



Child fatality in Intercountry adoption: What media reports suggest about deaths of Russian children in the U.S.



Rebecca L. Hegar ^{*}, Olga Verbovaya, Larry D. Watson

School of Social Work, University of Texas at Arlington, Box 19129, Arlington, TX 76019-0129, USA

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ABSTRACT

This article addresses the ultimate risk in child placement, fatality, in the context of international adoption. It first reviews relevant literature, then profiles demographic and policy trends, followed by analysis of risk factors derived from public media reports related to the children, families, and placing agencies in 19 known cases of death of Russian children in U.S. adoptive homes since 1996. The article concludes that many of the child deaths involved recently placed boys, frequently age 3 or younger, most with special needs or challenging behaviors, and often placed along with siblings. Most of the children who died had multiple injuries characteristic of battered child syndrome. Parents were traditional couples under severe parenting stress who usually had other children, often including additional preschoolers and/or homeschoolers. Mothers frequently pled guilty to various charges, typically less serious than murder. In four situations, parents either were not charged or were found not guilty. Most placements involved agencies founded within 15 years before the child fatality, and several subsequently closed, three amid scandals unrelated to the deaths. The remaining agencies include well-regarded organizations, and five directors or representatives contributed their perspectives. This article identifies patterns and makes recommendations for practice, with the goal of reducing risk of harm to children placed internationally.

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1. Introduction

Indignation over the deaths of children adopted from abroad has flared in the international press, but the fatalities have been slighted in the academic literature, with very few exceptions (e.g. Gunnar & Pollak, 2007; Miller, Chan, Reece, Tirella, & Pertman, 2007; Miller, Chan, Tirella, Reece, & Pertman, 2007). This article briefly reviews literature concerning child fatality, with an emphasis on deaths due to maltreatment, then profiles recent trends in international adoption, particularly involving Russia and the United States. It goes on to review extensive press and limited available professional accounts of the 19 cases of fatality of children from the Russian Federation placed in United States adoptive homes and involving legal proceedings, including 13 parental convictions since 1997.

Major sections of the article examine U.S. and Russian systems for approving agencies to place children internationally and the circumstances surrounding the fatalities, with the goal of discerning risk factors concerning children, parents, and agencies. After identifying patterns in the deaths, the article addresses how improved services might reduce risk of harm in intercountry placements, irrespective of the countries of origin or adoption.

2. Literature review

2.1. Incidence and prevalence of child death

It is important to note that this article profiles the situations of any Russian children who died in U.S. adoptive placements under circumstances that were investigated as possible crimes and resulted in a grand jury hearing or further legal action. Many, but not all, of the deaths led to the conviction of a parent or parents as perpetrators. Throughout the sections of this article that refer to the specific children who died, the authors are careful to avoid terms that suggest parental responsibility when that has not been established by the judicial process. However, with the goal of building understanding of the deaths where parents were found culpable, this review of the literature includes sources that use a variety of terms, including filicide, child-abuse-related deaths, child murder, and similar language.

Filicide, or the murder of a child by a parent, has always existed, and according to numerous reports, was a common phenomenon at various times in both Europe and the United States (Mikhel, 2007; Spinelli, 2004). The first recognized attempt to regulate child fatalities at the hands of parents dates to 1649 when the Russian czar Alexander Mikhailovich enacted laws that punished mothers who killed their children born out of wedlock more harshly than those who took the lives of their legitimate children (Koenen & Thompson, 2008; Mikhel, 2007; Spinelli, 2004). In colonial North America laws addressing murder of children by a mother were also very severe. As Spinelli (2004) notes,

^{*} Corresponding author.

E-mail address: rhegar@uta.edu (R.L. Hegar).

infanticide was common and became a capital offense. The criminal and civil law, largely state matters in the U.S., have evolved to produce complex relationships among public child protective services, law enforcement, the courts, coroners, and various reporting systems.

Despite the existence of Child Death Review Committees in every state, along with various other bodies concerned with the welfare and rights of children, the exact number of child deaths in the U.S. is unknown (Barth & Hodorowicz, 2011; Jackson, 2011; Koenen & Thompson, 2008). A report of National Center for Child Death Review (2010) indicates a total of 45,068 child deaths out of which 2,808 were cases of known homicide and 54.1% were fatalities of children under the age of 5 (National Center for Child Death Review, 2010). The rates of filicide, however, are unquestionably underreported (Jackson, 2011). Crume, DiGuiseppi, Byers, Sirotnak, and Garrett (2002) reviewed the reports of the Child Fatality Review team in Colorado between 1990 and 1998 and discovered that only half of the child-abuse-related fatalities were consistently noted on death certificates as resulting from maltreatment. The researchers suggest that violent deaths were more likely to be reflected on death certificates, while more concealable causes were underreported or completely excluded (Crume et al., 2002). Dubowitz (2007) also addresses the issue of under-reporting, stating that nearly 85% of child deaths due to maltreatment are not noted as such on death certificates. He concludes that official statistics drastically underestimate the extent of the problem. In over half of the fatality cases reviewed by Crume et al. (2002), parents were responsible, and other authors draw similar conclusions about parents, their surrogates, and close relatives being the main perpetrators (Dubowitz, 2007; Papenfuss, 2013). Prichard (2004) puts the proportion of “within family” assailants in child homicides at 85% to 90%.

Papenfuss (2013) points out that, because individual filicides often go unreported, the public views them as very rare events that do not require serious intervention, as opposed to mass murders of children, such as shootings at schools. However, such individual deaths account for the majority of child homicides. Papenfuss (2013) notes that the approximate annual cost of deaths due to child maltreatment is \$124 billion dollars, including the costs of criminal justice, healthcare, child welfare, special education expenses, and productivity losses. He further notes that the United States has one of the three highest rates of child-maltreatment death among wealthy nations.

Pritchard and Williams (2010) draw from World Health Data to estimate the number of child deaths and child-abuse-related deaths in a group of major developed countries for the years between 1974 and 2006. Child deaths due to all causes and those related to child abuse decreased dramatically between the earlier and later periods in almost all countries, including the U.S., but at the later period, the U.S. led the other counties studied in both categories deaths. Jackson (2011) regards filicide as a sentinel event not only for the United States, but also for the world in general, emphasizing the need for a greater understanding of the social problem and for the development of effective preventive strategies. For this to occur, it is important to explore what may lead parents to take the lives of their children.

