



ÚDARÁS UCHTÁLA na hÉIREANN
THE ADOPTION AUTHORITY of IRELAND

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

Report 5: Ethiopia

This is the fifth and final report in a series of five country-specific briefings. It looks at intercountry adoptions from Ethiopia into Ireland between 1987 and 2013.



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Executive Summary

i. Overview

Between 1987 and 2013, 308 children were adopted from Ethiopia by parents habitually resident in Ireland. Adoptions from Ethiopia account for the fifth largest proportion of all intercountry adoptions (ICA) into Ireland to date, representing approximately 6% of Ireland's total current ICA population.

ii. Profile of individuals adopted from Ethiopia into Ireland

The average age of those adopted from Ethiopia at the time of adoption was approximately 9 months old. At the time of adoption, 57% of those adopted were registered as "female" and 43% were registered as "male". Just under half, or 48% of the children adopted from Ethiopia went to families living in either Dublin or Cork at the time of the adoption. The average current age of Ethiopian adoptees (in July 2023) is 15 years old.

iii. Physical and Mental Health

The Ethiopian adoptee group in Ireland is under-researched, yet there is evidence to suggest that they may have different and unique needs in comparison to other ICA groups. Of the five countries from which most children were adopted into Ireland, Ethiopia is the only African country. As such, this subset of adoptees differs from the other groups in regards to their ethnicity, and the possible reasons for the adoption. Ethiopia was strongly affected by the HIV/AIDS crisis, with a number of health-related issues specific to the country as a result. Yet, as with many international adoptees in Ireland, there is very little physical health research available about this group. Numerous studies have considered the impact of transracial adoption and of adoptive parents' awareness about the role of race, culture, and ethnicity in an adoptee's life (Sweeney, 2013; Rodríguez Jaume, 2019; Wyver, 2021). It has been argued that the challenges connected with transracial adoption – racism and discrimination – can be particularly relevant to Ethiopian adoptees (e.g. De Graeve (2015)).



Intercountry Adoption in Ireland: Experiences, Supports, Challenges

Country Briefings

Report 5: Ethiopia

1. Profile of Children Adopted from Ethiopia into Ireland

a. Overview

Between 1987 and 2013, 308¹ children were adopted from Ethiopia by parents habitually resident in Ireland. Adoptions from Ethiopia account for the fifth largest proportion of all intercountry adoptions (ICA) into Ireland to date.

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. Prior to the Act, ICA was steadily increasing year on year. Intercountry adoptions from Ethiopia into Ireland peaked in 2010, declined thereafter and stopped abruptly in 2013.

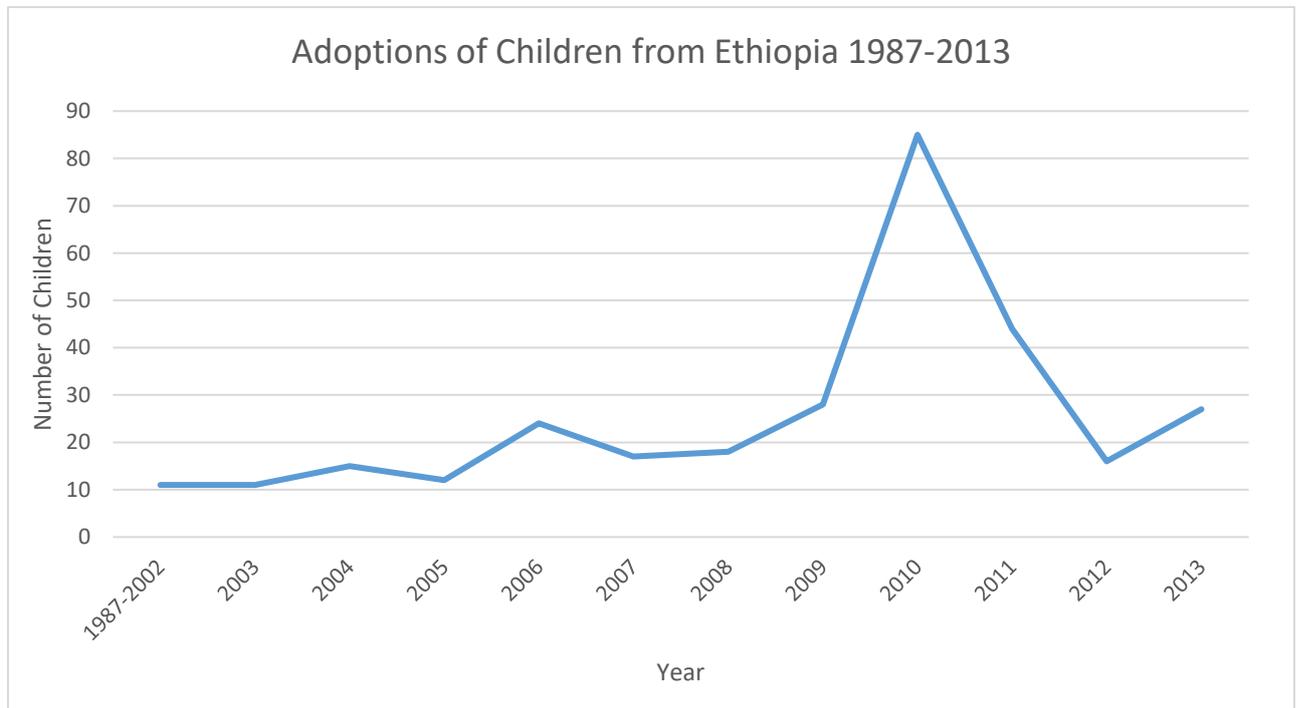


Figure 1: Adoptions from Ethiopia into Ireland by year, 1987 – 2013

¹ A review of the AAI's historical statistics and the implementation of a new database has allowed for more accurate reporting of figures. As such, there may be a small variance in published figures from previous years.



