

Forensic and Policy Implications of the Transracial Adoption Debate

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The adoption of black children by white families continues to garner significant attention from legislatures, the media, and scholars in many disciplines. Still, forensic psychiatrists have said little about this form of transracial adoption, and they seem willing to allow other disciplines to map out singlehandedly the public policy in this area. This policy is expected to affect an estimated 175,000 black children nationally who live in some form of out-of-home placement. Forensic psychiatrists should increase their understanding of and involvement in the debate over this special form of adoption. This article highlights several principles that must be better understood if forensic psychiatrists are to participate in the debate with clarity and understanding.

The adoption of black children by white families, commonly referred to as transracial adoption (TRA), continues to evoke passionate discussion and argument. This is reflected in keenly contested legal cases that have been formally reported without much fanfare,^{1,2} as well as in other cases that have polarized whole cities and received maximum attention from the media.*† There has also been repeated scholarly commentary on the subject,⁵⁻⁸ substantive coverage in the lay press,⁹⁻¹¹ and important legislative attempts to influence, through statutory change, poli-

cies about such adoptions.^{12, 13} The topic of TRA has even been at the center of autobiographical literary discourse.¹⁴ So there is no question that the debate over TRAs is currently a very popular subject.

Nevertheless, the medical establishment has been particularly silent on the issue, and their special reticence has been magnified by the modest commentary from forensic psychiatrists. One would have expected this latter group to be more vocal because they should be cognizant that at least some of the TRA debate is

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*In a Texas case in which white foster parents were seeking to adopt a black child whom they had raised, state adoption officials preferred the competing petition from a black couple. The court granted the petition of the white couple.³

†In a Minnesota case, the State Supreme Court ruled that a two-year-old black infant should be adopted by her black grandparents, not by the white foster parents who had raised her since birth.⁴

being worked out in court cases where forensic expert testimony is employed.

This collective medical silence suggests that doctors may be unaware of how important a role adoption may play in the lives of infertile couples, and that adoption may have health and mental health consequences for both the adoptive children and parents. Furthermore, TRA public policy has considerable impact on the future of black children across the United States who are in out-of-home placements and awaiting adoption. Consequently, the TRA debate should concern forensic psychiatrists and other physicians because they may be asked about the psychosocial development and future of those who are members of a transracially constructed family. The forensic psychiatrist's advice may also be sought as to whether it is medically preferable to leave a black child in an institution or with a foster family, where the child may be subject to periodic movement among different families, rather than to have the child adopted by a white family.

There are, generally speaking, three sides to the TRA debate. There are those who argue that white families should never be allowed to adopt black children.¹⁵ At the other pole of the opinion spectrum are those who take the position that race should never be a factor in the adoption process, with the consequence that adoptions should always be race-blind.¹⁶ A third group often takes a compromise position. They suggest that efforts should always be made to find black families for black children. However, if black families are not available, they find it acceptable for the black child to be placed with a white family.^{17, 18}

This article attempts to provide essential data that should facilitate physicians' appreciation of the different positions in the debate. First, basic background on the TRA phenomenon will be provided. Then a powerful case example will be used to catalyze the discussion of four major issues that are commonly encountered whenever the TRA question arises—whether that is in the context of a general policy debate or in the forensic arena. The article should prepare interested physicians to answer basic questions put to them about TRAs and also ultimately equip them to enter the TRA policy arena. It should also be useful to those professionals likely to serve as experts in TRA disputes.

Background

There are no comprehensive national data available on how many children may in fact be touched by TRA policy,¹⁹ but estimates do exist. These suggest that for the year 1990, about 118,000 adoptions took place in the United States,¹⁹ almost evenly divided between related adoptions (where the child is adopted by a non-parent relative, including stepparents) and unrelated adoptions (where a non-relative child is adopted). Tatara²⁰ reported that 32 states provided data for fiscal year 1989 on children being cared for by public agencies. The number of children in out-of-home placements was put at 383,000, of whom 34.3 percent were black children. Other estimates suggest that the number of children in out-of-home placements nationally is about 500,000 and that black children remain in out-of-home placement significantly longer than whites before being adopted.²¹

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About one percent of all adoptions were thought to be accounted for by white families adopting black children.¹⁹ It should therefore be obvious that the substantial interest in TRAs cannot be explained by the frequency of the occurrence of TRAs. TRA as a phenomenon is relatively rare. Yet, society's attention seems riveted by the question of whether it is reasonable to construct families without attention to racial sameness.