2.2. Theory concerning child deaths

Multiple explanations for the phenomenon of filicide exist. Jackson (2011) points out that in the ancient world, Plato and Aristotle justified killing weak and disabled infants. Contemporary researchers also conclude that children's physical, behavioral, and developmental problems can contribute to child maltreatment and fatality (Dubowitz, 2007; Gunnar & Pollak, 2007; Jackson, 2011; Koenen & Thompson, 2008).

Other theorists propose sociobiological explanations for homicide, noting that the risk of filicide is significantly greater for non-biological children than for biological children due to the natural drive of parents to fulfill the procreative goal of passing along their genes (Daly & Wilson, 1994; Papenfuss, 2013). Barth and Hodorowicz (2011) also mention this theory and note that Termin, Buchmayer, and Enquist

(2000) dispute sociobiological conclusions based on Swedish cases of child homicide over many years. The researchers discovered that the risk of homicide was not higher for genetically unrelated children. When controlling for situations in which a perpetrator lived with a child versus not living with a child, the authors found the majority of children in a sample were killed by a biological parent (Termin et al., 2000). In a similar vein, van Ijzendoorn, Euser, Prinzie, Juffer, and Bakermans-Kranenburg (2009) discuss maltreatment in the context of parental investment theory and present findings of elevated rates of maltreatment in Dutch homes with stepparents, but not in adoptive homes.

Dubowitz (2007) proposes explaining filicide cases from an ecological perspective, stating that no one factor is ever responsible. He suggests that multiple risk factors on individual, family, and societal levels must be taken into account, providing a broader perspective for an understanding of child homicide. In addition he proposed five principles for medical professionals responding to deaths from possible neglect: 1) ensure safety of other children in the household; 2) provide support to the family, especially in cases where other children were involved; 3) consider involving child protective services; 4) assess the situation from a broad perspective, addressing underlying issues that caused a homicide to prevent future deaths; 5) carefully assess and appropriately respond to “single” failures in care that resulted in death (Dubowitz, 2007, 197–198).

Miller, Chan, Reece et al. (2007) and Miller, Chan, Tirella et al. (2007) state that, in cases of adoption, fatalities are in fact very rare occurrences, despite the media attention they receive. However, the authors emphasize the need for medical and other helping professionals to monitor adoptive parents carefully for risk of depression. They identify the phenomenon of “post-adoption depression” as being prevalent and very similar to postpartum depression. Although the authors do not elaborate on the relationship between post-adoption depression and risk of child death, some insight may be gleaned from other scholarship. Spinelli (2004) addresses maternal infanticide (which he defines as the killing of a child within the first year of life) based on the court case that was finally resolved in *Yates v. Texas* (2005). The author concludes that courts often rely on the current Diagnostic and Statistical Manual (DSM) in their deliberations, yet the DSM does not have criteria for postpartum psychotic disorders. In addition, according to the manual, postpartum depression appears in the first 4–6 weeks after birth, a diagnostic criterion that has been criticized because for many women the drastic changes brought about by childbirth make it difficult for women or their physicians to recognize the symptoms within that period of time. Koenen and Thompson (2008) conclude that about 78% of mothers who commit filicide have been under tremendous pressure, have little social support, and many have developed symptoms of psychosis. They suggest that non-psychotic mothers who fatally injure children tend to come from unsupportive, high-stress environments.

As noted above, Miller, Chan, Reece et al. (2007) and Miller, Chan, Tirella et al. (2007) compare post-adoption depression to postpartum depression, stating that the symptoms may be very similar. However, research on post-adoption depression is limited. Payne, Fields, Meuchel, Jaffe, and Jha (2010) revealed that 28% of their sample of adoptive mothers ($n = 85$) experienced depressive symptoms four weeks post-adoption and 9.3% of mothers experienced depression even at 52 weeks post-placement. Foli, South, and Lim (2012) surveyed 332 adoptive parents and discovered through qualitative content analysis that many narratives described depressive symptoms and unexpected negative feelings in parents. In another study the same team of researchers explored depressive symptoms in adoptive fathers and concluded that adoptive fathers tend to exhibit depressive symptoms later than mothers, with over half of the adoptive fathers starting to experience depression six months post-placement (Foli, South, & Lim, 2013). Foli et al. (2012) suggested that post-adoption depression is very similar to postpartum depression and proposed using Beck's Postpartum Depression Theory as a model for researching and analyzing depression

that follows adoption. Beck's theory suggests that mothers who experience postpartum depression may exhibit various groups of symptoms: 1) sleeping/eating disturbances; 2) anxiety/insecurity; 3) emotional lability; 4) guilt/shame; 5) cognitive impairment; 6) self-harm, and 7) loss of self. Parental depression significantly affects child–parent relationships, preventing attachment bonds and amplifying difficulties with change and adjustment (Foli et al., 2012, 2013; Miller, Chan, Tirella et al., 2007; Payne et al., 2010). Later sections of this article build on this theory to explore circumstances surrounding deaths of children recently placed in intercountry adoption.

3. International trends in intercountry adoption

In much of the post-industrial, developed world, adoptions from abroad grew rapidly during the 1990s and peaked in the middle of the following decade. The decline in international placements to the U.S. between 2004 and 2008 (24%) mirrored similar trends in Europe (24%) and the world in general (23%) (Selman, 2010). Reasons for the global decrease in rates of intercountry adoption are diverse. The Hague Convention on Protection of Children and Co-Operation with Respect to Intercountry Adoption (Hague Convention) was finalized in 1993, and the number of signatories reached 89 in 2014 (U.S. Department of State, Bureau of Consular Affairs, 2014b). The Hague Convention introduced many new aspects to the process of intercountry adoption, some of which have decreased placements. Individual countries also have initiated legal changes, such as when conditions for membership in the European Union influenced Romania and Bulgaria to change some international adoption policies (Pereboom, n.d.).

Other reasons for the decline in international placements include controversies that have slowed the process and affected the willingness of countries to send or receive adopted children. The international adoption literature is replete with concern about trafficking and selling of children (e.g. Kleem, 1999; Sector, 2005). For example, in 2002 an adoption agency employee in the U.S. was sentenced in connection with a baby selling ring involving pregnant women from Mexico (Brooks, 2002; Woman sentenced in baby-selling ring, 2004). Three agencies with roles in the adoptions profiled in this paper also have been linked to fraud by the media or the courts.

Opposition to international placements also has roots in the acute divide in wealth between predominant countries of origin and of adoption (e.g. Farid, 2012; Smolin, 2007), a perspective that underlies a recent report of the Africa Child Policy Forum stating that Africa's children are becoming “commodities in the graying and increasingly amoral world of intercountry adoption” (Whiteman, 2012). UNICEF, though not officially opposed, also raises exploitation and the wealth divide in its statement on intercountry adoption (UNICEF, 2013).

