

Dimensions of Discomfort: Examining Child Welfare Professionals' Approach Toward Gender

Diverse Foster Youth

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**Abstract**

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There is an increasing amount of sociological scholarship regarding gender diverse people's interaction with institutions. An understudied institution is the foster care system. This paper seeks to understand affective components of how child welfare professionals working in foster care approach serving gender diverse youth. Based on 31 interviews and one field service training, child welfare professionals report general discomfort in the field about working with or issues around gender diverse youth in care. Child welfare professionals discursively identified discomfort around lack of knowledge, structural barriers to residential placements, liability, and bias. I argue the feeling of discomfort is multidimensional and encompasses organizational, professional, and cultural features. Further, I articulate emotional discomfort is gendered and reifies normative gender ideologies. These findings illuminate how emotions factor into practice and underscores the inefficiencies and harms that arise for gender diverse individuals navigating institutions using the logic of the gender binary.

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### **Introduction**

In recent decades there has been an increasing amount of sociological scholarship about gender diverse people's interaction with institutions. A structural point of contention with institutions is the reliance on the gender binary for classificatory purposes. Institutions that align their policies with the gender binary, fail to recognize that sex and gender identity are two separate constructs, thus creating opportunity for discrimination against gender diverse individuals (Marksamer, 2008; Stieglitz et. al. 2007). Prior research finds gender diverse groups, such as transgender individuals, continually experience discrimination, violence, and sub-standard care when navigating social institutions such schools, prisons, and healthcare settings (Schilt & Lagos, 2017). An aspect crucial to the functioning of institutions is the bureaucrats that work within them (Oberfield, 2014). The power of bureaucrats lies in their responsibility of discretion. Discretion is influenced by levels of organizational control, client characteristics, decision maker attributes, and expectations of the professional field (Scott, 1997; Keiser, 2010).

An institution and set of actors that has been largely understudied is the foster care system and child welfare professionals (CWPs). CWPs are street-level bureaucrats, decision makers, direct care workers, and administrators that work within state or nonprofit agencies to serve foster youth and their families. Scholars have not adequately addressed how foster care, an organization which uses a male/female gender binary classification system, influences gender diverse foster youth's capacity to explore their gender identities, receive quality care, create support networks, and generally get their needs met. This is a problem because gender diverse youth are becoming increasingly visible, and are likely to be at heightened risk for entering the child welfare system (Wilson, et., al., 2017) Further, sociologists have limited knowledge about what is happening when these children enter a system whose identities are at odds with and

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invalidated by a central organizational logic of foster care. A definitive aspect of a youth's time in care is the professionals who conduct their case. How are professionals approaching case management with youth who cannot be administratively classified? Given the large amount of discretion CWP's have and lack of best practice regarding queer youth available, how are they navigating ambiguous situations involving gender diverse clients? I argue that in the uncertain and politically charged context of gender diverse youth in foster care, CWP's begin their decision-making process from a place of emotion. Using interview data, this project analyzes CWP's emotional or affective responses about working with gender diverse youth. In this analysis, an emotional habitus of CWP's is examined.

Before unpacking the nuances of foster care and gender diversity, it is important to discuss what is being encompassed in the term 'gender diversity'. For the purposes of this paper, gender refers to the social construction of internal and outward expression of an individual's gender identity (Burdge, 2007). Gender is not the same concept of sex, which is usually identified by an individual's genitals, chromosomal make-up, and androgen levels (like testosterone and estrogen; North, 2019). Gender identity is how an individual identifies their gender and is not necessarily related to someone's sex. Meadows (2018) and others define gender identity as "a person's deeply felt, internal, psychological identification as a man, a woman, or something else, which may or may not correspond to their external body, assigned sex at birth, or the identity afforded to them by law or the state." This definition is useful because it underscores the potential constraints that classificatory systems of the state can place on a person's gender identity. State systems generally acknowledge only two 'genders', male or female. Although some states like Washington and Oregon have acknowledged a 'third' gender

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usually relegated as X that can be put on government documents like driver's license with certain requirements (Gupta, 2019).

Gender identity and expression is a spectrum with many categorizations and identifications that exist outside the male-female or even cisgender-transgender binaries. The term 'gender diverse' functions to acknowledge any identified gender that resists or defies categorization into the heteronormative understandings of the gender binary. Functioning similarly to the use of "trans" as an umbrella term, 'gender diverse' encompasses identities such as transgender, non-binary, gender non-conforming (TGNC), genderqueer, genderfluid, and others. Other scholars use similar terminology like gender expansive (Mountz, 2018) or gender variant (Meadows, 2018). Specific categorizations, definitions, and content of these identities are still being contested within their respective communities. Gender identity is a fluid concept that evolves over time and context. To use the term gender diverse is not to assign a definitive category, but rather to conceptualize genders that resist or reject categorization into the gender binary. Further these identities are not mutually exclusive and can be strongly tied to queer sexual identities (Collins, 1993). The nature of language is that of constant innovation and scholars have acknowledged that terms they originally assigned to capture diverse genders have since been revised to different terminology (Meadows, 2018).

Often, there are no legal protections around oppression of gender diverse people in institutions, including foster care (Enri, 2013; Spade, 2015; Majd, Marksamer, & Reyes, 2016). Foster care is a care-taking organization that strives to help keep families together while ensuring the safety of children and youth. There are more than 400,000 or more youth in care in the United States at any given time ([www.childwelfare.gov](http://www.childwelfare.gov)). One side of foster care is providing prevention and emergency services to families in crisis. The other side of foster care is caring for

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children who can no longer remain in their homes and finding them a permanent and safe family solution such as adoption. Additionally, foster care provides the institutional context where CWPs work. A part of the welfare state, foster care is a nested institution, where general guidelines are created at the federal level and implemented at the state and county level. Like many other social institutions, foster care uses the gender binary as their classificatory schema for sex and gender. The gender binary is a fundamental logic embedded in many policies and practices of foster care such as documentation, the licensing of foster families and congregate care facilities, adoption, and accessing medical care.

The number of gender diverse youth in care is unknown. However, there is documentation that they are victims of ‘egregious mistreatment’ based on their gender identity while in care and are routinely denied gender affirming medical care (Turner, 2009). Gender diverse youth enter care for the same reason all youth do, but also can be placed in care specifically because of family rejection or violence based on their gender identity (Mountz, 2019). Foster care is meant to be a place where abused and neglected children, arguably some of the most vulnerable individuals in our society, are supposed to be safe, cared for, and loved. Yet, gender diverse foster youth are receiving inadequate and sometimes dangerous care. It is unclear what professionals who work in foster care are doing to respond to this tension.

Essential duties of CWPs are to assess the risk of a child staying at home, find safe residences for a child, provide services and resources to foster children and their families, create individual case plans, attend court proceedings, and regularly supervise progress of the case (for further description, see Table 1). As a type of street-level bureaucrats, CWPs embody the location where abstract policies and procedures are tested in practice. CWPs include caseworkers, therapists, legal advocates, and child welfare investigators. CWPs have the

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potential to impact a child's time in care from acting as a positive role model, negotiating services, and advocating for the individual needs of their client. A CWP is influential in their relationship with a gender diverse client. For example, a CWP can provide options for a child to wear gender affirming clothing, encourage the use of preferred pronouns and chosen names to foster parents or other state employees, advocate for the youth to receive gender affirming medical care, and ensure a safe placement with individuals who respect a child's gender identity.

A large part of the CWPs professional role is their use of discretion (Lipsky, 1980; Abbot, 2018). CWPs discretion can be motivated by a multitude of factors, including feelings, emotions, sentiments, and affective attachments. Individual's emotions are socialized and shaped by social norms, social relationships, and history. Emotional socialization guides and motivates how they react to others in social contexts. It is not clear how emotions impact the discretionary practices of street-level bureaucrats. Understanding how emotions impact discretionary processes gives us further insight into how or why actors make decisions. Given the immense amount of discretion CWPs have over the lives of young people, it is important to determine how social processes factor into their decision-making involving gender diverse youth.

Emotions of CWPs have professional, organizational, and cultural dimensions. Emotions reflect socialization and context and it is important to consider the affective dimensions in which CWPs exist. When carrying out their roles as CWPs, they are guided by professional expectations, organizational structures, and their own cultural understandings of social phenomena. All professions have a set of duties and expectations that a worker adheres to. Professionals are expected to perform tasks competently and efficiently, achieve professional growth, and continually learn new best practice in their field (Abbott, 2018). However, knowledge and expertise regarding gender diverse clientele is limited or currently being created.

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CWPs do not have sufficient training about working with gender diverse youth, creating vulnerabilities in their professional veneer. It is unclear how potential incompetence translates to emotional output, but scholars have documented that situations of the unknown produce feelings of fear (Berezin, 2002). Organizationally, foster care has embedded structures and ideologies (bureaucratic ‘red tape’) that make CWPs' jobs difficult. As discussed earlier, foster care is sex-segregated based on the gender binary. Inherently this poses a challenge to CWPs as gender diverse youth become illegible in this system. CWPs then have limited options to meet the needs of gender diverse youth.

Another organizational component that could shape emotions of CWPs is the nature of foster care being risk averse. Foster care and child welfare more generally are part of government bureaucracy. Perception or reality of bureaucratic control successfully discourages risk taking by personnel (Feeney & DeHart-Davis, 2009). In order to survive, bureaucracies create closed systems to shield them from potential liability. The nature of risk-aversion may be affectively embodied by CWPs. Because foster care cannot take care of gender diverse youth on a structural level, gender diverse youth themselves become a liability. CWPs then have to be incredibly cautious about their actions (or inaction) when managing gender diverse youth. The last dimension of emotion discussed here considers the gender diverse client. Guided by normative understandings of sex, sexuality, and gender CWPs have to contend with their own internalized feelings toward individuals who identify as gender diverse. Bias in the form of cissexism or queerphobia are rooted in lack of understanding. As mentioned previously, facing the unknown or ignorance are related to emotions of fear, disgust, or hate (Berezin, 2002; Ahmed, 2004). Further, scholars argue that part of the work that emotions do is re-establishing normalized social hierarchies, including race, sex, and gender (Bonilla-Silva, 2018). In the cultural understanding

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of gender diversity, emotions directed towards queer gender identities could be described as gendered. Considering the affective components of CWPs work context and socialization can demonstrate multiple entry points of potential intervention to better the experience of gender diverse individuals navigating institutions. Additionally, understanding the emotions of CWPs can help scholars understand why actors make choices.

The institutional setting of foster care where CWPs, have great discretionary power, are working with gender diverse youth, and where the logic of the gender binary is central to the organization, presents a unique context to study the relationships of affective responses of bureaucrats, gendered and sexed organizational processes, and impacts on gender diverse youth. This paper extends the literature in three important ways. First, in analyzing the dynamics of affective response of CWPs, this study adds to a very small literature about how emotions may impact the discretion of organizational actors. Second, by exploring how CWP's work within foster care, an institution where one of the fundamental logics is based on the heteronormative gender binary to care for gender diverse youth, this study contributes to understanding of interactions between gender identity and institutions. Lastly, by asking CWP's sentiments about working with gender diverse youth this study extends work on how affective structures are socially gendered.

