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Belonging and Reclaiming Identity: Understanding the Lived Experiences of Youth Adopted From Foster Care in Transracial Families

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ABSTRACT

It is not uncommon for adoptive parents to adopt children of a different race/ethnicity than themselves, with approximately 28% being transracial adoptions. Yet, the unique experiences of these youth remain underexplored. This mixed-methods study examined how they navigate complex identities. Thirty-five youth adopted from foster care completed surveys about their adoption experiences, and nine transracially adopted youth participated in key informant interviews. Quantitative analyses indicated broad adjustment outcomes with no significant differences between transracial and same-race adoptees. Qualitative findings revealed challenges in belonging, trust, and caregiver connection. Findings highlight the importance of racial-ethnic socialization and culturally responsive adoption practices.

Foster care and race

Over 350,000 children are reported to be in the foster care system in the United States (AFCARS Report, 2022).

Although the foster care system aims to support children experiencing familial disruption, outcomes for foster youth are often concerning. Foster youth are at increased risk of homelessness, poor educational achievement, and low employment rates, often facing significant challenges transitioning into adulthood due to insufficient support (Bruskas, 2008; Gypen et al., 2017). While these outcomes are true for many youth with foster care experience, decades of census data reveal that children of color are disproportionately represented in the foster care system and encounter additional challenges, including self-esteem, identity development, ethnic racial

socialization, and navigating racial discrimination (Hughes et al., 2006; McRoy, 2014; Pinderhughes et al., 2021).

Native American, Latinx and Black children experience higher rates of contact with the child welfare system (Dettlaff & Boyd, 2020).[1] Specifically, Black children are three times more likely, Native American children are 2.79 times more likely, and Latinx children are 1.31 times more likely to have contact with the system compared to White Children (Webster et al., 2024). According to the California Child Welfare Indicators Project, as of July 1, 2024, 54.9% of youth in the foster care system in California are Latinx, 20.4% are Black, 2.1% are Asian American, and 1.3% are Native American (Webster et al., 2024). Accounting for missing data (1.2%), approximately 78.7% of youth in foster care are children of color. These disparities extend to case outcomes as well; compared to White children, cases involving Black, Native American, and Latinx children are substantiated at higher rates and are more likely to be placed in the foster system (Maguire-Jack et al., 2020; Webster et al., 2024).

Foster care and trauma

Children in the foster care system are more likely to have exposure to adverse childhood experiences (ACEs) and when surveyed, 70% met the clinical threshold for a diagnosis of complex trauma (Bramlett & Radel, 2014; Greeson et al., 2011). There is a significant association between adverse experiences and socialization skills, such that each additional exposure to an adverse childhood experience is associated with a 77% increase in the likelihood of lower socialization skills among children 36 to 71 months old (Kerker et al., 2015). Lipscomb et al. (2021) found that children as young as 3–5 years old with "extended ACEs indicators" like foster care had lower levels of positive engagement with tasks (e.g., sustained attention, participating in group conversations, self-reliance). These challenging behaviors, which are associated with ACEs, often lead to placement disruptions that perpetuate further trauma and loss (Herrick & Piccus, 2005). With each separation and new placement, the child experiences compounded traumatic loss (Fisher et al., 2011). Notably, Liming et al. (2021) describe a circular system where exposure to ACEs leads to more placement instability which leads to further exposure to ACEs. While research on youth with foster care experience focuses on child behavior, it is imperative to acknowledge that resource parents may also end placements for reasons unrelated to the child's behavior. For example, Crum (2010) found that discrepancies between the foster parents' expectations and the realities of caregiving contributed to a decrease in parenting satisfaction, which was correlated with an increase in placement disruptions. When resource parents' expectations are unmet, parental

dissatisfaction stemming from factors outside of the child's control, may affect stability of placement. Similarly, Tonheim and Iversen (2019) found that insufficient support from child welfare services (i.e., poor communication, feeling undervalued, and discrepancies between what the child needed and what the resource parents could support) were key contributors to placement disruption - specifically due to the impact on coping, one of the main reasons for disruption. Tonheim and Iversen (2019) findings align with the Leathers et al. (2019) study, which found that stress and low support were associated with greater perceived difficulty in parenting, which strongly predicted placement disruption.

Many children in foster care grapple with profound grief and loss, heightened exposure to trauma compared to their peers, identity instability, and ambiguity surrounding their life circumstances. Additionally, children with foster care experience are often forced to navigate independence with limited support and insufficient time to adjust (Bruskas, 2008; Wagner & Heberle, 2024). If the child successfully adopted, the emotional turmoil from foster care experience often continues to affect the child in their permanent placement. It is common for children who are adopted to experience challenges in developing their sense of identity, and they may be susceptible to their parents' and community's influence (Baden & Steward, 2000). For children of color, this can make forming their own racial/ethnic identity more difficult and confusing (Baden & Steward, 2000). Moreover, Wagner and Heberle (2024) suggest that being adopted from the foster care system carries its own separate weight from being adopted in general. They note that those adopted from foster care experience a unique sense of disconnection from others, and since many experience barriers to accessing the details of their history, it can become particularly difficult to develop a sense of personal understanding and identity.

Previous qualitative studies illustrate how damaging stereotypes often discourage youth from disclosing their foster care status (Johnson et al., 2020). For instance, one participant stated, "There are so many negative stereotypes about it… [it] makes you not want to tell people that you're in foster care." Others shared a heightened awareness and deep insecurity of their foster care identity, resulting in them concealing it. Several participants highlighted the need to conceal their foster care status to feel normal (Johnson et al., 2020).

Transracial adoption

Varying terms (e.g., interracial adoption, transracial adoption, mixed race adoptions, transcultural adoption) have been used to describe when a child's race/ethnicity is different from one or both of their caregivers. As

much of the existing literature utilizes the term transracial adoption, this term will be adopted for purposes of the current paper.

Given the high percentage of White identifying individuals who opt to become foster or adoptive parents in the United States, and that a majority of children and young people in foster care are people of color, transracial families are a frequent phenomena (Marr, 2017). It is possible that Asian and Hispanic communities are recruited less, reducing the number of Hispanic and Asian resource parents (LaBrenz et al., 2022). For example, there is only one Asian Pacific islander focused Foster Family Agency in the nation with services available in a wide range of Asian languages (e.g., Cantonese, Vietnamese, Mandarin) (Korean American Family Services, 2023).