That white families became interested at all in adopting black babies seems to have developed as a result of the discrepancy between the number of white children available for adoption and the number of white families wishing to adopt. On the other hand, the number of black children available for adoption has also increased, while their stay in the adoption pool has remained comparatively lengthy. There is no ready consensus on the factors that have led to the difficulty whites have been having in adopting white babies, their increased willingness to adopt transracially, or blacks' apparent wariness of the adoption system.^{22, 23}

The Baby Byron Case

This recent case has had considerable media coverage. Technically speaking, it remained a custody case; but it would have become an adoption case had the judge not ruled to prevent it from proceeding to that point. Indeed, the case was in fact frequently characterized as an adoption dispute. Hence, for the purposes of this article, the difference between custody and ultimate adoption is of little significance. The case highlighted the problems most commonly raised in the TRA debate and there-

fore provides a concrete and practical format for thinking about four of these issues. This report is drawn from extensive newspaper summaries.²⁴⁻³³

Byron, an African-American infant who was born addicted to heroin and cocaine, had been raised since July 1992—from the age of six days—by a white couple. The white family had been selected to provide shelter for Byron on an emergency basis because Byron's birth-mother was unable to care for the child. The white family already had their own biological child and two other adopted children and were the owners of a printing company.

Local Children and Youth Services (CYS) officials admitted that the agency had trouble finding black families for temporary homes, which in turn caused placements with white families. CYS estimated, at the time of the Byron dispute, that the county had 1,482 children in foster care, 73 percent of whom were minorities. For the year 1992, about 280 children had an established goal of adoption, 63 percent of whom were minorities. CYS agreed that in that county, black children stayed longer than white children in the foster care system.

Byron's father was reportedly killed in an automobile accident in late 1992. Byron's biological mother had four children who were being cared for by two other families because she had reportedly neglected her children in the past.

When Byron was about five months old, CYS officials tried to remove him from the care of the white family to place him with a black foster family, apparently a single mother with a full-time job and four other children. The white family objected, and the judge left the child with them on a short-term basis. CYS officials reportedly said they felt it was in Byron's best interest to be placed with a black family who were prepared to teach him about his heritage and to prepare him to deal with racism. Byron's great-aunt, who already had three of Byron's siblings, had sought custody of Byron. However, that plan was rejected because her apartment was found to be full of lead-based paint.

In June 1993, when Byron was 11 months old, the judge once again ruled that Byron should stay on a temporary basis with the white

family, who objected to the return of Byron to his mother and expressed a desire to adopt the child. However, the birth-mother was also seeking to regain custody of her child. It was at that hearing that two mental health experts testified about whether Byron ought to remain with the white foster family or be given back to his mother. One expert recommended Byron be placed with his mother. The other expert said it was too early to know whether the birth-mother would remain free of drugs.

On December 20, 1993, when Byron was about 17 months old, the judge ruled that Byron should be returned to his biological mother, which in his opinion was in Byron's best interest under the law. In referring to criticism of his decision, the judge felt it was racist to conclude that an African-American woman was no good and then to give Byron to the "nice, white, suburban couple." This was said after he had already stated that race was not an issue in this case. Byron was then returned to his biological mother, who was reported to have undergone care for her substance abuse problems and was living at a residential drug treatment center.

The foster family reportedly felt that race was very much the issue in this case. They suggested that if the court had considered only the child's best interest, had visited Byron, and considered the birth mother's history of drug addiction, the decision would have been different. Some commentators argued that children are best reared in families where they will be taught coping skills. Others suggested it was important for any baby to be kept with his or her own race. One response was that it was a political argument being used by separatists, and every time a child was moved, the child was being damaged. CYS talked openly about their preference for same-race placements, but also pointed out the other requirements for the family to provide the economic, emotional, educational, and medical support a child needed.

