yet, one of the main reasons for a potential adoption failure is the combination of a number of risk factors – including

child, adoptive family and placement agency factors. The coexistence of one or more factors does not necessarily lead to severe problems, but the probability of occurrence does certainly increase. Consequently, in such cases, pre- and post-adoption support services provided by carers to the adoptive family need to be more intense and attentive.

Old and new semantics of adoption: towards a new adoptive model

Studies on failed adoptions originally focused on analysing the difference between adoptees and minors living in family continuity, and identifying any risk factors in their stories and their relationship with adoptive parents. Following the Hague Adoption Convention and the rise of the role of adoption as a protection system designed to serve children's interests, a new field of research has investigated on the differences between adopted minors and those living in institutions (Palacios & Sanchez-Sandoval, 2005). Such studies shed some new light on the recovery function of adoptive placement in new family contexts. New family life and social context are of great benefit for the protection of a child's well-being. Positive family and environmental conditions can reduce the undesirable consequences of adverse childhood experiences, and also of unfavourable genetic features and other factors in the child's physical constitution (Barbato, 2010; Morison & Ellwood, 2000; van IJzendoorn, Bakermans-Kranenburg, & Juffer, 2007; van IJzendoorn & Juffer, 2006). Therefore, the beneficial effects and protective features of adoption on adoptive minors are of the greatest importance.

What has become clear in most recent studies on the outcomes of adoption, are the disadvantageous conditions of adoptive minors in terms of physical, psychological and socio-relational development (Barbato, 2010; Roy, Rutter, & Pickles, 2004; Rutter, O'Connor, & the English and Romanian Adoptees, 2004; van den Dries, Juffer, van IJzendoorn, & Bakermans-Kranenburg, 2009; Vorria et al., 2003), especially for those coming from institutions compared to family-reared children. However, an increasing amount of empirical data has revealed how such differences tend to reduce in a few years after the placement in their new families (Juffer & van IJzendoorn, 2009; Miller et al., 2000; Palacios, Román, & Camacho, 2010; van IJzendoorn & Juffer, 2005); initial disadvantages can be totally or partly overcome, when particular features in the new context are able to prevent, minimize and attenuate the impact of adverse social and biological experiences on the

minors' development.

Consequently, there has been a shift in the theoretical models guiding research on adoption, from those stressing a risk perspective and psychiatric elements, to those models emphasising the adoptive minors' ability to recover from adverse childhood experiences. The results of the aforesaid studies suggest that if a child who has undergone brain injuries is provided with a context rich in incentives and stimuli (both physical and psychological), it can actually have healing powers on their conditions, and such effects are stronger when the new experiences are offered at an earlier stage (Gunnar & Kertes, 2005). At present, a new field of research is focusing on analysing the individual processes within adoptive families and all biological, psychological, social and environmental factors that influence the minors' ability to adapt. For abandoned children, who lived part of their life in carelessness and negligence, the adoptive placement represents one of the most powerful elements for the reconstruction of their psychological and relational development. At the same time, for the adoptive couple, adoption "allows the widening of their potentials to take care of and build the evolution of their parenting role – which would remain unexplored otherwise" (Zavattini, 2009, p. 454). Nevertheless, access to adoptive parenthood represents a risky transition where many social, cultural and relational variables and expectations are involved (Cavanna, 2003), which seldom prevent the couple from manifesting their potentials. The risk is mainly due to the emotional burden lived by the adoptive parents, who sometimes have feelings of ineffectiveness, unsuitableness, exhaustion, anger or confusion, when confronting with the minor on a daily basis. Put in the new context, the child may avoid intimacy by not asking for the parents' help and acting autonomously, or exaggerating even the smallest episode of carelessness in the family, or behaving as if their adoptive parents were the source of hostility, inattentiveness, even maltreatment, or else being more loving to strangers rather than to their adoptive parents (Vadilonga, 2010).

Researchers concur as for the necessity to redefine adoption practices thus pointing out the fundamental contribution that literature can offer to national social services, which are having a number of difficulties as to the adjustment to recent changes. Nowadays more than ever, Rosnati's (2011) views are still awfully compelling:

i professionisti che operano nel campo dell'adozione hanno bisogno di ricevere una formazione adeguata, basata sulle evidenze empiriche

emerge nella letteratura scientifica a livello nazionale ed internazionale su temi di carattere clinico e sulle problematiche legate alla genitorialità e al funzionamento della famiglia adottiva”(p. 149-173) .