Figure 1 is a graphical representation of the adoptions from Ethiopia by year, from the first adoption of an Ethiopian child into Ireland in 1987 to the most recent in 2013. The majority of adoptions (84%) took place between 2006 and 2013. The numbers peaked with 85 adoptions in 2010, and quickly waned before stopping completely in 2013. The same figures are broken down by year in Table 1, below.

Table 1: Adoptions from Ethiopia into Ireland by year, 1987-2013

Date of Adoption Order	Number of children adopted from Ethiopia
1987-2002*	11
2003	11
2004	15
2005	12
2006	24
2007	17
2008	18
2009	28
2010	85
2011	44
2012	16
2013	27
Total	308

*These years have been aggregated for anonymity and confidentiality, as annual figures were too small to be reported individually.

b. Current age profile of individuals adopted into Ireland from Ethiopia – July 2023

The range of current ages of individuals adopted into Ireland from Ethiopia is illustrated in Figure 2. The ages range from 10 to 39, and the mean *current* age of an individual adopted from Ethiopia into Ireland is 15 years old, as of July 2023. At the time of adoption 57% (n = 176) of those adopted were registered as “female” and 43% (n = 132) were registered as “male”. The average age of those adopted from Ethiopia *at the time of adoption* was approximately 9 months old.

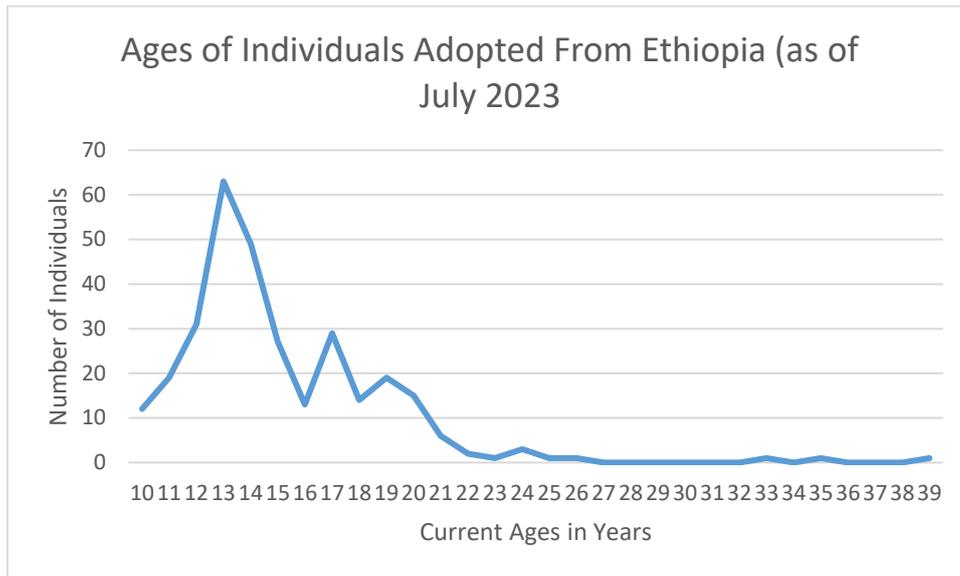


Figure 2: Current ages of individuals adopted from Ethiopia into Ireland (as of July 2023)

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

Table 2 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 Ethiopia. There were no adoptions from Ethiopia to families living in Carlow or Longford at the time. Just under half, or 48% of the children adopted from Ethiopia 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 Ethiopia

County	Number of Adoptions
Dublin	82
Cork	67
Kildare	19
Wicklow	17
Mayo	13
Galway	12
Meath	11
Sligo	10
Kerry	9
Limerick	8
Tipperary	8
Louth	6
Clare	5
Donegal	5
Roscommon	5
Westmeath	5
Wexford	5
Laois	*
Leitrim	*
Waterford	*
Cavan	*
Offaly	*
Monaghan	*
Kilkenny	*
Total	308

In cases marked with '', the total number of adoptions have been withheld. This is because the number of children adopted from Ethiopia by families living in these counties were too small to be individually reported for reasons of anonymity and confidentiality.*

d. Requirements for adopting children from Ethiopia

The Ethiopian Ministry of Women, Children, and Youth placed a moratorium on intercountry adoption from the country in 2017. This was later extended to a complete ban on intercountry adoptions from Ethiopia as of January 2018. The ban on intercountry adoption from Ethiopia is still in place at the time of writing this report. However, prior to the ban, the main requirements for adopting a child from Ethiopia were that adoptive parents were to be married couples, both over the age of 25 years and no older than 65 years old, and were to be in good physical and mental health. Same sex couples or members of the LGBT+ community were not permitted to adopt a child from Ethiopia. Unmarried men were not able to adopt a child unless they were of Ethiopian descent and were



adopting a family member. As Ethiopia was not a signatory of the Hague Convention, universal guidelines for what is/is not acceptable for intercountry adoption were not explicitly laid out at any point. As such, requirements varied across different adoption agencies in the country.

