



SOAR's 2020 Human Rights Program:

A Final Report

Table of Contents

Executive Summary	3
History of Armenia	4
Society for Orphaned Armenian Relief (SOAR)	13
SOAR Supported Institutions	14
Research Methods	20
Data Analysis and Empirical Finding	29
Discussion and Policy Implications	39
Conclusion	47

Executive Summary

There are two types of residential childcare institutions in Armenia: orphanages and special boarding schools. The children housed in these facilities are either natural orphans (i.e., children who have no living family or whose biological parents have had their filial rights terminated) or social orphans (i.e., children with



living biological parents who are unable or unwilling to care for them but whose rights have not been terminated). To assess human rights compliance, we conducted an empirical study in Armenia's residential childcare facilities between January and June 2020 to examine six human rights constructs: abuse and neglect; education; food safety; hygiene; institutionalization and reunification; and sexual abuse. The findings illustrate strong rates of participation study-wide, illuminate the factors associated with institutionalization, and demonstrate strong compliance of human rights constructs across Armenia's residential childcare facilities.

The lessons learned from this study shed light on how best to develop policies advancing international child protection. The dismissal of residential childcare facilities as efficacious alternatives to biological care is misguided. Rather than reflexively advocating for the repudiation of residential care, which may deny vulnerable children a safe haven during times of crisis, emotional stability during their formative years, an improved standard of living, and superior opportunities upon reaching the age of majority, decision-makers should weigh the consequences of child rearing with biological parents against all alternative environments, including institutionalization. While the child placement calculus is challenging, the best interests standard that guides child protection decision making requires that practitioners espouse permanent environmental reassignment, through institutionalization in residential childcare facilities, when care from biological parents is no longer possible.

History of Armenia

Post-Genocide Orphan Population

As a result of the Armenian Genocide, approximately 500,000 Armenian children were killed between 1915 and 1923. Those children who survived the Genocide and remained in Turkey were left orphaned. Various humanitarian organizations were involved in saving the surviving Armenian children from death and bringing them out of the Ottoman borders. During the mass deportation at the end of 1921, about 7,500 Armenian orphans were evacuated to Aleppo, Beirut, and Damascus. Orphans in Turkey's southern and southeastern orphanages were transferred to Syria and Lebanon, and from the northern and northwestern regions to Greece.¹



1988 Armenian Earthquake

The Armenian earthquake occurred on December 7, 1988. The cities of Spitak, Leninakan (Gyumri), and Kirovakan (Vanadzor) were greatly affected, with large losses of life and devastating effects to buildings and other structures.

Most bridges, tunnels and other public infrastructure withstood the earthquake, but nearly all hospitals collapsed, killing two-thirds of the doctors, destroying equipment and medicine, and reducing the capacity to handle critical medical needs. Between 25,000 and 50,000 Armenians were killed and up to 130,000 were injured.

While the literature that addresses the short- and long-term ramifications of natural disasters on a displaced children/orphan population, like earthquakes, is sparse, orphanages are common during health epidemics, war, and poor economic times.² This is not unexpected because, when human or natural

¹ Vahakn Dadrian, *The History of the Armenian Genocide* (1995).

² Minnesota Department of Human Services, *Orphanages: An Historical Overview* (1995).

disasters strike, the state and humanitarian organizations intervene to assist the most helpless members of society. Compounding the physical loss of the family is the transition that earthquake-surviving children must make to institutional life and the emotional toll that witnessing death and destruction has on the child's emotional development.

Armenia Since Independence

Poverty in modern Armenia is rooted in both external and internal factors, including governmental corruption, poor state governance, an unresolved conflict with Azerbaijan over the Karabagh territory, and an outdated technological base and labor force. Children in Armenia are more vulnerable to the consequences of poverty than any other age or social group, resulting in increasing numbers of orphans, institutionalized children, and children living on the streets. While attempts at deinstitutionalization in Armenia have reduced the number of children who stay in the residential childcare institutions, there are approximately 1,600 children living in the state and private orphanages and special boarding schools.



According to the 2018 Trafficking in Persons Report,

Armenia has Tier 2 status because street children, orphans, and institutionalized children are at very high risk of being trafficked, abused, falling into prostitution, and/or coming into conflict with the law.³ A high majority of institutionalized children are social orphans, with family problems that include poverty, domestic violence, neglect, alcohol and drug issues, and/or the risk of prostitution and human trafficking. Given these social problems, it is critical that the institutional framework in Armenia offer a haven to safeguard the health, welfare, and emotional stability of the children.

³ U.S. Department of State, Trafficking in Human Persons Report (2018).

Residential Childcare in Armenia

Armenia's orphanages are full-time residential facilities for healthy and special needs children. The children housed in Armenia's orphanages are either natural orphans (i.e., children who have no living family or whose parents have had their rights terminated) or social orphans (i.e., children with living biological parents that are unwilling or unable to care for them for reasons typically related to poverty, domestic violence, and/or alcohol and drug use). Natural orphans have been permanently relinquished to the institution and, barring foster care or adoption, are institutionalized until at least the age of eighteen. They eat, sleep, and socialize in the facility but go to public school in the community. Parents of social orphans retain legal rights over their children but have temporarily ceded those rights to the facility.

Armenia's special boarding schools house healthy and special needs children who have been referred for institutionalization because of disability, truancy, and/or delinquency. Because of their disabilities and danger to the community, they do not attend public school. Rather, those children who are developmentally healthy enough are educated within the special boarding school environment. Unlike the orphanages, children in the special boarding schools rarely leave the facility. They eat, sleep, are educated, and socialize within the institution.

There are several distinguishing factors among Armenia's residential childcare facilities. First, there are both private and state-managed childcare facilities in Armenia. There are no private, special boarding schools in Armenia, but several of the orphanages are private facilities. Inversely, several of the orphanages, and all of the special boarding schools, are government funded. Second, all of Armenia's state institutions, and several of the private facilities, distinguish by age.

Children under the age of six are usually housed in different facilities than those between the ages of six and eighteen. There are also four transitional centers in Armenia that house healthy, older teenage girls who have outgrown the traditional orphanage but who are not yet ready for independent living.

Because there is compulsory military service for males at age 18, there are no transitional centers for males. Third, the facilities are also distinguished by disability and health status. Healthy children are typically separated from those with special needs. In turn, several state and private institutions house only healthy children. Table 1 summarizes the 23 residential facilities in Armenia: fifteen orphanages,⁴ four special boarding schools,⁵ and four transitional centers.⁶

Table 1. Summary of Armenia's Residential Childcare Institutions

	Orphanages	Special Boarding Schools	Transitional Centers
State-Funded Facility	7	4	0
Private Facility	8	0	4
Children < 6	3	0	0
Children > 6	12	4	4
Healthy	8	0	4
Special needs	7	4	0

Armenia's Childcare Options

There are five alternative childcare options in Armenia when biological parents are unable or unwilling to fulfill their caregiving responsibilities: kinship care, foster care, domestic adoption, international adoption, and institutionalization. In Armenia, care with relatives, also called kinship care, is the most common form

⁴ Children's Home of Gyumri; Children's Home of Yerevan (Nork); Dzorak Care Center; Gavar Orphanage; Kharberd Specialized Orphanage; Mari Izmirlyan; Mer Houys; Our Lady of Armenia Center (OLA); Sisters of Charity (Bethlehem and Spitak); SOS Children's Villages (Idjevan and Kotayk); Warm Hearth (Arinj and 3rd Village); and Zadik Child Care Center.

⁵ Boarding School #2 of Fridtjof Nansen; Vardashen Special School #1; Yerevan Boarding School #1 for Child Care and Protection; and Yerevan Special School #11 (Nubarashen).

⁶ While transitional centers are intended for females 18 years of age and older, they sometimes accept younger girls. As such, these four institutions are included under the residential childcare rubric: Mer Doon; OLA Annie Bezikian Youth Center (Kanakaner); Rainbow House; and SOAR's Transitional Center.

of care for orphaned children. This is frequently informal in nature but is a long-standing and culturally acceptable mode of care for children. Care by relatives offers the benefits of a family environment and supports the continuation of important familial and communal ties.⁷ Building upon existing cultural traditions of extended family care is a cost-effective way to ensure family care for children who can no longer live with biological parents.

While kinship care facilitates familial continuity and perpetuates a genetic attachment left by the dissolution of the biological parent-child relationship, there are disadvantages. First, there may be role confusion. It may be difficult for an aunt or grandmother, as the new primary caregiver, to enforce rules of the household instead of continuing to follow “norms of non-interference.”⁸ When family members take in a child, children may be expected to follow new rules that were absent or different when the child was living with a birth parent.

