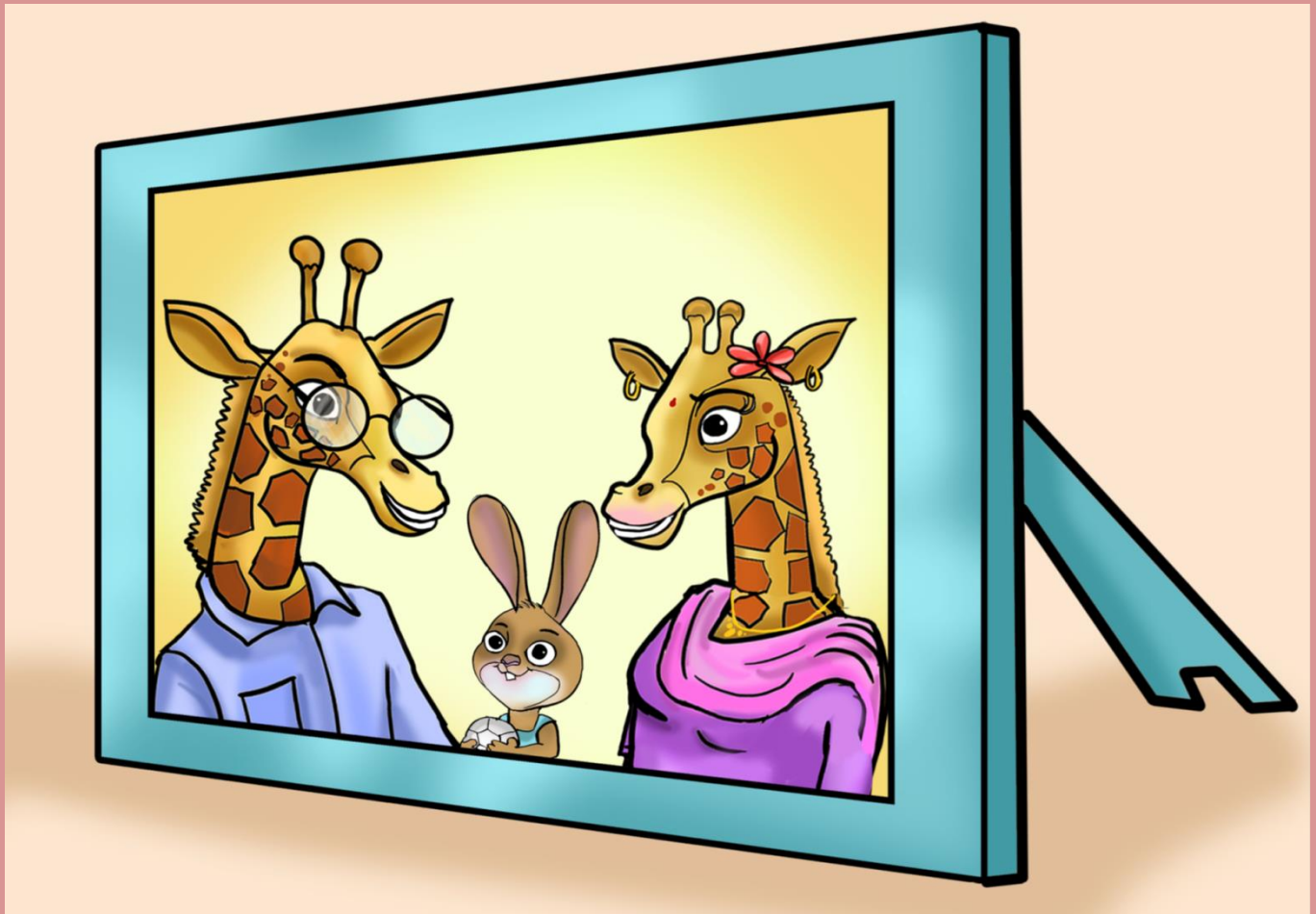


Psychosocial Perspectives on Adoption



A Guide for Parents & Child Care Service Providers

Community Child & Adolescent Mental Health Service Project
Dept. of Child & Adolescent Psychiatry, NIMHANS

In Collaboration with
Dept. of Women & Child Development, Government of
Karnataka

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Acknowledgements

We are grateful to the Dept. of Women and Child Development (DWCD), Government of Karnataka, under whose aegis the Dept. of Child & Adolescent Psychiatry, NIMHANS implemented the Community Child & Adolescent Mental Health Service Project. The Mimi story series and the guide are one of the many outcomes of the Project, which has been able to address many issues impacting children, including adoption.

The active involvement of the DWCD in areas of early childhood care and development and adoption enabled us to conduct direct intervention with young children both on issues of trauma as well as adoption, as well as workshops and sessions for (prospective) adoptive parents and child care service providers, on adoption and parenting issues. This material is an outcome of these components of the Project's services.

We are thankful to the government child care institutions and their staff, namely those working with vulnerable children between ages 0 and 6 years of age for always sharing with us their challenges and insights on young children, especially in the area of adoption.

Our grateful thanks to Champa Saha, the Special Educator on the Community Child & Adolescent Mental Health Project—her valuable insights and experiences through her work with young children in institutions, and with adoption, have found their way into this document.

We would like to especially thank Dr. Aloma Lobo, paediatrician and ex-chairperson of CARA, who is not only as the strongest voice we know in adoption, but also one of the few, we believe, who approach the adoption issue from an unequivocally child-centric perspective. We appreciate her review of our stories for children about adoption preparation and disclosure; her invaluable inputs, drawn from years of personal experience of parenting adopted children, rendered in her inimitable candid, humorous and pragmatic manner, have actively shaped our perspectives on adoption. We are grateful to her for her substantial time and inputs in this work.

This work, especially on adoption issues, would not have been possible without the active participation, insights and deep concerns of (prospective) adoptive parents both in pre-adoption counselling sessions as well as in the context of challenges they have faced and overcome in the post-adoption years. We are privileged to have played some small part in their unique parenting journeys and hope that they believe that as advocates of child adoption, we have and will continue to support their deep and enduring commitment to children.

Most importantly, this work is for young adopted children everywhere. While we realize that every child's concerns and wishes are unique, we hope that we have said enough in this guide to enabled adults to take cognizance of the inner world of young children, their struggles and confusions in adoptive families; at least enough for parents and caregivers to be able to initiate discussions with children about early childhood experiences and adoption...so that children have the space to voice their questions and emotions...to lay the foundations for further reflections and conversations that may endure in years to come.

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About this Document

This document is in two parts. Part A is on *‘Helping Parents and Child Care Service Providers Understand Adoption from a Psychosocial Care Perspective’*. It is suggested that prospective adoptive parents read this document as they make their decisions and about adoption and engage in the adoption processes. This component seeks to provide answers to the many questions that both prospective adoptive parents as well as parents who have already adopted children have, about issues such as response to extended family and friends, schooling and adoption disclosure to their child.

Having said that, while this guide has sought to respond to many of the common questions and concerns that adoptive parents have, every family is unique—so, parents are encouraged to engage in additional consultation with psychosocial and mental health personnel for further information and clarification. Although the guide is aimed at responding to questions and concerns that parents have, it is also for the use of counsellors and mental health professionals, so that they are also equipped with a framework within which to provide assistance to adoptive parents.

Part B on *‘Therapeutic & Parental Use of the Mimi Series’* discusses how parents and counsellors can use the 10 stories (about Mimi the rabbit), developed by the Community Child & Adolescent Mental Health Service Project. These stories were developed with a two-fold purpose: to enable counsellors to prepare (older) children for adoption and to assist parents with adoption disclosure to young children up to the age of 8 years. However, these stories also contain responses that adoptive parents can use at the time of adoption as well as during disclosure.

Lastly, this document is *not a substitute* for other Central Adoption Resource Authority (CARA) documents, which provide relevant information on legal and other systemic processes pertaining to adoption (and which are not within the scope of this document); this document on psychosocial perspectives on adoption, therefore, equally important for the success of adoption, needs to be read in conjunction with other CARA guidance documents.

**A. Helping Parents &
Child Care Service
Providers Understand
Adoption
from a
Psychosocial Care
Perspective**

A.1. Pre-Adoption Concerns

1.1. What are the ‘right’ reasons to adopt a child?

The primary reason to adopt is to want to be a mother or father...to want to love and parent a child or to wish to complete your family with a child. A related but secondary reason to adopt is that one’s health does not permit a pregnancy despite the desire to be parents. Health issues may relate to fertility and/or other issues such as genetic problems; or unmarried status which might make it hard to have a child through biological means. Remember that adopting a child is an act of love, not one of sacrifice or charity.

Reasons NOT to Adopt!

...There are property disputes in the family and you want a legal heir to your property.
...You have health and fertility problems and family and societal pressures make you feel that you have to obtain a child, and that adopting one will get everyone off your back.
...If you invest in a child, he/she will look after you in your old age.
...You have a health problem or disability and a child could take care of you in the present and future.
...You believe that you are a noble person and that giving an orphan child a home is an act of charity and sacrifice.

1.2. How do you know you are ready to be an adoptive parent?

You know that you are ready to bring home a child when:

- You have come to terms with the fact of your infertility and want to move forward; and having made your decision, you feel a sense of freedom to be able to consider other means to have a child.
- A couple is in agreement, on the reasons for the decision to adopt a child i.e. it is a joint decision, wherein both individuals are deeply convinced about adoption and their basis to adopt. (If one parent wishes to adopt and the other does not, a couple is still not ready for adoption).
- You have the financial wherewithal to provide a child with the basic necessities of life.
- You are ready to be and have a family...not because others say that it is time to have one but because you, as an individual or a couple feel that you are ready to give love, time and commitment to a family.
- Love is a decision....you believe that you will love your child unconditionally; and that you are not conflicted in your mind about whether you might love a biological child more or an adopted child less.
- You decide that you are comfortable with the idea of adoption and that you will always be honest with your child on this issue i.e. that you will not keep secrets from your child, particularly about his/her adoption status.
- You believe you are doing this for ‘US’—not out of charity towards a child, but in the conviction that you and the child will be happy as a family.
- You realize that there may be challenges and questions but that many of these have been discussed and resolved with a counsellor or mental health professional.

Can a single parent adopt?

As per CARA rules, a single parent can adopt a child. He/she will have to demonstrate though that he/she has sufficient support systems to raise a child, both financially as well as in terms of family networks to fall back on, when necessary. Again, the reasons for adoption cannot be because the single parent is lonely or because he/she needs a caretaker.

Can a single man adopt? Is a father alone adequate to raise a child?

According to CARA rules, single men can adopt, but they can adopt only male children. This rule, in all likelihood, is based on protection concerns i.e. because more girls than boys are reported to be sexually abused and perpetrators of abuse tend to be men rather than women. However, this does not of course mean that boys are not at risk of sexual abuse or that women never perpetrate sexual abuse.

All that said, men can be wonderfully doting fathers—even without there being a mother! Notions of men being providers and women being nurturers are now out of date, as men and women play both roles. It is also a myth that a child cannot do without a mother. There are many instances where either due to death of the mother or illness/ dysfunctionality of the mother, the father is the sole caregiver of a child and the only functional parent. As long as fathers have been able to play their caregiving roles, and ensure the requisite parental support to their children, such children have done well. Equally, where mothers, even when physically present, have been mentally absent due to mental illness and/or other reasons due to which a child is neglected, the purpose of parenting has not been served.

The truth is that a child needs a caregiver; whether that person is male or female is irrelevant as long as the individual is able to meet the child's basic physical and emotional care needs. Loving care, nurturance, and support are not qualities that are either feminine or masculine—they are human qualities. So, any caregiver, irrespective of gender, who possesses these qualities, and is willing to take on the responsibility of raising a child, will be a successful parent.

1.3. What about in-family adoptions?

In-family adoption or what is also known as kinship or relative adoption refers to situations where children are adopted by someone that are related to or have a previous (family) connection or relationship with. This is not an uncommon situation in India, where if parents are unable to take care of their children, usually at slightly older ages, the children go to live with an aunt/ uncle or member of an extended family. Essentially, such children are then fostered by a family other than their own parents, and no legal adoption procedures have been undertaken either by the birth family or the foster care family; the care of children is based on informal agreements between the two families. They continue to recognize their birth parents as their parents and while they may have close relationships with the foster family, they recognize those kinship ties according to the familial relationship i.e. aunt/ uncle etc. The legal guardianship of the child usually continues to be with the parents unless, in their absence, they have given the guardianship over to the foster family or relatives.

However, there are also situations wherein birth parents give the child up in so-called adoption to their siblings or relatives, possibly because the other couple were unable to have biological children and believe that it would be better to adopt a known child to ensure known

ancestry in the family. Such in-family adoptions are not automatically legal unless the concerned families go through due legal processes and paper work; however, even if legalized, they could be difficult for the family as a whole. The adoptive parents continue to be in contact with the birth parents who often find it hard to accept that the child is no longer their's and tend to follow the progress of 'their' child, interfering in the family and parenting processes of the adoptive parents. In these situations children are also more at risk of finding out by accident about their adoption, because both birth and adoptive parents tend to be secretive about the adoption in such contexts; so, when adoption disclosure or discovery occurs, as the case may be, the child becomes extremely confused about the family relationships i.e. there is much distress about who to identify as the 'real' parents since both birth and adoptive parents are a constant presence in the child's life. Such in-family adoptions can therefore pose challenges to children and families.

