Beyond the Child's Age at Placement: Risk and Protective Factors in Preadoption Breakdown in Portugal

Maria Barbosa-Ducharne[1] and **Sylvie Marinho[1]**

Abstract

Purpose: The main goals were to determine the incidence of preadoption breakdown in Portugal, describe preadoptive parents' reasons for ending placement, compare intact/disrupted placements, and identify adoption disruption risk and protective factors. **Method:** A matched design involving a case file analysis of 71 disrupted and 71 intact preadoptive placements was used. **Results:** The accumulated incidence of preadoption disruption was 5.8%. Adoptive parents' motives for requesting removal included the child's behavior, their own parenting limitations, and dissatisfaction with professional interventions. These three domains were present in the group comparisons and explained 54% of the variance, predicting group membership for 80.8% cases. **Conclusion:** Besides age at placement, other risk factors related to the child, the adopters, and the professional practices help to gain a more complete understanding of adoption disruption.

Keywords

preadoption breakdown, risk and protective factors, child's age at placement

Most research into adoption breakdown refers to adoptions legally completed or to a combination of both pre- and post-legalized adoptions. Within the terminological diversity discussed by Palacios, Rolock, Selwyn, and Barbosa-Ducharne (this issue), cases to be analyzed in this article correspond to what the U.S. terminology refers to as adoption disruption (Child Welfare Information Gateway, 2012), children who left the preadoptive family to be returned to the child protective system before their adoption was legally finalized (preorder breakdown, in U.K. terms). This is the first study on the topic carried out in Portugal and, to our knowledge, no other study specific for the preadoption period has been published outside the United States and the U.K.

The study of adoption breakdown in the preadoption period is particularly important, since these first months of joint family life are more closely supported by caseworkers. Although it is true that many postadoption challenges experienced later on by adoptive families cannot be easily predicted prior to or at the time of placement (Lee, Kobulsky, Brodzinsky, & Barth, 2018), this increased professional intervention at the beginning can avoid mounting difficulties leading to more complicated circumstances. A better knowledge of the difficulties faced by children and adults at this stage of the adoption process can inspire preventive competent practices.

Although legally possible, there is only a small number of intercountry adoptions since adoption in Portugal is almost exclusively domestic. In 2016, 98% of all adoption placements corresponded to children who were formerly in residential or family foster care following experiences of neglect or maltreatment in the birth family (Instituto Segurança Social, Instituto Publico [ISSIP], 2017). Family foster care is poorly developed in Portugal (less than 4% of the children under state protection), and almost all children are placed in residential units after removal from their families. Birth parents' consent is minimal. Adoption decisions are made for about 11% of the children under public protection and are decided only when other permanency plans are considered not to be in the best interest of the child. All adoptions go through a national public agency, with local agencies in each district around the country. At the time of the present study, the matching between the to-be-adopted child and a prospective adopter was first attempted among the available candidates within the district. Only when there were no suitable candidates in the same district, a search was made at a national level. In this way, hard-to-place children (older, in sibling groups, with special needs) were mostly placed outside their area of origin, involving the intervention of different professional teams in the different moments of the adoption process. In these cases, one of the implications is that

[1] Faculty of Psychology and Education Sciences, University of Porto, Porto, Portugal

Corresponding Author:
Maria Barbosa-Ducharne, Faculty of Psychology and Education Sciences, University of Porto, Rua Alfredo Allen, 4200-135 Porto, Portugal.
Email: abarbosa@fpce.up.pt

the caseworker who knew the child best (and to whom the child was most acquainted) had no contact with the adopters in the matching and during the preadoption period.

The latest national statistics showed that, for the year 2016, the child's average age at placement was 4 years, ranging from 0 to 15 (ISSIP, 2017). There is no available information on the child's age at placement for the years before 2013. Nevertheless, the child's average age at placement has been increasing steadily (ISSIP, 2017), which suggests that, in the years to which the present study relates (2006–2009), the child's average age at placement was under 4 years. In this article, placements above age 4 years will be considered as late adoptions.

In Portugal, the adoption process is legally established, setting time limits for each phase. There is a maximum of 6 months between the registration as prospective adopter and the conclusion of the suitability assessment, which now includes adoptive parenting training, but did not do so at the time of the study. There is also a 6-month limit established between the child's placement within a family and the legalization of the adoption by the court. This stage, designated as "preadoption period," can be extended when adoption caseworkers consider that more time is needed before taking the case to court. As mentioned previously, the preadoption period is a time when adoption professionals are closer to both the prospective adopters and the child and more available to provide support as needed.

The national adoption agency keeps records of the adoption placements, including those ending before their legalization, but no official statistics have been published on adoption disruption. The first aim of the present study is to report the incidence of preadoption breakdown in Portugal, comparing it with international figures as reviewed by Palacios et al. (this issue) with a special consideration of studies focusing on preadoption disruptions, with their heterogeneity of samples, research procedures, and incidence rates (Berry & Barth, 1990; Dance, Ouwejan, Beecham, & Farmer, 2010; Randall, 2013; Rushton, Dance, Quinton, & Mayes, 2001; Smith, 2014; Smith, Howard, Garnier, & Ryan, 2006).

Placement interruption can ensue from a professional decision following an assessment that the placement is having a negative impact on the child or when adoptive parents request that the child is removed, as the placement is not suitable. A second aim of this study is to identify the reasons given by the preadoptive parents requesting to end the placement.

A matched disruption-intact case model provides an ideal context to compare the circumstances involved in such different trajectories of placement (Palacios, Jiménez-Morago, & Paniagua, 2015; Smith & Howard, 1991; Wijedasa & Selwyn, 2017). A third goal of this study will be to explore the differences between the two comparison groups of intact and disrupted placements. This descriptive comparative analysis will then be used for the identification of the factors associated with disruption.

