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Expectations and Concerns of Adoptive Families of Children With Fetal Alcohol Spectrum Disorder

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ABSTRACT

Fetal alcohol spectrum disorder (FASD) is considered a condition that persists throughout life in people who have been exposed to alcohol during the gestation period. During the different stages of their lives, individuals with FASD face different challenges and adversities that—without the right resources and strategies—can contribute to having a negative impact on them and their families. The aim of the current study is to gather the experiences and perspectives of adoptive parents in the process of raising their children and helping them adapt. An ad hoc questionnaire was used with a sample of 101 parents from Spain who had adopted a child with FASD. The current age of their offspring ranged from 8 to 37 years ($M = 19.67$). The results show that the adoptive parents were not informed about the disorder or the possibility their children could have it, whereas in the parents' view, an early diagnosis could be key. The current age is also a crucial factor, with differences observed between children, young adults and adults. Parents' assessments tend to be more positive when their children are still under the age of 18. The parents expressed concern regarding the children's emotional well-being and the use of time and friendships and pessimism with regard to future expectations. They also displayed a high satisfaction with associations specializing in the disorder. The practical implications are discussed.

1 | Introduction

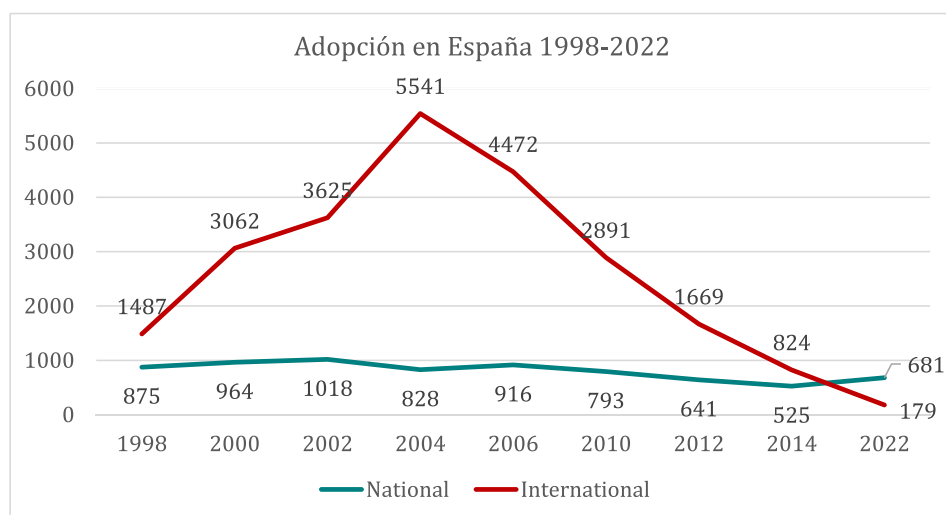
The aim of this study is to garner new knowledge regarding the adoption process of children with fetal alcohol spectrum disorder (FASD) and their adaptation, as well as parents' expectations and satisfaction with the process, with the ultimate objective of providing recommendations for childhood practice and policies, as well as opening future avenues of research. To achieve this, various studies were consulted relating to (1) international adoption and (2) children with FASD and the perspectives of their parents.

1.1 | International Adoption

Adoption is a legal, psychological and social process, which must always take into account the best interests of the child according to the Convention on the Rights of the Child (United Nations 1989) and allow him or her to be fully integrated into a family in which he or she has not been born, providing a filiation equal to that of biological children. This modern conception has its roots in a social phenomenon that has been reproduced in a formal or informal way throughout history, moved either by the desire of parents who could not

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GRAPH 1 | Evolution of national and international adoptions in Spain. *Source:* Authors' own work based on the Ministry of Social Rights and Agenda 2030 (2023). Bulletin No. 24 of statistical data on measures for the protection of children. 2021 data. Children's observatory.

have biological children or by situations that occurred in the biological family, resulting in the child becoming part of another family.

In Spain, prior to 1987, adoption constituted a private legal agreement before a judge, with many irregularities (such as the case of the children stolen during Francoism, see Llaudó Avila 2021), and it was not until the arrival of democracy in the period 1987–1997 that the legal texts were modified. Finally, adoption was given its current legal form in Organic Law 1/1996. In addition, the Hague Convention on Child Protection and Cooperation in Matters of Adoption (HCCH 1993, ratified by Spain in 1995) establishes guarantees in the adoption processes of children of foreign origin, which had not been regulated prior to that time.

If we observe the evolution of national and international adoptions in Spain since then, Graph 1 shows how adoptions of Spanish children have mostly remained below 1000 children per year since 1998, whereas international adoptions underwent exponential growth until 2004, when there were 5541, before decreasing to be well below the national total (just 179 cases in 2022).

Palacios et al. (2005) attributed the increase in intercountry adoption to difficulties in being able to adopt children with specific characteristics (under 3 years of age) in Spain as one of the main factors. Some families also chose international adoption in order to create a stronger and more lasting relationship and bonds, due to the belief that the biological parents could not interfere. In addition, it offered them the possibility of being able to adopt children under 3 years of age as a humanitarian act, offering development opportunities that they would not have in their country of origin (Young 2012). Research carried out in Spain emphasizes motivations based on the fact of creating or expanding the family, as an act of solidarity or due to religious convictions (Berástegui Pedro-Viejo 2003; Palacios et al. 2005).

Of the international adoptions carried out in Spain between 2000 and 2008, a total of 14487 were from Eastern European countries (Observatorio de la Infancia 2010), where a majority of the

children in this study come from. This dynamic has decreased notably in recent years, specifically the number of international adoptions from these same countries fell to 298 between 2018 and 2022 (Observatorio de la Infancia 2022). In relation to Russia, Spain issued a court order to suspend adoptions in that country due to the high costs, bureaucratic difficulties and significant health problems presented by the adopted children (Ministerio de Derechos Sociales y Agenda 2020, Resolution 7992 of 2020). According to data from the World Health Organization, Europe is one of the regions where the most alcoholic beverages are consumed, with Eastern European countries standing out in this regard. The prevalence of alcoholic consumption among the general population of these territories is very high, including among mothers in a situation of vulnerability. As a result, these parents end up relinquishing or losing custody of their children, causing a large part of them to end up being part of international adoption processes (Popova, Lange, et al. 2019). The loss of child custody among mothers who use drugs is not solely attributable to substance use. Rather, it is typically the result of a combination of factors, including co-occurring mental health disorders, a history of childhood trauma, experiences of domestic violence, low socio-economic status, involvement with the criminal justice system, limited social support and poor engagement with drug treatment services (Canfield et al. 2017).