1.3. What really are your perceptions about adoption, as parents? And is that why you have worries about it?

One of the first things that you, as adoptive parents need to do, even before you adopt a child, is to examine your notions about adoption. Do you view adoption with a negative connotation? Is it associated with couples who have infertility issues and people who are unable to have children of their own? Is it associated with stories about adopted children who did not 'turn out so well'? Adoption is as positive or negative a concept as you perceive and make it out to be.

Often one's fears about adoption disclosure (telling your child that he/she is adopted) stem from one's own perception of adoption. If you are innately uncomfortable with it, then there is a tendency to worry about how your child will receive the disclosure about his/her being adopted. Consciously or unconsciously, we transfer our own fears and worries to our children. When children feel or perceive these fears and worries, they develop a negative concept of adoption—because, from their point of view, if adoption was good news, why would you be hesitant and worried about it? Or why would you have 'hidden' the fact that they were adopted? Issues that are perfectly acceptable or happy are seldom couched in secrecy or fear, and even young children somehow understand that.

So, what should your perceptions be? "...We are adopting a child to be an integral part of our family. Nurture will play a big role in her growth and development. Yes, her genetic background will also play a role the same as that of any other child. Adoption does not make it suspect. WE are adopting a child to parent and to love ... and not a trophy or Einstein!"

1.4. What are some of your expectations of the child you are (in the process of) adopting? How to moderate them?

When you receive that much awaited call from the adoption agency, and you are told that there is a child available for you to adopt, what are some of your initial feelings? It is natural to feel some fear and anxiety as you are on the threshold of a life changing decision and experience. It is also useful to be aware of one's expectations of the child—are you expecting a cute, cuddly, chubby baby? Or a child who immediately accepts you as parents and loves you? Is there a notion in the depths of your mind that a child you adopt *should* be happy and grateful to be in such a good home? Is there an expectation that everyone in the family will be immediately accepting of the child?

Such expectations, though natural, can make it challenging for you. Part of adoption preparation is honestly talking to your partner/ the other parent about the expectations you have and examining whether these are realistic. For instance, many infants or young children who are up for adoption, and have been in institutional care, may appear physically small, weak, thin and not entirely appealing at first. This is because they are drawn from difficult circumstances of malnutrition, neglect and abuse. As a result, they may also be wary of people or it may take them time to build trust and relationships with those around them i.e. they may be slow to form attachment and bonds to adoptive parents. Some of these children, due to nutritional deficiencies and lack of stimulation, may also have developmental delays i.e. their abilities and skills may not be age-appropriate.

Also, having been in an institution they have not experienced the one on one care and love and stimulation and therefore tend to sometimes shy away from their new parents. Older children will find this transition to new parents even more difficult. This does not mean that these children are 'defective' or 'deficient' or that you should be alarmed and not adopt them; what it means is that you need to be prepared for what you may see, and then consider making arrangements to respond to any nutritional, health or developmental gaps that a child may have.

1.5. Which is the right child for you? Is 'matching' important?

CARA does not match a child to parents on the basis of complexion and features. Please remember that you are not adopting an advertisement for a 'fairness cream" or for a 'tanning lotion"! Usually, matching is done on the basis of preferred age, gender, and state opted for by prospective adoptive parents, at the time of registration.

The matching of a child with parental colour or appearance is superfluous. The kind of parent who is really particular about how a child looks is perhaps not the best choice for an adoptive parent. Also, there are many parents whose biological children do not resemble them either in appearance or personality, so why then should adopted children 'match' their parents' physical appearance or personalities? The notion that our children should look like us is also a rather peculiar one—is every one of us absolutely beautiful that we feel it necessary for our children to look like us?!



The decision about the 'right' child is made not with your heart but with your head. If you are being offered a child and all the health tests have been done and no difficult health conditions have emerged (or at least none that you feel you cannot take care of), then it may be best to say 'yes' to the child. If you are expecting a sign from God or even from the child, to tell you that *this* is the child for you, then that is not likely to happen. Children are children

and you are unknown to any given child, so you cannot expect to bond instantly and believe that this will be an indicator to adopt or not; similarly, you may not feel strong maternal or paternal stirrings when you see the child for the first time—and that is quite alright, because you do not know the child either.

1.6. What assessments should parents ask for at the time of adoption decision-making?

Adoption agencies usually ensure that nutritional and health checks are completed when a child is put up for adoption. Depending on the age of the child, he/she will be assessed for common health issues, as per the decision of the paediatrician. Medical tests will include general examination, and that of developmental milestones, a hearing test; immunisations done; HIV and Hepatitis B tests. Invasive testing will not be done unless indicated and then only with the consent of the agency. The institution where the child is being housed will be responsible for getting the necessary health assessments done and providing the adoption agency (if different) with the reports.

In case the child was born in the institution or relinquished by the birth mother, the adoption agency is likely to have greater access to birth history—which refers to information on aspects referring to delivery, such as whether it was a premature/normal/ caesarean delivery; birth weight; place of birth; mother’s health at the time of delivery; any medical issues that the infant had. If the child was abandoned, there will be no information available on birth history.

Furthermore, at the time of adoption, as prospective adoptive parents, you are also within your rights to have the child examined by a medical doctor of your choice. It is highly recommended that you also request a detailed developmental assessment at this time. This is an assessment of the level to which a child has achieved developmental milestones in an age-appropriate manner. Developmental assessments may be conducted by paediatricians and/or child mental health professionals. They focus on the five key domains of child development, namely, physical or locomotor, speech and language, social, cognitive and emotional development.

1.7. Does it work to adopt older children?

As per CARA rules, when the age of the child that could be placed with prospective adoptive parents differs based on the age of the parents, on the date of registration (as shown in the table below).

Age of the child	Maximum composite age of the prospective adoptive parents	Maximum age of single prospective adoptive parent
0-18 years	90 years	45 years
4 to 18 years	100 years	50 years
8 to 18 years	110 years	55 years

*Composite age is calculated by adding the ages of both parents.

The universal preference tends to be for infants and younger children, however, parents who qualify to adopt infants may also, at times, decide that they wish to adopt an older child i.e. above the age of 4 years. There are definite differences between caring for a young infant

who is adopted versus an older child who is adopted—these range from decisions around naming the child to adjustment issues. Unlike infants, older children have a longer experience of the world, whether traumatic or otherwise, and of different adults and caregivers. Their identities have already begun to form. They speak certain languages and have more likes and dislikes than infants would, and tend to be able to communicate their preferences. Adopting an older child therefore, requires adoptive parents to use ways and means, including allowing for time, to enable the child to re-calibrate and adjust to their home and family. And, this is certainly feasible—as discussed in subsequent sections of this document.

1.8. If one is adopting an older child, is it alright for the language spoken by the prospective adoptive parents to be different from that spoken by the child?

Of course in instances where the prospective adoptive parent and the child both speak the same language, things will certainly be easier! Given the adjustments that parents and child have to make to get to know each other, a common spoken language will be an advantage, as it will facilitate better communication between them.

However, this does not mean that the parent and child must compulsorily speak the same language or that the success of adoption depends on language. Language is only one of many means of communication. With young children especially, we use a lot of non-verbal communication, actions and play ways to communicate. Therefore, where the language of adoptive parents may be different from that of the child, in the initial phase, they can use actions and pictures to communicate. As young children tend to be fast learners of language, gradually, the child will learn pick up the language of the adoptive family. Finally, there is always google—use google translator to understand the child's words and speak some of the child's language!

1.9. What about the religion of the child?

It is the child who matters, not his/her religion! In any case, religion may come into question only when the child is older, at which time the family may introduce the child to whatever religious practices they follow.

In case the child you adopt is an older one, and already comes with a certain knowledge of religion i.e. ways of praying and other related habits, allow the child to engage in these practices (assuming that they are not harmful in any way). For instance, if the child is used to performing 'namaz', or saying Christian prayers each night, it is quite alright to allow the child to continue with this practice as long as he/she wishes to. Remember that for older children, like their names, religion is a part of their identity, so asking them to do away with their religious practises could be traumatic, and a sign that you are not accepting of them as they are. This will then hinder the bond and relationship that you are trying to develop, especially because in the initial days, older children try to cling to certain practices that they have been used to. Allowing them to continue their religious practices and prayers help them feel comforted and also act as a bridge between their past and present, bringing them familiarity and comfort in their otherwise new home and family situation.

You may offer the child (not compel!) to engage in whatever your religious practices may be and in all likelihood, the child will be willing, over time, to engage in those as well. It is quite

alright for your child to engage in both types of religious practices, as long as he/she feels no compulsion to engage in either.

Ultimately, your child is not representative of any religion, but *a child, your child!* By the same token, do not ask for time of birth and other astrological details about the child's birth and circumstances—they are simply not relevant! If religion or your child's religion is more important to you than the child as an individual, then perhaps adoption is not for you.

1.10. What if a child is found to have a developmental delay or deficit? Should we not adopt such a child?

The purpose of a developmental assessment is to understand a given child's level of functioning and to identify any gaps and deficits that there are. The findings of this assessment should be explained by agency staff to prospective adoptive parents, as part of the pre-adoption counselling process.

The latter is *not* done in order to declare the child unfit for adoption or to dissuade prospective adoptive parents from taking the child. These assessments are done so that prospective adoptive parents have a clear and realistic understanding of the child's functions and capabilities, and do that they can prepare or make arrangements to address any developmental deficits or gaps that the child has i.e. through home-based stimulation activities and if required, specialized inputs received through relevant professional consultation (whether for speech or locomotor skills or enhanced socio-emotional development).

There have been instances wherein, in the absence of developmental assessments, and consequent lack of knowledge on the part of adoptive parents, adopted children have been 'returned'. Parents who were not aware of the child's deficits then have struggled with dealing with the child and their pre-existing expectations of the child, all of which have resulted in enormous trauma for the child.

It is also fair from the prospective adoptive parents' perspective, to know and understand in detail, a child's issues, and to be allowed to base their decisions on what they learn about the child. For example, if a child is found to have certain types of developmental deficits, and the parents whether for financial or logistical or even psychological reasons may decide that they are unable to take this child. And that is ok—it does not make parents 'bad' or 'inhuman' if they are not ready for a child with additional or special needs. Indeed, it is infinitely better for the child for clear decisions to be made by parents based on their abilities and skills to meet the need of the child, than for them to unknowingly adopt a child with special needs and then decide they do not want him/her.

The CARA website places children with special needs in a separate category from average or 'normal' children. However, even average or largely normal children, due to poor nutrition, lack of stimulation and care, may also show developmental deficits. These may not amount to major deficits that characterize children placed in the special needs category, but they may still be present and prospective adoptive parents should be aware of the child's developmental needs and gaps in order to ensure they are addressed. In any case, there should be no surprises for parents, as far as possible.

1.10. Can child (mental) health practitioners assist prospective adoptive parents to make decisions about children with developmental delays or deficits?

When children are assessed with having mild to moderate developmental delays, parents often ask paediatricians or child mental health practitioners to 'guarantee' them recovery of the child, provided treatment measures are taken; they ask practitioners to tell them how a child may function in the future, academically, at school and in other spaces. While some predictions, particularly about risk of developmental problems, can be made, based on the cross-sectional information available at hand, about the child, these predictions cannot be definitive. Practitioners can only make recommendations for treatment, to address current developmental deficits. There can be no absolute guarantees for the kind of progress that a given child may be able to make, if provided with the requisite right input. Remember that child (mental) health practitioners can only work with what they know and have at present—alas, they can neither wave magic wands nor do they hold crystal balls to be able to predict the child's future.

Thus, while it is certainly within the mandate of child health practitioners to assist parents with information as they make decisions on adoption, it is not or should not be within the scope of paediatricians or child mental health practitioners to make decisions on whether prospective adoptive parents should or should not adopt a given child. Such decisions are deeply personal and can only be made by the prospective adoptive parents concerned, for, only they truly know what their ideologies and capacities are for parenting a child.