Due to the unique racial makeup of the foster care system, 63% of children adopted from foster care have White adoptive parents (U.S. Department of Health & Human Services, 2023n.d.). LaBrenz et al. (2022) found that almost 90% of non-Hispanic White children had same-race placements (i.e., the parents and the adopted child were of the same race) while children of color had significantly lower percentages. Moreover, children of color had significantly lower percentages of same-race placements (Baron et al., 2024; Ganasarajah et al., 2017; LaBrenz et al., 2022). Particularly salient, less than 10% of Latinx children were matched with Latinx foster parents and Asian children also had the lowest rates of racially matched placement with foster parents (LaBrenz et al., 2022). As of 2020, 28% of adoptions from foster care were transracial, an increase from 21% in 2005–2007 (Kalisher et al., 2020).

Transracially adopted youth not only face the same trauma-related challenges as their non-transracially adopted peers, but they also grapple with complex issues regarding their racial and ethnic identity. Ethnic-racial identity consists of multidimensional constructs reflecting the attitudes and beliefs about their ethnicity and race (Meca et al., 2023). These youth may experience a sense of disconnection from their birth culture and rely heavily on their adoptive parents to facilitate cultural learning and awareness, despite the parents' own potential lack of cultural knowledge (Degener et al., 2022). Baden and Steward (2000) note the increased difficulty that transracially adopted youth face since they are heavily affected by their adoptive parents' support/dismissal of their race. Lewis and Norwood (2019) further note that transracially adopted youth feel a heavy internal struggle over the conceptualization of their own race and how they fit into the culture of their adoptive family. Transracially adopted youth may also associate the race of their adoptive parents with "saviors" and disparage the race of their birth parents, particularly if their trauma stems from interactions with individuals of their birth race (Lewis &

Norwood, 2019). Thus, they may become more vulnerable to their adoptive parents' beliefs about race and rely on them to dismantle any potentially harmful conceptualizations of their birth race. Reliance on adoptive parents who do not share the same race/ethnicity as the child to help shape their child's understanding of race and racism becomes particularly significant as youth in transracial adoptions must navigate external discrimination and other identity challenges in their community (Pinderhughes et al., 2021).

Transracially adopted youth often face adoption-related discrimination and ethnic/racial discrimination. White et al. (2022) found that transracially adopted youth frequently experience microaggressions from their classmates, such as being told they're "not really" their birth race or being labeled as "damaged goods," creating an additional sense of pressure to prove their worth. Youth in transracial adoptions also report challenges with "fitting in." Godon-Decoteau and Ramsey (2018) found that more than a quarter of transracial adoptees felt they did not belong or felt noticeably different from others in their community. Many described feeling torn between their adoptive identity and birth identity, simultaneously struggling to connect fully with either group. Similarly, Godon et al. (2014) conducted a mixed-methods study exploring transracial adoptees' experiences with searching for and contacting their birth parents. Qualitative findings revealed that adoptees often grapple with looking distinctly different from their adoptive parents while simultaneously struggling to integrate into their birth culture, despite their shared physical appearances.

Conceptual framework

Given the profound influence of intersecting identities on everyday experiences and social relationships, this study draws on Kimberlé Crenshaw's intersectionality framework (Crenshaw, 1991). Originally developed to examine how race, gender and class intersect to shape the experiences of African American women, specifically survivors of gender-based violence, Crenshaw's framework offers a powerful lens for analyzing complex social dynamics. Applying this perspective to the context of adoption in the United States, particularly those with foster care experience, allows for a more nuanced understanding of how multiple identities (such as race, gender, and adoption status) collectively shape adoptees lived experiences.

For transracial adoptees in particular, intersectionality provides a valuable framework for examining how race and culture influence identity development, as well as how broader social constructs (such as power and privilege) shape the understanding of race and culture. This perspective helps contextualize the unique challenges transracial adoptees often

encounter related to identity development, including experiences of cultural and racial disconnection and social exclusion.

Grounded in intersectionality theory, this study includes research questions that explore how adoptees navigate their multifaceted intersecting identities. Participants were asked to reflect on how their racial identity shaped their adoption experience. Analyzing participant narratives through an intersectional lens allowed for a deeper exploration of how overlapping systems of oppression (such as racism, classism and sexism) shape the adoptees' experiences.

Ultimately, intersectionality serves as a foundation lens in this study, emphasizing that adoption experiences are deeply nuanced and not a singular experience. Rather, the experiences of transracially adopted youth are shaped by the interplay of race, power, identity, and systemic inequities, offering a more inclusive understanding. Additionally, the team adopted a phenomenologically informed qualitative approach (Smith & Osborn, 2015). This approach informed both the data collection and analysis process, by centering the adoptees' lived experiences and meaning-making processes. Open-ended exploratory questions encouraged participants to share their personal experiences, without researcher-imposed assumptions/bias.

Current study

To date, there remains limited literature on the lived experiences of youth transracially adopted from foster care. Thus, the present study aims to examine the experiences of transracial adoptees across three primary domains: (a) transracial adoptees' life adjustment; (b) transracial adoptees' sense of connection and belonging with their community; and (c) the role of multiple intersecting identities in shaping their life. Findings from this study can aid clinicians in providing more contextually appropriate care to this unique population and help inform the development of specific interventions designed for transracially adopted youth. Further, it expands our current understanding of how being transracially adopted may influence a child's sense of belonging and adjustment and reinforces calls for increased pre-placement education to better prepare adoptive parents to best support their child.

Method

Procedure

This study was approved by the Institutional Review Board at the University of California, Los Angeles. Participants were recruited initially through announcements made during additional pre-placement educational seminars presented by UCLA TIES for Families (originally TIES for adoption) with

prospective adoptive parents who completed mandatory training through the Adoptions Division of the Los Angeles County Department of Child and Family Services (DCFS). Parents who requested services from the UCLA TIES for Families program with a child under the age of nine placed with them were eligible to participate in the study. Two months after placement, both parents and children participated in various assessments, and with DCFS permission, the children's adoption records were reviewed. Children and parents were followed yearly for 5 years. Approximately 15 years later, families were re-contacted through email, phone, mail, and social media to take part in an online follow-up survey. Consent was obtained from parents and adoptees over the age of 18, while youth under the age of 18 provided assent with parental permission. Separate surveys were administered to parents and youth, and participants were compensated with gift cards for their time. Those youth who had completed the online follow-up survey were invited to participate in follow-up interviews.