As stated in Palacios et al. (this issue), risk factors for adoption breakdown are usually organized according to the triad formed by variables pertaining to the child, the adopters, and the caseworkers' practices. According to many individual studies as well as all literature reviews (Child Welfare Information Gateway, 2012; Faulkner, Adkins, Fong, & Rolock, 2017; Festinger, 2014; Palacios et al., issue; Rosnati, Ranieri, & Ferrari, 2017; Smith, 2014), the main risk factor related to the to-be-adopted child is age at placement, with older children being at greater risk (e.g., Palacios, Sánchez-Sandoval, & León, 2005; Selwyn, Meakings, & Wijedasa, 2015; Wijedasa & Selwyn, 2017). Indeed, the age at placement is such a strong factor that the possible effect of other variables "can be clouded by it" (Smith & Howard, 1991, p. 249). Other child-related factors include placement history (e.g., Nalavany, Ryan, Howard, & Smith, 2008; Wijedasa & Selwyn, 2017), strong attachment to birth parents (e.g., Festinger, 1986; Smith & Howard, 1991), child' preferential rejection (Dance, Rushton, & Quinton, 2002; Rushton & Dance, 2003), and serious emotional and behavioral problems (e.g., Palacios et al., 2015; Selwyn et al., 2015). Parental correlates of breakdown include inadequate motivations (e.g., Berástegui, 2003; Palacios et al., 2015; Whesthues & Cohen, 1990), unrealistic expectations (e.g., McRoy, 1999; Palacios et al., 2005, 2015; Randall, 2013), attachment issues (e.g., Palacios et al., 2015; Schmidt, Rosenthal, & Bombeck, 1988), rigid or inadequate parenting practices (e.g., Barth, Berry, Yoshikami, Goodfield, & Carson, 1988), lack of ability in dealing with the children's problems (e.g., Partridge, Hornby, & McDonald, 1986; Quinton, Rushton, Dance, & Mayes, 1998), and inability to search for or unavailability of formal or informal support network (e.g., Argent & Coleman, 2012; Palacios et al., 2015). Finally, reported professional service correlates of disruption include inadequate or insufficient information about the child antecedents (Palacios et al., 2015; Randall, 2013), lack of efficient preparation of both the child and the adoptive parents (e.g., McDonald, Lieberman, Partridge, & Hornby, 1991; Palacios et al., 2015), insufficient adopters' preparation and support (Lee et al., 2018), and staff discontinuities (Festinger, 1986). Therefore, the fourth goal of the present research is to identify variables related to adoption breakdown in the above three domains in a sample of Portuguese adoption disruptions. Given the widely documented prominent role of age at placement in the breakdown experience, the research design used in this study seeks to identify risk factors other than the child's age when placed for adoption.

Method

Research Design

The study uses a matched disrupted-intact group design, whereby for every case of disrupted placement, an intact one ending in formalized adoption was considered. The cases in the two groups were matched by the child's age at placement within a maximum of 3 months range. A social worker's case file document analysis was carried out for each case in both groups. In general, the files contain detailed information about the characteristics of children, their birth parents, their

prospective adopters, and the adoption professionals' actions and decisions. The information to be analyzed in this article was extracted from the adoption files and reports the adoption professionals' account and recording of characteristics and facts. Access to the information was granted by the Portuguese National Adoption Agency and the study was carried out with full respect of all ethical considerations. Research procedures used were approved by the Ethical Committee of the University of Porto.

Sample

The study considered all the adoption placements that occurred in Portugal between 2006 and 2009 before the cases were taken to court. There were 117 cases of adoption disruption. Of these, only 71 case files (38 girls and 33 boys) were available for thorough analysis, accounting for 61% of the total, and will constitute the disrupted sample here. The remaining 46 cases included mostly cases from sites that could not or did not want to cooperate with the study, as well as a few lost or incomplete files.

These 71 disrupted cases were matched with 71 successful or intact cases that successfully completed the 6-month preadoption period. In this way, the study's sample includes 142 case files with a child's average age at placement of almost 8 years ($M = 7.80$, $SD = 3.19$, ranging from 1.99 to 14.99), which is significantly higher, $t(141) = 14.21$, $p < .001$, than the national figures for the child's average age at placement (currently, 4 years, ISSIP, 2017), allowing us to globally consider the study's sample as late-placement cases.

The two study groups, disrupted and intact adoptions, were no different in the child's age at placement, $t(140) = -0.15$, $p = .882$, ns. Mean age at placement for the disrupted group was almost 8 years ($M = 7.84$, $SD = 3.23$, ranging from 1.99 to 14.99 years), whereas for the intact group, it was 7.76 years ($SD = 3.17$, ranging from 2.05 to 14.93). The two groups also presented a similar distribution according to gender, $\chi^2(1) = 0.13$, $p = .720$, ns, with 53.5% ($n = 38$) girls in the disrupted group and 47.9% ($n = 34$) in the intact one. In the same way, both groups presented a similar distribution according to the type of adoption (single or sibling group), $\chi^2(1) = 0.45$, $p = .615$, ns, with 66.2% ($n = 47$) single adoptions in the disrupted group and 69.0% ($n = 49$) in the intact one. These figures confirm the similarity between the two groups in terms of the matching criteria. Table 1 presents both groups' (disrupted and intact) distribution according to the child's gender and age at placement.

Instrument

In order to collect data from the case files and to code and quantify qualitative information extracted from the caseworkers' written reports, a four section rating list was constructed specifically for this study (Marinho, Barbosa-Ducharne, & McRoy, 2010). The four sections in the rating list related to (1) the child, (2) the adopters, (3) professional practices until

Table 1. Sample Distribution According to Group (Disrupted, Intact), Gender, and Age.

