



ÚDARÁS UCHTÁLA na hÉIREANN
THE ADOPTION AUTHORITY of IRELAND

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

Report 2: Vietnam

This is the second in a series of five planned country-specific briefings. It looks at intercountry adoptions from Vietnam into Ireland between 1988 and July 2023.

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.



Contents:

Executive Summary.....	ii
i. Overview	ii
ii. Profile of individuals adopted from Vietnam into Ireland	ii
iii. Health and development	ii
1. Profile of Children Adopted from Vietnam into Ireland	1
a. Overview	1
b. Current age profile of individuals adopted into Ireland from Vietnam– July 2023	3
c. Geographical location of children adopted from Vietnam	3
2. Vietnam: understanding the context	5
a. 21st Century Vietnam	5
b. Children in Vietnam	5
c. The Origins of Intercountry Adoption in Vietnam	6
d. Difficulties faced in Vietnam’s ICA programme	6
e. Legislative Changes and reopening of Vietnam’s ICA programme	7
f. The Impact of ICA on children adopted from Vietnam	7
3. The Irish Context	9
a. Developmental issues	9
b. Physical Health	10
4. Growing up: Experiences of children adopted from Vietnam	10
5. Conclusion.....	12
References	13

Figures:

Figure 1: Adoptions from Vietnam into Ireland by year, 1988 – 2022.....	1
Figure 2: Current ages of individuals adopted from Vietnam (July 2023).....	3

Tables:

Table 1: Adoptions from Vietnam into Ireland by year, 1988 – 2023.....	2
Table 2: County level breakdown of families who adopted children from Vietnam 1988 – July 2023.....	4



Executive Summary

i. Overview

Between 1988 and July 2023, 939 children were adopted into Ireland from Vietnam. The vast majority of these children (n = 787, or 84%) were adopted before the enactment of the Adoption Act 2010 in November 2010, with the remaining 152 (16%) adopted afterwards.

ii. Profile of individuals adopted from Vietnam into Ireland

The average *age at adoption* was 7 months old pre-November 2010, rising to just over 2 years old thereafter, and the annual number of children adopted from Vietnam into Ireland peaked with 183 such adoptions in 2008. Adoptions from Vietnam into Ireland were suspended for a number of years after 2009 while Vietnam completely re-structured its adoption system. With adoptions recommencing in 2014, the Irish and Vietnamese authorities have worked closely ever since to monitor and ensure high quality in the management of these intercountry adoptions.

Families from every county in Ireland have adopted children from Vietnam, with the largest Vietnamese adopted populations in Cork and Dublin (based on address at the time of the adoption). Most of the individuals adopted from Vietnam into Ireland are now in their mid-teens, and their average *current* age is 16, though ages range from 3 to 42. In terms of gender, almost three-quarters (73%) are female, and slightly over a quarter (27%) are male.

iii. Health and development

Intercountry adoption is an intervention in a child's life that has ongoing, long-lasting impacts, mediated by a number of differing factors. It is common for some children adopted from Vietnam into Ireland to present with specific viral infections (e.g. acquired CSV, thalassaemia, rubella). There is very little published information on the health and wellbeing of children adopted into Ireland from Vietnam, specifically, though two studies did include a cohort from Vietnam in their sample. One Irish study, which looked at the health and psychosocial development of children adopted into Ireland from a number of countries including Vietnam, found that the majority of children were doing well, with a minority reporting persistent, longer-term developmental difficulties (Greene et al, 2008). A later study found that referrals by GPs for mental health assessments were significantly linked to age at adoption, with children adopted at an older age more likely to be referred (O'Shea et al, 2016).



Report 2: Vietnam

1. Profile of Children Adopted from Vietnam into Ireland

a. Overview

Between May 1988 and July 2023, 939¹ children have been adopted from Vietnam by parents habitually resident in Ireland. Adoptions from Vietnam accounted for the second largest proportion of all intercountry adoptions (ICA) into Ireland between 1988 and 2023, representing 19% of Ireland's total current ICA population.

Alongside the Adoption Act 2010, the ratification of the Hague Convention on Intercountry Adoption brought a number of changes into how adoption was regulated and managed in Ireland from 2010 onwards. This strongly influenced the ICA figures from all countries going forward. 787 children were adopted from Vietnam into Ireland between 1988 and October 2010, while a further 152 were adopted between November 2010 and July 2023.