Finally, global outrage has followed maltreatment of children adopted internationally. Although serious or fatal injury following intercountry placement has been reported in several countries (Miller, Chan, Reece et al., 2007; Miller, Chan, Tirella et al., 2007), injury to and death of Russian children placed in the U.S. reached the level of international incidents. The following section explores recent policies of those two countries and recent changes in the approval processes for agencies making international placements.

4. Accreditation and approval of placing agencies

4.1. United States regulations

The initial U.S. legislative response to the Hague Convention, the Intercountry Adoption Act of 2000 (IAA), curtailed the number of agencies permitted to place children from subscribing nations. The U.S. Department of State, which establishes the process for U.S. adoptions governed by the Convention, has designated two entities to carry out the accreditation of adoption service providers. The Council on Accreditation (COA), a prominent voluntary organization, is the single national

body, and the Colorado Department of Human Services may approve adoption providers only within that state. As of 2014, there are 194 U.S. adoption providers accredited to make placements involving countries that are parties to the Convention (U.S. Department of State, Bureau of Consular Affairs, 2014a). Prior differences between Hague and non-Hague processes in the U.S. recently have been eliminated by implementation of the Intercountry Adoption Universal Accreditation Act (UAA) of 2013, which took effect on July 14, 2014.

4.2. Russian Federation regulations

Russia, which has not subscribed to the Hague Convention, has initiated a series of policies designed give the nation added control over adoptions originating there. Political debate in Russia about restricting intercountry adoption has been intermittent, including periodic freezes and talk of suspension of adoptions to the U.S. (Levy, 2010; Russian ombudsman slams U.S. acquittal in Russian child death, 2011; Sector, 2005). After Nina Hilt's death in 2005, a local judicial decision closed one Siberian region to American adopters (Hall, 2013), and the national Duma debated special agreements with countries whose citizens sought to adopt Russian children (Sector, 2005). Among other conditions, Russia has required reports on the welfare of adoptees for three years after placement (U.S. Department of State, Bureau of Consular Affairs, 2013). A detailed Russian-American Adoption Agreement of July 2011 details circumstances, such as placement disruption, that are reportable to the country of origin (Agreement between the U.S.A. and the Russian Federation Regarding Cooperation in Adoption of Children, 2011).

As of this writing, the U.S. Embassy, Moscow, Russia (2011) still posts 39 U.S. adoption agencies that the relevant Russian Ministry had accredited to place children as of April 20, 2011. Only four of the agencies discussed here are listed as having had Russian accreditation, which may reflect that some placements predated the list, that some agencies had closed by 2011, or that they had had their Russian credentials revoked. However, it also reflects complex agency relationships in arranging Russian adoptions. For example, it has been common for an adoption agency that lacked accreditation by Russia to make arrangements to place children under the umbrella of one that had approved credentials. This was done because it was expensive and difficult for many agencies to maintain separate offices in Russia. After Russia made approved agencies responsible for required reports concerning individual adoptees, the practice became much less common (Senske, 2013).

In December 2012, President Putin signed Federal Law No. 272-FZ that bans adoption of Russian children by U.S. citizens as of January 1, 2013. Further, it bars adoption service providers from assisting U.S. citizens in adopting Russian children and requires termination of the U.S.–Russia Adoption Agreement of 2011 (Shuster, 2012; U.S. Department of State, Bureau of Consular Affairs, 2013). Incidents of placement breakdown, serious injury, and fatality are reason cited by Russian authorities for suspension of U.S. placements, although other diplomatic issues undoubtedly contributed (Shuster, 2012; Swarns & Herszenhorn, 2013).

5. Methods

This article employs methods similar to those used by Barth and Hodorowicz (2011), who researched fatalities in foster care and following adoption from foster care by seeking information through personal contacts with adoption agencies and data from child fatality review boards, along with other state and federal sources. Despite Barth and Hodorowicz' efforts, details about fatalities frequently were either unavailable or could not be released due to confidentiality concerns. The available information was often limited to aggregated data that did not differentiate sufficiently among children's living circumstances. Both that article and this one ultimately rely substantially on media resources and other publically available accounts. Because this article

focuses on international adoption, there is no overlap between the two in the incidences of fatality discussed.

The information in this article derives from careful cross checking of media reports concerning cases identified as Russian children who died in U.S. adoptive homes. Cases were initially identified in published accounts in both the U.S. (e.g. Miller, Chan, Reece et al, 2007; Miller, Chan, Tirella et al., 2007; Working, 2004) and Russia (Robles, 2013) and on organizational websites. The review of sources employed Access World News database, which contains information from multiple newspaper, television, and electronic resources. The authors also performed Google searches for “adoption fatality” and “international adoption fatality,” as well as for specific, named children and families discovered through Access World News. The Pound Pup Legacy website surfaced during Google search process. This online resource strives to inform the public, adoption professionals, adopters, and adoptees about wrongful adoption practices, corruption, and malpractices. The goal of the website is “to promote the safety and well-being of children in care. To this end we document cases of malpractice and corruption and offer support to the victims of the ‘dark side of child placement’” (Pound pup legacy, n.d). The website identifies fatalities of international adoptees that the authors researched through reputable media resources described below and cited on Table 1. These included detailed interviews with adoptive parents (e.g. Engeler, 1997). In addition, the team attempted, with very limited success, to access publicly available official documents such as death certificates, police reports, and court documents. Governmental web sites and other child welfare sources proved of limited use for information on fatalities of international adoptees (e.g. National Center for Child Death Review, 2010). Finally, the authors contacted placing adoption agencies that remain in operation for verification of information gleaned from public sources.

This article cites only signed newspaper articles and other reputable journalism, including the international, national, and local press and news services. The news reports cited include articles that appeared in the *New York Times*, *Washington Post*, *Philadelphia Inquirer*, *Boston Globe*, *Baltimore Sun*, *Dallas Morning News*, *Fort Worth Star Telegram*, and *Saint Louis Dispatch*, and well as the newspapers of a few smaller communities. The primary Russian source, RIA Novosti, has a reputation for professionalism and balance. Press accounts are usually the best available sources because, unlike in Britain, deaths of children in placement in the U.S. rarely if ever result in public investigations and published reports. Many of the press accounts quote detailed information from police reports and court transcripts that are not otherwise available. For easy reference, major sources concerning each case appear on Table 1. The authors also invited all directors of the still-extant agencies of record named in media reports to review the draft article and dialog via e-mail or phone, and several did so, contributing important perspectives (Cox, 2013; Gilbert, 2013; Hall, 2013; Kats, 2013; Senske, 2013). Those quoted had the opportunity to review the article for accuracy.