1.11. How should parents deal with close or extended family with regard to adoption decisions?

Parents may tend to either approach close or extended family with trepidation, or in the full hope of being supported on their adoption decision. The first consideration is to make the distinction between close family, such as siblings and parents who generally form the inner family circle versus others, aunts, uncles, cousins etc. who may be important in varying degrees, to the adoptive parents. You may want to engage in more frequent and detailed conversations with close family as they are likely to form part of your support system for child care and of course, because they will be the child's first family too—by way of being your child's grandparents and uncles and aunts. However, whichever type of family you are dealing with, here are some broad rules for engagement:

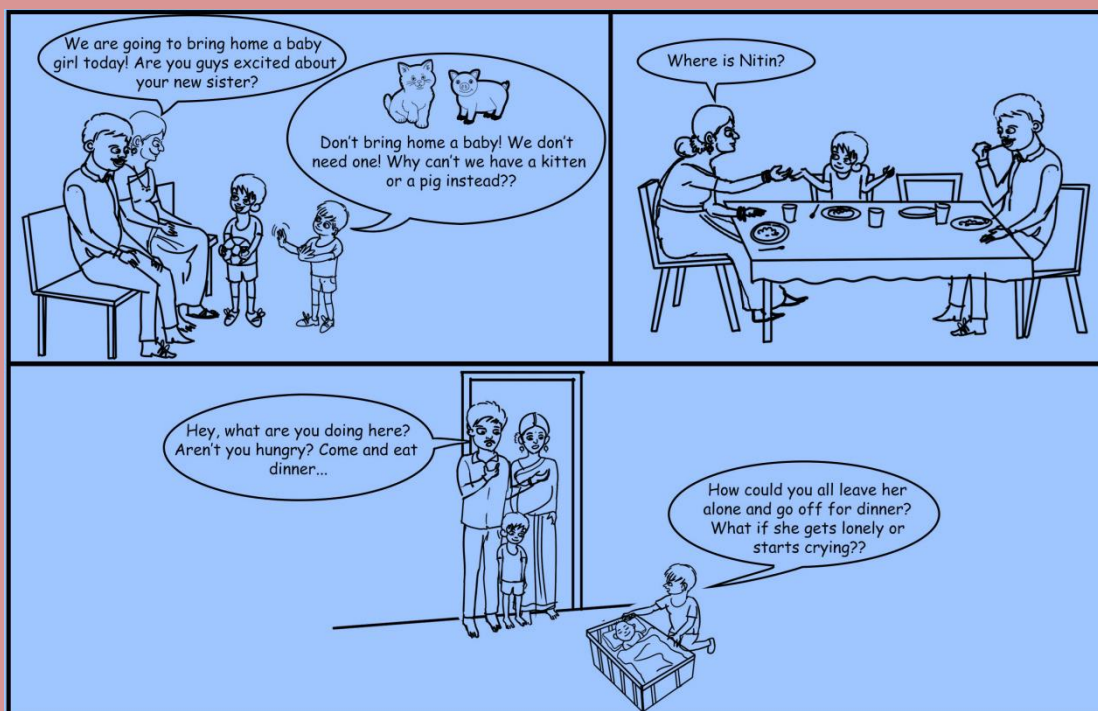
- Understand that your family may not have experienced what you have and they may not know or feel the way you do about adoption.
- They may have lot of questions and concerns which may come from good intentions. Try not to feel too upset by negative reactions; and remember that you are free to consider which of their personal questions are useful in helping you through the thinking and preparation process—discard those that are simply not useful.
- Agree with your partner/ the other parent about what, when to tell and how much to tell to various family members about your adoption decisions. It is not necessary to be equitable and provide equal amounts of information to everyone!

- Assure your family that you are comfortable and excited about the process of adoption, and that you have been through the necessary thinking and preparatory processes of adoption.
- Tell them that their support is important-- you want your adopted child to get to know them and build relationships with them but at the child's pace.
- Make clear that there are no secrets about adoption- but discuss that disclosure is to be done in a certain way and that as the parents of the child, you would be doing it (i.e. no other person in the family should raise the issue with the child before you do).

In all this, it is important to be clear that whatever other people's reservations or viewpoints about adoption (some of which you may try to consider), in the end you, as the parents get to make the decision. No one, no matter how close a family member, can influence your decisions because the business of having children (in whatever manner) is a deeply personal one and so can be decided upon only by the individuals or couples concerned.

1.12. How to involve siblings or existing biological children in the adoption issue?

Contrary to what some adoptive parents think, you do not require permission from the sibling (whether biological or adoptive) to make decisions regarding adoption of your next child. After all, when parents decide to have a second child biologically, they do not ask permission from their older child!



Usually, when parents are in the process of having another biological child, they talk to the sibling about the baby that is to be born, in preparation for the older child to be able to welcome and adjust to the baby when it arrives. Similarly, there is a need to prepare the older child for the infant or child who is arriving, in due course, through adoption processes.

Here are some things you can do to prepare your older child and involve him/her in the adoption processes:

- Start a conversation on how there are many children in the world who would love to have a home and family, just like he/she does... [*“So many children in the world who have no home and parents as you do...we would love to share our home with one of them and be their family. How would you feel about sharing a home and living with someone like that? You think he/she would be happy with our family?”*]
- Talk about what adoption means...that it is about caring for children and building happy families.
- Validate and acknowledge sibling’s concerns and questions about the adopted child. It is important to be thoughtful and open in all your communications...be welcoming of questions and reassuring in your responses. For instance, some older children or siblings may ask *“Am I important or he/she is? What if she is really different from us/ look different? What if she doesn’t accept me?”*
- Involve the sibling in all the process of adoption by taking him/her to visit the child you are to adopt, so that introductions and interactions begin even before the adopted child comes home.
- Involve the sibling in preparations for the new child, so that he/she also shares your excitement and enthusiasm... allow him/her to get the new arrival’s space ready, choose clothes and toys for the new arrival...
- Emphasise to that the sibling that he/she is going to play an important role in the new arrival’s life including welcoming child home/ helping him or her to settle in and guiding him/her as s(he) grows up i.e. *“you are going to be the big sister/ brother...and one of the most important people in baby’s life...”*
- Talk about disclosure—tell the sibling that parents will be talking about adoption to the new child when he/she is old enough and the time is right and they will ask the sibling to help them out at that point.

A brother writes about his two adopted sisters:

- Excerpt from 'The Penguin Guide to Adoption in India' by Dr. Aloma Lobo & Jayapriya Vasudevan (Published by Penguin Books, New Delhi, 2002)

I have two sisters who happen to have been adopted, and that I think says it, more or less. But...

I have been waiting to say the following for some time now.

They are pretty irritating as sisters go and are mostly involved with hogging the phone, stealing all the dessert, talking non-stop, stealing my t-shirts, poking their noses into places they aren't supposed to, making unnecessary noises about how selfish the brother is, watching third rate soaps and discussing them at the table in great detail and even more volume, discussing this guy and his dress sense and that stupid green shirt that he was wearing, and that girl who said this thing to that one's brother's friend, and that off-white magenta-tinged top available at this ridiculously low price at that shop next to that one's house with that salesgirl with that sick attitude who picks her nose and the nail polish she was wearing...

The question is, does the fact that they are adopted influence a sibling's treatment and attitude towards them? Well, no. They are just as irritating as biological siblings—and I have two more of those!

A.2. Post-Adoption Matters

2.1. What preparations and arrangements should parents make at the time of adoption and immediately after?

Parents are usually very excited about the arrival of the child and have probably spent many months planning the space, clothing, food, toys for him/her. Of course there should be excitement and joy about parenthood and welcoming a long-awaited child! However, there is a tendency for this enthusiasm to manifest in creation of spaces and use of feeding and hygiene practices and clothing that are completely different from those of the child care institution that the child has been in until adoption. Understandably, parents might feel that the poor child has been eating inappropriate and inadequate food (which is why he/she is malnourished) and sleeping in unclean spaces and has had no toys to play with...in other words, parents want to immediately compensate for all the perceived gaps and inadequacies the child may have experienced in the institution.

What the child is accustomed to...

- Dim lighting—not brightly lit spaces.
- Sleeping with lots of other children nearby—not a large, spacious, empty room.
- Specific types of fairly traditional or local foods—not necessarily special foods that you may consider more appropriate or kid-friendly!
- Indian style toilets (the squat or "hole in the ground"), in case of older children--not western style toilets.
- Bucket and mug baths, not showers; and babies in India are often bathed by laying them across the caregivers' legs and laps, rather than in tubs or basins.
- Lots of noise and many people—but the same set of people (at least for a given time period).

While this tendency to compensate is only natural for the adoptive parents, from a child's perspective, all these sudden changes are not necessarily experienced as being better. In fact, even for babies, sudden and big changes in feeding and sleeping arrangements can be extremely destabilizing, and so make adjustment in the new home far more difficult than it already is. Remember too, how everything in the adoptive parents' home is completely new and different for the child, including the people.

Therefore, the child needs time to adjust to his/her new environment and caregivers. For these reasons, to reduce the trauma of change and ease the child's adjustment in the new environment, it is advisable for adoptive parents to gradually transition from institution systems to theirs. What this means is: i) to find out from the child care institution what the child has been accustomed to; ii) continue with the institutions arrangements for the initial few days; iii) gradually transition to your ways of doing things for the child.

a) Sleeping Arrangements

While you may have a beautiful new room that has been done up especially for your child, now is not the time to use it. Don't let your child sleep alone, in a separate room, at least for the first few months.

- Use similar pillow/ head support to what was used at the institution.

- Make sure that you have rubber sheets to place beneath the bed linen.
- Bring the child's blanket back with you from the institution, so that he/she has something familiar to hold on to in the initial weeks. (You can replace the blanket for the institution).
- Keep the lights dim in the room and gradually increase the brightness over a few days.
- Turn on some music or the radio at a low volume so that there is some noise and voices, as the child is used to.
- Place the child's bed/ cradle near to your bed—this will also help your child develop attachment and bond with you.
- If you have a separate room for your child, use it during the day time to play and take naps in during the daytime; then use it at night, after some months.

b) Feeding

While you may feel that the child looks small and thin, and want to immediately raise the quantity and diversify the type of food you give the child, it may be hard for the child, especially an infant to adjust to new foods and large quantities of it so quickly. Remember that young children, especially infants, have very sensitive digestive systems, and that sudden changes may upset them.

Types of Food:

- In case of infants, ask the paediatrician on advice regarding formula milk versus pasteurized milk, including what quantities to feed the infant and how gradually to increase the quantity of the feed.
- In case of young children, use similar types of food as institution or find the nearest substitute. Even if you do not know exactly how to make the foods served in the institution, you could use the ingredients closest to them and cook something similar...and there is always google, for learning new recipes!
- Gradually transition to your family foods...introducing a little at a time i.e. at first, introduce the new foods along with old, familiar ones and gradually change over depending on the child's response.

Methods of Feeding:

- If the institution used bottle feeding, continue with it and gradually initiate use of spoon.
- Feed at the same times that the institution fed (and possibly more frequently, as children are not fed as frequently in institutions as they are in homes).
- Some children may eat more due to feelings of deprivation and/or under-nourishment. It's ok...give small amounts of food but more frequently so that such children are reassured of access to food.
- Bring home a familiar toy or blanket and a feeding bottle if the child is an infant.

c) Clothing & Hygiene

The temptation for parents is to 'dress up' their new baby or child in fancy new clothes as it is natural for them to want to 'show off' their child. However, some of these clothes could be uncomfortable for a child, especially an infant. Similarly, remember that children may be used to certain bathing and toileting methods at the institution. For instance, they may be used to bucket baths, not showers and Indian toilets, not western ones. So, don't be

surprised (or upset) if even a 4 to 5 year old messes up on the toilet floor instead of peeing into the pot.

d) Clothing:

Allowing for older children, particularly, to bring a few sets of clothes and a couple of toys from institution i.e. some favourites gives them a sense of continuity when they leave the institution...and helps them make the transition to your home and his/her new things, more easily.

- Initially, dress child similar to clothes like in the institution. Bring a few sets of clothing back with you from the institution (and replace them with new ones for the institution), so that the children, especially infants, have something familiar to wear i.e. if the feel of the clothes is the same, it is one less change for him/her to deal with .
- Do not over-clothe or under-clothe the child—go according to the weather to ensure his/her comfort.
- Plan for frequent washing and drying—babies and children can get through a lot of clothes in a day because they are wont to wet or dirty themselves.

e) Hygiene:

- Understand the bathing protocol used for infants and follow it, at least initially. In Indian child care institutions, caregivers usually use buckets and mugs, laying infants across their legs as they hold and bathe them.
- Bathing should be done by the primary caregiver (ideally one or the other of the parents) as bath time facilitates bonding; include oil massages and other rituals such as use of water toys to make it fun.
- In case of infants, while making decisions about disposable versus cloth diapers, consider what the child care institution was using and continue with the same, gradually transitioning to whichever method you prefer. Whichever method you use, the baby needs to be changed frequently and kept dry.
- For older children, use potties to help them transition from Indian toilets to western toilets; never get upset with a child when you find that he/she simply has no idea how to use a Western toilet. (Remember that no one probably taught the child how to use such facilities).
- Don't assume that older children know about hand washing and other hygiene-related processes—introduce these step-by-step, in accordance with what you expect, as per your habits and culture.

f) Outings & Social Interactions

Children in institutions are exposed to many people within but on the other hand, they are the same people...they are not exposed to the outside world. Sudden exposure to the outside world and to a lot of new people is likely to unsettle them. While your friends and extended family may be excited and want to come immediately to visit you and the new child, your child also needs some time to learn that you are the primary caregivers; so continual exposure to different faces during the initial phase, will make it difficult for them to understand who the most important two people are to bond with.