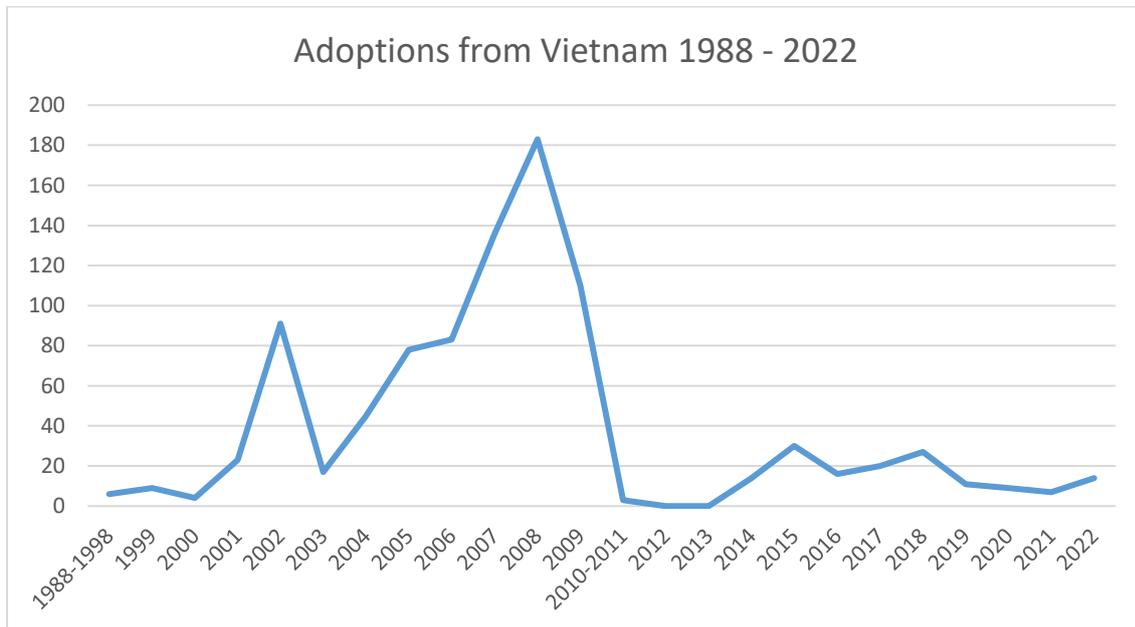


Figure 1: Adoptions from Vietnam into Ireland 1988 – 2022

Figure 1 is a graphical representation of the adoptions from Vietnam by year, from the first adoption of a Vietnamese child into Ireland in 1988. Please note the graph illustrates complete years only, so does not include figures from 2023. The years 1988 – 1998 have been grouped as the numbers per year were so small at this time. The numbers peaked with 183 adoptions in 2008, before falling sharply

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.



to just 3 across 2010-2011 and stopping completely thereafter while Ireland suspended its programme with Vietnam. Adoptions from Vietnam recommenced in 2014 and there have been a number of adoptions from Vietnam on an annual basis ever since.

The same figures are broken down by year in Table 1, below.

Table 1: Adoptions from Vietnam into Ireland by year, 1988 – July 2023

Date of Adoption Order	Number of children adopted from Vietnam
1988-1998	6
1999	9
2000	*
2001	23
2002	91
2003	17
2004	45
2005	78
2006	83
2007	136
2008	183
2009	110
2010-2013	3*
2014	14
2015	30
2016	16
2017	20
2018	27
2019	11
2020	9
2021	7
2022	14
2023 (to date)	*
Total	939

In cases marked with '', the number of children adopted from Vietnam in these years are withheld. This is because the number of children adopted by families living in Ireland in these years were too small to be individually reported for reasons of anonymity and confidentiality.*



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

The range of current ages of individuals adopted into Ireland from Vietnam is illustrated in Figure 2. While the ages range from 3-42 years old, the mean current age of a child adopted from Vietnam into Ireland is 16 years old, as of July 2023. More than half of the entire Vietnamese cohort are currently aged between 14 and 17.

Pre November 2010, the average age at adoption was 7 months old, and post- November 2010 it increased to a little over two years old. In terms of gender, almost three-quarters (73%) of the children adopted from Vietnam into Ireland have been female, and slightly over a quarter (27%) male. However, this figure is very much driven by the early years of adoption from Vietnam – pre 2010. Since 2011, the numbers are relatively equal (49% Female, 51% male, 2011 - date).