2. Ethiopia: Understanding the Context

Within the last 50 years, the ethnically diverse and densely populated country of Ethiopia has experienced significant political, economic, and societal changes. Ethiopia is steeped in culture and tradition, yet has also been subjected to decades of famine, poverty, and conflict. The average current age of Ethiopian adoptees in Ireland is 15 years old, with many on the cusp of entering adolescence. In comparison to each of the four other countries discussed in previous reports (Russia, Vietnam, Romania and China), the Ethiopian group is the youngest cohort of international adoptees in Ireland today. Before we can effectively evaluate the experiences, supports, and challenges faced by this cohort of adoptees, it is important to understand and consider their country of origin's background, and why these children may have been made available for adoption in the first place.

a. Overview

Ethiopia is a developing, landlocked country located in northeastern Africa. As of 1995, Ethiopia is a federal parliamentary republic: the party that wins the majority of the 547 seats in the House of Representatives allocates a member of parliament to the role of prime minister. Over 115 million people live in Ethiopia, with the majority of the population claiming either Oromo (34.9%) or Amhara (27.9%) ethnicity. As of early 2022, Ethiopia is split across eleven regional states. An original nine regions consisted of Afar, Amhara, Benishangul-Gumuz, Gambella, Harari, Oromia, Somali, Southern Nations, Nationalities and Peoples Region (SNNPR), and Tigray. Following successful referendums, two additional regions were formed from the SNNPR- the Sidama region (created in June 2020) and the South West Ethiopian Peoples' Region (created in November 2021). Ethiopia also contains two chartered cities- Addis Ababa (also the capital of Ethiopia) and Dire Dawa.

b. Socio-Political Context

From Monarchy to Republic

Ethiopia was historically ruled by a line of emperors through the Solomonic dynasty, until a military group known as the Derg forcibly took control of the country in 1974. The Derg regime saw the monarchy abolished, the formation of a new socialist government, and a political repression campaign (later known as the Red Terror) which was responsible for thousands of deaths in Ethiopia (Opongo, 2020; Henze, 2003; Aneme, 2006). The Derg were overcome in 1991 after a period of civil war by the Ethiopian People's Revolutionary Democratic Front (EPRDF), who were able to spark the



growth of the economy through the introduction of a capitalist market and partnerships with foreign investors (Jemma, 2001; Woldesenbet, 2020). The EPRDF remained in power until it was dissolved in November 2019, shortly after which it merged with other nationalist parties to form the Prosperity Party. Currently, Ethiopia is embroiled in civil unrest and ethnic violence, arising from rivalries over land, rights, and access to resources such as food and healthcare across different ethnic groups. As with many countries, Ethiopia also experienced significant social and economic issues due to the COVID-19 pandemic, in addition to reeling from the effects of a severe locust infestation that limited food sources and resulted in the loss of crops.

Economic and Social Challenges

Since 2003, Ethiopia has experienced rapid economic growth, yet the BBC (2021) reports that this growth has not been evenly observed across the country. The World Bank's (2020) "Ethiopia Regional Poverty Report" highlighted that while national poverty in Ethiopia had decreased, especially in urban regions, inequality increased in almost all regions, with Tigray demonstrating the highest level of inequality and a 27% poverty rate in 2016. The report continues to detail that while primary school completion levels for youths aged 15 to 24 have increased, the outcomes are still generally low, with the completion rate averaging at 32.7% nationwide.

UNICEF (2019) reported that in 2016, 90% of the 43 million children who were living in Ethiopia were deprived in some way. This deprivation referred to multidimensional poverty, which takes into account a wider description of poverty beyond simply money and income. The UNICEF (2019) report described that children experiencing multidimensional poverty had insufficient access to at least two of the following domains: healthcare, water, food, education, and/or shelter. The Irish Department of Foreign Affairs (2021) further elaborates that in addition to a lack of development around medical care for gender-related health issues, erratic changes in rainfall, drought, famine, and other natural disasters have, in many ways, furthered the economic and social divide between the urban and rural regions of the country. During the 1980s and 1990s, Ethiopia was also affected by the HIV/AIDS crisis, which caused thousands of children and young people to lose their parents. Although much work has been done to limit the spread of HIV, the Joint United Nations Programme on HIV/AIDS (UNAIDS, 2022) reports that as of 2020, there were an estimated 620,000 people living with AIDS in Ethiopia, with children under the age of 14 accounting for 44,000 of those infected.

c. Orphans and Domestic Outcomes in Ethiopia

Definition of an Orphan



Ethiopia has been cited as having one of the largest orphan populations in the world (Zewdineh, 2008; Abashula, Jibat, & Ayele, 2014). At the time of the surge in intercountry adoption from Ethiopia into Ireland between 2010 and 2013, it is estimated that the country had approximately 5.5 million orphans (Getahun, 2011; Abashula, Jibat, & Ayele, 2014). However “orphan” in this context can refer to either biological orphans (who have no living parent) or social orphans (who may have at least one living parent). The main pathways to orphanhood include parental death or sickness from HIV/AIDS, malaria, or other infectious diseases, an inability to provide and care for the child due to poverty or food shortages and famine, conflict and civil unrest, and natural disasters (Gultie, Sisay, & Sebsibie (2014). Skinner et al (2006) highlighted that during the HIV/AIDS epidemic in parts of Africa, children could become vulnerable to orphanhood through additional child-specific factors, including an inherent physical or mental disability, physical or sexual assault, or chronic illnesses. Orphans are naturally more vulnerable than children who are not orphaned, with studies demonstrating that orphanhood in Africa (particularly in sub-Saharan Africa) is a risk factor for poverty, malnutrition, multiple forms of deprivation (e.g. food, healthcare, shelter) and school dropout (Subbarao, Mattimore, & Plangemann, 2001; Nyangara, 2004; Gultie, Sisay, & Sebsibie, 2014).