- Keep the child at home (indoors) for the first few days.
- Gradually take him/her for walks and short outings (such as just outside your house or to the park nearby for about 20 minutes at a time).
- Ensure maximum time with primary caregivers in the initial weeks.

- Allow for 1 to 2 visitors at a time, every few days i.e. do not throw a party (save that for later!) and introduce lots of people at the same time.
- Tell your friends and relatives politely that you are also really excited and keen that they share in your joy, but just to allow some time for you and the child to settle in.
- It is a good idea to for an older child, to take a few pictures of friends and surroundings that he/she has been accustomed to in the institution and allow the child to look at these and remember—this is a way of helping him/her to build bridges between the past and present/future.

2.2. Is it alright to change the child's name?

For children below the age of 1 year, when they have not learnt their names as yet, it is alright to change the names given at the institution. However, for children above the age of 1 year, who can say their names or at least respond to their names when called, it is not advisable to change their names. Remember that a name change is an identity change and would be terribly confusing for any child, especially for one whose life is (and has to) change in every other way due to having to move homes.

If you really want to give a particular name to the child, you may do so as a second or an additional name, for many people have a middle name. So, the primary name and what the child is called is what the child came with from the institution; but the second name could be introduced to the child over time, as he/she grows and settles into the family. The adoptive parents could explain to the child that one name was given by the institution (or even the biological parents) which the child is used to and they will continue to use but that they also wish to give him/her another name because he/she now belongs to this family and that they love her and want to call her something else as well.

Some parents may be very religious and not wish for the child to have a name that belongs to a different religion or community. Such parents may need to seriously consider if they are ready for adoption because if the name of a child and what it represents by way of the child's religion is more important to you than the comfort and true identity of a child, then perhaps you need to do some further thinking on whether you are ready to be adoptive parents.

2.3. Why is early stimulation especially important for adopted children?

A child's environment has dramatic influence on brain-building and healthy development. Early stimulation refers to a set of physical (motor) and sensory (pertaining to the five senses—vision, hearing, touch, taste, smell) experiences that facilitate a child's growth in all areas of development. Early childhood stimulation thus helps to promote intellectual development, physical and mental skills in children i.e. the lack of adequate early childhood stimulation could lead to slow learning, developmental disabilities (especially in at-risk children) and behavioural oddities. Early stimulation comprises of different types of activities done with young children in order to promote the development of skills and abilities in the five key areas of child development:

- i) Physical/ Locomotor Development (including gross & fine motor skills)
- ii) Social Development
- iii) Speech & Language
- iv) Cognitive Development
- v) Emotional Development

In general, early stimulation activities are for all young children, i.e. children aged 0 to 6 years, for this is viewed as the critical period when the potential for growth and development must be seized. This is because this is the period during which the foundations of children's physical/ social/ emotional/ cognitive abilities and skills are being laid.

Activities & Materials for Early Stimulation in the Five Key Developmental Domains

Physical/ Locomotor Development				
Sensory Stimulation (1): Visual	Sensory Stimulation (2): Auditory	Sensory Stimulation (3): Touch	Gross Motor Skills	Fine Motor Skills
Mobiles, kaleidoscope	Rattles, musical instruments	Sensory mat, soft ball	Rope ladder, Skipping rope	Stencils, lacing, hammer & pegs, lock & key, beading toys & other eye –hand coordination Self-Help skills: Buttoning, zipping, lacing, puzzles for dressing self,
Speech & Language Development				
Oral-muscular exercises	Early language training	Further language development		
Oro-motor kit (blowing bubbles/ whistles/ balloons, drinking from a straw...massages of cheek and areas near mouth)	Picture cards to encourage naming & pointing, description	Story (telling) Cards, Kathalaya story kit		
Social & Emotional Development				
Familiar People	Understanding Social Spaces	Rule-Based Games	Stories	
Family cards, family puppets	Pictures of people's work spaces	Ludo, Snakes & Ladders & other simple board games or hide-and-seek and other physical rule-based games	Story Cards	
Cognitive Development				
Stacking and Shapes	Concept (shape/ size/ objects)	Identification	Analysis	Sequencing
Blocks, stacking rings, cubes,	Form boards, opposites cards, I sense concept cards (body parts & use), 'what's different' cards	Look & say cards, what will you use cards, food group cards	Why-because cards, picture puzzles, memory cards	Sequencing cards, story sequence cards, 4-step cards,

Adopted children are often drawn from difficult families where there is likely to have been neglect and lack of care and stimulation. Even when the child is in an institution, while physical care by way of provision of food, shelter, clothing and medical care is adequate, developmental stimulation is usually a gap. Given the low children to caregiver ratios in child care institutions, and how staff are generally overwhelmed by tasks relating to basic care and administration, they are often unable to meet the stimulation needs of young children; many of them also may not have the knowledge and skill to provide children with essential

early stimulation activities. Consequently, some of the developmental delays and gaps that developmental assessments (erstwhile discussed) reveal may also be due to lack of opportunities for learning and stimulation.

Therefore, early stimulation takes on special importance in the context of adoption—where parents need to ‘make up’ for lost time, when the child comes home, providing as many opportunities as possible for children to grow in locomotor, speech and language, social, emotional and cognitive areas. [The table above contains some suggested activities and play materials you may use for early stimulation purposes].

2.4. How to develop attachment and bonding with your child?

Contrary to what is expected, emotional attachment is not automatically present—not even with a biological child! Adopted children have already developed attachments to other caregivers in the institution. It is difficult for infants and young children to make the shift from one caregiver to another --they are dealing with feelings of loss and displacement, Don't expect that your newly adopted child will look at you and smile right away and want to cuddle! Not necessarily so.

What to expect from your child in the first few weeks after adoption

- Whining, clinging, and tantrums!
- Pushing you away and rejecting your efforts to cuddle.
- Wanting you nearby all the time and demanding to be picked up.
- Demanding that you do or buy things.
- In case of older children, them telling you that you are not their mummy and daddy.
- Asking to go back ‘home’ which means the child care institution.
- Crying for ‘akka’ or ‘aunty’ in the institution.

All your long and happy dreams of being a loving parent to an adoring child are breaking...And you are at your wit's end... wondering whether adoption was such a good idea after all!

Relax...such behaviours on the part of your child are completely normal. Actually, they are even good signs that your child has a certain level of socio-emotional and cognitive development. If your child were completely quiet, passive and apparently ‘accepting’ of a new environment, you would have more reasons to worry...because for a child who does not react, there is a likelihood that socio-emotional and cognitive developmental abilities are not present to the extent that they should be.

So, here's how you respond to initial socio-emotional reactions in your child:

- Do not take children's rejection and related behaviours personally—they are not behaving that way because you are a bad or incapable parent; they are just trying to make the transition to a new and possibly a bewilderingly different environment.
- You are new to your child and need to build a relationship. Like any other, parent-child relationships (even in case of biological parents and children) need to be built.
- Given the age and developmental stage of the child, the onus of building a relationship is on YOU (not on the child!). So, it is for you, not the child, to be able to comprehend the situation and make inter-personal and environmental changes.
- Providing material responses (toys/clothes...) is not necessarily the way to establish emotional attachment. There is a tendency for parents, at least as a short-term measure, to ‘buy’ love (and peace) by giving the child lots of toys and clothes, in the

hope that the child will be pacified and settle down, and also love the parents. But this is not sustainable in the medium to long term and you would be establishing an incorrect basis for your relationship with your child. By doing this, you are only enabling the child to learn demanding behaviours that will lead to more temper tantrums; you are also teaching your child that love, attachment and bonding can be achieved through tangible material means and not others. In fact, some children may not even respond to material distractions because it is emotional bonding and soothing that they are searching for.

Remember the transition that your child is making!

...what a huge thing you are asking of a child by way of moving from surroundings and people that he/she is accustomed to, to a completely unknown environment, with people he/she is barely acquainted with.

...we are asking very young children to make these tremendous adjustments, when they barely have an understanding of what the world is about, and why these things are being done for them.

...most children are too young to give (informed) 'consent' at the time of adoption; so, really, it was a bunch of (well-meaning) adults who made decisions about their lives, without really consulting them.

...how you might respond and the difficulties you might have moving to a completely new and unknown environment, with hardly any information about it, and without your consent...and you are an adult!

- Try and understand your child's emotions at the time of distress: ask yourself *'what might my child be thinking or feeling right now? Why is he sad and upset?'*
- Hold and soothe the child—if you are allowed to do so. Make gentle attempts but respect the child's desire if he/she does not want to be held or cuddled at that time. Hold his/her hand instead or gently pat his/her back or shoulder.
- In case of older children, acknowledge or validate the child's anger/sadness: *'I know you are scared (or sad) because you are in a new place...it is ok...I am there with you.'* Or *'I know that you are missing aunty now...'*
- In general, use a lot of hugs and cuddles to establish attachment and bonding, but do not force it if child is unwilling.
- Try using some means to distraction and engagement—such as toys/games.
- Be available to the child and spend a lot of time playing and talking to the child—so that he/she gets familiar with you.
- Create routines: children need to understand what routines (around daily activities/self-care/going out...) they are expected to follow everyday as greater predictability will reduce anxiety and distress, and also ease the adjustment process. So talk to your child as various activities are being done or planned. For instance, *'Now we will have a bath and then eat some food... after eating, we will go to the park outside...'*
- Create rituals: some special activities such as a good-night story and hug every night is an example of a bed-time ritual; telling a little story during feeding time is a meal-time ritual; having some plastic/rubber toys to play with is a bath-time ritual. Rituals make routines fun and help the child develop attachments to you/other caregivers.

Above all, practice all of the above for several weeks, to find that things with you and your child gradually settle down. There is no magic wand that will cut short these processes...and parenting is hard work, and that is what you signed up for!

Often of course, the child and you may just settle in together, without any trouble!

2.5. What to tell your friends and neighbours about your adopted child?

To inform or not inform neighbours? Tell people in advance? Suddenly one day, you have a child...how do you explain that? These are some of the dilemmas parents tend to face while introducing the child into their social circles. If some of these friends and neighbours are part of your inner circle, the chances are that you would have shared with them, in advance, about your decision to adopt, so there are no surprises for them when the child comes home; and they are likely to be prepared to support your decision and share in your happiness.

However, in case of people you have not told, such as acquaintances and not-so-close friends and neighbours, during the first few months i.e. during the immediate period after adoption, you might, if they ask, say 'Yes, we adopted X'. No further details are required—you could gently, and with humour, deflect other questions that are asked. In other words, there is no obligation on your part to detail out the adoption process and explain which institution the child is from etc. In case of biological children, we usually do not go into details about how the labour pains started at 6 am and you went to the hospital at 6:30 am to be admitted in room no.245, tended by two nurses...!

The key word here is '*adopted*' i.e. adoption was in the past. You don't say my child IS adopted...you say my child 'WAS' adopted. After all, in case of biological children, we don't say 'my child is born'—and you child does not continue to be born! You say, 'my child was born'. Also, remember never to introduce your child as 'This is X, my adopted child'...we don't introduce our biological children as 'This is X, my biological child'!

2.6. Should parents tell the school that their child is adopted?

At the outset, or at the time of admission, there is no need to tell the school about your child's adoption status. In fact, schools should not have any questions about adoption on their application and registration forms i.e. it is illegal for them to do so. Essentially, adoption has nothing to do with schools—it is a parent-child-family issue.

Many parents are concerned that disclosing their child's adoption status to the school and teachers may result in discrimination or labelling of some sort. This is especially true for children who may show emotional and behaviour problems at school, so that then there is the risk of the school attributing such problems to adoption. The fact is that any emotional, behavioural, developmental or learning problem that a child may have is not necessarily attributable to adoption. After all, biological children are at equal risk of developing any of these problems. In child mental health facilities, most children who are there for assistance, are biological, not adopted. The contexts of children's emotional and behaviour problems range from developmental disabilities to parental separation, domestic violence, bullying, trauma and abuse...to name a few. Adoption is one of many contexts and one (unlike the others) that in itself does not lead to any problems; how disclosure is done and how the child internalizes it and how salient others around the child respond to the child's adoptive status influence whether or not adopted children develop emotional and behaviour problems. The aetiology of developmental disabilities is of course different and not a result of adoption.

If a child presents with emotional and behaviour problems in school and teachers report these issues, it may be best for parents to seek professional child mental health assistance to assess and develop the necessary interventions to resolve the child's issues.

2.7. Are adoptive children more prone to emotional, behavioural and learning problems than others?

Any child in difficult circumstances, whether lacking in stimulation and opportunity, exposed to abuse, neglect and other traumatic experiences, is at risk of emotional, behavioural and learning issues. There are a number of contexts, of varying types, such as parental marital discord, violence, alcoholism, family conflicts and stresses, mental illness, all of which impact parenting as well as parent-child relationships, with due consequences of children's psychosocial and mental health; there are also school-related issues, such as bullying, academic pressures and expectations, and disciplining approaches which impact children's mental health.

