This is an Accepted Manuscript of an article published by Taylor & Francis in *Adoption Quarterly* on 21-september-2021, available at: https://doi.org/10.1080/10926755.2021.1976339

Cite: García-Tugas, L., & Grau-Rebollo, J. (2021). The Hidden Side of Adoption in Catalonia: When Adoption Breaks down. *Adoption Quarterly*, *25*(4), 283–325. https://doi.org/10.1080/10926755.2021.1976339

The hidden side of adoption in Catalonia: When adoption breaks down[1]

Jorge Grau-Rebollo

Universitat Autònoma de Barcelona (Spain)

Lourdes García-Tugas

Universitat Oberta de Catalunya (Spain)

Beatriz García-García

Universitat Oberta de Catalunya (Spain)

Abstract

Rates of adoption breakdown have often been underestimated in international adoption. While several relevant studies have been published in Spain, there is no research addressing this issue in the autonomous community of Catalonia, which has been one of the main centers of international adoption in Spain since the 1990s.

Our research provides specific data on this phenomenon and identifies the significant and critical variables contributing to adoption breakdown, by analyzing all the case files on failed adoption between 1998 and 2014: 1883 documents, corresponding to a total of 74 children and 62 families.

Keywords: adoption breakdown; adoption breakdown case files; Catalonia; Spain; significant and critical variables.

Word Count: 10401.

[1] This work was supported by the Spanish Ministry of Science, Innovation and Universities under the R+D Research Project Childrearing, Abandonment and Sociocultural Vulnerability: Situational Analysis and Proposals for Intervention (CSO2017-83101-C2-1-R).

Introduction

"It hasn't turned out well". The speaker had adopted a girl of Chinese origin with her partner. With these words, she communicated the fact that the adoption had broken down. The day that [COAUTHOR] arrived at this family's home to carry out the first post-adoption follow-up session, the mother was at the door talking to a neighbor and signaled that the girl was in a bedroom at the far end of the hall. There, she found a two-year-old girl sitting on a little chair. When she saw [COAUTHOR] for the first time, she looked at her, got up, went over and hugged her.

It was a surprising reaction: her sorrowful expression and the way she was acting pointed to difficulties that were confirmed by her mother in the subsequent interview. She could not yet articulate the fact that she did not love her, but her body language and words did so for her. She treated the girl without affection, was emotionally distant and the girl simply let things happen around her: she didn't cry, she didn't laugh, she didn't misbehave.

This overwhelming experience kindled our interest in learning more about adoption breakdown (*truncamiento adoptivo* in Spanish): its prevalence and possible causes. The resulting research project is the first in Catalonia (and one of the few in Spain) to gain access to all existing case files for the period examined. Addressing this gap in the research was a necessary task, and the study makes a valuable contribution to shaping adoption policy and interventions at both a professional and institutional level.

This article, which is a product of the aforementioned research, has two major objectives: (a) to provide data on a phenomenon that has received almost no attention in Catalonia and very little in Spain, and (b) by analyzing information that is very difficult to access, to identify the significant and critical variables for adoption breakdown, as

well as the possible interconnections between them. To this end, we have analyzed the cases of adoption breakdown that occurred in Catalonia between 1998 (only one year after the creation of the Catalan Institute of Foster Care and Adoption, ICAA)[2] and 2014 (access to the documentation was granted at the end of that year) by examining all the case files on children in need of alternative care (in a situation of *desamparo,* in Spanish) generated during that period.

The history of adoption in Catalonia and Spain

In Spain, adoptive filiation as currently defined by law has its origin in the infertility experienced by couples. The traditional concept of family, consisting of marriage between heterosexual couples, primarily created a demand for the adoption of boys and girls originating in Spain. In the 1980s, international adoption was still a relatively unknown phenomenon, and the first families who chose this option were branded "mavericks" (Rubio, 2001, cited in Berástegui, 2010). Most of the first international adoptions took place in Latin American countries: Colombia, Peru and Mexico. At the beginning of the 1990s, families started to adopt boys and girls from former Soviet Union states (Romania, Ukraine and Russia), due to the fact that many children from these countries found themselves in poverty and state care (Selman, 2012).

In less than five years, international adoption became extremely popular, adoption applications increasing by 488.22% between 1997 (942) and 2004 (5541). The process by which international adoption developed in Spain was mirrored in Catalonia.

[2] The Institut Català de l'Acolliment i de l'Adopció (ICAA) was created in 1997 to "[…] help promote a comprehensive policy on adoption and short-term foster care, to speed up processes for assessing the eligibility of people or families who choose to foster or adopt [a child] and, where appropriate, to process international adoption". (https://treballiaferssocials.gencat.cat/ca/ambits_tematics/acolliments_i_adopcions/index.html).

When international adoption started to emerge, domestic adoption was not a viable option in this autonomous community, due to the small number of children available for adoption who had the characteristics that families desired. According to ICAA data, 781 case files were opened in 1990, most of which were for adoptions within the country. In 1995, there were over 1200 applications and by this time, seven out of ten were addressed to other countries. In 2004, adoption applications reached 3649 and in 2006 there were close to 2800, of which 90% opted for international adoption (Brancós, 2008).

As occurred in Spain as a whole, the number of requests made to post-Soviet states increased in 1997. The primary motives were relatively short waiting times, more flexible requirements, more streamlined bureaucratic procedures, a shorter stay in the country than in Latin American countries, and a factor that played a significant part in many prospective families' applications: the phenotypic appearance of children from these countries (Clos & Masó, 2004).

Within a short period of time, China took over as the main country from which adopted children originated, thanks in part to the transparency of the process, the short waiting time and the positive experiences of other adopters. However, between 2006 and 2008, the waiting period increased to two years. Since then, it has continued to increase steadily, reaching ten years in 2017 (Source: ECAI Genus Archive).

In spite of this, many applicants continued to focus their adoption project on China, even when the characteristics of the typical adoptable child was changing: while, until 2010, practically all adoptable children were "healthy girls" under one year old, in 2012, the vast majority of assigned children were male, often aged around three years and, in some cases, with health problems.

In any case, the history of international adoption is inseparable from each country's child protection policies, the typical characteristics of adoptable children, and social constructs concerning international adoption. San Román (2013) has pointed to the influence of media discourses in constructing an image of adoption that, among other impacts, popularized the idea that anyone can adopt and has the right to do so. Our research shows how this ideological construct has been, in some cases, a contributing risk factor for adoption breakdown.

Adoption breakdown: Theoretical framework

As a counterpoint to this idealized image of adoption, some studies were already drawing attention to the existence of adoption breakdown in the 1990s (Berth et al., 1988; Brodzinsky et al, 1998; Festinger, 1990). However, in this period, international adoption was still at a very early stage in Spain, a long way from the social phenomenon that it would eventually become. Once it started to expand, some risks were clearly underestimated, including the first cases of internationally adopted children who were determined to be in need of alternative care and became the subject of child protection measures.

The first studies of adoption breakdown focused on the failure of domestic adoptions and those concerning children with special needs in the United States (Barth & Berry, 1988; Boyne et al., 1984; Cohen, 1981; Festinger, 1990; Kagan & Reid, 1986; Partridge et al., 1986; Rosenthal, 1993). Over the last few decades, several studies have dealt with adoption dissolutions. To mention just some of the most pertinent to our purpose here, Palacios and Brodzinsky (2010) identified some significant mental health risks associated with adoption, and Brodzinsky and Smith (2018) further explored issues of professional practice in adoption instability, including informal adoption

breakdowns "[which] also occur without regulation, guidance, or support from authorities" (p. 186). Prevention of dissolution or disruption – when breakdown occurs before the adoption is completed in legal terms (Festinger & Maza, 2009) – has been addressed by authors such as Coakley and Berrick (2008), and several studies have dealt with the risk factors for adoption disruption and dissolution in various countries, such as the UK (Meakings & Selwyn, 2016), US (Sutter & Font, 2020) and Sweden (Lind & Lindgren, 2017). Adoption instability and breakdown have also been considered in relation to various to re-entry characteristics (Maza, 2014; Rolock et al., 2018) and intercountry adoption of children with special needs (Kim, 2017).

Other approaches have focused on: specific age groups (for example, Paniagua et al.,2019); the connection between the ages of parents and children (Smith et al., 2006), or the relevance of gaining a comprehensive understanding of a young person's adoption history (Kim et al., 2019). Additionally, unrealistic parental expectations and other parent-related factors have been the subject of several studies since the 1990s (see Palacios et al. 2019 for a comprehensive review). Emotional and mental health issues have been repeatedly mentioned as specific stressors (Barth & Berry, 2014; Palacios, 2020; Palacios & Brodzinsky, 2010;), while some studies have also focused on the need for support in the form of parental groups, closer institutional involvement and more professional help when the risk of dissolution arises (Berástegui 2018; Harstinger-Saunders et al., 2015).

Research in European countries on adoptions that break down has been rather less prolific (Palacios et al., 2019), though the UK may be an exception here, as dissolutions have been consistently analyzed over several decades (Selwyn et al., 2014). In the Netherlands, some studies focused specifically on international adoptions, such as Hoksbergen (1991)'s work on 349 children who were adopted internationally then later

admitted to care facilities and mental health clinics to receive psychological treatment. Such research is even more rare in those states that are often considered countries of origin – with some noticeable exceptions, such as the recent study conducted by Souza et al. in Brazil (2021).

Further relevant contributions in this field include those of the International Social Service (www.iss-ssi-org), whose extensive survey on failed international adoptions, published in January 2017, includes experiences from several countries in the European Union. Another interesting point of reference is the work of Hegar et al. (2015) on filicides committed against children of Russian origin adopted by North American families.

In Spain, the issue was not addressed until the early 2000s, primarily by two large-scale studies: Berástegui (2003) in the autonomous community of Madrid, and Palacios et al. (2005) in Andalusia, Madrid and Valencia. Nearly a decade later, Paniagua and Palacios (2016) also addressed this issue in Andalusia. Our research is the first of this kind to be conducted in Catalonia.

Bringing visibility to adoption breakdown in Catalonia

International adoptions have always had a place on the Catalan political agenda, the authorities having taken a proactive, decisive stance on the matter over the years. However, they tiptoed around the problems that came with adoption, pushing the most serious difficulties into the background. It was therefore not until 2012 that the Regional Minister of Social Welfare and Families of the Government of Catalonia told the media that "*it is worrying that 72 adopted children, out of a universe of 12,000, have been abandoned by their parents since 2000; the Government* [of Catalonia], *on which their guardianship now depends, is examining the legal liability of the families"* (Europa

Press, 2012). This was the first time a public figure openly acknowledged a situation that was not receiving the attention it deserved. Two years later, after several attempts to gain the necessary permits, the ICAA granted us access to its sources and those of the Directorate General of Child and Adolescent Care (DGAIA)[3] in order to carry out this research.

"Adoption breakdown" and its Spanish equivalent "*adopción truncada*" are terms used to describe failure in international adoption (SSI, 2007), for which there is no universally accepted definition. In Spain, this problem mainly results from the wide range of legal and procedural concepts employed in relation to adoption, particularly its international variant (Berástegui, 2003).

This ambiguity is also reflected in the international research, in which there are several ways of classifying adoption breakdown, depending on the legal relationship between the adopters and the child. For example, in the United States, a distinction is made between an adoption that ends prior to its legalization – "disruption" (Barth & Berry, 2017) – and breakdown that occurs after the adoption has been legally finalized, when it is termed a "dissolution". In recent studies, the term "dissolution" has been replaced by "displacement" (George et al., 1997) to describe: (1) adoptions that have legally been annulled; (2) those adoptions in which, despite not having been annulled, the state has taken over guardianship of the child, and (3) cases in which children return to their adoptive family after having been under the guardianship of the state for a time

[3] The Direcció General d'Atenció a la Infància i a l'Adolescència (DGAIA) "[…] is the body that promotes the well-being of children and adolescents at high risk of social marginalization, with the aim of contributing to their personal development. It also provides protection and guardianship to children and adolescents who are in need of alternative care". (https://tinyurl.com/y374geaz).

(Selwyn & Meakings, 2014). Palacios et al. (2019) comprehensively summarize the terminological debate by stating that: "[…] adoption breakdown refers to various situations where children placed in families with an intent to adopt exit the family either before or prematurely after the completion of the legal adoption procedures" (p. 131) and clarifying some conceptual nuances between the use of different terms (i.e. disruption, dissolution) in different countries.

The Spanish legislation deals with the matter in a similar way. A full, legally finalized adoption is irreversible and therefore may only be "annulled" if the child is placed within another full adoption. It is worth noting that full adoption requires the child to be registered in the civil registry, meaning that he or she acquires the nationality of the adopters, along with all the corresponding rights. For this reason, the child is not "returned" to the country of origin if this relationship comes to an end,but remains under the guardianship of the competent authorities in the receiving country.

Berástegui (2003) also uses the term "*adopciones truncadas*" to refer to adoptions that break down or are interrupted, distinguishing them from at-risk adoptions. This is an important distinction to make, given that the state does not take over guardianship in the latter case, unless there is strong evidence of the child being in need of alternative care. The SSI (2007) distinguishes between several situations that lead to separation of the adoptee and adopters:

(1) Invisible failures: cases in which the adoptee lives under the same roof as the adoptive family, without a shared, stable, authentic and genuinely satisfying bond having been created.
(2) Temporary separation resulting from legal or administrative measures: the minor enters the child-protection system as a preventive measure, but the link to his or

her adoptive family is maintained, as is the possibility of returning to the family home.

(3) The adoption breaks down completely: definitive separation of the child and his or her adopters, with guardianship passing to the state.

A key concept in the Spanish legislation is *desamparo*: a situation in which a child is determined to be lacking appropriate protection, and is therefore in need of alternative care. If such a situation is accredited by the competent authority, it will issue a resolution to take the child under the guardianship of the state, communicating this decision to the Public Prosecutor's Office (*Ministerio Fiscal*). Article 172 of the Spanish Civil Code defines this concept, and the Spanish Organic Law for the Legal Protection of Minors, passed in 1996, regulates intervention by the state and distinguishes between situations of risk and those in which children are in need of alternative care. Catalonia expanded upon this law in 2010, through Catalan Law 14/2010 of 27 May on Rights and Opportunities in Childhood and Adolescence. In it, responsibility for child-rearing and education is assigned to fathers, mothers or other individuals to whom the child's guardianship or temporary care has been assigned. It also establishes that the public authorities must ensure that boys, girls and adolescents are protected if parental responsibility is misused.

