Adoption Disruption in Western Australia

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Introduction

Adoption disruption can be defined in various ways. In a comprehensive study on disruption, one of Australia's foremost adoption researchers, Dr Juliet Harper, defined disruption as "a child having permanently left the care of the adoptive parents, before the age of 16 years" (Harper, 1997, p. 15).

Adoption disruption is a traumatic experience for all parties involved in the case. The child experiences another rejection and move; the sense of security of any siblings is rattled; the adoptive parents are left with shattered dreams and hopes, while the adoption agency workers agonise about where it went wrong, who is to blame and what needs to be done to prevent this from ever happening again.

In one case an adoptive parent wrote:

"We are shattered and in a very dark place at the moment, if you have any advice to make the sadness go away it would be very much appreciated".

My response at the time was:

"I do not know how to make your sadness go away. I suspect your broken hearts will be with you for the rest of your lives. What I do know is that you put your heart and soul into being good parents and that you would only make decisions that you think would be the best for your child."

Adoption disruption is everyone's worst fears come true. Can it be avoided? Dr. Harper is of the opinion that: "Like marriage breakdown, adoption disruption is a fact of life; not all family relationships are successful and nor can one expect them to be" (Harper, 1997, p.2). Using 77 identified and accessible disrupted adoption files in NSW from 1970 to 1992, she looked for risk factors, and, more importantly, for key factors that protected adoptions from disrupting. In an effort to tease out those factors that make or break placements, the 49 local and 28 intercountry adoptions in the disruption group were compared with a carefully matched group of adoptees whose adoptions had not disrupted. Child, family and interactive factors were explored. The latter included adoption services characteristics.

Which adoptions disrupt and why?

Dr. Harper (p. 3) refers to Donley's list of 3 circumstances under which disruptions occur:

- 1. existence of unidentified factors, that is, critical information not recognized by the worker or family;
- 2. misassessment of the capacity or readiness of family and child to make an adoptive attachment;
- 3. emergence of unpredictable circumstances which preclude the normal progress of adoption.

Numbers 1 and 2 can be minimized by careful evaluation of strengths and weaknesses in all parties, but not number 3.

One frequently reported risk factor is placement beyond infancy. Research also shows, however, that adversity experienced by the child, prior to the adoptive placement, plays a strong, if not overriding role (Verhulst, Althaus, & Versluis-den Bieman, 1992). Certainly, an older child has a longer period of possible exposure to neglect, abuse and changes in primary carer, but age should not automatically be taken as the measure of pre adoptive trauma and

child vulnerability. Nor should it be assumed that those adopted at a young age have been protected from adversity, or are not vulnerable to disruption.

Another factor is gender. There is a general belief, supported by some research findings, that placements of boys are more likely to disrupt. Harper found in the intercountry adoption (ICA) group in NSW that more girls than boys had disrupted, qualifying this finding with the comment that girls outnumbered boys in the NSW ICA community. The same is the case in WA.

Harper found different and similar reasons for disruptions in local and intercountry adoption. For the child, "inability to relate to the adoptive parents" was the prime reason in both types of adoptions. For the local adoptive family, "the inability for the adoptive mother to relate to the child" was the prime reason. In ICA it was "not understanding the child's background", while "the adoptive mother not being able to relate to the child" ranked 4^{th.}

Number one interactive factor in both local and intercountry adoption was: "inadequate preparation for the adoption". This referred to preparation of the child, family and service providers. Second in local adoption was: "problems with birth family contact". In ICA it was "unpredictable circumstances". Harper also compiled a list of 13 other possible risk factors, highlighting that each case represents a unique interaction between child and environmental factors. Supported by findings of other researchers, Harper therefore urged that: "... one must be careful not to take a rigid view of the importance of the variables cited as predictive of adoption disruption" (p.2).

Adoption disruption rates.

What is the general disruption rate in adoption, and what is an acceptable rate?

Studies from around the world have reported a wide range of disruption rates, from 0.74 to 53 percent, depending on a range of environmental factors and child factors, such as age at placement, special needs and pre-adoption adversity. Generally, reported disruption rates in ICA are low, at times lower than in local adoption, even in cases of severely traumatized children, such as the children adopted from Romanian institutions (Rutter, 1998).