Participants

Participants in this study were enrolled in a 5-year longitudinal study conducted by the UCLA TIES for Families, an interdisciplinary program providing services to youth adopted from foster care and their families. The longitudinal study, enrolling participants between the years 1996 and 2001, included 68 caregivers and 82 children (including same race and transracially adopted children). The follow-up survey was conducted in 2015, and the qualitative interviews were conducted in 2017. The gap between the follow-up survey and the follow-up interviews allowed researchers to analyze the quantitative data in depth, which then informed the development of qualitative questions aimed at capturing a more nuanced understanding of participants' experiences. At follow-up in 2015, approximately 14 years after the initial study state ($M = 19.2$ years; the ages ranged from 13 to 23 years old), study staff reached out to former participants requesting that they complete an online follow-up survey. Study staff reached out *via* email to the participants and the parents; however, if the participant was below the age of 18 then the study staff reached out solely to the parents. Emails were sent to all participants whose emails were known.

Thirty-five youth participated in the follow-up survey, with attrition being largely attributed to an inability to contact participants, youth declining to participate, and unknown whereabouts of the participant. There were no demographic differences between those who chose to participate in the follow-up survey and those who did not participate in the follow up survey. The majority of those who completed the follow-up survey identified as Latinx (34.0%) or African American (32.1%), with an equal

Table 1. Child demographic information at follow-up and qualitative key interviews*.

	Follow-up survey	Qualitative interviews
	Youth ($n=35$)	Youth ($n=9$)
Transracial family	52%	100%
Gender		
Male	54%	22.2%
Female	46%	77.8%
Ethnicity		
White	20%	–
Black	32%	44%
Latinx	33%	44%
Multiracial	8%	–
Unknown	7%	11%
Premature (Yes)	37%	11%
Age at placement	44% 48 months or older	44% 48 months or older
	Mean = 44.1 months	Mean = 76.6 months
	SD = 24.6	SD = 24.0
Prenatal exposure (Yes)	96%	77%
Total placements	42% three or more placements	55.5% three or more placements
	Mean = 2.6 placements	Mean = 2.9 placements
	SD = 1.5 placements	SD = 1.2 placements
Ever lived with birth parent (Yes)	42%	33%
History of maltreatment (Yes)	43%	77%
Psychiatric hospitalization (Yes)	21%	22%
Mental health diagnosis (Yes)	63%	44%

*Note: Only the demographic data for the transracially adopted participants who completed the key interviews are included, as it is solely their data used in the qualitative analysis.

distribution of males and females. Most had a history of prenatal exposure to substances (86%), and approximately 46% had a documented history of maltreatment (refer to Table 1 for child demographic information at follow-up and qualitative key interviews).

Among the 35 adolescents who completed the follow-up survey, a total of 21 youth identified as being transracially adopted ($M = 19.4$ years old; ages ranged between 13 and 23 years old). The majority of transracially adopted youth identified as Latinx (46%) and African American (36%), with an equal distribution of male and females. Most had been prenatally exposed to substances (81%) and approximately 43% of the transracially adopted youth had a documented history of maltreatment. Refer to Table 2 for parent demographic information at the follow-up survey.

A subsample of youth ($n = 20$) completed key informant interviews, with approximately half ($n = 9$) being transracially adopted. There was no significant difference in prenatal risk factor scores and postnatal risk factor scores (defined below) between the transracially adopted youth who participated in the qualitative interview and follow-up survey participants. Additionally, there was no significant difference in the child's age at the follow-up survey. Lastly, no significant differences were found between the youth who completed the follow-up survey and the youth who completed the qualitative key interviews (see Tables 3–5 for variables in study). This suggests that the youth who participated in the follow-up survey did

Table 2. Demographic information of parents at follow-up and qualitative key interview.

	Follow-up survey	Interview
	Primary Parent (*n* = 54)	Primary Parent (*n* = 9)
Age (follow-up and interview)	Mean = 56.3 years SD = 6.3 years	Mean = 39.5 years SD = 2.7 years
Gender		
Male	26%	22%
Female	74%	78%
Ethnicity		
White	66%	89%
Black	15%	–
Latinx	9%	–
Multiracial	10%	11%
Unknown	–	–
Transracial Family	52%	100%
Relationship Status		
Single	31%	33%
Partnered	69%	67%
Sexual Orientation		
Heterosexual or Straight	75%	78%
LGBTQ+	25%	22%

*Note: Only the demographic data for the parents of the transracially adopted participants who completed the key interviews are included, as it is solely their child's data used in the qualitative analysis.

Table 3. Component matrix for youth socialization variables*.

Item/*Anchors*	Factor 1 (youth socialization)	Transracial endorsed	Same race Endorsed
How would you rate the number of friends you have compared to other children your age? (*Average or more than average*)	0.813	71.4%	66.7%
How close do you feel to your friends? (*Close or very close*)	0.763	66.6%	69.3%
How was school for you socially? (*Easy or very easy*)	0.873	66.6%	46.2%

*Note: Extraction Method - Principal Component Analysis. One Component Extracted from Principal Component Analysis so the solution could not be rotated.

Table 4. Pattern matrix for family socialization variables*.

Item/*Anchors*	Factor 1	Factor 2	Transracial endorsed	Same race endorsed
How close do you feel to this parent? (*Quite a bit to very much*)		0.908	71.4%	84.6%
Overall, how much conflict would you say your family has? (*Quite a bite or a great deal of conflict*)		−0.582	28.5%	30.8%
How often do you feel that you are a disappointment to your adoptive parents? (*Often or always*)	0.877		28.6%	30.8%
How much do you feel that the people in your adoptive family understand you? (*Quite a bit or very much*)	−0.800		42.9%	53.9%

*Note: Rotation Method - Oblimin with Kaiser Normalization. Two components extracted.

not differ significantly from those who also took part in the qualitative component of the study. In other words, the participants who completed the key informant interviews do not represent a substantially different subgroup from the broader follow-up survey sample.

Table 5. Component matrix for adoption perception variables*.

Item/*Anchors*	Component 1 (adoption perception)	Transracial endorsed	Same race endorsed
How often do you have negative feelings about being adopted? *(More than once or twice a year)*	.743	9.5%	23.1%
How often do you have positive feelings about being adopted? *(More than once or twice a year)*	−0.743	71.5%	84.6%

*Note: Extraction Method - Principal Component Analysis. One Component Extracted from Principal Component Analysis so the solution could not be rotated.