6. Findings

Table 1 presents the 19 adoptees that died, including the children's adoptive and birth names, demographic information, reported behavior and injuries, and legal outcomes for parents. Use of children's names may appear controversial to U.S. readers due to American norms that often keep names of living children out of public reports. However, these situations involved well-publicized grand jury investigations or trials of parents, and both Russian and adoptive names appeared repeatedly in publicly available accounts. Both names appear in Table 1 because interest in the children extends to Russia. The text employs adoptive surnames. This section discusses characteristics of the children and their families, while a later section and Table 2 explore aspects of the placement process and agencies' characteristics.

6.1. The children

As reflected in Table 1, the children who died ranged from 14 months to 11 years old; however, by far the largest group (12 of the 19 children) were ages three or younger. Boys account for 14 of the deaths, and other important patterns emerge from comparing their situations. These include: brief time in placement; multiple young children in the home; youngest child in the home, and, for older children, home schooling.

Ten of the children had been in their adoptive homes for six months or less; three additional children had been placed for under a year, and another had been in her adoptive home for 18 months. At least eight children were placed in adoption with one or two siblings, and two households included pairs of adopted twins [Craver; Matthey]. In one family, two unrelated Russian children of the same age had been adopted together [Kolenda]. In another, a child of about 2 was placed in a household with a biological child of almost the same age [Hagmann], and, in a third situation, two adopted Russian children of about 3 joined a family with a biological 3-year-old [Thompson]. In all, at least eight adopted children were placed in families that already had biological or adopted children in the home, in some case several of them. The largest households were two with six children and one with seven. In only three cases was the child who died apparently the only child in the adoptive home. In at least 15 households, the child who died was the youngest (including same-age pairs). Another striking commonality shows that, of six children who were over the age of 5 at the time they died, four between ages 6 and 8 were schooled at home by a parent, primarily the mother.

Further patterns emerge from the children's reported behaviors, their injuries, and their parents' initial explanations. Based on accounts of testimony at the criminal trials and other reported statements, most parents perceived the children as ill, troubled, disfigured, or behaviorally disordered in various ways. Reported behaviors include prolonged tantrums, head banging, smearing feces, self-injury, aggression, and violence. Parents knew or suspected that some children had experienced abuse before entering adoption [Lindorff; Shatto], had been exposed to alcohol in utero [Hilt; Matthey; Merryman; Pavlis; Shatto], or had conditions reflecting failure to thrive [Craver; Merryman]. One child reportedly had a partially repaired cleft lip and palate [Thompson]; another was reported to be affected by Down's syndrome [Emelyantsev], and a third report mentions prescription of anti-psychotic medication [Shatto] (Vanderlaan, 2013). However, other situations lack reports of significant problems, particularly among the youngest adoptees, some less than two years old.

If one sets aside the 11-year-old Kolenda children, whose depressed father stabbed them and killed their mother and himself, the injuries of the children, who ranged in age from 1 to 8, show clear patterns. Nine were found to have head trauma, brain injury, or shaken-baby syndrome, often with patterns of other bruising and injuries. Five experienced primarily smothering, exposure, hypothermia, heatstroke, or starvation, usually with other injuries including bruising and broken bones. Three died from traumatic internal injuries, and two who died of causes noted above also had serious burns.

6.2. The parents

With so many of the children experiencing head injuries, it is not surprising that parents' explanations often focused on falls down stairs, from cribs, in the bath or kitchen, or when a parent tripped while carrying the child. A short fall on steps two days previously was the explanation given by the father of Isaac Dykstra, but first responders

... found the child unconscious on the living room floor, laboring to breathe, with apparent head injuries and bruising. Isaac was taken by ambulance to the University of Iowa Hospitals and Clinics, where

Table 1
Characteristics of the children and families.