In June 1994, the judge removed Byron from his biological mother after she admitted using drugs.

Bonding and Psychological Parenting

Many adoption disputes occur in a context in which considerable bonding has

taken place between the baby who is at the center of the struggle and adults who, to a major extent, have become the psychological parents of the child in their care. This unique affective connection between baby and caregiver, and the concept of psychological parenting that flows from it, are now well established principles in the literature and need no review here.

However, there is an important and commonly described issue that flows from the principle of psychological parenting. It has to do with determining the degree and permanence of the psychological damage potentially caused by separating a young child from the parenting family, particularly when that parenting family has had the child practically from birth. The question about the consequences to the child of breaking the emotional bond between child and caregiver was a primary issue in the Minnesota case, *In re the Welfare of D.L.*, that went to that state's highest court.³⁴ In that dispute, white foster parents were competing against black grandparents to adopt a black child who had been in the care of the foster parents since a few days after the child's birth and was about 18 months old by the time of the trial.

Four experts, called by the white foster parents, testified that removal of an 18-month-old child from the white foster parents, to whom the child had become attached, would cause permanent harm to the child. They expected that the harm might manifest itself ultimately as depressive or conduct disorders.³⁵ The black grandparents called two expert witnesses, who testified that the pain caused by removing the child from the foster parents

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would be temporary. The experts concluded that the trauma caused by the breaking of the attachment bond would be assuaged by the child's being received into a loving new home and provided the opportunity to form new positive attachments.³⁵

So the experts did not agree on a fundamental point in the argument about the welfare of D.L. The fact is there are no research data that explain how, on a longitudinal and developmental basis, children adapt to the traumatic experience of having the early connecting bond broken in a context in which there is clear intent to reattach the child to a loving, parenting adult. In fact, this breaking and reattaching of the bond occurs in other cultural contexts all the time, apparently with minimal observable problems.³⁵ For example, it is quite common for West Indian immigrant families in London or New York to send their children back home to be raised by grandparents for a period of time before the child rejoins the parents. But even there, it is probably more precise to say that it is not really known what the actual psychological results are of such culturally sanctioned practices.

There is no intent here to minimize the work of scholars such as Freud, Solnit, and Goldstein^{37, 38} on these concepts of attachment and psychological parenting. However, it would be an enormous task to carry out the research to answer the question posed here in a way that would be applicable to the context found in every contested TRA case. In some cases, for example, the child has been moved to as many as five or six families for varying periods of time. How to construct an ethically acceptable research protocol, the

results of which would be applicable to the many different adoption situations, remains a vexing methodological challenge. The challenge is particularly acute inasmuch as the protocol would need to be prospective, longitudinal, and controlled for numerous variables.

Therefore, insofar as one could reasonably speculate, Baby Byron would have been expected to bond with his white foster parents. The baby would also be expected to manifest some pain at his separation from the foster parents. But it would be hard to predict the extent of the harm, particularly in the context in which his biological mother would provide a caring and loving home for him. It seems reasonable to hypothesize that leaving Byron with his white foster parents would have been a less traumatic solution because of the attachment already established between them. But it is possible, in the light of current knowledge, that he might have coped well with the move back to his mother.

Outcome of the Transracially Adopted Child

The second argument that is automatically evoked in these contested cases is whether the black child raised by a white family will ultimately do well as an adult. The TRA outcome research has been reviewed recently^{16, 39} and will not be extensively recapitulated here. Nevertheless, some essential features, particularly of the very small body of longitudinal research work, deserve emphasis.

While noting their significant differences in methodology, Silverman⁴⁰ recently reviewed the TRA research studies

focusing on outcome in adolescence and adulthood that had the following characteristics: they were published approximately in the last 10 years; they included a comparison group; and they had their subjects placed for adoption at an early age. These studies assessed family integration, self-esteem, school performance, racial identity, and overall adjustment of the transracial adoptees.