Measures

At time point 1 in the original study (1996–2001), demographic data was collected for children, including age, gender, and ethnicity (the study included same-race and transracially adopted participants). Various sources (e.g., DCFS records, court reports, medical reports) were used to ascertain information regarding prenatal and postnatal risk factors. Prenatal and postnatal risk factor scores were calculated using methodology used by Blake et al. (2022). Prenatal risk factors in this study included prematurity (defined as birth at or before 36 wk of gestation), complications at birth (such as respiratory distress or the need for resuscitation at birth), and low birth weight (less than five pounds). Prenatal substance exposure was not included as a prenatal risk factor as nearly all participants had been prenatally exposed to substances. Postnatal risk factors included instability in placement (three or more placements before adoption), older age at adoption (defined as placement after age four), any prior cohabitation with a birth parent, and documented experiences of maltreatment (including neglect, physical or sexual abuse, or exposure to domestic violence). Data was also gathered on medical conditions, developmental needs (e.g., learning difficulties), and other related variables.

During the adolescent/young-adult follow-up survey, adoptees reported on various outcomes related to their adoption experiences. This included family relationship dynamics, level of enjoyment and conflict within the family, social belonging and perceived relationship with the greater community, self-esteem and self-perception, and their thoughts and feelings about the adoption itself. Many of the measures (e.g., quality of parent-child relationships, self-esteem and tobacco use) were adapted from the National Longitudinal Study of Adolescent to Adult Health, a large-scale survey which examines the health and well-being of adolescents in the United States (Harris et al., 2019). Additional variables were developed by the research team through collaborative discussions, drawing on their extensive research and clinical experience in child welfare, particularly with children in foster care or adopted from the foster care system. Similarly, the measures adapted from Add Health were refined through

collaborative efforts by the team and tailored to specifically examine how being adopted from the foster care system influenced key aspects of life (such as quality of parent-child dynamics and self-esteem). Because existing measures did not fully capture the unique experiences of youth adopted from foster care, the research team developed additional variables through collaborative discussions, drawing on their deep clinical and research expertise in child welfare. These variables were designed to explore aspects of the adoption experience not captured by broader psychosocial measures, such as adoptees' relationship to their birth siblings. Questions regarding the transracial adoption experience (i.e., questions about having a different racial/ethnic identity as their parent(s)) were not asked of same-race adoptees, all survey respondents had the ability to identify as transracial or not. If the survey respondent identified as same race adopted, then the transracial adoption experience questions were not asked.

Other items in the survey included questions about the participants' perception of discrimination (e.g., How much discrimination have you experienced due to being adopted?), social belonging (e.g., How close do you feel to your friends?; How would you rate the number of friends you have compared to other children your age?), family dynamics (e.g., How much do you feel that people in your adoptive family understand you?), life adjustment and perception (e.g., All things considered, how is your life going?; In what ways has having a different racial/ethnic identity than your adoptive parents been difficult for you?). These questions included both Likert-type scales and open-ended responses. General psychological adjustment was measured using the Brief Adjustment Scale-6 (BASE-6) (Cruz et al., 2020). The BASE-6 was developed to measure overall distress and functioning. All items were on a seven-point Likert Scale (1 = *not at all*, 4 = *somewhat*, 7 = *extremely*), with higher cumulative scores reflecting poorer psychological adjustment. The BASE-6 has high convergent validity with the PHQ-9 (Patient Health Questionnaire - Depression Assessment) and GAD-7 (General Anxiety Disorder Questionnaire), and in a nonclinical sample has moderate to high convergent validity with the OQ-45.2 (Outcome Questionnaire) (Beckstead et al., 2003; Cruz et al., 2020; Kroenke et al., 2001; Spitzer et al., 2006;). Additionally, Cruz et al. (2020) found that the BASE-6 has strong internal consistency and test-retest reliability.

Qualitatively, 20 youth participated in key informant interviews (ranging from 45 min to two hours) covering topics related to their functioning post adoption (e.g., What is school like for you?), community relationships (e.g., What is your social life like?), adoption experiences (e.g., Are there any ways that being part of an adoptive family made you feel different?), racial/ethnic and adoption discrimination (e.g., What kind of things did you feel like you were limited in being able to talk about?), and family dynamics (e.g., How do you think your adoptive parents feel about you?).

For analysis purposes, only transracial youth's interviews ($n = 9$) were included to focus specifically on the impact of transracial adoption. Each question was created through discussion by members of the research team, internal team research, and based on clinical experiences working in child welfare.

Analysis plan

All quantitative analyses were completed using IBM SPSS Statistics software version 26. Descriptive statistics were conducted using follow-up survey data from adoptees. Quantitative data analysis included computing descriptive statistics (e.g., frequency analysis) for all relevant survey items. To facilitate data interpretability, exploratory factor analyses were conducted to aid data interpretation. Given the sample size of the study, it likely has low statistical power; however, the exploratory factor analyses were used to aid data interpretation and were not central to analysis. Three exploratory factor analyses were used to create composite scores for the youth-reported variables (refer to Tables 3–5 for items and factor loadings). Factor analyses with oblimin rotation extracted discrete composites from the quantitative data. Factors with eigenvalues greater than 1 and items with factor loadings greater than .60 were retained (Matsunaga, 2010).

Independent sample t-tests were conducted to compare composite scores and psychological adjustment (measured by the BASE-6) between transracially adopted youth and same race adopted youth. Given that BASE-6 scores are continuous, interval-level data and approximately normally distributed, a t-test was deemed an appropriate method to detect statistically significant differences between the two independent groups. Additionally, a Mann-Whitney U test was used to compare groups on the life adjustment variable, which was ordinal in nature. This non-parametric test was selected as it is suitable for comparing ranked data when the assumptions of a parametric test are not met. Pairwise deletion was used to handle missing data.

The study utilized an explanatory sequential mixed-methods approach where the quantitative data was collected and analyzed first, followed by the qualitative data collection and analysis to provide further understanding of the quantitative findings (Ivankova et al., 2006). Shuttleworth (2023) found that youth with foster care experience emphasized the importance of qualitative research in giving a voice to their lived experiences. Qualitative research specifically has been shown to capture the depth, nuance, and context of the participants' personal narratives (Riessman, 2008), and is uniquely positioned to explore the participant's meaning-making processes without the constraints of predefined scales. Further, it centers the participants' voices in the research and is particularly well-suited to explore

complex, contextually relevant, and subjective experiences of individuals (Stutterheim & Ratcliffe, 2021). For particularly complex and nuanced topics, such as identity and belonging, a mixed methods approach enables researchers to both capture quantitative patterns (ex. frequency of response on a likert scale) and explore subjective interpretations (direct narratives) of participants (Clark, 2019). Rather than being limited by picking one methodological approach, mixed method research reveals deeper insights by capitalizing on the strengths of both approaches.