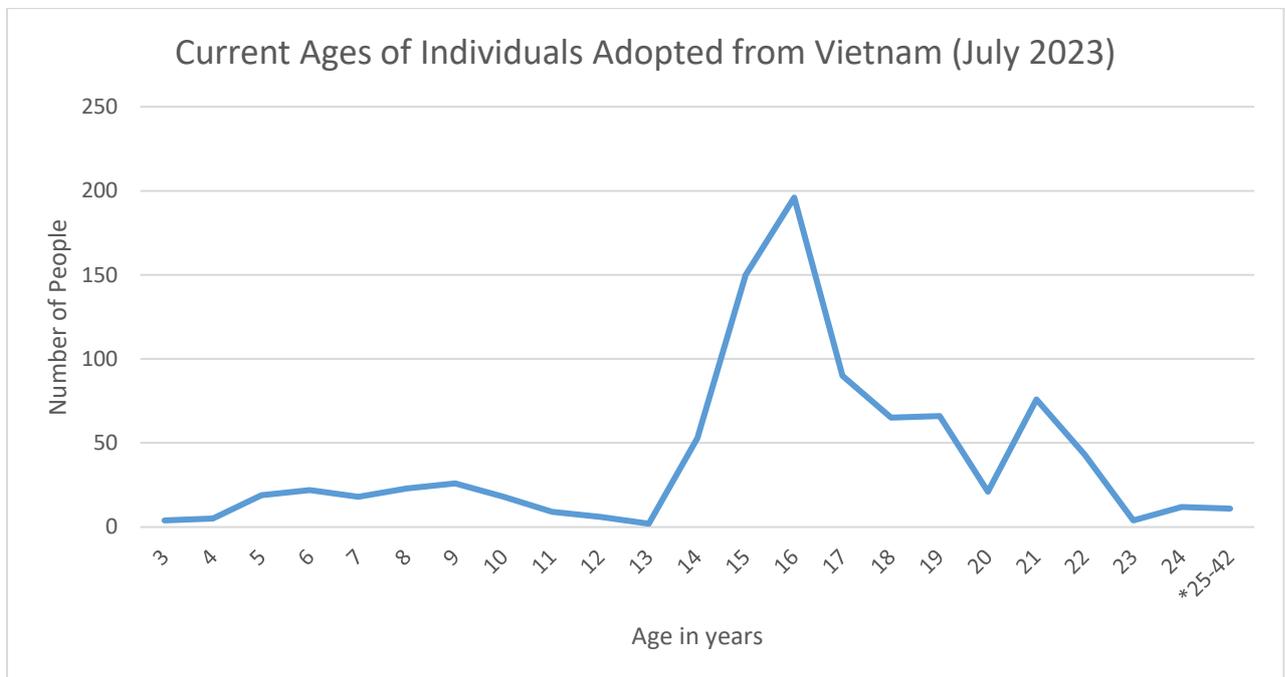


Figure 2: Current ages of individuals adopted from Vietnam (July 2023)

c. Geographical location of children adopted from Vietnam

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 Cork, the county with the highest population of children adopted from Vietnam, to Roscommon, with the lowest population. So for example, 12 children were adopted from Vietnam by parents who lived in Carlow at the time of the adoption. Nearly half, or 45%, of children adopted from Vietnam went to families living in either Cork or Dublin at the time of the adoption.



Table 2: County level breakdown of families who adopted children from Vietnam 1988 – July 2023

County	No. of children
Cork	215
Dublin	209
Meath	59
Wicklow	40
Limerick	37
Wexford	36
Kildare	31
Donegal	31
Louth	30
Kerry	29
Tipperary	27
Laois	23
Waterford	23
Kilkenny	23
Clare	20
Offaly	15
Galway	12
Carlow	12
Westmeath	11
Cavan	11
Monaghan	*
Mayo	*
Sligo	*
Leitrim	*
Longford	*
Roscommon	*
Not available	*
Total (including numbers from counties with * above):	939

In cases marked with ‘’, the number of children adopted from Vietnam 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.*



2. Vietnam: Understanding the Context

Alongside age-at-adoption and the pre-adoption context and duration, the country of origin of an internationally adopted child can impact how they present initially, and their development and adjustment to life in their receiving country after the adoption (Pomerleau, Malcuit, Chicoine, Séguin, Belhumeur, Germain, Amyot, & Jéliu, 2005). Therefore, in order to best support an internationally adopted child in their receiving country, it is important to understand the cultural and historical background of their country of origin, alongside individual differences of pre-adoption background and age².

a. 21st Century Vietnam

The Socialist Republic of Vietnam is located in South East Asia and is bordered by China, Laos and Cambodia. It has an estimated population of 98.7 million (Worldometers, 2021). It is currently ruled by the Communist Party of Vietnam, the sole political party that cannot be democratically changed and controls the media and a number of other civil liberties (Human Rights Watch, 2021). While it is still largely a rural country, urbanisation is on the rise, with 30% of the population now living in urban areas - a number predicted to increase in the coming years (WHO, 2015).