Age at Placement (Years)	Adoption Group		Total
	Intact	Disrupted	
2–4			
Girls	8	6	14
Boys	8	10	18
Total	16 (22.5%)	16 (22.5%)	32 (22.5%)
5			
Girls	4	5	9
Boys	6	4	10
Total	10 (14.1%)	9 (12.7%)	19 (13.4%)
6–7			
Girls	9	6	15
Boys	2	4	6
Total	11 (15.5%)	10 (14.1%)	21 (14.9%)
8–9			
Girls	6	8	14
Boys	8	10	18
Total	14 (19.7%)	18 (25.3%)	32 (22.5%)
10–11			
Girls	4	9	13
Boys	10	3	13
Total	14 (19.7%)	12 (16.9%)	26 (18.3%)
12–14			
Girls	3	4	7
Boys	3	2	5
Total	6 (8.5%)	6 (8.5%)	12 (8.5%)
Total			
Girls	34	38	72
Boys	37	33	70
Total	71 (100%)	71 (100%)	142 (100%)

Note. N = 142.

matching, and (4) professional practices with the family during the preadoption process. Regarding the child, information related with birth family characteristics (including reasons for removal, attachment of the child to parents, and contact after child's removal), care contexts before placement (including unsuccessful family reunification attempts), and personal characteristics of the child (including strengths, developmental disabilities and health problems, emotional difficulties, school achievement, and readiness for adoption) were coded (e.g., *neglect*, yes/no) or rated (e.g., readiness for adoption, rated 1—*not ready*, 2—*getting ready*, and 3—*child ready*). In relation to the adopters, individual (including life events), couple and family relationships (including support network), and adoption-related information (including self- or child-centered motivation, acknowledgment of adoption specificities) were coded (e.g., *infertility*, yes/no) or rated (e.g., parental rigidity, rated 1—*flexible parents*, 2—*intermediate*, and 3—*rigid parents*). When the child's removal followed a request from the preadoptive parents, the reason for such request was also recorded in the files, and this made coding possible. Professional practices were similarly coded (e.g., *child's separation from siblings*, yes/no) or rated (e.g., completeness of

information about the child, rated for each dimension of the rating list as 1—*no information*, 2—*mostly incomplete information*, 3—*some incomplete information*, and 4—*complete information*). Also, the number of contacts between the caseworkers and the adoptive family by e-mail, telephone, or in-person was registered. In the disrupted adoption case files, whoever took the initiative to remove the child (adopters or caseworkers) was equally recorded in the files and then coded.

Data Analysis Procedures

Data were analyzed using the IBM SPSS Statistics for Windows (Version 24.0; IBM, Corp. Released, 2016). Prior to using parametric tests, normality of the distributions (Kolmogorov–Smirnov and Shapiro–Wilks) and variance homogeneity (Levene test) were verified. In order to respond to the first and second goals, as well as to characterize each one of the studied groups, the descriptive statistics were computed. Inferential statistics, such as associations and mean differences tests, were used to perform the comparisons between the disrupted and the intact groups (included in the third aim of the study) regarding all the variables related to the to-be-adopted child, the adopters, and the caseworkers' practices. In all the tests, $p \leq .05$ was considered. For associations between two string variables, χ^2 was computed with standardized residual analysis when absolute values were higher than 1.96 to find significant values (Pestana & Gageiro, 2008). Regarding χ^2 effect size for 2×2 tables, ϕ correlation coefficient was used. In t tests for independent samples, Cohen's d was calculated with G*Power 3.1.3 software. Cohen's (1988) effect sizes reference points were followed.

Finally, regarding the fourth goal, and in order to identify the risk and protective factors that predict adoption breakdown, several binary logistic regression models were computed, using the enter method. Given the limited sample size, and in order to meet the criteria of at least 10 cases per variable (Vittinghoff & McCulloch, 2007), the to-be-adopted child, adopters, and caseworkers-related predictors were explored in three separate regression models. Predictors were selected based on the significant differences between the two studied groups previously explored. A final logistic regression model was performed considering the significant to-be-adopted child, adopters, and caseworkers-related variables obtained in the previous independent regression models. The assumptions related to the multicollinearity, influent cases, and outliers were checked. Multicollinearity was explored by analyzing tolerance indexes (values < .10 indicate major multicollinearity) and VIF (values > 10 are unacceptable). Regarding influent cases, cook distance (<1) and DFBeta (<1) were verified. In relation to outliers, standardized residual values were checked, assuring that less than 5% cases had absolute values > 1.96, less than 1% values > 2.58, and no cases > 3 (Field, 2009). Outliers were only removed from the final model when removal improved model adjustment and significance.

Results

The incidence of adoption disruption and the reasons why the adopters requested the child's removal will be reported first, followed by the descriptive and comparative analyses of the disrupted and intact groups. Finally, the results of the binary logistic regression analyses aimed at identifying risk and protective factors of adoption disruption will be presented.

Adoption Disruption Incidence

The first goal of the study was to calculate the incidence of preadoption breakdown in Portugal. In the period between 2006 and 2009, of a total of 2,015 preadoptive placements, the 117 disrupted adoptions represent an accumulated incidence of 5.8%. This implies that 1 of every 17 preadoptive placements ended before court formalization.

Why Adoptive Parents Requested Ending the Placement

In most cases (81.7%, $n = 58$), the adopters decided to end the adoptive placement, while in 12.7% ($n = 9$), it was a decision made by the professionals, and only in four cases (5.6%), the child requested to be removed. The reasons given by adoptive parents included characteristics of the child, of their parenting, and of the professional intervention.

Child-related aspects involved in parents' request for removal (more than one could be involved) included child's misbehavior (reported in 50.7% cases), difficulties in developing attachment to mother (34.8%) and to father (29.0%), and child's difficulties in dealing with the separation from the birth family (18.8%). The adoptive parents' recognized difficulties included their incapacity in dealing with the child's misbehavior (34.8%), their own emotional instability (20.3%), expectations for an easier child (17.4%), disturbance in siblings' well-being (14.5%), and child's sexualized behavior (14.5%). Finally, regarding professional practice, their main complaint was receiving incomplete or inaccurate information about the child's characteristics prior to placement (27.5%).

Comparative Analyses: Disrupted Versus Intact Adoption

The third goal of this study involved the comparison between the disrupted and the intact groups regarding all the variables related to the child, the adopters, and adoption professional practices. Only the variables where significant differences between the two groups were found will be reported (see Table 2). Nevertheless, as the child's age at placement is acknowledged as the main risk factor for adoption disruption, some data related to age will be presented first.

Age at placement for both comparison groups was well above the national average figure of 4 years (ISSIP, 2017). More specifically, the children in both groups were placed at an average age of around 7½ years, with 77.5% in both groups placed older than 4 years and 25.4% in the disruption group and 28.2% in the intact group placed at 10 years and older. Both

Table 2. Comparison Between Disrupted and Intact Adoption Groups.