In the adoption context, emotional and behavioural issues are often compounded by lack of or delayed and inadequate disclosure of adoption status. The relationship of learning/performance issues and parent expectations, emotional regulation and parental responses, adoption disclosure hesitations and children's insecurities all work in various combinations to explain why emotional and behaviour problems develop in adopted children. Adoption is actually one type of (family) context and also, it is not one that necessarily is negative. In fact, unlike many the other contexts (erstwhile mentioned), adoption need not even be a negative factor, if disclosure and other parent-child issues are managed appropriately.

While studies do show that adopted children have emotional and behavioural issues, it is not a given that children who are adopted necessarily have emotional and behaviour problems. What is important to recognize is that many children who are adopted come from situations of abandonment and neglect and/or probable poor maternal health. This places them at risk for neuro-developmental issues, namely attentional or learning difficulties and emotional regulation difficulties, including problems of bonding and attachment. However, as discussed above, biological children are also risk of such problems were they to be exposed to dysfunctional family contexts, and abuse/ trauma of various types or if there have been difficulties with maternal health and delivery.

So, the next time you hear stories about some adopted child 'who did not turn out well', remember that it is sometimes simply convenient for people to attribute their parenting and family relationship failures to adoption, rather than to many other factors that probably played out and hindered a child from growing and developing in optimal ways. Also, don't forget, there are hundreds of children who have various kinds of emotional, behaviour and learning problems—our crowded child mental health facilities are a daily testimony to this—and very few of these children are adopted!

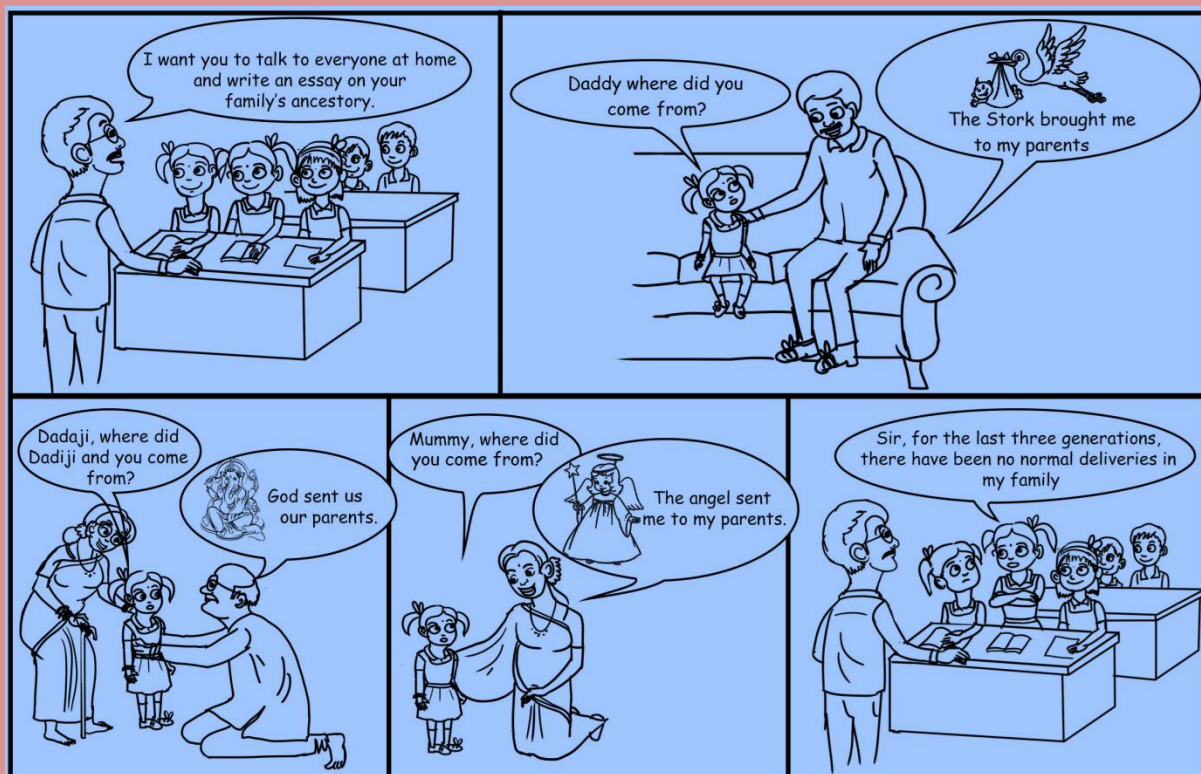
Whether biological or adopted, there are certain contexts and experiences that lead children to develop psychosocial problems. What is important is to focus on how to resolve their issues, and to seek timely and appropriate assistance in order to do so.

A.3. Adoption Disclosure and Beyond

3.1. What is adoption disclosure?

From a parents' perspective, adoption disclosure means telling the child about his/her adopted status i.e. that he/she was not biologically born into the family. It is not a one-off discussion to 'inform' or 'apprise' the child of the fact of adoption. In other words, adoption disclosure does not, or should not, happen like in the movies...wherein one fine day, the adopted child (who may even be an adult by then) is told about his/her adoption status...followed by intensely emotional and sentimental reactions of parent and child, usually ending in happy reconciliation.

Adoption disclosure is an ongoing process...of questions and answers and little chats that parents have with their children. It is about imparting information and supporting the child over a period of time, including providing more detailed and complex information as the child grows older i.e. disclosure is not a one-off act but a process that the parent and child engage in over a period of months or years so that the child receives information in stages, in accordance with his/her cognitive and socio-emotional readiness to do so.



3.2. Why do parents find it difficult to disclose adoption status to their children?

Why are parents reluctant to tell their children about their adoptive status? In our country, this reluctance and fear stems from the larger socio-cultural contexts we live in. For instance, soon after a couple gets married, everyone starts to ask 'when is the baby coming?' Then if a year or two pass and there are no babies, people start to ask what happened. The culture is such that women often have to prove themselves by having a baby. So if a couple then

adopts a baby, everyone's attitude is 'Oh! so they could not have one'. In our minds, it is as if we failed, especially in case of women, who feel guilty that they could not produce a child and so also tend to feel that they have not been good wives or mothers. So many women, in particular, do not wish to disclose to the world or to their child about adoption because in their minds, they have failed. Some parents are hesitant to disclose because they believe that their child may have come from a different socio-economic background and are uncomfortable with this notion.

Many parents are hesitant about adoption disclosure because they are afraid of how the child will respond...they do not wish to be confronted with shock, anxiety, grief or sadness or any other negative emotion that they fear that their child might express upon knowing of the adoption. Parents feel ill-equipped sometimes to deal either with difficult emotions or questions that their child might ask them about adoption and related issues.

In our own minds, adoption is akin to second-class parenting, and not what we set out to do. Until we give both biology and adoption equal value, disclosure about adoption will always be difficult.

3.3. Should parents tell their child that he/she is adopted?

Yes, yes and yes! It is children's right to know and parents' duty to tell them about their beginnings and (parts of their) identity. Parents absolutely should tell children about their adoption status. Remember how we usually hide things that are 'bad' and uncomfortable—and children are aware of this—so if you don't tell and you hide this fact, you are already giving children the idea that adoption is something that is not good, something to be ashamed of!

Another reason to tell your child is that if you do not, he/she will hear it somewhere else, from someone else, in ways that you may not want your family told...for, the other person may misrepresent the issue or tell it in a negative manner i.e. to give the child the impression that adoption is 'bad' or undesirable. For instance, if a child is told, in a moment of anger, by a relative *"see, you behave like that because you are adopted!"* or if some other child at school were to tease or bully the child and say *"didn't you know...you are not your parents' real child...they picked you out of a dustbin"*. Such remarks are basically giving a child the message that 'you don't belong', which is devastating for him/ her. So, you don't want to risk the child's perceptions about herself and about adoption being coloured by others. So get your foot in first and tell the child before others do!

Children start to develop notions and narratives of family, including who they are and what a family is, from early childhood. By the time they reach middle childhood i.e. between ages 7 and 12, they already have clear many narratives about *this* family, *my* family, who we are...stories about their families. If you do not disclose (early on) then the adoption issue does not form one of many narratives in the child's mind, or one of many family stories that the child knows. Then if you suddenly decide to disclose to the child at age 13 years, or even at age 9 or 10 years, it is very late; this is because as a child grows older, it is difficult for him/her to internalize and absorb completely new narratives or make space for them within the existing ones i.e. it is almost like they feel that they have to wipe their slates clean and start all over again. Children then start to wonder what else has been kept secret and what else you have not told them, so there is also a risk of their trust in you being broken.

3.3. How should parents prepare themselves for disclosing adoption status to their child?

Parents often ask the question on adoption disclosure as ‘how do we break the news to our child?’ Actually, disclosure is not about ‘breaking the news’, which is a phrase that is already ridden with ominous trepidation. This reflects how we as parents view adoption—in other words, the fear is our minds, not in children’s minds. So, the first step in adoption disclosure might be for parents to make the paradigm shift from ‘breaking the news’ to ‘celebrating the truth’, or ‘celebrating our happy family truths’, for instance.

Next, in case there are older (biological) siblings, it would be useful

to have a conversation with them and tell them your plans about adoption disclosure to the younger sibling. It would be useful if they participate in the disclosure process vis a vis the telling of the family story because they are as much of the family as you parents are, and they could play a critical role in reassuring the adopted sibling that he/she is loved and wanted, and equally a part of your family.

Third, prepare your story or script—what are you going to tell your child about where he/she came from? What details are you going to provide of the first time you saw the child or brought him/her home (i.e. of your excitement and joy) that help the child feel reassured and loved? It would be useful for both parents to discuss what you will tell the child, so that there is no discrepancy in the narrative, at the time of telling.

Fourth, gather together some materials to help you with the process. These could be family albums and photographs of the parents and child, from the moment they saw him/her to the day they adopted her and the years that followed. Photographs presented in chronological order would make your narrative come alive and be fun, and also make it easier for the child to be able to construct the story for himself/ herself. Other types of materials could be stories about adoption (animal and human), to help you start conversations with your child—and then proceed to draw parallels.

Lastly, be prepared for different types of responses from your child, ranging from calm and matter-of-fact (some child may say *‘O that’s ok, I actually always knew I was adopted’*) to angry, anxious and tearful. Since you know your child best, you would be best able to predict his/her reaction; however, remember that in that situation your child may also respond in unexpected ways. While reactions of anger or anxiety may be disconcerting for you, remember that they are not insurmountable—they can be dealt with a great deal of reassurance and love (which needs to be present anyway, throughout the process). It is quite alright for your child to respond with confusion and worry for some days even. But if

A gradual process, not a one-off story...

Remember that this is not a one-time story but has to be done gradually over a period of time and according to the age and maturity of the child. Allow your child to be familiar with the words and phrases such as ‘adoption’, “when we brought you home”, “we waited for you”, “we wanted you”, etc.

The story should be gradual and progressive. It must lay the foundation for your child’s emotional security to flourish. Again, just because your child repeats her adoption story does not automatically mean that she has understood adoption. The fact that we are all ‘born’ is not believed by very young children and some believe that they were either born or adopted! It is important to explain that they were first born and then adopted.

some of these issues persist, it would be useful to seek professional help. A skilled, neutral third party, preferably a child mental health professional or counsellor, can help you gain perspective and new ideas, as well as assist you in the process of disclosure, not only after you engage in it but before and during the process as well.



3.2. What is a good age for parents to tell their child about adoption? How to begin the process of talking to your child about this?

Between ages 1.5 to 2 years, which is clearly too young for children to understand issues of adoption disclosure, and ages 13 to 16 years, which is much too old, what is the right age to disclose adoption status to children? For an average child, the adoption disclosure processes could begin as early as age 3 or 3.5 years, when children demonstrate curiosity about the world around them and tend to ask a lot of questions. This does not mean that they are going to ask questions about adoption. But you can start telling stories—because children of this age love story-telling. The content of the stories at this stage could be family—what makes up a family? Who is family? Helping children develop notions about families that pertain to caring, loving, helpful and supportive. Through this, you are already creating ideas in a child's mind about what really makes up a family and laying the foundation for further adoption-related disclosure, at a later point in time.



Gradually, as children grow a little older, when they are about 5 to 6 years of age, you could increase the amount of information provided to them, in keeping with their higher cognitive and socio-emotional development. The stories (and discussions thereof) could now introduce ideas on children who do not have homes and families, and families who do not have children but want children.