Second, if the relative is elderly, the age gap poses a physical challenge and a significant disparity of interests. Biological parents are closer in age to their children than grandparents, which facilitates shared interests and helps children learn social skills. Third, older kinship surrogates will typically have less income than wage-earning adults,⁹ which might preclude, for example, educational planning and extracurricular spending, both critical to a child’s happiness and development.

Full-time care provided by a non-related family, or foster care, is typically coordinated by an administrative or judicial authority, which also provides oversight to ensure the best interests of the child



⁷ E. Farmer, *Making Kinship Care Work*, 33 ADOPTION & FOSTERING 15 (2009); C. Ingram, *Kinship Care: From Last Resort to First Choice*, 75 CHILD WELFARE 550 (1996); H. Dubowitz, S. Feigelman, & S. Zuravin, *A Profile of Kinship Care*, 72 CHILD WELFARE 153 (1993).

⁸ A. Cherlin, & F. Furstenberg, *Styles and Strategies of Grandparenting*, In: V.L. Bengtson & J. Robertson (Eds.), *Grandparenthood* (1985).

⁹ Pension Rights Center, *Income of Today’s Older Adults* (2020).

are being met. This type of care has many of the same benefits and risks of kinship care. Foster care can be temporary arrangement, or in some cases, permanent. Processes and procedures should be established to ensure that children and caregivers receive necessary support and access to services. According to Article 137 of Armenia's Family Code,¹⁰ foster care is the temporary care and education of a child in a difficult life situation within another family environment that has been chosen by qualified authorities and has been registered, trained and certified until the situation due to which the child has ended up in foster care has been eradicated. The foster care system was first initiated in 1999 when an agreement was signed between France and Armenia.

This agreement launched the program titled, "Organizing the Care of Children Aged 3-12 from Orphanages in Foster Families." Through this program, nine children were moved to foster families. It was not until 2008, however, that foster care received official status in Armenia through Government Decision No. 459.¹¹ In 2004, thirty children were placed with 25 foster families.¹² In 2008, the Armenian government allocated funds for the foster care of 25 children.¹³ Between 2008 and 2017, this budget allowed for only eighty children to be cared for by foster families.

For children who cannot remain with biological parents or relatives, and for whom foster care is not possible, domestic adoption offers the chance for a permanent family. Research has demonstrated that an adoptive family environment can support improved developmental outcomes for children, especially those coming from orphanages.¹⁴ Data from the United Nations show that 85% of adoptions worldwide

¹⁰ Family Code of Armenia, Art. 137.

¹¹ *Establishing Determining and Registering People who Wish to Become Foster Parents, Organizing a Child's Care and Education within a Foster Family, Teaching and Training Those who Wish to Become Foster Parents, Ways of Overseeing the Care of a Foster Child in a Foster Family, Monthly Financial Payment Terms and the Amount for Foster Families, and the Exemplary Forms for Foster Care Agreements and on Revoking the Government's N. 459.*

¹² Measure Evaluation, *Assessing Alternative Care for Children in Armenia* (2018).

¹³ *Id.*

¹⁴ David Brodzinsky (ed.), *The Psychology of Adoption* (1990); A. Derdeyn, & C.L. Graves, *Clinical Vicissitudes of Adoption*, 7 CHILD ADOL. PSYCHIATRY NORTH AM. 373 (1998).

are domestic, approximately 220,000 per year.¹⁵ Adoption within Armenia is rare, primarily because of a stigma attached to raising “someone else’s child.”

Intercountry adoption provides children the opportunity for a permanent family outside of their country of origin. Many efforts have been made to ensure that strong policies and procedures and appropriate government oversight are in place to ensure that intercountry adoptions are occurring in alignment with international norms and standards. Between 1999 and 2018, there were 432 international adoptions from Armenia,¹⁶ an average of twenty per year. During this twenty-year period, approximately



two-thirds of the children were under the age of two at the time of adoption.¹⁷ Adoptions from Armenia to the US have been declining during the past few years: nineteen in 2015 to only twelve in 2018.¹⁸

Armenia’s Legislative Reform

As part of their international legal obligations, Armenia has undertaken several steps at child protection reform. In 2014, the national authorities amended the Strategic Plan for 2013-2016 to meet their obligations under the UN Guidelines.¹⁹ In 2016, the Government adopted a Concept Note²⁰ and an Action Plan for Developing Alternative Care Services for Children in Adversity. In July 2017, the Government adopted the National Strategy and Action Plan on Child Rights Protection for 2017-2021.

In January 2018, the National Assembly adopted several amendments to the Family Code. In its attempts to deinstitutionalize, Armenia focused on the expansion of day centers and the promotion of

¹⁵ United Nations, *Child Adoptions: Trends and Policies* (2009).

¹⁶ U.S. Department of State, *Adoption Statistics* (2020).

¹⁷ *Id.*

¹⁸ U.S. Department of State, *Adoption Statistics: Armenia* (2020).

¹⁹ Government of Armenia Resolution of November 13, 2014 No. 1273-N.

²⁰ Protocol Resolution No. 18 of the Government of Armenia dated May 12, 2016, on approval of the “Concept of Developing the Alternative Care System for Children in Adversity in Armenia.”

foster care. Scientific evaluations of Armenia's foster care system have never been conducted. Domestic adoption is virtually non-existent, primarily because there are no financial or professional support to potential families, and international adoption is currently closed.

Armenia utilizes the phrase "left without parental care" to characterize an array of childcare situations. Under the Family Code of Armenia, children "left without parental care" have parents who have died, have living parents whose rights have been judicially terminated, have living parents who have never been involved in the child's upbringing or in the protection of the child's rights and legal interests, have living parents who are either institutionalized or in compulsory military service with no other biological family available to assume guardianship, have living parents who have been deemed by judicial authority incapable of satisfying parental obligations, have parents who are missing or deceased, have living parents who have voluntarily renounced their legal obligations, or have living parents who have refused familial reunification after deinstitutionalization. If a child is "left without parental care," the Court must still be petitioned to terminate parental rights if circumstances so demand.

There is a process for terminating parental rights in Armenia. Initially, a parent or guardian must apply to the local judicial authority and submit a claim under the Family Code. The Court will consider a host of variable when assessing a petition to terminate, including the length of institutionalization, frequency of parental contact, parental opposition (if any) to the application for termination, familial interest in reunification, the ability of the biological parents and/or extended biological family to care for the child, and the reason the petition is being sought.

After the termination of parental rights, the orphanage director sends all documentation to the relevant authorities. When parental rights are terminated, the child is then placed on Armenia's adoption registry. Until termination is achieved, the child is ineligible for international adoption.



Society for Orphaned Armenian Relief (SOAR)

SOAR was created in the fall of 2005 as a charitable organization to provide humanitarian relief to orphaned Armenian children and adults with disabilities throughout the world. Working with trusted in-country staff and a cadre of global volunteers, SOAR strives to provide this institutionalized population with the same educational and social opportunities as their non-institutionalized counterparts while simultaneously facilitating family empowerment, deinstitutionalization, and reunification.

Between 2006 and 2008, SOAR established itself as the only charitable organization whose singular mission is to provide humanitarian assistance to orphaned Armenians around the world. In 2009, a Board of Trustees was created to annually review SOAR's fiscal operations and distributions. In 2016, SOAR took the proactive step of attempting to reduce the institutionalized orphan population in Armenia. Toward that end, SOAR now supports several day centers, all of which provide services to children at risk for institutionalization. SOAR also established its Services to Children in their Own Home (SCOH) Fund to provide home-based services after reunification to reduce the economic, social, and professional barriers that leave children at risk for reinstitutionalization.

SOAR prides itself on creativity, cross-cultural respect, fiscal responsibility, and transparency. Our greatest trepidation is not inadequacy or a belief that we are ill-equipped to assist the orphaned children we have embraced as our own, but rather that we have influence beyond measure. Our daily routine involves a compulsive desire to assist the abandoned, the abused, the sick, the helpless, and the impoverished. As SOAR's light shines, we hope that we are unconsciously giving our orphaned Armenian population the will to do the same.



SOAR-Supported Institutions

As shown in Table 2, SOAR supports 41 institutions in five countries: thirty orphanages, special boarding schools, day centers, transitional centers, and summer camps in Armenia; two Armenian boarding schools in Artsakh; one orphan summer camp in Javakh (Georgia); four Armenian orphanages and one orphan summer camp in Lebanon; and three Armenian orphanages in Syria:

Armenian Evangelical Boarding School in Ainjar, Lebanon, is home to approximately 75 healthy, social orphans.

Birds' Nest Orphanage in Byblos, Lebanon, opened shortly after the 1915 Armenian Genocide and has been home to thousands of Armenian children for more than 90 years. Today, Birds' Nest houses approximately twenty healthy, social orphans.