Adoptive name (gender)	Birth name	Age at death (Year)	Time in home	Children in home ^a	Behaviors/diagnoses ^b	Injuries	Initial explanation	Parent convicted	State of residence	Major sources
Bennett, Maria Anastasia (F)	Anastasia Plotnikova	2 years (2002)	9 months	2 adopted	None noted	Shaken baby	Mother fell with child	Yes, mother	Ohio	Gordon (2003) , Lane (2003)
Craver, Nathaniel Michael (M)	Ivan Skorobogatov	7 years [home-schooled] (2009)	6 yrs.	2 adopted Twins	Self-harm	Head-trauma Bruising	Self-harm Fell, hit head	Yes, both	Pennsylvania	Evans (2010) , Lee (2011) , Herszenhorn, 2011 , Senske (2013)
Dykstra, Isaac Jonathan (M)	Ilya Kargyntsev	21 months (2008)	3 months	1 adopted	None noted	Head-trauma Bruising	Fell down steps	No, father acquitted	Iowa	Hepker (2011) , Russian ombudsman slams U.S. acquittal in Russian child death (2011)
Emelyantsev, Nicoli (Kollya) (M)	Unknown	14 months (2008)	1 month	3 bio. 2 adopted	Down's syndrome	Skull fracture	Admitted abuse	Yes, mother	Utah	Rogers (2008) , Kats (2013)
Evans, Luke (M)	Sergei Nakonechny	18 months (2001)	6 months	2 adopted siblings	None noted	Brain injury	None noted	No, mother not guilty	Indiana	U.S. ready to cooperate against adopted children abuse (2013)
Hagmann, Jessica Albina (F)	Unknown	2 years, 7 months (2003)	8 months	1 bio. 1 adopted	Severe tantrums	Smothering Bruising	Trying to calm child	Yes, mother	Virginia	Drew (2004)
Harrison, Chase (M)	Dmitry Yakolev	21 months (2008)	3 months	1 adopted	None noted	Heat-related	Admitted leaving in car	No, father acquitted	Virginia	Barry (2009)
Higginbotham, Logan (F)	Anne Pochetnoy	3 years (1998)	7 months	2 adopted siblings	None noted	Brain injury	Fell, hit head	Yes, mother	Vermont	Stone (2001) , Fahy (2004)
Higier, Zachary (M)	Nikita Khoryakov	2 years (2002)	Unk.	1 adopted	None noted	Head-trauma	Fell from crib	Yes, mother	Massachusetts	Ramshaw (2002) , Tench and Healy (2002)
Hilt, Nina (F)	Viktoria Bazhenova	2 years, 6 months (2005)	18 months	2 adopted (1 from Ukraine)	FAE	Multiple traumas	Fell down stairs	Yes, mother	Massachusetts	Ovaska and Brevorka (2005) , Shapira (2005) , Vargas (2006) , Hall (2013)
Kolenda, Anatoli (M)	Unknown	11 years (2002)	5 yrs	2 adopted together (see next)	None noted	Stabbed	Father killed children, wife, self	N.A.	Massachusetts	Chapin (1998) , Graham (2002) , Van Sack (2002)
Kolenda, Yana (F)	Unknown	11 years (2002)	5 yrs	2 adopted together (see above)	None noted	Stabbed	Father killed children, wife, self	N.A.	Massachusetts	Chapin (1998) , Graham (2002) , Van Sack (2002)
Lindorff, Jacob (M)	Unknown	5 years (2001)	6 weeks	3 adopted siblings + 3 adopted siblings	Abuse prior to adoption	Head-trauma, burns	Hit head in tub	Yes, both parents	New Jersey	Ruderman (2003a,b) , Tull (2004) , Wood (2006) , Murray (2009)
Matthey, Viktor Alexander (M)	Viktor Sergeivich Tulimov	6 years [home-schooled] (2000)	10 month	4 bio. + 3 adopted siblings (2—twins)	Wetting	Hypothermia; broken bones	Self-injury	Yes, both parents	New Jersey	Reilly (2001)
Merryman, Dennis Gene (M)	Denis Uritsky	8 years [home-schooled] (2005)	4 yrs	3 bio. + 3 adopted siblings	FTT, medical needs	Starvation, bruising	Admitted abuse	Yes, both parents	Maryland	Park (2008) , Santoni (2008)
Pavlis, Alix (M)	Alexei Vasilovich Geiko	6 years [home-schooled] (2003)	6 weeks	2 adopted siblings	FAE, head banging, feces smearing	Brain injury	Admitted abuse	Yes, mother	Illinois	Sector (2005) , Russia, U.S. breaks up child-trading gang (2006)
Polreis, David Alexander Jr. (M)	Konstantin Shlepin	2 years (1996)	6 months	2 adopted	Aggression, violence	Severe bruising	Self-injury	Yes, mother	Colorado	Canellos (1997) , Engeler (1997) , Horn (1997)
Shatto, Max (M)	Maxim Kuzmin	3 years (2013)	2 months	2 adopted siblings	FAE, self-injury	Internal injuries, bruising	Self-injury	No, parents not indicted	Texas	Cox, (2013) , Herszenhorn and Roth (2013) , Merchant (2013) , Roth, (2013) , Swarns and Herszenhorn (2013)
Thompson, Liam Dmitry (M)	Dmitry Sergeyevich Ishlankoulov	3 years (2003)	5 months	2 bio. + 2 adopted	Cleft lip/palate	Exposure, scalding	None noted	Yes, both parents	Ohio	DeMartini (2003) , Ruth (2004)

^a All adoptive siblings also from Russia unless otherwise noted.

^b FAE = suspected fetal alcohol exposure; FTT = suspected failure to thrive.

doctors determined he was suffering life-threatening injuries, including massive brain swelling, severe bleeding inside his skull and retinal swelling in both eyes. He also had severe bruising on his body, including his torso and legs. ([Hepker, 2011](#))

The father was found not guilty, further inflaming Russian opinion ([Russian ombudsman slams U.S. acquittal in Russian child death, 2011](#)).

Statements by parents to the effect that the children must have injured themselves by violent behavior appear in the media reports

concerning four families [Craver; Matthey; Polreis; Shatto]. One mother [Hagmann], whose child smothered, reported trying to calm her in a tight hug. Ultimately, many of the parents admitted harming their children in episodes of lost control.

A number pled guilty, often to charges less serious than murder, and several drew long prison sentences. Hilt was sentenced to 25 years and the Merryman parents to 22 years each (Santoni, 2008; Vargas, 2006). Among the parents who confessed and pled guilty, “Hilt told police that ‘she shook her [Nina, age two and a half], dropped her on the floor, kicked her stomach, picked her up, put her in her bed, and continued to strike her with a closed right fist on her back and stomach’” (Vargas, 2006). In another situation, the mother [Emelyantsev] “admitted grabbing the child by an arm and a leg, slamming him to the floor, and then repeating the action. The baby died the following day from a skull fracture, according to charging documents” (Rogers, 2008).

No parent was tried for injury to more than one child, although in at least two situations [Emelyantsev; Merryman] charges concerning abuse of other children were dropped (Park, 2008; Rogers, 2008; Santoni, 2008). Subsequent to her trial, one convicted mother [Lindorff] was reported to child protective services for neglect of her remaining adopted children and was found to have had unauthorized contact with them (Wood, 2006). In three court cases, a mother [Evans] and two fathers [Dykstra; Harrison] were found not guilty, and in the most recent death, the parents [Shatto] were not indicted by the grand jury (Barry, 2009; Herszenhorn & Roth, 2013; Russian ombudsman slams U.S. acquittal in Russian child death, 2011; U.S. ready to cooperate against adopted children abuse, 2013, February 8). It illustrates the controversial nature of the verdicts that the new Russian law blocking U.S. adoptions is named for the Harrison’s child, who died from heat stroke after his father inadvertently left him in his car seat during the workday, which did not result in a conviction (Robles, 2013).

6.3. Family strengths and risk factors

At the time of the children’s deaths, their parents would have stood out as traditional in any gathering of families. They ranged in age from the early 30s to the mid-50s, and only one household appears to have been headed by a single mother [Bennett]. Most adopters had two or three children, though three families had six or seven, and three appear to have had single children. The parents were overwhelmingly of European ancestry, and those who were immigrants had roots in eastern European countries including Poland [Kolenda], Latvia [Heiger], and Russia [Emelyantsev], as well as Mexico [Pavlis]. Almost all of the families had solid careers and strong ties to various Christian churches.

At least one set of parents [Kolenda] had made local news for positive experiences with their adopted children (Chapin, 1998), and three others [Hagmann, Lindorff, Polreis] had been described in published interviews as “model” parents or international adoptive families (Canellos, 1997; Drew, 2004; Tull, 2004). Until their son’s death, the Lindorffs were scheduled to be featured in a television special about adoption of sibling groups (Gilbert, 2013). In some cases, professionals who had worked with the families continued to believe the parents to be decent, capable individuals, even after their convictions (e.g. Gilbert, 2013; Ruth, 2004).