Spanish law therefore makes a distinction between situations in which children are at risk and those in which they are in need of alternative care**.** A child or adolescent is considered to be in a situation of risk when his or her development and wellbeing are limited or undermined by any personal, social or family circumstances, but separation from the family unit is not necessary for his or her effective protection. In contrast,

when a child is found to be in need of alternative care, enforcing separation from the family unit is necessary for his or her effective protection.

Materials and methods

In our research, we have used a qualitative method, based on a system of triangulation that draws on: (a) full official records; (b) 40 in-depth interviews with professionals working for five adoption agencies, 11 institutions providing adoption support services, one medical service and two governmental bodies, as well as (c) semi-structured interviews with two families, two members of an adoptive family association and two formerly adopted children who had prior experience of adoption breakdown. Additionally, two focus groups were conducted: the first with six professionals (one ICAA representative and five delegates from different adoption agencies), and another with seven ICAA experts – one unit manager and six social workers.

Hence, the information obtained from the breakdown records was compared to that gathered from several key agents: from policymaking institutions to formerly affected children. This triangulation strategy is essential to prevent methodological or ideological biases, and to increase the reliability of the research findings. However, larger sample sizes would have been desirable to enable us to carry out solid statistical analysis. Unfortunately, the lack of properly disaggregated data does significantly hamper this quantitative approach: despite several requests having been submitted to the Catalan institutions, none have been provided to date (as the ICAA have claimed they currently do not have such data). Currently, statistical information provided by the relevant Ministry on adoption breakdowns in Spain is limited to the overall number and the distribution by region (Observatorio de la Infancia, 2020), and these data have only been published systematically since 2013.

Thus, given the impossibility of obtaining the requested data, we have provided only basic figures, in order to better frame and support the qualitative findings, and it has not been possible to use the same variables to make any statistical comparisons concerning successful adoptions of children from the same countries.

In this paper, we have focused on exploring adoption breakdown reports using a qualitative data collection and analysis approach. Despite the considerable difficulties in this field, due to confidentiality laws on post-adoption records (Dellor & Freisthler, 2018) and the scarcity of studies on adoption dissolution predictors in some countries (Sattler & Font, 2020), we have worked with all the existing case files (59 of which were processed by the DGAIA and 53 by the ICAA, corresponding to 62 families and 74 children) in the period of study. Nevertheless, as also noted in previous research (Palacios et al., 2019), there are very likely to be "hidden" cases of adoption breakdown that have not been identified as such by the competent organizations (for a variety of reasons, including the failure to record the adopted status of some children who were determined to be in need of alternative care and moved out of their adoptive families), which would increase the total number of such children. Our findings are circumscribed to those cases that are reported.

We chose to exclude at-risk adoptions from the analysis, as the lack of data made it impossible to catalogue or count them. Nor was it viable to include what the SSI has termed "invisible failures", due to the inaccessibility of the sources. The data in the study runs from 1998 to 2014, this period having been chosen to cover the time in which the children's adoptions were in place and that in which relevant protective measures were applied by the DGAIA (according to the sources, the period in which adoptees were moved out of their adoptive families ran from 2000 to 2014).

Most of our work has been with primary sources containing information that is generally unavailable for public consultation. Gaining access to it required coordination with the managers of the Territorial Child and Adolescent Care Services of the DGAIA and the ICAA, given that each of the five Territorial Delegations of the Catalan regional government is responsible for the case files processed in its local area: Barcelona, Tarragona, Lleida, Girona and Terres del Ebre.

At each of these offices, we accessed all of the case files on site, following the established protocols at all times to ensure that the data and confidentiality were protected. An additional challenge was posed by the lack of a consistent structure in the case files, due to amendments to internal regulations and the resulting procedural changes that were implemented during the study period.

All 1883 documents contained in the case files were reviewed. The documentary sources were systematized and processed in three consecutive stages. The first stage of the research consisted of selecting the study variables and producing a spreadsheet, which we populated with the full data set from all case files. During the second stage, we worked with the DGAIA and ICAA files, producing an anonymized list of adopters and adoptees, coding the information and subjecting the data to quantitative and qualitative data analysis. In the third stage, we analyzed the resulting information.

Given that this article discusses variables relating to both the child and the adopters, we used the same variables as detailed in similar prior research during our coding process, in order to increase the comparability of our findings with the results of these studies (Berástegui, 2003; Palacios et al., 2005; Paniagua & Palacios, 2016). For the categorization of parenting styles (Table 3), we used the classification established by Torío et al. (2008), so as to base our coding on an established source, while additionally

helping future studies to compare their findings with ours. Parental narratives were qualitatively coded following the same methodological parameters. For example, discourses on the need to improve neglected children's quality of life were labeled as "altruism/solidarity," following Berástegui (2005), as shown in Figure 12.

Results

Characteristics of the adoptions that broke down

Between 1998 and 2014, 13054 children from 59 countries were adopted in Catalonia (figure 1). There are no reliable data for the years prior to 1998, when transnational adoptions were not counted.

Figure 1. International adoptions in Catalonia, 1998-2014.
[Figure 1 near here]
(Source: Prepared by the authors using ICAA data)

According to ICAA data, there were 74 cases of adoption breakdown between 2000 and 2014, involving: 46 children resident in Barcelona (62.2%), 9 residents of Girona (12.2%), 6 residents of Lleida (8.1%) and 13 residents of Tarragona (17.6%). Four of the case files do not include the exact dates in which the authorities took over guardianship of the children, meaning that we cannot accurately pinpoint the year in which the child was moved out of the adoptive family.

While the number of international adoptions completed between 1995 and 1997 is unknown, the percentage of breakdowns corresponding to adoptions processed between 1998 and 2014 in Catalonia (Figure 2) is 0.57% of the total (74 cases of

breakdown out of 13054 adoptions). This is a lower rate than that obtained by Berástegui (2003) and by Palacios et al. (2005): 1.5% and 0.8%, respectively, and also falls below the 2% of adoptive placements that are dissolved in the US (Sattler & Font, 2020) and the 3.2% that broke down over a 12 year-period (2000-2011) in the UK (Selwyn et al., 2014). Of the 74 children, 39 were boys and 35 were girls, from 21 countries, the most common of which were Russia, Ukraine, Ethiopia and Colombia. After being assigned, these children were adopted by 62 families, as some of these families adopted siblings, whether through a multiple adoption or two consecutive, independent adoption processes. Single-parent families account for 29.03% of the total.

Figure 2. Cases of adoption breakdown by year of adoption.
[Figure 2 near here]
(Source: Prepared by the authors using data extracted from the case files)

Three main factors were used to determine that a child had been moved out of the adoptive family: (a) annulment of the adoption was requested by the adopters (49%); (b) schools, hospitals or health centers, relatives, social services or other actors reported a situation of risk (37%), and (c) annulment was requested by the child (9%). In the remaining 5%, no cause was reported for the breakdown.

As Figure 3 shows, the breakdown of adoptions involving adoptees between 0 and 1 year of age occurred when the adopters decided to end the relationship with the child, for two primary reasons: (1) serious health problems that were not detected prior to the adoption, and (2) not "*feeling prepared*" for the adoption. The children between 6 and 7 years old were moved out of the adoptive family because of risk indicators (mostly concerning abuse) detected by family care professionals. Of the adoptions

involving adolescents, over 50% of cases were due to alleged behavioral problems or illegal and/or antisocial acts reported by the adopters. The other cases resulted from the detection of risk indicators, including when the children themselves requested being taken into the guardianship of the state, due to situations of tension, conflict and intra-family violence.

Figure 3. Factors leading to a child being moved out of the adoptive family.
[Figure 3 near here]
(Source: Prepared by the authors using data extracted from the case files)

When we examine the correlation between breakdown and the time that had passed since adoption (figure 4), the first year is clearly the period that can generate a greater risk of failure, due to the process of adaptation within the family. A second period of particular sensitivity runs from years five to seven of the adoption, when it seems that the descent of habitual family dynamics into permanent conflict can come to a head. From the eighth year onwards, almost all cases concern preadolescent or adolescent girls and boys with behavioral problems.

Figure 4. Time between adoption and breakdown, and age of children at breakdown.
[Figure 4 near here]
(Source: Prepared by the authors using data extracted from the case files)

Risk factors associated with the children

Sex

In most prior studies, sex either seemed to bear no direct relation to adoption breakdown (Barth et al., 1988; McDonald, et al., 1991; Selwyn, et al., 2014) or it was

not considered as an indicator (Hoksbergen, 1991; Palacios et al., 2005). However, Berástegui (2003) detected a higher rate of adoption breakdown involving girls, although she did not find any relevant differences between the sexes.

Age at the time of adoption

This has been considered a particularly significant variable in previous studies. For example, Palacios et al. (2005) noted that 75% of the adoption breakdown cases identified involved children aged over 6 at the time of adoption. In the United Kingdom, Selwyn et al. (2014, p. 71) observed that age groups over 1 year are subject to a risk of separation from 3 to 13 times higher than that attributed to the 0-12 months group.

Our quantitative data show very similar percentages for the 0 to 3, 4 to 5 and over 6 age groups. Based on this initial observation, the risk of adoption breakdown seems to be similar for all ages, the children exposed to greatest risk being 4 to 5 year olds, followed by 8 year olds and those younger than 1.

Figure 5. Age of the child at the time of adoption.
[Figure 5 near here]
(Source: Prepared by the authors using data extracted from the case files)

It has only been possible to relate the age of the study subjects at the time of adoption with the age of the adoptees as a whole for the years 2000, 2001 and between 2003 and 2014. Unfortunately, there is a lack of official data for other years within the period of study, so it has not been possible to establish this correlation at times other than the aforementioned years. In these cases (Figure 6), adoption breakdowns as a percentage of the complete group of adoptees increases at a greater rate for children

aged over 9, and in the 6 to 8 age group; this observation aligns with the findings of Berástegui (2003) and Palacios et al. (2005) in Spain, and is consistent with previous findings that establish a greater risk for children of an older age (Coakley & Berrick, 2008; Dellor & Freisthler, 2018; Sattler & Font, 2020).

Figure 6. Age of the study subjects in the years 2000, 2001 and 2003 to 2014, in relation to that of the complete group of adoptees.

[Figure 6 near here]

(Source: Prepared by the authors using data provided by ICAA and ECAI Genus)

However, our research has demonstrated that there are additional factors that can increase the risk of separation:

The difference between the age requested by the adopters and that of the assigned child. In 47.37% of the cases in the full set of documents analyzed, the age of the assigned child did not match that initially requested by the adopters (see Figure 7 in comparison to Figure 5). For example, in the breakdown report on Ruth, who was a single parent, the psychologist explained that when Ruth first saw her daughter "she started to cry and the girl herself said 'don't cry mom'. [Ruth] could not describe how she felt, but she was surprised and bewildered that the girl was so old." After four post-adoption sessions, Ruth mentioned the difficulty of bringing up a girl who was so much older than expected.

Figure 7. Requested age of the child in years (according to the certificate of eligibility/ psychosocial assessment).[4]

[4] The age groups correspond to those that appear on the certificate of eligibility and/or psychosocial assessment.

[Figure 7 near here]

(Source: Prepared by the authors using data extracted from the case files)

- *Interconnection between the age and health of the child.* Adoption of very young children involves a risk created by the difficulty of detecting some illnesses at this stage. Many families want the child to be "as young as possible", citing as one of their reasons the desire to reduce the likelihood that the adoptee has undergone experiences that could affect his or her psychological health. John (aged 52) and Mary (aged 27) adopted a 4-year-old child who experienced the breakdown of the adoption six years later, after the social services detected emotional distress and social isolation, in parallel to reiterative threats by the adopters of "going sending you back to your country". Pre-existing health conditions (related to psychomotor development) were said by her parents to be a "burden," along with the child's cold and distant attitude:

  "I [mother's name], as mother of [child's name], ask you for help because, unfortunately, she is a child who shows no emotion. She does not follow any rules, despite the consequences. She is very manipulative, repeating the same behaviors day after day. She doesn't care about anything,she doesn't care, she doesn't care. Our relationship with her is becoming more and more difficult."

  Adoption breakdown records describe how the authoritative style of parenting had an emotional impact on the child: "They had not been able to transmit [a sense of] emotional security, he was required to be a perfect child. He was not allowed to interact with other children, he spent most of his time at home with his mother."
- *Discrepancy between the biological age and the legal age of the child.* In such cases, the confusion and frustration caused only add to the intrinsic difficulties of

the adaptation period. A clear example is provided by Robert and Amanda: a couple who adopted a child they had met while adopting their first child. This second child was an 11-year-old boy who, once adopted, actually turned out to be three years older than expected. The adopters expected behavior from the child that did not fit with his biological age and, consequently, he did not meet the expectations they had created. The adopters claimed to feel misled and unprepared to adopt a boy of that age.

- *The life experiences of the child prior to adoption.* The probability that a child has been exposed to an environment of neglect, physical abuse and/or sexual abuse increases with the number of years that passed before he or she was adopted. Among the records, we found the case of a girl who was adopted at 5 years of age. The biological mother left the child in a brothel in the city. The child ran away from the brothel twice and lived on the street until she entered an orphanage. The adoptive mother explained that the girl wanted to pay her with sexual favors to show her gratitude: she began to undress her and kiss her body. After their arrival in Spain, the child insulted her adoptive mother in her mother tongue, spat on her and attacked her physically (source: adoption breakdown record from the DGAIA).
- *The child's culture of origin and how it differs to cultures in the receiving country.* The older the child, the more rooted in the culture of origin he or she will be, which increases the challenges of adapting to the new environment. For example, we found a case of a 10-year-old girl who had been adopted from a Latin American country. The child said that everything went very fast for her upon arriving in Catalonia: a new school, new family, new doctors, new housing, etc. She explained that things move more slowly in her home country, describing how the adaptation failed because everything went too fast and nobody asked her about her feelings. Quite the

opposite: her adoptive parents took everything for granted, without even considering her opinion or their needs (source: DGAIA file).

One interviewee who had experienced an adoption breakdown as a child identified a level of autonomy and independence in the culture of his home country and his family dynamics that overtly clashed with those of the adopting family:

"In my country (Ethiopia), when I was 8 years old, I was already on the street and I did whatever I wanted. My mother didn't say 'you have to come home at this time,' it's different. Customs are difficult (...). At the beginning. it's very hard: you leave everything, you come from a different world, things there are very different to there, the things you do are very different" (Jason, currently 19 years old).

Age when adoption breakdown occurs

We observed that early and late adolescence are the periods in which most adoption breakdowns occurred. Clear risks are also apparent at around 8 years, with 10.85% of breakdowns coinciding with this age. It is worth noting that 21% of breakdowns took place in the first year after adoption, due primarily to adaptation difficulties relating to behavior.