The first of the studies in this group was carried out by McRoy and colleagues.^{41, 42} They compared a group of 30 black children transracially adopted by 30 white families to a group of 30 black children inracially adopted by 30 black families. The children were on average about 13.5 years old at the time of the study and had all spent at least one year with the adoptive family. It is noteworthy that 70 percent of the black families lived in predominantly black areas, and the children attended predominantly black schools; 87 percent of the white families lived in predominantly white areas, and their black adopted children attended predominantly white schools. In addition, 25 of the 30 inracially adopted black children had two black biologic parents in comparison to only eight of the 30 transracially adopted black children. The other children had some combination of black/white or black/other biologic parents.

In both groups of children, family integration and general adjustment were successful; their academic performance was similarly satisfactory, and their self-esteem was comparably strong. Marked differences between the groups emerged only in the area of racial identity. The inracial adoptees referred to themselves

as black, and 56 percent of the transracial adoptees referred to themselves as mixed or part-white. McRoy and her colleagues saw this racial group orientation among the transracially adopted children as problematic and seemed to hope that the children would have seen themselves as black, particularly since they felt the society would have treated the transracially adopted children as black.

The longitudinal Chicago Child Care Society study was reported earlier by Shireman.⁴³ However, another later phase of that study has been more recently described by Vroegh.⁴⁴ The sample in this latest phase consisted of 35 transracially adopted children and 20 inracially adopted children. The children were placed between 1970 and 1972 and were all under the age of two years at placement; they were on average 17 years old at the time of data collection. The majority of transracially adopted children were of mixed parentage and had lighter complexions, while the majority of inracially adopted children had two black birth parents and had darker complexions. The majority of the transracially adopted children lived in primarily white neighborhoods, while the majority of inracially adopted children lived in primarily black neighborhoods. There was also a problem of attrition that tainted the study. Eighty-three percent of the original TRA families participated in this phase of the study in contrast to only 44 percent of the inracial adoptive families.

There was no difference among the groups in the area of family relationships, self-esteem, and overall adjustment. In regard to race identification, children

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with two black birth parents generally reported their race as black, and adoptees with one black and one white birth parent generally saw themselves as mixed race. The authors of the report said this finding was not linked to the views of the adoptive parents, but rather to the complexion of the adoptees and the race of their biologic parents. Stated race was also independent of the racial makeup of the neighborhood and of the schools. Half of the transracially adopted children said their closest friends were predominantly white; the majority of the inracially adopted children had close friends who were predominantly black.

There was no difference in self-esteem or adjustment between black and mixed transracially adopted children. Regarding the results on academic performance, however, it was hard to interpret the data because of a high number of learning difficulties reported among the transracially adopted group. These learning disabilities were thought to be unrelated to the adoption process.

The longest running study was conducted by Simon and Alstein between 1971 and 1991,⁴⁵⁻⁴⁸ starting with 204 families who had 157 transracially adopted children (119 of whom were black), 167 white birthchildren, and 42 inracially adopted white children. About 90 percent of the adopted children were under the age of three years at the time of adoption. Observations on the children were made at the outset, in 1979, 1984, and 1991.

There were no impressive differences among the groups in regard to family integration, academic performance, self-esteem, or general adjustment. During

adolescence and later as adults, the transracial adoptees were aware of and comfortable with their racial identity.⁴⁸ There was clear variability in their reference group orientation, however, as many of them dated whites and preferred white friends.

In reference to the available research data, it seems that Byron would be expected to do well with the white foster family. Assuming that his birth circumstances did not give rise to a learning disability at some later date, he would be expected to develop solid self-esteem, perform reasonably well in school, be well integrated into the family, and show satisfactory overall adjustment. Depending on the attitude of the foster family toward black lifestyle, and a host of other socializing experiences along the way, Byron's reference group orientation might eventually be located anywhere along the spectrum offered by Cross.⁴⁹ This is to say, Byron might develop a cultural view of his own life and activities that could be seen as frankly Eurocentric, or totally race neutral, or then again as frankly pro-black.