The goal of the qualitative analyses was to further understand the lived experiences of transracial participants. Individual interviews were recorded and then transcribed for later coding. The qualitative coding software program, NVIVO, was used to associate codes with text from the transcripts. This study employed reflective thematic analysis, as outlined by Braun and Clark (2006):

1. Familiarization with the data: The research team immersed themselves in the data, actively re-reading the transcripts to gain a deeper understanding of the narratives.
2. Generating initial codes: The research team identified meaningful quotes and patterns, organizing the data excerpts in NVIVO. Codes were tagged in NVIVO and the data item was named.
3. Searching for themes: The research team grouped the initial codes into broader, preliminary themes. During a second round of coding, the team identified more specific sub-themes, focusing on patterns of meaning making and lived experiences. The inductive process allowed themes to emerge organically from the data rather than fitting the codes into preconceived categories.
4. Reviewing themes: The research team met to discuss, review, and refine the themes to ensure accuracy and efficiency across cases.
5. Defining and naming themes: The team explored the core of each theme and subthemes. The team further refined the themes and finally named the themes based on their conceptual significance (e.g., Adoption Discrimination and Disconnect from Birth Family).

Through a collaborative and consensus-based approach, the team reviewed and refined the themes and subthemes. Regular team meetings were held to resolve discrepancies and ensure validity of the codes. When analyzing the narratives, the research team paid close attention to how the participants described and made sense of their experiences, prioritizing their interpretations and perspectives. Of note, the research team recognized their own lived experiences, various identities, and familiarity with the existing literature. All the authors have experience working with youth in the foster care system. Notably, the lead author's (Berman) own

lived experience as a transracial adopted youth provides a unique experience. It is important to state that the lead author was transnationally adopted, not adopted from the foster care system. Demographically, three of the authors (Waterman, Langley, and Berman) identify as Women, one (Ordaz) identifies as queer, and one (Ruderman) identifies as a man. Two of the authors identify as people of color, with Berman identifying as Chinese and Ordaz identifying as Xicana. The term Xicana is used to identify as a woman of Mexican descent who actively embraces their indigenous roots and identity. Reflexivity was practiced through each step of the study, and researchers worked intentionally to identify and mitigate potential biases.

Results

Descriptive factors

Items assessing adoptees' sense of belonging amidst their peers loaded onto one factor: Youth Socialization (refer to Table 3 for factor loadings). Items assessing adoptees' sense of belonging within their family loaded onto two factors: 1) Family Understanding and Disappointment and 2) Family Closeness and Conflict (refer to Table 4 for factor loadings). Items assessing positive and negative feelings toward their adoption loaded onto one factor: 1) Adoption Perception (refer to Table 5 for factor loadings).

Quantitative results

Life adjustment post-adoption

Overall, approximately half of transracial adoptees (53.8%) reported their life was going "fairly well." Notably, none of the youth in transracial adoptions reported their life was "not [going] well at all." There was no significant difference in general life adjustment between youth in transracial adoptions and same-race adoptions, $U = 130.50$, $Z = -0.25$, $p = .805$.

Approximately 39% of transracial adoptees scored above 25 out of 42 on the Base 6 measure, with higher scores indicating lower general psychological adjustment. There was no significant difference on general psychological adjustment (BASE-6 cumulative scores) between youth in transracial adoptions ($M = 22.68$, $SD = 10.41$) and same-race adopted youth ($M = 21.20$, $SD = 21.20$), $t(28) = -0.43$, $p = .671$.

Connection and belonging

Youth socialization. Many transracial adoptees (47.6%) felt that school was "very easy" and only 14.3% reported school being "difficult." In regard to

friends, only 28.6% of youth in transracial adoptions reported having a "less than average" number of friends compared to other children their age. There was an equal distribution of responses for level of closeness, with 33.3% of transracial adoptees selecting each response (ranging from "somewhat close" to "very close"). Refer to Table 3 for additional information. There was no significant difference in youth reports on Youth Socialization composite scores between transracially adopted youth ($M=6.95$, $SD=2.13$) and same-race adopted youth ($M=6.08$, $SD=3.00$), $t(17) = -0.88$, $p = .389$.

Familial relationships. The majority of transracial adoptees (53.9%) reported feeling "quite a bit" to "very much" understood by their family. A small percentage of youths in a transracial adoption (15.4%) reported that they are "never" or "seldom" a disappointment to their parents. Refer to Table 4 for additional information. There was no significant difference on the family understanding and disappointment composite score between youth in transracial adoptions ($M=4.24$, $SD=1.22$) and same-race adopted youth ($M=4.54$, $SD=1.20$), $t(25) = .71$, $p = .487$.

Almost half of transracial adoptees (52.4%) reported feeling "very" close to their primary caregiver, with only 4.8% of youth reporting "very little" closeness. The majority of youth in transracial adoptions reported "some" level of conflict with their family (57.1%), and 28.5% reported feeling "quite a bit" or "a great deal" of conflict. There was no significant difference on the Family Closeness and Conflict composite score between transracially adopted youth ($M=5.38$, $SD=1.16$) and same-race adopted youth ($M=5.38$, $SD=1.26$), $t(23) = 0.01$, $p = .993$.

Identity

When analyzing the impact of ethnic/racial identity, almost 80% of transracial adoptees reported that having a different racial/ethnic identity than their adoptive parents has not been difficult for them. Refer to Table 5 for additional information. There were no significant differences on the Adoption Perception composite (negative and positive feelings toward adoption) scores between transracially adopted youth ($M=3.05$, $SD=2.06$) and same-race adopted youth ($M=4.38$, $SD=1.94$), $t(26) = 1.91$, $p = .067$). Notably, this finding is close to being significant.

Qualitative results

While quantitative analyses found no significant differences between youth in transracial adoptions and youth in same-race adoptions in terms of life adjustment post-adoption, connection and belonging, and identity, qualitative analyses revealed the complexity of transracial adoptees' lived experiences. Three major themes were found when analyzing the narratives:

(1) unwelcoming spaces, a sense of belonging and identity; (2) trust and connection; and (3) conflicting emotions about adoptive family. Firstly, transracial adoptees struggle finding a sense of belonging in their community, which is worsened by prejudiced comments about their ethnic/racial and adoption identity. Secondly, transracial adoptees expressed difficulty trusting others and fostering connection with their greater community. Lastly, transracial adoptees feel a sense of disconnect from their parents due to their differing racial/ethnic identities. Each theme was derived to capture a distinct but interconnected aspect of transracial adoptees' life experiences, contributing to the study's broader research objectives.