Country of origin

Figure 8. Adoption breakdowns in each country, as a percentage of the total number of breakdowns.

[Figure 8 near here]

(Source: Prepared by the authors using data extracted from the case files)

If we look at the distribution of adoption breakdowns by country, in relation to the total number of breakdowns for all 21 countries for which we have data (Figure 8), we can

see that, in most cases, the children came from Russia (14), followed by Ukraine (11), Ethiopia (10) and Colombia (8) (Figure 9).

Figure 9. Adoption breakdowns in each country, as a percentage of the total number of adoptions in that country.

[Figure 9 near here]

(Source: Prepared by the authors using data extracted from the case files)

If we now focus on adoption breakdowns as a percentage of the total number of adoptions processed in each country during the study period (Figure 9), we can see that, in contrast to the previous results, the countries with the highest breakdown rates are Venezuela (almost 33.33%), followed by Hungary (25%) and Costa Rica (13.33%). Therefore, considering the number of breakdowns per country in relation to the total number of adoptions shows that it would not be correct to determine the level of risk solely on the basis of the absolute number of breakdowns.

Sociocultural conditions

The main sociocultural indicators identified in the sources concern:

- Distinct day-to-day social dynamics and ways of life in the two countries, which subject the child to added stress and increase the challenges of adaptation.

- Differences between Western family structures and the traditional type of family in the country of origin, or at least in the environment where the child was socialized (for example, the sexual orientation of the adopters).

The child's life history prior to adoption

In almost half of the cases examined, the life history of the child was unknown at the time of adoption (48%), making it more difficult for the adopters to prepare themselves to deal with any problems the child had with adapting. Of the cases that explicitly mention why the child left the care of his or her biological parents in the country of origin (52%), the reasons may be grouped into two major categories:

- Abandonment by the parents: in 8.33% of the cases, no reference was made to the type of abandonment, nor to the history of the child prior to being taken into state care; in 33.34% of the cases, the mother left the child in the care of third persons (the biological father was an absent figure in all cases); in another 16.67% of the cases, the child was abandoned by his or her parents in the hospital a few days after birth; 8.33% were left by their mothers in an orphanage or at a residence, and in 25% of the cases, the newborns were abandoned in the street, in easily-accessible places with a lot of passers-by.

- Death of the parents. In these circumstances, 50% of the children were admitted immediately into an orphanage, and the other 50% were first left in the care of their extended family before entering such a facility. This loss has potentially devastating effects on the child's psychological stability.

Health of the child

The health of the adoptee was by far the biggest concern expressed by applicants when they began the adoption process. Paradoxically, they tended to focus on physical, psychological and especially neurological pathologies, but rarely considered the possible effects that any trauma, prior experiences of abuse or simply the initial effects

of the adoption process itself may have on the child's mental and/or psychological health.

Risk factors related to the adopters

Family structure

Our results indicate that many more cases of adoption breakdown correspond to two-parent families than to single-parent families (70.97% versus 29.03%). Further, children of 7 to 8 years were mainly assigned to two-parent families, some of whom even adopted boys and girls of 11 or 12 years of age (Figure 10).

Figure 10. Family structure and the age of the child.

[Figure 10 near here]

(Source: Prepared by the authors using data extracted from the case files)

The highest breakdown rates were found in two-parent families who had not had children before (56.82%), followed by those who already had biological children (15.91%). In our study, the percentage of adoption breakdowns is very similar for two-parent families who already had biological children and two-parent families who had adopted other children earlier, although a difference was noted between couples who adopted two children at different times and those who completed a multiple adoption. In the first group, the conflict centers around one of the two adoptees (usually the second), while in the latter group, one of the two children, or even both, may be determined to need alternative care and move out of the adoptive family.

Age of the adopters

The men's age at the time of adoption ranged from 31 to 68 years old, and the women were aged between 27 and 63. Of the women, we observed that the most prevalent age group at the time of adoption was between 41 and 45 years, while for the men, it was between 46 and 50 years. At the time of adoption breakdown, most of the men were aged between 46 and 55, and most women were from 46 to 50 years old. Consequently, this is the age group that seems to be at greatest risk.

For individuals who adopted on their own, ages ranged from 30 to 50 years old (most were in the 41 - 50 age bracket) and the age at adoption breakdown mirrored that of two-parent families, most being between 46 and 50 years.

Academic education

Figure 11. Academic education.

[Figure 11 near here]
(Source: Prepared by the authors using data extracted from the case files)

In our research, we observed that the rate of adoption breakdown increased in couples with university studies, while the rate was lower among those who had only completed compulsory high school education to 16 years (Figure 11). In single-parent families, the percentage of breakdowns was very high (over 70%) for people with university studies in comparison with other levels of education. This factor may be linked to the eligibility assessment for single-parent applicants and the criteria of the country of origin. In the cases studied, women had a higher level of academic education than men, in both single- and two-parent families.

Motivations for adopting

To determine what led parents to adopt, we collected qualitative data from the statements included in the records and subsequently produced a coding book based on the explicit motivations, using the following descriptors (Table 1):

TABLE 1. Coding categories

(Table 1 around here)

(Source: Prepared by the authors).

Of the 62 families who make up the study, data on motivation were obtained for 53 of them (85.5%), of which 35 were two-parent families (66% of the total) and 18 were single-parent families (34% of the total). In general terms, each family cited distinct motives for making their adoption application, which may be categorized as shown in Figure 12. The most frequently mentioned motivation concerned solidarity/altruism, followed by a desire for "paternity/maternity". The third most common reason was a belief that this was the "right time of life".

Figure 12. Distribution of the motivations expressed in relation to the type of family.

[Figure 12 near here]

(Source: Prepared by the authors using data extracted from the case files)

* This chart shows the percentage of responses per category (total 160)

** The "others" category includes: liking children; having a partner and not being married; the difficulties of domestic adoption; having met the child that they want to adopt.

Both two-parent and single-parent families most frequently cited solidarity as the main reason for adopting, although there were almost always additional motivations (only one family mentioned this reason for adopting alone). For example, Ruth (a 38-

year-old single parent) stated that: “I really like the children and I think that, at the same time, I can do a little bit of good for some of them, by giving them a home and love, as they deserve.” Among two-parent families, becoming a father/mother was the second most common motivation, following by biological problems with conceiving. In fact, families with fertility problems accounted for 32.08% of the total, compared to 28.30% who did not have such problems (no information was provided in the case files on this issue for the remaining 39.62%). We should bear in mind that assessment services explicitly consider infertility as a motivation, and applicants had to attach medical reports upon starting the adoption process. It is interesting to note that all individuals with fertility problems were in two-parent families. For such families, the second most frequent motive was still “solidarity” and the third “paternity/maternity”.

In single-parent families, responses falling within the “others” category take second place and in joint third place, with the same percentage, are “paternity/maternity” and “the right time of life”.

Expectations about adoption

Research shows that when applicants have inflexible or overly specific expectations regarding the child, the likelihood of adoption breakdown increases (Boneh, 1979; Festinger, 1986, cited in Berástegui 2003, p. 41). These variables coincide with those identified in this study, which were extracted from the documents produced by the adopters themselves and by the professionals involved in determining whether the child needed alternative care and should leave the adoptive family**.** These documents contain the statements of the adopters, in which they either explicitly recognize that their expectations were not met, or this can be deduced from their narratives. However, in 16.13% of cases, the sources did not provide this information, and in 22.58% of cases,

their expectations were not a significant variable, other determinants having been identified.

Table 2. Frustrated expectations.
[Table 2 near here]

(Source: Prepared by the authors using data extracted from the case files)

These categories show the frustration generated by the disparity between experience and social constructions of parenthood, maternity, parent-child relationships and adoption. On the basis of such social constructions, the adopters develop expectations about the child and the process, even anticipating their emotions and the child's possible reactions. These beliefs then clash with a reality that is often far from what would be termed "normal".

All the evidence suggests that the first meeting is a moment of particular risk, as the expectations adopters have created are met with reality for the first time. If these expectations are frustrated, disappointment and rejection may be expressed, which can shape the future outcome of the adoption.

Parental skills and parenting styles

In the social sciences, how parents perform their roles is explored through what are termed parenting strategies, educational styles or family socialization typologies, although all of these refer to aspects of behavior when performing said parental roles. Given that prior studies are unanimous in pointing to parenting strategies as a risk factor, it is necessary to identify those that are dominant in our contemporary

sociocultural context, and recognized as such within the professional, technical and academic fields.

In this light, Torio et al. (2008, p. 165) created a typology of the features and educational consequences of various parenting styles. According to their classification:

- A democratic parenting style is associated with distinctive features, such as promoting desirable behavior, encouraging dialogue and open communication, and creating a warm, affectionate home.
- In stark contrast to the previous style, authoritarian parenting entails the use of punishments and very infrequent praise, resulting in a parental home characterized by an autocratic atmosphere.
- A negligent style features lenient and passive behavior: parents tolerate all the children's impulses and easily grant their wishes. And finally,
- Parents with an indulgent style invest as little time in children as possible, showing a limited ability to make an effort in their parenting.

Hence, following Torío et al. (2008)'s typology, we observed the following parenting strategies or styles in the study cases:

Table 3. Parenting strategies.
[Table 3 near here]
(Source: Prepared by the authors using data extracted from the case files)

As can be seen in these data, in 23.4% of the cases, the information included in the sources did not enable the parenting strategy to be identified, while in 8%, each parent could be seen to use opposing strategies, with this discrepancy coming to be a decisive factor in the dissolution of the marriage.

A predominantly democratic strategy was employed by 3.23% of adopters. Despite this parenting style being the most highly rated and having the best results (Torio et al., 2008), the study cases show that, for children with traumatic experiences that have severely affected their emotional and affective development, not even democratic parenting is able to remedy the situation. An experienced psychologist told us in an interview that, in such cases, a children's care home could be a much better option for the child, as: "These are children who are going to do much better having an educational team [in a place] where they can live together, because no one is asking them for reciprocity."

In 58.9% of cases, there was a clear tendency to use excessively rigid and authoritarian parenting strategies. Their use resulted from the factors noted above, and by the continuation of the family socialization model that had been used during the adopter's childhood and adolescence. Relating to this point, there is an aspect of the parenting that, sadly, needs to be highlighted: the various forms of violence to which some children were subjected by the adopters. In 44.64% of the cases, the adopted child had been a victim of both physical and psychological assaults.

The health of the adopters

In one of the cases, the adoptive father was the victim of a criminal act that had severe, long-term health effects and left him unable to live independently. The mother was not able to care for their two adopted children alone, and felt overwhelmed by the situation in which they found themselves.

Before adoption, 10 out of 106 of the adopters had been diagnosed with mental health conditions that were seemingly omitted from the eligibility assessment process. Other applicants with a medical history of mental health problems underwent a relapse of their illness after adoption, which acted as a stressor, putting the safety of both the children and the adopter at risk.

In a third group of adopters, a psychological problem was activated as a result of the adoption: these were people without a previous diagnosis who presented with depression or other similar clinical conditions, this being particularly common among women, due again to gender-related cultural dictates regarding maternity and child-rearing, as well as to situations of gender- and family-based violence.

The background of the adopters

Of the cases in which we were able to explore the family history of the applicants after the adoption, in 19 (17 women, 2 men), we found relevant data on the life history of the adopters that ended up having an impact on how the adoption progressed. After reviewing the psychosocial assessments, we saw that new information was provided to officials while they were determining whether the child needed alternative care and should leave the adoptive family. In none of these cases was this information disclosed during the eligibility assessment process. The reasons for omitting this information were not provided, although we may hypothesize that the most probable cause was fear of not being considered eligible.

We often saw that the adopters' life histories involved a traumatic experience that seemed to have had long-term effects on their subsequent family relationships and on parenting (Table 4). In the cases in which a biological son or daughter had died, the

adopted children were victims of psychological and physical abuse. In these cases, the adopters – specifically, the mothers – presented with severe psychological damage resulting from the death. In two cases, the adoptive mothers were victims of violence from their ex-partners (they had adopted alone). Finally, in the cases in which the adoptive mothers or fathers acknowledged having been brought up with rigid, authoritarian and abusive parenting strategies during their childhood, an evident effect was the replication of those parenting styles and the reproduction of violence as an educational/ corrective measure when bringing up their own offspring.

Table 4. The background of the adopters.

[Table 4 near here]

(Source: Prepared by the authors using data extracted from the case files)

Implications for practice

Beyond the academic interest for scholars studying adoption breakdowns, and despite obvious limitations caused by the lack of reliable data from official institutions (i.e. the inability to determine statistical significance), these qualitative insights into a previously unstudied phenomenon in Catalonia may provide public policymakers and private stakeholders (adoption agencies, health services, etc.) with more detailed knowledge about some of the risks of adoption breakdown. Our findings may also help design more effective monitoring and support mechanisms for both families and children, as frequently called for in previous studies (Paniagua et al., 2018). Hopefully, this study may also raise awareness in governmental bodies of the clear need for

accurate, disaggregated data on adoption breakdown and success, as well as the importance of making these data available for research.

Discussion

Contrary to the findings of Berástegui (2003), in our study, the rate of adoption breakdown is higher for male adoptees – a finding reflected in the research of Rosenthal et al. (1988) and Barth et al. (1988) – but we cannot conclude that this is a significant difference. Nevertheless, from a qualitative perspective, reports from post-adoption monitoring suggest that there are interesting correlations with:

(1) The motivation for adopting and adopters' expectations regarding gender (when the sex of the child plays a particularly significant part in the motivation and expectations of the adopters). For instance, a prospective mother requested information about an international adoption in China, stating plainly that she wanted: "A little Chinese girl, as my neighbor has one and she is so cute." She made it clear that under no circumstances would she welcome a boy.

(2) The gender stereotypes held by the applicants (and the gender-specific expectations they place upon the boy or girl as a result). A psychologist working for an adoptive agency said that families rarely express their prejudices so overtly: only when major problems arise do they confess the idealized expectations they held about the child, which were sometimes shaped by strong gender stereotypes. While some families may correct certain unrealistic expectations after pre-adoption information sessions, as reported by Farber et al. (2003) during group participation sessions, adoption

> agency professionals unanimously pointed to the need for more refined detection tools in pre-adoption sessions and better support after adoption. These problems related to professional practice are consistent with those reported by Palacios et al. (2005) in their research on intercountry adoption disruptions in Spain.