In the TRA debate, this is one issue that evokes wrath and passion, because so many people hold views of where all blacks ought to be on the spectrum of group identity or group orientation. But putting aside for the moment these political aspects of the argument, one would be hard pressed to claim that Byron would, in psychological terms, do badly if he stayed with the white family. There is some tendency for commentators to insist that children who are transracially adopted should be clearly pro-black in their ultimate adult

group identity, as though all black adults who were raised by their black biologic parents end up in this same place. Such thinking obviously ignores the complexity of black adult development.

Finally, anti-TRA advocates usually point out, and rightly so, that the research in this area has significant methodological problems. For example, Chimezie,⁵⁰ one of the outspoken critics of TRAs, vehemently criticized some early TRA research work and pointed to a number of weaknesses such as: serious inattention to the task of measuring black identity; using subjective and unreliable measurements; inclusion of children who were practically white in appearance; and problematic use of interviewers. There is no doubt that the methodological points raised by Chimezie deserve serious consideration in the rational assessment of the scholarship in this arena. Researchers must also be cognizant of these points as they seek to improve the quality of their work. Nevertheless, while criticism of the current research may be justified, the anti-TRA advocates have no research to support their position.

Only Black Families Can Teach Black Culture

An important claim was made in the Byron case by local county CYS officials that only black parents are prepared to teach black children about black heritage and how to deal with racism.²⁴ In fact, the officials added that only a participant rather than an observer is able to teach the child about these issues. Presumably, this

meant that blacks were participants and whites were only observers in the daily struggle against white racism. The claim made by CYS officials was by no means an original observation. The idea had been one of the major points made by the National Association of Black Social Workers (NABSW) in their far-reaching 1972 Position Statement on Trans-Racial Adoptions.¹⁵ Furthermore, the NABSW made their voice heard also about the Byron case as they pointed out that a black family can best inculcate their children with how to be black people and protect themselves from racism.²⁹

This claim has also entered the vocabulary of the expert witness. In the case referenced earlier concerning the welfare of D.L., an expert witness testified that African-American parents have a unique ability to pass along to their children the coping skills needed for a minority person to manage in this society.³⁵

However, it is not clear that such a notion withstands critical examination. Neither is it obvious what is meant by black heritage or black culture in the context of the United States. Unfortunately, the TRA debate literature does not help much in clarifying this issue about black culture. This is not to suggest that there are no elements at all on which there may be some agreement. However, the principal task really is to agree on a notion of black heritage to be passed on to black children, which is another way of articulating some difference between the good and bad aspects of black culture. On such a differentiation, little agreement should be expected; and the differences of opinion would likely be a function of such

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variables as education, socioeconomic status, political philosophy, gender, life experience, and age.

Nevertheless, the TRA debate literature does agree on one point. It is that black children should have some sense of their political place in the context of the historical interaction of blacks and whites in the United States. This is to say that blacks growing up in the United States ought not to be surprised by the daily experience of what Pierce⁵¹ called micro-aggressions, the predictable but random perpetration of racist microtrauma by whites against blacks. However, in this regard, two points still remain unsettled. First, could there be total agreement on the best way to contend with such racist experiences? And second, is it known whether blacks or whites can teach children more effectively about these experiences? In addition, there is also the question of what should the black child learn about whites in the United States. Who should do that teaching? At the heart of all of this is the question of whether black children should be raised with a positive, negative, ambivalent, or mixed attitude toward whites. The literature provides no concordance of opinion among blacks or whites on these issues.

Consequently, the CYS claims notwithstanding, there is no justification for basing the decision about Baby Byron's future on these alleged cultural grounds. Indeed, if there could be agreement that the black child ought to learn about black culture and about interacting with the white dominated world in the United States, is it really obvious in this case that Baby Byron's birth-mother could have

done a better job of instruction than the white foster parents?