### **Background**

#### *Regulating Gender & Sexuality in the Welfare State and Social Institutions*

While gender and sexual orientation are separate concepts, they have been formally entangled in a way where they need to be discussed together when thinking about gender and institutions (Collins, 1993; Westbrook & Schilt, 2014). There is precedent in the welfare state for regulating gender roles and expectations, especially for women of color. As Abramovitz (2006)

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outlines, welfare programs have leaned towards providing benefits to straight, pious, married, white women. The promotion of marriage, whiteness, and responsibility inherently obscures people of multiple positionalities such as trans, queer, and/or people of color. While there has not been active discourse against gender diverse people in legislation about their access to welfare benefits, the population has ceased to exist in the imaginative capacity of what the welfare state could do to care for them. In this erasure, I argue the foster care system - a part of the welfare state- has set itself up to fail gender diverse youth who are processed through this institution. Foundationally, institutions have been designed to uphold ideologies of the gender binary and heteronormativity. Now that gender diverse youth are becoming an increasingly visible population, foster care is facing multiple structural dilemmas. The overarching goal of this research is to investigate the ways in which different actors within the foster care system interpret, assign meaning to, and care for trans youth. How do they negotiate non-cis adolescents' presence when their system was exclusively built for the cisgender and heterosexual client?

Thinking of the modern welfare state, there has been some research about how transgender and gender diverse adults experience discrimination in social service settings. According to a survey of about 1,000 gender diverse people, 16% noted that they experienced discrimination based on their gender expression or identity by social service professionals. The individuals were also more likely to be low-income and nonwhite (Klein, Mountz, & Bartle, 2018) . These findings indicate intersectional discrimination occurring based on gender, race, and class for these individuals.

Spade (2015) would argue that administrative policies found in institutions are inherently violent and client's movements through the systems are incredibly risky, resource deprived, and

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ultimately lead to more surveillance. The “M” or “F” designation on literally any official document has serious material consequences. Foster youth whose documentation says one sex marker, but whose gender identity is something different, run the risk of being misplaced or misclassified in sex-segregated spaces. This misaligned placement opens them up to situations of discrimination, harassment, and violence. Accordingly, many trans youth have reported running away from their foster group homes because they were placed based on their birth sex or were experiencing harmful side effects of being in an environment that was not open to gender diversity (Spade, 2015). One way the gender binary becomes normalized and reinforced is through administrative processes being performed by bureaucrats, including those who work in foster care. Social construction of the gender binary becomes a neutral interpretation of people within systems.

In his framework on administering gender, Spade (2015) notes that transgender people in particular are impacted in three ways. First, by administrative documentation, like those that would require gender marker documentation such as intake forms, driver’s licenses, and birth certificates. Second, through the introduction of sex segregated spaces within those administrations. Third, by gate keeping health care access. Much like schools and prisons, foster care interacts with all three of these administrative checkpoints. All children and youth have their ‘gender’ (sex) documented and are surveilled through their entire time in care. Sex segregated spaces are present at every single residential space foster children are admitted into. This ranges from foster homes up to juvenile incarceration. And lastly CWP’s (and other associated bureaucratic actors) have intense power over youth’s access to gender affirming care. While some states and jurisdictions are more lax around access, others require judges orders to approve a youth wearing a binder, getting a more feminine/masculine haircut, or demand a medical

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diagnosis of gender identity disorder to begin hormone therapy (if that is even allowed at all).

This makes foster care an ideal place to study bureaucratic discretion and gender diverse youth.

The majority of scholarly work on gender diverse people focuses on transgender people. Transgender people have been continually transgressed and have experienced institutional violence (Krug, 2002). A meta-analysis of articles which document barriers to care for transgender individuals in social service settings found that transgender people often encounter ignorant, hostile, and transphobic environments (Stotzer, Silverchanz, & Wilson, 2013). These negative environments discourage transgender people from attaining needed social services. People in correctional facilities are placed based on their assigned sex at birth instead of their gender identity. Transwomen in all-male correctional facilities are at risk for assault and rape to occur (Graham, 2014). Transgender people face disproportionate amounts of violence, harassment from staff, denial of gender-affirming medical care, and lack of protection in prisons (Jeness & Fenstermaker, 2014).

In healthcare settings trans people report delaying seeking medical care because of fear of discrimination, being harassed by providers, and not being able to receive proper insurance (Giffort & Underman, 2016). Further still, gender diverse people have a complicated relationship to medical professionals, as they often pathologize identities that do not cleanly fit within heteronormative definitions of gender (Johnson, 2015). Trans athletes often face discrimination and are barred from practicing sports in various arenas such as school and professional associations (Buzuvis, 2011). Transgender people participating in sports often feel intimidated and alienated, often to the point of non-participation (Hargie, Mitchell, & Somerville, 2017). Trans people are consistently discriminated against and are barred from entering the workforce (Dispenza et. al., 2012). Additionally, they have double the rate of unemployment compared to

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their cisgender peers (Grant, 2015). Gender diverse people (and the workforce generally) who fail to comply with specific masculine and feminine assigned dress codes are fired, denied promotions, and content with other workplace sanctions (Trautner & Kwan, 2010).

Schools are a site of the reproduction of normative understandings of sex, sexuality, gender, and gender expression (Pascoe & Herrera, 2018). Gender nonconforming students have more negative school experiences compared to individuals who conformed more closely to gendered expectations. Trans students are denied access to the restroom of their choice and report the most bullying and dissatisfaction with school environments compared to all other LGBQ students (Koswic et. al., 2012). According to the GLSEN National School Climate Report, 80% of transgender students reported feeling unsafe at school and 58.7% of gender nonconforming students experienced verbal harassment during school. Violence and discrimination at structural, institutional, community, or inter-personal levels, clearly affect the wellbeing of transgender youth. Most social institutions, especially those that rely on the gender binary as a classifying logic, do not have the infrastructure to ensure equitable experiences for gender diverse people and foster care is no exception.

### ***Overview of Foster Care***

#### *History and Organizational Structure*

The Title IV- Aid to Dependent Children Act or ADC was passed under the Social Security Act, institutionalizing the modern-day foster care system. Child welfare has always grappled with issues of racism, sexism, colonialism, and heteronormative ideas of the family. In the beginning, ADC entitlements were only given to white women, who were expected to remain in the home instead of in the labor force. African-American and other women of color were automatically excluded due to their expected participation in the labor force until the 1960's.

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Adoption agencies refused to counsel Black mothers because they were perceived as condoning unwed motherhood and were described as “sexually deviant”. Opponents of the ADC said that aid encouraged women to have children out of wedlock and to receive further governmental assistance.

When the ADC transitioned to Aid to Families with Dependent Children (AFDC), the words “families with” were added to the act as a way to encourage marriage or discourage unwed mothers from participating in the welfare state. As has been well documented, foster care has issues of disproportionality of Black and Native American Youth. As a direct result, legislation has been passed to address this concern. After a long history of separating Native American families, in 1978, the Indian Child Welfare Act was passed to address the unethical treatment of Indian children who were forcibly removed from their families/tribes and shipped to boarding schools across the country where they were often lost, abused, neglected, and often led to death. Native American child welfare advocates charged that shipping Indian children to government boarding schools was cultural genocide. (U.S. Department of Health & Human Services, 1980). In a similar process, Black families have been separated at higher rates than white families since the War on Drugs. To this day, Native American and Black children are disproportionately represented in foster care (Roberts, 2001). Foster care’s history of disproportionality and mistreatment of people of color illustrates the pattern of bias and discrimination that social institutions have towards marginalized communities. While LGBTQ disproportionality in foster care has been identified, if the historical record of foster care is any indication, solutions may be long to follow.

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### *Sociological Analysis of Foster Care*

Generally, foster care has been associated with systems of social control and punishment, particularly for poor families of color (Edwards, 2016). Foster care also acts as a regulatory system to uphold norms around sex and gender. Foster care, as articulated by Spade (2015), is a part of a system that is set up to be a space of caregiving. Welfare programs are designed to attend to groups interpreted as being at-risk and to distribute resources to these groups. Foster care was designed to care for children and youth facing abuse and neglect in their homes. Resources (admittedly abysmal) are distributed to state agencies, non-profits, foster homes, licensed professionals, etc. to then care for these youth and children. The construction of any of these programs required the categorization of who is inside these at-risk groups and this evaluation is always colored by hegemonic understandings of race, gender, ethnicity, nationality, sexuality, etc.

An additional problematizing feature of welfare policy, including foster care, is that care-taking programs engage in deep levels of surveillance. Indeed, there is a center of national statistics that tracks every single child and youth that was ever taken into foster care for the course of their life up until they leave the system (National Data Archive on Child Abuse and Neglect). Some child welfare programs are now using algorithms to help predict future system involvement (Eubanks, 2018). Thinking about not only the path dependency of the welfare state and foster care (e.g. being created for white women to uphold hegemonic ideas of sex, gender, and family, and largely being a mechanism of social control and systems of punishment for black and brown families, respectively) but also current understandings of the gender binary by the public, reveals that foster care was designed to help (white) cisgender and straight youth. In foster care gender diverse youth are illegible. There is no way for them to administratively exist

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as they identify. And how are resources distributed then? This is important because socially constructed categories have material consequences. They become structures for organizing daily life and are embedded into social institutions.

### *A Child's Pathway Through the Child Welfare System*

A child enters foster care when a social worker completes an investigation and finds substantiated evidence of maltreatment, abuse, or neglect. The child is removed from the home and is placed in an appropriate setting based on their case (although in places like Washington, this process becomes more difficult because of the lack of foster homes). Foster care placement can take the form of a juvenile detention center, mental institution, residential treatment center (RTC), group home, shelter/emergency housing, assisted independent living, or with a foster family. These various placements range in their level of structure, restrictiveness, monitoring, interaction with the medical community, and staff or volunteer presence. Juvenile detention centers and mental health institutions are the most restrictive settings. RTC's are the second most restrictive setting and generally seek some sort of behavioral or mental treatment program for the child. Group homes, shelters, and independent living facilities will vary in their level of structure but will generally have staff presence. Foster families have the most traditional family-oriented placement. What is important to note in residential placements is that they are all segregated by sex. For a thorough description of a child's time in case, see Table 1.

<b>Table 1. Important Steps for Youth in Foster Care</b>	
Hotline Report	A child welfare professional screens incoming reports of child abuse, neglect, or child endangerment. Caseworkers review the information provided by the reporter and decide if further investigation is warranted.
Investigation	If an investigation is opened a child welfare professional comes to the home to complete a welfare check and interview the family. The

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	investigator determines if a child is in immediate danger and needs to be removed from the home.
Intake and Processing	If the child is removed from the home a child welfare professional completes intake paperwork. Demographic data such as age, gender, and race/ethnicity, family history, medical history, and narratives of abuse are recorded. Children are medically examined, and any injuries are documented. Depending on the age, externalizing behaviors, and type of abuse, children may be referred to a licensed mental health professional.
Treatment Plan and Level of Care	Based on the assessment from intake a social worker needs to decide what services the child or their family should enroll in, if permanency or reunification is viable, and what their level of care is. Level of care can range from basic to intensive and generally indicate the amount of supervision and needs a child requires to remain safe. Levels of care are reviewed at least annually.
Residential Placement	Depending on the outcome of investigation, intake, treatment plan, and level of care, a child welfare professional will determine the type of residential placements would be safest. Preferred placements are kinship care where other relatives take over responsibility of the child. If that is not possible children will be assigned to foster families or congregate care depending on needs and availability in the county or state as well as level of care of the child.
Visitation	Once treatment plans, level of care, and residential placements are decided, child welfare professionals create a contact sheet or visitation list. This list indicates who the child is allowed to speak with, when, and for how long. Foster youth can ask permission for this list to be altered.
Progress Reports and Court Updates	As a child remains in the system it is the child welfare professionals responsibility to regularly report on the progress of the child, the family if necessary, monitor the foster parents, make court appearances and give updates to attorneys and judges, and obtain further resources as necessary.
Exiting Foster Care	The caseworker helps determine when the child is ready to exit foster care. In the case of reunification this would mean the child can return to the family of origin. In the case of permanency this would mean a child has been fully adopted by a foster to adopt family.