Several population studies focusing on adopted children from these countries estimate a prevalence of FASD of approximately 50% (M. Landgren et al. 2010; Colom et al. 2021). Despite this, many of them cannot be diagnosed in the adopted country due to the lack or inaccuracy of the mother's medical history and confirmation of her alcohol consumption (Knuiman et al. 2014). Yet this difficulty does not only come from adopted children; studies such as Burns et al. (2016) indicate that women tend not to report alcohol consumption during pregnancy.

1.2 | Fetal Alcohol Spectrum Disorder

Fetal alcohol spectrum disorder (hereinafter, FASD) is a neurodevelopmental disorder that derives from prenatal exposure

to alcohol and can generate physical, mental, behavioural and cognitive alterations, causing a series of adverse life experiences such as learning difficulties or school dropout, substance abuse, risky sexualized behaviours and problems with the law, among others (Popova, Charness, et al. 2023; Chow et al. 2022). This population is at increased risk for mental health problems, particularly in the absence of adequate support, as evidenced by the fact that approximately 90% of children with FASD have a concurrent diagnosis (Clark et al. 2004), attention deficit hyperactivity disorder (ADHD) being one of the most common of these (Cheung et al. 2021; Weyrauch et al. 2017).

Individuals with FASD face a series of challenges and difficulties in their day-to-day lives that continue throughout their lives and in different areas of life. A lack of specialized knowledge and resources exacerbates the difficulties they encounter for successful development or in having the same opportunities as other individuals (McLachlan et al. 2020). These difficulties become more complex with age. A study of adults with FASD found a high level of difficulties throughout their lives related to the justice system, housing, economic instability and maintaining a job, as well as with social and family relationships (Hargrove et al. 2024). These difficulties are also reflected in their parents, who display concern due to the difference in skills they perceive their children with FASD to have compared with their peers when facing the challenges of adolescence and adulthood (Sanders and Buck 2010) or the difficulty of maintaining resources and support during the transition to adult life (Bobbitt et al. 2016).

Research has shown improvement in the development of these individuals with early diagnosis. This allows them to receive a series of treatments and interventions according to their specific needs aimed at mitigating all the effects that FASD can entail and to plan specific work throughout their lives and in the transition to different stages of development, taking into account the individual and their context (Streissguth et al. 2004). Diagnosis therefore becomes a relevant protective factor. Studies conducted on those diagnosed in adulthood also offer positive and hopeful results. There is a possibility that these individuals have faced a series of difficulties and failures, without understanding why they have not been able to deal with them in the same way as their peers. In this respect, it seems that diagnosis can generate relief and greater self-acceptance, both from the person themselves and from the family (McLachlan et al. 2020).

1.3 | Parents' Expectations and Concerns

In addition to prenatal exposure to alcohol, a high number of children adopted from Eastern European countries experience other adverse conditions, such as abandonment and institutionalization, among others, which can increase the associated difficulties (Popova, Charness, et al. 2023). In many adoptions, there are situations in which the adoptive parents do not know whether their child has any type of pathology or problem due to the little information received from the agencies in the country of adoption. This, added to the difficulty and challenges involved

in raising an adopted child, means that in many cases, it ends up becoming a negative experience (Sanders and Buck 2010). These same authors highlight the impact that symptoms associated with FASD can have on the family nucleus, which can generate negative dynamics and ruptures among its members, due to the lack of support, resources and social isolation to which they end up being subjected (Mukherjee et al. 2013; Sanders and Buck 2010). In this respect, the research conducted by Sanders and Buck (2010) highlights certain aspects to consider in the improvement of the lives of parents and in family dynamics, such as receiving an early diagnosis and accurate information about FASD to understand the disorder, more specialized resources and trained professionals, carrying out self-care actions and doing work to adjust expectations, among others (Sanders and Buck 2010). On the other hand, other studies have highlighted the strengths and capacities of individuals with FASD and their positive contributions to family dynamics. These include a high level of self-awareness regarding both their difficulties and abilities, receptiveness to support, ease in establishing connections with others, perseverance and the ability to maintain hope for a positive future (Flannigan et al. 2021; Kautz-Turnbull et al. 2022).

There are a series of elements and factors to take into account in any adoption process. The expectations of the adoptive parents must be worked on and addressed from the outset so as not to generate negative dynamics in their emotional well-being and in the bond they establish with their children (Foli et al. 2014). This work on expectations becomes even more relevant in the case of children with FASD. Parents' expectations and concerns change and increase as their children grow up. Concern for the future is established as a constant throughout their lives (Sanders and Buck 2010). In a study carried out with caregivers, they reported anxiety about not being able to adequately meet the needs of people with FASD when they were adults. This, combined with the lack of services and trained professionals in the community, constituted a major concern (Brown et al. 2019).

Preadoption preparation also has a great relevance and impact on its outcome. The perception of satisfaction in relation to this phase of the process differs according to the specifics of each case. Studies such as that conducted by Lee et al. (2018) show a high percentage of satisfaction with the process, except in the cases of parents who adopted children suffering from some type of trauma or special need, without this being foreseen. Along these lines, misinformation and a lack of access to specialized services were also found to have a negative effect. On the other hand, the following were presented as positive aspects in this phase of the process: good preparation, with specific information or training; an adequate adjustment of expectations; strategies to deal with different disruptive situations that may occur on a day-to-day basis; and contact with specialized professionals or other people who have experienced a similar situation (Lee et al. 2018; Welsh et al. 2008).

The present study was designed to meet the need and scarcity of research on adoptive families with children with FASD in order to be able to contribute new knowledge and open new avenues of future research.

2 | AIMS

This study focuses on the perspective of adoptive families of children with FASD in Spain and aims to explore their experience in raising children with this disorder.

Thus, the specific objectives of this study are as follows:

1. To ascertain the opinions of parents of adopted children with FASD regarding knowledge of the disorder, the child's adaptation in different areas of life, the parents' expectations regarding their child's future and their satisfaction with the professionals/resources that have supported them from the moment of adoption.
2. To analyse the influence of the child's current age on the opinions of adoptive parents of children with FASD.
3. To analyse the influence of the time elapsed from the moment of adoption to diagnosis on the opinions of adoptive parents of children with FASD.