Despite the scrutiny of these families following the children’s deaths, only a few parental problems are known to have preceded the adoptions. In four cases [Craver; Emelyantsev; Hilt; Kolenda], a parent later found responsible for a death was known to have been depressed, and Hilt also reportedly hid her alcohol abuse (Vargas, 2006). One mother [Emelyantsev] had not voiced to her husband her reluctance to adopt a third child with Down’s syndrome (Rogers, 2008). A third couple [Higier] may have had some history of domestic violence (Ramshaw, 2002). The Craver family does appear to have had multiple problems before their son’s death (Evans, 2010; Lee, 2011).

What stands out most clearly from the narratives is not severe parental pathology but pronounced parenting stress, particularly for

mothers who were often at home with toddlers and who in several situations were home-schooling older children. One mother [Hilt] had recently quit her job and withdrawn her two adopted girls from preschool; she was quoted as telling another mother that she was going “stir-crazy” (Ovaska & Brevorka, 2005). Several of the families were parenting twins or other pairs who were the same age. The Emelyantsevs had four children ages 5 or younger, in addition to an older child, and three of the five had Down’s syndrome (Rogers, 2008). Most of the parents had undertaken placement of more than one child at the same time; one family [Lindorff] had twice adopted Russian sibling groups of three. Many of the children who died had acute special needs or challenging behaviors, plus siblings who had been adopted from similar environments and may have been only marginally less stressful to parent. Most of the children were unable to communicate well due to age and recent placement in the U.S., and in some situations they were isolated from typical interactions with peers and school personnel.

Although the parents’ attorneys frequently presented information at trial concerning the children’s behaviors and problems, it is difficult to discern who had been aware of the challenges parents faced. The Craver twins had been temporarily removed by Child Protective Services about two years before the death of one. One mother [Polreis] had sought services at an attachment center in Colorado and had considered requesting her son’s removal, which her husband was reported to oppose (Canellos, 1997; Horn, 1997). In a case in which the parents were no-billed by a grand jury [Shatto], the 3 year old boy was seen at least twice at a children’s hospital for self-injurious behaviors (Swarns & Herszenhorn, 2013; Vanderlaan, 2013).

Other parents stated that they were afraid that if they sought help they would lose their adopted children. For example, Santoni (2008) reports that, according to a defense attorney, “the Merrymans knew that Dennis had physical and mental problems, but feared taking him to a doctor would lead to him being separated from the family.” In another situation,

Instead of thriving in his new surroundings, Alex [Pavlis] became subject to violent mood swings. He would bang his head against the wall and urinated and defecated throughout the house for no apparent reason, according to testimony in his adopted mother’s trial. Pavlis testified that she didn’t know what to do about his behavior but decided not to ask authorities for help because she was afraid of jeopardizing the adoption. (Sector, 2005)

A mother [Thompson] of two biological children, the younger age 3, and two Russian adoptees, both also about 3, admitted later that she had struggled for the six months since the placement, but her sense of failure made it impossible to confide even in her mother, who lived across the street (Ruth, 2004). Out of fear of losing their children and arrest, that mother, a practical nurse, and the father delayed medical care for their son who had been scalded in the bath (Ruth, 2004). An adoption agency director noted that another mother with whom she had worked [Hilt] probably “just couldn’t bring herself to ask for help” (Hall, 2013). In most cases, it remains unclear what, if any, post-adoptive, medical, or mental health services the families received. In many cases, the recent placements, stressful parenting situations, and inability of otherwise competent individuals to seek help seem consistent with the concept of post-adoption depression, which we discuss above in 2.2.

6.4. Contravention of long-established professional knowledge

It seems remarkable that so few people saw any potential in the family situations for serious harm. The medical and professional knowledge has long been available. It has been more than 50 years since Kempe and colleagues caught the attention of the medical profession, and ultimately of western society, with incidents of non-accidental injury to children, which they first termed battered-child syndrome (Kempe, Silverman, Steele, Droegemueller, & Silver, 1985). Among Kempe and

Table 2
Characteristics of identified agencies.

Adoptive name	Agency of record (AOR)	State of AOR & date founded	Years AOR in operation at time of fatality	Post-adoption services on AOR current website	Current AOR affiliations ^a	Other involved agencies (OIA)	State of OIA	Years OIA in operation at time of fatality	Current OIA affiliations ^a
Bennett, Maria Anastasia	Focus on Children (Closed 2007)	Utah 1998	4	NA	NA	None known	NA	NA	NA
Craver, Nathaniel Michael	Lutheran Social Services of the South (no direct involvement with Craver case)	Texas 1881	128	Reports and referrals	COA 2008–17 NCFA Lutheran	Family resources (Closed)	Illinois 1988	21	NA
Emelyantsev, Nicoli	Independent adoption with pro bono assistance from About a Child	Iowa 2006	2	Referrals for counseling	COA 2008–17	Reece's Rainbow (support & advocacy)	Maryland 2006	2	NA (not an adoption agency)
Evans, Luke	Small World Adoption Foundation of Missouri (& NY) (Closed c. 2011)	Missouri/New York 1992	9	NA	NA (previously sanctioned by COA)	None known	NA	NA	NA
Harrison, Chase	European Adoption Consultants	Ohio 1991	17	Assistance with documents	COA 2008–16 NCFA Russia 2011	None known	NA	NA	NA
Higginbotham, Logan	European Adoption Consultants	Ohio 1991	14	Assistance with documents	Christian COA 2008–16 NCFA Russia 2011	None known	NA	NA	NA
Higier, Zachary	Frank Adoption Center	North Carolina 1995	7	Free seminars every 2 months	COA 2008–17 Russia 2011	Adoption Resource Associates	Massachusetts 1996	6	Temporary COA for homestudies for Hague adoptions
US Name	Agency of record (AOR)	State of AOR & date founded	Years AOR in operation at time of fatality	Post-adoption services on AOR current website	Current AOR Affiliations ^a	Other involved agencies (OIA)	State of OIA & date founded	Years OIA in operation at time of fatality	Current OIA affiliations*
Hilt, Nina	Adoptions Int'l	Texas 1995	10	No mention	No mention	Adoption homestudies by Loving Families & A Child's Hope	Virginia/North Carolina	Unknown/Unknown	No mention/No mention
Lindorff, Jacob	An Open Door Adoption Agency	Georgia 1986	15	Lists medical clinics	COA 2008–17 NCFA Christian	None known	NA	NA	NA
Matthey, Viktor Alexander	Adoption Alliance (Closed 2012)	Colorado 1989	11	NA	NA	Bethany Christian Services	Michigan 1944	56	COA (2008–17) Christian
Merryman, Dennis Gene	Adoptions Forever (Closed 2006)	Maryland 2003	2	NA	NA	None known	NA	NA	NA
Pavlis, Alix	Independent adoption with connections to Yunona USA (Closed 2006)	California	NA	NA	NA	Illinois Baptist Children's Home	Illinois 1918	85	Baptist
Polreis, David Alexander Jr.	Rainbow House International (Closed)	New Mexico 1984	12	NA	NA	Colorado Adoption Center	Colorado 1984	12	Christian
Shatto, Max	Gladney Center for Adoption	Texas 1887	125	Yes	COA 2008–17 NCFA Russia 2011	None known	NA	NA	NA
Thompson, Liam Dmitry	Tree of Life Adoption Center	Oregon 1998	5	Web links to resources	COA 2008–14	None known	NA	NA	NA