Although the data analyzed do not allow us to make categorical statements about potential differences relating to sex and behavior, the sources examined do show a greater tendency for boys to engage in externalizing behavior at all developmental stages, while the girls display self-destructive and risky behavior in adolescence (risky sexual relations, self-harm and suicide attempts). Regardless of sex, adoption literature shows that socially unacceptable behaviors have become a major source of risk for adoption disruption and entry to care (Selwyn et al., 2014).

Age is a variable that much of the adoption dissolution literature identified as significant (Coakley & Berrick, 2008; Palacios et al., 2019). Our analysis of the parental narratives quoted in the adoption breakdown records shows that the greater the difference between the age requested by the adopters and that of the assigned child, the greater the risk of the adoption breaking down. Interviewees from governmental bodies, agencies and adoptive services repeatedly explained that this was due, on the one hand, to the parents' frustration with being allocated a child who was older than expected and, on the other, to the strength of the child's pre-existing emotional ties to former habits or even cultural patterns.

However, if we take a close look at the possible interrelation between the age and health of the child, it is very difficult to identify the results of any deprivation the child may have suffered in his or her short life when adopted at a very young age, and this

also brings other health risks, given the existence of many pathologies that are hard to diagnose in young children, without specific medical tests (which are rarely performed in the countries of origin).

Beyond the health risks that are inherent at a young age, cultural backgrounds connected to specific countries of origin have also been shown to deserve professional attention [COAUTHOR]. During an interview, a psychologist from an adoption agency mentioned that some children from certain countries have been through several placement attempts before entering into the international adoption process. In one case, a Brazilian child was placed with five different foster families: this experience created an emotional trauma which was added to the after-effects of physical abuse. This example is consistent with prior research in Brazil (Lopes et al., 2021). However, according to transcripts contained in the records, the child's emotional wellbeing was far from the main parental concern when it came to possible health problems: physical and psychological harm were the main sources of worry mentioned during the preparation period.

Therefore, the life experiences of the child prior to adoption seem to be a critical issue. Nevertheless, other variables also play a part here, such as the child's resilience (Palacios & Brodzinsky, 2010), broader behavioral issues (Paniagua et al., 2019) and whether adopters have suitable parental skills and abilities with which to help the child toward recovery (Palacios et al., 2019).

Age when adoption breakdown occurs has received considerably less attention than age at placement, according to Paniagua et al. (2019, p.513), while Selwyn et al. (2014) stated that 69% of adoption breakdowns occur *before* the child has reached 11 years of age. However, our data do not corroborate the latter results, given that only 33.76% of the boys and girls were younger than 11, meaning that most breakdowns

occurred *at or above* this age. This is consistent with prior research that also estimated the average age to be above this threshold (Paniagua et al., 2019).

On the one hand, then, the results confirm that the younger the age, the lower the risk of adoption breakdown; on the other hand, they suggest that age in itself is neither a guarantee of success nor the gateway to failure, but must always be considered in terms of its interaction with other variables, given that: "Age at placement is a proxy for accumulated adversity whose harmful impact goes well beyond the moment of placement" (Palacios et al. 2019, p. 133).

Examining the children's country of origin shows that China is missing from the results of this analysis, despite the number of adoptions having been equal to or greater than Russia, which ranks first in our study. This finding is consistent with previous research on adoption breakdowns in Spain (Palacios et al., 2006) and demonstrates that other factors must be involved.

Nevertheless, from a qualitative perspective, the examined cases do point to three potential indicators that correlate with the country of origin and the characteristics of the child: (1) the causes and the process by which the child left the care of his or her biological parents; (2) the child having been unprepared or insufficiently prepared for the adoption (and his or her consent to it), and (3) the treatment received while in state care. The records analyzed often include the parents' complaints about the coldness or lack of emotional bonding between the child and the adoptive parents, exactly as Palacios et al. described in their research on adoption disruptions in Spain (2006, p. 47).

International adoption entails establishing a relationship between parents and child, but it also involves an encounter and process of mutual familiarization between two distinct cultures. While this is a subject that adoption research often omits, there are

some exceptions, including: Farber et al. (2003)'s study on the way agencies address cultural issues in adoption; Donoghue (2017)'s observations on the general influence of cultural values within a given religion; and Kim (2017)'s reflections on the place of cultural values, morals, laws and ideologies within the macrosystem, in ecological systems theory. The data studied clearly show this to be a risk which is worth considering, and has a particularly strong interconnection with the age of the child, how prepared he or she is for the adoption, the cultural proximity of the country of origin and the receiving country, and the suitability of the applicants. Interviewees from several agencies and services insisted on the importance of parents being informed about certain cultural values in the child's country of origin. For example, a psychologist from an adoption agency said during an interview that some Ethiopian children engage in "melodramatic behavior," which she thought could be a "cultural feature" rather than resulting from psychological problems. Psychologists and social workers also stressed the value of parents becoming acquainted with various sociocultural features, such as family structures and typical gender relations. For instance, the social recognition of same-sex couples is a variable that is not only important in the prospective parents' own context (Palacios & Brodzinski, 2010), but also in that of the child's country of origin. In one case of adoption breakdown in which a Brazilian boy crudely insulted his mother after realizing she was lesbian, the psychologist responsible for the case told us that his mother should have let him know of her sexual orientation beforehand, instead of simply blaming the macho culture in the country of origin.

Clearly, the lack of information about children's life histories does not make this task any easier. Coakley and Berrick (2008) reported how qualitative research on families who have experienced adoption problems states that they were not provided with the child's entire history before placement. In our study, nearly half of the examined cases

did not contain information about the prior history of the child: the same proportion of cases that Wind et al. (2005) found to lack histories of risk in their sample.

Of this crucial background information, the history of mental health is often considered a key issue in prior research. Palacios and Brodzinsky (2010) show that there is a long-standing line of research on this topic, which has been explored not only as a pathological problem, but also as a cornerstone for the construction of the self and identity (Colbridge et al., 2017), and in terms of its impact during adulthood. Some studies relate child mental health issues to a higher risk of dissolution (Sattler & Font, 2020), while others state that parental mental health does not seem "[…] to have been directly associated with the consideration for adoption breakdown and placed together in a multivariate model of analysis" (Lopes et al., 2021, p. 2).

The cases analyzed in our study provide evidence that pathology is a critical factor in adoption breakdown: in some cases, due to its severity and the fact that it is not known at the time of adoption; in others, because of variables related to the suitability of the adopters, or their motivation for adopting, their expectations and parental abilities. This being said, the records also show that adoptive parents did not show much concern about emotional health.

The failure to note adverse mental health conditions, whether of parents or children, may hamper the future of the adoptive placement. In some cases, even when records do refer to these conditions, later post-adoption relapses add considerable stress to the relationship. Major traumatic events, such as the death of a biological child, act as additional stressors that have an impact on the consolidation of adoptive bonding. For example, Rebecca and Paul (both aged 45) decided to adopt three years after the death of their 12-year-old biological child. The psychological services had stated that:

> The adoption request has been made after having tried to have another biological child, but the couple has not taken the impossibility of this negatively, as their desire was to recreate their family member in an adopted child: a motivation that does not have pathological characteristics, nor act as a substitute for the lost child (transcript from Rebecca and Paul's adoption breakdown records).

Five years later, the adopters requested the dissolution of the adoption as they felt "overwhelmed" and "anguished." As cited in the records, the final resolution stated that: "Our assessment is that [they] wanted to adopt […] in order to replace the emotional and affective void left to them by the death of their biological child."

Therefore, our findings suggest that adoptive parents may project the consequences of psychological harm onto their adopted children. This is consistent with the observations made in prior literature on parenting through bereavement (Grout, 2000), parents' desire for emotional relief by means of adoption (Berástegui, 2003), and adoptees' experiences in such circumstances (Donoghue, 2017).

As Dellor and Freisthler (2018) state, children's awareness of having been voluntary abandoned or ceded to the authorities acts as another possible source of trauma that may affect post-adoption adaptation. The subsequent failure of adoptive placements could significantly increase children's emotional distress, especially for those who may have memories of earlier periods spent in orphanages or foster care families. During our interviews, several psychologists underlined how difficult it was to collect children's positive or negative memories with their families of origin, and to understand how painful it can be for a child to have experienced adoption breakdown. Experts emphasize the importance of being able to properly address all these issues, given that

most cases involving a serious risk of adoption dissolution at an adolescent age, for example, are related to a negative experience of having been adopted and forced to re-enter the foster system later on. This observation is consistent with research showing there to be higher risk of reentry with each additional placement (Dellor & Freisthler, 2018; Rolock et al., 2018).

Our research identified a series of risk factors related specifically to the adopters, the first of which concerned family structure. International adoption professionals usually consider the single-parent family to be a configuration that carries particular risk, especially when a good family and social support network is not available. However, past research has shown that single and two-parent families are equally represented in adoptions that break down and those that remain intact (Groze 1991, in Berástegui 2003, p. 38). In contrast, Palacios et al. (2005, p.45) did observe an overrepresentation of single-parent families in adoption breakdown cases, but noted that this was not caused by the family having one parent but determined by other circumstances, such as the assignation of older children to this type of family.

Regarding two-parent families, some prior studies suggest that breakdowns may not be related to the length of marriage, but to: the quality of the marital relationship (Berástegui 2003); the failure of both members of the couple to put the same level of commitment into the project (McDonald et al., 1991; Partridge et al., 1986 in Berástegui 2003, p. 39); and the father's limited involvement in raising the child (Partridge et al., 1986 in Berástegui 2003; Westhues & Cohen, 1990). Most of the psychologists and social workers interviewed stated that two-parent families only offer greater protection than single-parent ones when both parents show the same amount of commitment to the adoption. If there is an overt imbalance in the amount of commitment each parent shows,

the risk of dissolution may substantially increase. Hence, the involvement of both members of the couple in the adoption appears to be a significant risk factor in two-parent families (in 16% of breakdowns, insufficient participation by the father was cited). Multiple adoptions account for 20% of the breakdowns, but given that it has not been possible to compare this to the total number of multiple adoptions completed in this population for the period under study, we have not been able to determine whether this in itself constitutes a critical variable for adoption failure.

The second risk factor concerning adopters was age, which seems to increase, the older they are at the time of becoming adoptive parents. Prior research in Spain confirms this observation for fathers, but is not so clear when it comes to mothers, there being clusters of cases involving both mothers in the youngest and oldest age groups (Berástegui, 2003). During our interviews with agency staff, this increased risk at a more advanced age was sometimes attributed to a more "selfish" desire: as prospective parents grow older, the fear of loneliness may increase, prompting them to seek a long-term companion and, sometimes, even a care provider in the adopted child. Further research should explore this finding in greater depth with older parents who have experienced adoption dissolutions.

The third factor related to adopters was their academic education. Hegar et al. (2015) have pointed out that the "traditional outlook of professionals" can tend to overvalue academic education, automatically associating it with skills that enable people to deal with the challenges of adoption. In fact, while some authors have focused on the quality of foster parents and adopters' education and training (Meakings & Selwyn, 2016), Barth and Berry (2018) found that higher disruption rates were associated with mothers having a higher level of education. Disruption rates were also higher in adoptions involving first-

time parents who hold a college degree, though there were some nuances relating to children's age, their prior adoptive placements, and non-white parents (p. 210). Our data show are consistent with this previous research, showing that neither the academic background nor, additionally, the profession of the adopters are protective factors in themselves.

Not all records included information on prospective parents' motivations for adopting or their expectations about it. However, in light of the evidence examined, it seems clear that the adopters were not sufficiently prepared to tackle the inherent challenges of adoption (issues relating to problematic behavior, in particular), especially those arising in the initial stages of adaptation. Expectations about personality mostly concerned a desire for a sweet, warm, affectionate and cheerful boy or girl. Such hopes were often dashed from the first meeting. Analysis of the case files shows that this risk factor is closely related to the adoption project, the motivation for adoption, and the preparation of the adopters. Their expectations were at times quite unrealistic, and at others, so high that they created a level of frustration in the adopters such that it directly affected their parental abilities and strategy. These findings support observations made in prior research, especially as such expectations tend to be shaped by parents' own interests and desires for fulfillment (Palacios et al., 2019), or based on a priori assumptions about what they have learned or heard (Welsh et al., 2008).

Our qualitative analysis of parenting skills and styles suggests that parenting styles are primarily interconnected with two indicators. Firstly, with the applicants' expectations regarding the child (when these are not satisfied, an authoritarian strategy is employed). Secondly, with the sociocultural characteristics of the child, given that the strategy implemented by the adoptive family may clash with the socially-constructed parenting strategy and practices used in the child's culture of origin. Prior research notes the

importance of a positive parenting style in foster care (West et al., 2020) and of using a democratic strategy instead of a punitive one within foster families (Real et al., 2020). Focusing on adoptive parents, Harkins (2014)' research stresses the crucial influence of parenting style on adoption outcomes. In our study, nearly 6 out of 10 parents opted for authoritarian strategies, which is consistent with the observations made by Harkins (2014). However, several psychologists we interviewed also identified discrepancies between the styles chosen by the two parents as a particularly problematic issue.

Most mentions of adopters' health in the records concerned some kind of mental health condition. However, in the course of our fieldwork there were recurrent allusions to the probable under-detection of psychological problems in adoption assessments. This assessment issue has also been highlighted by Palacios et al. (2005) as a problem with professional practice which reveals that there are: "critical components of the ecology of adoption located outside the family, but with a relevant influence on what happens inside" (Palacios et al., 2019).

Finally, when analyzing the background of the adopters, the cases examined provided evidence of the various forms of violence to which many of the adoptive mothers have been subjected, whether from their parents or partners. Sadly, gender-based violence is one of the expressions of the patriarchal culture that is still embedded in our society and in a large number of families. As demonstrated in numerous prior studies, this has some devastating effects (Lizana, 2012) that are evident in the cases in this research (difficulties exercising positive parenting, problems with empathy, anxiety, etc.).

Following on from this, we have identified two closely related variables in the examined records. On the one hand, the traumatic experiences of the adopters themselves and, on

the other, the patriarchal culture present in our sociocultural context that simultaneously relegates women to the domestic, caring sphere, and legitimizes diverse forms of violence toward them.

Conclusions

In Catalonia, we observed a low rate of adoption breakdowns in relation to the number of adoptions, and in comparison with prior studies in other parts of Spain. While the case files go back as far as 1995, the authorities do not know how many international adoptions were processed from that year to 1997. Between 1998 and 2014, the adoption breakdown rate was 0.57% (74 breakdowns out of a total of 13054 adoptions). However, it is worth bearing in mind that this figure, which is lower than that obtained by Berástegui (2003) and Palacios et al. (2005) in their respective studies (1.5% and 0.8%), is almost certainly questionable, due to two main factors: (1) the cross-sectional design of studies on the adaptation of children who were adopted in early infancy and had not yet reached preadolescence or adolescence; and (2) the existence of a number of hidden breakdowns, this having been recognized by sources in the authorities and detected during the research, which could increase the rates in Catalonia to a level similar to that of the other autonomous communities studied.