Together (with the older siblings in case there are any), you could develop your own narrative or script i.e. how you will tell your story to the child...the story of this family and how it was made. For instance: *“Once upon a time, there was a family of two people—a man and woman who were married. They always wanted children but could not have any and were very sad because they loved children. Then, someone told them that there was a place where there were lots of children who did not have homes and families, and that these children would love to have families. So, the parents decided to go there...[details on what the parents saw, how they decided on this child, how he/she came home and was welcomed by everyone...]*. For parents with biological children i.e. for whom the problem was not inability to have biological children, they could simply state that they wanted a child without a family to have one, that they believe that families are made up by all sorts of individuals i.e. children who are ‘born’ into them and children who come to them in other ways. **[Refer to Leela’s Story and guide for more ideas on how to provide a narrative on when the child was adopted and came home to the family.]*

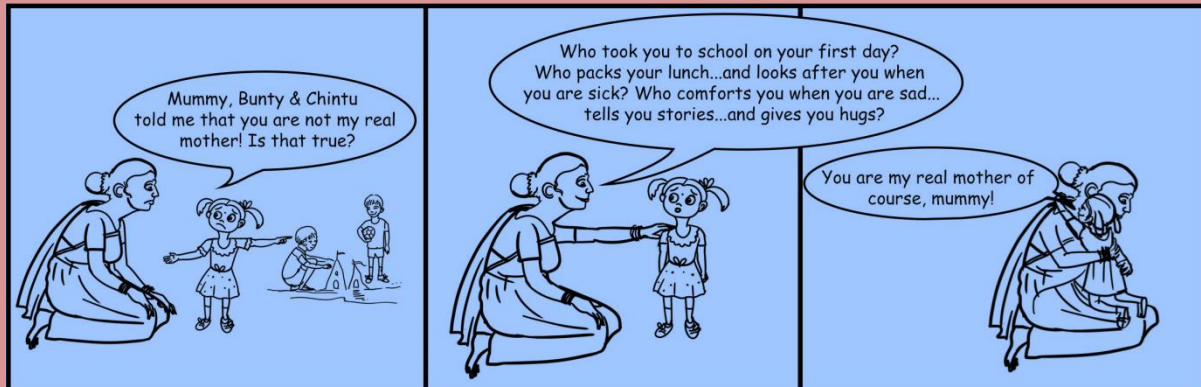
In case of older children adoptions, they already know that they are not biological children of the family, and to some extent where they came from. However, there are many aspects of disclosure that are equally relevant to them—because disclosure is not merely about the facts of where, who and when; it is about how children internalize the factual information and respond with their worries, concerns and questions about their lives now, in relation to where they come from or how they became a part of this family.

Common Questions & Concerns Expressed by Children during Disclosure Process

- *Where did I come from? Who are my birth parents?*
- *Why did my (biological) parents give me up?*
- *Didn’t they want me? Didn’t they love me?*
- *Who is my ‘real’ family? Them or you?*
- *What if you don’t want me one day?*
- *Will you ever give me back to where you took me from?*
- *(At times when you may discipline or correct the child) If my real parents had been there, they would not have done this...*
- *Do you love [biological] sibling more than me?*
- *Did my birth parents see me?*
- *Did my birth mother care for me at all? Does she know where I am?*
- *Did I have a birth father?*
- *Do I have siblings?*
- *Can I someday meet with them?*
- *Did they not like me? My face?*
- *Why did they give me away when I needed them most?*
- *Was I a bad baby?*

It is natural for some of these questions to be disconcerting—for, as parents, you have perhaps done everything to make the child feel wanted and loved. However, it is important not to take these questions personally or be upset about them—because remember that this is not about you! These are reflective of children’s curiosity as well as their anxieties and insecurities, which are perfectly natural. Children have the right to ask, and indeed, it is

better that they verbalize their worries, rather than suppress them and try to seek answers within their own heads—because this will only serve to increase their anxieties. It may not be possible to answer all questions, or certainly at the same time, but it is important to address children’s need to know, and to answer them to whatever extent it is possible, in an environment of love and concern.



And, just as disclosure is not a one-time discussion, these questions do not warrant one-word or one-sentence answers; they deserve a response—which means that you spend some time talking to children and presenting them with your thoughts and viewpoints on the matter and encourage them to ask more questions in order to clarify their concerns. However, at the same time, it is critical to give children the amount of information that children want or need at any given point in time. For instance, if a 2 or 3 year old were to ask her mother ‘*did I come from your tummy?*’ all you need to say ‘no you did not’—a simple to-the-point response, which at that stage, is all he/she wants and can understand.

**[Refer to the Mimi story series and guide to obtain ideas on how to respond to these questions and concerns].*

3.4 How should parents deal with adopted children’s questions about birth parents?

It is important to recognize that knowing who one’s (birth) parents are, is closely entwined with issues of identity--‘who am I and where do I come from?’; and that it is natural, absolutely human, even the most well-adjusted adopted child, to seek answers to these questions. When such questions are answered, to whatever extent possible, and at whatever age, adopted children (or adults as the case may be later on), will find closure, and therefore peace, and be able to move on with their lives and existence.

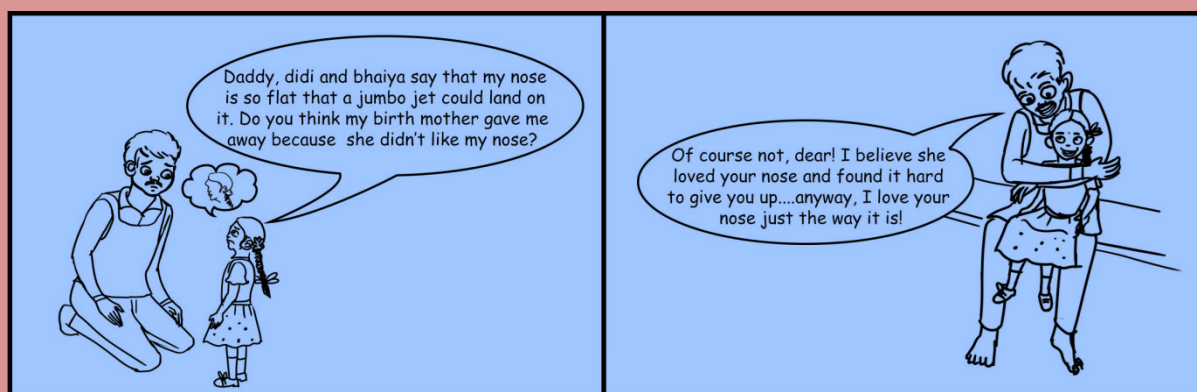
Things to Tell Your Child About Birth Parents
*‘... your birth parents were possibly unable to care for you due to poverty or illness, that perhaps one or both the birth parents died or that he/she was a single parent who was unable to look after you.
 ...your birth parents knew that you would be happier and have a better life with someone else...and so they made the decision to make an adoption plan for you...
 ...your birth parents must have loved you very much to have done something to ensure his/her comfort and happiness.
 ...your birth parents must have been good people.... because you are.’*

So, as adoptive parents, expect questions such as ‘who were my birth parents? Why did they give me up? Where are they now? Can I find them? Can I see them...’ Do not block out these questions. Answer them truthfully and to the point. If you have information (from the institution where the child was adopted), when the child is an adolescent or a young adult, it is fine to give it.

Talk about their birth parents in a positive manner, and without any animosity. Children pick up on the innuendo in language easily. It is important not to allow them a negative image of their birth parents—especially as this is part of the child’s acceptance of adoption.

Many children believe that somehow it was their fault that they were given up for adoption and that their birth parents just did not want them. It is therefore important (for the adoptive parents) to emphasise that it was never the child’s fault but circumstances that forced their birth parents to do what they had to.

At a later stage, especially when your child is a young adult, and in case some information about the birth parents is available, be prepared for your child to want to go and see them. Your child has the right to meet them if he/she desires to—respect it! Do not be insecure and afraid that he/she will ‘move families’ and now want to live with the birth parents. This is unlikely to happen. He/she just wants to see them or meet them due to reasons of curiosity and for want of closure i.e. so that there are no unanswered questions in his/her mind. Remember that just like you, your child loves and believes that you are his/her family—and so, he/she isn’t going anywhere!



3.5. Should children be asked to visit the institution they were adopted from?

No! Do we take biological child, periodically, back to the hospital they were born in and show them the room in which they were delivered or to meet the doctors and nurses who helped with the delivery? Of course not! There is no reason for adopted children therefore to maintain any links with the institution they were adopted from, either to visit or celebrate birthdays there, out of any sense of obligation.

If you, the adoptive parents harbour any feelings of sentimentality and obligation to the institution from which they adopted their child, they are free to visit and/or make donations periodically. But you cannot compel your child to do the same as it is simply not necessary. Going back to the institution where he/she once belonged is certainly not the way to make your child develop empathy (in case that is your aim, there are other ways!); and given that it

really was not your child's choice or decision to be in that institution in the first place, he/she does not have to feel any particular gratitude to the institution. Of course, if at a later stage, your child wishes to visit the institution and meet the children or make a donation to the place he/she came from, then that is certainly to be encouraged. So, it depends entirely on your child's decision, not your's, about his/her (re)visiting the adoption agency or institution.

A.4. Miscellaneous Issues

4.1. Is it alright for parents to 'return' the adopted child because 'things did not work out'?

No, it is not! If things do not 'work out' with a biological child, can parents 'return' these children, and where to? Thus, there is an inherent unfairness if we were to allow adopted children to be 'returned' just because there is a physical place they came from.

In general, the primary reason for adoptive parents wanting to return the child to the institution stems from the child manifesting emotional and behaviour problems. Children usually develop behavioural issues because of the difficulties they experience in adjusting to their new home and parents, and when parents find it difficult to manage these behaviours. In the light of this, pre-adoption counselling and preparation becomes critical—and this includes parents' readiness for adoption, their reasons for adopting, expectations of the child, and knowledge and understanding of how to respond to various challenges that may come up post-adoption.

4.2. Should adoptive parents belong to adoptive parents support groups and forums?

Going to special forums or being part of adoptive parent support can be a helpful, in the following ways:

- Enabling parents to access information about adoption processes, laws and systems (especially if you are a prospective adoptive parent).
- Getting parents to share experiences and insights on their adoptive parent journeys--ranging from coping with childlessness and decisions around adoption to dealing with family pressures on adoption decisions.
- Allowing for parents to share experiences on specific issues relating to parenting adoptive children—such as disclosure of adoption; parents may learn methods from each other or avail of information and resources that may guide them on complex issues such as adoption disclosure.

Adoption forums and support groups may be useful for parents as long as parents are aware of their limitations:

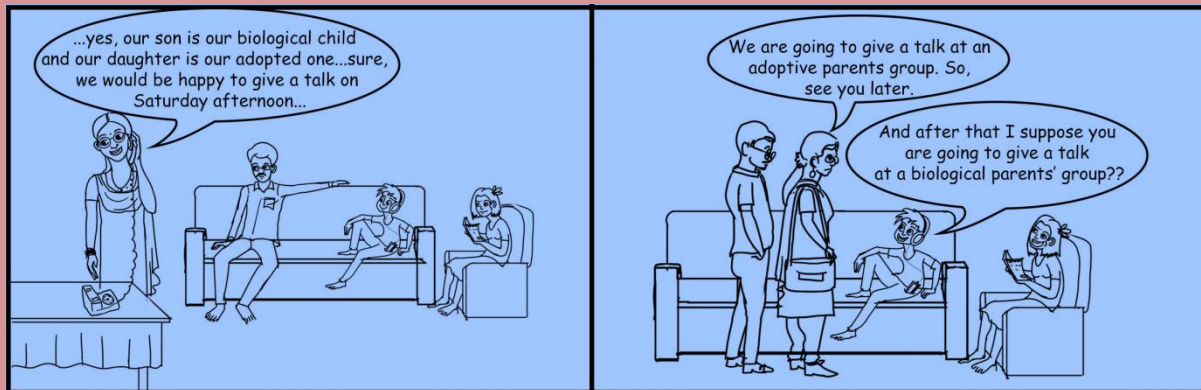
- Every adoptive parent and his/her journey is unique and so is every child; so while there may be commonalities, someone else's experience is not necessarily applicable to one's own situation, even if it is in the context of adoption.
- Such forums and groups also have a tendency to magnify issues and challenges of parenting and parent-child relationships by attributing them to adoption instead of

viewing these issues as forming part of general family life experiences, whether it is family with biological or adopted children.

- Other adoptive parents are still parents, NOT counsellors or mental health professionals; they can share experiences with you but they may not be the best people to advise you on all your problems i.e. being an adoptive parent (however experienced) is not a qualification for being able to provide professional help on parenting or children's issues. So, it is advisable to seek professional assistance when required.

Really, it is not necessary for adoptive parents to have dinner with and socialize with other adoptive parents or for adopted children to go on play dates with other adopted children! Such ways of socialization only serve to isolate both adoptive parents and adopted children, creating a sense of the 'other', including a possible victim complex.

So, use the available adoption forums and support groups wisely, recognizing their strengths and limitations!



