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ADOPTION BREAKDOWN AND ADOLESCENCE

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Abstract. Adoption breakdown has attracted an increasing amount of attention over recent years, and studies coincide in stating that the mean age at which this phenomenon occurs is early adolescence. Nevertheless, the specific factors which influence adoption breakdown have never been empirically explored. The aim of this article is therefore to analyze these factors by comparing cases of adoption breakdown which occurred prior to the onset of adolescence with those occurring after the beginning of this developmental stage. The study explores 69 cases of adoption breakdown occurring over the course of a decade in one Spanish region, taking into consideration variables related to the adopted children, the adoptive parents, the parent-child relationship and the professional support services provided to these families. The results reveal a clear difference in the profile of breakdowns occurring before and after the onset of adolescence, and identify a series of factors which seem to have a stronger influence in each group, such as violence, timing of problems and unrealistic expectations regarding the child. These findings have important implications for professional adoption services, such us the importance of early identification of difficulties and provide professional support during adolescence.

Keywords: adoption breakdown, adoption disruption, adolescence, professional intervention.

The definition of adoption success is not an easy task and cannot be based exclusively on the intact/disruption dimension (Wright & Flynn, 2006). However, the non-return departure of the adoptee from the adoptive family associated with serious difficulties in parent-child relationship involves one of the most significant alterations of the adoption project for both the parents and the child involved. This article explores cases of adoption breakdown, with specific attention to the role of adolescence in this extremely painful experience.

Although a field of study for many years, research into adoption breakdown has increased notably in recent times. The wealth of literature reviews on the issue indicate the beginning of a rich body of research (Faulkner, Adkins, Fong & Rolock, 2017; Festinger, 2014; Palacios, Rolock, Selwyn & Barbosa-Ducharne, 2018; Rosnati, Ranieri & Ferrari, 2017; Smith, 2014; White, 2016). The recent publication by the International Social Service of a monograph on international adoption breakdown (Jeannin, 2017), with contributions from authors working in many different parts of the world, is a strong indication that concern over this issue is not limited to just a few isolated countries.

Different labels have been used to refer to these situations, each term stressing a particular aspect. The initial term "failed adoptions" was soon abandoned by researchers, who now tend to use a variety of terms to refer to different circumstances: adoption disruption (formal breakdown prior to the adoption court order), adoption dissolution (formal breakdown in legally completed adoptions), displacements (informal or temporal changes in the care trajectory), and adoption breakdown (an umbrella term for any kind of permanent parent-child separation in adoptive families) (see Palacios et al., 2018, for a more detailed analysis). The present study will use this latter term, given the fact that a variety of circumstances (pre- and postadoption legalization cases) are considered.

As all research reviews conducted to date have pointed out, there is unanimous agreement over the fact that, rather than being the product of a single cause, adoption breakdowns are typically the result of an accumulation of risk factors linked to the

adopted child, the adoptive parents, the child-parent relationship and the help and support provided by professional adoption services. As shown in the review by Palacios et al. (2018), the highest level of agreement can be found in relation to child-related risk factors, with older age at placement and behavioral problems being the two aspects identified most frequently in the research.

However, while age at placement is highlighted in almost all studies, age at breakdown has received considerably less attention. Research has consistently found that it is during the early years of adolescence that most adoption breakdowns take place. Maza (2014), Palacios et al. (2015), Rolock and White (2016), and Selwyn, Meakings and Wijedasa (2014) coincide in identifying age 13-14 as the mean age at which most premature departures from the family home take place, usually after several years of problems and difficulties (on average, between five and six, according to Selwyn et al., 2014, and Palacios et al., 2015). Nevertheless, more often than not, this information is provided at a purely descriptive level, and no in-depth analysis is offered.