It is also troubling that advocates of this dimension of the debate ignore other implications of such a position in the policy arena. For example, it must be obvious that the most effective way of safeguarding the cultural heritage of any group, particularly when that group has the potential to interact regularly with other groups, is to emphasize the physical and cultural separateness of the groups. This means that Baby Byron should really be allowed to interact only with blacks, a notion that the courts should look upon with considerable displeasure. Those who insist that only blacks can teach about black culture also ignore the concern about who should teach black children about white culture and society.

The Ethical Dilemma

Stone⁵² has performed a useful task in delineating for us the ethical dialectic of psychiatry and medicine and showing us how physicians, instead of waiting for the perfecting of scientific notions to undergird their actions, proceed by focusing on helping the patient and doing no harm. He has also demonstrated how physicians have habitually sought guidance in their work through reliance on standards of truth, of science, or of good clinical practice. Where there is no clear clinical task and no well defined patient, as in TRA disputes, Stone would probably argue for the experts to be silent.⁵² In contrast, Diamond⁵³ and Weinstein⁵⁴ have also added their thoughts to this vexing problem and have suggested that the physician may find a way to enter a debate and advocate impartially or hon-

estly, even though the scientific base of what the physician has to say is weak.

The dilemma created by the participation of black experts in these cases is particularly interesting. The black professional struggles with the task of adhering to some standard of truth or of good science, while also feeling the pressure from some in the black community to participate in the case and take a position that benefits the black litigant. The point, of course, is how to maintain professional objectivity and to advocate impartially or honestly. Many black and non-black physicians will have a commitment to participate in the struggle on behalf of blacks. The task is how to participate in TRA cases without succumbing to intense political pressure from special interest groups to distort the current knowledge base about TRAs.

Black physicians will have the difficult task of deciding what role they play in the special context of black/white interaction in the United States. The political philosophy espoused by some African-American constituencies may in fact be at odds with the philosophy of scientific objectivity guiding the black professional's behavior. Stone understood well this dilemma when he discussed Doctor Leo's need to help, through court testimony, a fellow Jew.⁵² For black physicians, this struggle is at the heart of forging a professional identity.

Conclusion

The Byron case has facilitated this highlighting of certain forensic and policy principles. But there are other important notions that have been omitted here. For example, only passing reference has been

made to the substantial law review literature on the TRA debate.

Because of the disproportionate number of minority children in out-of-home placement in that Pennsylvania county, determining who would take care of Byron was an exercise in the reality of life for the black child unfortunate enough to be in need of a permanent home.

Byron was taken away from his birth-mother at an obviously difficult time in her life and placed with a white family who ultimately were interested in raising Byron. When Byron was about five months old, CYS decided that he was better off with a black foster family who had some unique ability to teach him about racism and his black heritage. Such an exaggerated claim should not be allowed to carry the day in this debate.

The CYS proposition that it was in Byron's best interest to be placed with a black family is a political claim with no basis in fact. It is merely a value proposed and supported by CYS. The principle of keeping black families intact is also a laudable value. But CYS had a very heavy burden indeed to prove that to do so in this case was in Byron's best interest. CYS had to demonstrate that the birth-mother could raise her child effectively. Based only on a personal value of preferring relatives, one may have opted for giving Byron early on to the great-aunt, who was also raising Byron's siblings; but apparently she did not meet other criteria that were relevant in the assessment of potential adoptive parents.

It is likely that Professor Stone would prefer forensic psychiatrists not to enter this debate at all. But that may not satisfy

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those experts who, struggling like Doctor Leo to express his affinity for Jews, are persuaded they must participate in the daily struggle of blacks in the United States. Furthermore, in the TRA context, participation is possible at least to make clear the substantial limitations of the science-based data. Therefore a forensic expert could have told the judge what is known about parent-child bonding and about the outcome of transracially adopted children. The expert also could have recommended, if he or she lacked the requisite expertise, that consultation be obtained to clarify the short-term and long-term outcome of recovering substance abusers, since that was an important point in the discussion. It would also have been useful to emphasize how all the political interests in the Byron case were being served by adherence to legitimate values, such as a strong belief in the principle of racial sameness in the construction of families.