Boarding School #1 in Stepanakert, Artsakh, houses healthy and special needs children between the ages of four and sixteen.

Boarding School #2 in Kashatagh, Artsakh, houses healthy and special needs children between the ages of six and seventeen.

Boarding School #2 of Fridtjof Nansen (formerly Orphanage of Fridtjof Nansen) in Gyumri, Armenia, houses healthy and special needs children between the ages of four and eighteen,

Bzommar Orphanage in Bzommar, Lebanon, is operated by the Armenian Sisters of the Immaculate Conception, a religious order of nuns established in 1847. The Sisters carry out catechetical, cultural, and social work with both natural and social orphans. Approximately 10 teenage girls reside at Bzommar.

Cardinal Aghajanian Orphanage in Ainjar, Lebanon, houses 25 healthy orphaned boys.

Children's Home of Gyumri, a state orphanage in Gyumri, Armenia, houses approximately 85 children with special needs ages six years and younger.

Community Development and Social Support Center in Gyumri, Armenia, is a non-residential, state center that offers alternative care and material assistance to special needs children and their families. The Center started its activities in 2012.

Dzorak Care Center in Yerevan, Armenia, served as an orphanage for 400 children during the 1940s. In 1959, it became a boarding school for children from underprivileged families. Today, Dzorak is a state facility that houses adults with severe physical and psychological disabilities who have outgrown the traditional orphanage.

Gavar Orphanage, a state orphanage in Gavar, Armenia, houses approximately 45 healthy children under the age of eighteen.

Gyumri Social Childcare Center is a state, day center in Gyumri, Armenia. Since July 2006, the Center has served children from around the province who are at serious risk for institutionalization.

The Holy Cross Armenian Church of Javakh Summer Day Camp in Akhakalak, Georgia, serves social orphans living in poverty from the nearby villages. The Camp provides the children with a safe, clean, fun, and spiritual environment during the summer.

Kharberd Orphanage is a state orphanage in Yerevan, Armenia, that houses approximately 200 children and young adults with severe disabilities.

Mari Izmirlyan Orphanage is a state orphanage in Yerevan, Armenia, that houses approximately 100 children with special needs between the ages of six and eighteen,

Mer Doon is a private home in Echmiadzin, Armenia, for older girls who have outgrown the traditional orphanage. Mer Doon offers education in a compassionate family environment, thus easing the transition from orphanage life to mainstream society.

Mer Hooys is a private home in the Arapkir district of Yerevan, Armenia, for approximately 25 teenage girls. The girls receive language and job skills training, computer instruction, life skills training, psychological support, and hope, confidence, and love.

Orran, “haven” in Armenian, was established in Yerevan as a non-residential Center in April 2000. In 2009, a second Orran center was established in Vanadzor. Today, Orran supports approximately 95 seniors and 200 children across Armenia.

Our Lady of Armenia Annie Bezikian Youth Center in Kanaker, Armenia, houses girls between the ages of sixteen and 22 who have outgrown the traditional orphanage and are transitioning to independent living. The Center is operated by the Armenian Sisters of the Immaculate Conception, a religious order of nuns established in 1847.

Our Lady of Armenia Center in Gyumri, Armenia, houses approximately 28 healthy children between the ages of six and eighteen. The Center is operated by the Armenian Sisters of the Immaculate Conception.

Our Lady of Armenia Center Summer Camp (Bzommar, Lebanon) hosts children ages eight to fifteen throughout the summer. The Camp provides nutritious food, physical rest, recreational activities, and religious experiences to institutionalized children and other impoverished children throughout Lebanon.

Our Lady of Armenia Center Summer Camp (Tsaghgadzor, Armenia) hosts approximately 800 children throughout the summer, in four 16-day sessions. The Camp provides nutritious food, physical rest, recreational activities, and religious-educational experiences both to orphan and otherwise needy children throughout Armenia.

Our Lady of Armenia Educational Center in Tashir, Armenia, is operated by the Armenian Sisters of the Immaculate Conception and provides meals and after-school activities to approximately thirty orphaned and otherwise needy children.

Our Lady of Armenia Educational Center Summer Camp in Tashir, Armenia, hosts approximately fifty children during the summer. The Camp provides nutritious food, recreational and educational activities, and religious experiences to children from the Tashir community.

Prkutyun in Yerevan, Armenia, is a day center that offers food, educational, and therapeutic services to approximately 55 children and young adults with disabilities.

Rainbow House is a transitional center in Yerevan, Armenia, that houses approximately fifteen girls over the age of eighteen who have outgrown the traditional orphanage.

Saint Theresa's Little Flower Orphanage (Azizie and Meydan, Syria) is the House of Providence. After the 1915 Genocide, the Armenian Sisters of the Immaculate Conception served as comforting and caring “mothers” for the lonely Armenian orphans. In 1936, “The Providence Orphanage” (Nakhakhnamootian Doon) was founded in the Syrian region of Azizie and was a haven for 300 orphaned children. Because of the unrest in Aleppo, many of the Armenian orphans could no longer stay at The Providence Orphanage. Some live in Meydan, a very poor Armenian section in Aleppo, while other orphans live in Azizie.

Sisters of Charity (Bethlehem and Spitak, Armenia) is a Catholic religious order established by Mother Teresa to tend to “the poorest of the poor.” SOC-Bethlehem is a private orphanage outside of Yerevan that houses approximately 25 very young children with severe physical and mental disabilities. SOC-Spitak is a private orphanage that houses approximately fifteen teenagers and adults with severe physical and mental disabilities.

S.O. Khach Orphanage in Syria has been a family for more than 90 years. Before March 2012, the children lived in the Telil area of Syria. Due to civil unrest, the children moved to the Aram Manoogian Community Center in September 2012. S.O. Khach houses healthy children and young adults between the ages of eight and nineteen years old.

SOAR's Transitional Center, the first of its kind in Gyumri, Armenia, is a residential setting for older teenage girls who have outgrown the traditional orphanage but who are not yet ready for independent living. Opened in November 2019, these young women are enrolled in a college or university; assist in a SOAR-cultivated business; are enriched by SOAR's academic programs; learn the value of volunteerism and essential life skills, including home and money management; build self-nurturance and self-confidence; and prepare themselves for emotional, fiscal, and professional independence.

SOS Children's Villages' (Idjevan and Kotayk, Armenia) is a child-centered organization whose mission is to provide care for children without suitable parental care. In 1990, SOS Children's Village in Kotayk opened its doors for children who had lost their parents in the earthquake. SOS Children's Village in Idjevan was founded in 2009. Presently, SOS in Armenia operates a wide range of childcare and family strengthening community and educational activities.

Vardashen is a state boarding school in Yerevan, Armenia, that houses approximately 53 children who exhibit socially dangerous behavior between the ages of six and eighteen.

The Voice of the Armenian Church Summer Day Camp hosts a summer retreat in Tsaghgadzor, Armenia, between the ages of ten and sixteen. The Camp exposes the children to comfort, love, compassion, and care, while simultaneously instilling in them the history of the Armenian Church.

Warm Hearth (Third Village and Arinj, Armenia) offers private residential living to approximately 21 adults with disabilities who have outgrown the state-funded orphanages. Warm Hearth provides the residents with an alternative to psychiatric institutions, offering holistic care in a family-like setting.

Yerevan Children Home (formerly Nork Orphanage) is a state orphanage in Yerevan, Armenia, that houses approximately 60 children under the age of six.

Yerevan Special School Number 11 for Mentally Retarded Children (Nubarashen) is a state boarding school in Yerevan, Armenia, housing approximately 48 children with special needs.

Zadik Yerevan Child Assistance Center is a state orphanage in Yerevan, Armenia, that houses approximately 21 children between the ages of three and eighteen.

Table 2. Summary of SOAR-Supported Institutions Worldwide

	Armenia	Artsakh	Javakh	Lebanon	Syria
Orphanages	18	2	0	4	3
Special Boarding Schools	2	0	0	0	0
Transitional Centers	4	0	0	0	0
Day Centers	4	0	0	0	0
Summer Camps	2	0	1	1	0
State	5	2	0	0	0
Private	25	0	1	5	3
Children <6	3	0	0	0	0
Children 6-18	23	2	1	5	3
>18	4	0	0	0	0
Healthy	20	0	0	0	0
Special needs	10	2	1	5	3

Research Methods

Introduction

While children enjoy significant protections under international law and Armenia's domestic law, compliance is unknown because research within Armenia's RCI is sparse. The only study that addressed the risks of institutionalized children in Armenia was published in 2015 by the Armenian Young Lawyers Association and LogoS Youth.²¹ The project, however, was methodologically flawed and failed to address major human rights constructs. Despite the lack of research, anecdotal evidence and observations by SOAR staff suggest that Armenia's childcare institutions may struggle with their child protection obligations.