Orphans have been a part of the Ethiopian (and more broadly, sub-Saharan African) culture and the family structure for centuries. According to Abebe and Aase (2007) both biological and social orphanhood are deeply ingrained structural features of Ethiopian society. In 2011, the Ethiopian Demographic and Health Survey (EDHS) estimated that 18% of Ethiopian households that year were caring for orphans (CSA, 2011). However, orphan status in Ethiopia does not necessarily mean the complete absence of a family environment. Such children are often cared for through nuclear or extended family care (Bunkers, Rotabi, & Mezmur, 2012). More than three-quarters of “orphan” children residing in childcare institutions in several Asian and African countries (including Ethiopia) had at least one parent or an individual that was a part of their extended family (Cantwell & Gillioz, 2018), yet they could not be cared for within a family setting. Researchers have indicated a number of factors for this phenomenon in Ethiopia, such as the lack of appropriate supports for family members to care for these children, and the competition between non-government childcare institutions in Ethiopia for referrals to ICA schemes (Cantwell, 2014; Cantwell & Gillioz, 2018). While family-based alternative care systems in Ethiopia have a strong history of caring for the vulnerable in Ethiopian society, the provision of alternative care and support networks by the Ethiopian government was reportedly lacking during the height of ICA from Ethiopia, and as such, relied heavily on private, non-State agencies and funding from foreign charitable organisations (Cantwell & Gillioz, 2018).



Alternative Childcare- Governmental and Societal Responses

While there exist detailed guidelines and legislation for the protection and provision of alternative care for orphans in Ethiopia, there was a lack of domestic options for those who could not be assigned to a family throughout the early 2000's. The National Alternative Care Guidelines of Ethiopia (Ministry of Women Affairs, 2009) outlined minimum expected standards for providing alternative care to children by both state-run institutions and non-governmental organisations (NGOs). These guidelines recognised a variety of alternative care types for children, including community-based care, adoption, institutionalisation, reunification and reintegration, foster care, and, previously, intercountry adoption (which is no longer available). They also specifically outlined that institutionalisation should be considered a last resort for children, and should only be considered if all other domestic options of alternative care has been attempted. In the years since Ethiopian adoptions to Ireland ceased, there has been an increased emphasis on domestic care options for children that veer away from institutionalisation. Ethiopia's National Children's Policy (Ministry of Women, Children and Youth, 2017) emphasised the importance of domestic solutions for vulnerable children, and did not contain any endorsement for ICA. Ande (2020) cautioned that the guidelines were too vague and did not have the required level of scrutiny to provide clear and precise instructions for the regulation of domestic alternative care options. Despite policy downplaying institutionalisation as a final resort, children and orphans for whom reintegration and reunification with family was not possible remain unmentioned in Ethiopia's national guidelines and policies.

As previously established, orphan status in Ethiopia does not necessarily mean the complete absence of a family environment. Indeed, Lombe and Ochumbo (2008) claimed that close familial networks have provided approximately 90% of care for orphans in Sub-Saharan countries. In the Oromia and Amhara regions, a process of informal adoption referred to as *guddifachaa* or *gudifecha* is very much ingrained in the caring mechanisms of young people, and the importance of the family environment and lineage. The word "*guddifachaa*" comes from the Oromo language, and refers to the assimilation of an outsider (in this scenario, a child) into a family system. There is both a legal and cultural component to *guddifachaa*. Legal *guddifachaa* is the formal process of bringing a child into the family that is recognised by the judicial system in Ethiopia. The cultural aspects of *guddifachaa* involve a ritualistic ceremony and oath taking in front of the community or the leaders of the tribe (Bunkers, Rotabi, & Mezmur, 2012). Dida (2021) has suggested that these cultural and ritualistic aspects of *guddifachaa* particularly emphasise the child's right to an identity, and imply that the adopted child is important and highly valued by the adopting family. In light of traditions such as *guddifachaa* and the moralistic culture for care in Ethiopia, it is not surprising that simple adoptions



are the norm, with birth parents retaining some parental rights over the child (Bunkers, Rotabi, & Mezmur, 2012; Rotabi & Gibbons, 2012). However, this distinction of parental rights underpins the differences in the approach to adoption from an Ethiopian and Western perspective, and ultimately contributed to the many abuses and controversies surrounding ICA in Ethiopia.