While the percentage of adoption breakdowns may seem to have little numerical significance, the consequences for the boys and girls concerned are not. Hence, qualitative research is crucial within studies of adoption breakdown, as Berástegui rightly states:

> Beyond the numbers and the factors, each failure is the story of a child for whom we have not been able to secure the family life to which he or she was entitled;

> the story of a child who, in many cases, will have no further opportunities to have a family. Failure is also the story of a family that dreamed of creating a family that was open to a child whom they could not or did not know how to turn into a son or daughter, how to take care of him or her, or how to protect him or her. Each breakdown is, ultimately, the failure of a system whose sole motivation is to protect children but which often does not manage to do so successfully (2018, p. 21).

One of the most painful aspects was the disengagement noted in a considerable number of adopters, in contrast to the results obtained by Selwyn and Meakings (2014), who describe how the number of interruptions was lower than they expected because of the adopters' commitment, most of whom considered themselves to be *parents* of the children and supported them (even if from a distance).

As consistently shown in prior studies, our findings demonstrate that adoption breakdowns are the result of multiple concurrent factors, rather than specific isolated issues (Paniagua et al., 2019; Rolock et al., 2018). Of the factors that lead an adoption to break down, the primary cause was the inability to create an affective bond between the adopters and the adoptee that would enable the child to recover from his or her past experiences, and to establish a parent-child relationship. As also noted by Berástegui (2003), the adopters did not manage to bond with the children and accept them as their sons or daughters, due mainly to a negative perception of the situation and the fact that the children did not live up to the expectations placed upon them.

The second cause was the inability to resolve the problems in the relationship between adopters and adoptee, particularly at the preadolescent and adolescent stages,

whether because the conflict had been going on for a long time, or because of the combined characteristics of being an adolescent and an adoptee.

For all these reasons, the child was usually moved out of the adoptive family to alternative care after the adoption breakdown (49%), citing the child's behavioral problems and conflict in the family. This was followed by the detection of risk indicators (37%), reported by relatives or other social contacts. In 9% of cases, it was the child who asked to be separated from the adoptive family, due to family conflict and being a victim of abuse.

Significant variables for risk

Several *significant* variables contribute to the risk of adoption breakdown, through their impact on the creation of an affective bond and the ability to resolve conflicts. This is therefore a multi-factor phenomenon, whereby it is difficult to identify the final trigger for the breakdown with absolute certainty. The most significant of these variables include:

- *The country of origin*. This directly affects children when it correlates with their level of preparation for the adoption, the treatment experienced when in state care and the history of how they left the care of their biological parents, all of these being relevant factors that affect attachment and adaptation in adoption. In our study, several professional interviewees underlined the importance of parents being aware of certain cultural values in the child's country of origin.

- *Sociocultural conditions*. As Palacios and Brodzinski (2010) already noted in their review of adoption research, these have an impact on the child's adaptation process, affecting family dynamics and how well the child accepts other family structures

and roles. As an example, some psychologists pointed to the lack of recognition of same-sex couples or certain types of gender relations in children's home countries, which may affect their reactions to these phenomena, especially when adopted at older ages.

- *The age of the adopters*. The results indicate that the age of greatest risk for men is between 46 and 55 years old, and between 46 and 50 for women. Prior research in Spain (Berástegui, 2003) has revealed different patterns of age-related risk for men and women: this is an issue that should be explored by further research. However, in our research, this does not seem to be a decisive factor in itself, with parental abilities, life styles and factors related to the child playing a part.

- *Academic education / professional role*. In line with prior studies (Barth & Berry, 2018; Meakings & Selwyn, 2016), our results suggest that, the greater the academic education of the adopters, the higher the risk of the adoption ending in breakdown.

Critical variables for adoption breakdown

In contrast, the following variables do seem to be *critical* for adoption breakdown:

- *The age of the child at the time of adoption and when adoption breaks down*. Our results show that most boys and girls were adopted at 1 year, 4-5 years or 8 years, while adoption breakdown occurred most frequently in adolescence, followed by 8 years, these being particularly significant stages in the children's development.

- *The child's history prior to adoption.* As Coakley and Berrick (2008) state in their review of other qualitative studies, the child's history seemed most significant in our study when the adopters did not know the life history of the boy or girl, there was a

history of abuse, or trauma was identified due to the death of the parents or their having abandoned the child.

- *The health of the child.* Particularly when the problem is very severe, and the adopters are unaware of it. While the percentage represented by these cases is extremely low, the lack of concern by the adopters about the effect on the child of his or her previous experiences is particularly worrying. Records and professional staff also noted that most adopters were primarily worried about physical health, emotional wellbeing apparently concerning them much less.

- *The motivation for adoption.* In line with prior studies in Spain (Berástegui, 2003), we observed that altruistic and consumerist motivations were associated with particular risk, especially when they resulted from adoption having been socially constructed as a phenomenon to which one has a right and which should be within anyone's reach.

- *Parental expectations.* As also observed by Palacios et al. (2019) and Welsh et al. (2008), the more adopters are motivated by self-interest or hold unrealistic expectations, the higher the risk of dissolution. This therefore seems to be one of the key factors determining adoptive success or failure. Very specific, rigid expectations were observed in the adopters, especially in relation to the children's adaptation and behavior. As a result, a disjunct was noted between the experience of adoption and the social constructions held by the adopters which, in turn, correlated with their knowledge about and preparation for adoption and its challenges, as well as their motivation for embarking on the adoptive project and how this was put into practice.

- *Parental skills and parenting styles.* Nearly 6 out of 10 the adoptions that ended in dissolution in our study had clear features of an authoritarian parenting style (Torío et al., 2008), confirming the negative effects of non-democratic strategies (Real et al., 2020; West et al., 2020). As also other studies have stressed (Palacios et al., 2019), personal abilities and resources, in conjunction with realistic expectations, have been shown to be vital for adoptive success.

- *The health of the adopters.* The effect of the death and/or serious illness of adopters on the child is well-known. However, the most significant factor identified in the breakdown records was mental health, which played a vital role in adoption breakdown in several cases. Prior mental health conditions were not always detected during the pre-adoption assessment, suggesting that there are shortfalls in professional practice (Palacios et al., 2019).

- *The background / life history of the adopters.* This is particularly important when adopters have undergone childhood experiences marked by authoritarian or negligent parenting strategies, abandonment, bereavement or violence, and they have not been able to recover from these experiences. As observed in the previous point, potentially critical issues in the adopter's life history were detected in 19 cases, but none of these were identified during the eligibility assessment process. They were only detected later on, when the psychological services conducted an evaluation in order to implement further protection measures for the child.

- *How prepared the adopters are for adoption.* This variable is partly affected by the limited time available to prepare families for adoption, which prevents in-depth training on particularly relevant topics. A wide range of research has identified the

need for better pre-adoption and post-adoption support (e.g. Paniagua et al., 2018), including Palacios et al. (2005)'s work on adoption disruptions in Spain. Our findings support these observations, which should inform professional practice in the future.

Although we were able to work with the full set of adoption case files in Catalonia during the period in question, the study is subject to some limitations. Firstly, there was no relational context to accompany the documents, which made it difficult to test certain hypotheses. Secondly, it was not possible to reliably reconstruct the path that every adoption took, which prevented us from performing in-depth comparisons on factors that were not necessarily included in the documentation. Thirdly, there was no collection of case files on the cases of adoptive risk that did not present visible warning signs, which forced us to limit our analysis to the tip of the iceberg: accredited and documented breakdowns. Fourthly, there was a lack of accurate, disaggregated data on successful adoptions in Catalonia including the same variables we identified in the adoption breakdown records. This made it impossible to conduct a statistical analysis that would enable us to more precisely establish the relative importance of each characteristic. Additionally, larger samples are needed to perform robust, reliable statistical analysis, and future research should explore making comparisons with intact adoptions (as carried out by Paniagua et al., 2019). Finally, the fact that it was impossible to gain data on hidden adoption breakdowns, which were not declared or documented in case files, affected our ability to precisely determine the percentage of adoption breakdowns in Catalonia. The likelihood that such unreported breakdowns exist means that our findings should be taken with caution, given that we only had access to one part of the actual situation (although our observations closely aligned with

the results of prior research). This note of caution is consistent with those given in prior studies (Palacios et al., 2019).

In spite of these limitations, our study has the potential to be of great value to adoption professionals, providing better quality information with which to shape policy and promote a more proactive institutional approach to this issue. It may also be of use in highlighting certain problems related to professional practice, particularly concerning the need for better detection strategies during the pre-adoption stage and improved support during the post-adoption period, as Palacios et al. (2005) have already highlighted. Additionally, the observed lack of disaggregated data from official sources should prompt governmental bodies to develop more complete datasets on adoption breakdowns (and successful adoptions), enabling further statistical analysis to be conducted upon a more reliable basis. When these improvements are made, our qualitative findings should be cross-checked with more sophisticated quantitative analyses. Following on from this, more systematic comparison with successful adoptions will be needed.

References

Barth, R.P. & Berry, M. (2017). *Adoption and disruption: Rates, risks and responses*. Routledge. (Original work published 1988)

Berástegui, A. (2003). *Las adopciones internacionales truncadas y en riesgo en la Comunidad de Madrid* [Failed and at-risk adoptions in the Autonomous Community of Madrid]. Consejo Económico y Social de la Comunidad de Madrid.

Berástegui, A. (2005). *La adaptación familiar en adopción internacional: Una muestra de adoptados mayores de tres años en la Comunidad de Madrid* [Family adaptation in international adoption: A sample of adoptees aged over 3 in the Autonomous Community of Madrid]. Consejo Económico y Social de la Comunidad de Madrid.

Berástegui, A. (2007). Adopciones rotas: El peligro de un nuevo maltrato [Adoptions that have broken down: The danger of renewed abuse]. *Revista Española de Pediatría Clínica e Investigación*, 63, 324-322.

Berástegui, A. (2010). Adopción internacional ¿Solidaridad con la infancia o reproducción asistida? [International adoption: solidarity with childhood or assisted reproduction?] *Aloma*, 27, 15–38.

Berástegui, A. (2018). Variables en la definición de los fracasos en la adopción, variables en el éxito de las adopciones [Variables in the definition of adoption failures, variables in adoption success]. In C. Jeannin (Ed.), *Fortaleciendo las competencias: Aprender de los fracasos en la adopción internacional* [Strengthening competencies: Learning from international adoption failures] (pp. 19–22). International Social Service.

Boyne, J., Denby, L., Kettering, W. Y, & Wheeler, W. (1984): *The shadow of success: A statistical analysis of outcomes of adoptions of hard-to-place children*. Spaulding for Children.

Brancós, I. (2008). *L'adopció internacional a Catalunya: Un nou fenomen demogràfic?* [International adoption in Catalonia: A new demographic phenomenon?] [Doctoral dissertation]. Universitat Autònoma de Barcelona. http://www.tdx.cat/bitstream/handle/10803/4991/ibc1de1.pdf?sequence=1

Brodzinsky, D., & Smith, S. L. (2018). Commentary: Understanding research, policy, and practice issues in adoption instability. *Research on Social Work Practice*, 29(2), 185–194. https://doi.org/10.1177/1049731518782647

Clos, M & Masó, P. (2004) *Jo sóc adoptat: Onze històries reals* [I am adopted: Eleven true stories]. Dèria Editors.

Coakley, J. F. & Berrick, J. D. (2008). Research review: In a rush to permanency: Preventing adoption disruption. *Child and Family Social Work,* 13(1), 101–12. DOI: 10.1111/j.1365-2206.2006.00468.x

Colbridge, A. K., Hassett, A., & Sisley, E. (2017). "Who am I?" How female care leavers construct and make sense of their identity. *SAGE Open*, 7(1).. https://doi.org/10.1177/2158244016684913

Dellor, E., & Freisthler, B. (2018). Predicting adoption dissolutions for children involved in the child welfare system. *Journal of Child Custody*, 15(2), 136–146. https://doi.org/10.1080/15379418.2018.1460001

Europa Press. (2012, February 20). Más de 70 niños adoptados han sido abandonados en Cataluña [Over 70 adopted children have been abandoned in Catalonia]. *Europa Press*. https://www.europapress.es/sociedad/noticia-mas-70-ninos-adoptados-sido-abandonados-cataluna-20120220114234.html.

Farber, M. L., Timberlake, E., Mudd, H. P., & Cullen, L. (2003). Preparing parents for adoption: An agency experience. *Child and Adolescent Social Work Journal*, 3, 175-196.

Festinger, T. (1990). Adoption disruption: Rates and correlates. In D. M. Brodzinsky & M. D. Schechter (Eds.), *The psychology of adoption* (pp. 201–218). Oxford University Press.

Festinger, T. & Maza, P. (2009). Displacement or post-adoption placement? A research note. *Journal of Public Child Welfare,* 3(3), 275–86. https://doi.org/10.1080/15548730903129889

George, R.M. Howard, E.C., Yu, D. & Radomsky, S. (1997). *Adoption, disruption and displacement in the child welfare system 1976-94*. University of Chicago, Chapin Hall Center for Children.

Grout, L. A. (2000). The myth of the replacement child: Parents' stories and practices after perinatal death. *Death Studies*, 24(2), 93–113. https://doi.org/10.1080/074811800200595

Groze, V., & Gruenewald, A. (1991). PARTNERS: A model program for special-needs adoptive families in stress. *Child Welfare*, 70(5), 581–589.

Harkins, C. A. B. (2014). *The relationship between adoptive parents attachment and parenting styles on adoption outcomes* [Unpublished doctoral dissertation]. California School of Professional Psychology, Alliant International University.

Hartinger-Saunders, R. M., Trouteaud, A., & Matos Johnson, J. (2015). Post adoption service need and use as predictors of adoption dissolution: Findings from the 2012 National Adoptive Families Study. *Adoption Quarterly*, 4, 255–272. https://doi.org/https://doi.org/10.1080/10926755.2014.895469

Hegar L.H, Verbovaya O, & Watson L.D (2015). Child fatality in intercountry adoption: What media reports suggest about deaths of Russian children in the U.S. *Children and Youth Services Review,* 55, 182-192. https://doi.org/10.1016/j.anpedi.2011.07.023.