Just as for their non-adopted counterparts, the transition to adolescence and the teen years are a difficult developmental period for adopted children, characterized by changes which may trigger maladaptive and problematic behavior. Both research on domestic adoptions (Miller, Fan, Christensen, Grotevant & van Dulmen, 2000) and studies and meta-analyses on international adoptions (Bimmel, Juffer, van IJzendoorn & Bakermans-Kranenburg, 2003; Verlhust & Versluis-den Bieman, 1995) have found a greater prevalence of different problems among adopted adolescents than among their non-adopted age mates. Pre-adoption experiences and the specific problems faced by adoptees upon reaching adolescence (greater cognitive capacity to evaluate their personal history, intensification of feelings of loss, search for their birth family) have been suggested as explanations for the differences observed in relation to non-adopted

youngsters (for an analysis of the meaning of adoption in adolescence, see Brodzinsky, Schechter, and Hening (1992)).

The research presented in this article is based on the finding that the average age of adoption breakdown is 13-14 years. Nevertheless, the age range in which breakdowns take place is fairly broad, with some breakdowns occurring during childhood and others during the later teenage years, which explains the average age being during early adolescence. The research question posed was whether any differences exist between early breakdowns (i.e. those occurring before adolescence) and those which take place later on (i.e. during the teenage years), which would enable an analysis of the role played by adolescence in this phenomenon. Following the research tradition outlined previously, the factors linked to breakdown were analyzed in accordance with the three usual groups of variables: child-related factors (pre-adoption experience and characteristics); parent-related factors and those linked to the internal workings of the adoptive family; and factors related to professional adoption support and services. The inclusion of both domestic and international adoption cases, and preorder and postorder breakdowns, enabled a more comprehensive analysis than would have been possible by focusing on only one group, to the exclusion of all others.

METHOD

Participants

In Spain, adoption services are provided by regional governments, which function much as in federal states. The government of Andalusia (an autonomous community in the south of Spain which is home to nearly 20% of the total national population) commissioned the research team to conduct a study on adoption breakdown in the region, providing access to the confidential information contained in its child welfare files for the purpose. Upon analysis of the information provided by the Andalusian Child Welfare Services, a total of

93 cases of adoption breakdown were identified between 2003 and 2012. Of these, detailed information regarding the specific circumstances under which the disruption took place was only available in 69 cases (74.19%). As regards sex, 36 (52.2%) of the adoptees were boys and 33 (47.8%) were girls. The majority were domestic adoptions (82.6%), with only 12 being the result of international adoption (17.4%). In relation to the moment of breakdown, 34 children (49.3%) left the family home before the legalization of their adoption (preorder disruption), and 35 (50.7%) left after their adoption had been legally established (postorder breakdown).

Instruments

Case information was uploaded to a data collection document created specifically for this study. Said document was divided into four main sections: information about the adopted child (sociodemographic data, placement history, diagnoses, etc.); information about the birth family (sociodemographic data, medical history, professional interventions, etc.); information about the adoptive family (sociodemographic data, motivation to adopt, parenting abilities, etc.); and information about the professional services and support provided (intervention dates, duration and the professionals involved, etc.).

The case files contain two types of information. There is information used for administrative purposes, such as the gender of the adopted child, age at placement, etc., and other information is of a narrative nature and contains the caseworkers' written account of events and interventions. Two of the researches had access to the case files, which allowed to examined the quality and nature of the information. Researchers found that the case files included lots of bureaucratic details and were very often more reduced in terms of substantive details. For instance, the information referred to "parent's expectations" or "parent's motivations" was based on a description of the problems but,

typically, any diagnosis tool or standardized method was used, being more frequent the use of observations and interviews.

Procedure

Having identified cases of adoption breakdown, the next step was to codify the contents of the welfare files in the aforementioned data collection document. The confidentiality of the information was ensured at all times, with each case being assigned a numerical code to conceal any data that may have enabled the identification of the child, their birth family or their adoptive family, as well as the professionals involved. Due to a lack of information in certain sections of some files (for example, information about the birth family, especially in cases of international adoption), an "unknown" option was enabled for the coding of all variables. To render the results easier for the reader to understand, in this article, any cases in which the total response percentages in one of the categories fail to add up to 100, it is because the other responses correspond to this option.

