Adoption Disruption: Psychosocial Effects on Children

What We Know

› Adoption is the permanent legal transfer of parental rights and responsibilities from birth parents (BPs) to adoptive parents (APs). Adoption is also understood to be a lifelong process involving complex, dynamic relationships between children, biological families, and adoptive families.

› Although adoption is intended to be permanent, there are situations in which the adoptive relationship is terminated. Most of the literature on adoption strives to differentiate between breaks that occur before legal finalization and those that occur following it.

• Disruption sometimes referred to as pre-finalized adoption disruption, occurs when before the adoption being finalized the family decides against adopting a child who has been placed with them for adoption.

• Post-adoption discontinuity, sometimes referred to as displacement or post-adoption placement, occurs when an adopted child leaves home, temporarily or permanently, before adulthood (e.g., the child enters residential mental health treatment, enters foster care, runs away, returns to biological family), but the adoptive parents maintain their parental rights. The child may subsequently return to the home after a period of treatment or may remain in an alternative setting until reaching adulthood.

• Dissolution occurs when the legal relationship between the child and adoptive parents is terminated by a relinquishment or court action, resulting in the child’s return to foster care and/or subsequent adoption by new parents.

› The confidential nature of adoption makes it difficult to ascertain how many adoptions are disrupted or dissolved.

• A review of studies from the United States, Canada, and the United Kingdom found that an estimated 9–15% of children placed for adoption experience disruption before finalization of their adoptions.

• Although the majority of adoptive families succeed in providing a lasting home for children, researchers have found that post-adoption discontinuity occurs in 2–15% of adoptions finalized in the United States.

• Approximately 10% of children who are adopted out of foster care end up returning to foster care.

• Dissolution occurs in 1–10% of finalized adoptions.

• A significant number of children also leave their adoptive homes at some point through processes other than child protective services intervention.

• In a study that examined adoption outcomes in England and Wales, researchers reported that 3.2% of adoptions in England and 2.6% of adoptions in Wales broke down following finalization.

• Researchers in a United Kingdom study found that although only 3.2% of adoptions were disrupted post-finalization, 8–9% of adoptive parents indicated that their adoptive child left home before reaching adulthood, although the parents continued to be actively involved in parenting.
Researchers have linked factors relating to the child, the parents, and the agency with an increased risk of disruption and dissolution, which often occurs as the result of an accumulation of multiple risk factors(2-27)

- Age of the child is strongly linked with disruption(7,8,22,24,25,27)
  - Researchers have found that adoptions are at increased risk of disruption during adolescence(28)
  - Results from a study in the United Kingdom indicated that children who were adopted between the ages of 11 and 16 were 10 times more likely to experience a disruption of their adoptions than children under school age(24)

Researchers in the United States found that older children were at greater risk of discontinuity, with age being a proxy for the adoptive parents’ control over children’s physical and behavioral health needs, adoption stories, and birth family involvement. Internally protected families felt were able to meet children’s health needs and included in services; decided when and how children learned of adoption; and were able to make decisions regarding children’s involvement with biological families. In contrast, externally influenced families, often had no control over the systems and services that youth became involved in (e.g., juvenile justice); and had older children who had their own understanding of their adoption stories and often maintained relationships with their biological families without the adoptive parents’ knowledge or consent (e.g., through social media). Externally influenced families were found to be at greater risk of discontinuity than internally protected families(22)

- Having experienced multiple placements(2,22) or previous adoptive or group home placement, is linked to higher rates of disruption(8)

- Emotional and behavioral issues frequently are cited, with both the number and severity of emotional, cognitive, and/or physical problems increasing the child’s risk for disruption. Conduct problems, over-activity, and/or violation of family norms (e.g., sexual acting out, cruelty, physically harming others) are particularly linked with disruption. Parents describe a sense that the child’s behavior was deliberate and directed at them personally(1,9,20)