A child's pathway through the system illustrates the amount of processing a youth goes through and how much influence a CWP has along the way. To clarify, it is rare that this

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pathway is linear and unidirectional. What Table 1 does not capture is that often youth and their families will bounce around different checkpoints. Children often formally exit foster care, only to complete another intake process later in life. Most youth will see many changes in their treatment place, level of care, residential placements, and visitation. It is rare for youth to only have been in one residential placement. Additionally, many youths enter, exit, and then re-enter foster care if adoption fails or family reunification is again deemed unsafe. Further, it is likely that youth will have several CWPs working on their case. The CWP who screens the hotline reports is different from the one that completes the investigation, who is different from the one that completes intake, who is different from the one who actually manages the youth's case. Given the exceedingly high turnover in foster care, it is likely that more than one CWP will direct the case. That of course is only covering the central CWPs on a youth's case. That is not including CWPs who are their legal advocates in court, providing services to their families, counseling them through school, providing direct care in their day-to-day life, or leading their psychiatric care. The point of this description is to emphasize the sheer amount of discretion CWPs have over youth and the many hands youth are processed by, each with their own set of affective socializations regarding sex, gender, and sexuality.

Fundamentally foster care attempts to make children's lives safer, but contact can cause potential further detriment. Researchers have found that children and adolescents with CPS contact tend to have poorer health outcomes compared to similar SES children without CPS contact (Mersky & Janczewski, 2013). Children using out of home services are more likely to exhibit behavioral problems while in care, and elevated behavioral problems once they were no longer in care (Berger et. al., 2009). Children placed in unfamiliar foster care settings were more likely to have internalizing problems compared to children placed in kinship settings. The

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institution of foster care is well-intentioned and aims to alleviate the pain caused from child maltreatment. However, foster care is largely inefficient at treating and preventing negative health outcomes in foster care alumni. Moreover, foster care can cause further detriment and harm to children by means of unnecessary removal and/or additional maltreatment. This is not to say that foster care is totally malevolent. Mariscal et. al. (2015) found that alumni generally feel positive towards their out-of-home placements and caretakers. Some children of the foster care system do succeed in their treatments, have happy reunification with family, find permanency with an adoptive home, and have positive life course outcomes.

### *Sexual Minority and Gender Diverse Youth in Foster Care*

LGBTQ youth are at risk of entering the foster care system at higher rates than non-LGBTQ youth, thus there is a disproportionate representation of LGBTQ youth in foster care. While it's difficult to obtain accurate estimates, roughly 33% of gay and lesbian youth report being physically abused because of their sexual orientation (Woronoff et. al., 2006). The Child Welfare League of America reports that LGBTQ youth have experienced negative attitudes and homophobic bullying not only from the other children they are in care with, but also from their foster families and professionals they work with, like caseworkers, or CWPs. LGBTQ foster youth have also reported being referred to therapeutic professionals who believed in conversion efforts, being rejected from foster homes on the basis of their sexual orientation and being accused of sexual assault when engaging in same-sex behavior with appropriate aged peers.

A study of queer foster youth in LA found that LGBTQ foster youth report being treated poorly by the foster care system twice (14%) as much compared to non-LGBTQ youth (7%). This same study found that while in care LGBTQ youth are more likely to be hospitalized, become homeless, runaway, and live in a group home (The Williams Institute, 2014). While

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these statistics shed light on the general picture of LGBTQ youth in care, analytically there is value in thinking of gender diverse and transgender youth separately for some issues in foster care. The issue in past research so far has been the grouping together of LGBTQ youth. There are many interactive, overlapping, and similar experiences happening within and across these youth, but clustering them together neglects to consider the nuances in experience that may help serve individuals in each group.

As mentioned previously, there has been little research done on trans people at all, in institutions, or in foster care. Because of this, and because organizations like foster care have insisted on the invisibility of trans youth, actors working within the welfare state are ill-equipped to handle the burdens trans youth face. This is analytically problematic given the organizational context of foster care. Sexual minority youth and gender minority youth experience foster care differently on a structural level because of the institution's reliance on the gender binary in both policy and practice. Two areas of particular vulnerability for gender diverse youth in care are residential placements, which are sex-segregated and accessing gender-affirming medical care. There have been a few studies specifically about gender diverse youth in care. Several legal scholars and advocates have documented the mistreatment of transgender and nonbinary youth. Turner (2009) notes that gender diverse youth face egregious treatment by CWPs and are routinely denied access to gender affirming medical care. Mountz (2018) conducted a qualitative study about the lived experiences of gender diverse youth in care. She found that these youth described increased placement disruption, lack of worker competency, barriers to accessing gender-affirming medical care, and difficulty accessing housing, education, and employment services. This finding is interesting because many of the issues gender diverse youth identified are also points of discomfort for CWPs. For example, tension arose when discussing processes

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involving finding suitable placements for gender diverse youth, lacking knowledge about best practice, and attempting to set up pathways for gender-affirming health care for youth.

### *Conceptualizing Child Welfare Professionals*

#### *Welfare Bureaucrats*

CWPs constitute a version of the street-level bureaucrats. According to Lipsky (1980) the street-level bureaucrat is a worker that carries forward and enacts bureaucratic organizations policy and procedure. To fulfill their duties, street-level bureaucrats exercise wide discretion to execute duties for their jobs. Because of this, despite having relatively less power than upper management, CWPs ultimately are responsible for the distribution of resources to populations being managed by child welfare systems. This responsibility translates into the very real power CWPs have to structure people's lives and opportunities. Like other street-level bureaucrats, CWPs (and the foster care system) are a target to place blame on when serious bureaucratic oversight occurs. CWPs have been indicted and charged by district attorney's offices in several states for criminal negligence in cases of egregious maltreatment of a child or youth. Together, CWPs comprise the services of foster care.

#### *Professionals*

Beyond embodying a version of street level bureaucrats, CWPs also occupy the identity of a professional. Professionals are bound to a certain jurisdiction within their organization. Within the assigned jurisdiction professionals are expected to possess legitimate methods of practice and to accomplish these methods successfully. Part of professional legitimacy is to remain apprised of changes to knowledge in the field (Abbott, 2014). As professionals it is important for CWPs to be competent in best practice when working with foster youth and perform their job well. The tension between bureaucracy, professional identity, and discretion for

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clients is nicely captured in Watkin-Hayes (2009) concept of the new welfare bureaucrat. Tying together Lipsky's (1980) street-level bureaucrat theory, Watkin-Hayes adds the dimensions of professional identity and social situatedness of the street-level bureaucrat. The new welfare bureaucrats are "socially situated actors who bring personal conceptions of their occupational roles as well as investments based on their social group memberships, into policy organizations". New welfare bureaucrats are tasked with more work than they have time to complete, under resourced, fiscally precarious and overwhelmed (Watkin-Hayes, 2009).

### *Child Welfare Professional's Impact on Youth*

There is evidence that organizations and the actors within them contribute to outcomes in social services. CWPs have the potential to impact a child's time in care from acting as a positive role model, negotiating services, and advocating for the individual needs of their client. CWPs are a crucial factor in the life of a foster youth. They work directly with youth and their families so they can avoid system involvement. CWPs ultimately make the decision to remove young people from their homes of origin. The services not only allow families to remain healthy, but also to protect children and adolescents from abuse and neglect. CWPs have immense potential to shape the lives of foster youth. Glisson & Hemmelgarn (1998):

"The success that caseworkers have in improving children's psychosocial functioning depends heavily on their consideration of each child's unique needs, the caseworkers' responses to unexpected problems, and their tenacity in navigating bureaucratic and judicial hurdles to achieve the best placement and the most needed services for each child. This requires routinized and individualized casework, personal relationships between the caseworker and child, and results rather than process-oriented approach."

Of course, because there are few established services, legislation, judicial precedent, and above all training of CWPs in working with gender diverse populations, it is unclear how a CWP would go to jump said hurdles. However, within the organization of foster care, it is well within a

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CWPs' power to do so. CWPs who can advocate for their clients and contribute to positive outcomes tend to have a negative bias towards LGBT populations (Logie et. al., 2007). In addition, matching CWP characteristics and child characteristics can influence child outcomes. Ryan et. al. (2005) finds that caseworkers matched with clients of their own race tend to provide better service to those individuals. While this paradigm has not been studied with transgender caseworkers and their clients, it is possible that also LGBTQ representation in caseworkers may also be important.

While this sounds like there is room for intervention, some scholars (as do many people who are on public assistance) view CWPs as instruments of state control (Loyens, 2012). One way to consider this is through their use of discretion. Individual and organizational factors account for the ways in which they use discretion. On the one hand they could attempt to subvert policies, and on the other they could feel beholden to the mission of their organization. Several other scholars note this phenomenon and place the role of CWPs not only as instruments of the state, but of having a professional identity to grapple with. For example, caseworkers often feel caught in between the bureaucracy they work in and advocating for their clients' needs (Wasserman, 1971; Weatherly et. al., 1980). Rice (2013) conjectures that ultimately, they are embedded in a system where they must follow policy and procedure. Whether CWPs operate as street-level bureaucrats, professionals, or agents of social control, they undoubtedly impact a youth's time in care. Each interpretation of CWPs also illuminates potential boundaries, structures, and processes that can factor into how CWPs emotionally respond when working with gender diverse youth.

### *Social Emotions and the Affective Alignment of Child Welfare Professionals*

Part of a CWP's social context is in their emotions. Thoits (1989) says that emotions are socially structured and socially acquired. Feelings can motivate behaviors that come later. Further, emotions can act as mediators between micro and macro social life. There is the social reasoning as to why an emotion is produced, but also the materiality of emotion in outcomes. In Berezin's (2002) study of the role of emotions in politics, she notes that part of what social scientists need to do when studying emotion is to understand how an individual-level object, such as an emotion, contributes to collective/macro processes and outcomes. Eduardo Bonilla-Silva (2018) says social categories such as race, class, and gender cannot 'come alive' without emotions. According to affective scholarship, emotions do not necessarily reside in an individual's interior but are transactional and interactional. Affect moves between people. Ahmed (2004) posits that emotions work like capital in that signs do not contain affect within them, rather affect is produced by its circulation. "Emotions circulate and are distributed across a social...field" (p.120). Emotions are sticky. Affect can be stuck onto people groups. Every person is already shaped by social relationships and history, and this extends to emotional socialization as well. Individuals are guided by their emotional habitus in how to react to others. Emotions can be positive or negative and still participate in the marginalization of others and creating a hierarchy of emotions. Bonilla-Silva (2018) notes that racialized emotions are integral to maintaining hegemonic racial dominance. In sum, emotions are not private or within an individual. Emotions do things and have materiality. Feeling is another form of power.

Another way Ahmed (2004) suggests that affect works in the economies of hate via a bogus and genuine dichotomy. The bogus-genuine dichotomy can be used to differentiate between the dominant group and marginalized group and also act as a differentiation within

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marginalized people, placing impossible demands on what it would take for a person with less status to be a 'good' or 'respectable'. Ahmed notes "Such a discourse of "waiting for the bogus" justifies the repetition of violence against the bodies of others" (p.123). Besides affective hate, Ahmed also discusses affective fear. She claims that fear is intensified because it cannot be contained. The emotion of fear is grounded in the anticipated arrival of the other not in the presence of it. The theme of bogus identities is one that CWPs invoked during interviews.