Harper did not give a disruption rate for NSW, only the total number of local and intercountry adoption cases that could be located from government and non-government files. I could not find any formal research or published figures on local and intercountry adoption disruption rates in Western Australia (WA). On its website the WA Department for Community Development only makes the general statement that: "The older the adopted child, the greater the likelihood of a breakdown in the placement". (www.dcd.wa.gov.au). For older ICA children a disruption rate of 1 in 6, or 16.6 percent, has been mentioned by WA politicians and the state adoption authority. Seeking clarification on this figure, Adoptions International of WA (AIWA) wrote to the then Minister for Community Development. On 14 December 1999 she responded: "The disruption rates for older children appears to have remained the same over a long period of time, suggesting that the difficulties are related to the age of the children, more than any other factor". The adoption of children aged 6 years and over is discouraged in WA, presumably based on the cited adoption disruption rate.

Statements about adoption disruptions have a significant impact on adoption applicants' decision about whether to proceed with their application, or the age of the child or children they feel able to parent. It is therefore important that applicants take all relevant factors into consideration. The following WA ICA disruption information is provided to enhance applicants' ability to make informed decisions about the prevalence of disruptions and the role of age and gender. The data is based on my personal and professional knowledge of the ICA community in WA. Although extensive in its details, the data is an informed estimation only.

- The estimated total number of intercountry adoptees adopted through the WA system from the start of ICA until 1 August 2003 is 631; 419 girls and 212 boys.
- 305, or 48 percent, of the children are still under the age of 18; 159 girls and 146 boys.
- Since the start of ICA in WA in 1973, a total of 12 ICA disruptions, 4 boys and 8 girls, are known to have occurred. Five of these took place in the first 20 years, the remaining 7 in the last 10 years.
- The overall ICA disruption rate for WA is 1.9 percent. This is similar to the 1.8 percent reported by Textor (1991) in Germany, and considerably lower than the Dutch disruption rate of 5.7 percent reported by Hoksbergen (1991), both cited by Harper (1997, p. 11).

Table 1 gives a summary of ICA disruption rates in WA for children placed before and after the ages of 2 and 6 years. Gender information is included for further clarification.

Table 1. WA ICA disruption rate in placement before & after ages 2 and 6 yrs by gender

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Age at adoption	No. of ICA	No. of Disruptions (%)	Disruptions by gender (%)		
	(gender)				
Total	total 631	12 (1.9)	4 males (1.90)		
	(419 F+ 212 M)	, ,	8 females (1.90)		
< 2 years	total 420	2 (0.5)	1 male (0.79)		
	(294 F+126 M)		1 female (0.34)		
>= 2 years	total 211	10 (4.7)	3 males (3.49)		
	(125 F+ 86 M)		7 females (5.60)		
< 6 years	total 553	6 (1.1)	3 males (1.64)		
	(370 F+183 M)		3 females (0.81)		
>= 6 years	total 78	6 (7.7)	1 male (3.45)		
	(49 F+29 M)		5 females (10.20)		

In both groupings the disruption rate was higher for children placed at the older age, increasing from 0.5 percent for those placed before the age of 2 years, to 4.7 percent for those placed after the age of 2. The same pattern was found for placements before and after the age of 6 years.

In terms of gender, the overall disruption rates were the same for boys and girls (1.9 percent). However, the majority of disruptions amongst boys were for those placed before the age of 6 years, whereas for girls it was amongst those adopted after the age of 6 years, recording the highest disruption rate, 10.2 percent or 1 in 10.

Table 2: Disruption rate per age at placement groupings in WA

Age at placeme	Disruptions		
Age group	No.	No.	Percent
Birth to 6 months	287	1	0.35
7mnths to 1yr 11 mths	133	1	0.75
2 yrs to 5yrs 11 mths	135	4	2.96
6 yrs to 11yrs 11 mths	64	5	7.81
12 years +	12	1	8.33
Total	631	12	100

Table 2 shows the ICA disruption rate in WA for 5 different age groups. The highest number of disruptions was in the 6 to 12 year old age group, but the highest disruption rate was in the 12 and over group, 8.3 percent or 1 in 12. None of these rates reached the predicted 1 in 6.