Variables	Disrupt M (SD)	Intact M (SD)	Groups Comparison		
			t	p	d
Disobedience/disregard of rules (C)	1.13 (1.23)	0.58 (0.97)	2.96	.004	.50
Childishness/immaturity (C)	1.03 (1.13)	0.61 (1.05)	2.31	.025	.39
Intense crying (C)	0.37 (0.78)	0.70 (0.99)	2.26	.025	.37
Adoption readiness (C)	2.36 (0.71)	2.67 (0.52)	2.40	.019	.50
Parental rigidity (A)	1.77 (0.63)	1.48 (0.64)	2.69	.008	.46
Self-confidence in parental role (A)	2.21 (0.68)	2.54 (0.65)	2.82	.006	.50
Acknowledge adoption specificities (A)	2.57 (0.67)	2.84 (0.73)	2.28	.024	.39
Social support network (A)	2.70 (0.80)	3.10 (0.77)	2.75	.007	.51
Completeness of child's information (P)	1.35 (0.64)	2.28 (0.66)	2.10	.038	.35
Completeness adopters' information (P)	2.36 (0.75)	2.80 (1.06)	2.82	.006	.50
Adopters' preparation sibling groups (P)	1.09 (0.43)	1.55 (0.91)	2.12	.043	.65
	n (%)	n (%)	χ^2	p	ϕ
Postremoval neglect (C)	44 (61.1)	28 (38.9)	7.21	.007	.23
Autonomy (C)	14 (35.9)	25 (64.1)	4.28	.039	.17
Internalized behaviors (C)	35 (60.3)	23 (39.7)	4.20	.040	.17
Difficulties-specialized intervention (C)	29 (40.3)	42 (59.7)	4.12	.042	.17
Abuse victimization adoptive father (A)	11 (84.6)	2 (15.4)	8.19	.004	.26
Infertility (A)	53 (58.0)	39 (42.0)	4.97	.026	.19
Previous parenting experience (A)	34 (62.7)	21 (37.3)	5.02	.025	.19
Discontinuity of caseworker (P)	10 (76.9)	3 (23.1)	4.39	.036	.17

Note. C = child's variables; A = adopters' variables; P = professional practices variables.

groups can then be considered late-adoption placements (see Table 2).

In the breakdown group, the children stayed with the adoptive family for an average of about 6 months ($M = 0.52$ years, $SD = 0.71$). In almost half the cases (45%), the children stayed in the family less than 3 months (11.3% stayed less than a week and 33.8% less than 3 months). For the remaining 55%, the time in the family was the expected 6 months (22.5%) or longer (32.4%). There was no difference in the preadoption time before disruption depending on the child's gender ($p = .459$) nor according the type of adoptive placement (single or sibling group; $p = .488$). Preadoption time before disruption was not correlated with the child's age at placement ($r = .03$, $p = .798$, ns). The child's average age at disruption was almost 8 years ($M = 7.91$, $SD = 3.30$, ranging from 2.00 to 15.00 years).

Concerning the to-be-adopted child variables, the disrupted and intact groups were similar in some aspects, but different in others. In both groups, the main reason for removing the child from the birth family involved parental neglect (91.5% of the cases), emotional (56.3%) and/or physical maltreatment (38%), and child sexual abuse (18.3%). The only significant variable was what could be called postremoval neglect: The children whose birth families did not struggle for reunification and did not visit them while in institutional care were more likely to belong to the disrupted group (see Table 2 for all the characteristics mentioned in this section and the corresponding statistical values).

More often than the intact group, children with disruption showed externalized (disobedience, disregard, or refusal to conform to the rules) as well as internalized (sadness, anxiety) and immature behaviors. With more frequency than the children in the disrupted group, intact children displayed intense crying and developmental delays such as enuresis or sleeping problems, for which professional attention was sought. Also, children in the intact group expressed more willingness to be adopted.

In relation to the characteristics of the adopters, the information in the files showed the parents in the disrupted group had more inflexible attitudes (rigidity) and lack of self-confidence in the new parental role. They were less open to consider the adoption specificities and had a poorer social support network. In contrast, in the intact group, the relationships with the extended family were more positive and the adopters' parents were more encouraging of their children's adoption project. Also, for the disruption group, an association between a previous experience of physical, emotional, or sexual abuse experienced by the adoptive father and placement disruption was found. While in the disrupted group, infertility was the only main adoption motivation, other child-centered motives (willingness to provide a family to a child in need) appeared in the intact group. Finally, parents in the disrupted group more often had previous experience as birth parents, although the fact that their previous children were or not living in the household was not significantly associated with disruption, $\chi^2(8) = 11.27$, $p = .187$, ns.

Table 3. Separate Logistic Regression Models: Predictors Related to the To-Be-Adopted Child, Adopters and Caseworkers.

To-Be-Adopted Child' Predictors (n = 142)	B	SE	Wald	p	Exp (b)	95% CI
Postremoval neglect	1.16	0.38	9.43	.002	3.20	[1.52, 6.71]
Disobedience/disregard of rules	0.47	0.17	7.35	.007	1.60	[1.14, 2.25]
Childishness/immaturity	0.15	0.18	0.73	.392	1.17	[0.82, 1.66]
Intense crying	−0.52	0.21	6.17	.013	0.59	[1.94, 18.50]
Constant	−0.81	0.33	6.01	0.14	0.44	
Overall statistics: Omnibus $\chi^2(4) = 24.04$, $p < .001$; HL $\chi^2(7) = 6.19$, $p = .518$; $R^2_{CS} = .16$; $R^2_N = .21$						

Adopters' predictors (n = 111)	B	SE	Wald	p	Exp (b)	95% CI
Rigidity	0.94	0.42	5.03	.025	2.56	[1.13, 5.80]
Acknowledgment adoption specificities	−0.59	0.31	3.68	.055	0.55	[0.31, 1.01]
Social support network	−0.39	0.27	2.03	.154	0.67	[0.40, 1.16]
Constant	2.25	1.18	3.63	.057	9.44	
Overall statistics: Omnibus $\chi^2(3) = 15.63$, $p = .001$; HL $\chi^2(8) = 9.14$, $p = .331$; $R^2_{CS} = .13$; $R^2_N = .18$						