Vietnam has undergone huge socio-economic change in recent years, with the government creating a number of market and social reforms - strengthening trade ties with the EU for example. These changes have sparked strong and rapid economic improvement from a state of widespread poverty, such that 13% of the population is currently estimated to be of higher SES. This is predicted to double to 26% by 2024, which gives some indication of the rate of growth (UNICEF, 2019).

b. Children in Vietnam

The family is central to Vietnamese culture, with family members including children having clearly defined, hierarchical roles and members of the extended family often living together (Mestechkina, Son & Shin, 2014). Children play an important part in Vietnamese life and culture. Vietnam ratified the UN Convention on the Rights of the Child in 1989 – becoming the first country in Asia and the second in the world to do so. UNICEF recently reported that Vietnam “has made tremendous progress for its 26 million children in a remarkably short time” (2019). Furthermore, findings from the World Health Organisation show that the under-5 mortality rate in Vietnam has reduced by 60% since 1990, and the maternal mortality rate by 70% (WHO, 2015). There are a number of clear markers of Vietnam’s continued progression in the areas of economics, healthcare, nutrition, water sanitation, poverty reduction, and education (WHO, 2015). Yet a minority of children in Vietnam continue to experience a number of challenges, with UNICEF reporting that a fifth of children “experience at least 2 deprivations in education, health, nutrition, shelter, water and sanitation, or social exclusion” (2019). In addition, the US not-for-profit organisation Human Rights Watch describe a number of violations of children’s rights as recently as 2020 (Human Rights Watch, 2021).

² The areas of age-at-adoption and pre-adoption background are discussed in detail in Report 1 of this series: https://aai.gov.ie/images/2020/Intercountry_Adoption_in_Ireland_-_Experiences_Supports_Challenges_-_Russia.pdf



c. *The Origins of Intercountry Adoption in Vietnam*

In order to understand the context around intercountry adoptions from Vietnam, it is useful to look at domestic adoption within the country. Anecdotal evidence suggests that domestic adoption is in fact more prevalent in Vietnam than the figures imply (Leshkowich, 2017). It is quite common in Vietnam to have children moving from their biological parents to live with friends, relatives or unknown families in an adoption-style agreement which may have no legal paperwork. In general, these children move to a family of higher socio-economic status than their family of birth, to serve as an heir for land/wealth, or to provide domestic labour (Leshkowich, 2017).

The culture of large-scale intercountry adoption from Vietnam commenced abruptly in 1975 with “Operation Babylift”. Part-funded by the US Government, and authorised by then-President Ford, the operation involved the “rescuing” by US soldiers and volunteers of thousands of Vietnamese children, purportedly left orphaned or abandoned as a result of the war (Rotabi, 2012). These children were flown to the US and a number of other countries including Canada, Australia and France in an attempted humanitarian intervention, prompting numerous similar events despite the controversy it caused (Rotabi, 2012).

The number of intercountry adoptions from Vietnam dipped sharply in the 1980s, reportedly as a backlash against the Operation. In time, however, the figures began to increase again. The first children were adopted into Ireland from Vietnam in the late 1980s, with numbers growing steadily into the 1990s, in accordance with an overall increase in ICA adoptions from Vietnam. However as the numbers continued to increase, some stakeholders began to voice concerns about how the adoptions were effected (Rotabi, 2012).

d. *Difficulties faced in Vietnam’s ICA programme*

A 2008 investigation by the US found that directors of institutions in Vietnam were “*interfacing with a financially incentivised system fuelled by fees from prospective adoptive families*” (Rotabi, 2012 p. 71), and were placing children directly for intercountry adoption before considering preferable domestic adoption or care plans that would keep the children in their country of birth, in line with the principle of subsidiarity. Because of this investigation, the US suspended its intercountry adoption programme with Vietnam. The Vietnamese authorities joined forces with UNICEF to co-fund an independent investigation by International Social Services into intercountry adoption in Vietnam, with a view to creating new legislation (ISS, 2009).