These variables are analysed in relation to the current age of the child and the time elapsed until the diagnosis is made, with the aim of exploring the influence of these two aspects on the experience of families of children with FASD, these aspects being identified as relevant in the previously exposed research (Sanders and Buck 2010; McLachlan et al. 2020).

3 | Method

A quantitative, exploratory research design was chosen in order to collect and analyse data that will bring us closer to knowledge regarding the phenomenon of adopting children with FASD in light of the scarcity of studies on the subject.

3.1 | Participants

The participants in this study comprised of parents with one or more adopted children with a diagnosis, or suspicion, of FASD residing in Spain. To obtain the sample, collaboration was requested from entities that work with this profile of people in Spain.

The questionnaire was sent through the associations and was answered by 101 adoptive parents. Of the participants, 79.2% identified as female, 20.8% as male and none as non-binary. The family nucleus was made up as follows: 76.2% a father and a mother; 17.8% of the cases a mother; and 5.9% a father. The age range of the sample was between 47 and 74 years ($M = 57.76$; $SD = 6.992$). In terms of place of residence, 34.7% lived in the autonomous region of Madrid, 34.7% in Catalonia and 29.6% in the rest of Spain. In relation to employment, 58.4% of the participants worked full-time at the time of the questionnaire, 37.6% did not work and 4% worked part-time or had a temporary job.

A total of 85 of the participants answered the questions regarding the age and gender of their adopted children (it was an open-ended question that some did not fill in). The age range of their offspring was between 8 and 37 years. Table 1 shows that at the time of answering the questionnaire, 36.5% were under 18 years

TABLE 1 | Sample characteristics.

Variable	N	%
Current age of child ($n = 85$)		
Under 18	31	36.5
18–25	42	49.4
26 or older	12	14.1
Time to diagnosis ($n = 100$)		
Less than 6 years	16	16.0
More than 6 years	73	73.0
No diagnosis	11	11.0
Parent/caregiver had knowledge of FASD prior to adoption ($n = 100$)		
Yes	19	19.0
No	81	81.0
Knowledge of whether child had FASD/ other problems ($n = 101$)		
Yes	8	7.9
No	93	92.1

old, 49.4% were in the 18–25 age group and 14.1% were 26 or older ($M = 19.67$; $SD = 5601$), whereas 71.1% were men and 28.9% women. A total of 15.3% of the children were adopted via national adoption, whereas 84.7% were adopted through international procedures. With regard to the FASD diagnosis, it should be noted that some of them had comorbidities with other diagnoses, did not have a clear diagnosis or had not been able to be diagnosed due to a lack of information regarding the family of origin. Thus, 47.2% had been diagnosed with FASD, 36% FASD with other diagnoses, 9% other diagnoses and 7.8% did not yet have a confirmed diagnosis.

Although 16.8% of the children did not have a formal diagnosis, we considered them eligible for inclusion in the sample, as they are part of associations specializing in FASD. It is understood that these families or professionals identify FASD-related symptoms in the children, with the support and advice of professionals within these associations although without an official diagnosis.

3.2 | Instrument and Study Variables

The instrument used was an ad hoc, self-administered and anonymous questionnaire in online format. The questionnaire was developed based on the existing literature in the field. Once designed, it was tested, firstly, by professionals from an entity (AD' Iniciativas Sociales), who assessed the questions and made contributions and, secondly, by a family, who answered the questionnaire and made an assessment and contributions to it. Both contributions were collected by the research team.

The final version of the questionnaire comprised a total of 71 questions divided into the following sections: parents' and

children's socio-demographic data; expectations families had at the moment prior to adoption; parents' satisfaction with the adoption process; areas of improvement identified by parents; knowledge of FASD; and assessment and satisfaction of their current situation. In accordance with the stated objectives, the following study variables were selected from the questionnaire:

Independent variables:

- Current age of child with FASD. Open-ended question categorized into three groups for subsequent analysis: 'Under 18 years old', '18 to 25' and '26 or older'.
- Time of diagnosis from date of adoption. Closed-ended question, with four exclusive answer options: *How long did it take from when the child came home until he or she was diagnosed with FASD?* with multiple response options: (a) *less than 1 year*; (b) *between 1 and 3 years*; (c) *between 3 and 6 years*; (d) *more than 6 years*; and (e) *no diagnosis*. For subsequent analysis, the response options were divided into the following three groups: 'Less than 6 years', 'More than 6 years', and 'No diagnosis'.

Dependent variables:

- Knowledge of FASD. Parents were asked about their knowledge of FASD in general (*Did you have any knowledge of FASD prior to adoption?*) and in relation to their child (*Before meeting the child, were you informed that they might have FASD or another problem?*). In both cases, these were dichotomous questions (Yes/No), inspired by Bobbitt et al. (2016).
- Areas of life. Question assessing the child's adaptation to the *family environment, emotional well-being, physical health and the use of free time*. A 5-point Likert rating scale-type answer option was used (1 = *not at all positive*; 2 = *not very*; 3 = *moderately*; 4 = *quite*; 5 = *completely*) inspired by questions in Hargrove et al. (2024).
- Future expectations. Asking for the degree to which the parents agree with their future expectations of the child with FASD with regard to *keeping a job, being part of a group of friends who offer support, making decisions for him/her (with or without support) and him/her being happy*. All of these were answered using a 5-point Likert agreement scale (1 = *very low expectations*; 2 = *low expectations*; 3 = *medium expectations*; 4 = *high expectations*; 5 = *very high expectations*), also inspired by Hargrove et al. (2024).
- Assessment of satisfaction with professionals/resources. Asking about the parents' satisfaction with *professionals in the health, social and educational fields and specialized associations* on an 11-point scale, with 0 = *not at all satisfactory* and 10 = *completely satisfactory*.

3.3 | Data Analysis

The SPSS statistical package (v.29) was used to analyse the collected data. In reference to the descriptive analysis of the study variables, the means, standard deviations and frequencies were

taken into account. For the bivariate analysis, the Chi-square test was used, obtaining the p -value and the effect size Cramer's V for the categorical variables, and the ANOVA test, also collecting the p -value and the effect size eta squared (η^2) for the continuous variables.

The adjusted residuals (i.e., values of deviation from the normal distribution of the null hypothesis) were used to identify the location of the statistically significant differences indicated by the p -value of the Chi² test in Tables 3 and 4. The following interpretation was made: If the absolute value is greater than 1.96 or less than -1.96, it is considered not provable under the null hypothesis and, thus, deemed to be statistically significant at the 5% level ($p < 0.05$) (Agresti 2002). For the ANOVA test (Tables 3 and 4), the pairwise post hoc contrast test Tukey's HSD was applied (Salkind 2010).