Janice Irvine (2007) has discussed sexualized affect in regard to sex panics. Sex panics are akin to moral panics but revolve around twentieth century notions of sex especially regarding controversial sexual subjects (for example sex education in public school and the lesbian and gay rights to marriage). Irvine notes that emotions in this case work to re-establish normalizations in sexual hierarchies. She notes that some sexualities through emotions can be rendered disgusting, others normal. While 'panics' are generally discussed at the level of the public, and there are moral/sex/gender panics happening in the American context at the moment (i.e. bathroom bills, intersex athletes, etc.), it is important to bring back panic to the interactional level when discussing gender diverse people. Interactional gendered emotions produce structural consequences. For example, cisgender men have used panic defenses to get away with murdering trans women - overwhelmingly black and brown trans women. Read again, cisgender men's affective discomfort/hate/fear was enough of a legal defense to explain the brutal slayings of women. To use Thoits (1989) framing, the social antecedents of gendered/sexed emotions - that all women have vaginas- motivates a future action - murdering a woman who did not conform to those heteronormative corporeal standards.

Interpersonal emotions including discomfort produce variation in discretionary action. There have been few studies done about how affect impacts street-level bureaucrat discretionary

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decision making, although the need has been recognized. Social scientists have examined how bureaucrats' empathic abilities impact their decision making. In an experimental study on case managers that work with Danish prisoners, Jensen and Pederson (2017) demonstrated that workers' ability to empathize did impact their decision making. However, this empathic effect was moderated by the severity of offense or type of rule breaking that the prisoner committed, demonstrating the emotions can be impacted by organizational features and vice versa. Affect theory can also extend Watkins-Hayes notion of the new welfare bureaucrat, one that is socially situated can also have emotional alliances in their work as well. Jensen and Pederson's study focuses on empathic abilities and discretion and not necessarily how emotions affect decision making.

### **Data & Methods**

For this research I chose to collect interview data. I felt that interviews were appropriate over another method because it was the most practical. Additionally, this line of research is generally underdeveloped, which indicates the need for interviews as the first descriptive step to understanding the case of gender diversity in foster care.

#### ***Summary of Interview Schedule***

In section I of the interview I am gauging the individuals professionalization into foster care, their orientation/philosophy of foster care, how they view their role in foster care, how they feel about working in foster care, how long they have been working, and their routine daily practice. I am interested to know how the individual views the limits of foster care and their own position to try an account for factors like burn-out and apathy. Further, I want to gauge their expertise and knowledge of resources there. These of course relate to the emotional comfort of the caseworker and will provide context for their decision making.

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In section II respondents walk me through how they handle making a case plan. I want to know if there are particular points of saliency and why these may be salient. For example, previous literature documents that some caseworkers think gender identity is an important factor, but are under so much resource constraint they only thing that matters is finding a 'suitable' placement -- even if that means that the placement is not the safest for the child (Dettleff, et. al., 2015). The second aspect I want to understand is about documentation and intake. I want to know how permanent they see this process, and how easy it is to update a case file (for example if an adolescent came out in care, is there a chance to change a gender marker?). I ask about this to get a sense of their priorities when working with foster youth. Is it a task? Do they see some social identities as more important to attend to? Do they think case planning should be collaborative? Again, I think answering these questions will be a cue to me about what they find important in the documentation and intake process.

In section III of the interview I assess their access to resources and knowledge about LGBTQ and specifically gender diverse youth at the organizational level and individual level. I ask about how they think gender diverse status affects youth in care and how they see their role as having any impact. Further I ask about their experience as a CWP working with gender diverse youth. Lastly, I ask if they have any strategies or know of any resources, they can provide to gender diverse youth in an effort to meet their needs. Here I want to specifically understand how they understand the potential issues gender diverse youth may face and how they assist these youth in various parts of being processed through foster care.

### *Justification of Methods*

Interview methods have been critiqued for their inability to capture action and behavioral patterns as well as failure to detect institutional patterning. Some of the interview questions ask

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about behavior or action and ask about classification systems, representations, and boundary work that happens at the organizational level regarding gender identity in youth. Jerolmack and Khan (2013) describe interview methods as ineffective at capturing behavior and action. They describe this critique as the attitudinal fallacy. In summary, the attitudinal fallacy is the idea that often-what people say they will do is a poor predictor of what they actually do.

For behavior and action questions, I think I can address the potential attitudinal fallacy in two ways. First is familiarity and understanding. These concepts offer an intervention into the imposing nature of interviews by reducing the social distance between the researcher and participant (Bourdieu, 2000). Previously, I have worked in foster care and have direct knowledge of the daily practices, challenges, organizational structure, etc. Being familiar with their occupation and understanding (more or less) what it may feel like to work in the foster care system can: (1) reduce symbolic violence in the social relationship in the interview, (2) make the respondent feel more comfortable and less defensive even when answering difficult questions, (3) allow me to write questions that are attentive and meaningful to the participant, and (4) I can more easily put myself in their shoes, for lack of a better idiom. Familiarity and understanding will reduce the risk of me constructing a narrative or account that isn't really there and will reduce the artificiality of answers given by the respondent. The culmination of which will get me closer to the "really real" data that can answer my research question.

The second way to mitigate the attitudinal fallacy is to clearly articulate my theoretical assumptions about foster care workers and their relationship to processing gender. I believe CWP's are the first and last point of surveillance and gender regulation when a child goes through the system. To focus just on the action of how they document gender for gender diverse youth misses the why of the action, how CWP's understand their actions, and how they feel about those

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actions. Observing the action would not confirm or contradict my full theoretical assumption about the role of CWPs.

One last issue I want to note about justifying interviews to answer my research question, is the complexity of using interviews to address institutional patterns. Lamont and Swidler (2014) say,

“The challenge, which becomes most apparent in carefully-designed comparative cross national or historical research and is not unique to our studies, is how to describe, contextualize, or measure the relevant features of institutional contexts, especially when these themselves are not fixed, but can be redesigned by political actors, often in light of broad cultural debates, whose dimensions and effects we also have poor ways of conceptualizing.”

As I am I am interested in how relevant features of institutional contexts (processing of gender) can be redesigned by political actors (discretion and emotions of CWPs) in light of broad cultural debates (transgender rights, for example), it is something I need to pay attention to in the analysis and interpretation of data. I have an assumption that foster care is active and that gender processes are renegotiated constantly on multiple organizational levels, and I want to capture the flexibility of this dynamic. However, the purpose of this study is not to empirically trace pathways of discretion or analyze exogenous influences on the foster care system. Instead, this research is meant to iteratively analyze what CWPs think and feel about issues pertaining to gender diversity when practicing in their context-specific environments.

### *Ethics*

Because of the population and institution, I am addressing, I believe the ethical issues I need to attend to are about confidentiality. For one, I will be asking about clients foster care workers have served and this is a population that needs the utmost protections. The next level of confidentiality is for the CWP. Because I will be asking about the organizational practices of places where they are employed or have been employed, and the answers to these questions may

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not situate organizations positively, there is a risk of retaliation from the organization towards the foster care worker. As this is their livelihood, it is crucial to maintain confidentiality of their identity as well.

To address these ethical issues of confidentiality I de-identify data collection for each participant. Incorporated into the interview schedule, I ask the foster care worker to use aliases when describing the clients, they will be speaking about. This process creates more distance between me and the participant in that I won't have identifying information about who they work with from the start of the interview. Beyond that, created false names for each CWP, and I will not be revealing the name or location of the organizations they refer to, just features that are relevant to the interpretation of the findings. Because foster care networks can be small or have a lot of brokerage, I will not reveal identifying characteristics of the organizations to ensure the protections of the foster care workers.

### *Sampling & Recruitment*

I convened two sets of sampling strategies. The basis for both starts with criteria set out by Lambda Legal. Lambda Legal is a legal non-profit that does pro bono and advocacy work for LGBTQ populations with a focus on youth. One of their main projects is monitoring legal provisions about non-discrimination policies in foster care. In their studies of queer foster youth, they have documented every statute, regulation, administrative code, and policy at the state level regarding protections from discrimination on the basis of sexual orientation, sex (or gender), and gender identity and expression. The breakdown Lambda Legal gives is four categories. First are states that have statutes protecting sexual orientation, sex/gender, and gender identity and expression (collectively named with the acronym SOGIE) for foster youth. I designate these as SOGIE states. Second are states that protect sexual orientation and sex/gender for foster youth. I

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designate these SOS states. Third are states that just have protections for sex/gender. I designate these SG states. And finally there are states that offer no protections for any of these categories, and in some cases have laws that allow for discrimination of foster youth because of their sex/gender, sexual orientation, and gender identity and expression if an individual has deeply held religious beliefs concerning those matters. I designate these N states. As in they do nothing to protect youth who belong to minority sexual orientation and gender identity groups.

Lambda Legal's designations capture an important axis of variation in state level characteristics. Child welfare policy is mandated at the federal level but implemented at the state level with considerable discretion. States will have varying resource supports depending on their orientation to protecting foster youth from discrimination because of their SOGIE status. I interview CWPs in three states: Texas, Colorado, and Washington. According to Lambda Legal, Texas is an N state, Colorado an S/G state, and Washington a SOGIE state. For the purposes of this paper, I will not be comparing across states because of varying sample sizes but keeping in mind their Lambda designation during analysis.

Each state had a different sampling method. In Texas, I interviewed contacts that I built while working in foster care and other people in those networks. 8 of 31 interviews were from this site. In Washington, I used GuideStar, a non-profit database to locate all organizations (including the state itself). I contacted every single organization in Washington working with youth in foster care. 21 of the 31 interviews were from Washington. Lastly, based on a tip from a respondent I reached out to a state level coordinator in Colorado. That respondent referred me to her colleague. I stopped data collection there. 2 of the 31 interviews were from Colorado. The interviews were either completed in person or on the telephone. In addition to the interviews I

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also participated in a state level social work training session in Washington about working with LGBTQIA+ groups.

### *Respondent Characteristics*

This research draws upon 31 in-depth semi-structured interviews and 1 training session with CWPs in Texas, Washington, and Colorado. The respondents represent 21 different organizations. The sample was majority woman identified. There was one gender non-conforming participant and one transgender man. Seven people in the sample identified themselves as belonging to the LGBTQ community. Respondents were majority white, with 4 participants identifying as Latinx, 1 participant identifying as Black, and 1 participant identifying as mixed race. There was a wide range of experience represented in the sample ranging from 1 year to 30+ years as a CWP. The respondents also did several types of work in foster care including intake, investigations, adoptions, direct care work, therapy, non-profit leadership, fostering, curriculum and training consultants, and legal advocacy. In many cases individuals had several positions in their careers and were able to give several perspectives during interviews.