d. The Rise and Fall of Intercountry Adoption from Ethiopia

i. Rapid Rise in ICA from Ethiopia

During the late 2000's, Ethiopia saw an intense increase in international adoptions. Researchers estimate that the hope of securing better healthcare, safety, and education for their child was an important factor in families sending a child to one of many 'orphanages'² which were operated by adoption agencies in Ethiopia (Bodja & Gleason, 2020; Rotabi & Gibbons, 2012; Cantwell & Gillioz, 2018). U.S. families were one of the biggest adopters of Ethiopian children during this period, with the US accounting for approximately 2,513 adoptions from Ethiopia in 2010, roughly 57% of the 4,396 international adoptions from Ethiopia that year (Selman, 2010). The number of adoptions into *Ireland* from Ethiopia rose from 15 in 2004, to 85 in 2010. The surge in interest for Ethiopian adoptions came about at a time when other countries that were known for ICA (such as Romania and China) were restricting eligibility criteria and requirements, making it harder for international adopters (especially in the US) to adopt a child that was not a part of their extended family. Nayak (2014) also claimed that the depiction of Ethiopia in the media threatened the people of Ethiopia's agency, and their ability to provide and care for their children, by portraying ICA as the only viable option for an Ethiopian child to grow up in a healthy and safe environment. Researchers have pointed out the influence of actor Angelina Jolie adopting a child from Ethiopia, as well as the reputation of Ethiopian adoptees being generally young, healthy infants (Mezmur, 2008; Rotabi, 2010). By 2010, Ethiopia was estimated to be one of the most active sending countries of adoptees at the time (Rotabi & Gibbons, 2012).

ii. The Impact of ICA in Ethiopia

The process of ICA from Ethiopia was, at times, highly flawed and exploitable. There have been extensive reports detailing the potential for illegal practices at all stages of the adoption process (Bunkers, Rotabi, & Mezmur, 2012; Hailu, 2017). Mezmur (2010) was particularly vocal about the risk of child trafficking in relation to ICA in Ethiopia, bringing attention to cases of child laundering and kidnapping for adoption purposes. Furthermore, the sustained rapid expansion of adoption agencies (particularly from the US) setting up in Ethiopia raised concerns over the legality and safety

² Although labelled 'orphanages', a significant amount of children residing in these institutions may have had a living parent/extended family member (Cantwell & Gillioz, 2018).



of the activities of each agency (Rotabi, 2010). In fact, the expansion of US controlled agencies (the US was the main receiving country of Inter-country Adoptions from Ethiopia) and the demand for international adoption became so overwhelming that the Ethiopian government declared that as of the 10th of March 2011 they would be drastically reducing the number of ICA cases they would process each day (Selman, 2012; Hailu, 2017). Numerous studies have outlined the abuses of many of these adoption agencies (Steenrod, 2021; Jordan, 2012; Rotabi & Gibbons, 2012). According to Joyce (2013), some adoption agencies paid fees to private “child finders”, charged with locating children who would be “suitable” for foreign adoption. Further difficulties arise when considering that Ethiopian law allows birth parents to retain some parental rights, while the Hague Convention definition of ICA details a complete transfer of parental rights. Rotabi and Gibbons (2012) explain that the process raised issues around consent, whereby a family of origin sends a child to a childcare institution with the expectation that their child will be returned to them. The contrast in definition of something as integral to adoption as the rights of the birth parents, and the expectations of birth families and their children, underpins the differences in approach, societal outlook, and significance of adoption between African countries such as Ethiopia and Western countries.

iii. *The End of ICA in Ethiopia*

The directive in March 2011 by the Ministry of Women, Children and Youth, which stated Ethiopia’s intention to limit the amount of ICA adoptions processed in the country, was a reaction to abuses of adoption in the country itself. However, a combination of problems both within and outside of Ethiopia would eventually result in the complete ban of ICA from Ethiopia in 2018. As the main receiving country of inter-country adoptions from Ethiopia, abuses of the ICA system became known via the USA. Reports of abused and neglected adoptees³ were followed by public outcry in Ethiopia, and pressure on the authorities to enforce greater restrictions on foreign adoptions to prevent further abuses of Ethiopian children (Madebo, 2014). The Ethiopian government announced that a moratorium would be imposed on inter-country adoptions on November 8th 2017. The Ethiopian House of Representatives voted on January 9th 2018 to accept legislation that would alter the provisions of the Federal Revised Family Code of 2000. This amendment effectively banned ICA and made it impossible to adopt an Ethiopian child from abroad, including from Ireland (see Goitom, 2018). As of 2023, this ban is still in effect.

³ In 2011, an Ethiopian child Hana Grace-Rose Williams (born Hana Alemu) who had been adopted by US citizens, died in the care of her adoptive parents. See <https://www.bbc.com/news/world-us-canada-24035136>



3. Ethiopian Adoptees in Ireland and Abroad

The average age of Ethiopian adoptees at the time of their adoption into Ireland was approximately 9 months. The average current age of the Ethiopian cohort of intercountry adoptees is 15 years old. While Greene and colleagues' landmark (2007) report on ICA outcomes gives us an insight into the experiences of ICA adoptees in general, the Ethiopian adoptee group in Ireland is an under-researched subset, with different and unique needs in comparison to other ICA groups. Ethiopian adoptees in Ireland have come from a country where there was (and still is) an active HIV/AIDS epidemic, with many health-related issues specific to the country. Ethiopia is the only African country out of the five main sending countries of adoptees to Ireland, and as such, this subset differs in regards to the specific transracial nature of their adoption, and the potential reasons for their adoption. Numerous studies have considered the impact of transracial adoption and the awareness that adoptive parents have about the role of race, culture, and ethnicity in an adoptee's life (Sweeney, 2013; Rodríguez Jaume, 2019; Wyver, 2021). The impact of transracial adoption may be particularly relevant to Ethiopian adoptees, with De Graeve (2015) suggesting that racism and discrimination on these grounds can often create a tense environment for adoptees and their adoptive family. Although there is limited Ireland-specific research, it is important to consider the international literature available to us to help us understand the challenges that Ethiopian adoptees face, and to consider the relevance and importance of these findings in the context of Ethiopian adoptees growing up in Ireland.

a. The Irish Context

Unlike Ireland, Ethiopia was not a signatory of the Hague Convention on Child Protection and Cooperation in Respect of Inter-country adoption (1995). However, Ethiopia put regulations in place in an attempt to safeguard the child in response to rising ICA cases. The Revised Family Code (2000) Article 193 specifically referred to the adoption of a child by someone from a different country. It stipulated that Ethiopian courts could only approve an adoption if a central authority (in the case of Ireland at that time, the Adoption Board) ascertained that the adoption would be beneficial to the child. Nevertheless, Ethiopian courts held the right to disregard the opinion of the central authority and could reject an agreement of adoption.