3.4 | Procedure and Ethical Issues

Once the questionnaire was designed, an agreement was made with the associations of families that have children with FASD to disseminate it. They were in charge of sharing the link to the questionnaire with all of their members through their communication channels. Families were encouraged to participate on a completely voluntary basis and without receiving any incentive in return. The questionnaires also included an email address and a mobile phone number where informants could contact the research team to send their questions or suggestions.

The research project was validated by the University's Ethics and Biosafety Committee (CEBRU00006-24). The research team did not have access to the associations' databases, any personal data or email addresses, since it was the associations that were responsible for disseminating the questionnaire. The data obtained were anonymous and received confidential treatment in accordance with LO 3/2018, guaranteeing their exclusive use within the project and not being disseminated to third parties.

4 | Results

The results are presented according to the three objectives of the study.

4.1 | Parents' Knowledge of the Disorder, Children's Adaptation, Expectations for the Future and Satisfaction With the Support Received

Table 1, which displays the characteristics of the sample, shows that 81% of the parents reported having no knowledge of FASD before starting the adoption process and that 92.1% had no information about the possibility that their children could have FASD or any other problem.

In Table 2, related to areas of life and the assessment that parents currently make of their children, *a less than positive assessment* of the children's emotional well-being (31.8%) and

TABLE 2 | Children's adaptation, expectations for the future and satisfaction with the support received.

Adaptation	1 = Not at all positive		2		3		4		5 = Completely positive	
	N	%	N	%	N	%	N	%	N	%
Family (n = 101)	7	6.9	24	23.8	30	29.7	31	30.7	9	8.9
Use of free time (n = 100)	30	30.0	38	38.0	18	18.0	14	14.0	0	0.0
Emotional well-being (n = 100)	29	29.0	30	30.0	25	25.0	11	11.0	5	5.0
Physical health (n = 99)	15	15.2	16	16.2	24	24.2	34	34.3	10	10.1

Future expectations	1 = Very low				5 = Very high					
	N	%	N	%	N	%	N	%	N	%
Keeping a job (n = 100)	32	32.0	27	27.0	32	32.0	8	8.0	1	1.0
Being part of a group of friends (n = 100)	29	29.0	39	39.0	26	26.0	5	5.0	1	1.0
Making own decisions (n = 100)	22	22.0	34	34.0	25	25.0	18	18.0	1	1.0
Being happy (n = 101)	14	13.9	26	25.7	34	33.7	19	18.8	8	7.9

Satisfied with resources	0 = not at all and 10 = totally		N	M	SD
Health professionals			100	3.96	2.449
Education professionals			100	3.47	2.414
Professionals in the social sphere			98	3.55	2.492
Specialized associations			98	7.72	2.129

the use of free time (30%) stand out. On the other hand, a similar percentage is observed in the *fairly positive assessment* of the family environment (30.7%) and that of physical health (34.3%).

Regarding future expectations, the parents reported *low expectations* of their children forming a group of friends (39%) and making decisions for themselves (34%). Being happy (33.7%) and keeping a job stood out for having *medium expectations*, although the same percentage of *very low expectations* was reported for the latter (32%).

With regard to the parents' satisfaction with the professionals and other agents who accompanied them after the time of adoption, satisfaction with specialized associations stood out as highest (7.7 out of 10), as opposed to means of less than 4 with professionals in the health, education and social spheres.

4.2 | Influence of the Child's Current Age on the Experience of Adoptive Parents of Children With FASD

As Table 3 shows, the group of parents of children under 18 years of age who were aware that their child could have FASD stands out statistically significantly (although the figure is only 19.4%, $p=0.049$). This is also the case for general knowledge of FASD prior to adoption (32.2%, $p=0.009$).

On the other hand, adaptation in the spheres of physical health and the family environment was assessed as *not at all positive* among a statistically significantly higher percentage of parents whose children were 26 or older (41.7% and 25%, respectively, $p=0.007$). In relation to emotional well-being, the parents of young adults (ages 18–25) rated it as *not at all positive* significantly more often than the other groups (45.2%, $p=0.001$). Conversely, on a positive note, parents of children under the age of 18 provided more positive

TABLE 3 | Knowledge of FASD, adaptation, expectations and assessment of professionals according to the current age of the adopted child.

Current age of child (%)	Under 18	18–25	26 or older	<i>p</i>	Cramer's <i>V</i>
Knowledge about whether the child could have had FASD or another problem					
Yes	19.4	2.4	8.3	0.049*	0.267
No	80.6	97.6	91.7		
Knowledge of FASD prior to adoption					
Yes	32.3	9.5	0.0	0.009**	0.334
No	67.7	90.5	100.0		
Adaptation					
Family					
Not at all positive	3.2	4.8	25.0	0.007**	0.352
Not very positive	12.9	35.7	16.7		
Moderately positive	22.6	38.1	25.0		
Quite positive	45.2	14.3	33.3		
Completely positive	16.1	7.1	0.0		
Use of free time					
Not at all positive	13.3	42.9	50.0	0.010*	0.316
Not very positive	30.0	35.7	25.0		
Moderately positive	33.3	16.7	0.0		
Quite positive	23.3	4.8	25.0		
Completely positive	0	0	0		
Emotional well-being					
Not at all positive	6.7	45.2	41.7	0.001**	0.387
Not very positive	40.0	23.8	16.7		
Moderately positive	16.7	28.6	25.0		
Quite positive	26.7	2.4	8.3		
Completely positive	10.0	0.0	8.3		
Physical health					
Not at all positive	0.0	22.0	41.7	0.007**	0.356
Not very positive	6.7	22.0	16.7		
Moderately positive	30.0	24.4	16.7		
Quite positive	43.3	29.3	16.7		
Completely positive	20.0	2.4	8.3		
Future expectations					
Keeping a job					
Very low expectations	16.7	45.2	33.3	0.034*	0.315
Low expectations	20.0	31.0	33.3		
Average expectations	53.3	16.7	16.7		
High expectations	10.0	4.8	16.7		
Very high expectations	0.0	2.4	0.0		

(Continues)

TABLE 3 | (Continued)