Undoubtedly, there will continue to be considerable disagreement about whether the best way to assure a promising future for a black child needing a permanent home is to seek qualified adoptive parents without regard to their race. But as this article has tried to demonstrate, a thoughtful framework needs to be kept in mind as one approaches this passionate debate. Indeed, the recent discovery that Byron's biological mother returned to drugs has caused the whole legal struggle to be reopened.³³ This in itself should highlight the need for forensic psychiatrists to participate in such cases, because the future of Byron and other black children in similar situations is of national importance.

References

1. J.H.H. v. O'Hara, 878 F 2d 240 (8th Cir 1989), cert denied, 493 US 1072 (1990)
2. DeWees v. Stevenson, 779 F Supp 25 (E.D. Pa 1991)
3. Orwig G: Christopher becomes a Jenkins. Abilene (Texas) Reporter-News. February 27, 1993, pp 1A, 8A
4. High Court Favors Black Grandparents over White Foster Parents in Adoption. New Haven Register. June 13, 1992, p 12
5. Fenton ZE: In a world not their own: the adoption of black children. Harv Black Lett J 10:39-66, 1993
6. Eubanks JB: Comment—transracial adoption in Texas: should the best interests standard be color-blind? St Mary's L J 24:1225-61, 1993
7. Glynn TP: Note, The role of race in adoption proceedings: a constitutional critique of the Minnesota preference statute. Minn L Rev 77:925-52, 1993
8. Griffith EEH: Culture and the debate on adoption of black children by white families, in American Psychiatric Press Review of Psychiatry (vol 14). Edited by Oldham JM, Riba MB. Washington, DC: American Psychiatric Press, 1995, pp 543-64
9. Finholm V: Adoption between the races at issue. Hartford Courant. January 31, 1994, pp A1, A4
10. Smith MP: 'Baby Byron' back with natural family. Pittsburgh Post-Gazette. December 29, 1993, pp B1, B4
11. Jones C: Role of race in adoptions: old debate is being reborn. The New York Times (national edition). October 24, 1993, pp 1, 13
12. Bartholet E: Adoption is about family, not race. Chicago Tribune. November 5, 1993, p 23
13. Bill would end adoption placement based on race. New Haven (CT) Register. March 20, 1994, p A12
14. Bates JD: Gift Children: A Story of Race, Family, and Adoption in a Divided America. New York: Ticknor and Fields, 1993
15. National Association of Black Social Workers: Position statement on trans-racial adoptions. New York: NABSW, September 1972
16. Bartholet E: Where do black children belong? The politics of race matching in adoption. U Pa L Rev 139:1163-1256, 1991
17. Simon R: Transracial adoption: highlights of a twenty-year study. Reconstruction 2:130-1, 1993
18. Schulman I, Behrman RE: Adoption: overview and major recommendations. Future Child 3:4-16, 1993