The resulting report highlighted a number of areas of concern. Alongside confirming the issues described above, the report cautioned about the relatively young age of children adopted internationally from Vietnam. Adopting children so young gave little time for countries and agencies to conduct the relevant due diligence to ensure the adoption was fully legally compliant. There were also concerns that intercountry adoption of young babies from Vietnam was demand-led by prospective adoptive parents with a preference for adopting babies over older children. When the US suspended adoptions from Vietnam in 2008, the numbers of children residing in orphanages and institutions fell dramatically, as did the number of “abandoned” babies. Were ICA a legitimate solution to a challenge of high numbers of abandoned children within Vietnam, the numbers could have been expected to increase (ISS, 2009, p.35).



Following the publication of the ISS report, the Irish authorities decided to suspend all adoptions from Vietnam until it had ratified the Hague Convention (AAI Annual Report, 2009/10). Vietnam halted its entire intercountry adoption programme after the report's publication in order to tighten up practice and regulate its processes.

e. Legislative Changes and reopening of Vietnam's ICA programme

Within a year, Vietnam had completely restructured its adoption system. This was underpinned by the enactment of the new Law on Adoption (2010) and a subsequent Decree in 2011 (No. 19/2011) which formalised its implementation (HCCH, 2019). These changes effectively severed the link between adoption service providers, birth parents, and orphanages (Umlauf, 2015), a previously unregulated dynamic. Instead, Vietnam's Department of Adoption and Department of Justice would now act as a regulator and would liaise with all parties involved in arranging adoptions.

After this sweeping change, Vietnam cemented its progress by signing the Hague Convention in 2012, and re-commenced working with a number of countries, putting specific bilateral agreements in place, and setting up a "Special Adoption Programme" with the US (Umlauf, 2015). The Adoption Authority of Ireland also worked closely with the Vietnamese authorities to re-establish its own programme of adoption. The adoption of children from Vietnam into Ireland recommenced in 2014, and has continued ever since. Members of the Adoption Authority of Ireland's Board and Senior Management team visited Vietnam in 2015 and met with the Irish Ambassador, Director of the Department of Adoption, Vice Minister of Justice and UNICEF Chief of Child Protection to discuss Vietnam's ongoing progress and work on adoption (AAI, 2015). Four years later, in 2019, a delegation from the AAI including then Chairman Dr Geoffrey Shannon, then Vice Chair Orlaith Traynor and then CEO Patricia Carey were invited to return to Vietnam, visiting Hanoi and Ho Chi Minh City. They took part in a training workshop for local staff involved in processing intercountry adoptions, at which the Chairman gave the opening speech. The AAI delegation also visited a nurturing centre, and again had meetings with a number of representatives from the Irish Embassy, Department of Justice, Ministry of Adoption, and UNICEF. Since the introduction of the Law on Adoption, Vietnam has continued to review and revise its policies and procedures (e.g. Decree no 24/2019). In May 2023, the AAI welcomed a Vietnamese delegation to Ireland.

f. The Impact of ICA on children adopted from Vietnam

Intercountry adoption is an intervention in a child's life that has ongoing, long-lasting impacts, mediated by a number of differing factors. In the early years, it appears that adoption can have positive developmental and health effects. As the years pass, it can be somewhat challenging for some individuals on a personal and social level, however, as they seek to establish their position in society, and ground themselves in an identity often with little information on their own history. Transracial adoption can create an additional layer of difficulty for the adopted child and their family to navigate.

While there is a strong research focus on developmental outcomes for internationally adopted children, there is a dearth of information specific to children adopted from Vietnam, despite the relatively large number of children involved. Many studies tended to group countries, so Vietnamese children have often been included with children from other South East Asian countries for research purposes to facilitate larger sample sizes.



Two early US studies, focusing specifically on children from Vietnam, were conducted in the wake of Operation Babylift. The first study (Sokoloff, Carlin & Pham, 1984) looked at the wellbeing of Vietnamese Refugee children in the US over a 5-year period, comparing those in adoptive families, foster families, and birth families. Despite a universally difficult first year, in which parents reported tantrums, nightmares and physical illnesses, all of the children in the study demonstrated improvement over time. However, those who were adopted, especially those placed at an early age, seemed to demonstrate the most rapid and clear improvements in global development and adjustment over their fostered and non-adopted peers. It should be noted that the sample was small, and the circumstances of children being adopted from Vietnam were very specific to that time. Reflecting on their study in a subsequent publication, the authors note that *“advance preparation of the adopting family by agencies involved (and availability of prepared medical and social services) seemed to be of great importance in assuring the good quality of life that these adoptees and their families enjoy”* (p.101, Carlin & Sokoloff, 1985).