Hoksbergen, R. (1991). Generaciones de padres adoptivos: Cambios en las motivaciones para la adopción [Generations of adoptive parents: Changes in motivations for adoption]. *Infancia y Sociedad*, 12, 18-25. https://doi.org/10.1016/j.anpedi.2011.07.023.

International Social Service (2007). Fact Sheets. Available at https://www.iss-ssi.org/index.php/en/resources/training#thematic-fact-sheets.

Kagan, R. M. & Reid, W. J. (1986). Critical factors in the adoption of emotionally disturbed youth. *Child Welfare*, 65, 63-74.

Kim, J. (2017). "You can't run into a burning building without getting burned yourself": An ecological systems perspective of parents choosing out-of-home care for an intercountry adopted child. *Families in Society*, 98(3), 169–177. https://doi.org/10.1606/1044-3894.2017.98.28

Kim, J., Piescher, K., & LaLiberte, T. (2019). Adoption discontinuity in intensive out-of-home care settings. *Adoption Quarterly*, 22(4), 307–329.

https://doi.org/10.1080/10926755.2019.1675838

Lind, J., & Lindgren, C. (2017). Displays of parent suitability in adoption assessment reports. *Child and Family Social Work*, 22, 53–63. https://doi.org/10.1111/cfs.12305

Lizana, R. (2012). *A mí también me duele: Niños y niñas víctimas de la violencia de género en la pareja* [It hurts me too: Boys and girls who are victims of gender-based violence within the couple]. Gedisa.

Lopes, M., Souza, M. & Bitencourt, G. (2021). Associations between symptoms of common mental disorders, parental satisfaction and consideration for adoption breakdown in Brazilian adoptive parents. *Children and Youth Services Review*, 122, 1-6. DOI: 10.1016/j.childyouth.2020.105910.

Maza, Penélope. (2014). Post-adoption instability: A national study. In S. Smith (Ed.), *Keeping the promise: The case for adoption support and preservation* (pp. 51-60). Evan B. Donaldson Adoption Institute.

McDonald, T., Lieberman, A., Partridge, S. & Hornby, H. (1991). Assessing the role of agency services in reducing adoption disruptions. *Children and Youth Services Review*, 13(5-6), 425-438. https://doi.org/10.1016/0190-7409(91)90030-l.

Meakings, S., & Selwyn, J. (2016). "She was a foster mother who said she didn't give cuddles": The adverse early foster care experiences of children who later struggle with adoptive family life. *Clinical Child Psychology and Psychiatry*, 21(4), 509–519. https://doi.org/10.1177/1359104516631608.

Observatorio de la Infancia. (2020). *Boletín de datos estadísticos de medidas de protección a la infancia* [Bulletin of statistical data on child protection measures]. (Bulletin No. 22, Data from 2019). Ministerio de Asuntos Sociales y Agenda 2030.

Palacios, J. (2004). La adopción internacional: Cuando los hijos vienen de muy lejos [International adoption: When one's children come from far away]. *Revista de servicios sociales*, 10, 26-29.

Palacios, J. (2020). Adoption instability, adoption breakdown. In G. Miller, E. Helder, & E. Marr (Eds.), *The Routledge handbook of adoption* (pp. 417–432). Routledge.

Palacios, J., & Brodzinsky, D. (2010). Review: Adoption research: Trends, topics, outcomes. *International Journal of Behavioral Development*, 34(3), 270. papers2://publication/uuid/EEA6C051-4112-47BB-B465-7069CC66EDF3. https://doi.org/10.1016/0190-7409(91)90030-l.

Palacios, J, Rolock, N. Selwyn, J. & Barbosa-Ducharne, M. (2019). Adoption breakdown: Concept, research, and implications. *Research on Social Work Practice,* 29(2), 130–42. https://doi.org/10.1177/1049731518783852

Palacios, J., Sánchez-Sandoval, Y., & León, E. (2005). Intercountry adoption disruptions in Spain. *Adoption Quarterly*, 9(1), 35-55. DOI: 10.1300/J145v09n01_03

Paniagua, C. & Palacios, J. (2016). Adopciones rotas en Andalucía: Caracterización y propuestas para la intervención [Adoptions that have broken down in Andalusia: Characterization and proposals for intervention]. *Apuntes de Psicología*, 34, 301–9.

Paniagua, C., Palacios, J. & Jiménez-Morago, J. M. (2019). Adoption breakdown and adolescence. *Child & Family Social Work,* 24(4), 512–18. DOI: 10.1111/cfs.12631

Partridge, S., Hornby, H. & McDonald, T. (1986). *Legacies of loss, visions of gain: An inside look at adoption disruption*. University of Southern Maine.

Real, M., Navarro, I., Gelabert, M., & Cantero, M. C. (2020). Acogimiento familiar en España: Un estudio de revisión [Family fostering in Spain: A review study]. *Aposta*: *Revista de Ciencias Sociales*, 84, 8–24.

Rolock, N., White, K. R., Ocasio, K., Zhang, L., MacKenzie, M. J., & Fong, R. (2018). A comparison of foster care reentry after adoption in two large U.S. states. *Research on Social Work Practice*, 29(2), 153–164. https://doi.org/10.1177/1049731518783857

Rosenthal, J. & Groze, V. (1991). Adoption outcomes for children with handicaps. *Child Welfare*, 70(6), 623-637.

Rosenthal, J., Schmidt, D. & Conner, J. (1988). Predictors of special needs adoption disruption: An exploratory study. *Children and Youth Services Review*, 10(2), 101-117. https://doi.org/10.1016/0190-7409(88)90031-x.

San Román Sobrino, B. (2013). De los "hijos del corazón" a los "niños abandonados": Construcción de "los orígenes" en la adopción en España [From “sons and daughters of our hearts” to “abandoned children”: Construction of “origins” in adoption in Spain]. *Papeles del Psicólogo*, 34(1), 2-10. https://doi.org/10.2307/j.ctvsf1nrn.5.

Sattler, K. M. P., & Font, S. A. (2020). Predictors of adoption and guardianship dissolution: The role of race, age, and gender among children in foster care. *Child Maltreatment*, 11-12. https://doi.org/10.1177/1077559520952171

Selman, P. (2010). Global trends in intercountry adoption 2001-2010. *Adoption Advocate*, 44, 1-17.

Selwyn, J., Wijedasa, D., & Meakings, S. (2014). Beyond the adoption order: Challenges, interventions and adoption disruption. University of Bristol School for Policy Studies Hadley Centre for Adoption and Foster Care Studies. https://doi.org/10.1177/1468017316663723.

Torío, S. Peña, J.V. & Rodríguez, M.C. (2008). Estilos educativos parentales: Revisión bibliográfica y reformulación teórica [Parental educational styles: Bibliographic review and theoretical reformulation]. *Teoría de la Educación,* 20, 151-178.

Welsh, J. Viana, A., Petrill, S. & Mathias, M. 2008. Ready to adopt: Characteristics and expectations of preadoptive families pursuing international adoptions. *Adoption Quarterly,* 11(3), 176–203.

Westhues, A., & Cohen, J. S. (1990). Preventing disruption of special-needs adoptions. *Child Welfare: Journal of Policy, Practice, and Program*, 69(2), 141–155.

Figure 1. International adoptions in Catalonia, 1998-2014.

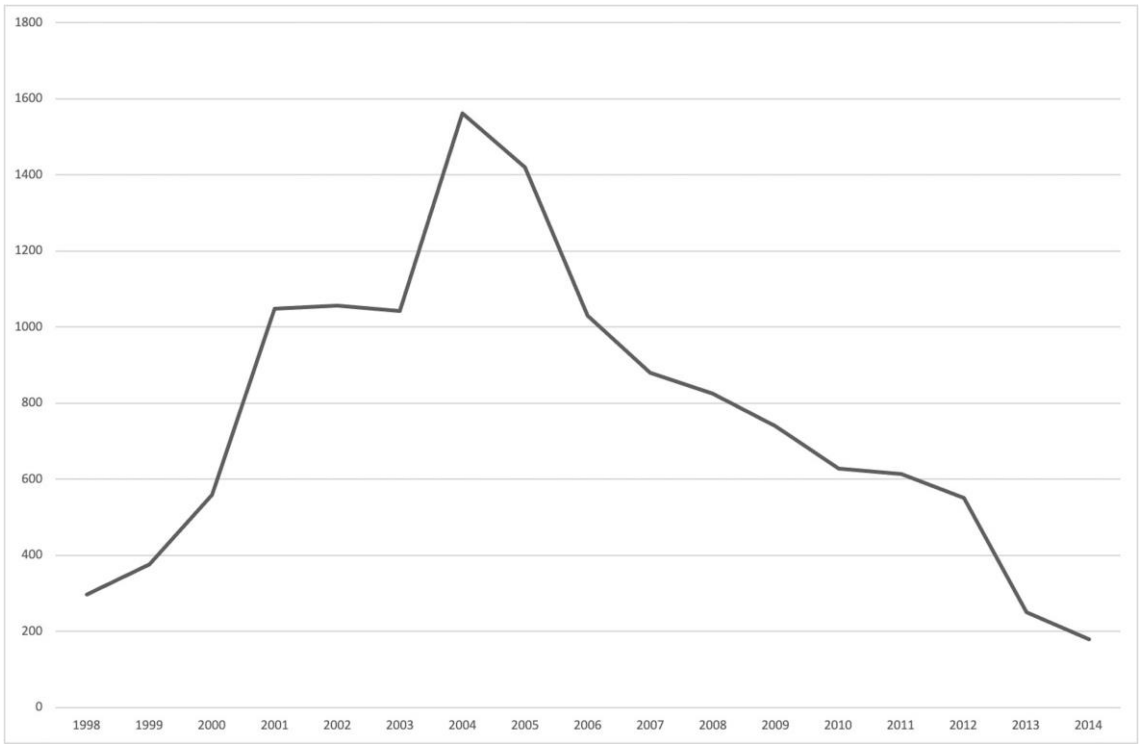

Figure 2. Cases of adoption breakdown by year of adoption.

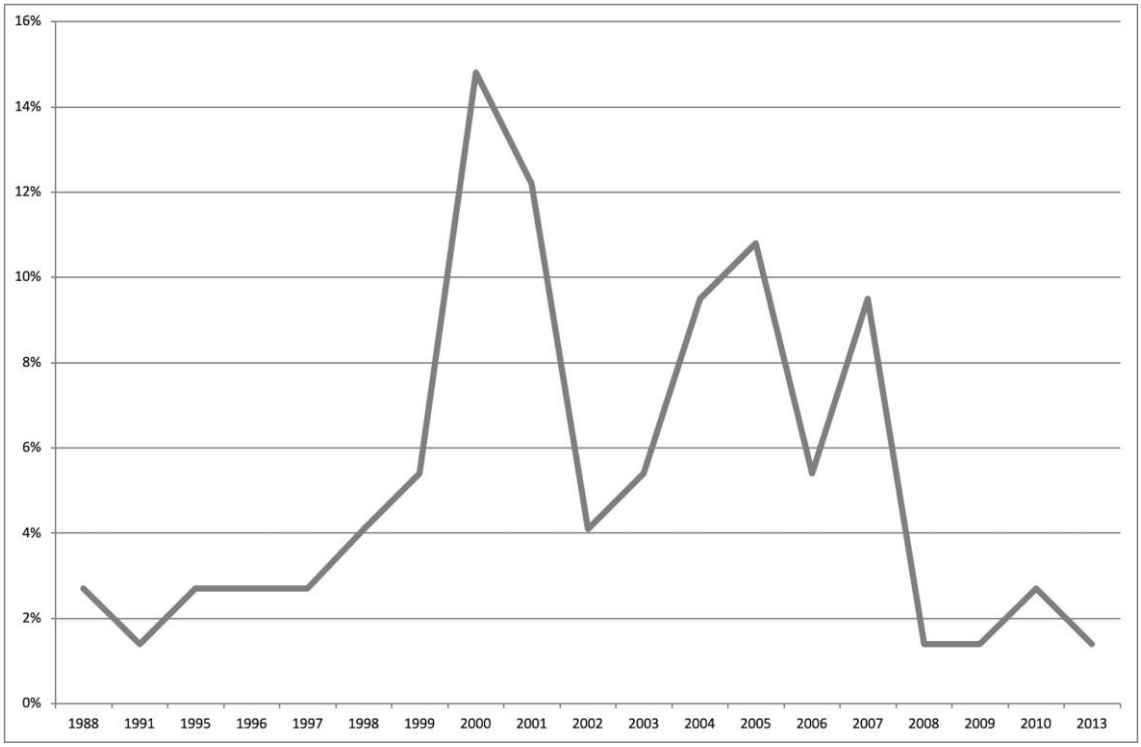

Figure 3. Factors leading to a child being moved out of the adoptive family.

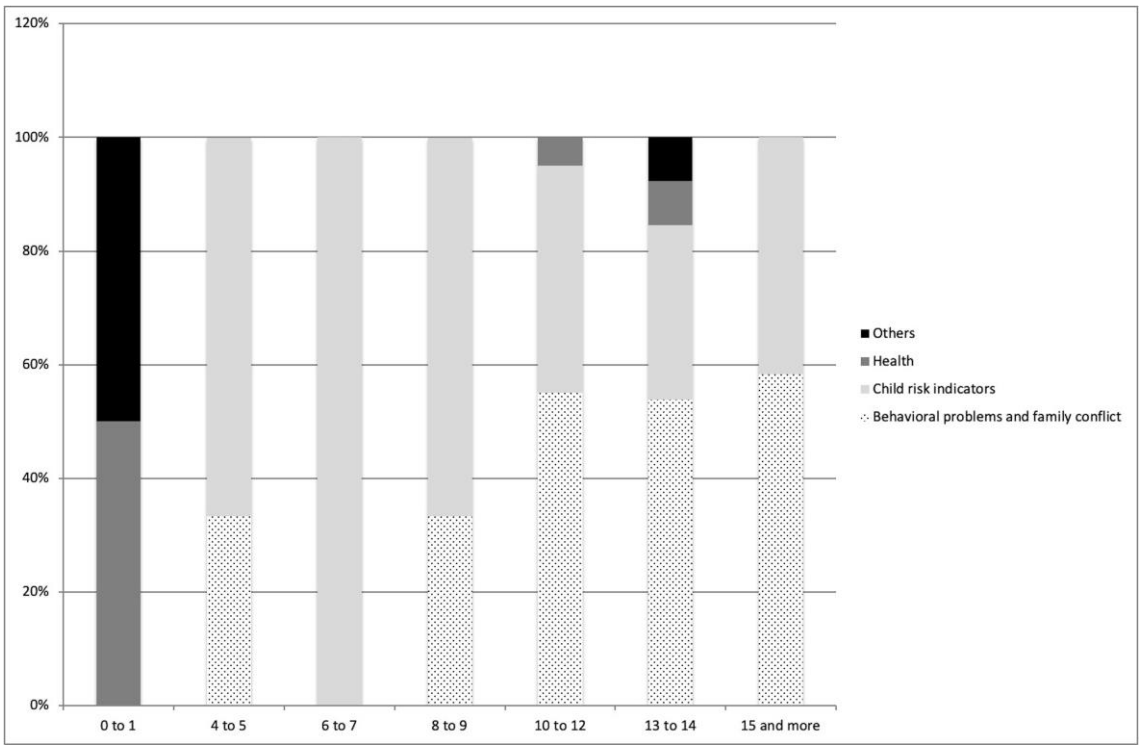

Figure 4. Time between adoption and breakdown, and age of children at breakdown.