4.3. Should adoptive parents advocate for the cause child adoption?

If you are advocating for child adoption, you are promoting the idea that people could give a child in care or a child who cannot be raised by birth parents the opportunity to permanently become part of a new family and/or that people could become parents by giving a child, who is not biologically their's, security, permanency and love. Such awareness and advocacy is certainly necessary and welcome for a number of reasons, not least that there are many children in the world who would need a home and would love to have a family, and many people in the world who want to be parents and nurture children or complete their families but who either cannot or do not wish to have biological children of their own. Parental advocacy may also serve to persuade government and non-government agencies to (re)examine adoption laws and processes in order to facilitate smoother and more effective processes for prospective adoptive parents.

This type of promotion of adoption is very different from talking about the emotional issues and difficulties that adoptive children may have (actually akin to many other children have)—but what adoptive parents sometimes also call advocacy. Contrary to what adoptive parents frequently believe, advocating for adoption by way of reducing stigmatization and labelling of adopted children, is not best done by 'creating awareness on adoption' through highlighting needs and vulnerabilities of adopted children, or making society aware of how adopted children are different from biological ones. In fact, such forms of awareness creation, where adoptive parents feel the desperate need to explain themselves, the ways in which their

families are constituted (i.e. through adopted children) and their special or challenging experiences thereof often leads to exacerbating existing stigmas about adopted children. Consequently, children feel inadequate and begin to perceive their adoption negatively; they also begin to reflect the insecurities that are actually felt by their adoptive parents, such as beliefs that their problems and people's perceptions of them mostly stem from their adoption status.

Remember that your child is adopted, not abused or exploited, so there is no need to advocate specially for your child because he/she is adopted! Your child is unlikely to thank you for that type of advocacy too! Your child wants to be seen as a normal child, belonging to a regular family, just like everyone else. And he/she certainly does not want to only play with or hang out with other adopted children—because that is discriminatory and creates notions of being different from others—so it might be in your best interests to not stick only or mostly with befriending other adoptive parents!

People need to understand that a family is not only made biologically—it is made through relationships. And that adopted children are no different from others. Remember that change comes slowly.

[This section on 'Helping Parents Understand Adoption from a Psychosocial Care Perspective' is developed with substantial input and contribution from Dr. Aloma Lobo, paediatrician and ex-chairperson of CARA].

Adopted Children Share their Wish List

- Excerpt from 'The Penguin Guide to Adoption in India' by Dr. Aloma Lobo & Jayapriya Vasudevan (Published by Penguin Books, New Delhi, 2002)

"I wish...

That I had more pictures of my childhood before I came home to my parents.

That my parents talked more openly about my adoption like they did with all other topics.

That I had a proper birth certificate.

That friends did not say, 'So, you are adopted!' They never tell my sister, 'So, you are biological!'

After all, I am eighteen years old now, and they should have finished with question time by now.

That my parents did not feel awkward (or nervous?) about talking about my birth parents.

That people did not see me as an object of charity that was 'so lucky'. I know that I am, but so is my sister (who is a biological child), and the reason is that we have a wonderful family and a happy life.

That family and friends did not speak of the 'A' word in whispers.

That relatives did not think that they had to make excuses for me because I was adopted. That they did not have to smile at me so benevolently.

That my parents would realize that I am all grown up now. I remember the childish story they had told me about my adoption when I was little, but they have not referred to the matter since. I would like to talk about it in an adult kind of way.

That I was born to my adoptive parents.

...That I had a blood relative whom I knew. A genetic connection.

That people realized that each and every one of us 'adoptees' is as good as any child.

That people would not make a difference between my 'real' parents and my 'adoptive' parents. To me, I have only one set of parents: the people who are raising me.

That the media would not make such a big deal about adoptions that go wrong, about people who come from other countries to find their birth parents and locate them in some remote village, about children being 'bought and sold' and so on and so forth. The majority of us are normal and regular.

That movies with an adoption theme would not always have the child 'searching' for her birth mother and then finding her in hospital or an institution or a convent.

That people would not ask me if my parents had 'real' children. I am real.

That people would not presume that being 'genetic' is closer than being 'adopted'. If that were true, then my mother would be closer to her brothers than my dad and that is not true.

That one day I will be able to adopt a child so I too can do everything for her.

That all children would find a family to love and to be loved like I am.

That someday we would all meet, my birth parents and my parents, in one place in a garden with lots of trees and no boundaries. We would talk and laugh and cry and forgive. And then I would

go home, renewed, with the wonderful parents who raised me. "

**B. Parental &
Therapeutic Use
of the
Mimi Series**

B.1. What the Mimi Series is about

The Mimi series comprises of 10 stories written for children between the ages 3 and 7 years. They describe the life of Mimi, a little 5 year old bunny rabbit, the traumas and difficulties she encounters as her environments and homes change, and how she finally finds happiness through her adoptive family.

Mimi's mother died due to illness; she is then abandoned by her father at the market, and rescued by a policeman, following which she lives in an institution for orphan and abandoned animals like herself. Over time, although she misses her mother and has questions about why her father never came back to fetch her at the market, she overcomes her initial trauma and makes friends with others at the institution, gradually learning to adjust to her new environment. One day, the superintendent of the institution talks to Mimi about going to a new home, one where she would be taken care of by parents. A set of giraffe parents come and visit Mimi at the institution, wanting to adopt her. After a time, Mimi agrees to have them as parents and go home with them. Initially, it is very difficult for Mimi to live with her adoptive giraffe parents as everything, from their home to their food and other habits are so different from what Mimi has ever known; and Mimi wants to go back to the institution. However, they make many efforts to help Mimi adjust to her new surroundings, including introducing her to the extended family and helping her understand what adoption and families are about; they slowly assuage her fears about being an adopted child, emphasizing how much they want to be her parents, how important she is to them and how they will always love her because she is their child.

B.2. Why the Mimi Series and for Whom

To begin with, the Mimi stories were written with the objective of facilitating trauma work with young children. Unresolved childhood trauma, whether pertaining to separation, loss, abandonment, neglect or abuse, has immediate, inter-mediate and long term consequences on the psychosocial well-being of individuals. Immediate consequences may relate to feeding and sleeping problems, insecurity and social difficulties, anxiety behaviours such as clinginess and bed-wetting, difficulty with acquiring (age-appropriate) developmental milestones; in the medium to long term, trauma consequences relate to emotional dysregulation, trust issues and difficulty in forging and maintaining interpersonal relationships.

Many young children, especially those who come to child care institutions, are orphaned and abandoned. For this group of children, the age at which they are relinquished or abandoned range from 0 to 6 years. In our experience, while trauma issues in older children in difficult circumstances, both within institutions and those living in the community, are not addressed or resolved, in young children any attempts to understand and respond to trauma is even lower. The relatively lower verbal expression abilities of young children make it challenging to work with them on socio-emotional issues; few individuals, whether caregivers or professionals, have the requisite skills in creative methodologies i.e. play, art and story-telling methods, to facilitate emotional expression in young children. Thus, the Mimi stories were written to assist young children in child care institutions, by helping them to come to terms with difficult and traumatic experiences occurring before they were rescued or institutionalized or even immediately after.

Second, resolution of early childhood trauma experiences is essential for adoption, particularly so for older children adoption. Unlike children who are adopted in their infancy (when they are under the age of 1 year), many older children i.e. age 1 year and above have already experienced the world in some ways: they may have had parents, in some cases loving and in others neglectful or abusive, they may have undergone experiences of loss, whether because of death of primary caregivers, or because of separation and abandonment. Contrary to what the adult world believes, young children do not 'forget' many of these events and experiences—and just because they do not or are not able to talk about these occurrences, does not mean that they do not remember or that they do not have feelings and thoughts about them. They certainly do! In such contexts, when children already have a memory and therefore some notion and understanding of the world around them, adoption is yet another experience—one that is being super-imposed on the existing and often difficult ones. Thus, it is important to ensure that children's (previous) traumatic experiences are resolved before they are given in adoption to the new family.

Third, adoption itself, in terms of what it entails for a child i.e. many new and foreign experiences, of unfamiliar persons (parents/ family) and places, can itself be traumatic for a child at least in the initial period. Any major life change, as experienced in an adoption situation, can be traumatic for a child. Therefore, it is necessary to prepare older children for the change in terms of adoption in order that the children has a greater predictability of what is to come and therefore experiences less trauma when they go to their new home.

The Mimi stories were therefore written to allow children to express and process their thoughts and memories about their lives before they entered the institution, in order to come to terms with any difficult or traumatic experiences they may have had. If a large part of the resolution of trauma occurs before adoption, then children are likely to be less fearful of their new home situation, more prepared to be trusting and accepting of their new families and so settle in with greater ease.

Lastly, while the stories have been written for children, the fact that they have been written from a child's perspective, means that they can help parents and counsellors better understand the inner voices and worries of their adopted child, at least during the initial period. Parents (and counsellors) often struggle to find answers to children's questions about abandonment, families and adoption. The stories are also therefore intended to suggest to or equip parents and counsellors possible responses they can provide to children to assuage children's hurt and anxieties. The stories also provide parents and counsellors with an entry point to begin adoption disclosure processes with the child.

Thus, the Mimi series may be used by counsellors, social workers and mental health personnel working with young children in the area of trauma, loss, separation and abandonment. They are for use by teachers and counsellors in child care institutions catering to children between ages 0 and 6 years of age, to enable children to process and overcome early childhood trauma relating to separation from families. And, they are for use by adoptive parents with their children, for discussions on adoption issues and in adoption disclosure processes.

B.3. Objectives of the Mimi Series

The Mimi series have a three-fold objective:

- To enable young children, particularly those in child care institutions, to express and process traumatic experiences relating to separation, loss and abandonment.
- To enable counsellors and caregivers in child care institutions to prepare older children for adoption.
- To help parents:
 - On disclosure and discussions about adoption with their adopted children.
 - Respond to questions and concerns that adopted children may have about their identity and family relationships.

B.4. Guidance on Use of Mimi Series

- The stories may be used with children who are between ages 3 years and 8 years.
- Read each story to the child...or tell the story, using the pictures.
- Read only one story at a time/ per day (so that the child receives a limited set of ideas and has time to process them).
- Follow the reading or telling of each story by a discussion that generally occurs, through use of questions, at three levels:
 - **‘General Questions...’** Questions to ensure that children have comprehended the story i.e. is able to respond to questions about the protagonist, sequence of events etc.
 - **‘Questions for further reflection and emotional processing...’** Questions and discussions that enable children to reflect on their own experiences in relation to/ in the light of the events in the story i.e. to enable them to talk about their feelings and experiences and/or questions and confusions.
 - **‘Linking it to adoption...’** Questions and discussions **are of three types and should be used according to the stage of adoption the child is at:**
 - For older children in preparation for adoption
 - For older children in the period following adoption
 - During disclosure processes for children who were adopted as infants.
- **‘General Questions’** and **‘Questions for further reflection and emotional processing...’** may be used with all children, including all children in institutions for socio-emotional development and/or trauma work.
- **‘Linking it to adoption...’** questions and discussions must only be used with children who have:
 - been matched with prospective adoptive parents on the CARA;
 - met the prospective adoptive parents who have made the decision to go ahead with the adoption process.
 - completed the adoption process and are living with their (adoptive) parents/families, including for disclosure purposes.

*Do not use this sub-section of questions and discussions with children for whom adoption is not a possibility as it might raise expectations in them and result in disappointment, were they never to be adopted.

- When children express feelings of hurt/ sadness/ fear/ happiness, remember to validate and acknowledge them—for example, ‘O that must have been very scary...everyone feels afraid when they get lost and are alone...or they don’t know where to go’.
- Respond to questions that children may ask with the help of the Mimi story or some of the guidelines in Section A of this document; don’t be afraid to say ‘I don’t know...let me think about that question and come back to you on it’. (And do get back to the child after due thought or consultation with someone on what could be said).
- Remember that your responses to children, particularly on difficult issues (such as death or abandonment) need always to be truthful i.e. do not provide false hope by telling children ‘don’t worry, your mother will come back’, when you know that the mother will not return or when you have no idea whether a father will come to take the child home. At the same time, the truth needs to be told in ways that are gentle, along with provision of comfort and reassurance; else, the child will feel a sense of not only upset but also of hopelessness. (Refer to story 4/ Mimi gets Sick for an example of how this can be done).
- During the course of story-telling, in case you find that a given child appears to have many unresolved issues and things are ‘not getting better’ as they did in Mimi’s case i.e. the child is having difficulty settling into an institution or family/home even after 1 to 2 months, it is recommended that professional mental health assistance is sought.

Below are suggested questions for parents/ counsellors to use in story-telling and discussion with children after each of the ten stories.

Story 1: Mimi Gets Lost

General questions...

- Who was Mimi?
- Where did she live and with whom?
- How did Mimi spend her time with her mother? What did they do together?
- Did Mimi love her mother?
- What happened to Mimi’s mother?
- Where did Mimi’s father take her?
- What all did Mimi see in the market?
- What happened next to Mimi?
- How did Mimi feel when her father did not come for her?
- Who came along to help Mimi?