In the second US study, the researchers studied 36 children, all adopted from Vietnam in the 1970s, who ranged in age from 1 to 11 years old. Three quarters of the children had been adopted before the age of 1. They found that all of the children demonstrated catch up across a number of developmental domains, and commented on the stark contrast between how the children presented at arrival and at follow up (McBogg & Wouri, 1979). However, they do note that genetic factors, which could not be properly assessed due to lack of information about the child’s family and medical history, were very likely to play a strong role in the children’s strong developmental trajectory post-adoption. In other words, they posited that these children were *already resilient* by virtue of their genetic makeup – this is perhaps how they had survived their initial adversity, and a clear factor in their later developmental catch-up, alongside the known advantages of early adoption and good quality post-adoptive family environments.

A number of years later, Pomerleau and colleagues looked at health and developmental outcomes for ICA children at 6 months post-adoption, adopted into Canada from 3 different areas: China, East Asia and Russia (2005). More than half of the East Asian cohort in the sample were from Vietnam. By this stage, the Operation Babylift children were well into adulthood, so the cohort from Vietnam came from a different environment to those in the earlier wave of Vietnam-specific studies, and are much more comparable to the cohort of children adopted into Ireland from Vietnam. While there was still widespread poverty, the backgrounds to each adoption would have been more varied than in the previous groups studied. The children from East Asia were reportedly more likely to come from a background with a 1:1 child to adult ratio – either in a family or orphanage setting, and were generally younger at adoption than the children in the other 2 cohorts, China and Russia. The authors reported that, when compared to the two other groups, the children from East Asia were generally healthier, with stronger developmental indices upon arrival. They were taller and heavier, demonstrated higher scores on motor development, and were less likely to have respiratory problems and neurological illnesses than children from the other countries; although alongside the children from China, they had higher rates of eczema and cranio-facial anomalies than their Russian counterparts did. After 6 months, children in all 3 cohorts demonstrated improvement across anthropometric and developmental measures, with those from Russia and China indicating more rapid change than those from East Asia. However, cognitive and motor scores were still lower than would have been expected. The authors surmise that a combination of a shorter pre-adoption experience, and an absence of neurological illness, enabled certain children to make progress across a range of areas in a supportive post-adoption setting.



Since it was highlighted in those early post-Babylift studies, the area of epigenetics in adoption has gained traction in the research community, particularly in the investigation of resilience within a Romanian cohort (Rutter, Kumsta, Schlotz, & Sonuga-Barke, 2012), and in recommendations for the design of effective post-adoption interventions which take into account genetic variability (Sellers, Smith, Leve, Nixon, Cane, Cassell & Harold, 2019). Sellers and her colleagues argue that a child's mental health in particular is influenced by a combination of their family environment, supports, and genetic makeup. Increased knowledge about these three areas of an adopted child's life may help in the development of targeted, supportive post-adoption interventions.

3. The Irish Context

The Helping Hands Adoption Mediation Agency (HHAMA) was established in 2005 to assist Irish families who wanted to pursue an intercountry adoption. It was initially founded to meet a requirement in the Irish-Vietnam bilateral agreement that a licenced Irish agency would mediate the adoptions from Vietnam. HHAMA was licenced to carry out this role by the Vietnamese Authorities in 2006 (Adoption Board Annual Report 2006), and was later accredited by the Adoption Authority of Ireland (AAI Annual Report, 2012). HHAMA continues to mediate adoptions from Vietnam into Ireland.

As mentioned in Section 1, the average age of a child adopted from Vietnam into Ireland increased from 7 months pre-2010 to two years old once the Vietnam programme was re-established, and indeed recent figures suggest that this age is increasing even further. This is in keeping with a worldwide trend regarding adoptions from Vietnam, and can likely be attributed to a number of factors, including legislative changes, recent procedural changes, and the due diligence required of Vietnamese agencies as a result of signing up to the Hague Convention. Domestic adoption within Vietnam has increased significantly in recent years, meaning there are fewer children eligible for intercountry adoption. This is in keeping with the subsidiarity principle, which places the option of ICA as a last resort, only after all other options have been exhausted. It is also testament to the work done by the Vietnamese authorities in improving the circumstances and policies around all types of care and adoption. Those who are eligible for intercountry adoption are typically older, and are likely to have additional needs (50%) or medical conditions (85%) (AAI, 2015). In recent years, the children adopted from Vietnam into Ireland are generally adopted from institutional settings/care homes.