Unwelcoming spaces, a sense of belonging and identity

Youth qualitative responses revealed the internal struggle that many transracial adoptees must navigate when developing and understanding their own identity. Youth commented on their experience not being able to fit in, not feeling accepted, and feeling conflicted about their own identity. The following quote demonstrates this:

> I was not black enough for the black community, and I was not white enough for the white community. And that's always been a heavy burden on me, because I've always wanted to fit in. *22 years old, African American, Female*

This quote captures the reality that adoptees of color face when in-between racial and cultural categories. Raised in environments that may not reflect their racial or cultural backgrounds, these individuals can find themselves caught between communities, never fully accepted by either. Her sense of not being "Black enough" or "White enough" reflects the rejection from both communities and her persistent desire for belonging. It underscores the unique identity challenges faced by adoptees of color being raised in white families, particularly during adolescence, when the need for cultural connection and social acceptance becomes especially pronounced. Similarly, this is expressed by another participant, a 21-year-old African American female:

> I think a big thing about being adopted and being a person of color is you have a lot of identity issues. Especially, if you're being adopted by white people…I had a lot of identity issues growing up as a kid and I didn't really know where to settle.

This quote further illustrates the identity instability many transracial adoptees struggle with, without an anchor for her cultural or racial identity. Her use of the phrase "didn't really know where to settle" conveys the profound sense of lack of belonging and cultural rootlessness. Lacking an environment that affirms or reflects their racial and cultural identity, many adoptees of color grow up without a stable foundation for self-understanding. The repeated mention of "identity issues" speaks to a chronic tension

and the toll it takes. Further, by not subscribing to certain expectations due to their upbringing, transracial adoptees are forced to modify their own identity to be accepted. Another participant, a Latinx female, explained they had to "lie about [their] ethnicity" and others explained that their classmates simply "didn't understand". Such acts of self-erasure are often a survival strategy to avoid potential alienation or discrimination, rejecting parts of themselves to gain acceptance. Similarly, others' reports of their classmates simply not understanding further demonstrates the social isolation and disconnect many transracial adoptees face. The adoptee often is left feeling unseen and othered by their community.

Not only did participants describe challenges being accepted by their greater community, but many spoke in detail about an internal struggle with their own identity. Numerous participants mentioned not understanding which box they fit in due to the difference between their adoptive parents' race and their birth race. As one of the participants, an African American female, shared, "I'm not half white, but I feel like I'm half white." This powerful statement encapsulates the internal identity conflict that many transracial adoptees of color experience. It reflects the psychological tension of being raised entirely within a white cultural context while physically embodying a different racial identity, looking one way, but being taught to speak, think and move through the world in another.

Trust and connection

Participants elaborated on how their existing trust issues and difficulties socializing due to experiences in the foster care system impacted their ability to develop a secure sense of self and belonging. Youth mentioned "cutting out" their friends, difficulty trusting, and noticing they have "more boundaries" for themselves compared to their peers. Many of the transracial adoptees described only having "a couple" of close friends and several described not needing any friends at all. One African American female with a Caucasian parent stated, "I wish every single day since I was little that I had friends, but, I just… came to the conclusion [that] I was not made for them." Her words highlight an emotional resignation and internalized sense of isolation, concluding that her inability to form connections is not situational but intrinsic to who she is. It speaks to the chronic absence of meaningful connection in her life. While many participants expressed a desire for connection and acknowledged the importance of friendship, the process of building trust and engaging socially remained a significant challenge. One Latinx participant states that when someone hurts you, "I'm like okay, 'I don't need you.'" The quote demonstrates the shields that transracial adoptees must put up to prevent themselves from perceived further harm. It reflects a survival skill, self-preserving themselves and their feelings by detaching, to prevent further harm from having

unmet emotional needs. Others linked their difficulty trusting with their experiences in difficult foster care placements. One African American female participant stated, "It's so hard being so young and having to go through that. And then, that really … like, affect[s] your brain. It affected my brain. I've already had like two lesions. I have trust issues." The participant powerfully links their early trauma having tangible psychological and even physiological outcomes. It illustrates how the early instability leaves lasting imprints on their interactions with the world. It highlights the struggle to form and maintain connections, not due to a lack of desire, but the emotional labor required to navigate relationships after early trauma. Lastly, when asked what advice they would give to parents hoping to adopt, that same youth elaborated, "love your child… I never experienced that in my foster home. They loved me, but it was just a different type where I used to get beat and stuff like that, and then they would tell me they loved me." This participant highlights the deeply nuanced experience of how love is experienced and interpreted by youth with histories of trauma and foster care experience. For adoptees, while structure and discipline may be important, healing may begin with consistent, affirming, and safe expressions of love.

Conflicting emotions about adoptive family

While transracial adoptees expressed immense gratitude for their adoptive parents and a deep appreciation for the new opportunities they were given, youth highlighted the difficulty of being adopted by a caregiver of a different race. Take the following quotation from a male participant, unaware of their ethnicity, for example:

> I never saw him as my adoptive dad, it was just dad… I can always trust him… he's given up a lot and done so much for my brothers and sisters, and like, I don't think he appreciates himself enough *19 years old, Mixed ethnicity, Male*

This participant articulates the deep sense of trust and admiration he has for his adoptive father, highlighting an emotional bond and genuine and authentic connection. Despite trust issues resulting from complex histories reported by many adoptees, this reflection demonstrates that deep, enduring attachments can form in adoptive families. Participants offered numerous examples of their frequent encounters with racism in their predominantly white neighborhoods and schools. Some experiences were more overt while others were primarily felt by only the adoptee. Unfortunately, these incidents are not isolated to their outer community. Transracial adoptees experience much complexity as they navigate race and identity within their adoptive family. Further, transracial adoptees are often adopted into households where caregivers and/or extended family

have not had direct experience nor received guidance on how to navigate racism and cultural humility. For instance, a participant states:

> I remember the other day, my mom, she got mad because I had two different lotions… She's like, 'Why do you have two different lotions?' … 'Why do you use both of them?' I was like my, my skin reacts to things differently than yours does… She's like, 'Who else do you know that has, like, this much lotion?' I'm like, 'Ask any black person on the face of this planet.' *21 years old, African American, Female*

This quote reflects a lack of racial and cultural attunement within some transracial adoptive households. The participant's experience with skincare represents her needs being misunderstood or invalidated by her adoptive mother. It represents a cultural dissonance often experienced in transracial adoptive families. Additionally, it highlights the responsibility placed upon transracially adopted youth in advocating for their specific needs. Similarly, another participant shares:

> Well, I live in a predominantly white neighborhood. Now, I have my whole life. My mom doesn't see it because she doesn't have to go through it. And I, I complain every day. Every day since we've moved here. *22 years old, African American, Female*

This participant elaborates on her persistent racial isolation and disconnect from her adoptive mother. The phrase "my mom doesn't see it" highlights a gap in understanding rooted in privilege, where the adoptive mother's racial identity allows her to move through the world without the same burdens. As a result, the adoptee is left to navigate racial isolation alone.