Caseworkers' predictors (n = 118)	B	S.E.	Wald	p	Exp (b)	95% CI
Completeness adopters' information	−0.64	0.26	5.90	.015	0.53	[0.31, 0.88]
Completeness children's information	−0.42	0.58	0.53	.468	0.66	[0.21, 2.05]
Discontinuity of caseworker	0.39	0.40	0.96	.327	1.47	[0.68, 3.22]
Constant	2.19	1.28	2.91	.088	8.93	
Overall statistics: Omnibus $\chi^2(3) = 8.47$, $p = .037$; HL $\chi^2(8) = 10.48$, $p = .231$; $R^2_{CS} = .07$; $R^2_N = .09$						

Finally regarding professional practices, some differences were also identified between the two groups. In the disrupted group, professionals had less information available about the child, and therefore, the adopters were less informed about the child's needs and characteristics. Also, the information about parents' skills to deal with adoption challenges was more incomplete in the caseworkers' reports in the disrupted group, showing a more limited knowledge or more limited parental capacity. In a similar vein, adopters in the intact group were more prepared for the specific challenges of sibling adoption. Furthermore, the participation of professionals from different districts, particularly in the case of hard-to-place children, was associated with the placement disruption. No group differences were observed regarding the number of contacts with the families, $t(133) = 4.31$, $p = .667$, *ns*, showing that caseworkers did not identify the family's difficulties with the integration of a new child in a timely way or else they did not act differently in these cases.

Risk and Protective Factors

The identification of risk and protective factors predicting the breakdown of the relationship comes from the variables showing significant differences between the two groups, disrupted and intact adoptions. Given the limited sample size, previous independent analyses of the children, and the adopters and the caseworkers' practices, related predictors were performed (see the three logistic regressions models in Table 3). The independent variables included in each regression model were selected considering the power of each one (strong or moderate effect size) in determining differences between the two groups as shown in Table 2. Only variables valid for very limited cases

(e.g., adopters' preparation for multiple placements was only assessed in those open to sibling adoptions) or for only one of the parents (e.g., previous victimization of the adoptive father) were not considered since their inclusion would have overreduced the number of participants in the final analysis.

Within the to-be-adopted child-related factors, postremoval neglect, disobedience/disregard of rules, and intense crying emerged as significant predictors of adoption breakdown. The last one was the only protective factor (see Table 3 for all the statistical information for this paragraph). In relation to the adopters'-related variables, parental rigidity appeared as a significant risk factor and the parental acknowledgment of adoption specificities as a significant protective factor against adoption disruption. Concerning the caseworkers' practices, the completeness of the information regarding the adopters was the only significant predictor.

The final regression model, including the six previous significant variables as predictors, is displayed in Table 4. This final model explained 54.2% of variance. The model was found to fit the data adequately, Hosmer and Lemeshow's $\chi^2(8) = 4.24$, $p = .835$, *ns*, and was able to predict adoption breakdown, Omnibus $\chi^2(6) = 65.17$, $p < .001$. Overall, the model correctly predicted 80.8% of all the cases, with almost the same capacity for adoption success (80.0%) and disruption (81.5%). Children who were neglected by the birth family without further contact once in institutional care, and whose birth parents did not attempt reunification, had almost 8 times more probability of disruption (odds ratio [OR] = 7.81). Also, children showing disobedient behaviors had this probability increased almost 3 times for each unit of disobedient behavior (OR = 2.66). In contrast, the child's intense crying emerged as a protective factor, decreasing odds of disruption (OR = 0.51), that is,

Table 4. Adoption Disruption Predictors.

	B	SE	Wald	p	Exp (b)	95% CI
Postremoval neglect	2.06	0.58	12.42	<.001	7.81	[2.49, 24.48]
Disobedience/disregard of rules	0.98	0.26	14.04	<.001	2.66	[1.60, 4.44]
Intense crying	−0.67	0.29	5.22	.022	0.51	[0.29, 0.91]
Parental rigidity	1.58	0.50	10.04	.002	4.85	[1.83, 12.89]
Acknowledge of adoption specificities	−1.18	0.45	6.96	.008	0.31	[0.13, 0.74]
Completeness of adopters' information	−0.69	0.33	4.24	.040	0.50	[0.26, 0.97]
Constant	2.92	1.20	5.96	.015	18.58	
Overall statistics: Omnibus $\chi^2(6) = 65.17$, $p < .001$; HL $\chi^2(8) = 4.24$, $p = .835$; $R^2_{CS} = .41$; $R^2_N = .54$						

Note. HL = Hosmer–Lemeshow test; N = 125.

reducing almost twice the disruption probability by each unit of intense crying. Regarding the adopters, parental rigidity increased the odds of disruption around 5 times, but the adopters' acknowledgment of adoption specificities and challenges reduced the disruption probability around 3 times ($OR = 0.31$) by each unit of acknowledgment. Finally, more complete information of adopters by caseworkers was associated with a decrease in odds of disruption ($OR = 0.50$), proving to be a protective factor.

Discussion

This article is the first Portuguese study on adoption disruption and was aimed at identifying its accumulated incidence rate for a time period of 4 years, the reasons why the adopters requested the child's removal, the differences between intact and disrupted adoptions, and the factors predicting adoption disruption beyond age at placement, since most of the studied subjects were late adoptions. In order to have a better understanding of the circumstances leading to breakdown, the study aimed at simultaneously considering risk and protective factors. The disrupted/intact matched design, relatively exceptional in the adoption breakdown literature (Smith & Howard, 1991), has proven useful in achieving these goals.