19. Stolley KS: Statistics on adoption in the United States. *Future Child* 3:26–42, 1993
20. Tataro T: Characteristics of Children in Substitute and Adoptive Care: Based upon FY 82 through FY 89 Data. Washington, DC: American Public Welfare Association, May 1993
21. Preserving African American Families: Research and Action Beyond the Rhetoric. Detroit, MI: The National Association of Black Social Workers, 1991
22. Grossman SJ: A child of a different color: race as a factor in adoption and custody proceedings. *Buffalo L Rev* 17:303–47, 1967
23. Chimezie A: Transracial adoption of black children. *Soc Work* 20:296–301, 1975
24. White Couple to Retain Custody of Black Child. *Observer-Reporter (PA)*. December 18, 1992, p 1
25. Land M: Mother wants custody of child in racially mixed adoption suit. *North Hills (PA) News Record*. September 11, 1993, p A4
26. Pro JA, Stack BW: Tot going back to mom: judge refuses to permit white couple to adopt black foster child. *Pittsburgh Post-Gazette*. December 21, 1993, pp A1, A10
27. Smith MP: 'Baby Byron' back with natural family: biological mother, brothers greet boy in drug treatment house. *Pittsburgh Post-Gazette*. December 29, 1993, pp B1, B4
28. DiFilippo D: Experts debate adoption issue. *North Hills (PA) News Record*. December 17, 1992, p A14
29. Williams TD: Couple fights to keep infant. *North Hills (PA) News Record*. December 17, 1992, pp A1, A14
30. Kalson S: Wrapped up in racial politics. *Pittsburgh Post-Gazette*. June 24, 1993, pp 4, 5
31. DiFilippo D: Foster care cases rise sharply: minority parents hard to find. *North Hills (PA) News Record*. December 20, 1992, p B1
32. Ackerman J: Interracial custody case heard. *Pittsburgh Post-Gazette*. June 24, 1993, p C1
33. Stack BW, Lash C: Drug program boots mom: Derzacks re-enter picture. *Pittsburgh Post-Gazette*. July 16, 1994, pp B1, B4
34. In re D.L., 486 N.W. 2d 375 (Minn 1992), cert denied by Sharp v. Hennepin County Bureau of Social Services, 113 S Ct 603 (1992)
35. In re D.L., 479 N.W. 2d 408, 411 (Minn App 1991)
36. Stack CB: Cultural perspectives on child welfare. *Rev L Soc Change* 12:539–47, 1983–1984
37. Goldstein J, Freud A, Solnit A: *Beyond the Best Interests of the Child*. New York: Free Press, 1973
38. Goldstein J, Freud A, Solnit A: *Before the Best Interests of the Child*. New York: Free Press, 1980
39. Griffith EEH, Adams A: Public policy and transracial adoptions of black children, in *Family, Culture, and Psychobiology*. Edited by Sorel E. Ottawa: Legas Press, 1990, pp 211–33
40. Silverman AR: Outcomes of transracial adoption. *Future Child* 3:104–18, 1993
41. McRoy RG, Zurcher LA, Lauderdale ML, Anderson RN: Self-esteem and racial identity in transracial and inracial adoptees. *Soc Work* 27:522–26, 1982
42. McRoy RG, Zurcher LA, Lauderdale ML, Anderson RE: The identity of transracial adoptees. *Soc Casework* 65:34–9, 1984
43. Shireman JF: *Growing Up Adopted: An Examination of Major Issues*. Chicago: Chicago Child Care Society, 1988
44. Vroegh KS: *Transracial Adoption: How It Is 17 Years Later*. Chicago: Chicago Child Care Society, 1992
45. Simon RJ, Alstein H: *Transracial Adoption*. New York: John Wiley, 1977
46. Simon RJ, Alstein H: *Transracial Adoption: A Follow-Up*. Lexington, MA: Lexington Books, 1981
47. Simon RJ, Alstein H: *Transracial Adoptees and Their Families*. New York: Praeger, 1987
48. Simon R: Transracial adoption: highlights of a twenty year study. *Reconstruction* 2:130–1, 1993
49. Cross WE Jr: *Shades of Black*. Philadelphia: Temple University Press, 1991
50. Chimezie A: Bold but irrelevant: Grow and Shapiro on transracial adoption. *Child Welfare* 56:75–86, 1977
51. Pierce CM: Unity in diversity: thirty-three years of stress, in *Black Students: Psychosocial Issues and Academic Achievements*. Edited by Berry GL, Asamen JW. Newbury Park, CA: Sage Publications, 1989, pp 296–312
52. Stone AA: *Law, Psychiatry, and Morality*. Washington, DC: American Psychiatric Press, 1984
53. Diamond BL: The psychiatric expert witness: honest advocate or "hired gun"?, in *Ethical Practice in Psychiatry and the Law*. Edited by Rosner R, Weinstock R. New York: Plenum Press, 1990, pp 75–84
54. Weinstein HC: The impartial expert: myth or reality?, in *Ethical Practice in Psychiatry and the Law*. Edited by Rosner R, Weinstock R. New York: Plenum Press, 1990, pp 117–28