Data analysis

The first step in the data analysis process was to establish a cutoff point to distinguish between breakdowns occurring during childhood and those occurring during adolescence. Since, as stated in the introduction, the mean age for breakdown is 13-14 years, said cutoff point was set at 13 years of age.

Next, only those variables that did not have more than 15 missing values were selected for analysis. Depending on whether the variable in question was quantitative or qualitative, different statistical analyses were performed using the IBM SPSS Statistics 22.0 software. For quantitative variables, means comparison (Student's t) and Cohen's d effect size tests (0.20-0.49 = small effect, 0.50-0.79 = moderate effect, \geq 0.80 large effect) were used to compare the two groups. For qualitative variables, the analyses used were Chi-squared and Phi/Cramer's V (0.10-0.29 = small effect, 0.30-0.49 = moderate effect,

≥0.50 large effect). Due to the low statistical power observed in some comparisons, resulting from the small sample group, effect size tests were conducted to minimize the consequences of possible type II errors.

RESULTS

Table 1 reveals that most breakdowns (68%) occurred in the group of children aged 13 or over (N=47), with 32% occurring among those under 13 years of age (N=22). The Table also shows that no differences were observed between the two groups as regards age of adoption, with the mean being 7 years of age in both cases. However, a statistically significant difference with a large effect size was observed in the duration of the placement. The mean age at which breakdowns took place in the under 13 group was around 10, and placements lasted, on average, under two years. In the over 13 group, on the other hand, the mean age of the adopted children at breakdown was 15 and placements lasted a mean of 7 years, five more than in the first group.

TABLE 1 Descriptive statistics and means comparison of age at placement and placement duration. The data are given in months, with their conversion into years in brackets

		< 13 years		≥13 years		n	d	
	n	M	SD	n	M	SD	p	
Age at placement	22	92.41 (7.70)	32.26 (2.68)	46	92.34 (7.69)	40.44 (3.37)	.994	0.02
Age at breakdown	22	115.91 (9.66)	28.75 (2.40)	47	179.45 (14.95)	17.31 (1.44)	<.001	2.99***
Duration of placement	22	23.55 (1.96)	23.13 (1.93)	46	87.79 (7.32)	44.93 (3.74)	<.001	10.66***

^{***}large effect size

As regards the type of adoption process and the characteristics of both the children and their adoptive families, Table 2 shows those variables in which statistically significant differences were observed between the two groups. No statistically significant

differences were observed between domestic and international adoptions (p = .906, Phi = .014). However, significant differences were observed in accordance with type of adoption (preorder or postorder) (p = .001, Phi = .383), with three quarters of all breakdowns occurring before the age 13 being in the pre-adoption (or preorder) phase, while two thirds of all breakdowns occurring after the age of 13 took place once the adoption had been formally legalized (postorder). Differences were also observed in accordance with whether the adoption involved a single child or a sibling group, with half of all breakdowns after the age of 13 occurring in sibling groups, as opposed to only 20% in the preadolescent group (p = .029, Phi = .274).

As regards the characteristics of the children themselves, an important difference was observed in relation to behavioral problems (p = .023, Phi = .273) which, while notable in both groups, were particularly prevalent (87%) in cases of breakdowns during adolescence (64% in the under 13 group). Although in both groups these problems had started early, this was more frequent in the case of breakdowns during childhood (86%) than in that of breakdowns after the onset of adolescence (59%) (p = .032, Phi = .266). However, the prevalence of child-to-parent violence was four times higher in later breakdowns than in earlier ones (p = .001, Phi = .399).

As regards the variables linked to the adoptive family and family living, significant differences were observed in relation to parents' unrealistic expectations regarding the child (p = .011, Phi = .324), with said expectations being found more frequently in cases of early breakdown (53% as opposed to 20% in the over 13 group). The way in which the breakdown took place was also found to be significant, with a greater number of abrupt placement terminations occurring among the under 13 age group (77% as opposed to 45.7% in the adolescent group), and more breakdowns with attempts at finding a solution occurring after the age of 13 (54% as opposed to 22.7%) (p = .014, Phi = .298). Finally,

attempts at bringing about a reunification of the family after the adopted child had left were much scarcer in the case of early breakdowns (9%) than in ones that occurred at a later stage (35%) (p = .025, Phi = .272).