<b>Name</b>	<b>Type of Organization</b>	<b>Current Job</b>	<b>State</b>	<b>Gender</b>	<b>Sexuality</b>	<b>Race and Ethnicity</b>
Alexis	Non-Profit	Therapist	Texas	Cis Woman	Straight	Latinx
Ali	Non-Profit	Director	Washington	Cis Woman	Straight	White
Anna	Non-Profit	Non-Profit Employee & Supervisor	Washington	Cis Woman	Straight	White
Bea	Non-Profit	Direct Care Worker	Washington	Cis Woman	Straight	White
Brianna	Non-Profit	Direct Care Worker	Texas	Cis Woman	Straight	Latinx
Brooke	Non-Profit	Non-Profit Employee	Washington	Cis Woman	Straight	White

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Caroline	Non-Profit	Communication & PR	Washington	Cis Woman	Straight	White
Catherine	State	Curriculum & Training	Washington	Cis Woman	Straight	White
Crystal	State	Supervisor	Washington	Cis Woman	Straight	White
Dana	Non-Profit	Direct Care Worker	Texas	Cis Woman	Lesbian	White
David	Non-Profit	Supervisor	Washington	Cis Woman	Straight	White
Dawn	Non-Profit	Therapist	Texas	Gender Non-Conforming	Queer	White
Emily	Non-Profit	Direct Care Worker	Washington	Cis Woman	Straight	White
Heather	State	State Employee	Colorado	Cis Woman	Straight	White
Jessica	Non-Profit	Director & Foster Parent	Washington	Cis Woman	Straight	White
Jillian	Non-Profit	Director	Washington	Cis Woman	Lesbian	White
Kevin	Non-Profit	Director	Washington	Cis Man	Straight	White
Leah	Non-Profit	Clinical Director & Foster Parent	Washington	Cis Woman	Straight	White
Lillian	State	Direct Care Worker	Washington	Cis Woman	Straight	White
Mary	State	Supervisor	Colorado	Cis Woman	Straight	White
Melissa	State	Curriculum & Training	Washington	Cis Woman	Straight	White
Michelle	Non-Profit	Direct Care Worker	Texas	Cis Woman	Straight	Latinx
Naomi	State	Training & Coordinator	Washington	Cis Woman	Bi	Mixed Race
Rachel	Non-Profit	Adoption Specialist	Washington	Cis Woman	Straight	White
Rebecca	State	State Employee	Texas	Cis Woman	Straight	White
Rosalind	Non-Profit	Direct Care Worker	Texas	Cis Woman	Straight	White
Seth	Non-Profit	Adoption Specialist	Washington	Cis Man	Gay	Black
Soleil	State	State Employee	Texas	Cis Woman	Queer	Latinx

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Tony	Non-Profit	Non-Profit Employee	Washington	Trans Man	Straight	White
Victoria	Non-Profit	Supervisor	Washington	Cis Woman	Straight	White
Zach	Non-Profit	Clinical Director	Washington	Cis Man	Straight	White

### *Transcription & Coding*

Interview transcription was completed by a third-party transcription service and by the researcher. NVivo 12 was used to organize thematic codes in the interviews. Initially interviews were read to locate relevant themes. Coding was fine-tuned through several re-readings of the interviews. In addition to evidence from the interview, I also incorporated field notes about the interviews themselves. For example, I noted hesitations, lexical hiccups, tone, and volume of respondent voice. If the interview was conducted in person, I also documented significant gesturing as well as body language. Coding focused on affective discomfort about working with or talking about gender diverse youth, the prioritization of gender in practice, use of gendered language, discussions around sex and sexuality, authenticity, and trauma. Lastly, I incorporated observations of an introductory seminar about working with LGBTQIA+ youth in care, given to CWPs in the state of Washington.

## **Findings**

### *Emotional Habitus of Child Welfare Professionals*

Peggy Thoits (1989) frames emotions at the micro and macro level. Thoits (1989) describes the shaping of emotion as a myriad of sociocultural factors. Emotions are motivators for behavior, mediators between the micro and macro for broad social processes and are a part of social control and organization. One aspect of the shaping of emotion are social antecedents. Social antecedents, a concept borrowed from social psychology, examines social circumstances

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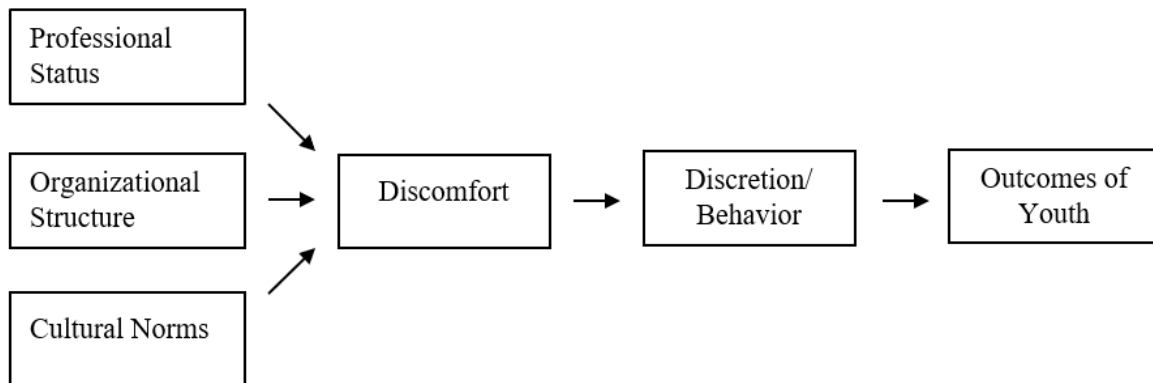
that elicit certain emotions. Scherer (1986) finds facing unknown situations elicits fright. Kemper (1987) finds that lack of power produces feelings of fear and anxiety. Social antecedents as well as emotional socialization comprise a CWP's emotional habitus. According to Gould (2009), emotional habitus is a collective embodiment of emotional disposition by a group of people. This habitus then provides context for future social interactions (Holt, Bowlby, & Lea, 2013). Based on interview data I find CWP's emotional habitus are influenced by their profession, the organization they work for, and their own understandings and implicit biases around sex and gender. Ultimately all of these things inform the emotions that CWP's feel when working with gender diverse youth, which in turn guides their discretion.

CWP's feel emotions of discomfort about working with gender diverse youth. These discomforts are discursively produced around several narratives. The scope of this article is not to ascertain why CWP's are uncomfortable with gender diverse youth, instead it is to evaluate how CWP's talk about why they or others they interact with have emotional discomfort. Based on interview evidence I find 3 consistent themes in the CWP's logic of affective discomfort. First is an individual based argument that discomfort is based on lack of knowledge about working with gender diverse youth. For welfare bureaucrats, lack of knowledge can translate into being in a position of less power, being seen as incompetent by supervisors, colleagues, and clients, or lack of confidence to work with clients. Second, is an organizational argument that discomfort of CWP's embodies institutional practice and values. Foster care is an overwhelmed, overburdened, and under-funded bureaucracy. CWP's represent this institution and therefore become the face of decision making under strong constraints with limited options. Bureaucracies tend to function in a way that preserves itself and its power. Both CWP's and the foster care system have an interest in being risk averse. Discomfort could arise with issues of liability. Further, the foster care

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system structurally only recognizes two genders, male and female. CWPs do not have much bureaucratic flexibility when working with gender diverse youth. Third, is that discomfort is grounded in the cultural incoherence of gender diversity. CWPs have a general discomfort around non-normative genders. Feelings of anxiety and fear are produced in situations that are unknown or illegible. Together, these dimensions of discomfort help sketch a conceptual model of how this emotion is shaped and ultimately impact gender diverse youth (see Figure 1). Each of these dimensions will be explored in the analysis.

Figure 1. Conceptual Model of Discomfort



### *Emotional Discomfort*

Before examining the dimensions shaping emotions of CWPs, it is important to establish the emotional baseline evidence of discomfort. CWPs participating in this study were generally uncomfortable speaking about gender diverse youth and characterize their colleagues as seeming uncomfortable working with these youth. When asked about issues in foster care relating to gender identity, interviewee's responses consistently included words signaling emotional discomfort such as 'fear', 'discomfort', 'comfort', 'afraid', 'uncomfortable', 'overwhelmed', 'bias', 'concern', 'hesitation', 'unknown', 'confusion', 'tension', 'safety' and 'secure'.

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Kevin discusses advice he received from a therapist who identifies as a transgender man about working with transgender foster youth.

*So, "I've been living male, I identify female, and I'm in an environment where that can occur, and moving forward with some kind of a transition plan. I'm getting support around these kind of things." He said, "You know what? 'Cause when you create that environment, you gotta be ready for it, too. Because that trans girl is gonna wanna do it. I have the opportunity to express myself for who I am for the first time, so I'm gonna do that." And he says, "And when they do, a lot of times it's really extreme and it makes other people really, really uncomfortable." -Kevin*

The advice Kevin received was that if a child found support to transition in care, to be prepared for the discomfort of stakeholders like foster families, caseworkers, and community members, because of the youth's potentially 'extreme' behavior. Described more plainly, gender diverse youth who read as such make people uncomfortable. The emotional discomfort of others, not including the youth, is something that a CWP should have a plan of action for.

Further, CWPs spoke with comparable ease about sex, sexuality, and issues impacting 'LGBTQ' foster youth as a whole. Interviewees revealed their preference for this subject matter in the linguistic fumbles they made when discussing gender diverse youth. During conversation, CWPs would demonstrate examples with sexual minority youth even when asked specifically about gender diverse youth. In the following quote, I ask Rosalind, a direct care provider, about how clinical staff at the facility she was employed at were prepared to work with youth in the process of questioning their identified gender.

*Absolutely not. I didn't even think that we could address the identity issues they were having on any other level either. So, let alone the most tender physical expression of that, which is their sexuality, and the most confusing too. The most confusing. It's the pinnacle expression of your humanity in so many ways. And it just was treated as something to be managed.-Rosalind*

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Rosalind redirects her answer by pushing the substance onto other identities such as sexual orientation. She goes as far to say that sexual expression was about their humanity, inadvertently placing sexual orientation as a higher priority than gender identity. She later says in the interview, “*I would say that that struggle was more overlooked, the sexual struggle, but then LGBTQ, etcetera.*” It is possible that sexuality and sexual orientation is easier to discuss with CWPs because they have had more time to learn, train, and develop their work to youth who identify as sexual minorities and feel comfortable in their professional status. As noted in the introduction, social workers have been paying attention to outcomes for LGBTQ youth in research and policy for years.

Heather, a state worker in Colorado, describes how discretionary process and emotional discomfort intersect in care provision.

*In practice, the biggest difference is the counties who are more comfortable, I believe, and more inclusive of working with that population ask those questions as a daily practice to really try and engage and learn about the youth and their orientation and their identity. I have had some county intermediaries say that they get the feeling that there is either a discomfort or some biases that exist for that particular county, usually it is a rural county. Usually again, it's a discomfort, it's a not knowing what to ask...They don't know where to go from there. And so there is some concern that maybe that can lead to bias. -Heather*

Colorado is structurally unique to Texas and Washington in that policy and procedure is implemented at the level of the county as opposed to the state. The discretion that each county has in regards to working with gender diverse youth varies widely. Some counties were more proactive than others in training their CWPs about working with gender diverse youth and at the moment there is not a mandate requiring CWPs to partake. Still, Heather notes that there is a general discomfort that could possibly be related to bias towards gender diverse youth. Not all discomfort was general. I found CWPs experienced discomfort related to their professional status

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via lack of knowledge, organizational tensions due to risk aversion and structural deficits, and cultural understandings of normative sex and gender practices.