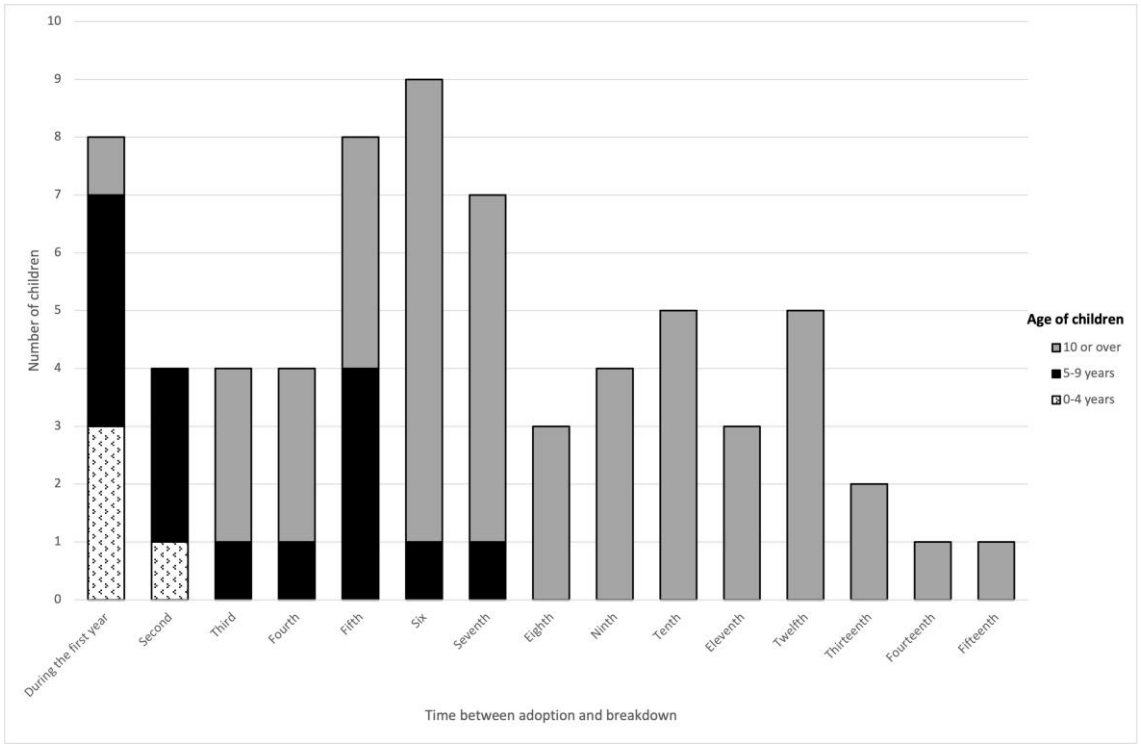

Figure 5. Age of the child at the time of adoption.

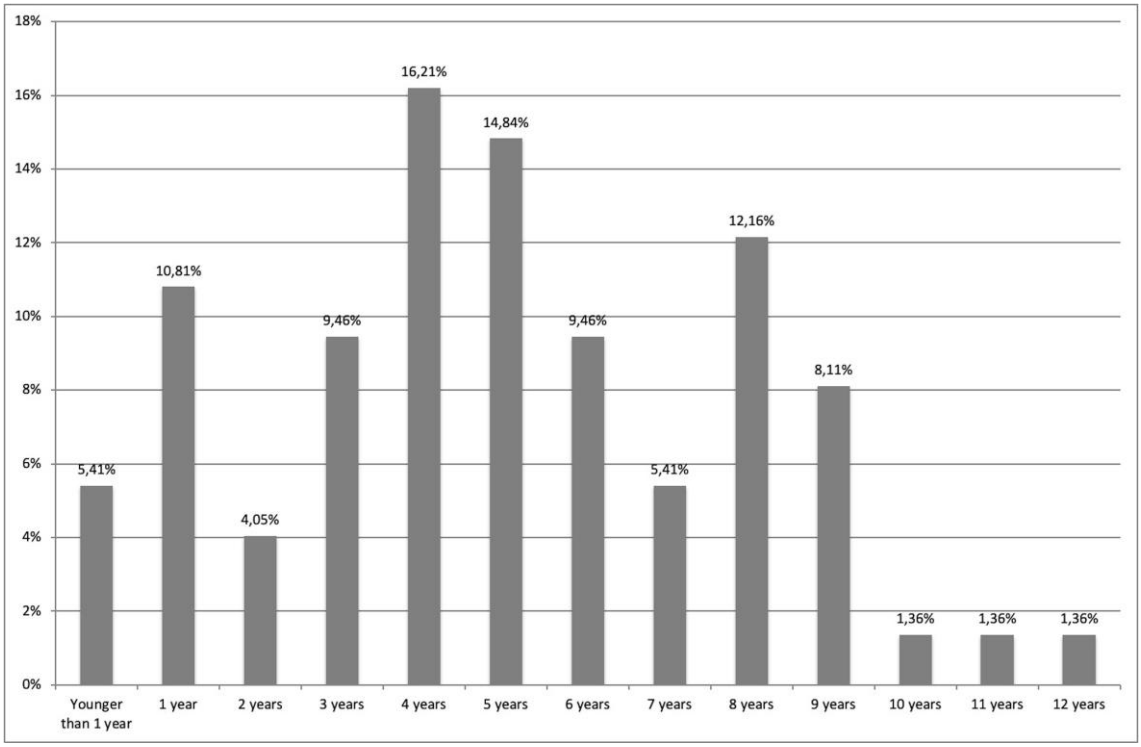

Figure 6. Age of the study subjects in the years 2000, 2001 and 2003 to 2014, in relation to that of the complete group of adoptees.

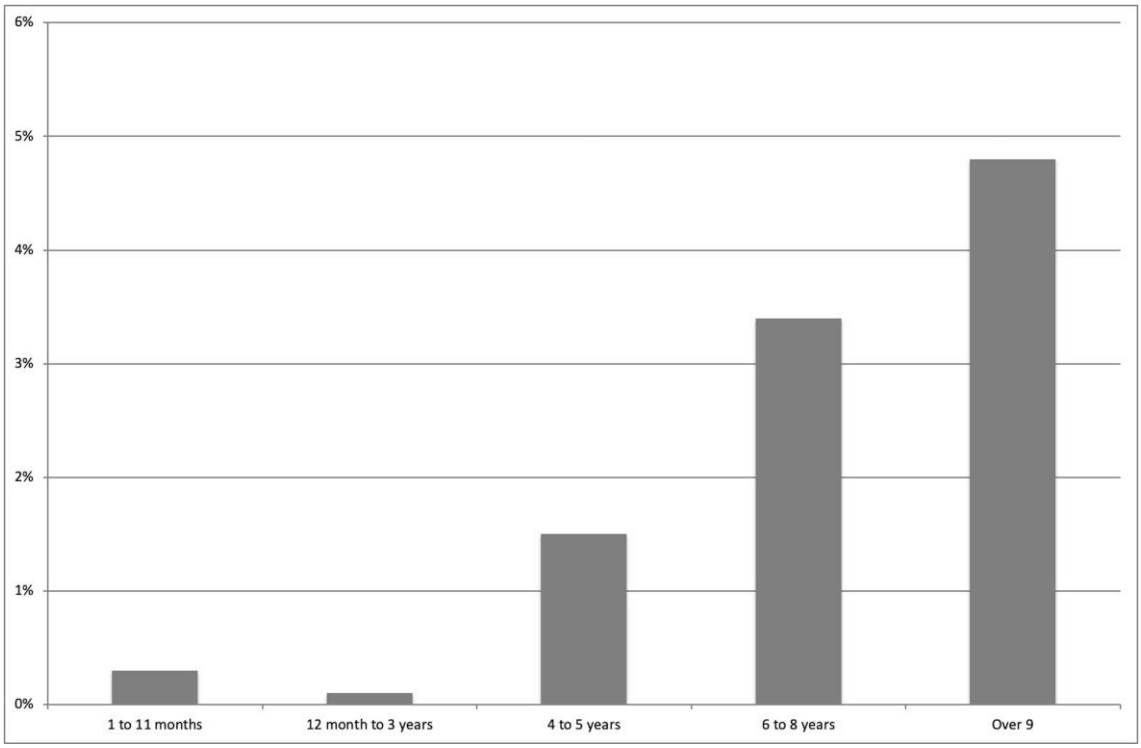

Figure 7. Requested age of the child in years (according to the certificate of eligibility/ psychosocial assessment).

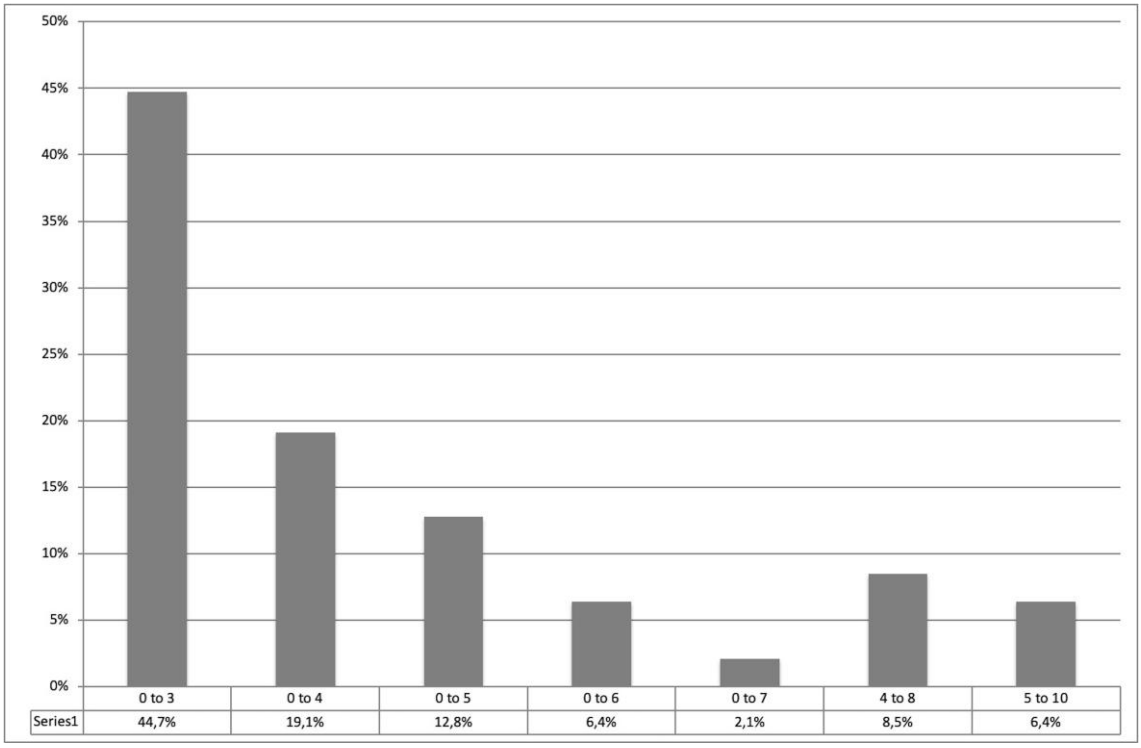

Figure 8. Adoption breakdowns in each country, as a percentage of the total number of breakdowns.

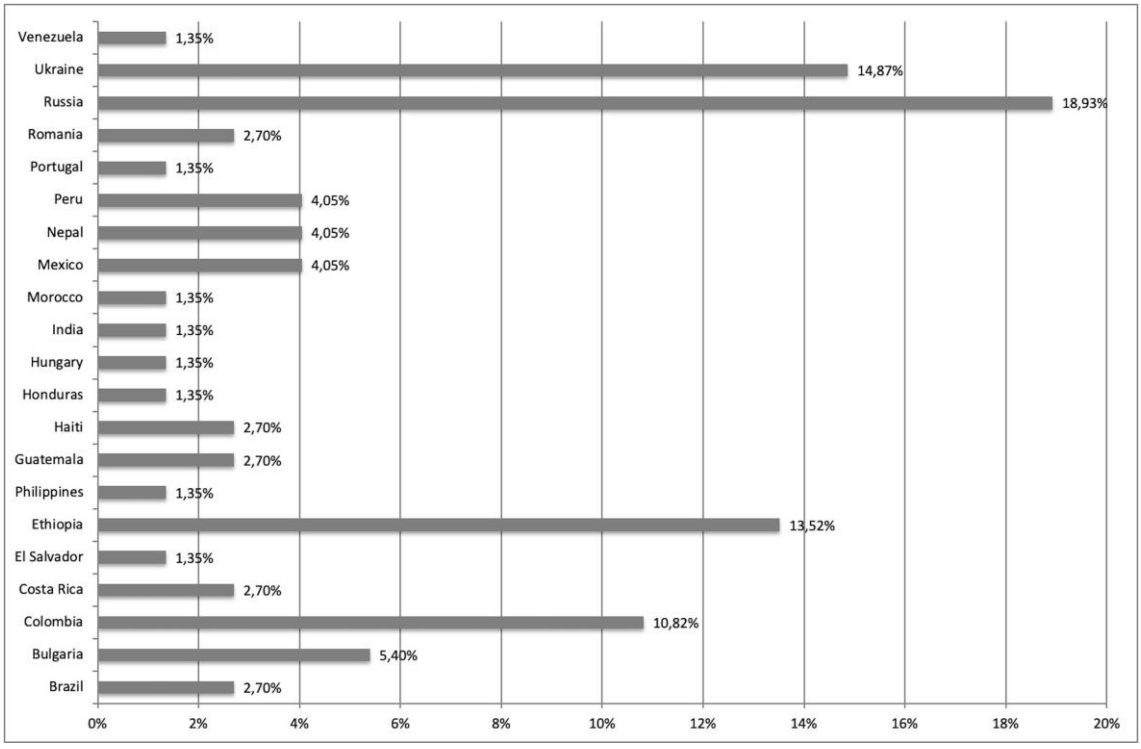

Figure 9. Adoption breakdowns in each country, as a percentage of the total number of adoptions in that country.