Future expectations					
Being part of a group of friends who offer him or her support					
Very low expectations	16.7	40.5	25.0	0.019*	0.331
Low expectations	30.0	42.9	41.7		
Average expectations	43.3	14.3	16.7		
High expectations	10.0	2.4	8.3		
Very high expectations	0.0	0.0	8.3		
Making own decisions					
Very low expectations	13.3	28.6	25.0	0.029*	0.315
Low expectations	36.7	40.5	16.7		
Average expectations	26.7	23.8	8.3		
High expectations	23.3	4.8	50.0		
Very high expectations	0.0	2.4	0.0		
Being happy					
Very low expectations	3.2	21.4	25.0	0.003**	0.373
Low expectations	16.1	33.3	25.0		
Average expectations	38.7	38.1	8.3		
High expectations	32.3	4.8	16.7		
Very high expectations	9.7	2.4	25.0		
Satisfaction with professionals (0–10)					
	<i>M ± SD</i>	<i>M ± SD</i>	<i>M ± SD</i>		
In the health sphere	5.00 ± 2.338	3.36 ± 2.229	3.64 ± 2.942	0.015*	0.099
In the educational sphere	4.03 ± 2.601	3.02 ± 2.030	3.91 ± 3.506	0.199	0.039
In the social sphere	3.70 ± 2.351	3.56 ± 2.191	4.09 ± 3.833	0.824	0.005
Specialized associations	7.72 ± 2.068	7.81 ± 1.941	7.09 ± 3.145	0.618	0.012

Note: Interpretation of effect size: 0.1 to <0.29 (low effect), 0.29 to <0.45 (moderate effect) and ≥0.45 (high effect). In bold, the values with adjusted residuals > 1.96 or < −1.96 (Chi² test) and Tukey's HSD < 0.05 (ANOVA).

p* < 0.05, *p* < 0.01, ****p* < 0.001. *p*-value of Chi-squared test (categorical variables) and ANOVA (continuous variables).

evaluations (moderately to completely positive) regarding their child's adaptation in the family environment, use of free time, physical health and their emotional well-being (see Table 3).

As far as parents' future expectations regarding their children are concerned, these were statistically significantly lower for young adults (18–25 years old). In terms of keeping a job and being part of a group of friends, parents with offspring aged between 18 and 25 expressed notably higher proportions of *low expectations* compared with the other groups (45.2%, *p* = 0.034, and 40.5%, *p* = 0.019, respectively). Similarly, this group showed significantly lower proportions of *high expectations* with regard to their children's happiness and their aptitude for autonomous decision-making (*p* = 0.003 and *p* = 0.029, respectively).

Finally, almost no differences were observed with respect to satisfaction with professionals, except for the satisfaction expressed

with health professionals by parents of younger children, which was significantly greater than that expressed by parents of children aged 18 and 25.

4.3 | Influence of Time to Diagnosis on the Experience of Adoptive Parents of Children With FASD

As shown in Table 4, a significantly greater proportion of parents whose children were diagnosed with FASD within 6 years after adoption had been informed about the possibility of the condition (31.2%, *p* = 0.010). The same pattern was observed regarding the prior general knowledge of FASD, although the differences did not reach statistical significance.

Adaptation to the family environment and emotional well-being were assessed as *quite satisfactory* (75%, *p* = 0.007, and

TABLE 4 | Knowledge of FASD, adaptation, expectations and satisfaction with professionals according to the time elapsed from the moment of adoption to diagnosis.

Time to diagnosis (%)	Less than 6years	More than 6years	No diagnosis	<i>p</i>	Cramer's <i>V</i>
Knowledge about whether the child could have had FASD or another problem					
Yes	31.2	4.1	0.0	<0.001**	0.377
No	68.8	95.9	100.0		
Knowledge of FASD prior to adoption					
Yes	37.5	15.3	18.2	0.124	0.205
No	62.5	84.7	81.8		
Adaptation					
Family					
Not at all positive	0.0	8.2	9.0	0.007*	0.325
Not very positive	6.3	28.8	18.2		
Moderately positive	18.7	30.1	36.4		
Quite positive	75.0	20.5	36.4		
Completely positive	0.0	12.4	0.0		
Use of free time					
Not at all positive	18.8	30.1	50.0	0.245	0.200
Not very positive	31.3	39.7	30.0		
Moderately positive	37.5	16.4	0.0		
Quite positive	12.5	13.7	20.0		
Completely positive	0.0	0.0	0.0		
Emotional well-being					
Not at all positive	6.3	32.9	40.0	0.016**	0.309
Not very positive	31.2	31.5	10.0		
Moderately positive	18.7	24.6	40.0		
Quite positive	37.5	5.5	10.0		
Completely positive	6.3	5.5	0.0		
Physical health					
Not at all positive	0.0	15.3	40.0	0.011**	0.318
Not very positive	12.5	18.1	10.0		
Moderately positive	6.3	26.4	30.0		
Quite positive	50.0	33.3	20.0		
Completely positive	31.3	5.9	0.0		
Future expectations					
Keeping a job					
Very low expectations	18.8	35.6	20.0	0.174	0.241
Low expectations	25.0	30.1	10.0		
Average expectations	56.2	24.7	50.0		
High expectations	0.0	8.2	20.0		
Very high expectations	0.0	1.4	0.0		

(Continues)

TABLE 4 | (Continued)

Future expectations					
Being part of a group of friends who offer him or her support					
Very low expectations	25.0	30.1	30.0	0.490	0.194
Low expectations	25.0	42.5	40.0		
Average expectations	50.0	20.5	20.0		
High expectations	0.0	5.5	10.0		
Very high expectations	0.0	1.4	0.0		
Making own decisions					
Very low expectations	12.4	23.3	30.0	0.820	0.149
Low expectations	50.0	32.9	20.0		
Average expectations	18.8	26.0	20.0		
High expectations	18.8	16.4	30.0		
Very high expectations	0.0	1.4	0.0		
Being happy					
Very low expectations	6.3	16.4	9.1	0.195	0.236
Low expectations	6.3	30.1	18.2		
Average expectations	56.3	28.8	36.4		
High expectations	31.3	15.1	27.3		
Very high expectations	0.0	9.6	9.1		
Satisfaction with professionals (0–10)					
	M ± SD	M ± SD	M ± SD		
In the health sphere	5.25 ± 2.352	3.57 ± 2.337	4.27 ± 2.611	0.036*	0.067
In the educational sphere	4.06 ± 2.380	3.29 ± 2.279	3.45 ± 3.205	0.513	0.014
In the social sphere	4.00 ± 2.828	3.21 ± 2.153	4.82 ± 3.573	0.098	0.048
Specialized associations	8.13 ± 1.246	7.51 ± 2.347	8.45 ± 1.368	0.280	0.027

Note: Interpretation of effect size: 0.1 to <0.29 (low effect), 0.29 to <0.45 (moderate effect) and ≥0.45 (high effect). Data presented as mean ± SD. In bold, the values with adjusted residuals > 1.96 or <−1.96 (Chi² test) and Tukey's HSD < 0.05 (ANOVA).