While compliance with human rights standards in Armenia's residential childcare facilities are unknown, SOAR's access to these institutions is significant. According to Dillon, "the importance of access pervades all discussions of international law, implicitly and explicitly."²² Unlike in other countries where central branches of government "hold a monopoly"²³ over residential childcare institutions, SOAR has access to the state and private facilities. This access not only affords opportunities to conduct primary research with a vulnerable population of youth but also suggests that humanitarian organizations, like SOAR, are a gateway to access that would be difficult, if not impossible, for traditional human rights monitoring organizations.²⁴ SOAR's relationship with the institutions and national authorities in Armenia is a product of trust, mutual respect, and a willingness to address human rights issues without advertising or condemning any actual or perceived violations.

International agreements grant children protected status and bestow upon them certain rights, including the right to nutrition and basic subsistence, to be part of a family unit, to education, to a hygienic living environment, and protection from abuse and neglect. For the purposes of the current study, the following human rights constructs were explored: abuse and neglect; education; food safety; hygiene; institutionalization and reunification; and sexual

²¹ Armenian Young Lawyers Association and LogoS Youth, *Corruption Risks Reduction, Advocacy and Rights Protection of Children and Their Parents in Gyumri Special Care Homes and Orphanages Project* (2015).

²² Sara Dillon, Time for a Truth-Based Policy: Humanitarian Access to Children Living without Family Care, 27 FLA. J. INT'L L. 23 (2015).

²³ *Id.*

²⁴ Karin Landgren, *The Protective Environment: Development Support for Child Protection* 27 HUM. RTS. Q. 214 (2005).

abuse. Collectively, these domains represent a measurable group of recognized entitlements that can be explored empirically through various data collection methods.

Sampling

The fifteen institutions in the current study were chosen because of the personal characteristics of the children. As shown in Table 5, these facilities included twelve orphanages²⁵ and three special boarding schools.²⁶ Facilities that only house residents eighteen years of age and older were excluded because, under international law, a child reaches the age of majority at his/her eighteenth birthday. Institutions that only house children under the age of ten and/or only house children with special needs were excluded from the child survey but were eligible for the official records collection, staff survey, and observational checklist.

Only children between the ages of ten and seventeen were included in the child survey because research on cognitive development²⁷ suggests they, unlike children under the age of ten, would be better able to answer questions on serious and sensitive topics. Once the institutions were selected for inclusion, official record information was requested for all children housed within those facilities, all eligible children were asked to participate in the child survey, the fifteen directors were approached for inclusion in the staff survey, and observational checklists were completed for each of the fifteen facilities.



²⁵ Children's Home of Gyumri; Children's Home of Yerevan (Nork); Gavar Orphanage; Kharberd Specialized Orphanage; Mari Izmirlyan Orphanage; Mer Houys; Our Lady of Armenia Center; Sisters of Charity (Bethlehem and Spitak); SOS Children's Villages (Idjevan and Kotayk); and Zadik Child Care Center.

²⁶ Boarding School #2 of Fridtjof Nansen; Vardashen Special School #1; and Yerevan Special School #11 (Nubarashen).

²⁷ Natasha Borgers, Edith de Leeuw, & Joop Hox, *Children as Respondents in Survey Research: Cognitive Development and Response Quality*, 66 BULLETIN DE MÉTHODOLOGIE SOCIOLOGIQUE 60 (2000).

Table 3. RCI in Armenia Approached for Participation

	Official Records	Child Survey	Staff Survey	Checklist
Boarding School #2 of Fridtjof Nansen	X	X	X	X
Children's Home of Gyumri	X		X	X
Children's Home of Yerevan (Nork)	X		X	X
Gavar Orphanage	X	X	X	X
Kharberd Orphanage	X	X	X	X
Mari Izmirlyan Orphanage	X	X	X	X
Mer Houys	X	X	X	X
OLA – Gyumri	X	X	X	X
Sisters of Charity – Bethlehem	X		X	X
Sisters of Charity – Spitak	X		X	X
SOS Children's Villages – Idjevan	X	X	X	X
SOS Children's Villages – Kotayk	X	X	X	X
Vardashen Special School #1	X	X	X	X
Yerevan Special School #11 (Nubarashen)	X		X	X
Zadik Orphanage	X	X	X	X

Facility Recruitment

Prior to approaching each institution, SOAR staff discussed the project with Armenia's national authorities. A letter of support was received from MOSLA in December 2019 and from MOE in March 2020. While the national authorities offered their support, participation was left to the discretion of each facility director. After discussing the project with each facility, SOAR's Executive Director introduced the project manager who served as the primary contact during the data collection period. Each institution was given the option of participating or declining participation, in whole or in part.

Instrumentation

At each participating institution I explored abuse and neglect; education; food safety; hygiene; institutionalization and reunification; and sexual abuse. A multimethod approach was utilized. Depending on the domain, data were collected through official records, child surveys, staff surveys, and observational research.

Official Records

Official data were extracted for each child housed in the participating facilities. Information was collected confidentially, with each child assigned a unique identification number. The child's name was recorded only for the

purposes of tracking accuracy during the daily collection process. No personal identifying information was recorded into the data file. The tool used for the official records component is included in Appendix A. I created the instrument in the fall of 2019 after which it was translated into Eastern Armenian and administered by paid interview staff. Data were collected between January and May 2020.

In addition to recording the date of collection, a unique identification number for each facility (Site ID #), the child's identification number (Child ID #), child's name, and interviewer initials, data were collected on gender, date of birth, and any behavioral, developmental, and physical disabilities noted in the official records. Because children in Armenia sometimes move from one care facility to another, dates of their most recent and earliest institutionalizations were documented. Data were collected on familial visits in the five years, two years, and twelve months preceding the interview. Lastly, data were collected on the major barriers to reunification.

Child Consent

After completing the official records instrument, the name and Child ID# were noted on the Child Consent Form (see Appendix A). Children were informed that they were being asked to participate in a study of Armenia's orphanages and special boarding schools. The procedures, potential risks and safeguards, and benefits were explained to each child. My contact information was provided if the children had any questions about the study. No incentive for participation was offered. Interviews were conducted out of hearing range of other residents and institutional staff. Researchers signed and dated the consent form to indicate that they had read the form to each child, after which the child initialed/dated the form if s/he consented to participation.

Child Surveys

The child survey is provided in Appendix B. Interviewers offered participation to all healthy children between the ages of ten and seventeen. The children whose disabilities precluded participation in the child survey were included only in the official records component. Rates of participation were documented. I created the instrument after which it was translated into Eastern Armenian and administered by paid interview staff. Data were collected between

January and May 2020. Start and end times were recorded to assess respondent burden. Demographic information was collected on gender, date of birth, nationality, and the highest grade the child had completed in school. Following the collection of demographic data, the children were surveyed on abuse and neglect, education, hygiene, and sexual abuse.

With respect to education, children were asked if they still attended school; whether they arrived to school on time; how often they attended school; whether they received help from facility staff or other children with homework; whether there was a designated time after school or on the weekends to complete homework; if staff encouraged them to complete homework assignments; whether the lack of school supplies ever precluded completing assignments; and if they had an option of pursuing a vocation rather than formal schooling.

With respect to the abuse/neglect construct, the children were asked whether anyone at the facility ever made them feel scared or unsafe; if anyone at the facility ever hurt or threatened them; and their reactions to being hurt or threatened.

With respect to sexual abuse, the children were asked if they ever had an educational seminar on sexual abuse; if they ever had discussions with staff about sexual abuse; whether anyone had ever touched them, or if they had been asked to touch others, in a sexual way; whether they had ever been offered gifts or money in exchange for doing sexual things; if anyone had ever taken, or offered to take, sexual photographs; and if they have any presence on social media.

Lastly, the children were asked if they regularly brush their teeth in the morning; wear clothes that smell; have to wear shoes that smell; use deodorant; wash their entire body; take care of their hair; cover their mouths when they cough or sneeze; have toilet paper; use toilet paper after going the bathroom; wash their hands after using the bathroom; brush their teeth before bed; use a tissue to blow their nose; wash their hands before eating; keep their nails trimmed; and share hairbrushes or toothbrushes.

Staff Surveys

The staff survey is provided in Appendix C. All fifteen facility directors were approached to complete the instrument. Rates of participation were documented. Potential respondents were informed that investigators from

SOAR were conducting a human rights-related study and that a short interview was being requested. Respondents were assured that participation was voluntary and that all data would be collected anonymously. No personal identifying was collected. No incentive for participation was offered, either to the respondent or institution. The directors were informed that any correctable problems (e.g., an inadequately cooling refrigerator) would be rectified by SOAR. Interviews were conducted out of range of other institutional staff.