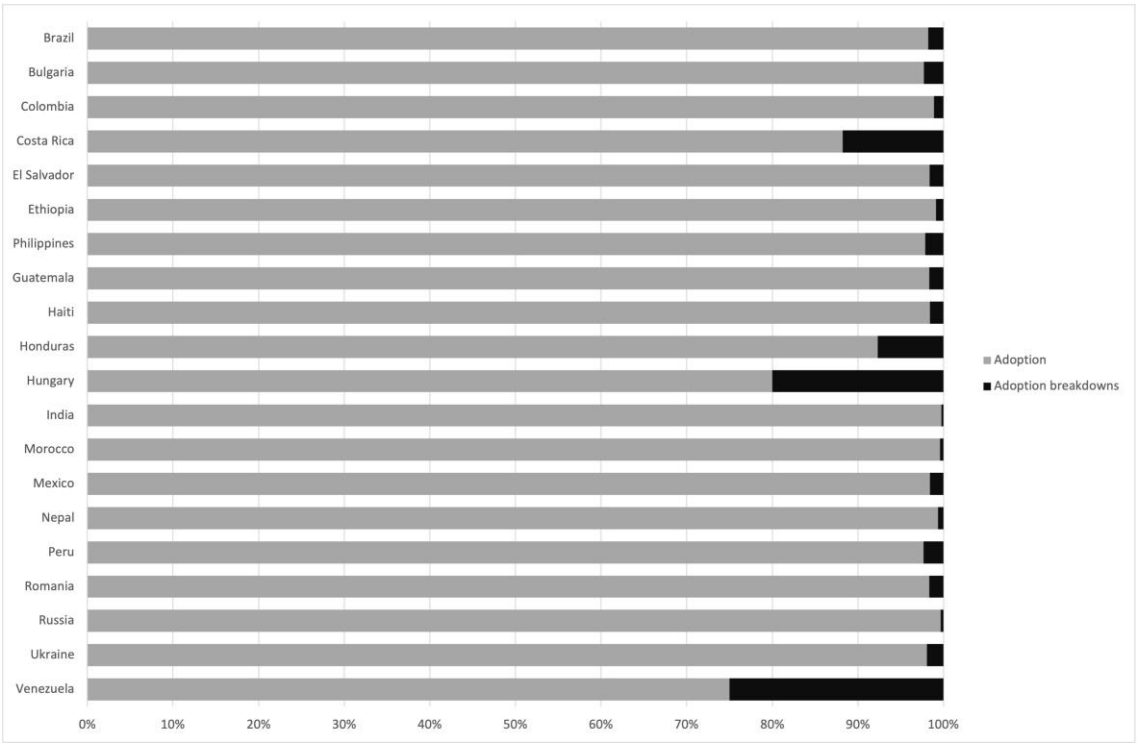

Figure 10. Family structure and the age of the child.

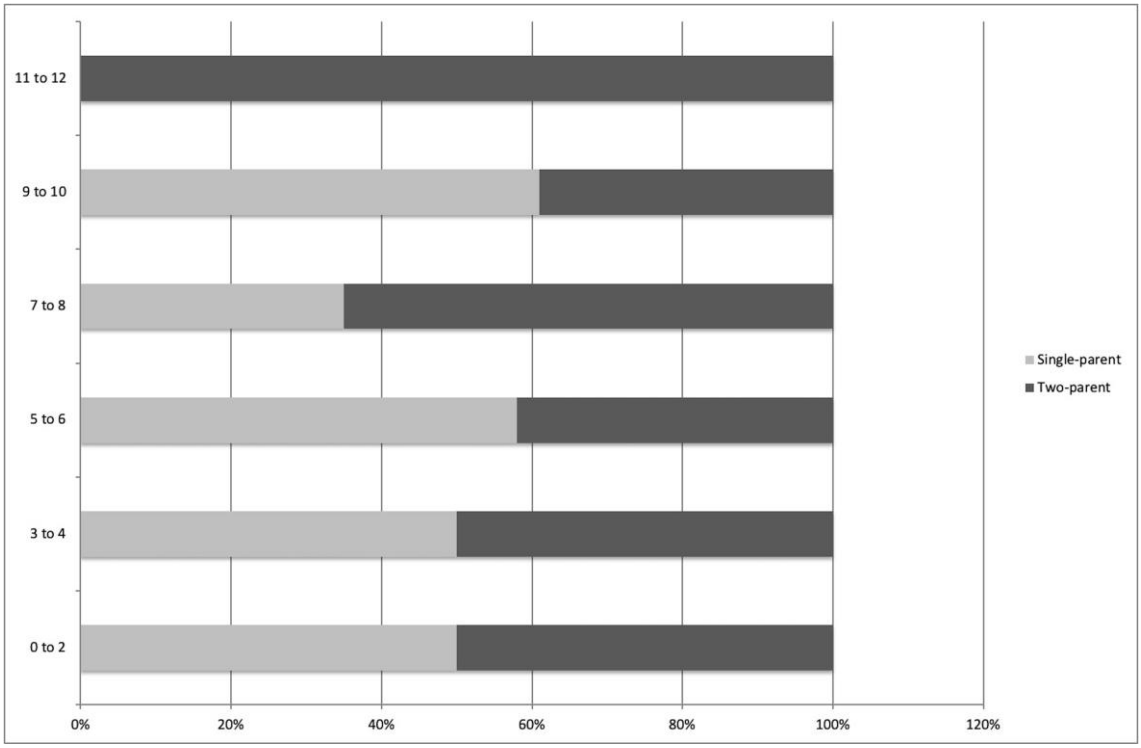

Figure 11. Academic education.

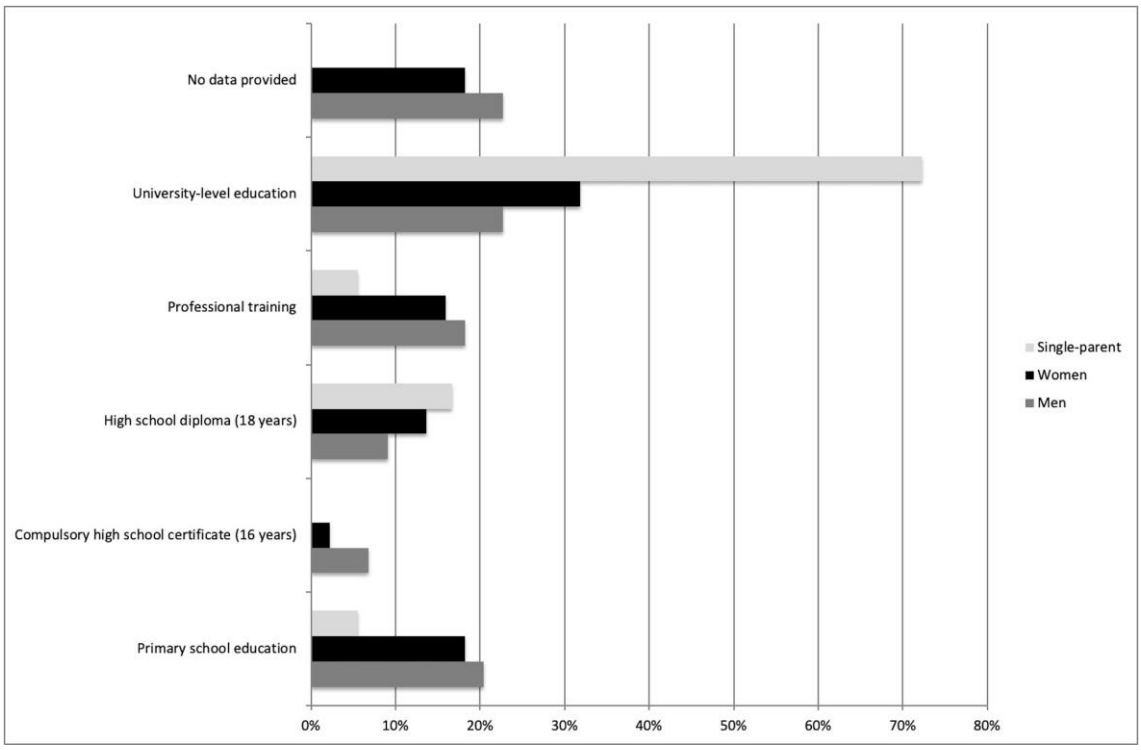

Figure 12. Distribution of the motivations expressed in relation to the type of family.

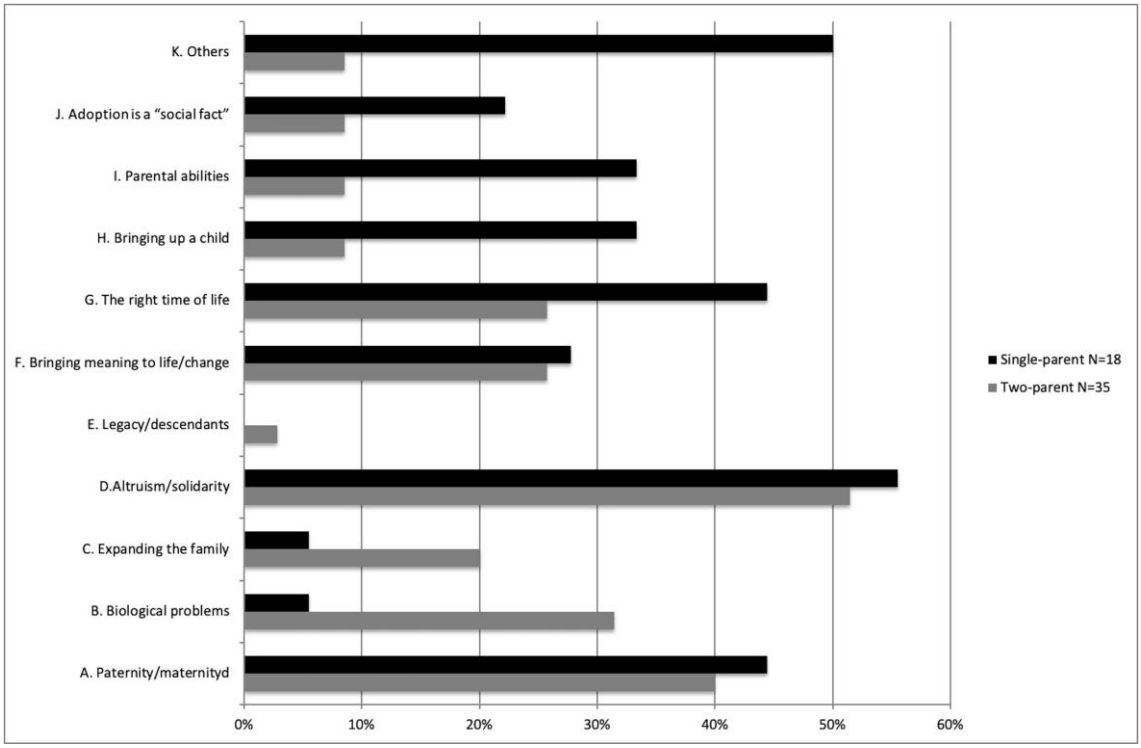

Table 1. Coding categories.

Behavior	43.55%
Behavior / development consistent with the child's age	16.13%

Speed of adaptation	19.35%
Affection	9.68%
Gratefulness	8.06%
Age	8.06%
Academic performance	9.68%
Health	4.84%
Other factors not related to expectations	22.58%
Others	12.90%
Unknown	16.13%

(Source: Prepared by the authors using data extracted from the case files)

Table 2. Frustrated expectations.

Parenting style	Features of parental behavior	Educational consequences for the children
DEMOCRATIC	Expression of affection. Sensitivity to the needs of the child: responsibility. Explanations. Promotion of desirable behavior. Inductive discipline or reasoned punitive techniques (withholding privileges, reprimands). Promotion of dialogue and open communication. A warm, affectionate home with a democratic atmosphere.	Social competence. Self-control. Motivation. Initiative. Autonomous morality. High self-esteem. Cheerful and spontaneous. Realistic self-image. Responsibility and dedication to personal commitments. Promotion of social responsibility within and outside the home (altruism, solidarity). Strong motivation to succeed. Reduced frequency and intensity of parent-child conflict.
AUTHORITARIAN	Strict, meticulous rules. Use of punishments and very infrequent praise.	Low self-esteem and self-confidence.

	No parental responsibility. Closed or one-way communication (lack of dialogue). Assertion of power. Home characterized by an autocratic atmosphere.	Low personal self-belief and creativity. Limited social competence. Aggressiveness and impulsiveness. Heteronomous morality (avoiding punishments). Less cheerful and spontaneous.
NEGLIGENT	Indifference to children's attitudes and behavior, whether positive or negative. Parents do not respond and attend to the needs of the children. Lenient. Passive. Parents avoid asserting authority and imposing restrictions. Scarce use of punishments, tolerating all the children's impulses. Particular flexibility in setting rules. Children's wishes are granted easily.	Low social competence. Poor self-control and external control. Limited motivation. Limited respect for rules and people. Low self-esteem, insecurity. Emotional instability. A weak sense of identity. Negative self-image. Severe lack of self-confidence and self-responsibility. Poor achievements at school.
INDULGENT	No affective involvement in the children's affairs. Educational duties are surrendered, investing as little time in the children as possible.	Limited social competence. Low impulse control and aggressiveness. Limited motivation and ability to make an effort. Immaturity. Cheerful and lively.

	Limited motivation and ability to make an effort. Immaturity. Cheerful and lively.	

(Source: Torio et al. 2008, p.165)

Table 3. Parenting strategies.

Authoritarian	58.90%
Democratic	3.20%
Negligent/ Indulgent	6.40%
Distinct strategies used by each parent	8.10%
Unknown	23.40%

(Source: Prepared by the authors using data extracted from the case files)

Table 4. The background of the adopters.

Death / illness of a close relative	33.35%
Abuse in childhood	33.35%
Abandoned by the father in childhood	11.10%
Authoritarian parenting strategy in childhood	11.10%
Gender-based violence by ex-partner	11.10%

(Source: Prepared by the authors using data extracted from the case files)