a. Developmental issues

Studies have indicated that there can be a link between age at adoption and development, with early adoption being associated with more positive outcomes overall (e.g. Groza, 1999, looking at a sample adopted into the US from Romania). There is a dearth of specific health and developmental information available about children adopted from Vietnam into Ireland. However, two studies have looked at the experiences of children adopted into Ireland, including a cohort from Vietnam³.

The profile of the Vietnamese children in the sample for the study conducted by Greene and her colleagues (2008) in Ireland reflected the population at the time. They were less than one year old at the time of the adoption, which was younger than the other main sending countries in the study, and came from either foster care (70%) or family care (30%) prior to their adoption. Parents reported that the costs associated with adopting a baby from Vietnam at that time were between €5,000 and

³ For a general overview of these two studies please see https://aai.gov.ie/images/2020/Intercountry_Adoption_in_Ireland_-_Experiences_Supports_Challenges_-_Russia.pdf



€25,000, although it should be noted that this was prior to the 2010 changes to both Vietnamese and Irish adoption legislation. While the study looked at a large sample, of which the children from Vietnam comprised only 7.2%, in general the majority of children were doing well, with a minority reporting persistent, longer term developmental difficulties.

In a study conducted by the Adoption Authority of Ireland and Irish College of General Practitioners, GPs were asked about their experiences of working with internationally adopted children in Ireland (O'Shea, Collins & Bourke, 2016). Seventy-five of the children in the sample (16.8% of the total) had been adopted from Vietnam. It is important to note that the majority of children adopted from Vietnam did not exhibit difficulties, according to their GPs. GPs reported that out of the 75, 10 of the children had presented with behavioural, social, emotional, psychological, psychiatric or attachment issues, while 7 had been referred on for further assessment by CAMHS or the then CFA (Tusla). Referrals for such assessments were significantly linked to age at adoption, with older children more likely to be referred. This is in keeping with the literature (e.g. Groza, 1999).

In both of the above studies, the sample numbers are too small to draw any specific or strong conclusions about the larger population of individuals adopted from Vietnam into Ireland. However, it is nevertheless a useful starting point for considering a country-specific study.

b. Physical Health

Prior to referral for adoption, each child is given a medical assessment from a physician in Vietnam. This report is later received by the Adoption Authority of Ireland's medical officer, an Irish-registered GP. The most common presenting physical issue reported via these assessments was a viral infection known as acquired CMV (cytomegalovirus) – present in over 80% of the children adopted from Vietnam into Ireland between 2014 and 2020, according to the medical officer's report to the AAI. Another common issue was thalassaemia, a genetic condition that presents as low-grade anaemia, present in over 50% of the children. As it is a genetic issue, not commonly found in Ireland's population, it is important that adoptive parents are aware of thalassaemia when interacting with the Irish health system, as it requires specific treatment. Approximately one in five of the children adopted from Vietnam had rubella. Less common conditions listed among those adopted since 2014 included prematurity, anaemia/malnutrition, heart disease. In approximately 20% of cases, the child was reported as having "no problems".

4. Growing up: Experiences of children adopted from Vietnam

As adopted children grow up, they can benefit from specific supports to help them make sense of their unique backgrounds. A large body of research into this area comes from the USA. An adoptive family embracing the birth culture of the child and celebrating its traditions with their child has been linked to a decrease in externalising behaviours and an increased sense of psychological and social closeness to the child's birth country e.g. (Johnston et al, 2007, investigating children adopted from China and Korea children into America; Lancaster & Nelson, 2009, investigating children adopted from China into America). Furthermore, specifically addressing the fact that the child can identify with two different countries, and preparing them to do so, can positively influence a child's psychological development (Thomas & Tessler, 2007, investigating the experience of children adopted from China into America). It is notable that a number of US authors stress the importance of helping a child identify with their adoptive country as well as their country of birth (Hollingsworth, 2008; Younes & Klein, 2014). Being adopted from Vietnam into Ireland brings the added complexity of transracial adoption. There is a



growing body of literature about adults transracially adopted from Vietnam, and how they have formed and made sense of their identities over time.