The incidence rate for the 4 years considered was 5.8%. In order to avoid comparisons with what Festinger (2014) stated as a "misleading composite of different rates depending on which particular group or subgroup is examined" (p. 442), this incidence should be compared to findings from similar studies considering only adoption disruption (preorder in the British terminology) and only referred to adoption from care cases (excluding intercountry adoptions, almost inexistent in Portugal). The incidence reported herein falls between the 3.85% reported by Randall (2013) in England and the 9.5% reported for the United States (Smith, 2014). As reviewed by Palacios and colleagues (this issue), adoption breakdown rates tend to be smaller in European than in U.S. studies and the Portuguese 5.8% is yet another confirmation. Nevertheless, although the percentage could be considered low, this figure should be taken into serious consideration, since it means that 1 of the 17 adoptive placements broke down in the first 6-month period, and as Palacios et al. (this issue) stressed, the disruption rates show only a limited picture of the struggle of many adoptive families

to remain together. Also, the fact that 45% of the cases broke down before 3 months after placement (and the remaining shortly thereafter) is indicative of how early this experience, so painful for all those involved (Argent & Coleman, 2012), can occur. In fact, this study documents the relationships between late placements and early disruptions. Obviously, this relationship can only be disclosed in research studying the period immediately following placement and before court finalization (like the one reported here).

The reasons given by parents to request ending the placement (which happens in 82% of the disruption cases), the comparison between the disrupted and the intact group, and the analysis of variables associated with disruption confirm previous studies, indicating that the breakdown experience tends to emerge out of an accumulation of risks in the child, the parents, and the professional intervention (Palacios et al., this issue). Rather than repeating the findings in this study that coincide with previous literature (such as more behavioral difficulties in the children, less parental skills to deal with them, and insufficient or inadequate professional support), the discussion of our results will emphasize the findings that seem more original.

Two child's characteristics present in the disruption group seem noteworthy. The first one is the presence of what we have called postremoval neglect, referring to the fact that the birth parents did not attempt reunification and did not visit the children while in institutional care. The concept of "postremoval neglect" can be related to what was called the "child's preferential rejection" and identified as a preplacement predictor of adoption breakdown (Dance et al., 2002; Rushton & Dance, 2003). Our interpretation is that this circumstance of neglect can trigger, in the children, feelings of being given up and rejected. Unfortunately, in the present study, there are no data to confirm the hypothesis that the children who felt rejected and were neglected postremoval had siblings who were preferentially kept close to birth parents and were thus not adopted. In a study not related to adoption breakdown, Neil (2012) showed that these feelings of being given up and rejected complicated the late placed children's attempts to make sense of their adoption. This could partly explain two other findings in our study: Compared to the intact group, children with disruption were significantly less willing to be placed for adoption. Also, 20%

of the parents in this group acknowledged their children's difficulties to deal with separation from their birth parents. All this speaks of the importance of an adequate preparation of the children before their placement reported in both early (McDonald et al., 1991) and more recent (Palacios et al., 2015) adoption breakdown studies.

Another child-related aspect to be highlighted is the fact that, although the children in both intact and disrupted groups had problems, the nature of their difficulties was quite different. Compared to the other group, children in intact placements more often presented with intense crying, minor developmental difficulties (enuresis), and adaptation problems (sleep difficulties). On their side, children in the disrupted group had both more disruptive (externalized problems) and emotional (internalized problems) difficulties. While the first type of problem may trigger parental attempts to protect, stimulate, and help their children (if necessary, with professional assistance), the other type of problem may facilitate adoptive parents' disappointment and detachment. In fact, in line with previous research (Festinger, 1986; Palacios et al., 2015; Schmidt et al., 1988; Smith & Howard, 1991), most parents in the disrupted group referred to their children's difficult behavior and their attachment problems as the reason for requesting the child to be removed from their family.

Also two interrelated aspects in the parents of the disrupted group deserve special consideration. The first one refers to the finding according to which adopters in the disruption group more often had previous experience as parents. This contradicts previous research showing a positive association between previous parenting experience and adoption success (e.g., Smith & Howard, 1991). Our finding is more in line with other studies showing that prior parenting experience can be a risk factor when the strategies that were successful with birth children do not achieve similar results with the adopted ones (Quinton et al., 1998). We speculate that this could be related to another finding worth highlighting: The acknowledgment of adoption specificities was significantly more present in the intact than in the disrupted group. This agrees with studies not related with breakdown (e.g., Brodzinsky, 1987; Soares, Barbosa-Ducharne, Palacios, & Pacheco, 2017) showing more positive outcomes in children whose adoptive parents are more inclined to acknowledge adoption specificities. Coupled with another characteristic more present in parents of the disrupted group (infertility as the only motivation to adopt; e.g., Palacios et al., 2015; Westhues & Cohen, 1990) and one of the reasons why adopters requested the child's removal (violated expectations for an easier child; e.g., McRoy, 1999; Palacios et al., 2005), these parents are less likely to succeed in their adoption attempt.

As for the adoption professional intervention, three findings in our study seem noteworthy. More often than in the intact group, professionals in the disruption group were less informed about the characteristics of both the adoptive parents and the to-be-adopted children. According to the other finding, the negative effects of this lack of information were intensified when there was discontinuity between professional teams involved at different stages of the adoption process, which was also more prevalent in the disrupted group. Previous adoption breakdown research has shown the importance for successful placements of a good knowledge of children's characteristics (Randall, 2013) and of adoptive parents' skills (Palacios et al., 2015). Similarly, previous studies have identified the negative consequences of staff discontinuities (Festinger, 1986) and of transfer of responsibilities between different teams or agencies (Smith et al., 2006).

A third remarkable finding in the comparison between our two groups was that the number of contacts between the caseworkers and the families was not different. Given the many challenges that the families in the disrupted group were facing from the very beginning of the placement, this should be interpreted as a lack of timely caseworkers' awareness of their problems, with the implication of lack of adequate support. This is very worrisome, as the preadoption period is supposed to be a time of intensified professional proximity and support. With postadoption services not yet available in Portugal, what happened in the preadoption stage when the adoptions were in serious trouble seems very concerning once the adoption has been legally completed and the professionals are supposed to be less involved in their cases.