### *Professional Status*

#### *Lack of Knowledge*

To start with individual level explanations of affective discomfort, I turn to a model of knowledge and power. It is possible that affective discomfort in CWPs stem from a lack of knowledge about gender diversity, sexual orientation, and sex that is not grounded in heterosexuality or cisgenderism. CWPs also have considerable status and power over foster youth and also have relative status with their colleagues. Incompetency will reflect poorly on CWPs from their clients and coworkers. Fear can be produced in facing the unknown or in a loss of status. According to several CWPs a general lack of education was common for many actors in the child welfare system.

*And then again, when you are a gender creative kid, I think a lot of people struggle with that. Both well trained social workers, as well as judges, as well as parents, and foster parents, and so I think that there's just such a need for more information - Jillian*

Not only are people concerned about learning new language and terminology about gender diversity, some CWPs are struggling to know what decisions to make in their jobs. Ali describes how entire child placing agencies were uncertain how to residentially place gender diverse clients.

*There's so much misunderstanding. We had a conversation recently about a transgender male. So the agency didn't know whether it was okay to place a transgender male in another room with a male or a female or just sort of the lack of education, issues...You know this has gotta be a place of continual learning and improvement and educating ourselves. So it does, it comes up a lot actually. -Ali*

Lack of knowledge extends to nuances about gender diverse life. Naomi reported that her colleague misunderstood what it means to 'fully' trans.

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*So I think one of the challenges we have, that again, I see in training and in consultation is, and staff they just don't know. They're like, "We have a kiddo who's transgender, but isn't fully transgender 'cause they haven't had the surgery yet." And I'm like, "Being transgender doesn't mean you have to have surgery. Those are two different conversations." -Naomi*

For CWPs who are in charge of the residential, medical, and legal lives of foster youth, gaining knowledge beyond pronouns is crucial to understanding the needs of gender diverse clients.

Melissa says a common barrier with foster parents being comfortable working with gender diverse youth is lack of knowledge. Leah expressed similar concerns about foster families.

*So it's just like, their lack of knowledge, I think is really the biggest barrier which is great, because then we can just encourage them. I've got all kinds of resources that I do give them as far as local community resources, and I can connect to support groups to kind of increase their understanding and comfort level. - Melissa*

*I think the vast majority of them are accepting, and want to work with any kid and provide a safe home for them...yeah, their concerns have to do with their lack of knowledge to do they feel like they might not be as ready to help. So it's more on having them feel comfortable. -Leah*

Melissa has an optimistic take about lack of knowledge with gender diverse youth.

Remedying the discomfort of individuals who are uncomfortable working with gender diverse foster youth is possible. Through learning, education, training, and support it is possible that CWPs would become comfortable supporting gender diverse youth. Many of the respondents commented broadly that they didn't want to get it wrong or were afraid of making mistakes. The relationship between comfort and knowledge was explicitly linked in the interviews. Abbott (2014) describes that professionals, like social workers, rely on education and training to maintain their status. Perhaps lack of

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knowledge represents deficits in a professional. As Melissa said, if that is the case education and training around the issue seems necessary.

However, it is possible for some CWP's that lack of knowledge is less about professional status and more about a purposeful ignorance towards the topic. Soleil talks about how her colleagues were disrespectful to gender diverse people.

*It's just because there's a lot of people that are not as well educated around this population and to be honest my co-workers, they're not respecting people, their identity and honestly making fun of it. -Soleil*

Because gender diversity is outside the bounds of heteronormativity, a general lack of knowledge of the topic could imply that the reason people don't know about it is because they do not want to. Not only were Soleil's colleagues uneducated and therefore disrespectful to gender diverse people, they insulted their identity. It would seem in this case lack of knowledge is not necessarily related to discomfort, but with biased attitudes.

### ***Organizational Features***

Another contextual piece of emotional discomfort lies in the organization they work for. Foster care is an institution that bears critique. In the first section of the paper I outline some of the reasons for this. Histories of racism, colonialism, the general disdain of welfare services across the political spectrum, cases of gross misconduct, association with systems of punishment, etc. (Askeland, 2006). However, foster care is also suffering from a poor funding structure (Office of the Assistant Secretary of Evaluation and Planning, 2005). Many respondents themselves discussed how inefficient the system foster care is, likening it to chaos. Catherine, a social worker in Washington state, describes the difficulty of keeping up with expectations.

*But the federal caseload size or at least the caseload size that they have recommended in the past by the CWLA, I think is too high considering the amount of requirements that are on workers. And those requirements come from the Feds. So like in the past, they would say a CPS worker can have up to 18*

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*cases. Well, realistically, if you do all of the things that are required by the Feds, federal law, which of course now is policy, you could maybe carry a caseload of 12. I mean, if you think about it, let's say you had a caseload of 18 kids, and you are doing your monthly Health and Safety visits, which are required by federal law. But you're also supposed to meet with caregivers and parents monthly. So you have 18 kids, and there are 23 working days in a month. And so you're potentially seeing five people for 18 kids...There just isn't enough time and the time to do all of the work. -Catherine*

Due to the potential difficulties the foster care system faces if mistakes are made, it makes sense that when making decisions CWP's want to air on the side of caution, or at the very least have clear guidance on what the proper policy and procedure is. Because there is not currently best practice for working with gender diverse youth, it becomes more likely for CWP's to make mistakes in their care. Since foster care classifies youth with either male or female, there aren't always clear pathways for placing gender diverse youth putting CWP's in vulnerable positions where they may make mistakes.

### *Risk Aversion*

New welfare bureaucrats report being overwhelmed, being assigned more work than they will ever get the chance to complete, being under resourced, etc. A social worker explained why CWP's that work in Washington are especially vulnerable because the state does not have any laws against suing their equivalent of CPS. One paperwork mistake can land an entire office in a lawsuit. Mincing words becomes a professional reality. Being risk averse is also coupled with CWP's working in a cultural era where groups are asking people to be held accountable for what they say (Buchanan, 2015). There is a real fear of being fired for saying the wrong thing without a chance to 'defend' themselves or seek restorative, restitutive, or professional growth opportunities. It is possible that affective discomfort attached to fumbling is additively about the professional culture and environment they currently work in. Additionally, bureaucracies are

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inherently low risk organizations. These factors create institutional discomfort to potential risk. CWPs have to be risk averse.

Dawn, a therapist at a residential treatment center in Texas, described the difficulty of leading cultural sensitivity training about LGBTQ youth in care. It was difficult for her to have CWPs engage with the content.

*I think everyone has always been really afraid, especially because they don't have experience with LGBTQ youth to ask any questions. -Dawn*

Dawn felt that participants in training were scared to ask questions and learn because they didn't want something, they said to be held against them. While discussing how other CWPs disrespected transgender clients, Rebecca leaned in and spoke directly into the voice recorder saying, 'I just want to clarify that the last sentence I said was in air quotes'. Rebecca had been quoting unsavory representations about transgender youth from her colleagues. She was worried of being misrepresented or taken out of context when discussing issues of transgender rights. CWPs and organizations worried about potential consequences when making decisions about placement for gender diverse youth.

Michelle discusses how the organization she worked for was hesitant to create a residential program specifically for gender diverse youth.

*But not a lot of places would do it. 'Cause it's scary, right? These places are able to exist because somebody has their license up against whatever. There's like fear of the unknown in like what would happen if this thing happened and someone comes after my license, and it's a lot of fear of the unknown, I think, that stops this from happening. -Michelle*

The 'license' that Michelle is referring to is a certification for the organization is required to maintain to continue operating. However, in many states a license cannot be given to an entity. Instead, an individual CWP will have to put their personal license up for collateral. If something

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against state law happened at an organization, then they would get a negative mark on their license. If the license receives too many negative marks the state will revoke the license.

Beyond lack of education, Naomi says discomfort is still present because of the risk CWP's inherit.

*And my guess is that folks are still uncomfortable, even after all that we provide them, two trainings, on going case consultation, the monthly check-in, even with all of those things happening in their work loads, I think it's just not getting to the top. And they're also more worried about their own, they don't wanna mess up, discomfort, so they just don't do it, yeah -Naomi*

Heather notes that employees have been parentified and fear that they will be held liable for their decision making.

*And I think the parentification of case workers [being put in the role of the parent] and the feeling like they're the parents and they can be held liable for Billy talking on the phone... Doing his girlfriend or his boyfriend and getting drugs. All of these things... There's so much fear-based case work, that it keeps us from allowing kids to have these really important natural connections. -Heather*

Heather describes the culture of fear-based case work in foster care. The word liability indicates that risk is a point of discomfort for CWP's. Part of bureaucracy that CWP's contend with is how to make ethical choices for their clients while maintaining their individual core values and continuing to uphold the mission of the organization while also trying to protect their job and the institution they work for. The high stakes of decision making creates discomfort for CWP's. This discomfort is exacerbated when decision making becomes even more complicated, like when working with a gender diverse youth.

Bea describes how staff at a residential treatment facility (one of the strictest settings in foster care where youth have very little power over their day-to-day lives) handled a request from a gender diverse client.

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*How you were treated just really depended on staff. Like yeah, there's policy but personality comes into it too. And so at one time I had a youth approach me, and they said that they wanted to get a binder[...]And in the end it didn't happen because my supervisor and co-workers just didn't agree and I think it was probably a bias honestly. And at the time, I was like, I feel like I did what I could to advocate, but sometimes it felt like there was only so much I could do without becoming insubordinate. So that's one instance that I probably won't forget where it was like, "Yes we can affirm this kid, let's do this." And just to be shut down. And again, they can say, "Oh safety this or that. I think it was a bias, but it's hard to decide those things. -Bea*

Bea describes how she was dismissed by her colleagues and supervisor to assist a youth in binding their breasts. Bea's advocating stopped when her job was put into jeopardy.

Interestingly, Bea sees that policy is not the only factor informing CWPs decision making.

Rather, the *personality* of an individual creates a range of outcomes for gender diverse youth. If personality encompasses individual's emotional habitus, Bea's examination indicates affect and policy work together to produce discretionary behavior. Further, Bea relates the personality of her coworkers to bias against gender diverse people. Bea's colleagues cited 'safety' as the reason the child shouldn't bind. It is unclear whose safety the staff was referring to, but the idea behind that rhetoric is reducing risk. The discussion around identities of gender diverse youth is centered in risk aversion rather than how CWPs could be promoting the welfare of gender diverse youth.

### *Structural Barriers*

As discussed previously, foster care's classificatory system regarding gender creates an inherent dilemma when processing gender diverse foster youth. When I asked CWPs in leadership roles what kinds of questions their employees brought to them about working with gender diverse youth, they often framed their response about individual CWPs discomfort or employees being unsure about what choices they have in a professional capacity to help gender diverse youth. CWPs are aware that the system they

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work in does not have a lot of options for ‘practical problems’ they have when working with gender diverse youth in particular. All residential scenarios are sex segregated according to federal law. Bea, a community center employee, explains how state and federal policy come up against each other in the state of Washington.

*'So trying to serve those youth best when we are operating under two laws. So essentially those are two opposing laws. Most of the time either essentially, they would have to be roomed alone because the laws are in conflict. And so the crummy part is then we can't make a decision based on who we think the kids are gonna get along with or fit. You know, it felt like the kids were being excluded, is the effect.. -Bea*

Recently the CPS equivalent in Washington created a non-discrimination policy for all sexual orientations, gender identity, and expressions (Washington is a SOGIE state, or a state that has protections for sexual orientation, gender identity and expression). Part of this non-discrimination clause was that transgender, questioning, and gender non-conforming youth could choose for themselves the ‘sex’ of their residential placement based on their identified gender. The federal government says that youth should be separated based on their assigned sex at birth, a policy which upholds the hierarchy of binary sex and is an example of how administrative decisions can produce violent outcomes. Up until recently CWPs have circumnavigated these conflicting policies by following a directive that gender diverse youth in care would have their own room. CWPs report that many youths actually saw this as a positive because youth typically want their own space. Principally, this created segregation as opposed to integration effect. The merits of either practice are outside of this paper, but, gender diverse individuals were being isolated from other residents. This policy permeated from the level of foster homes to juvenile justice systems. Sometimes the structural deficits of foster care forced CWPs to leave gender diverse youth in precarious situations.