International adopters were required to complete post-placement reports on the adopted child's progress. Irish parents of children adopted from Ethiopia would have been required to complete a post-placement report three months, six months, and one year after the adoption order has been completed, with a yearly report to be submitted to Ethiopian authorities until the child



reached their eighteenth birthday (Root, 2007). Ethiopian law required that agreements of international adoption could only take place between the current legal guardians (such as families or childcare institutions) and the adopting parents (and their legal representatives) in Ireland. This stipulation naturally excluded the involvement of a Central Authority in the adoption, and as such contrasted with adoption law in Ireland and in other countries.

By 2010, there was a notable shift toward Irish applicants seeking to adopt from Russia and Ethiopia. ICA from China into Ireland had been slowly declining from its peak in 2004, after the Chinese government signed the Hague Convention in 2005 (Adoption Authority of Ireland, 2022). Irish authorities later suspended all adoptions from Vietnam in 2010 following the publication of a report by the International Social Services (ISS), which outlined numerous areas of concern in the Vietnamese ICA system (Adoption Authority of Ireland, 2021). Russia and Ethiopia (where the majority of intercountry adoptions took place from in Ireland by the late 2000's) were not signatories of the Hague Convention on the Protection of Children and Intercountry Adoption, and neither country had a Central Authority to regulate adoptions. Ireland's commitment to uphold the principles of the Convention in regards to the welfare of children and good practice in ICA was reinforced when Ireland became a signatory of the Hague Convention, which was ratified with the Adoption Act in November 2010⁴.

In 2011, the Ministry for Women, Children and Youth in Ethiopia carried out a review of adoptions in Ethiopia, which was welcomed by the newly established Adoption Authority of Ireland. As a country that had ratified the Hague Convention, The Adoption Authority of Ireland found issue with carrying out adoptions from a non-Hague country. Ireland did not have an explicit bi-lateral agreement in place with Ethiopia regarding ICA, and Irish adoptions from Ethiopia had been categorised by the Adoption Board as *private* or *independent* adoptions (Adoption Authority of Ireland, 2011). This meant that prospective parents wishing to adopt from Ethiopia had to deal directly with Ethiopian childcare institutions themselves, rather than engaging the services of a mediator such as an accredited adoption agency. Because of these issues, the Irish authorities decided that no further Declarations of Eligibility and Suitability (DES) for ICA from Ethiopia would be issued for applicants wishing to adopt from Ethiopia under section 63 of the Adoption Act 2010. The only adoptions that were carried out between Ireland and Ethiopia from 2011 onwards were by applicants who had already received valid DES's prior to Ireland ratifying the Hague Convention in 2010. Applicants who

⁴ Adoption Act 2010- Part 2: Legal Effect of Hague Convention
(<https://www.irishstatutebook.ie/eli/2010/act/21/enacted/en/html>)



already obtained a valid DES had been granted extensions that expired in 2013, whereby Ethiopia was no longer a valid country of choice for Irish applicants seeking to adopt through ICA.

b. Physical Health

Ethiopian adoptees who were adopted by Irish families were generally in good physical health, according to de-identified aggregated Medical Officer Reports provided to the AAI. Yet, as with many international adoptees in Ireland, aggregated medical information is hard to come by, with little physical health research available. From international research, we can infer a certain amount about the average health status of Ethiopian adoptees who were adopted by Irish families up to 2013. Orphanhood⁵ in sub-Saharan African countries has been strongly associated with malnutrition, poor hygiene, and little to no access to healthcare services (Abashula, Jibat, & Ayele, 2014; Vinod, 2008; Gultie, Sisay, & Sebsibie, 2014). According to Gultie et al (2014), just under half (45.7%) of orphaned and vulnerable children under the age of 5 years old who were assessed in their study had delayed physical growth, with 27.8% of children in the same age category classified as underweight. This was mainly due to malnutrition, stemming from a lack of food (from poverty and a large family size), educational attainment of the main caregiver, and household income. The effects of early malnutrition on vulnerable children have been studied, demonstrating a significant negative impact on both physical and mental development throughout early childhood (Lien, Meyer, & Winick, 1977; Kamath, Venkatappa, & Sparshadeep, 2017; Kikafunda & Namusoke, 2006). Specifically, studies have found that malnutrition in early childhood is associated with adverse outcomes in later childhood and adolescence, in addition to higher prevalence of aggressive behaviour and conduct issues (Liu, Raine, Venables, & Mednick, 2004; Walker, Chang, Powell, Simonoff, & Grantham-McGregor, 2007; Roger, et al., 2021). Galler et al (2012) found that adverse living conditions and the neurological effects of delayed physical growth due to malnutrition potentially mediated the impact of later vulnerability to engaging in problem behaviours. Unfortunately, information relating to Ethiopian-Irish adoptees and their development throughout adolescence to early/middle adulthood in Ireland is only anecdotal. However, inferring from Galler and colleagues' findings, there appear to be both physiological and environmental factors relating to the interaction between early malnutrition and conduct issues in adolescence. We know from Greene and colleagues (2007) that children adopted into Ireland through ICA are typically welcomed into a supportive home environment, potentially mitigating the negative effects of early malnutrition to some degree. However, supplementary research is required to further

⁵ Refers to both biological and social orphans



our understanding of the physical factors at play with Ethiopian adoptees who may have experienced early malnutrition, and the best approach to providing support for the adoptees and their families.