With respect to food safety, a “Yes/No/Not sure” grid captured data on the cleanliness of food preparation areas; the hygienic practices of food preparation staff; food preparation protocols; and the adequacy and general safety of food storage areas.

With respect to hygienic practices, a “Yes/No/Not sure/NA” grid captured information on hand washing; washroom availability; diaper changing protocols; the use of shared underwear, bedding, and blankets; types of crib mattresses; and the presence of live animals around food.

The last set of questions was related to children’s rights. Directors were asked whether children were institutionalized primarily because of poverty; if the facility actively encourages or facilitates reunification; whether there are official policies related to “gate keeping,” “reintegration,” and “child protection;” whether non-institutional childcare options are explored prior to institutionalization; if children are taught life skills; whether there is a screening and recruitment process for staff and volunteers; and if the children participate in community events.

Observational Research

An observational checklist explored the constructs of food/nutrition and hygiene. As indicated, research staff indicated whether employees followed proper hygienic practices with “Yes/No/Not observed” coding options. In addition, data were collected on refrigerator and freezer cooling; the suitability of food and dry storage areas; the cleanliness of utensils and equipment; and the garbage storage and pest control conditions.

Training of Research Staff

I conducted a two-day training in Armenia on January 24-25, 2020, with SOAR's Executive Director, program associate, 28 official translator, 29 and three research staff. The training included the purpose of the study, a presentation of informed consent procedures (English and Armenian), a review of the code book, a question by question review of the data collection instruments (English and Armenian), and mock interviews (conducted in Armenian).

Study Limitations

There are several limitations to the current study. First, the findings are based on research conducted in Armenia, a culturally homogenous, Christian, democratic, second world country. The extent to which these research findings are generalizable to other countries is an empirical question that can only be answered with future research. While there is no reason to believe that the research methods employed here are not suitable for replication, it is likely that the protocol will need to be adjusted to accommodate radically different cultures.

Second, despite its potential for providing a rich and comprehensive description of national phenomena, the case study approach does not permit a direct examination of structural effects on individual behavior. It is not possible to account for the specific influence of one institutional arrangement or another. For example, institutionalization cannot be attributed to one single systemic characteristic, like poverty or institutional apathy, but rather to the variety of factors that characterize the society being studied.

Third, the best interests standard and determination are subjective. As with all independent assessments, they may be influenced by biases and preconceptions. There are some who advocate for the repudiation of all residential childcare facilities under all circumstances. This myopic approach to child protection does not reflect the real-world realities that exist anywhere children are abandoned, abused, or forgotten.

²⁸ Hasmik Diaryan.

²⁹ Gayane Merdinyan.

Fourth, the current study focused only on six human rights concepts. When this project was conceived, it was intended to be a first step into the unseen world of residential childcare in Armenia. Toward that end, certain constructs, like routine medical care, were excluded. Future studies should expand the quantity of human rights domains or focus on a smaller number of concepts in greater detail. Longitudinal studies would offer the most scientifically defensible approach for studying the impact of alternative caregiving environments on child development.

The ideal research design would match children in two-parent households (across gender and age) to children raised by single parents and in kinship care, children in residential childcare institutions and foster care, and children adopted domestically and internationally. By tracking the samples through adulthood, these distinct caregiving environments can be evaluated scientifically across a variety of outcome variables, including alcohol and drug using behaviors, criminal involvement, general happiness, education, job history, income, and emotional maturity.

Fifth, the data collection protocol used in the current study involved a multimethod approach with various advantages and disadvantages. While self-report data collection is inexpensive, can be performed relatively quickly, and can be anonymized to protect sensitive information, it has limitations. Respondents may distort when they convey personal experiences, and many individuals may be influenced by “social desirability,” the tendency to give socially desirable responses instead of choosing responses that reflect their true feelings. Potential bias may intensify when the study involves provocative topics, such as politics and religion, or sensitive, personal issues like criminal activity, drug use, and sexual abuse.

Sixth, children under the age of ten were excluded from the child survey because of the subject matter and a perceived lack of intellectual maturity. The age cutoff, while guided by prior research, was a subjective determination. Future research should determine an appropriate age range for answering questions related to non-sensitive topics, like education (i.e., children do not attend school in Armenia until age six) and sensitive topics, like abuse and neglect, which may cause embarrassment and trigger negative emotions among younger children.

Seventh, the current study did not address whether children in residential care perceive their institutions as familial environments (i.e., whether they regard facility caregivers as *de facto* parents and the other institutionalized children

as siblings). The answer depends on how personal relationships are encouraged and forged within the residential setting. The love, trust, and mutual support that embody a “family” evolve over time. Interacting with and living among others does not necessarily create the emotional bond that characterizes familial relationships. Future research should survey institutionalized children about the relationships cultivated within the facility and whether they identify staff and peers as family. Such research help assess whether residential childcare institutions might satisfy the “family” mandate embodied in the CRC.

These limitations notwithstanding, the current study offered a sound methodological approach to investigating human rights constructs from a hidden population of orphaned and otherwise vulnerable children in Armenia. It is important to note that both official data and self-report data were collected on similar constructs to address potential non-disclosure, or dishonesty, in the self-report portion of the study.

Data Analysis and Empirical Findings

Introduction

Data entry and analysis was accomplished in seven phases. First, information from official records, consent forms, child surveys, observational checklists, and staff surveys were entered into an SPSS database, a widely used program for statistical analysis in the social sciences. SPSS datasets have a two-dimensional table structure, where the rows represent cases (e.g., respondents) and the columns represent measurements (e.g., gender and age). All SPSS data processing occurs sequentially case-by-case through the file (dataset).

Second, the data were cleaned. Data cleaning is the process of identifying inaccurate or missing records from a database and then replacing, modifying, or deleting the “dirty” data. The inconsistencies or inaccuracies are usually caused by data entry errors or corruption in transmission but may also be the product of “skip patterns” in the data collection instruments. For example, if a respondent reports having no parental contact within the past five years, s/he would not have had parental contact “within the past two years” or “within the past 12 months.” While these questions would have been skipped during the interview, the cleaning process would involve recoding the missing values as “No” because, by definition, no parental contact within the five years preceding the interview means there could not have been any parental contact within the two year- or twelve month-period preceding the interview.

Third, the data were recoded, and new variables created, in SPSS. Sometimes it is necessary to change values of specific variables to make them more analyzable. Date of birth, originally collected as day, month, and year of birth, can be recoded into “age at the time of interview,” which in turn can then be recoded into various age categories (e.g., 10-12, 13-15, and 16-17). Another example would be recoding string variables, or variables of letter characters that are immune to numeric functions. For example, if official records indicated that barriers to unification included “single parent,” “divorce,” and/or “no parental care,” each of these textual responses could be recoded into numerical values (e.g., “single parent” = 1) to calculate prevalence levels.

Fourth, rates of participation were calculated for each study component: overall facility consent to study participation; consent to official records access; respondent consent to the child survey; director consent to the staff survey; and consent to the observational research.

Fifth, demographic statistics were computed for the entire study population, for the child survey, and for the directors who completed the staff survey. A descriptive statistic quantitatively summarizes features from a collection of information. They are important because they enable presentation of data in a more meaningful way, which allows simpler interpretation of the data. For age, the three measures of central tendency – the mean, median, and mode – are presented. The mean, median, and mode are the three most common probabilities in statistics. The mean is the “average,” the sum of all the values divided by the total number of values. The median is the “middle” value in a list of numbers. The mode is the value that occurs most often.

Sixth, univariate analyses for each of the human rights domains were conducted: abuse and neglect; education; food safety; hygiene; institutionalization and reunification; and sexual abuse. Data for institutionalization and reunification were collected through official records. Data for abuse and neglect, education, sexual abuse, and personal hygiene were collected through the child survey. Data for food safety, hygienic practices within the facility, and children’s rights were collected through the staff survey.

Seventh, bivariate analyses were conducted to explore the relationship between the human rights domains and three independent variables: gender, type of facility, (i.e., state v. private institution), and facility model (SOS v. non-SOS institutions). These bivariate analyses are one of the simplest forms of quantitative analysis and can be helpful in testing hypotheses of association. Crosstabulations involve the analysis of two variables to explore the potential empirical relationship between them. I used chi-squared tests to determine if the data correlated and to assess the strength of correlation.

Rates of Participation

- Fifteen institutions were approached for inclusion. All fifteen participated in at least one study component,³⁰ for an overall participation rate of 100%.
- Official records: We requested access to official records for each of the children housed at the fifteen institutions. Thirteen (87%) granted access.

³⁰ Mari Izmirlyan Orphanage and Children’s Home of Gyumri declined access to their official records.

- Child survey: A total of 210 children were asked to participate in the child survey. Of those approached, 205 (98%) completed the interview.
- Observation: Fifteen facilities were asked to permit observations of their institutions. All (100%) allowed access.
- Staff survey: Fifteen RCI directors were approached for inclusion in the staff study. All fifteen (100%) participated.

These findings indicate strong rates of participation and overwhelming success with accessing information of both a non-sensitive and sensitive nature from child respondents.

Official Records

Official data were collected for 551 children at thirteen facilities. Of these, 310 (56%) were male; 241 (44%) female. The average age of the children was 10.7 years; the median was twelve; and the mode was sixteen. Eleven percent of the children (n=59) were two years old and younger. Fifty-seven percent were twelve years old and younger.

More than half of sample (52%) were diagnosed as having some form of developmental, intellectual, and/or physical disability. The most frequently identified afflictions were central nervous system disorders, Down's Syndrome, autism, and mental retardation. Rarer disorders included blindness, quadriplegia, spina bifida, hydrocephalus, heart and kidney disease, mutism, and brain disorders. These findings evidence severe conditions requiring continuous, professional care that would be difficult and often impractical to address within a family-based setting.

Reasons for institutionalization were recoded into six categories: child disability; poverty/poor social conditions; single parent; behavioral problems (e.g., alcoholism) of the parent; abandoned/relinquished/parents deceased; "two of the aforementioned reasons"; and "three or more of the aforementioned reasons." Nearly 31% indicated two reasons for institutionalization, and 17.5% indicated three or more reasons. These findings suggest that, first, institutionalization is not solely related to poverty and, second, the children in Armenia's care facilities

are relinquished because their home situations are severely compromised by multiple social and environmental problems.

Of the 520 children for whom data were obtained, a majority (53%) had some type of contact with biological family (phone calls or visits) in the twelve months preceding the interview. Only marginal increases were discerned in the two- and five-year time frames, suggesting that for those families who were able and interested in maintaining contact with their children, they did so consistently over time. Inversely, almost all of those children who had no contact with biological family in the twelve months preceding the interview had no contact with their families in the two year- and five-year period preceding the interview. This suggests that, first, residential care facilities are critical for children whose biological families have effectively abandoned them, and second, for those children who have had no contact with biological family for at least two years, termination of rights would be appropriate so as to facilitate the possibility of adoption.

As to the “barriers to reunification,” the data collected were identical to “reasons for institutionalization,” suggesting that the care facility was, in and of itself, not an impediment to the reunification process.

Child Survey

Of those who completed the child survey, a majority were female (55%). The average age was approximately thirteen years old; the median age was thirteen; and the mode was fourteen. Nearly all (94%) reported being Armenian, with 5% identifying as Russian-Armenian, and 1% as Russian. These findings are consistent with data indicating Armenia is a culturally homogenous society, which would potentially eliminate one independent variable (cultural heterogeneity) as a factor associated with institutionalization or as a barrier to reunification.

Of the 205 children who completed the child survey, nearly all (97%) reported being in school. Most (76%) were in first through eighth grade. About 45% were in the sixth through eighth grades. Almost all of the children (93%) reported getting to school on time, going to school every day (93%), receiving help with homework from facility staff or from other children in the institution (94%), and being encouraged by facility staff to complete assignments (82%). These findings demonstrate a commitment from institutional staff to educational pursuits.

Approximately 50% of the students reported that there was not a designated time after school or on the weekends to do homework. This may be indicative of a lack of structure or, perhaps, the children simply know they have to get their homework done and do so without being confined to a designated framework. A high majority (84%) of children reported having the necessary supplies to complete assignments. This is a testament to SOAR and to other charitable organizations that provide donations of school supplies (e.g., notebooks, pencils, pens, and erasers) to the children on a regular basis. A high majority of children (73%) reported having the option of learning a vocation rather than pursuing formal education. Institutional staff often suggest the pursuit of trades, such as culinary arts and car maintenance, for those children not inclined to higher education.

With respect to abuse and neglect, 96% reported that no one at the facility ever made them feel scared or unsafe. In those instances where someone did make a child feel scared or unsafe, it was another child (bullying). Almost all of the children (95%) reported never having been hurt or threatened at the facility. Of the few children who did report having been hurt or threatened, only one reported that a facility staff member hit her. The remaining incidents were with other children. Overall, these data suggest that the residential childcare institutions are safe places to reside.

Only a small minority (31%) of children reported having had an educational seminar on sexual abuse or having had discussions with facility staff about sexual abuse (23%), suggesting that the problem is either ignored or that it is such a non-issue that formal processes to educate on the potential dangers of sexual abuse are perceived as unnecessary. A high majority (97%) reported never having been touched or been asked to touch someone else in a sexual way, and no children had ever been offered money to do sexual things.

The few incidents of “inappropriate touching” were between children. Any institution that houses children from troubled backgrounds would be well-advised to educate on sexual boundaries to avoid any potential problems with sexual assault. Almost all (99%) reported never having been asked to have a photo taken that made them feel uncomfortable. The incidents where photographs were solicited (none were actually taken) were done prior to the child entering the facility.

Forty percent were on social media (usually Facebook or Instagram), but of those who did have a social media presence (n=93), almost all (94%) had never been contacted by a stranger online. Those that had been

contacted simply blocked the stranger. Taken collectively, these findings overwhelmingly suggest that the children housed in Armenia's residential childcare facilities are protected from sexual predators.

With respect to hygiene, almost all of the children did not wear clothes (97%) or shoes (96%) that smell, used deodorant (66%), and washed their entire body (99%). Almost all took care of their hair (98%) and kept their nails trimmed (96%). Almost all covered their mouths when sneezing or coughing (98%), used a tissue to blow their nose (89%), had enough toilet paper (99%), used toilet paper after going to the bathroom (98%), washed their hands after going to the bathroom (99%), and washed their hands before eating (99%). While a high majority of the children regularly brushed their teeth in the morning (94%), only 78% brushed their teeth before bed. Fourteen percent of the children shared hairbrushes, but only one child (.5%) reported sharing a toothbrush.

Staff Survey

The directors (N=15) were primarily male (53%), approximately 48 years old (range 31-74), and had served as director on average for approximately eight years. A majority (67%) had earned at least a master's degree.

The human rights domain explored with facility directors were food safety, hygienic practices, and children's rights policies. As shown in Table 4, overall compliance for food safety was strong. The most noticeable areas for improvement involved food cleanliness and retention. Only 33% used fruit disinfectant prior to use; 53% used fresh vegetables within a day of purchase; 47% used cooked food within two days; and 53% heated vegetables in water to preserve nutrients.

Table 4. Staff Survey – Food Safety

	Yes	No	Not Sure
Are tables and countertops that are used for food preparation/service sanitized between use with bleach?	80%	7%	13%
Are kitchen staff who are ill ever responsible for food handling and preparation?	7%	93%	--
Do kitchen staff wash hands with soap and dry thoroughly before handling food?	73%	7%	20%
Are fruits washed with food disinfectant immediately prior to use?	33%	60%	7%
Are fresh vegetables used within a day of purchase?	53%	47%	--
Is cooked food used within two days?	47%	53%	--
Are vegetables heated in a small amount of water to preserve nutrients?	53%	--	47%
Are food and drinks that are stored in refrigerators covered?	93%	7%	--
Is prepared food stored separately from raw food?	100%	--	--
Are food storage areas dry?	93%	7%	--
Are food storage areas well-ventilated?	87%	--	13%
Are food storage areas adequately lit?	93%	7%	--
Are cleaning supplies and other chemicals stored away from food?	93%	7%	--
Are mops, brooms and other cleaning equipment stored away from food?	93%	7%	--

As shown in Table 5, compliance for hygienic institutional practices was strong. The most noticeable areas for improvement were sharing of underwear, sheets, and blankets. There is no scenario where any sharing of such personal items is acceptable, particularly when SOAR is always willing to purchase these items whenever requested.

Table 5. Staff Survey – Hygienic Practices*

	Yes	No
Do staff always wash hands after changing diapers, going to the bathroom, or cleaning up soiled linens or soiled clothing?	100%	--
Are the washrooms appropriate for the size of younger children (i.e., can they reach the taps without difficulty?)	64%	36%
Are diaper-changing surfaces always sanitized between uses?	86%	14%
Is skin always dried before putting on a new diaper?	100%	--
Are soiled disposable diapers and wipes always discarded in a secure, foot-activated, plastic-lined container?	82%	18%
Is the diaper-changing area located in the food preparation area?	20%	80%
Is underwear ever shared between children?	13%	87%
Are bedding sheets and blankets ever shared between children?	27%	73%
Do all of the crib mattresses have a non-porous, easy-to-wipe surface?	77%	23%
Are walls and ceilings cleaned regularly?	100%	--
Are live animals, like cats and dogs, ever allowed around food premises?	93%	7%

* For all of the diaper/crib related questions, the results are based on those facilities who house infants.

Table 6 illustrates compliance with facility-level practices. The most notable area for improvement is exploring alternative family-care options prior to accepting children in residential care, as only 60% of respondents indicated undertaking a review prior to accepting a child into their facility. Children often come to residential care facilities in emergency situations, and the directors may not have the time to investigate family-care options prior to accepting a child for residential care.

Table 6. Institutional Policies and Institutionalization

	Yes	No
Are children placed in this facility primarily because of poverty?	93%	7%
Do you actively try to reunify families that have been separated?	87%	14%
Do you have a written “gate keeping” policy to ensure children are not unnecessarily kept in residential care?	73%	27%
Do you have a written “reintegration” policy to ensure children are only kept in residential care for as short a time as possible?	87%	13%
Do you explore all family-based care options (kinship care, foster care) before accepting children for residential living?	60%	40%
Do you require that your children learn life skills (for example, resume building, problem solving, and opening a bank account)?	93%	7%
Do you have a written “child protection” policy?	80%	20%
Do you have a screening and recruitment process for staff and volunteers?	87%	13%
Do your children participate in community events (outside the institution)?	87%	13%

Observational Checklist

As shown in Table 7, observations made by SOAR researchers suggested moderate compliance with various hygienic constructs. While 93% of facility staff wore clean and proper clothing and closed-toe shoes, and 80% of sinks had hot water, less than half (47%) of the facility staff were observed wearing effective hair restraints and a high majority of sinks (73%) were not properly stocked with soap and disposable towels.

With respect to cooling, 93% of the facilities had refrigerators and freezers that were clean and neat, with 40% of the refrigerators showing temperatures at or below 5° Celsius.

Food storage areas were generally compliant. A majority of facilities stored food at proper distances above the floor (60%), had no bulging or leaking canned goods (80%), protected food from contamination (87%), and properly labeled, and stored chemicals away from, food (87%).

Utensils and equipment practices were equally compliant. All of the work surfaces were clean, 67% of the facilities had clean food carts/containers, 80% of can openers were clean, and 87% had dishwashers.

With respect to garbage and pest control, only 13% (n=2) had garbage cans overflowing with trash, while only one facility (7%) was observed with pests or other insects in the kitchen.

Table 7. Observational Checklist

PERSONAL HYGIENE	Yes	No	Not Observed
Employees wear clean and proper clothing, including closed-toe shoes.	93%	7%	--
Effective hair restraints, such as a hairnet or hat, are properly worn.	47%	40%	13%
Eating, chewing gum, and smoking are done away from food preparation, service, and storage.	13%	33%	54%
Staff beverages have lids and are kept where they cannot spill onto food.	13%	40%	47%
Employees use disposable tissues when coughing or sneezing and immediately wash hands afterwards.	13%	7%	80%
Hand sinks are stocked with soap and disposable towels.	20%	73%	7%
Hand sinks have hot water.	80%	20%	--
REFRIGERATOR AND FREEZER			
Refrigerator and freezer units are clean and neat.	93%	7%	--
Refrigerator temperature is at or below 5° C.	40%	20%	40%
FOOD STORAGE AND DRY STORAGE			
All food is stored 15-20 centimeters (6-8 inches) off the floor.	60%	33%	7%
There are no bulging or leaking canned goods.	80%	13%	7%
Food is protected from contamination (i.e., raw meat is kept separately on the bottom shelf, and all food is covered)	87%	13%	--
Chemicals are clearly labeled and stored away from food.	87%	13%	--
UTENSILS AND EQUIPMENT			
Work surfaces and utensils are clean.	100%	--	--
Food carts or containers used to transport food are clean.	67%	33%	--
Food thermometers are clean.	--	--	100%
Can openers are clean.	80%	13%	7%
Dishwashers are used to clean all utensils and dishware.	87%	7%	6%
GARBAGE STORAGE AND PEST CONTROL			
Kitchen garbage cans are overflowing with garbage.	13%	87%	--
Pests or other insects are in the kitchen.	7%	93%	--

Bivariate Analyses

The Site ID was recoded into a binary variable: state residential childcare institution and private facility. I then conducted bivariate analyses to determine if there were any differences across the human rights domains by “type of facility.” Children in private institutions were more likely to brush their teeth in the morning (56% v. 44%, $p<.05$) and wash their hands before eating (56% v. 44%, $p<.05$). With the exception of teeth brushing in the morning and washing hands before eating, no differences were discerned between the private and state institutions.

Bivariate analyses were conducted with gender and the human rights domains. No differences were discerned across gender for any of the constructs, including reasons for institutionalization and barriers to reunification. Overall, the results from the bivariate analyses suggest uniformity across all domains and all facilities. Because SOS Children's Villages create a family-like setting for institutionalized children, Site ID was recoded into a binary variable to reflect "SOS Children's Model" (Idjevan and Kotayk) and the remaining "non-SOS institutions." Bivariate analyses were then conducted to explore the human rights domains by this recoded variable. Children in non-SOS institutions were more likely to share hairbrushes with other children (57% v. 43%, $p < .05$). With the exception of sharing hairbrushes, no statistically significant differences were discerned between the SOS and non-SOS facilities.

Discussion and Policy Implications

Introduction

The orphan crisis across the world is significant, with at least eight million children living in residential care facilities. Whether the underlying causes of institutionalization are poverty, parental neglect, disability, or a natural disaster, residential facilities offer children a place to live when their primary caregivers are unable or unwilling to do so. The residential childcare concept is not new, nor should it carry a negative stigma. Most reasonable people would agree that children should be raised in a loving, stable, and nurturing familial environment.

Sometimes, however, the ideal environment dissolves, particularly in areas where poverty and social problems make child rearing by biological family challenging. When biological parents become unable or unwilling to care for their offspring, the state intervenes. The state's duty is not only to remove children from dangerous situations, but to assure that the standards in any alternative setting comport with generally accepted human rights principles. Based on the empirical results in the current study, we suggest that properly developed and monitored residential childcare alternatives should be encouraged as consistent with the goals of international child protection.

While advancing the benefits of residential institutions may not comport with the direction and recommendations contained within the CRC and Guidelines, the evolution of international child protection law suggests that a reassessment is necessary. The denunciation of residential childcare facilities is based on a fundamental misconception of what these institutions do and can offer. Warehousing children is dangerous, but facilities that offer love, compassion, respect, and humanistic care are the optimal environments for children when parental obligations are forfeited.

Childcare Alternatives in Armenia

There are approximately 1,600 children residing in Armenia's orphanages and special boarding schools. This is a relatively small number compared to the overall and child populations in Armenia. Official data indicate there are approximately three million residents in Armenia,³¹ of which at least 600,000 are children.³² This means that only .00005% of Armenia's population, and .003% of the child population, reside in residential childcare institutions. This small proportion suggests that, first, orphanages and special boarding schools satisfy a critical need for the most vulnerable of Armenian youth, and second, there is no support for the assertion that Armenia's facility directors and national authorities are recruiting children for institutionalization.

In Armenia, childcare alternatives seem to be prioritized hierarchically. Beginning with the traditional two-parent biological family, preference extends to a one-parent biological family, kinship care, foster care, institutionalization, domestic adoption, and international adoption. This spectrum suggests that keeping children in Armenia may be the ultimate goal rather than providing the best long-term, childcare environment. This in-country emphasis is not surprising given, first, that three times as many Armenians live in the diaspora than in Armenia, and second, the decline of Armenia's population that is projected through the end of this century.

Research and practice generally dictate that children should be raised in a family environment. If that is true, the childcare hierarchy should be: a two-parent biological family; a one-parent biological family; kinship care; foster care; adoption; and institutionalization. This hierarchy, however, would be problematic in Armenia, on several fronts. First, while kinship care may offer children a biological connection, the underlying social problems, including poverty, learned anti-social behaviors, and an

³¹ Worldometer, *Armenia Population* (2020).

³² Statistical Committee of the Republic of Armenia, *see* https://armstat.am/file/article/sv_06_19a_520.pdf?fbclid=IwAR3dDa1fgxlyET3I8ZJvpVB3W4OaddELWa58YAj0L3oK4kshcF7a-Qk0ayo (2020).



aversion to educational pursuits, may offer few long-term opportunities. Permitting care solely because of a biological connection would by definition ignore other critical factors that comprise the best interests determination.

Second, adoption has never been positively received in Armenia. Children admitted into a residential care facility are typically relinquished for social reasons. These obstacles may be surmountable, which should make reunification possible. After relinquishment, however, biological parents and family almost never want to resume the responsibility of full-time residential childcare. The legal quagmire is that biological caregivers have not permanently relinquished their rights. This means that children who are effectively never going to return to their biological families are denied an opportunity for adoption, and thus, the chance to be raised within a family environment. This would seem to run contrary to the notion that a family unit is the preferred child rearing environment.