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At a group training I attended specifically about working with LGBTQAI youth, CWPs were visibly frustrated that they did not have time left in the training to discuss a specific situation they had with a placement (perhaps this situation was the reason for the training in the first place). The training itself was focused on introductory or basic review of language and terminology and a little bit of best practice. What the CWPs actually wanted guidance on was how to place a transgender youth. A non-profit residential service that is contracted through the state refused to place a transgender youth. The CWPs didn't understand what sort of institutional rights they had in the situation and were surprised to learn that the state had the power backed by state policy to place the transgender youth at that non-profit at their discretion. The CWPs in the training were focused on the practical implications of their job and wanted clarification on the confusing landscape of rules and regulations regarding gender diverse youth. This circles back to CWP's discomfort at an organizational level. What sort of power or knowledge can they implement to help their transgender client, for example? If they are not able to exercise discretion this could create affective discomfort. In some states, the state has no power to place gender diverse youth in certain circumstances. Dana discusses a recent legislation change in Texas.

*Texas is being a dick right now. There are more laws coming against gay and lesbian and transgender right now and they are in the state house and senate. It's a little chaotic in Texas. -Dana*

The piece of legislation that Dana is referring to says that child welfare organizations with deeply held religious values can choose to not work with lesbian, gay, or transgender parents as well as LGBTQ youth. In Texas, legal discrimination impacts the amount of resources gender diverse youth can receive. Jillian says that figuring out the placement is often just the first step for gender diverse youth.

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*Let's say it's a group home that's all girls, "Are they gonna let you go there, are they not? If they let you go there, are the other girls gonna be accepting, are the staff gonna be accepting, are they gonna talk to you?" -Jillian*

Once youth are accepted at a residential placement, CWPs also have to consider if the staff are going to be supportive and educated about working with gender diverse youth. Further, they have to ensure the safety of the youth and ascertain if the other youth in the facility will be accepting. Structural challenges are important to resolve but are just the beginning of navigating a gender diverse youth through care.

### ***Gendered Emotions***

To borrow from Bonilla-Silva's (2018) conceptualization of racialized emotions, I theorize this case to gendered emotions. Gendered emotional transactions occur between differently gendered people. Further, gendered practices elicit specific emotions within individuals. Thinking with Thoits framework of socialized emotions and Bonilla-Silva's racialized emotions together opens space to consider how gendered emotions are shaped and how they impact various social processes like behavior and interaction. CWPs described gendered emotions of discomfort through four processes. (1) How CWPs understood the importance of gender identity in case planning. (2) Learning gendered terminology and language. (3) Sexualizing gender diverse youth. (4) Questioning the authenticity of gender diverse youth's identities. Similarly, to how Bonilla-Silva describes racialized emotions as being crucial to maintaining racial hierarchies, I argue that CWPs gendered emotions towards gender diverse youth reify gender hierarchies.

### ***Minimization of Gender***

For some CWPs, issues around gender identity were not central to a youth's time in care. I anticipated gender identity to be a burgeoning issue in foster care for a few reasons. First, I am

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examining clinical settings. It is often the case that in order for gender diverse youth to get certain needs met a psychiatric diagnosis of gender dysphoria is required. Even the diagnosis which pathologized gender identity is incredibly controversial, so I expected this to undergird how foster care workers thought of gender diversity (Kuhl & Martino, 2018; Sennott, 2010) . Second, research over the past decade has demonstrated that much like other historically marginalized groups in foster care, gender diverse youth were overrepresented in care compared to their cisgender peers. To extend this, LGBTQ youth are often pushed into foster care by their own families, because of their LGBTQ status. If this is the case, gender diverse youths' identities should then be documented and central to case management. Third, there have been movements at state and federal policy levels to offer protections specifically to transgender and gender non-conforming (TGNC) youth. Large non-profit groups like the Casey Family Foundation, Lambda Legal, and The Williams Institute have dedicated whole divisions to circulating information about gender diverse youth and lead the effort to change policy to reflect best practices. Lastly, and this is the most concerning, is that these youth exist. The respondents I interviewed collectively have worked at 21 separate agencies. At every agency, except one in Washington state, they worked with gender diverse clientele. Alleged rarity of gender diverse clients is quickly jettisoned as a reason for the lack of critical work by foster care workers to address systemic disparities experienced by gender diverse clients.

Dana is a lesbian who has been working within social services for several years. In the following quote I had asked Dana if there were any aspects of gender diverse youth living at a youth shelter that differed from their cisgender peers.

*“Mmm, no. I mean we treat them like any other kid, there is no difference. We make sure they are comfortable like any other kid. They may have different needs. We may look into more services for them with somebody...but I mean there is no you are transgender; you are treated this way.” -Dana*

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Dana says that there is no difference between gender diverse and cisgender clients' treatment. Even though she concedes they may have different needs that may need to be outsourced, in the end they are treated 'like any other kid.' Dana presents a general negative affect towards the idea that because a child should be treated differently because they are transgender. The likened sameness of them with cisgender youth limits possibilities of care that could be grounded in their gender diversity. Further, by saying that gender diverse youth are treated the same, means in practice is that the youth goes through the same individual assessment as their cisgender peers. This appears to prevent CWPs like Dana to conceptualize gender diverse youth as a group of people who are systematically marginalized by institutions such as foster care. Another caseworker offered similar sentiments as Dana. Michelle, a Latinx, cisgender, straight woman, was asked what advice she would give to someone working with gender diverse clients for the first time.

*"I feel like I would just give them preferred pronouns, and then anything, any other things besides that, I would just, it would be like any other spiel I would give on any other kid because there's no difference." -Michelle*

Again, besides acknowledging that foster care workers should be cognizant about pronoun use with gender diverse clients, everything else is like 'any other kid.' In foster care, every case has a unique set of circumstances that guides CWPs in their case management. Case plans are then tailored for each situation, a process sometimes referred to as individualized case planning. However, some dimensions of a case such as the race or gender identity of the youth, requires a contextualized focus that places the youth's social positionality in broader social structures. Having such an intense focus on individualized treatment plans prevents CWPs from

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thinking about gender diverse clients as a marginalized group that institutions should take specific care towards. Soleil, a CWP in Texas describes how this becomes an issue.

*But the problem is, with the trans population, there's definitely way more protective factors that we can put in place instead of just treating it like everyone else. Because there's just so much more phobia. Like there's just so much more aggression and violence. - Soleil*

Soleil recognizes that transgender people are up against intense levels of discrimination that warrant extra service provisions. Instead of thinking of the transgender client as another unique case, Soleil understands their gender identity status is tied to larger social processes like transphobia and requires system-level intervention. The starkest example of minimizing gender was by social workers who did not believe gender diverse people existed in their service area.

Mary, a state worker in Colorado, explains how some CWPs had difficulty taking up new training about working with gender diverse youth.

*So you know [that county] they're... Again, really thought provoking and thinking about how they're doing their work and improving their practices. But other counties it's not even on their radar. Sometimes you get push back. Not necessarily counties, but stakeholders who are like "There are no LGBTQ people in our counties", and that's just not true. -Mary*

By claiming that there are no LGBTQ people in their service areas, CWPs are able to divest from accountability and responsibility towards the care of gender diverse youth. Other interviewees in the study noted that proportionally, gender diverse youth are a small population to focus on. This was especially the case in rural counties. These interviews shed light on clinical social work and the foster care system as a field that is especially susceptible to individual logics. However, minimization of gender could also intersect with issues of organizational capacity.

Naomi discusses the practical reality of placing queer youth in Washington state.

*"We can't... " We have a kiddo who is 13 and trafficked and queer and can't find placement for them. So, some of those things are... I don't wanna... This is gonna*

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*sound awful, some of those things are more relevant than others in terms of placement, right? And where we can place that child.” -Naomi*

The relevance of other factors that Naomi speaks about reveals the potential hierarchies CWP's create when creating case plans for their clients. Because of limited resources, CWP's are forced to choose what may be more important when deciding where a youth should be placed. This example demonstrates when institutions suffer resource constraints, it is often already marginalized groups of people that are disparately impacted by them. In this case, residential shortage in Washington state is a general issue affecting all those who are system-involved. However, because of confusion, lack of best practice and education, and potential bias, gender diverse foster youth have an even more difficult time finding safe placements.

### *Uncontained language*

One of the aspects of affective economies that Ahmed (2004) theorizes about is the idea of impossible containment of objects. This concept refers to how people may feel overwhelmed and anxious when an idea or object is presented as consistently passing by and could be anywhere or everywhere. I argue that a similar effect is happening with CWP's affective orientation towards the changing landscape of language and terminology that is inherent in queer communities. Gender diversity in particular represents the burst of visibility of many genders; each with their own ontology and terminology. For individuals who previously thought of the world through a dichotomized gendered lens, the idea of a multiplicity of genders, with newer ones always on the horizon encapsulates uncontained language. Thoughts on language use and terminology were present in every interview that was conducted. When describing identities of gender diverse youth, the majority of respondents were excessively wary about labels and terminology. They would stumble or hesitate while considering appropriate word choice, to

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avoid the misspeaking. Brianna, a direct care worker in Texas, struggled to properly identify one of her clients.

*Yeah there was [a client] who identified as male, I believe. And we began the discussion of a way therapeutically to increase self safety and how we were adjusting, and were we gonna use her male name. Sorry his male name. Do you wanna know more about her case? Sorry his case. Or like them coming into foster care? -Brianna*

Brianna misgenders her clients when referencing his request to use his name and pronouns. After correcting herself a second time, she changes to a gender-neutral pronoun at the end. On one hand, this hesitation signifies that CWPs are aware of the importance of language use when working with gender diverse youth. On the other hand, CWPs guarded speech indicates that they were not practiced or comfortable conversing on the subject. The gravity of CWPs lexical caution is underscored by the fact that having ‘difficult’ conversations, especially about identity categories is daily practice for them. Respondents seemed prepared to discuss systemic issues in foster care relating to other identity groups such as racial disproportionality, the importance of tribal oversight with Native youth, and the importance of having a diverse pool of foster families. When I discussed training available to CWPs and foster families to learn about working with gender diverse youth, the majority of respondents said the material is focused on learning terminology and definitions. Dana describes how her supervisor was pleased to learn about ‘new letters’.

*It’s actually funny the director, last week she went to a training for working with LGBTQ youth in care...she came back and she was just so excited she was like, I know what cisgender means. And then she was like did you know they added more letters? And I was like it’s just the gay alphabet. It’s fine. -Dana*

Dana’s supervisor returned from a training and exclaimed that she now knew what cisgender was and that ‘they’ have added more letters. Dana, an out lesbian at the shelter, was someone her supervisor felt like she could connect with. Dana follows up with the sentiment that

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the acronym with the additional letters should just be the gay alphabet. Dana's inclination to collapse all queer identities obscures important differences between sexual minority and gender diverse people. Dana's feelings of frustration are captured later in the interview. When discussing different identifications that fall under the term 'gender diverse', Dana expresses fatigue around knowing relevant terminology.