Discussion

This study provides valuable insights into the lived experiences of transracially adopted youth from the foster care system and uncovers both the successes and challenges they encounter post-adoption. Given the small sample size for this study, the following discussion should be interpreted as exploratory and a foundation for additional research. While quantitative findings indicated no significant differences between youth in transracial adoptions and same-race adoptions across key domains, qualitative narratives revealed a more nuanced reality such as privilege differences between adoptive parents and youth. These narratives highlighted complexities of navigating identity, belonging, family relationships, and peer connections for transracial adoptees. The current mixed-methods study examined differences in lived experiences among transracial and same-race adoptive families across three key domains: general and psychological adjustment post-adoption, relationships and connection with their community, and the impact of their ethnic/racial and adoption identity on

their life. By integrating quantitative and qualitative findings, this study explored how transracial adoption shapes the development of youth adopted from foster care. The study yielded several noteworthy findings. First, most youth reported positive post-adoption adjustment. The majority of youth, whether transracially adopted or same race adopted, felt that their life was going fairly well. Qualitatively, more complex trends emerged for youth in transracial adoptions. Transracial adoptees highlighted difficulty developing a secure sense of belonging and adjusting to communities primarily composed of their parents' race rather than their own. This finding mirrors previous studies and is further exacerbated by experiences of racism, microaggressions, and discrimination (Boivin & Hassan, 2015; Godon-Decoteau & Ramsey, 2018; San Román, 2013). The external challenges–such as being told they're "not really" their birth race–compound the difficulty of forming their sense of identity (White et al., 2022). These experiences leave youth in transracial adoptions struggling to navigate feelings of disconnection from their various identities, societal invalidation of connection to their identities, and confusion about their own identity.

Secondly, adoptees from same-race adoptions and transracial adoptions experience similar levels of connection and closeness with their family and friends. Again, qualitative responses expanded upon the experiences of youth in transracial families that were not fully reflected in the quantitative survey data. While they explained feeling a deep desire for friendship and human connection, they detailed difficulty forging those relationships due to challenges trusting others as a result of their experiences in foster care. The challenges transracial adoptees experience in forming trust and meaningful social relationships likely aligns with other research on the impact of foster care trauma and placement instability on trust and relationships (Harden, 2004; Miranda et al., 2020; Steenbakkers et al., 2019). Further, they noted feeling the need to suppress parts of their identity to fit into the expectations of their community and how they should behave due to their race. Pertaining to their family, most youth felt very close to their primary caregiver and felt understood by their family. In this area, the quantitative data also highlights the complexity that transracial adoptees experience, with more than half feeling at least quite understood by their family and yet a significant number also feeling like a disappointment to their family. Frequency analyses revealed that same-race adoptees reported more negative feelings about adoption and more positive feelings about adoption when compared with transracial adoptees.

Lastly, transracial adoptees revealed profound challenges in forming an understanding of their identity. Notably, despite the challenges faced by transracial adoptees, almost a quarter of follow-up survey participants said that being adopted by a caregiver of a different race was not difficult.

Despite this, qualitatively some transracial adoptees highlighted that they were forced to explain aspects of their birth culture and race to their adoptive parents and greater community which led to moments of tension. Compelling narratives detailed that a lack of racial awareness among adoptive parents, along with a low sense of belonging within one's community, negatively impacted the adoptees' journey to understanding and accepting themselves. Our findings align with Samuel's (2009) previous findings where transracially adopted youth detailed the struggle of dealing with stereotypes and described making an active choice to not share their adoption identity.

Conversely, the qualitative data also revealed how beneficial having racially informed adoptive parents can be on identity formation and familial relationship building. Intentional efforts by adoptive parents are crucial to mitigating feelings of disconnection. Research shows that ethnic-racial socialization fosters a sense of connectedness, promotes racial/ethnic pride, and is associated with lower levels of depressive symptoms (Atkin & Yoo, 2021; Liu & Lau, 2013).

Findings from this study corroborate previous findings of coexisting and at times conflicting feelings toward being adopted (Godon-Decoteau & Ramsey, 2018; Samuels, 2009). On one hand, transracially adopted youth feel close to their family and friends, and in general find their life is going well. On the other hand, being transracially adopted forced them into often uncomfortable situations where they had to explain and defend their identity. Additionally, some struggle with a strong sense of disconnect from their family and heavily rely on their parents to educate them.

From an intersectional perspective, the challenges faced by transracial adoptees extend beyond racial differences–they are shaped by interconnected systems of race, family structure, and privilege. The qualitative findings reveal that transracial adoptees often have to navigate their multiple and complex identities within environments that may neither accept or understand their various identities. Social norms and white privilege in some instances give rise to colorblind ideological and assumptions of sameness that further impact and alienate transracial adoptees. The qualitative narratives expressed by transracial adoptees show how a sense of belonging and connection is not merely affected by familial love or acceptance but shaped by the broader structural context in which race, identity and adoption merge. Recognizing this intersection is essential for understanding the depth of their lived experiences and for creating supportive, culturally responsive environments for transracial adoptees. A key strength of this study is the focus on youth adopted specifically from the United States foster care system. There remains a lack of comprehensive research examining youth adopted from the child welfare system. Moreover, another area of strength of this study lies in there being multiple sources of data across different time periods and stages of development, from youth.

Additionally, the use of a mixed-method design strengthens the study by combining the depth and nuance of qualitative narratives with the breadth of quantitative data. However, several limitations must be acknowledged. Because the sample is drawn from a specific geographic region, the findings may not generalize to areas with different social, economic, and political climates. Second, the relatively small sample size limits generalizability of the findings. Additionally, all the participants received clinical services from UCLA TIES for Families during the study duration, which may have influenced their responses and outcomes on adjustment measures. Moreover, study staff did not collect updated demographic information from participants at the time of qualitative interviews which limited analyses (e.g., age of participants at qualitative interview). Lastly, we were unable to compare the impact of transracial adoption across different adoption types (i.e., foster care, private, and international adoptions).