Questions for further reflection and emotional processing...

- Tell me about your mother...like Mimi, did you do things with her too? Like what?
- Did you ever get lost like Mimi? How did you feel then? Tell me about it...
- Who helped you at the time?

Linking it to adoption...

For older children in preparation for adoption	<ul style="list-style-type: none">How do little children feel when they are lost and have no home? (Give adopted children/ siblings that the idea that such children need a home...and need help).
For older children in the period following adoption	<ul style="list-style-type: none">Same as above.
During disclosure processes for children who were adopted as infants	<ul style="list-style-type: none">Same as above (This is to prepare the ground for adoption disclosure).

Story 2: Mimi Finds a New Home

General Questions...

- What was the place Mr. Fox took Mimi to?
- Who all did she meet there?
- Who do you think all the other children/ little animals were? Were they also like Mimi? (May be they did not have homes/ families too...)
- How did Mimi feel in her new surroundings (especially on her first night)?
- Why was Mimi sad and afraid? Who was she missing/ remembering?

Questions for further reflection and emotional processing...

- Have you ever been in a new place like Mimi was?
- How did you feel? What did you do?
- Who were you thinking of and missing?

Linking it to adoption...

For older children in preparation for adoption	<ul style="list-style-type: none">Discuss how everything might seem new and somewhat frightening in the first few days of being in the adoptive parents' home...and how it is natural for everyone to feel that way in new places.
For older children in the period following adoption	<ul style="list-style-type: none">Same as above.
During disclosure processes for children who were adopted as infants	<ul style="list-style-type: none">Discuss how there are many children who do not have homes/parents/ families...and they live in places like Mrs. Bear. (This is to prepare the ground for adoption disclosure).

Story 3: Mimi Settles In

General Questions...

- What were some of the things Mimi liked about her new home?
- Who was her best friend?

- Does Mimi feel better/ happier now than when she first came? Why do you think so?

Questions for further reflection and emotional processing...

- When people go to new places, at first they are scared and a bit sad...like Mimi was. Then, gradually they settle down. Can you tell me about a new place that you were afraid of and did not like at first but which became better after?
- (For children in institutions): What are all the things that you do in your home? What do you like/ dislike about your institution?
- (For children in institutions): When you first came to the home, how did you feel? And then, later did you feel better and happier? (As you started doing things, making friends...)

Linking it to adoption...

For older children in preparation for adoption	• Discuss how change of place and people can be difficult but that over time, we get used to all that is new and (like Mimi) gradually learn to be happy.
For older children in the period following adoption	• Same as above.
During disclosure processes for children who were adopted as infants	-

Story 4: Mimi Gets Sick

General Questions...

- Who comes to see Mimi when she gets sick? What does he tell her to do?
- Who does Mimi think about when she is sick? Why is she crying? Who does she miss?
- What does Mimi ask Mrs. Bear about her father? What does Mrs. Bear say?

Questions for further reflection and emotional processing...

- Who do you think of or want most when you are sick?
- Have you ever felt like Mimi...wondered about your parents?
- Why do you think parents sometimes leave their children?
- The idea that it is not ok for parents to leave their children like Mimi's father left her—that children are sad and afraid when they are faced with such situations. [This should not be said in a manner that is accusatory or critical of children's parents—the spirit of this is to validate children's feelings but not justify parental actions].

Linking it to adoption...

For older children in preparation for adoption	<ul style="list-style-type: none">Since children may have fears trusting a new parent—‘what if I am abandoned again?’ or ‘what if the new parent also leaves me?’): Reassure them on how different parents are different/ not all parents abandon their children (in fact, most do not)/ that they are wanted and loved.
For older children in the period following adoption	<ul style="list-style-type: none">Same as above.
During disclosure processes for children who were adopted as infants	<ul style="list-style-type: none">Some children may feel emotionally insecure or fearful when they learn about their adoption, so the same reassurance is to be provided to them.

Story 5: Another Home for Mimi

General Questions...

- What did Mrs. Bear call Mimi and tell her one day?
- How did Mimi feel about it? What was she thinking?
- How did Mimi feel about meeting Mr. and Mrs. Giraffe?
- What happened finally?
- How and why do you think Mimi decided to go live with them?
- How did Mr. and Mrs. Giraffe feel when Mimi agreed to go and live with them?

Questions for further reflection and emotional processing...

- Have you ever felt afraid when you had to meet new people or go to a new place? Tell me about it...
- Acknowledge that it is natural for everyone to feel a little afraid or nervous about new places and people...because we don't know them as yet. But we will in time...

Linking it to adoption...

For older children in preparation for adoption	<ul style="list-style-type: none">• How do you feel about these new parents you have met?• Are you happy to go home with them and live with them...have them for your parents?
For older children in the period following adoption	<ul style="list-style-type: none">• Do you remember how you felt when we (parents) were going to meet you?• A parent may say “let me tell you about how we felt as we prepared to meet you...” and talk about how they were excited, a little worried but hopeful that the child would like them and want to go home with them/ be a part of their family...how happy they were, what preparations they made at the time, how they came to a children’s home just like Mrs. Bear’s, wondering/ hoping whether some child (like Mimi) would want to come to their family...
During disclosure processes for children who were adopted as infants	<ul style="list-style-type: none">• A parent may say “let me tell you about how we felt as we prepared to meet you...and when we first saw you” and talk about how they were excited, a little worried but hopeful that the child would like them and want to go home with them/ be a part of their family...how happy they were, what preparations they made at the time, how they came to a children’s home just like Mrs. Bear’s, wondering/ hoping whether some child (like Mimi) would want to come to their family...

Story 6: Mimi’s New Life

General Questions...

- How did Mimi feel when she woke up in her new home?
- Did she eat her breakfast and lunch? Why not?
- Was her new home different from Mrs. Bear’s home? In what ways did Mimi find it different?
- Did Mimi like her new home at first? Why not?
- What did Mimi do later on when Mrs. Giraffe gave her a new dress and Mr. Giraffe asked about her new toys?
- Why was she angry and crying? What did Mimi want?
- Why did she find it difficult to call Mr. and Mrs. Giraffe ‘mummy’ and ‘daddy’?
- Mimi was sad at first and did not like many things about her new home...but did things get better after a while? How?

Questions for further reflection and emotional processing...

- Did you ever feel like Mimi did in some new place you went to? Tell me about how it was different from what you were used to...and how you felt.
- Did things get better for you later? How?
- Acknowledge how new places and new people can be scary or uncomfortable because they are different...and we are not used to them. But with time, and some help from others, we can get used to things...and even like them, just like Mimi learned to like the bath tub and shower!

Linking it to adoption...

For older children in preparation for adoption	<ul style="list-style-type: none">• How do you think your new home will be? What are some of the things that might be different there from our home/ what you are used to? [Note: It would be useful for institution caregivers/ service providers to get some photographs and other details, from the prospective adoptive parents, which can then be used to prepare the child for his/her new home].• Explain how it can take a little time to settle into a new home—just like it took some getting used to even to the institution (like Mimi took time to settle into Mrs. Bear’s home).
For older children in the period following adoption	<ul style="list-style-type: none">• What do you find different in our home? What do you like and what do you not like? [Parents may then try and help the child with issues or facilities the child is unused to and uncomfortable with].• Parents can explain how some changes can be made (such as in food or hygiene processes)...that parents understand that things are different...and that they are happy to wait and help in the meanwhile...
During disclosure processes for children who were adopted as infants	<ul style="list-style-type: none">• Parents may talk about how things may have been different for the child even as a baby...like his/her bed/ food etc, but that he/she soon settled down.

Story 7: Mimi Meets Relatives

General Questions...

- Who all came for lunch/ to meet Mimi?
- Why did Mimi’s parents want Mimi to meet the family?
- Were they all happy to meet Mimi?
- Who was not so happy about Mimi?
- Why do you think she was not happy about Mimi being part of the family?
- What happened next?

Questions for further reflection and emotional processing...

- What is a family?
- Who all make up a family?
- We don’t have exactly the same type of family members here, in our home...but are we also a family? Yes, we are...let us think of who all make up our family in this home (just like everyone in Mrs. Bear’s home was also a family).
- Discuss how families can be of different types—some have parents/ grandparents and children who live together in a house...some may not have parents/grandparents but live together in a large home with other people to love them and take care of them...a family is essentially a group of people who live together and love each other/ look after and help each other.
- Sometimes, like Mimi, some members of a family may say things that make us feel sad and hurt. What do we do then?

Linking it to adoption...

For older children in preparation for adoption	<ul style="list-style-type: none">• What is a family?• Who all make up a family?• Discuss how families can be of different types—some have parents/grandparents and children who live together in a house...some may not have parents/grandparents but live together in a large home with other people to love them and take care of them...a family is essentially a group of people who live together and love each other/look after and help each other.
For older children in the period following adoption	<ul style="list-style-type: none">• Same as above (and additional questions/ issues below).• Discussion on how various members of the extended family responded to the child's coming home...how many were happy and excited along with the parents; how the child needs to prepare to meet and get to know them...and it will take time to get to know everyone.
During disclosure processes for children who were adopted as infants	<ul style="list-style-type: none">• Same as above

Story 8: Mimi Gets Upset

General Questions...

- Did Mimi like school?
- What all did she do in school (with the other children)?
- What happened one day when Mimi was going to school?
- What did Kaw say?
- And what did the other animals say?
- How did Mimi feel? What did she do?
- What did Mimi's parents say?

Questions for further reflection and emotional processing...

- Has anyone ever said or done things to you, to make you feel sad and upset? Tell me about it...
- What did you do then? Who helped you?
- Discuss how no one should say or do hurtful things to anyone—and if they do, it would be important to report such events to adults/caregivers; also discuss who amongst the children's caregivers they would report to.

Linking it to adoption...

For older children in preparation for adoption	<ul style="list-style-type: none"> ✿ When you go to your new home/ family, after some days, you will start going to school...just like Mimi, you might like most things about school. But what if there is some naughty person, like Kaw, who teases you and makes you sad? ✿ What would you do? ✿ What can you say? (Encourage child to report to parents).
For older children in the period following adoption	<ul style="list-style-type: none"> ✿ Same as above (parents to prepare child for new school).
During disclosure processes for children who were adopted as infants	<ul style="list-style-type: none"> ✿ If anyone at school or anywhere else were to say 'you are adopted', how would you feel? ✿ [If child says 'angry' or 'sad'] why would you feel that way? ✿ Explain how being adopted is not a bad thing at all—that in fact it is a wonderful thing...not everyone looks like their parents anyway and why should they? Reassure the child that he/she is beautiful because he/she looks like himself and that you (as parents) would not want him/her to be different in any way. ✿ Equip (older) children with humorous responses they could use with peers, such as 'you came from your mummy's tummy...but my mummy and daddy chose me and wanted me...so that makes me really special'.

Story 9: Mimi Learns How Families are Made

General Questions...

- ✿ What did Mimi ask her parents?
- ✿ What did they say (in response to each of her questions)?
- ✿ Did she feel better?
- ✿ What did she tell Kaw when she went back to school?

Questions for further reflection and emotional processing...

- ✿ How are families made? (Reiterate ideas discussed in Story 7)

Linking it to adoption...

For older children in preparation for adoption	<ul style="list-style-type: none"> ✿ Reiterate the discussions Mr. and Mrs. Giraffe had about adoption/how wonderful it is/how families are formed in different ways/ the happiness the child has brought to his/her new family...
For older children in the period following adoption	<ul style="list-style-type: none"> ✿ Same as above
During disclosure processes for children who were adopted as infants	<ul style="list-style-type: none"> ✿ Same as above

Story 10: Who is Mimi's 'Real' Family?

General Questions...

- ✿ What were Mimi's questions and confusions about her 'real' family?
- ✿ What did her parents tell her?

Questions for further reflection and emotional processing...

- ✿ Who do you think Mimi's 'real' family was?
- ✿ Do you agree with what her parents said about a 'real' family?
- ✿ (For institutional children): Are we a 'real' family too?

Linking it to adoption...

For older children in preparation for adoption	<ul style="list-style-type: none"> ✿ Acknowledging that like Mimi, they had or may remember another family—with parents and relatives. ✿ Discussing how the new family/parents they would go to was another family—and like Mimi's parents said, that is also a 'real' family. ✿ Re-visit questions the child may have about his/her previous family—where they are/ why they have not come for him/her.
For older children in the period following adoption	<ul style="list-style-type: none"> ✿ Same as above. ✿ Tell the child that it is quite alright to think about (or remember) other families, whether they were at the institution or before—no one forgets people they love. ✿ Reiterate discussions about families/ how they are made/ how happy you (parents) are since the child became a part of the family... ✿ Reassure the child that this family is here to stay and love and look after the child.
During disclosure processes for children who were adopted as infants	<ul style="list-style-type: none"> ✿ Same as above.

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Supported by the Dept. of Women and Child Development, Govt. of Karnataka

Design and Art work : SathishRam