  In a study of adoptive families in the United Kingdom, researchers reported that the most significant factor that contributed to an adoption disruption was violence: violence perpetrated by the child against a parent and by the child against a sibling. The adoptive mother was the most frequent target of violence, but fathers, siblings, and pets were often also victimized. These parents also reported high rates of self-harm, depression, anxiety, inappropriate sexual behaviors, school difficulties, substance abuse, and running away among the youth with whom they reported having difficulty. In some instances, parents reach the “breaking point” with the child’s behaviors when they become increasingly afraid for their own safety and that of other children in the home(24)

  In some instances, parents are unable to secure needed services for the child without relinquishing custody(4)

- History of child sexual abuse is linked with high levels of behavioral problems prior to adoption, behaviors which adoptive parents perceive as more severe than those of children with histories of maltreatment other than sexual abuse, and behaviors that persist over time. History of child sexual abuse also is linked with parent reports of poorer family functioning and less satisfaction with adoption(4,12)

- Strong attachment to birth mother, the involvement of the child’s biological family, and placement of two or three siblings together are also cited in the literature as factors that increase adoption disruption(8,19)

- Parental factors such as unrealistic expectations, lack of sensitivity, inadequate parenting skills, and low commitment(2)

  Rigidity, strong preferences regarding child characteristics prior to adoption, tendency to pathologize the child’s behaviors, inappropriate motivations for adopting (e.g., seeking a “replacement child” to ease unreconciled loss or a playmate for their birth child), higher levels of maternal education, parents not in agreement about adopting, and lack of family support have also been linked with increased likelihood of adoption disruption(1,4,8,21) Taking more than a year to finalize the adoption after the child has been placed has also been linked with increased risk of disruption(28)

- Agency factors linked with a higher likelihood of adoption disruption include insufficient preparation, training, and support for adoptive parents; insufficient information about the child’s history and the implications of this history with regards to immediate and future difficulties the child may face; inconsistency among the workers involved with the child and family; placement of children who differ significantly from the family’s stated preferences; poorly managed introductions and transitions; and insufficient post-adoption services(8,20,21)

- Researchers in one study found that 53% of “broken” adoptions and guardianships were due to the death of the adoptive parent, and 22% were primarily due to his or her infirmity, issues that are associated with placement with significantly older individuals such as the child’s grandparents. The child’s behavior was noted as contributing to 43% of all of the broken adoptions and guardianships (e.g., the child’s behavior reportedly contributed to the caregiver’s poor health)(19)
All of the adoptive children studied knew who their birth families were and how to find them, and 75% had ongoing contact with them, even those children placed with an unrelated adoptive parent. The study’s authors raised the question of whether the level of contact with birth families contributed to the destabilization of the adoptive family. The disruption or dissolution of an adoptive placement involves significant psychosocial effects both on the adopted child and on the entire family. Although there is little research into the psychosocial impact of dissolution on children, family dynamics preceding dissolution often involve many years of turmoil between the adoptive parents and child, eventually leading to alienation and breakdown in their relationship. Disruption results in multiple losses for children, including loss of their home, family members, and communities. Disruption is a traumatic event and often compounds the impact of adverse life events (e.g., maltreatment, placement changes) that the child experienced before adoption. Loss of another family reinforces the child’s lack of trust, sense of rejection and loss, and perception of himself or herself as unlovable and unwanted. Youth adopted through intercountry adoption may be placed with another family by the APs or returned to their country of origin. Youth who leave their adoptive home, formally or informally, may end up returning to birth family members. The majority of youth re-entering foster care after adoption are over age 10 years. Older youth are 3 ½ times more likely to remain in foster care until they reach adulthood than other youth in foster care. Youth who re-enter foster care after adoption are more likely to be placed in higher levels of care (e.g., group homes, residential treatment) and are more likely to be emancipated from foster care rather than from a permanent home.

Concerns have arisen in recent years regarding unregulated custody transfers (UCT) of adopted children, also referred to as rehoming, in which adoptive parents place their child with someone other than a relative or family friend) with the intention of permanently giving up care of the child. UCT occurs informally, without established safeguards (e.g., background checks, home studies, court oversight), and places children at risk of further maltreatment and trauma. As of year 2017, laws have been passed in 13 states prohibiting UCT and restrictions have been placed in other states on advertising and the use of the power of attorneys to transfer custody.