Adjusted disruption rates

Harper (p. 88) posed the question whether disruption cases, where the child was not adopted in another family and had subsequently reconciled with the adoptive family, should continue to be

treated as disruption cases. The same is asked about the cases where the child was successfully adopted by another family.

Hoksbergen (cited by Harper 1997, p.11) in a longitudinal appraisal, took into account the reconciled cases and adjusted the Dutch ICA disruption rate accordingly from 5.7 to 4.3 percent. In WA, in at least 3 of the disrupted ICA cases, the now adult adoptees have, according to their adoptive parents, re-established reasonably positive relationships with the adoptive family. If these are no longer considered as disruption cases, the total number of disruptions is reduced to 9, 3 boys and 6 girls and the re-adjusted overall disruption rate becomes 1.4 percent. The highest recorded disruption rate for girls placed after 6 years of age, would decrease from 10.2 to 6.4 percent or 1 in 16.

If the 6 children who were successfully adopted by another family were also taken into account, 3 disruptions would remain, reducing the disruption rate further to 0.48 percent or 1 in 200. Two of these 3 remaining cases are still minors and are in out of home care. This is an out-of-home placement rate of 0.6 percent for the WA ICA children under the age of 18. To place this in context, the out-of-home placement rate in the general WA population is 0.4 percent (1,911 out of over half a million children under the age of 18 living in WA (Gauntlett, 2003).

Protection and prevention

Harper (1997, p. 81) compiled a list of 15 protective mechanisms from individual case files and ranked them according to the frequency they were noted. Interesting differences were noted between local and ICA. In local adoption "realistic goals and expectations" ranked number one. This came 2nd in ICA. The number one priority in ICA was "having a good community support network". This is not a surprise as this finding has been reported repeatedly in ICA studies around the world. The surprise was the low ranking of community networking in local adoption.

The key role of peer support in the adoption community as a protection against disruption is now also formally recognized in WA, with the recently released adoption policy stating: "Maintaining support linkages and identifying and resolving problems early are important to avoid adoption disruption and breakdown" (Department for Community Development, 2003, p.7).

I have found from clinical and personal experience that the peer support network in ICA is one of the most, if not the most, crucial protective mechanism for accessing primary relief and reassurance for adoptive families, both before and after adoption. I advocate a pro-active support system, as, unfortunately, adoptive parents who are finding it difficult to parent their adopted child or children, are more likely to withdraw from their peers, to hide their guilt and shame about not measuring up to the expectations that they were going to be perfect parents. Also, in an effort to protect their own sense of vulnerability and/or the forever besieged reputation of ICA, peers and friends of the adoptive family may start to ostracise the struggling family and blame the adoptive parents for the problems. This social impact is also evident in Marie Adam's biography of her, and several other Canadian adoptive families' long-term struggle to parent their special needs children, and her number one advice to adoptive parents is to take care of themselves (Adams, 2002).

Families most at risk of distress seem to be those who had to overcome significant barriers to gain permission to adopt. In WA this applied in particular to applicants over the age of 40 years. These challenged applicants were more likely to burn out by the negatives in the adoption process and, when finally approved and placed with usually an older, special needs child, found it more difficult to gather enough strength to deal with challenging behavior in the child and with unexpected circumstances. Requests for help were either delayed too long or were ignored or dismissed by case-workers who did not seem to know how to effectively deal with the presented issues. Attachment appeared to have been a key issue in all of the WA disruption cases.