TABLE 2 Comparison of the two age groups based on Chi Squared, for variables related to the adoption process, adopted children and adoptive families

to the adoption process, adopted of	< 13 years	≥13 years		Phi/Cramer's V	
	0/0		p		
	(n)	(n)			
Type of adoption			.001	.383**	
Preorder	77.3	36.2			
	(17)	(17)			
Postorder	22.7	63.8			
	(5)	(30)			
Adoption with siblings			.029	.274*	
No	80.0	51.2			
	(16)	(22)			
Yes	20.0	48.8			
	(4)	(21)			
Child's behavioral problems			.023	.273*	
No	36.4	12.8			
	(8)	(6)			
Yes	63.6	87.2			
	(14)	(41)			
Timing of problems			.032	.266*	
Early onset	85.7	59.1			
	(18)	(26)			
Late onset	14.3	40.9			

	(3)	(18)			_
Unrealistic expectations regarding	.011	.324**			
No	47.1	80.0			
	(8)	(36)			
Yes	52.9	20.0			
	(9)	(9)			
Child-to-parent violence			.001	.399**	
No	86.4	44.4			
	(19)	(20)			
Yes	13.6	55.6			
	(3)	(25)			
Type of breakdown			.014	.298*	
Attempts at finding a	22.7	54.3			
solution	(5)	(25)			
Abrupt	77.3	45.7			
	(17)	(21)			
Family reunification attempts			.025	.272*	
No	90.9	65.2			
	(20)	(30)			
Yes	9.1	34.8			
	(2)	(16)			

^{*}small effect size **medium effect size

Although not statistically significant, the relations between some variables were found to have a significant small effect size. These variables include the sex of the adopted children (p = .200, Phi = .154), the presence of emotional problems among

children (p = .361, Phi = .110), the existence of family attachment issues (p = .358, Phi = .111) and the efforts made by adoptive parents to deal with problems (p = .147, Phi = .175).

TABLE 3 Comparison of the two age groups based on Chi Squared, for variables related to professional intervention

to professional intervention	< 13 years	≥13 years		
	%	%	p	Phi/Cramer's V
	(n)	(n)		
Professional intervention during	the early year	r's	.026	.326**
Yes	54.5	76.5		
	(12)	(36)		
Follow up	31.8	19.1		
	(7)	(9)		
If problems	22.7	57.4		
	(5)	(27)		
Advice and guidance			.120	.189*
No	63.6	43.5		
	(14)	(20)		
Yes	36.4	56.5		
	(8)	(26)		
Diagnosis			.069	.220*
No	86.4	65.2		
	(19)	(30)		
Yes	13.6	34.8		
	(3)	(16)		
Treatment			.012	.307**
No	68.2	35.6		
		•		

Vac	(15)	, ,	
Yes	31.8		
	(7)	(29)	

^{*}small effect size **medium effect size

Professional intervention (see Table 3) was more frequent in the over 13 age group, as were all three types of intervention analyzed (advice, diagnosis and treatment). Nevertheless, only the existence of professional interventions during the early years following placement was significant, with more follow ups being found in the early breakdown group, although more interventions both in general and in response to problems were detected for the over 13 age group (p = .026, Phi = .326). Moreover, significant differences were also found in relation to professional interventions consisting of therapeutic treatment, with twice as many being recorded for adolescent breakdowns than for childhood ones (p = .012, Phi = .307). The existence of diagnostic interventions, which were more frequent among adolescent breakdowns than among childhood ones, was found to be marginally significant. Finally, although not statistically significant, the existence of professional interventions consisting of advice and guidance (p = .120, Phi = .189) was found to have a significant small effect size.