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. p -value of the Chi-squared test and the ANOVA test.

37.5%, $p = 0.016$, respectively) and in physical health as *completely positive* (31.3%, $p = 0.011$) by a significantly higher percentage of parents who received their child's diagnosis within 6 years from the time of adoption compared with parents in the other groups.

Conversely, parents of children without a diagnosis demonstrated lower evaluations across all domains, with notably higher proportions of *not satisfactory* ratings compared with the other groups. This was particularly evident regarding the use of free time (50%), physical health and well-being (40% both, reaching statistical significance in the former) and, to a lesser extent, family adaptation (9%). These differences were only statistically significant in the case of physical health (see Table 4).

Generally speaking, those parents whose children were diagnosed within 6 years of adoption reported higher expectations

than those who were diagnosed after 6 years, although these differences did not reach statistical significance.

Analysing the participants' satisfaction with the professionals in each field, significant differences were only observed regarding to the health sphere, between the groups of parents of children diagnosed within 6 years and more than 6 years, with the satisfaction of the first group higher (5.25 vs. 3.57, $p = 0.036$).

5 | Discussion

This study yields relevant results regarding the perspectives of parents who adopted children with FASD. Firstly, as regards the knowledge they had of the disorder, the lack of information received by families stands out, both in terms of FASD as such and especially the possibility that their children might have

this disorder. This situation coincides with that of families surveyed in other studies, such as that conducted by Sanders and Buck (2010) and Whitehurst (2012). Taking into account the negative impact this can have, specifically in the case of families with children with FASD, with families having to endure multiple complex situations without the necessary knowledge and support, they end up resolving this situation by looking for information on their own and even informing professionals about their child's disorder. In fact, studies such as that conducted by Coons et al. (2016) have shown how this process of searching for information and transferring this knowledge to professionals has served to empower them and has ended up having a positive impact on them.

Secondly, with regard to these children adapting to different areas of life, a certain concern is observed, especially in how they organize their free time and in emotional well-being and certain future expectations, such as keeping a job, having a group of friends to support them or making their own decisions. Studies such as that conducted by Skorka et al. (2020) and Sanders and Buck (2010) also contemplate these concerns on the part of caregivers of people with FASD, especially related to the difficulties they may present in the relational issue and a lack of resources and strategies. Along these lines, other caregivers interviewed by Gault et al. (2024) also displayed concern about getting older and being able to offer less and less support to their children in the face of day-to-day adversities.

Thirdly, the parents awarded a low rating to the different groups of professionals. In other studies, such as those conducted by Sanders and Buck (2010), Watson et al. (2013) and Skorka et al. (2020), caregivers also displayed some dissatisfaction with the care received from professionals due to a lack of knowledge about FASD and the specific needs of their children. On the other hand, other groups of families in the same association are highly valued. This result is consistent with those obtained by Coons et al. (2016), in which individuals assessed support groups with other people in similar situations, qualifying them as 'lifesavers', a relevant issue due to the practical implications it entails.

Fourthly, with regard to the age of the children and the experience of the adoptive parents, in the groups of older children with FASD, the parents are observed to be more concerned and their future expectations are worse. This was also the conclusion of a study by Gault et al. (2024), where parents of people over 18 years of age diagnosed with FASD also expressed concerns in relation to their children's development and the difficulties they were going to have to face, taking into account that, at some point, they would not be able to continue to provide them with daily care and support. Moreover, the differences related to the age of the child with FASD may be due to the increasing challenges these individuals experience as they grow older, in relation to their neurodevelopment. Some studies (Felgueras et al. 2024; Taylor and Enns 2018) highlight that, as the years go by, the difficulties associated with this condition may become more pronounced if there is no specialized support and appropriate resources in place. Another study carried out in Sweden with young adults with FASD adopted from orphanages also revealed that cognitive impairments, adaptive functioning difficulties and psychiatric disorders tend to

persist and, in some cases, even worsen during adulthood (V. Landgren et al. 2019).

Fifthly, the results obtained in relation to the time elapsed until diagnosis indicate a better outlook for the future and more positive assessments in cases where the diagnosis is obtained within 6 years of adoption. Other studies (Sanders and Buck 2010; Coons et al. 2016) have also reflected this parental view that receiving an early diagnosis helped them understand the circumstances and needs of their children and may constitute a crucial element in overcoming possible social challenges in the future. In addition, Streissguth et al. (2004) detected that obtaining a diagnosis at an early age was a relevant factor in avoiding certain future problems associated with FASD.

This study has some methodological limitations. On the one hand, despite having obtained an acceptable sample in terms of size, given the specific nature of the phenomenon studied, it has not followed a random process that ensures representativeness. It would be advisable for future research to also listen to the voices of the children and use qualitative techniques to increase the understanding of the topic.

Another limitation of the present study lies in not distinguishing between the potential impact on adopted children with a diagnosis or suspicion of FASD and those without. This represents a promising area for future research, aiming to better understand the specific consequences of FASD in this population.

6 | Practical Implications

The results of this study allow us to focus on certain aspects to be taken into account in the care and accompaniment of parents of children with FASD, especially in cases of adoption. On the one hand, this means providing accompaniment and support for families during the adoption process, offering all possible resources and information, both on the process and on the possible problems that their future child may entail, especially if there is the possibility of prenatal exposure to alcohol, helping them adjust expectations at each stage of development and according to the needs and abilities of each child. FASD is a complex disorder that requires a comprehensive understanding from parents in order to act in an appropriate and optimal way. In this sense, it is necessary to train all professionals who are part of the adoption process, so that at the slightest hint of doubt, they can act in a coordinated manner and prevent future problems. In relation to the authorities, it would be necessary to create protocols and intervention circuits that allow the streamlining of the necessary procedures and coordination between professionals.

On the other hand, support groups among the adoptive parents themselves are revealed to be a resource of necessary and essential value, since they comprise a fundamental tool in facing the challenges that FASD can generate in the different areas of their day-to-day life. It is necessary to generate and make available such spaces, since they represent a safe and non-judgmental environment where families can share their experiences, coping strategies and resources used, thus showing that they are

not alone and that other people are going through similar situations. It is therefore imperative that health, social and educational institutions facilitate and promote this type of resource, ensuring that it is accessible to all families and sustainable in the long term.