(“professionals working in adoptions need to receive adequate training based on empirical evidence as outlined by literature both on a national and international level as to clinical themes and issues concerning parenthood and the operating principles of an adoptive family.”)

Intervening before problems become chronic and preventing any future difficulties in adopted children would allow to save not only on costs, but also as for the time waiting and resources given to professionals.

Unfortunately, many adoptive families still struggle in getting rid of the old fashioned view of adoption as a “second birth” meant to delete all the child’s memories before their adoption in order to ease their homogenization process to the features of their adoptive parents. Such couples still perceive adoption as a private matter, which ought to be privately solved at home, risking to misinterpret both the behaviour and the needs of their child and thus advancing some belated requests to social services when their situation is hard to deal with and their real need is just to end their relationship with the child. Nowadays, research shows the necessity to retrieve the past of a child as a fundamental element in the adoptive process. This allows us to understand the links between the current problems and their adoptive history and to grant minors a whole and harmonious growth – becoming respectful of what they have become, but also of what they had been and had experienced in life before their adoption. If the adoptive family was considered as their biological family, one cannot but consider the tendency of some families showed to negate adoption peculiarities and to ask for assistance to social services appointed to all commoners, not to those appointed to adoptive parents. The intervention of services was limited the whole year of pre-adoption fostering. However, caregivers tended not to get involved too much and they just stood by as observers being fundamentally respectful of the balance which had been set within the adoptive family (Mariani & Vadilonga, 2010). Nowadays such a perspective is inadequate and not sufficient; for new adoption protocols, it is compulsory to arrange services appointed to adoptive families, designed and able to accompany them throughout the difficult phases of their life-long experience of parenting.

Conclusions

In the past 20 years, intercountry adoption practice has drastically changed. What was initially thought as a way to provide a family to a child, it has now become an important resource which is part and parcel of all protection policies relating to children coming from contexts of profound marginality and dysfunctionality. The application of the Hague Adoption Convention has triggered a virtuous mechanism which has endowed with greater ethical value international adoptions, nonetheless with some side effects partially unexpected such as the raise of adoption costs and waiting time, and of all critical issues which children can bear. At the same time, the durable possibility to adopt children in countries outside the Hague Adoption Convention produces a number of issues of different nature which are not always clear to commoners – who obviously pay more attention to some practical aspects pertaining to adoption waiting time and costs, and to children conditions.

Should the Hague Adoption Convention thus be modified or discarded due to its negative influence of adoption flows? Most certainly not. The ethical aspect behind adoptions is indeed crucial and longs for an increase of its application. It is essential to outline a new adoption pattern which must be more oriented towards inclusion and protection; it must also consider parenthood, thus guaranteeing a correct training to prospective adoptive parents during pre-adoption procedures and some effective post-adoption support.

Couples who chose to undertake an adoption ought to understand its social meaning with regard to the acceptance and inclusion of a child who, among a variety of traumas, might have been abandoned – thus fully realising the implication and real effort of adoptive parenthood. Therefore it is essential to present both the behaviour complexities of the adopted, its meaning, the emotions which it rouses in adoptive parents and all the strategies to deal with them, as well as the healing ability of the adoptive family as to its happiness and well-being. Though rarely mentioned, data confirm that almost the whole sum of adoptions brings forth good results and that failure is around 10-12% – a percentage which is certainly not to be ignored, yet unable to fully account for the adoptive event.

It is fundamental to work on the spreading of a new adoption culture in terms of an “other” parenthood, with a healing and positive nature, and to build some pathways of life-span support for the adoptive family based both on

psychological and educational aspects. By so doing, it is compulsory to establish training opportunities for prospective parents in order to increase the adoptive awareness, prepare couples to adoptive parenthood through the development of healing competencies, and to psychosocial investigation in accompanying a couple over self-evaluation of their inclusive resources – which differ from ordinary parental competences. Attention should also be paid to post-adoption support to both family and parents in times of need such as during the crucial path of child growth and re-elaboration of their personal history. Embracing this point of view, adoption can become a protective tool for children with a fundamental healing function able to withstand any negative experience felt by minors, and thus acquiring a higher social value for children, parents and the community.

Notes

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