^a COA is Council on Accreditation. NCFA is National Council for Adoption. Sources for COA-Hague status: <http://coanet.org/accreditation/who-is-accredited/who-is-accredited-search/list/submit/Filterbox/> and http://adoption.state.gov/hague_convention/agency_accreditation/agency_search.php.

colleagues' observations that continue to ring true is that "Sometimes several children in one family have been beaten; at other times one child is singled out for attack while others are treated quite lovingly" (1962, p. 145). In court appearances and media interviews, abusive disciplinary practices surfaced in two of the largest families. An older adoptive brother of a child who died of hypothermia [Matthey] testified that the child was punished with sleeping in the garage and cold showers for wetting himself: "They'd turn it all the way to cold and put him in Sometimes he'd sleep in the tub with nothing but training pants or a diaper" (Dowling, 2004). In the Merryman trial

... two of the other six adopted and biological children testified to how the family had coped with his behavior by tying him down in a crib covered with bells and netting; medical records showed he had not seen a doctor for three and a half years; and doctors said that his vital organs were so stunted that some would be normal only for a 2-year-old child. (Santoni, 2008)

Professionals from many disciplines must have underestimated the risk factors and stressors and missed cues that things were going very wrong. Kempe et al. (1985) note that prior to a fatal event a parent sometimes presents a child repeatedly for medical help and expresses fears for the child's safety, a dynamic observed in some of the families.

Just as Kempe and colleagues' insights have long been available, Bowlby, who pioneered attachment theory, wrote seminal work about violence toward children as an outgrowth of the parents' disordered attachments and undeveloped care-giving systems (Bowlby, 1984). Some of the parents described their difficulty forming relationships with the children who died, often in terms of failed bonding [Hilt; Thompson]. The Polreis family sought help repeatedly from the Attachment Center at Evergreen, Colorado, and the mother's trial became an early forum for conflicting professional opinions about interventions such as holding therapy, which has subsequently been widely discredited (Hegar & Watson, 2013; Ruth, 2004).

Stressors and risk factors may have escaped notice in part because the adoptions reflect many traditional professional and popular views concerning child placement. For example, experts conclude that adults with maturity, established marriages, and parenting experience, like most of the parents described here, are best prepared to parent children with special needs or challenges (e.g. McRoy, 1999). Accumulated practice wisdom, though perhaps dated, supports leaving birth order of older children intact by placing children who are younger than any biological child, as occurred in most of these situations (Melina, 2013). However, adoption professionals sometimes recommend against placing a child who is the same age as other children to be placed or as children already in the home ("artificial twinning"), and in some situations that principle was violated. In addition, agencies have traditionally favored plans that allow one parent to be at home with newly placed children, especially those who are very young or have special needs. Of course, some private agencies also prefer that parents have religious affiliations, as did almost all of these families.

A final pattern shows that parents had difficulty in accessing help that might have enabled them to cope with behaviors of their recently placed children. Several expressed fear of the consequences of seeking help, while at least two presented their children fruitlessly to experts. The majority does not appear to have had ready sources of professional consultation as they struggled with unexpected challenges to their parenting skills. Experts are often candid about adoptive parents' lack of preparation for the needs of some intercountry adoptees and about the unavailability of professional help that is specialized, affordable, and geographically accessible. Working (2004) quotes one such blunt expert assessment by a physician who consults with adoptors: "We are talking about very, very at-

risk children placed with families who don't know what they're doing, who are often left completely on their own". Gunnar and Pollak (2007) also emphasize the unmet needs for supportive services that underlie child fatalities:

More Americans than ever before are adopting children who have experienced significant deprivation and neglect, leading to the likelihood that increasing numbers of parents are struggling with child developmental issues that confound them, exhaust them, tax them financially, and for which they need help that is not readily available. (p. 382)

6.5. The agencies

With agency names gleaned from articles and websites, the authors examined public databases such as Guidestar and LinkedIn, as well as websites of agencies, the Council on Accreditation, and other standard-setting organizations. The authors determined characteristics of 12 organizations identified as agencies of record in 13 of the placements, plus two with limited roles in independent adoptions. Table 2 profiles these placements and agencies, in addition to a few other involved organizations reported to have provided home studies, made actual placements, or had follow-up contacts with the families.

The agencies of record are geographically scattered, with three based in Texas and 11 headquartered in 11 other states. In only two situations was a family's residence at the time of the death in the same state as the agency of record [Merryman; Shatto]. In addition, only one placement [Polreis] was made in a contiguous state where the agency had a branch. It is therefore probable that many of the other adoptions involved cooperative arrangements between "agencies of record" and "other involved agencies" (see Table 2).

It is also quite striking that at least six of the organizations have folded. Three closed amid accusations of fraud, bribery and other offenses unrelated to the deaths. The director of Focus on Children of Utah, the agency responsible for the Bennett placement in 2001, was reported as indicted in 2007 on 135 counts of fraud, conspiracy, and immigration violations concerning Samoan children (Tribolet, Whitcraft, & Michels, 2009). After the agency closed, the founding couple and two staffers were sentenced on reduced charges to probation and restitution (Manson & Gehrke, 2009). Another organization, Yunona USA of California, led by a Russian national, was shut down after numerous accusations and investigation of fraud (Russia, U.S. breaks up child-trading gang, 2006; Ryan, 2006). At Small World Adoption Foundation of Missouri, the Russian-born director and its board reportedly clashed over finances, followed by major staff turnover, resignations from the board, a lawsuit, and the director's suicide (Cambria & Frankel, 2009). That organization appears on the Council on Accreditation's list of sanctioned agencies (COA, 2013).