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Ethics Statement

All procedures performed in our study involving human participants were in accordance with the ethical standards of the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. Our study was approved by the Bioethics Committee of the Universitat de Girona (CEBRU0006-24). Written informed consent was obtained from all individual participants included in the study, as well as from their parents or legal guardians.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

References

- Agresti, A. 2002. *Categorical Data Analysis*. Wiley. <https://doi.org/10.1002/0471249688>.
- Berástegui Pedro-Viejo, A. 2003. *Las Adopciones Internacionales Truncadas y en Riesgo en la Comunidad de Madrid*. Consejo Económico y Social.
- Bobbitt, S. A., L. A. Baugh, G. H. Andrew, et al. 2016. "Caregiver Needs and Stress in Caring for Individuals With Fetal Alcohol Spectrum Disorder." *Research in Developmental Disabilities* 55: 100–113. <https://doi.org/10.1016/j.ridd.2016.03.002>.
- Brown, J., A. Kapasi, E. Nowicki, and K. Cleversey. 2019. "Expectations of Youth With a Fetal Alcohol Spectrum Disorder in Adulthood: Caregiver Perspectives." *Journal on Developmental Disabilities* 24, no. 2: 30–42. <https://oadd.org/wp-content/uploads/2019/12/41028-JoDD-24-2-v11f-30-42-Brown-et-al.pdf>.
- Burns, L., V. H. Coleman-Cowger, and C. Breen. 2016. "Managing Maternal Substance Use in the Perinatal Period: Current Concerns and Treatment Approaches in the United States and Australia." *Substance Abuse: Research and Treatment* 10: 55–61. <https://doi.org/10.4137/SART.S34558>.
- Canfield, M., P. Radcliffe, S. Marlow, M. Boreham, and G. Gilchrist. 2017. "Maternal Substance Use and Child Protection: A Rapid Evidence Assessment of Factors Associated With Loss of Child Care." *Child Abuse & Neglect* 70: 11–27. <https://doi.org/10.1016/j>.
- Cheung, K., E. Johns, D. Willoughby, and C. Slayen. 2021. "The Association Between Executive Functioning, Attention, and Adaptive Functioning Among Children and Adolescents With Prenatal Alcohol Exposure." *Advances in Neurodevelopmental Disorders* 5, no. 4: 431–445. <https://doi.org/10.1007/s41252-021-00216-8>.
- Chow, S., S. Farcas, U. Ghazi, E. Huang, and Y. J. Liu. 2022. "Short and Long Term Impacts and Implications of Fetal Alcohol Syndrome Disorders on Cognitive Development in Childhood." *Child Health Interdisciplinary Literature and Discovery Journal* 1, no. 1. <https://doi.org/10.15173/child.v1i1.3120>.
- Clark, E., J. Lutke, P. Minnes, and H. Ouellette-Kuntz. 2004. "Secondary Disabilities Among Adults With Fetal Alcohol Spectrum Disorder in British Columbia." *Journal of FAS International* 2: 1–12.
- Colom, J., L. Segura-García, A. Bastons-Compta, et al. 2021. "Prevalence of Fetal Alcohol Spectrum Disorders (FASD) Among Children Adopted From Eastern European Countries: Russia and Ukraine." *International Journal of Environmental Research and Public Health* 18: 1388. <https://doi.org/10.3390/ijerph18041388>.
- Coons, K. D., S. L. Watson, R. J. Schinke, and N. M. Yantzi. 2016. "Adaptation in Families Raising Children With Fetal Alcohol Spectrum Disorder. Part I: What Has Helped." *Journal of Intellectual & Developmental Disability* 41, no. 2: 150–165. <https://doi.org/10.3109/13668250.2016.1156659>.
- Felgueras, N., J. M. López-Díaz, and I. Garrote. 2024. "Effects of Developmental Timing on Cognitive and Behavioral Profiles in Fetal Alcohol Spectrum Disorder: Considerations for Education." *Behavioral Sciences* 14, no. 6: 431. <https://doi.org/10.3390/bs14060431>.
- Flannigan, K., A. Wrath, C. Ritter, et al. 2021. "Balancing the Story of Fetal Alcohol Spectrum Disorder: A Narrative Review of the Literature on Strengths." *Alcoholism, Clinical and Experimental Research* 45: 2448–2464. <https://doi.org/10.1111/acer.14733>.
- Foli, K. J., E. Lim, S. C. South, and L. P. Sands. 2014. "'Great Expectations' of Adoptive Parents: Theory Extension Through Structural Equation Modeling." *Nursing Research* 63, no. 1: 14–25. <https://doi.org/10.1097/NNR.0000000000000006>.
- Gault, S., L. Gnat, P. C. Fletcher, M. Kirst, R. MacDonald, and M. E. Morton Ninomiya. 2024. "Current and Ideal Living Arrangements and Supports for Canadian Adults With Fetal Alcohol Spectrum Disorder (FASD)—Part I: Perspectives From Adults With FASD." *Alcohol: Clinical and Experimental Research* 48: 1360–1370. <https://doi.org/10.1111/acer.15336>.
- Hargrove, E., C. J. Lutke, K. Griffin, et al. 2024. "FASD: The Living Experience of People With Fetal Alcohol Spectrum Disorder—Results of an Anonymous Survey." *Disability* 4, no. 2: 332–347. <https://doi.org/10.3390/disabilities4020022>.
- HCCH. 1993. "Convention on Protection of Children and Co-Operation in Respect of Intercountry Adoption." <https://www.hcch.net/en/instruments/conventions/full-text/?cid=69>.
- Kautz-Turnbull, C., T. R. Adams, and C. L. M. Petrenko. 2022. "The Strengths and Positive Influences of Children With Fetal Alcohol Spectrum Disorders." *American Journal on Intellectual and Developmental Disabilities* 127, no. 5: 355–368. <https://doi.org/10.1352/1944-7558-127.5.355>.
- Knuiman, S., C. H. A. M. Rijk, R. A. Hoksbergen, and A. L. Van Baar. 2014. "Children Adopted From Poland Display a High Risk of Foetal Alcohol Spectrum Disorders and Some May Go Undiagnosed." *Acta Paediatrica* 104: 206–211. <https://doi.org/10.1186/s12887-020-02164-z>.
- Landgren, M., L. Svensson, K. Strömmland, and M. Andersson Grönlund. 2010. "Prenatal Alcohol Exposure and Neurodevelopmental Disorders in Children Adopted From Eastern Europe." *Pediatrics* 125, no. 5: e1178–e1185. <https://doi.org/10.1542/peds.2009-0712>.
- Landgren, V., L. Svensson, E. Gyllencreutz, E. Aring, M. A. Grönlund, and M. Landgren. 2019. "Fetal Alcohol Spectrum Disorders From Childhood to Adulthood: A Swedish Population-Based Naturalistic Cohort Study of Adoptees From Eastern Europe." *BMJ Open* 9, no. 10: e032407. <https://doi.org/10.1136/bmjopen-2019-032407>.
- Lee, B. R., J. M. Kobulsky, D. Brodzinsky, and R. P. Barth. 2018. "Parent Perspectives on Adoption Preparation: Findings From the Modern