DISCUSSION

Although research into adoption breakdown has identified age 13-14 as the mean age at which premature departures from the adoptive family home take place (Maza, 2014; Palacios et al., 2015; Rolock & White, 2016; Selwyn et al., 2014), little work has been carried out to identify the factors related to this disruption. The aim of this article was therefore to identify the characteristics and factors which differentiate cases of adoption breakdown occurring during adolescence from those taking place before this period. Our

results reveal common aspects between the two groups, although they also highlight certain differences.

In relation to the similarities observed between disruptions occurring before and after the onset of adolescence, it is interesting to note that no differences were found in some variables traditionally considered risk factors for breakdown. Perhaps the most striking is age at placement which, as in the study by Maza (2014), was found to be similar in both pre and post-adolescent breakdowns. This should not, however, be interpreted as indicating that age at placement is not relevant to the existence of breakdown itself. Indeed, in the entire disrupted adoption group (regardless of the age at which breakdown occurred), age at placement was significantly higher than in the intact adoption group. During the decade studied here, the mean age at placement among the breakdown group was 7 years 8 months (Paniagua et al., 2016), as opposed to a much younger age among the intact adoption group, where 90.4% of children were placed prior to age 6 (Junta de Andalucía, 2014), thus confirming the findings reported in both international (Palacios et al., 2018) and Spanish research (Paniagua et al., 2018). However, in relation to the variable studied here (breakdowns before and after age 13), age at placement was not significantly different, a finding which also serves to illustrate another element about which a high degree of consensus has been reached in the literature, i.e. that rather than one specific variable, what underlies adoption breakdown is an accumulation of different risk factors (Child Welfare Information Gateway, 2012; Coakley & Berry, 2008; Palacios et al., 2018).

No differences were observed either between the two groups compared here in terms of domestic and international adoptions, a finding which is consistent with the results of previous research into adoption breakdown, in which this variable has not been identified as a risk factor by previous reviews (Child Welfare Information Gateway, 2012;

Coakley & Berry, 2008; Festinger, 2014; Evan B. Donaldson Adoption Institute, 2004; Palacios et al., 2018).

What, then, are the factors that emerge when we compare early and late disruptions? Firstly, earlier disruptions mostly occur in the pre-adoption or "trial" period, before the legal adoption order. Related to this is the fact that the duration of the placements is much shorter in cases of early disruption than in cases of later breakdown, in which children tend to live with their adoptive families for over three times as long (a mean of six years as opposed to two). Twice as frequently in early as in late breakdowns, adoptive parents' expectations are unrealistic, with this being an important variable identified by research into adoption disruption (Randall, 2013; Reilly & Platz, 2003). Attachment and emotional problems were also found to be more frequent in adoptions which break down at an earlier age, although the effect size was small. Also in this group, it was much more frequent to find that problems in the child-parent relationship started soon after placement. The adoption of sibling groups was more than twice as frequent among cases of early breakdown. Moreover, in these cases, breakdowns were more abrupt and, following the exit of the child from the family, reunification attempts by adoptive parents were much scarcer. Although they were subject to a much closer follow up (probably due to the fact that this is obligatory in the preadoption phase), this group also received less professional help in the form of therapeutic interventions. Among other factors, the abrupt termination of the placements and the scarce efforts made to ensure reunification seem to indicate that adoptive parents in this group found it hard to develop any kind of emotional commitment to an adopted child who did not live up to their expectations, and the presence of siblings likely exacerbated the problem; moreover, the children in these families also seemed to have a more difficult type of emotional attachment and were more emotionally distant. Less emotionally "attached" to the child and disappointed in their expectations, it is also likely that adoptive parents in early breakdown families did not feel legally bound, since the adoption process had not yet been legalized.