Finally, this study's findings are in line with the conclusions of recent adoption breakdown literature reviews (e.g., Child Welfare Information Gateway, 2012; Faulkner et al., 2017; Festinger, 2014; Palacios et al., this issue; Rosnati et al., 2017; Smith, 2014) indicating that the breakdown experience is the product of an accumulation of risk factors. Two distinctive characteristics of our study and the reported findings are the consideration not only of risk, but also of protective factors, and the evidence of their cumulative and interactive effects. The regression model presented in Table 4 includes both risk and protective factors pertaining to the three domains of children, parents, and professional practices. The model was quite powerful in accurately predicting group membership in 80.8% of the cases and explained up to 54% of the variance, which emphasizes the importance of the joint consideration of the selected variables and their relevance to gain a better understanding of the breakdown experience.

This study presents some limitations. First of all, as often occurs in studies on adoption breakdown, it was impossible to locate 39% of the 117 cases of adoption disruption that occurred in Portugal between 2006 and 2009. Second, using a case file documental analysis as the main source of information relies on the accuracy and completeness of the information reported by the caseworkers. The data coded for this study were mostly qualitative and only conveyed the caseworkers' views. Furthermore, the case files analyzed reported information from several years before and the registers were very heterogeneous in both format and content. Also, our study analyzed disruptions that occurred almost 10 years ago and it is not possible to ascertain to what extent they are reflective of the current circumstances. Nevertheless, and even if adoption has been changing over time, findings of the present study are mostly

in line with previous research and add what we consider valuable information for a thorough understanding of adoption disruption.

Implications for Social Work Practice

According to Lee, Kobulsky, Brodzinsky, and Barth (2018), adoption preparation programs for prospective adopters should be the first link in the chain of essential adoption supports. The characteristics of these programs are critically important to promote adoption success and the adopters' satisfaction. According to Lee et al., their content should promote the awareness of the children's early adversities and their consequences, as well as the acknowledgment of adoption specificities. Also, these programs should provide parents with tools and skills to adequately face the challenges they are likely to encounter, as well as to acknowledge their own needs as parents. Following the preliminary findings of this research, a systematic national training program for prospective adopters was implemented in Portugal in 2010 (ISSIP & FPCEUP, 2010/2012), a program that later became compulsory according to the new 2015 adoption law. So far, no systematic assessment of its effects has been conducted.

Adopters are not the only ones in need of adequate preparation. Children also need (and deserve) to be prepared for their placement. This is particularly important in the case of late placements, as is the case in this study. Our findings show that this preparation should involve not only their future in a new family but also their understanding of the circumstances from the past that geared them to adoption and the reasons why remaining with their birth parents was not in their best interest. Too often, we tend to consider that since adoption placements are more stable and more desirable than other alternatives, children should be ready and happy to be placed into adoptive families. Our findings show this not to be always the case and emphasize the need of an accurate and attuned child preparation for adoption.

Lastly, the preparation of the caseworkers is also critical for adoption success. They need the skills to prepare both parents and children but also to adequately assess parents' motives, expectations, and rearing skills, particularly in the face of challenging behaviors and emotional disturbances that very often characterize older children placed for adoption. They should also be competent in helping children in their transition to their placement and in communicating with adopters about the child's characteristics and needs. Once the placement has occurred, their capacity to detect early difficulties and to provide efficient support will be equally necessary. Adoption caseworkers' tasks could not be more complex and demanding. Hopefully, research like that reported in this article and in the remaining ones in this special section will contribute to their understanding of this complexity and their capacity to meet the high demands of their professional activity.

ORCID iD

Maria Barbosa-Ducharne https://orcid.org/0000-0003-1024-9603

References

Argent, H., & Coleman, J. (2012). *Dealing with disruption in fostering and adoption placements*. London, England: British Association for Adoption and Fostering.

Barth, R. P., Berry, M., Yoshikami, R., Goodfield, R. K., & Carson, M. L. (1988). Predicting adoption disruption. *Social Work*, *33*, 227–233. doi:10.1093/sw/33.3.227

Berástegui, A. (2003). *Adopciones truncadas y en riesgo en la comunidad de Madrid* [In Spanish] [*Truncated and at risk international adoptions in the Madrid region*]. Madrid, España: Consejo Económico y Social.

Berry, M., & Barth, R. P. (1990). A study of disrupted adoptive placements of adolescents. *Child Welfare*, *69*, 209–225.

Brodzinsky, D. M. (1987). Adjustment to adoption: A psychosocial perspective. *Clinical Psychology Review*, *7*, 25–47. doi:10.1016/0272-7358(87)90003-1

Child Welfare Information Gateway. (2012). *Adoption disruption and dissolution*. Child Welfare Information Gateway. Children's Bureau/ACYF. Retrieved from https://www.childwelfare.gov/pubPDFs/s_disrup.pdf

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences*. New York, NY: Academic Press.

Dance, C., Ouwejan, D., Beecham, J., & Farmer, E. (2010). *Adoption agency linking and matching: A survey of adoption agency practice in England and Wales*. London, England: British Association for Adoption and Fostering.

Dance, C., Rushton, A., & Quinton, D. (2002). Emotional abuse in early childhood: Relationships with progress in subsequent family placement. *Journal of Child Psychology and Psychiatry*, *43*, 395–407. doi:10.1111/1469-7610.00030

Faulkner, M., Adkins, T., Fong, R., & Rolock, N. (2017). *Risk and protective factors for discontinuity in public adoption and guardianship: A review of the literature*. Southfield, MI: National Quality Improvement Center for Adoption and Guardianship Support and Preservation.

Festinger, T. (1986). *Necessary risk: A study of adoptions and disrupted adoptive placements*. Washington, DC: Child Welfare League of America.

Festinger, T. (2014). Adoption disruption. In G. P. Mallon & P. M. Hess (Eds.), *Child welfare for the 21st century: A handbook of*

practices, policies, and programs (2nd ed. pp. 437–454). New York, NY: Columbia University Press.

Field, A. (2009). Discovering statistics using SPSS (3rd ed.). London, England: Sage.

IBM, Corp. 2016). IBM SPSS Statistics for Windows, Version 24.0. Armonk, NY: Author.

Instituto Segurança Social, Instituto Público [ISSIP]. (2017). Relatório CASA 2016. Caracterização anual da situação de acolhimento das crianças e jovens [In Portuguese] [CASA report 2016. Annual characterization of the situation of child and youth care]. Lisboa, Portugal: ISSIP.