The agencies that remain open present a far different picture. Of the 14 agencies of record listed on Table 2, seven are now accredited by the Council on Accreditation (COA, 2013) to provide intercountry adoption services under the Hague Convention, and none of the accredited agencies has been listed as having a substantiated complaint or adverse action as of the report of November 10, 2014. Four agencies' websites note membership in the National Council for Adoption, and three indicate a religious affiliation or declare the organization to be Christian-based (only one is affiliated with a denomination). Two of the organizations were established more than a hundred years ago, and we have noted elsewhere that one of these was not directly involved in placement of a child who died [Craver], and the other placed children in a family that was not indicted for any offence [Shatto]. The remaining 12 were founded in the past 30 years, the most recent in 2006. Eleven had been in operation for 15 years or less at the time of the respective child fatalities.

Characteristics of the agencies of record that remain open show few patterns other than being geographically distant from the adoptive families, quite recently established at the time of the fatalities, now in good standing with standard-setting bodies, and unaffiliated with the social service arms of religious denominations. Agency websites list a range of involvement in post-adoption services. Only one reports offering comprehensive services including counseling services; three state that their post-adoption services are provided in the form of referrals; one notes free seminars every other month for adoptive families; one lists assistance in securing social security numbers and other documents, and others make no mention of post-adoptive services.

7. Discussion, recommendations, and limitations

This final section considers what can be learned from the deaths of 19 children in order to assess and manage risk in any international placements. As in the general population, young children are the most vulnerable, and those with medical and mental health needs may be at particular risk. Several of the families were parenting at least two preschool children, and some had multiple children aged 2 and 3, when temper tantrums are common and toilet training can be a frustrating struggle, particularly with boys, who died most frequently. Among the somewhat older children being homeschooled was a pair of 7-year-old twins (the boy died), a sibling group of two where the younger child, a boy of 6, died, and two large families with biological and adopted sibling groups in which boys of 6 and 8 died. The mothers were most likely to have been coping with young children and homeschoolers, and they were most often convicted of the abuse. Many of the mothers were part of remarkably traditional family units, and it may be that such families are particularly interested in adopting children from Russia, which offers same-race placements of young children in the context of closed adoptions, features that are now much less common in U.S. domestic adoptions (Watson & Hegar, 2014).

It is striking how recent the placements were, with ten lasting 6 months or less and only three of over two years' duration, which raises the issue of agency oversight. U.S. domestic adoptions typically involve a six-month period of supervision before the adoption is final. Unlike international adoptions from some other countries, Russian adoptions are finalized there, so that adopters reenter their home countries as the legal parents. It would be problematic in the U.S. to suggest supervision of completed adoptions (or serious oversight of home schooling) due to deep cultural traditions and legal precedents supporting parental autonomy in the education and rearing of children.

Russia has sought follow-up reports on adoptees for three years post-placement, though only one report per year has been expected in years two and three. While the research uncovered no evidence that agencies failed to follow up as required, it is obvious that, had contact with adoption professionals been more frequent, families might have received needed help.

The adoption professionals at the agencies of record were often in a different region of the country from the families, suggesting that most of the home studies and follow-up reports, as well as any post-adoptive services, would have been handled by other involved agencies, many of which remain unnamed in this article because they are unknown. For example, in the Craver adoption, though often attributed to an established Lutheran agency in Texas, the actual work with the applicant couple, placement of the children, and all related services were performed by an agency in another state, working under a common, collaborative arrangement that made it possible for more agencies to place Russian children (Senske, 2013).

When the Russian Federation began permitting international adoption soon after the breakup of the Soviet Union, many new adoption agencies were established to respond to the sudden interest from U.S. families. Some, though by no means all, of the agencies involved with the Russian adoptees seem to fit this pattern, as seven of them had been in operation for 10 years or less at the time of a fatality. In

comparison with well-established agencies, many new organizations remain small, not highly professionalized, and unconnected with major, standard-setting, child welfare organizations. These characteristics suggest limited resources in areas such as post-adoptive services. Agencies' capacities to assist their adoptive families were further limited by the closure of several of the organizations within 15 years of their founding.

Professional judgment concerning strengths and weaknesses of adoptive applicants, the ability to assess the needs of potential adoptees, and the provision of effective post-adoptive services seem key to the prevention of fatalities among international adoptees. Although Russian children cannot at this time be placed with U.S. citizens, there are many lessons to be learned from past cases concerning improved practice in international adoption. In conclusion, the situations surrounding the deaths of 19 children placed in the U.S. from Russia call for international adoptive practice that almost every child welfare professional would endorse. These best practices should be integral to international adoption:

1. Placing agencies should insure that their staff members have face-to-face meetings to see and assess children eligible for international adoption, as well as review their medical and placement records;
2. Agencies that perform home studies or place children should educate adoptive applicants concerning the behavioral and medical challenges the children can be expected to pose;
3. Agencies that perform home studies or place children must screening and counseling parents who seem willing to take on too much at once in terms of number of children and their age distribution;
4. Placing agencies should explore in depth adopting families' plans for childcare and schooling, so that parents can receive assistance in assessing their potential relationship with stress;
5. Placing agencies should grant no special consideration or abbreviated home study processes, even though the parents may have adopted or reared other children or may resemble some "ideal" adoptive family;
6. Placing agencies should provide post-adoptive services to every family on an affordable basis;
7. Educational and professional bodies should respond to the need for continuing education for medical, educational, legal, and mental health professionals and clergy concerning adoptive families and internationally placed children, especially post-institutionalized children;
8. States should adopt more rigorous standards for licensure of adoption agencies and standard-setting organizations for affiliation of adoption agencies, including the possibility of closer oversight of new agencies by the COA, and
9. Adoption agencies involved in contracting out or partnerships with other agencies or professionals must insure clear lines of communication and accountability when multiple entities are involved in an adoptive placement.

7.1. Limitations of study

Based on the best research efforts of the U.S. and Russian co-authors, this study of 19 cases of child fatality includes every death of a Russian child in a U.S. home that involved the criminal justice system. Our analysis is based largely on journalists' reports in the public media, primarily newspapers, because few official documents were available to the researchers. To address this limitation the authors attempted to contact representatives of each agency that we could identify to interview them by phone or ask for their insights via e-mail, and five responded. While not an ideal research process, this qualitative approach made use of the best sources of information available. Although not all agency representatives were able to provide information, several were, and their contributions to this work were invaluable.

The recommendations above emerged both from the findings of the study and from practice wisdom in adoption services. Although beyond the scope of this study, this article reveals critical need for further research to develop evidence-based interventions for families coping with children whose behaviors are rooted in abuse and neglect, disrupted attachments, institutional placement, and related traumas. The authors offer this work as a step toward that goal.

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