The profile of the late breakdown group was found to be significantly different. In these cases, the adoption had already been legally formalized and there had probably been an emotional attachment at some point, given that the adopted children lived in their new families for many years prior to breakdown. The main factor in this group seems to be behavioral problems, which were more prevalent here than in the early breakdown group (in 87% of cases as opposed to 64%), and the presence of child-to-parent violence among the over 13 age group was four times as frequent as in those cases in which breakdown occurred before that age. In over half the cases in this group, these problems appeared soon after placement, although they were probably exacerbated during adolescence, finally resulting in breakdown. A possible explication of these results is that the violence that comes from adolescents is more difficult to avoid than the violence that comes from children. Adolescents grow and become stronger and taller enough that parents are not able physically to control them. Our findings regarding breakdown during adolescence coincide with the early onset pattern identified by Selwyn and Meakings (2015) to describe the way in which adolescent-to-parent violence commences in adoptive families. This pattern is characterized by the presence of problems during childhood, with a gradual escalation of their intensity following the onset of adolescence. In such cases, the less abrupt nature of the breakdowns and the greater efforts made by adoptive parents to reunite the family after the child had left probably indicates that parents continued fighting to keep their children with them. We interpret this as indicating the presence of emotional commitment, even though the accumulation and exacerbation of problems after the onset of adolescence ended up breaking down the relationship.

To gain a better understanding of the relationship between adolescence and adoption breakdown, it is important to remember that adolescence is a period in which adopted children gain autonomy, security and independence; consequently, the onset of this developmental period may constitute a turning point for adoptions that are not working well. It may be that adolescence is the moment at which most breakdowns occur because it is also the moment at which adopted children begin to feel more in control of their lives, and for them, the breakdown is not seen just as a painful failure, but also as an opportunity to start over or return to their birth families.

This study has some clear implications for improving professional practice in relation to adoption process, as well as research into the field. Firstly, it is important that the problems detected at the beginning of family life not be underestimated or misinterpreted, since in many cases the problems are maintained during the later years and will aggravate, leading to a breakdown. In addition, suitability assessments should be made keeping in mind the challenges and demands of adoption, as well as the adoptees' needs and the adopters' skills. Another relevant element to consider is to not approve an adoption project if problematic aspects have been detected in the suitability assessment, given that if those difficulties are not previously worked on, the adoption may be at risk even before it starts. Furthermore, it is also essential that professionals working with these families have better tools, resources, training and support in evaluating and assessing problems. Regarding this, it would be advisable for professionals to have a risk-screening instrument in the follow-ups of the first months that would allow them to assess the potential risk of breakdown in families. Secondly, they also suggest that adoption case files should not be closed once the placements have been legally formalized. Rather, the help and support provided by professionals should be ongoing, even after the adoption order has been issued. Without this prior contact and intervention, in many cases, by the time adoptive parents finally communicate their decision to dissolve or halt the adoption process, there is very little professionals can do about it. It is especially important for this professional support to be provided during adolescence, which has been found to be the period in which the risk of adoption breakdown is greatest. Moreover, our results also reveal that many families struggle with difficulties for many years, the majority without appropriate professional support. Our study therefore also highlights the need to expand specialist professional services and provide them with more resources, particularly in relation to post-adoption aid and support.

The study presented in this article has a number of limitations typical of research into adoption breakdown. The first is linked to problems in identifying cases since, as in other countries, there is no official register in Spain of adoption breakdowns. Another limitation that is common to both this study and others carried out in the same field, is that we do not really know how many breakdowns occur without the authorities being aware of them, or indeed how many occur once the adopted child comes of age, perhaps with a different set of related risk factors. Furthermore, the number of cases identified constitutes another limitation in this specific study, curtailing the range of different analyses that could be carried out. For example, it was not possible to conduct multivariate analyses, and the interpretation of the significance test was rendered more difficult, requiring the inclusion of effect sizes in all comparisons. Moreover, the small sample size inevitably led to a high degree of variability in the data, and made it impossible to explore subgroups within the main sample (such as, for example, domestic vs. international adoption). It also affects the degree to which the information can be generalized to other studies and contexts. Despite these limitations, however, we believe the study's main strength is that it enables us to explore in greater depth an area of adoption breakdown research for which very little evidence exists to date, namely age at placement and the relationship between adolescence and breakdown.

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