Further, it is important to recognize the historical context that may have shaped the environment and greater community for the youth in this study. The original study began in 1997, the same year that the Interethnic Placement Provisions Act (IEPA) amended the Multi-Ethnic Placement Act (MEPA). This federal policy prohibited agencies from delaying or denying placements based on race and prohibited discrimination based on race, with the intent to decrease discrimination and increase placements for children of color. Additionally, MEPA encouraged state agencies to make efforts to recruit diverse resource parents whose racial backgrounds reflect the demographics of the children in care in that state. However, in practice, the policies often reinforced a "race-blind" approach to adoption, limiting agencies from prioritizing racial and cultural considerations (Johnson et al., 2013; Wollen et al., 2023). In addition, adoptive parents may not have received adequate training in how to parent a transracially adopted child (Johnson et al., 2013). The youth in this study represent a generation shaped by the implications of MEPA, with their identity development and family dynamics likely influenced by its impact. Acknowledging this historical context is important when interpreting the findings and developing clinical interventions to better support families with transracial adoptees.

Clinical implications

Past studies primarily focused on internationally transracially adopted youth or same race adopted youth from the foster care system, with only a few studies looking at transracially adopted youth from foster care (Askeland et al., 2017). An even smaller number of studies contained first-hand narratives from the adopted youth themselves. Findings from this study offer insight into how transracial adoptees make meaning of their identity and highlight a need for tailored support. Our findings demonstrate the

importance of adoptive parents fostering a safe space within their household to discuss race, racism, and engage in ethnic-racial socialization by learning about and supporting their child's identity, as well as preparing them to navigate racial and cultural challenges in their greater community. Parents planning to adopt children of a different race are urged to educate themselves around ethnic racial identity formation and socialization and seek out training and community to best support their child as they navigate critical identity and racial/ethnic pride formation milestones and engage around safety and preparation for bias and discrimination.

Clinicians working with youth in a transracial adoption serve an important role in supporting the parents and the adoptee. It is vital that clinicians create a safe space for open discussions about race and identity with their clients, serving as a non-judgmental adult figure for their clients to explore sensitive topics. In addition, it remains crucial for clinicians to support the parents in understanding the protective function of ethnic-racial socialization and adoptive parents' cultural competency on their child's mental health and identity formation (Hughes et al., 2006; Montgomery, 2020). In particular, clinicians can help parents adopting transracially to understand the complexities of identity development, engender racial knowledge and pride by learning about and participating in activities and traditions of their child's ethnic-racial heritage, and prepare their children with strategies to recognize and affirmatively deal with racism and discrimination. Adoptive parents play a crucial role in supporting their child's overall well-being. While actively engaging in ethnic-racial socialization remains essential, it is equally important for parents to focus on fostering trust and cultivating a healthy sense of belonging. Each of these aspects requires care and deep intentionality:

Fostering trust

Youth with foster care experience often have a mistrust of adult figures due to their experience in foster care (e.g., multiple placements, promises not fulfilled, mistreatment) (Chambers et al., 2018; Miranda et al., 2020). Building trust lays the foundation for creating a secure and safe home environment that promotes healthy life adjustment and psychological well-being. Adoptive parents must work intentionally to establish themselves as reliable and consistent caregivers for their child. Storer et al. (2014) emphasize the importance of establishing family expectations, mutually agreed upon consequences, and reliable structure. Mirroring the importance of parents to educate themselves on ethnic racial identity formation, it is equally important for parents to avoid ambivalent or avoidant approaches toward race (e.g., colorblind perspective) and instead actively engage in child focused conversations on the youth's lived racial experiences (Chang et al., 2017).

Clinicians working with transracially adopted youth play a vital role in supporting life adjustment. They can help parents understand the effects of trauma on their child's behaviors and attachment and offer guidance on things such as modeling healthy conflict resolution and teaching trauma-informed approaches (Waterman et al., 2018). Clinicians can also serve as safe and trusted resources for the youth, helping provide a space for the youth to process their emotions and feel validated in their lived experiences.

Cultivating a healthy sense of belonging

Research has shown that youth with foster care experience struggle with challenges in developing a healthy sense of belonging, as they navigate differences in racial and cultural identity within their adoptive family and oftentimes greater community (Godon-Decoteau & Ramsey, 2018). Adoptive parents can support their child's sense of belonging by intentionally fostering an inclusive and affirming home environment. This can include incorporating the child's cultural traditions (e.g., creating altars for Day of the Dead, gifting red envelopes for Chinese New Year), celebrating the child's racial/ethnic background (e.g., Native American Heritage Day), and engaging in activities that embrace and educate them about their background (e.g., going to an African American history museum, reading books about influential Black figures, learning the child's birth language, i.e., Spanish, Chinese). Additionally, immersing the family in diverse communities and building connections with adults and peers who share similar racial/cultural backgrounds can reinforce feelings of community belonging.

Clinicians play a vital role in guiding adoptive parents toward fostering belonging with their transracially adopted youth. They can help guide parents in recognizing the importance of creating a home where the child feels valued and included for their own unique self. Clinicians may also help connect parents with resources like peer mentoring and community programs that can support the child. Lastly, clinician's direct work with the child can help address feelings of exclusion and isolation. The clinician can help the child develop healthy coping strategies in navigating transracial adoption specific challenges.

Conclusion

While adoption offers crucial stability and support, it also presents unique challenges that require intentional and informed caregiving. Specifically, transracially adopted youth's experience post-adoption can be complex and varied. For example, despite youth in transracial adoptions feeling close to their primary caregiver and their chosen friends, they may simultaneously struggle socializing and finding a place they fit in, being accepted by their parents and family, and understanding how to identify.

This study adds significantly to the body of research aimed at understanding the lived experiences of transracially adopted youth by including the narratives of those adopted from foster care. Researchers, clinicians, and policymakers must identify ways to support and better address the unique needs of transracially adopted youth. Clinicians working with transracial families should also foster open dialogue about race and identity, ensuring that adoptees feel supported, understood, and prepared. It is critical that caregivers and professionals caring for transracially adopted youth continue to educate themselves on ethnic-racial socialization, identity formation, address their own biases to empower this population, and provide trauma-informed, culturally responsive, and adoption-specific care.

Note

1. The term "Native American" is used to align with the cited literature and ensure consistency, particularly since the population percentages referenced in this work use this identifying terminology when gathering racial demographics.

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