A qualitative study, conducted in the US in 2004, showed the impact that the transracial nature of their adoption often had for Vietnamese adoptees growing up in non-Asian communities – with some participants reporting that they felt ashamed of their roots, of their looks, that they wished to be perceived as the same as everyone else, and struggled with their identity (Willing, 2004). Many reported wanting to identify as Vietnamese, yet they had no memories of the country. The author's thoughts were striking on the media portrayals of Vietnamese or Asian characters on American TV shows in the mid-1980s, where they were generally either the “nerd” in teen programmes, or the “pitiful or murderous” Vietnamese character in war films (Willing, 2004). There was a clear lack of realistic role models for the adopted Vietnamese community in the US to aspire to or identify with.

In terms of “*where they were from*”, participants in Willing's study reported experiencing feelings of dual identity, yet many struggled with how to make sense of this. Some participants reported feelings of shame, or lack of authenticity, associated with their Vietnamese ethnicity. They mentioned growing up with a “white mentality” consistent with those of their peers, and a minority experienced feelings of racism towards other Asian individuals (Willing, 2004).

Willing was referenced by Cherot in her 2009 paper, which looked at how adult adoptees of Vietnamese origin had to carve out a space for their own narrative among the many voices of the volunteers who took part in Operation Babylift. In essence, they needed to develop and include the adoptee perspective. As it stood, their story was largely being shaped by others, and their own voice was absent from the overall picture. It is notable that the purpose of their storytelling changed over time. At its early stages, it enabled people to create their own narrative, to provide and receive emotional support, and to establish a network and community. As it progressed, the strength of the collective voice that the adopted community had created enabled the development of activism around working with adoptive families and influencing adoption processes (Cherot, 2009). The majority of the Irish cohort of people adopted from Vietnam are largely still in their teens and will be reaching adulthood in the coming years. For those who so wish, being able to define and make sense of their own adoption experience in their own terms, and having a space for their voices to be heard by the other stakeholders in adoption, is a key consideration for this group.

Adoptions from Vietnam into Ireland began later than in the US, so the experiences of the older US-based generation described above may not apply directly given the different environments from which they were adopted. However, it is certainly worth noting the commonalities – being adopted into a very different culture, being visibly Asian in a largely non-Asian community. A decade after Willing's qualitative research, a different paper painted a more positive picture, perhaps due in some part to the progress made in understanding the psychological impact of intercountry adoption during the time that had elapsed, and putting relevant supports in place for adoptive families. Younes and Klein (2014) interviewed adoptive parents and their adult adoptees separately as part of a US-based study. Nearly three-quarters of the adopted sample had been adopted from Asian countries, which included Vietnam. They found that the adopted sample were generally content with various aspects of their lives, such as their satisfaction with their integration into their families, their sense of identity and general wellbeing. In general, the authors felt that their findings highlighted the importance of preparation and education of adoptive parents, and support of the birth culture and identity within the adoptive family. They also elucidated the importance of expectations, and of parents' awareness of the inherent challenges faced by children who have suffered early adversity prior to their adoption (Younes & Klein, 2014). Heritage travel has been highlighted as an area of consideration for families



of children adopted internationally, as it can have both positive and negative implications for mental health, depending on a number of factors (Wilson & Summerhill-Coleman, 2013).

5. Conclusion

Intercountry adoption is an intervention in a child's life that has ongoing effects throughout the lifespan. The average person adopted from Vietnam into Ireland is now 16, and the vast majority were female and adopted in infancy. Ireland ratified the Hague Convention on adoption in 2010 and this brought about a number of changes. Since then, although adoptions from Vietnam are still ongoing, they are fewer in number and the children tend to be older at adoption. There is no Vietnam-specific outcome data available for these adoptees. Studies of children adopted into Ireland from a variety of countries suggest that while they may experience some initial challenges, in general they are doing well (Greene et al, 2008; O'Shea et al, 2016). A minority of the children are likely to have longer term, persistent challenges with their physical, mental and emotional wellbeing. However, intercountry adoption is complex, and a cautious approach is needed in choosing a lens through which to view it. With over 900 individuals adopted from Vietnam into Ireland since the late 1980's, it is important that the country-specific background to these adoptions is understood, alongside any available information at the individual level. Furthermore, the adopted individuals need the opportunity to develop their own narrative, and to be part of a collective narrative as a key voice among the stakeholders in adoption, if they so wish. There needs to be a clear picture of the possible challenges that these particular adopted individuals may face, so that they and their families can be supported across the lifespan.



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