*God, how many different words do we have for this? -Dana*

The impossible containment of developing terminology and language imbues discomfort into CWPs. The nature in which queered language unfolds puts CWPs in a state of mind where they can always be 'wrong'. Kevin discusses his frustration in being an ally. At the end of our interview, I asked Kevin if there is anything else I should know. He replies that 'gays and lesbians are being too militant' around language use. I ask him to elaborate.

*Here's my thing, I think everyone just needs to lighten up a little bit [chuckle], 'cause it's like, there's too many rules around this stuff and you're not gonna get people want to learn more and do stuff like that if it's like, you say the wrong thing and you get beat up. -Kevin*

Kevin likens being critiqued by people in the LGBTQ community to being 'beat up'. The discomfort around language use is raised to the discomfort of the threat of physical violence. The obvious blind spot of this perspective is that gender diverse people, especially queer and trans people of color, face high levels of violence throughout their lives simply because of their identified gender and expression (Riley, Haritaworn, Aizura, & Stryker, 2013). Clearly, knowledge of language and terminology is a place of tension for CWPs. I believe one of the unintended impacts of emotional discomfort is that it centers the values and needs of the person experiencing the discomfort. When Dana says it should just be the rainbow alphabet or Kevin says everyone needs to lighten up, their discomfort becomes the subject of the narrative.

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However, the branching out of terms represents progress. It is a sign that queer folks are comfortable bringing their identities to the public. For gender diverse youth in care the narrative should center around the discomfort they feel when they are disclosing their status, are misgendered, or misidentified. Another indication of the discomfort around language is in the curriculum being offered to CWPs. In Washington the state level office of child welfare has begun to create training that focuses on all facets of the LGBTQ community. Naomi, a trainer for the state, describes why language is the foundation of the curriculum.

So one of the ways we do the terminology activity or matching game is, they just have to match the word and the definition as best they can, but they have to read the word out loud like, "How often does somebody say queer in their normal vocabulary or somebody say LGBTQ+ or two spirit or pansexual?" And it's just getting people familiar with the language at the start...I think they're much more conscious about how uncomfortable they are with being afraid to mess up. - Naomi.

Naomi makes a perceptive observation that it is likely that most CWPs have not even said words like 'genderqueer'. If professionals are not familiar with speaking the word that describes their clients' identity, they most likely are not familiar with best practice for how to work with their client. This unfamiliarity lends itself to affective discomfort. While discomfort with uncontained language intersects with lack of knowledge (which is also a status marker for professionals) the distinction here is that the inexperience naturalizes gendered hierarchies where the gender binary is the default, CWP Melissa offers an explanation as to why people are wary around language.

*I think a lot of it just comes down to that fear of offending someone. Of saying the wrong thing and it being taken in the wrong way. They tend to then be afraid that "I'm gonna say something that's going to send this kid down those paths that we hear about..". We know that the suicide rates are tremendously high with our LGBTQ youth, and I think the people are afraid that they're going to make someone feel rejected by the improper use of language...I personally think a lot of it has to do with ego and fear around just offending someone. -Melissa*

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Melissa points out the empirically proven point that gender diverse youth who have their preferred name respected have reduced depressive symptoms, suicidal ideation, and suicidal behavior (Russell, Pollitt, Li & Grossman, 2018) Tony, a transgender foster parent discusses why it is so important to keep trying to learn, even if a person is fearful or has made mistakes in the past.

*I think, getting educated on gender and sexuality and the differences, and I think just being able to establish a common language, is really helpful, because then you can understand the questions that they're asking. And 'cause if you don't know the right language, particularly youth that are just figuring their own identities out, they're pretty sensitive, and can completely shut down when they think that you don't know what you're talking about, and kinda just think that you're unteachable and old. -Tony*

As Tony and Melissa have illustrated, having a grasp on language is uncomfortable for CWPs but crucial to the healthy development of gender diverse youth. The current orientation many CWPs have to gender diversity was summed up succinctly during a state training about working with LGBTQ youth in care.

*“I’m just an old lesbian, I don’t know anything about pronouns.” -Mia*

### *Sexualized Genders*

Another subject that discomfort adheres to for CWPs is sex (as in the physical act). Raising the issue of sex and sexuality alongside gender diversity is a longtime transphobic stereotype. Perversion, predatory behavior, and overall sexual deviance is paired with a gender diverse body. As discussed earlier, Irvine (2004) sketches the affective process of sex panics. Normative rituals around sex include chastity, modestness, and of course heterosexuality. Sexual rituals that fall outside of this domain create fear and panic in actors inside institutions. Even though the focus of the study was about gender diverse individuals, queer sexualities were often

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tied to these youth. Naomi explains her take on the underlying connection between gender diversity and sex.

*There's still too much, there's still too many myths out there that perpetuate stereotypes. We still have parents who are afraid to put a trans boy in the same room as their bio boy because they assume the trans boy is gonna wanna sleep with the hetero boy, it's like...That's not necessarily true, not all LGBTQ folks are one, predatory and two, not attracted to every single person in the world. I mean I never understand that argument and it kinda cracks me up, but... -Naomi*

Kevin, in the leadership of a non-profit discussed how even the threat of having sex would collapse plans to create a residential space for gender diverse youth.

*My ultimate goal is that the kids who live there, the staff who work there, and the community at large, holds the program precious, and it's protected, and so the kids will not have sex with each other at the group home because they know that that could make it go away. Because the one thing that I don't think our society will tolerate is that if we set up a program for trans teenagers and they're having sex in that program, that could just be done. Could very well be done. At the same time, when they're experiencing that and they're comfortable and able to express themselves and all of that, their desire to be sexually involved could very well go up. So how do you deal with all that, and still protect the cocoon that is the house? -Kevin*

Kevin highlights the anxiety around trans teenagers having sex. From his perspective it is one difficult enough to get community buy in for a an all transgender home, but the prospect that they have sex with one another is intolerable. He further describes how creating an affirming environment for gender diverse youth would allow them to desire sex more. When talking about gender identity with CWPs issues of sex came creeping in. Heather believes that the key to talking with youth about their gender identity is actually to talk about sex.

*And again, I really do believe that right now it's also about them being comfortable talking about sexuality in general. And asking youth if they have... And especially words for opening an ongoing case and we're going to be involved with this youth. Asking about whether or not they're sexually active. Asking whether or not they feel like they have the knowledge that they need, or whether or not there are areas that they feel like they need support, or if they need birth control. And I know sometimes our detention facilities and some of our placement facilities have been able to like, "Oh well here some condoms." Or there's one*

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*class... But I don't feel like we do enough individually, and workers wait until a youth says, "God, I have this strange burning in my genital area." And then it's like, "Well, now we have something else to deal with". -Heather*

The idea Heather has is that being able to talk about burning genitals or creating a sex positive atmosphere will make gender diverse youth to disclose or talk about their gender identity. While gender identity, sexual orientation, and sexuality can be intimately linked and ultimately inform the expression of the other, there is still an assumption being made that gender diverse youth are definitely engaging in sexual acts. Sex was identified as an issue more directly by others. Later in the interview Heather describes how the discomfort CWPs have when making rooming decisions is about not being able to predict who is having sex with whom.

*I think that's why those kids get like in these solo rooms off to themselves because the staff is so worried to your point about... And our gender fluid kids, our kids who are non-binary and just they love who they love and sex is good. So that and those whole conversations just scare all our staff and everybody's red flags come up about liability. -Heather*

Heather sweeps together gender diverse identities with sex positivity, and overtly sexualizes gender fluid and nonbinary kids. Heather's description also provides context between the intersection of sex panics and risk aversion in foster care. Here, the word liability signals that it's less about the youth actually having sex with one another and more about the potential consequences the organization would face. The link between sexualizing gender diverse youth and the organization facing consequences, highlights how gender diverse youth themselves are seen as a liability in the foster care system. It is not surprising that sexuality and gender were often collapsed in the interviews. The acronym LGBTQ promotes the idea that sexual identities and gender identities are merged in community. As mentioned previously, sexuality and gender identity can inform one another and often do. However, given the institutional differences

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between sexual minority and gender diverse people in this context, the merging is problematic. This is in part due to the lack of knowledge many CWPs have about queer communities. Jillian, a legal advocate, clarifies why there is still a line that exists between sexual minority and gender diverse clientele.

*There's also a constant diluting or blending of somehow sexuality and sex is tied to gender. And so, that lack of understanding makes people I think often more confused by transgender and gender diverse, gender variant, gender creative kids, and so... That, I think, the profession is still behind. I think most people understand that in terms of sexuality, "This is what it is, this is who you are. We have to figure this out, we have to support you." But I still think in terms of transgender, people are like, "Should we be doing it?" -Jillian*

Jillian makes the case that while many CWPs are more comfortable with sexuality, in foster care there is still debate about if the system should even take gender identity into account. CWPs' discomfort with the sexual practices of gender diverse youth promotes two ideas. First, part of the discomfort with gender diverse youth having sex is because CWPs assume the sex is queer. Queer sex violates the normative assumption that sex is had between two straight individuals. The discomfort associated with this kind of sex renders heterosexuality as normal. Second, the discomfort with gender diverse youth having sex is linked to the tropes of predation, perversion, and hyper sexualization. Sex should be between a man and woman, but sex with two people that don't identify in either category defies this norm, establishing sex between cisgender people as normal. I argue that similarly to sex panics, discomfort around sex involving gender diverse youth works to re-establish normalized gender identities and expressions. I find CWPs extend discomfort around gender identity to discomfort about sex, unknowingly placing cisgenderism and heterosexuality in lockstep with one another, reinforcing sexuality and gender hierarchies at the same time.

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### *Bogus Identities: Trauma and Authenticity*

As characterized by Ahmed (2004), a useful tool in affective economies of fear is the bogus identity. The idea of bogusness creates an atmosphere of distrust of people's 'realness' or real needs. For CWP's, this strategy was employed to ask sentiments like, "Are they really transgender?". I found that bogusness strongly tied to ideas of trauma and deception. Gender diverse authenticity becomes destabilized when it becomes attached to trauma. For example, Rosalind questions the efficacy of centering gender identity in youth's treatment.

*"And I was always wondering, are we creating, are we fully treating this identity here, are we fully treating the depth of the crisis, or again are we just taking the steps to fill a desire, which is totally valid. But was he being treated deeply like the hole in his heart, as well?" -Rosalind*

Here, Rosalind is reflecting on the treatment of a transgender client James who was receiving treatment at an all 'female' center. James had come out as trans at this center. When James came out, staff at the center disagreed about whether or not to start using he/him pronouns, his name, and move forward with aspects of transitioning like buying masculine clothing. Rosalind side-steps these issues regarding his gender identity and instead redirects the crisis of James to a bigger priority, which was healing James' trauma. Attending to his valid desire seems secondary to treatment of trauma. Alexis, a cis, Latinx straight woman had a similar interpretation. Alexis who was a front-line worker for a few years and is now a therapist at an 'all-girls' residential treatment facility. In this quote, I have asked Alexis if gender identity is ever considered for case plans or treatment plans.

*"So one of the goals I have for my kids is processing trauma. So, it'll just say "talked about trauma in therapy." And if it is something, it can be added into their treatment plan if it was an issue, or it's something that I see coming up for them that's maybe hindering her process in other areas." -Alexis*

I follow up and ask how gender diversity hinders progress of the youth.

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*“I mean, I just. