

# When Things Do Not Go as Expected: Adoption Breakdown

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Rajya is a Hindu name meaning hope, expectation, wish. As I was getting ready to start writing this chapter, the case of Rajya (a fictitious name) was reported in virtually all newspapers in Spain. At the time of her adoption in India the adopters were told Rajya was 7 years old. When they mentioned that she looked tall for that age, the adoption agency assured them that tall girls are not rare in India. Once the adoption was legally completed, back in Spain, after Rajya's menstruation, the adopters asked for an age determination. The answer was 13 and half years. Rajya is now in a residential facility and a foster family or perhaps another adoption are being considered.

Rajya's adoption was intended to be forever. However, things did not go as expected. Since this is not a unique case, adoption researchers have turned their attention to the problem asking three main questions:

- How many adoptions break down?
- Why do breakdowns occur?
- What can be done to prevent these dramatic experiences?

This paper responds to these questions using what we know from international research. A thorough review of the existing research literature on the topic was recently published (Palacios, Rolock, Selwyn & Barbosa-Ducharne, 2019).

## How many?

Determining the percentage of failed adoptions is quite a challenging task. Adoption success involves three layers of permanency: legal,

residential and relational (Brodzinsky & Smith, 2019). Cases where the parent-child relationship is broken but they still live under the same roof, or where the child is residing somewhere else (for instance, in a boarding school or informally placed in another family), but where the adoption has not been legally dissolved, are not counted. Also, a significant number of adoptive families (20-30% of adoptions from foster care, according to Smith, 2014) face significant relational challenges, which indicates a grey zone between the black and white success-failure picture. Finally, the percentage of breakdown cases depends very much on the stage of the adoption process considered (before or after court legalization), as well as on the characteristics of the sample under study (e.g., higher percentage if only teens' adoptions are considered).

The rate of adoption breakdown reported in Smith (2014) is probably a good summary of the picture for the United States in recent years: 9% adoption disruptions (before court formalization) and 2% adoption dissolutions (after legal completion). Although in general a bit lower, the data reported in European studies are compatible with these estimates (Palacios et al., 2019). The percentage seems to increase with longer time after adoption: according to Rolock and Testa (2008), the percentage of placements outside the adoptive family was 2% after two years, but 4% after five years and 9% after ten years.

In both US and European studies, the average age of the adoptee when breakdown occurs is 13-14 years, as it was in Rajya's case. Unlike this one,

however, most breakdown cases do not happen around the placement of the child, but several years afterwards, as problems and conflicts unfold during life together (Evan B. Donaldson Adoption Institute, 2004). In the typical case, problems start soon after placement, persist during several years and escalate at the entrance of adolescence.

## Why?

Research is unanimous in concluding that adoption breakdown is typically the consequence of an accumulation of risk factors pertaining to a triad with the main protagonists involved: the child, the parents and the professionals' intervention. A child could be extremely challenging, but with very competent adopters well supported with effective interventions, the placement is not at risk. The same would be true for an easy child with not so competent parents or poor adoption services. On the contrary, coupled with poor parental commitment and abilities, plus nonexistent or ineffective support services, serious difficulties in the child converge to put the placement at risk.

*A summary of the main risk factors is presented in Box 1.*

As for child-related factors, research is also unanimous indicating that an older age at placement increases the risks of problems. Typically, an older age implies a longer exposure to maltreatment, toxic stress and, in some cases, depriving institutional experiences. It is important to understand that the child's age per se is not the cause of the difficulties and that most late adoptions do not break down. In Spain, for instance, 86% of pre-legalized and 98% of legalized adoptions involving children placed at age 6 years or older remained intact, and the same was true for 83% and 96%, respectively, of those placed at age 10 years or older (Paniagua, Palacios, Jiménez-Morago & Rivera, 2019). Clearly, in Rajya's case, her age played a significant role in the adoptive parents' decision to abandon her. We lack information about other aspects likely involved, but the child's age seems to have been the main argument, if not the excuse.

Besides age at placement, the child's behavioral and emotional problems are typically part of the picture. These may include—in part depending on age—manipulation, aggressions, oppositional



behavior, running away, sexualized behaviors, as well as attachment difficulties, anger, mood and self-esteem problems. In their study of adoption disruptions in England, Selwyn, Meakings and Wijedasa (2015) described violence in the family (often, but not exclusively, from children to parents) in almost two-thirds of their cases.

Another child-related factor frequently present refers to a more troubled care trajectory, at times with previous breakdown experiences. The implication is that before placing Rajya in another family, very resourceful parents and effective professional services should be ensured to make the new placement stable.

Research evidence is mixed regarding other child-related factors. This is the case, for instance, with sibling placements, a risk factor in some studies but a protective factor in others. This probably indicates that it is not the placement of siblings per se that counts, but perhaps the context where this placement occurs (e.g., presence of biological children in the adoptive home, the number of children present, the age and age-order of all the children involved) (Festinger, 2014). Mixed research results have also been reported for the child's gender and ethnic characteristics.

Research evidence is less consistent regarding parent-related factors associated with the breakdown experience. This is mainly because while the child factors considered tend to be similar across studies, studies are more diverse regarding parental characteristics. However, there is some research convergence around a few traits, as summarized below and described in more detail in Palacios et al. (2019).

Problems with motivation and expectations have been identified often. Motivation issues involve a predominance of adult-centered motivations (“we need to expand our family”, “we need to give love”) over child-centered ones (a child in need of a permanent family). Problems with expectations typically involve idealized views of parents’ own abilities as parents or as family, or an idealized view of the to-be-adopted child. The latter might be facilitated by lack of accurate information provided to parents about the child at the time of placement, as it could have been the case with Rajya.

Deficiencies in parenting abilities to deal with the child characteristics and difficulties have also been related to breakdown experiences. This could include the presence of features such as poor attitudes and skills to face problematic behavior, but also difficulties in forming emotional bonds with the child. Attachment is not a child- nor a parent-characteristic; rather, it is a relational construction that, when mutually positive, binds the relationship, making it more solid and stable. With no information whatsoever about attachment relationships in Rajya’s case, it is easy to speculate that it was not there to protect and maintain the relationship. When studying adoption breakdown cases, one of the findings that struck me most was the frequent absence of further contacts with the child once the parents turned him or her back over child protection services. To me, a clear indication of a damaging cold relationship that could be at the very core of the difficulties.

Parental willingness to seek help when in trouble is another characteristic present in some breakdown cases. Perhaps for their fear to be blamed or to see the child removed, perhaps due to experiences of ineffective support when requested, very frequently adoptive parents contact child protection services when it is already too late, the relationship is already broken down and little can be done except take responsibility over the child’s care.

While the previous ones are clear risk factors, a relationship with the child before the adoption plan has frequently appeared in research as a protective factor. When parents and child had been living together for some time before considering adoption (typically, in a foster care placement

converted in adoption), the expectations may be better adjusted to the child’s characteristics, and the parents are committed to continue parenting the child.

#### MAIN RISK FACTORS FOR ADOPTION BREAKDOWN

Most adoption breakdowns happen as a consequence of the accumulation of risk factors in three domains:

##### Child related factors

- Older age at placement (but most late placements are stable).
- Behavioral and emotional problems.
- More troubled and instable care trajectory.

##### Parent-related factors

- Inadequate motivation and expectations.
- Parental abilities insufficient to deal with emotional and behavioral problems.
- Low willingness to seek support when in trouble.

##### Support and service factors

- Superficial preparation and assessment of prospective adopters.
- Matching errors.
- Superficial and routine follow-ups, underestimating the importance of early relational difficulties.
- Efforts mainly oriented towards managing problematic behavior, with overuse of a good-advice approach.
- Multiplicity of professionals and agencies involved.

Finally, support and service factors have to be considered when analyzing the breakdown experience. Together with suitability assessment (home study), most jurisdictions now require preparation programs for the adoptive parent. Depending on age, the preparation of the child is more and more recommended. Performing any of these professional tasks in a superficial and poorly informed way paves the way for problems later on. Similarly, matching mistakes (not considering the age of the child when other children are already present, or misjudging the balance between the child’s difficulties and the adopters’ strengths), as well as poor communication to the parents about the child’s characteristics prior to the placement, are not uncommon. Rajya’s case illustrates this dramatically.



Once in the family, frequently involved are poor and routine follow-up, superficial assessment of the relationship underplaying the nature of the difficulties (“this is typical of the adaptation stage, it will get better with time”), support based mainly on good words and well-intentioned counseling, in sharp contrast with the nature and magnitude of the problems. The multiplicity of agencies and professionals around the case add to the difficulty, as illustrated in Barbosa-Ducharne and Marinho’s (2019) study in Portugal. Professional approaches geared toward the reduction of behavioral problems—often a symptom of more profound and complex difficulties—do not address the complexity of the difficulties experienced by all those involved.

### What to do?

Could Rajya’s breakdown have been prevented and avoided? If not taken to mean that all breakdown cases could be eliminated, the answer is affirmative. While broken family relationships will always exist, both inside and outside the field of adoption, a number of actions can be taken to reduce the risks and strength the elements that promote positive relationships and adoption permanency. Again in the wake of Palacios et al. (2019) review of the existing literature, two sets of actions will be summarized below pertaining first to legal and policy requirements, and second to adoption practice. Some recommendations for research will also be mentioned (*main points summarized in Box 2*).

Rajya’s age cannot be modified. However, the age when she was placed for adoption could probably have been different and this takes us to legal and policy requisites. Too often, child maltreatment is

discovered—or, even worst, protective measures are taken—only after years of child’s traumatization. Too often, family reunification is pursued during years, and even attempted once and again unsuccessfully, not considering that a child cannot wait forever, finally giving up when it is already too late for her or him. Too often, children languish in poor institutional care or drift from one foster family to the next in temporary and unstable placements. All these negative experiences leave their mark on the child during a period of critical developmental relevance. If not governed with the needs of the child in mind, slow and poor decision making will only postpone the placement and delay the search for a suitable family, all against the child’s best interest.

The organization of adoption-related services is of similar relevance. The time when assessing adoption suitability and matching children and parents were the main—if not the only—professional activities is long past. If a dubious alternative when adoption involved mainly healthy newborns, that approach is unsustainable when adoption involves almost exclusively older children, siblings and special needs, often all at once. In these circumstances, sound adoption parent and child preparation is not an option, but a must. Superficial and poorly informed suitability assessments, as well as inadequate matching approaches, are equally undesirable. In the same vein, post-adoption services cannot be in place “rarely and irregularly,” to use Barth and Miller’s (2000, p. 449) expression. Both child protection governance and the organization of adoption-related support and services must take account of the stock of knowledge accumulated over many years of research around children’s needs and how best serve them.

Even when the best policies and services are available, the day-to-day work with adopted children and adoptive families, the adoption practice, is in the hands of adoption professionals. In order to be effective, they need certain work conditions (e.g., number of cases assigned) and circumstances promoting quality activity (e.g., good models of group work and supervision). They need an adoption competence frequently lacking in adoption professionals (Brodzinsky, 2013). They need

to be able to work as part of a multidisciplinary network that includes, at the very least, the school system and the mental health services. If all this sounds too complex, it is only because it mirrors the complexity of the problems these children and families face.

For those with an interest in adoption research who want to make a contribution in the fruitful borderline between basic and applied research, the field of adoption breakdown offers many possibilities. There are now many studies reporting the incidence of the problem, but the unified view that a meta-analytical effort could provide is lacking. Matched designs comparing stable and broken down placements are exceptional and most existing studies consider risk factors in isolation more than in interaction. Finally, the voices of adopters and adoptees with experience of breakdown are rarely heard by researchers but could be very rich sources of information.

The first message of this paper is that adoption breakdown exists, and that, while we have limited information about its incidence, the circumstances that make it more likely are already known. The second message is that many things can be done—and must be done—in order to promote a better life for all the children like Rahya, hoping, expecting, wishing—and deserving—a supporting, loving and permanent adoptive family.

## Implications for policy, practice and research

### Policy implications

- Promotion of early placements.
- More sophisticated approaches in prospective adopters' preparation and assessment.
- Quality and proactive post-adoption support services.

### Practice implications

- Professional competence in adoption required.
- Ability to work as part of a multidisciplinary approach.
- Work conditions (e.g., caseload, stability, supervision)

### Research suggestions

- Meta-analysis of incidence needed
- Diversification of methods (e.g., matched designs, risk and protective factors considered in interaction).
- Studies based on adopters and adoptees perspectives after breakdown.

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