Instituto Segurança Social, Instituto Público [ISSIP], & Faculdade de Psicologia e Ciências da Educação da Universidade do Porto [FPCEUP]. (2012). Plano de formação para a adoção: Preparação de candidatos [In Portuguese] [The Plan for Training in Adoption: Prospective adopters' preparation]. Lisboa, Portugal: ISSIP. (Original work published 2010)

Lee, B. R., Kobulsky, J. M., Brodzinsky, D., & Barth, R. P. (2018). Parent perspectives on adoption preparation: Findings from the modern adoptive families project. Children and Youth Services Review, 85, 63–71. doi:10.1016/j.childyouth.2017.12.007

Marinho, S., Barbosa-Ducharne, M., & McRoy, R. (2010). Grelha de análise dos processos de adoção. Versão de investigação não publicada. [In Portuguese] [Grid for analysis of adoption case-files. Non published version for research]. Porto, Portugal: FPCEUP.

McDonald, T. P., Lieberman, A. A., Partridge, S., & Hornby, H. (1991). Assessing the role of agency services in reducing adoption disruptions. Children and Youth Services Review, 13, 425–438. doi:10.1016/0190-7409(91)90030-L

McRoy, R. G. (1999). Special needs adoption: Practice issues. New York, NY: Garland Publishing.

Nalavany, B., Ryan, S., Howard, J., & Smith, S. (2008). Preadoptive child sexual abuse as a predictor of moves in care, adoption disruptions, and inconsistent adoptive parent commitment. Child Abuse & Neglect, 32, 1084–1088. doi:10.1016/j.chiabu.2008.07.001

Neil, E. (2012). Making sense of adoption: Integration and differentiation from the perspective of adopted children in middle childhood. Children and Youth Services Review, 34, 409–416. doi:10.1016/j.childyouth.2011.11.011

Palacios, J., Jiménez-Morago, J.M., & Paniagua, C. (2015). Rupturas en adopción y acogimiento familiar en Andalucía. Incidencia, factores de riesgo, procesos e implicaciones [In Spanish] [Breakdown in adoption and foster care in Andalucia. Incidence, risk factors, processes and implications]. Seville, Spain: Junta de Andalucía.

Palacios, J., Rolock, N., Selwyn, J., & Barbosa-Ducharne, M. (this issue). Adoption breakdown: Concept, research and implications. Research on Social Work Practice, 29, 130–142.

Palacios, J., Sánchez-Sandoval, Y., & León, E. (2005). Intercountry adoption disruptions in Spain. Adoption Quarterly, 9, 35–55. doi:10.1300/J145v09n01_03

Partridge, S., Hornby, H., & McDonald, T. (1986). Learning from adoption disruption: Insights for practice. Portland, ME: University of Southern Maine.

Pestana, M., & Gageiro, J. (2008). Análise de dados para as ciências sociais: A complementaridade do SPSS [In Portuguese] [Data analysis in social sciences: SPSS complementary] (5th ed.). Lisboa, Portugal: Edições Sílabo.

Quinton, D., Rushton, A., Dance, C., & Mayes, D. (1998). Joining new families: A study of adoption and fostering in middle childhood. Chichester, England: John Wiley.

Randall, J. (2013). Failing to settle: A decade of disruptions in a voluntary adoption agency in placements made between 2001 and 2011. Adoption & Fostering, 37, 188–199. doi:10.1177/0308575913490493

Rosnati, R., Ranieri, S., & Ferrari, L. (2017). Panorama international des recherches sur les échecs d'adoption (International overview of research on failed adoptions). In C. Jeannin (Ed.), Vers une plus grande competence: Apprendre des échecs de l'adoption internationalle (Towards an improved competence: Learning from international adoption failures) (pp. 40–43). Genève, Switzerland: Service Social International.

Rushton, A., & Dance, C. (2003). Preferentially rejected children and their development in permanent family placements. Child and Family Social Work, 8, 257–267. doi:10.1046/j.1365-2206.2003.00290.x

Rushton, A., Dance, C., Quinton, D., & Mayes, D. (2001). Siblings in late permanent placements. London, England: British Association for Adoption and Fostering.

Schmidt, D. M., Rosenthal, J. A., & Bombeck, B. (1988). Parents' views of adoption disruption. Children and Youth Services Review, 10, 119–130. doi:10.1016/0190-7409(88)90032-1

Selwyn, J., Meakings, S., & Wijedasa, D. (2015). Beyond the adoption order: Challenges, interventions and disruption. London, England: British Association for Adoption and Fostering.

Smith, S. L. (2014). Keeping the promise: The case for adoption support and preservation. The Donaldson Adoption Institute. Retrieved from https://www.adoptioninstitute.org/wp-content/uploads/2014/05/Keeping-the-Promise-Case-for-ASAP1.pdf

Smith, S. L., & Howard, J. A. (1991). A comparative study of successful and disrupted adoptions. Social Service Review, 65, 248–265. doi:10.1086/603836

Smith, S. L., Howard, J. A., Garnier, P. C., & Ryan, S. D. (2006). Where are we now? A post-ASFA examination of adoption disruption. Adoption Quarterly, 9, 19–44. doi:10.1300/J145v09n04_02

Soares, J., Barbosa-Ducharne, M., Palacios, J., & Pacheco, A. (2017). Adopted children's emotion regulation: The role of parental attitudes and communication about adoption. Psicothema, 29, 49–54. doi:10.7334/psicothema2016.71

Vittinghoff, E., & McCulloch, C.E. (2007). Relaxing the rule of ten events per variable in logistic and Cox regression. American Journal of Epidemiology, 165, 710–718. doi:10.1093/aje/kwk052

Westhues, A., & Cohen, J. S. (1990). Preventing disruption of special-needs adoption. Child Welfare, 69, 141–155.

Wijedasa, D., & Selwyn, J. (2017). Examining rates and risk factors for post-order adoption disruption in England and Wales through survival analyses. Children and Youth Services Review, 83, 179–189. doi:10.1016/j.childyouth.2017.10.0