- Adoptive Families Project." *Children and Youth Services Review* 85: 63–71. <https://doi.org/10.1016/j.childyouth.2017.12.007>.
- Llaudó Avila, E. 2021. *Racisme i Supremacisme Politics a l'Espanya Contemporània*. 7a ed. Parcir.
- McLachlan, K., K. Flannigan, V. Temple, K. Unsworth, and J. L. Cook. 2020. "Difficulties in Daily Living Experienced by Adolescents, Transition-Aged Youth, and Adults With Fetal Alcohol Spectrum Disorder." *Alcoholism, Clinical and Experimental Research* 44, no. 8: 1609–1624. <https://doi.org/10.1111/acer.14385>.
- Mukherjee, R., E. Wray, M. Commers, S. Hollins, and L. Curfs. 2013. "The Impact of Raising a Child With FASD Upon Carers: Findings From a Mixed Methodology Study in the UK." *Adoption & Fostering* 37, no. 1: 43–56. <https://doi.org/10.1177/0308575913477331>.
- Observatorio de la Infancia. 2010. *Boletín de Datos Estadísticos de Medidas de Protección a la Infancia (datos 2008)*. Ministerio de Sanidad y Política Social. <https://observatoriodelainfancia.mdsocialesa2030.gob.es/productos/pdf/Boletinproteccionlainfancia18accesible.pdf>.
- Observatorio de la Infancia. 2022. *Boletín de Datos Estadísticos de Medidas de Protección a la Infancia (datos 2022)*. Ministerio de Derechos Sociales y Agenda 2030.
- Palacios, J., Y. S. Sandoval, and E. León. 2005. *Adopción Internacional en España: Un Nuevo País, Una Nueva Vida*. Ministerio de Trabajo y Asuntos Sociales.
- Popova, S., M. E. Charness, L. Burd, et al. 2023. "Fetal Alcohol Spectrum Disorders." *Nature Reviews Disease Primers* 9, no. 1: 11. <https://doi.org/10.1038/s41572-023-00420-x>.
- Popova, S., S. Lange, K. Shield, L. Burd, and J. Rehm. 2019. "Prevalence of Fetal Alcohol Spectrum Disorder Among Special Subpopulations: A Systematic Review and Meta-Analysis." *Addiction* 114: 1150–1172. <https://doi.org/10.1111/add.14598>.
- Ministerio de Derechos Sociales y Agenda. 2020. "Resolución 7992 de 2020 Por la que se Suspende la Tramitación de Expedientes de Adopción Internacional en la Federación de Rusia." 30 de junio de 2020.
- Salkind, N. J., ed. 2010. *Encyclopedia of Research Design*. Sage. <https://doi.org/10.4135/9781412961288>.
- Sanders, J. L., and G. Buck. 2010. "A Long Journey: Biological and Non-Biological Parents' Experiences Raising Children With FASD." *Journal of Population Therapeutics and Clinical Pharmacology* 17, no. 2: 308–322.
- Skorka, K., C. McBryde, J. Copley, P. J. Meredith, and N. Reid. 2020. "Experiences of Children With Fetal Alcohol Spectrum Disorder and Their Families: A Critical Review." *Alcoholism, Clinical and Experimental Research* 44: 1175–1188. <https://doi.org/10.1111/acer.14335>.
- Streissguth, A. P., F. L. Bookstein, H. M. Barr, P. D. Sampson, K. O'Malley, and J. K. Young. 2004. "Risk Factors for Adverse Life Outcomes in Fetal Alcohol Syndrome and Fetal Alcohol Effects." *Journal of Developmental and Behavioral Pediatrics* 25, no. 4: 228–238. <https://doi.org/10.1097/00004703-200408000-00002>.
- Taylor, N. M., and L. N. Enns. 2018. "Age-Related Differences in Neuropsychological Assessment of Fetal Alcohol Spectrum Disorder: A Cross-Sectional Study." *Biochemistry and Cell Biology* 96, no. 2: 252–259. <https://doi.org/10.1139/bcb-2017-0081>.
- United Nations. 1989. *Convention on the Rights of the Child*. UNICEF.
- Watson, S., S. Hayes, E. Radford-Paz, and K. Coons. 2013. "'I'm Hoping, I'm Hoping...': Thoughts About the Future From Families of Children With Autism or Fetal Alcohol Spectrum Disorder in Ontario." *Journal on Developmental Disabilities* 19, no. 3: 76–93.
- Welsh, J. A., A. G. Viana, S. A. Petrill, and M. D. Mathias. 2008. "Ready to Adopt: Characteristics and Expectations of Preadoptive Families Pursuing International Adoptions." *Adoption Quarterly* 11, no. 3: 176–203. <https://doi.org/10.1080/10926750802421982>.
- Weyrauch, D., M. Schwartz, B. Hart, M. G. Klug, and L. Burd. 2017. "Comorbid Mental Disorders in Fetal Alcohol Spectrum Disorders: A Systematic Review." *Journal of Developmental and Behavioral Pediatrics* 38, no. 4: 283–291. <https://doi.org/10.1097/DBP.0000000000000440>.
- Whitehurst, T. 2012. "Raising a Child With Foetal Alcohol Syndrome: Hearing the Parent Voice." *British Journal of Learning Disabilities* 40: 187–193. <https://doi.org/10.1111/j.1468-3156.2011.00692.x>.
- Young, A. 2012. "Choosing Inter-country Adoption: An Australian Study of the Motivations and Attitudes of Intending and Recent Adoptive Parents." *Australian Journal of Social Issues* 47: 221–241. <https://doi.org/10.1002/j.1839-4655.2012.tb00244.x>.