The establishment of a close and warm relationship between parents and children is a key protective factor and the need to facilitate the development of attachment in adoption was recognised in an early pre-adoption procedures' handout by former clinical psychologist, the late Dr. Janet Bayliss. However, wider recognition of the characteristics and debilitating impact of attachment difficulties and the need for pro-active intervention only came after AIWA invited attachment therapist Dr. Gregory Keck of the USA, to speak at its 1997 adoption conference. Dr. Keck's presentations and book on Reactive Attachment Disorder had a number of adoptive parents in WA give a sigh of relief. Finally, a person who believed them, who did not blame them and who validated their parenting efforts (Keck & Kupecky, 1995).

Using the gained knowledge on attachment in positive and supportive ways proved however to be difficult in WA. Especially as experienced and effective attachment therapists, or any other relevant services for that matter, were difficult to find and access. Misunderstanding of attachment disorder also accelerated rather than prevented several disruptions around that time, because the case worker believed attachment disorder "to be incurable", and permanent removal of the child from their adoptive family to be the best solution for all concerned. Further service development was needed and put in place through a major restructure of the WA government's pre and post adoption services, evidencing a renewed commitment to provide compassionate and supportive services to adopted children and their families.

Conclusion

The estimated number of ICA disruptions in WA from the early 1970s to the present is 12, giving an overall ICA disruption rate of 1.9 percent or 1 in 50. This finding also means that 98.1 percent, or 98 in 100 intercountry adoptions in WA can be said to be successful.

Boys had the same overall disruption rate as girls, 1.9 percent. Disruptions were more likely to be among those placed after the age of 6 years, but the disruption rate among girls, not boys, was the highest, 10.2 percent or 1 in 10. Although the highest, this rate is still almost 40 percent less than the predicted 16.6 percent, or 1 in 6. The 10.2 percent rate also compares well with disruption rates of 8.2 to 22.0 percent reported for older aged and special needs adoptions in studies from around the world (Harper, 1997, p. 9). When the reconciliation between 3 adult adoptees and their adoptive families was taken into account, the overall disruption rate in WA decreased to 1.4 percent, and to 6.8 percent for girls placed after the age of 6.

Two ICA children under the age of 18 are currently in out of home care. A rate of 0.6 percent, compared to a general population rate of 0.4 percent. It would of course be better if out-of-home care was never needed. However, if adoption disruptions are accepted as a reality of life, this out-of-home placement rate does not seem to justify the ongoing negativity towards the ICA of older children, particularly as the majority of children in overseas countries, who are waiting for an adoptive family, are beyond infancy.

"However much practice improves and resources increase, disruption will never be eradicated – personal relationships, by their very nature, can never be predicted. All those involved have a responsibility to prepare as honestly, thoroughly and completely as possible, but also to remember that we are all human and fallible" (Smith, in Harper, 1997, p. 12)

It is hoped that in the renewed commitment to promote the best interests of children, a certain amount of risk taking, combined with realistic expectations, will prevail in WA.

Finally, ongoing peer support in adoption is of critical importance, as living with intact as well as disrupted adoptions are life journeys, attested by a final comment from a former adoptive mum: "Trying to move on with our life, but the past hurts and disappointments are never too far from the surface no matter how hard you try and bury them. It is probably selfish feeling sorry for ourselves as we are adults and should be able to cope with it, but even just seeing

the subject of your email bought back a whole lot of sadness. All part of the process to make us stronger human beings I am sure"

References

Adams, M. (2002). Our son a stranger. Montreal: McGill-Queen' s University Press. Department for Community Development. (2003). Policy for the adoption of children (policy). Perth. Gauntlett, K. (2003, July 31). Draft to foster care standards. The West Australian, p. 13. Harper, J. (1997). *Joining and separating: a study of adoption disruption*. Sydney: Harper, Juliet. Keck, G. C., & Kupecky, R. M. (1995). *Adopting the hurt child*. Colorado Springs: Pinon Press. Rutter, M. (1998). Developmental catch-up, and deficit, following adoption after severe global early privation. *Journal of Child*

Psychology & Psychiatry & Allied Disciplines, 39(4), 465-476.

Verhulst, F. C., Althaus, M., & Versluis-den Bieman, H. J. (1992). Damaging backgrounds: Later adjustment of international adoptees. Journal of the American Academy of Child & Adolescent Psychiatry, 31(3), 518-524.