Other than malnutrition, HIV/AIDS has affected the lives of many orphans in Ethiopia, whether through directly suffering from the illness, or losing parents to the illness. In 2007, it was estimated that there were over 1.5 million 'orphans' living with AIDS in Ethiopia, with this figure only accounting for the classification of orphans who had lost one or both of their parents (Abebe & Aase, 2007; Gross & Connors, 2007). An American study detailing the health status of 50 Ethiopian adoptees aged between 3 months and 15 years presenting at the International Adoption Clinic found that while more than half of the children were orphaned due to parental illness/death from HIV, their own infection from HIV/AIDS was not reported (Miller, Tseng, Tirella, Chan, & Feig, 2008). Instead, medical issues included other infections such as intestinal parasites, latent tuberculosis and hepatitis B. A comparative Spanish study of Ethiopian adoptees found that while HIV exposure was not uncommon, it was only representative of 4.8% of Ethiopian children adopted into Spain between 2006-2010 (Ortiz, Pinilla, Wudineh, & González-Granado, 2015). However, the Ortiz et al study did find that nearly two-thirds of children adopted from Ethiopia during this five-year period were malnourished in some way. Given that the average age of adoptees in this sample was 7 months, and considering that the five-year period the medical records in this study were taken from coincided with the period that saw almost half of all adoptions from Ethiopia into Ireland, this study may give us the most representative sample for Ethiopian adoptees in Ireland to substitute the lack of Ireland-specific literature.

c. Interracial Families and Child Development

i. Cultural and Racial Identity

Most parents who adopted a child from Ethiopia into Ireland are of White Irish ethnicity. As a result, the majority of intercountry adoptions that took place between Ireland and Ethiopia were transracial adoptions (i.e. the racial and ethnic identity of the adoptive parents differed from that of the adoptee). The concept of transracial adoption has been a heavily debated topic, both socially and academically. Today, a key concern around transracial adoptions is that the development of the child's racial and ethnic identity is hindered by being raised in a family whose culture differs significantly from that of the child's birth family (Barn, 2013; Roorda, 2015; Lee, Allen, Harris, & Pace-Glover, 2021). Studies have reported correlations between ICA and attachment problems, and issues adjusting to interracial family settings (Baden, 2002; Piquemal, LeBow, Galetcaia, & Peters, 2017; Zeleke, Koester, & Lock, 2018). Baden's (2002) Cultural-Racial Identity model suggests that an adopted person can



associate themselves with as many as 16 possible identities. This is based on varying degrees of awareness of, comfort with, and sense of belonging to both the adoptees' and parents' cultural and racial groups, and whether the adoptee accepts or rejects these cultural groups, or feels their group is accepted by their adoptive parents. Essentially, the Cultural-Racial Identity model underscores how complicated racial and cultural identity development can be, and outlines the various outcomes that depend on cultural and racial sensitivity and awareness of the adoptive parents.

While concern over identity development has persisted, there is an acknowledgement from social workers and researchers of all ethnicities that, in cases where a child needs a home, transracial adoption can be an important process to ensure the safety and best interests of that child (Lee, Allen, Harris, & Pace-Glover, 2021). However, Zeleke and colleagues (2018) emphasise that the development of a healthy identity, in addition to an adoptee's sense of belonging and meaning in life, is dependent on a strong and functioning family system that is appreciative and respectful of the culture of the child. Findings from a study of families who adopted Ethiopian children through ICA in Canada revealed that adoptive parents typically showed strong levels of commitment and engagement to the adoptee's cultural heritage, and developed a healthy attachment and support structure for the child (Piquemal, LeBow, Galetcaia, & Peters, 2017). This is comparable to the findings of Greene and colleagues' (2007) ICA outcome study, who reported strong support structures consisting of extended family and attendance at support groups and post-adoption services, all related to a positive cultural identity development by the adoptees. These findings could suggest that parents are becoming more aware of the importance of *cultural* identity to a child's development, yet support for *racial* identity is somewhat lacking. Piquemal and colleagues (2017) reported that adoptive parents tended to avoid or not respond to the issues brought up around race or racial identity. Coincidentally, racial identity has been cited as a major influence on the wellbeing and mental health of adoptees (Boivin & Hassan, 2015; Else-Quest & Morse, 2015; Marcelli, Williams, Culotta, & Ertman, 2020). For an Ireland-specific example, Greene et al (2007) reported that many young adult adoptees in Ireland who were interviewed during their study sought to change their physical appearance and have less of "their foreign looks" (pg. 253). Racial identity issues such as these are a cause for concern, as feelings of inadequacy related to not belonging or uncertainty around race can result in attachment issues, behavioural problems, and mental health difficulties (Baden, 2002; Zeleke, Koester, & Lock, 2018).