Third, until the foster care system in Armenia is evaluated scientifically and stricter controls applied, it is impossible to recommend that children be removed from the care of residential facilities, where surveillance from outside organizations can guard against abuse and assure consistency across a variety of constructs, to a non-biological family that is offered a financial incentive for assuming a duty of care. Moreover, it is important to acknowledge that the various childcare alternatives described above are not mutually exclusive. That is, they must work together to assure a child's best interests. Living within a residential childcare facility should not preclude the possibility of adoption (domestically or internationally), and, given the length of the adoption process in Armenia, facility directors can and should work with prospective adoptive children to help ease their transition to a traditional familial environment.

If kinship and foster care alternatives are suspect, residential childcare institutions in Armenia are not. The current study has demonstrated that these facilities are safe, hygienic, and emphasize education. Do they provide the love and emotional support that a child might receive in a traditional family environment? That is a question best answered empirically in a future research project. For now, it is important to recognize that the negative stigma attached to the orphanages and special boarding schools in Armenia is unwarranted. Rather, these facilities should be encouraged to continue their child protection mandate of providing care to Armenia's most defenseless children.

Key Findings

Between January and May 2020, SOAR conducted an empirical study in 15 residential childcare facilities in Armenia. The current research involved, first, collecting information from facility records to explore institutionalization and reunification; second, collecting self-report data from children to examine abuse and neglect, education, personal hygiene, and sexual abuse; third, observational research to investigate food safety and sanitation practices within the facilities; and fourth, interviews with directors to explore food safety, hygiene, and institutional children's rights policies. The study results have implications for not only Armenia, but for research and human rights monitoring within childcare facilities globally.

First, the current findings illustrated strong rates of participation study wide. All fifteen residential childcare facilities participated in at least one study component. Two facilities declined to provide official records, but all of the eligible institutions, including those who declined to provide access to official records, participated in all of the remaining study components. Of those children approached to participate in the child survey, nearly all (98%) agreed. Orphanages have historically been closed to outsiders. That such a comprehensive study was successfully completed in Armenia, with an historically hidden population and sensitive topic area, is itself a significant research finding. Obtaining access to a childcare

facility may be influenced by the entity seeking admission and the relationship that organization has with child protection stakeholders (i.e., institutional personnel and national authorities) in that host country. The trust and mutual respect that SOAR has cultivated in Armenia during the past fifteen years unquestionably facilitated admission. Other organizations, with checkered relationships or questionable motives, would have faced significant hurdles in accessing these facilities. Collectively, these rates of participation suggest, first, that Armenia was an optimal laboratory for conducting child protection research; second, that the coordination of this research by a human rights organization was critical to achieving maximum success; and third, if the current study is to be successfully replicated outside of Armenia, it should begin with a charitable organization working with, and providing support to, the institutions in the host country.

A second finding in the current study is the ease with which human rights constructs were operationalized. The current study used a multimethod approach that combined both quantitative and qualitative approaches, collecting data from official records, surveys, and observational research. These methods suggest that human rights constructs, like education and hygiene, can be explored quantitatively rather than through the error-laden and tendentious approach of “individual case histories.” More sophisticated techniques, like those undertaken in the current study, can ascertain prevalence levels and unravel causal relationships that individual case histories cannot.

Third, we unearthed several issues within the facilities that, after revision, should positively impact the children and lead to greater institutional compliance with generally accepted human rights principles. For example, children should never share hairbrushes, underwear, or other personal effects. Any research with child populations should have at its core the desire to improve the conditions in which children live. To overlook practical problems for the sake of research is callous, and ultimately, contradictory to conscience and purpose.

Fourth, the current research suggested that some children may be amenable to familial reunification. That said, reunification will not be possible with all children. This is not a failing of the child protection system in Armenia but rather the regrettable but nevertheless realistic situation that some parents die, some biological caregivers relinquish their parental rights, and some children may enjoy better short- and long-term outcomes away from biological parents.

Nearly 43% of the children included in the current study were diagnosed with severe, permanent disabilities, and almost half (48%) were burdened with at least two barriers to reunification. These findings suggest that, first, institutionalization is not simply a product of poverty and, second, that the children in Armenia's residential care institutions are relinquished because their home situations are severely compromised by multiple social, environmental, and physical obstacles. If the fundamental goal of a child protection regime is to create a healthy, loving, and stable familial environment, it may be necessary to sever the rights of those biological parents whose interests contravene traditional caregiving principles.



Fifth, the empirical findings demonstrated strong human rights compliance within Armenia's residential childcare facilities. For abuse and neglect, education, personal hygiene, and sexual abuse, problems were virtually non-existent. While institutional child protection policies and hygienic practices within the facilities appeared sound, several areas for improvement were indicated. Certain "problems," however, such as not using food promptly, are likely an aversion to waste rather than apathy toward human rights guidelines. Recommendations can be provided to stakeholders, after which I hope that any subsequent empirical studies will generate higher rates of compliance.

Policy Recommendations

There are eight major ramifications for the current research. First, child protection stakeholders in Armenia can use the current study to improve compliance with international legal requirements. Anecdotal reports from facility staff suggested they were unaware of certain legal obligations and welcomed recommendations on proper child protection principles. It is critical that institutional personnel understand their roles and duties within the residential care environment.

Second, the results can be used as a training tool to reduce potential human rights violations. The child protection hierarchy in Armenia is layered. The MOSLA and MOE oversee Armenia's orphanages and special boarding schools respectively, with each institution manned by a director and a multitude of social workers and support staff. Internationally accepted standards of care must flow from the national authorities down to the facility employees who interact with the children on a daily basis.

Third, the current study can serve as a model for replication in countries where residential childcare institutions are common, like China, Ethiopia, and Russia. Ideally, a successful child protection study outside of Armenia can similarly generate robust rates of participation, identify human rights concerns, and help facilities comply with international human rights standards.

Fourth, results from the current study suggest that incorporating training curricula into Armenia's child protection regime may advance the notion that institutionalization should not be the stigmatized "last resort." Barren living conditions, which have historically characterized residential facilities, can be overcome. With properly trained staff and diligent human rights surveillance, residential care may offer advantages that biological families cannot provide, like freedom from abuse and neglect and professional opportunities after the age of majority.

Fifth, in the current study legal analysis and empirical findings were synthesized to assess the state of child protection, compartmentalize the spectrum of childcare alternatives in Armenia, and provide a

model for global replication. Residential care institutions offer vulnerable children a safe haven during times of crisis, emotional stability during their formative years, an improved standard of living, and superior long-term opportunities. Rather than reflexively advocating for closing all residential facilities, decision-makers should weigh the consequences of care with biological parents against all alternative child rearing environments, including institutionalization.

Sixth, facility directors in Armenia should terminate parental rights when reunification is unlikely or impossible. Until parental rights are severed, children cannot be placed on Armenia's adoption registry or receive ancillary benefits. As a practical matter this eliminates even the opportunity for a viable, family-based care alternative.

Seventh, the Government of Armenia should consider appointing a human rights organization to monitor the residential childcare institutions. Here, the Armenian government would fund the state facilities and dictate proper protocol but assign the daily responsibilities of institutional oversight to an external organization. Appointing an independent entity with expertise in childcare will facilitate an improved approach to institutional management consistent with international child protection principles.

Conclusion

Influencing the child protection regime in Armenia and reshaping the lives of Armenia's children is a privilege. Since 2005, SOAR's role has been to assist childcare institutions and the national authorities in providing care and hope to the most defenseless population of youth in Armenia. We are blessed with a family of SOAR volunteers that puts service above self. For that we are eternally grateful. SOAR's financial assistance helps overcome humanitarian obstacles, but our commitment to child protection exhibits an underlying compassion for every child in Armenia that is abandoned, abused, or forgotten. Our hope is to merge compassion and optimism with evidence-based recommendations to improve the lives of orphaned Armenian children. What this study has shown is that residential institutions need not be vilified as the last resort of childcare. Genetics do not assure parentage. Residential facilities can serve as optimal surrogates for biological parents who are unwilling or unable to offer an environment free of apathy, discord, poverty, and misfortune. This is our vision for child protection for Armenia and beyond.



Report by:
George S. Yacoubian, Jr., Ph.D., S.J.D
Founder and Executive Chairman,
Society for Orphaned Armenian Relief
gyacoubian@soar-us.org
610.213.3452



Society for Orphaned Armenian Relief
150 N. Radnor Chester Rd., Suite F200
Radnor, PA 19087
www.soar-us.org
info@soar-us.org
267.963.7979