What We Can Do

Become knowledgeable about adoption disruption and its psychosocial effects so we can accurately assess our client's characteristics and education needs; share this information with our colleagues. Develop an awareness of our own cultural values, beliefs, and biases and develop knowledge about the histories, traditions, and values of our clients. Adopt treatment methodologies that reflect the cultural needs of the client. Practice with awareness of and adherence to the social work principles of respect for human rights and human dignity, social justice, and professional conduct as described in the International Federation of Social Workers (IFSW) Statement of Ethical Principles, as well as the national code of ethics that applies in the country in which we practice. For example, in the United States, social workers should adhere to the National Association of Social Workers (NASW) Code of Ethics core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence; and become knowledgeable of the NASW ethical standards as they apply to adoption and practice accordingly. Learn about and utilize social work practices associated with reduced risk of disruption, including the following:

- Adequate training, preparation, and ongoing support to assist APs in developing realistic expectations of children, and of themselves.
- Developing an understanding of the impact of maltreatment, loss, and other adversity on children’s development and emotional/behavioral functioning.
- Learning specialized parenting techniques.
- Building parent-child attachments and relationships.
- Developing strategies for managing challenging behaviors.
• Close attention to matching decisions and how children are introduced, transitioned, and integrated into adoptive families, including anticipating, identifying, and addressing challenges such as attachment difficulties, unresolved grief, and adjustment problems during the pre-finalization period.

• Post-adoption services—an umbrella term for a variety of psychosocial services made available to adoptive families to assist with mental health needs, adjustment, and other adoption-related issues that may arise over the course of children’s development—have been found to reduce disruption and dissolution (1-3, 13).

– Before the adoption, adoptive parents should be educated regarding the continuum of post-adoption services and the benefits of utilizing these services; the need for support following adoption should be normalized to counter shame (2).

– For many adoptive families, post-adoption services do not become relevant until they encounter difficulties during pre-teen or teen years. Researchers are exploring the benefits of “right time” services (e.g., proactively offering post-adoption services to families as children approach adolescence) (23).

– Given the complexity of factors that potentially contribute to difficulties following adoption, assessment for post-adoption services should consider the adjustments and needs of all family members rather than focusing solely on the severity of the child’s behaviors or the parents’ current state of mind. Interventions designed to strengthen or correct problems in the parent-child relationship and build a sense of trust and safety for the child should be prioritized.

– Adoption preservation services involving intensive therapeutic services and support, including 24-hour crisis intervention, are considered promising practices with families in which disruption and/or dissolution are imminent (12).

• In planning for a subsequent adoption of a child who has experienced disruption or dissolution, assessment of child and family factors that contributed to the breakdown can provide valuable information regarding treatment needs and what parental abilities and family traits might constitute a better match for the child’s needs.

Refer to online resources, including the following, for additional information:

• Center for Adoption Support and Education, http://adoptionsupport.org/.


### DSM 5 Codes

› [N/A]

#### Coding Matrix

References are rated using the following codes, listed in order of strength:

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<thead>
<tr>
<th>Code</th>
<th>Type of Source</th>
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<tbody>
<tr>
<td>M</td>
<td>Published meta-analysis</td>
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<tr>
<td>SR</td>
<td>Published systematic or integrative literature review</td>
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<tr>
<td>RCT</td>
<td>Published research (randomized controlled trial)</td>
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<tr>
<td>R</td>
<td>Published research (not randomized controlled trial)</td>
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<tr>
<td>L</td>
<td>Legislation</td>
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<td>C</td>
<td>Case histories, case studies</td>
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<td>G</td>
<td>Published guidelines</td>
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<td>RV</td>
<td>Published review of the literature</td>
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<td>RU</td>
<td>Published research utilization report</td>
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<td>QI</td>
<td>Published quality improvement report</td>
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<td>G</td>
<td>General or background information/texts/reports</td>
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<td>General or background information/texts/reports</td>
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#### References