ii. *Relationships and Attachments*

An adopted child's ability to assimilate and adjust to the family environment and to build relationships within the family has a considerable impact on their identity development, sense of belonging, and wellbeing (Chrisolm, 1998; Zeleke, Koester, & Lock, 2018). For adoptees, specifically



those who have been interracially adopted, adjustment and relationship building can be challenging, and can result in mental-health and identity formation difficulties. Chrisolm's (1998) three year follow up study of ICA adoptees found that while interracially adopted children were able to form secure attachments with their adoptive parents, they were still more likely to develop insecure attachments in comparison to domestically adopted and non-adopted children. The adoptees in the sample who developed insecure attachments also tended to display heightened behavioural problems. When taken as a clinical population, adoptees are at greater risk of developing attachment disorders (such as Reactive Attachment Disorder (RAD)) and adjustment and relational development problems when compared to domestically adopted and non-adopted peers (Juffer & van IJzendoorn, *Adoptees do not lack self-esteem: A meta-analysis of studies on self-esteem of transracial, international, and domestic adoptees*, 2007; Pinderhughes, Matthews, & Zhang, 2016; Zeleke, Koester, & Lock, 2018). With specific focus on Ethiopian adoptees, Zeleke and colleagues (2018) explored the adoptive parents' understanding of the adoptee's sense of identity and belonging. They reported that the majority of parents had an awareness for potential developmental and relational issues that may arise for the adoptee, and many made a considerable effort to engage with the adoptee's culture to harness a good relationship with the child. For instance, it was reported (among other preparations) that parents studied the adoptee's birth country and their culture, reached out to support groups on social media, and processed their own feelings with professionals and senior members of religious groups. However, Zeleke et al (2018) emphasised the importance for parents to look beyond culture, and toward developing parenting practices that address the adopted child- adopted parent dynamic and attachment styles. While this study was based on an American sample and, therefore, focused on American family dynamics, many of the approaches taken by adoptive parents to alleviate potential cultural or developmental issues are very similar to those taken by Irish adoptive parents, particularly in relation to attending support groups and post-adoption supports (see Greene et al, 2007).

4. The Current Experience of Ethiopian Adoptees in Ireland

As of 2023, there is limited information available on outcomes for the cohort of individuals adopted into Ireland as children from Ethiopia. While Greene and colleagues (2007) outlined generally positive outcomes and feelings around adoption from adoptees and their families, children from Ethiopia comprised only 1.2% of the sample examined in the study. O'Shea, Collins & Bourke (2016) conducted a survey of Irish General Practitioners (GPs) to evaluate the presentations of adoptees at GP practices. Thirty-three Ethiopian adoptees were reported in the study, comprising 7.4% of the



represented sample. Of the 33, 3 showed signs of behavioural, social, emotional, psychological, psychiatric, or attachment issues; while 4 were referred for further assessment to the HSE/Child and Family Agency or Child and Adolescent Mental Health Services (CAMHS). While these findings may not indicate any significant issue for Ethiopian adoptees, there are some caveats. Firstly, the study only considered adoptees who had presented at GP clinics with their parents. Secondly, over 90% of Ethiopian adoptees represented in the sample were under the age of 2.

Many recent studies have noted significant attachment and behavioural issues in Ethiopian adoptees as they develop from childhood to adolescence, with such problems prevailing into adulthood (Winkenweder H. G., 2019; Winkenweder, Due, & Strelan, 2021; Steenrod, 2021). However, there is scant Ireland-specific evidence of this. While this absence of evidence-based research does prove challenging, post-adoption support services are available to Irish-Ethiopian adoptees. Support groups such as the Irish Ethiopian Adoption Organisation (established in 2004) promote cultural links with Ethiopia, and provide a support network for adoptive parents. Barnardos' recent evaluation emphasised the accessible and malleable nature of their services, which include tailored group workshops specifically for different groups of children and young people (such as those adopted from Ethiopia) (MacDonald, Fargas, Mooney, & Coulter, 2021). Considering that the average person adopted from Ethiopia into Ireland is 15 years old, and a large proportion of adoptees are entering their adolescence over the coming years, it appears timely that adoption researchers in Ireland should closely monitor and evaluate adoption outcomes over the coming critical years of adolescent development. Not only would these studies benefit our understanding of the outcomes of Irish-Ethiopian adoptees, but they could also aid in the planning of post-adoption services, backed by Ireland-specific, evidence based research.

5. Conclusion

Ethiopian adoptees are unique in many ways in the Irish adoption context. Despite no longer doing intercountry adoptions, based on historical figures Ethiopia is still, to date, the largest sending country in Africa, and the fifth largest sending country to Ireland. However, adoption from Ethiopia has generated controversy and concern, and Ireland ceased working with Ethiopia as a sending country in 2012. Currently, future adoptions from Ethiopia into Ireland seem very unlikely, despite a growing concern for child safety due to civil unrest and political tensions. Irish-Ethiopian adoptees are one of the youngest groups of ICA adoptees in Ireland, at 15 years of age on average as of the writing of this report. Globally they have been under-researched compared to other adoptee groups. The overriding theme of this report (and the previous ICA reports produced by the AAI) was a lack of up-to-date Ireland-specific literature. However, due to the young age of Irish-Ethiopian adoptees,



new research in this area would provide an evidence base for the design of appropriate supports. It is important that Irish adoption researchers investigate the full range of adoptee experiences, and provide a solid foundation for the creation and implementation of services (including information and tracing services) and supports where needed for Irish-Ethiopian adoptees.

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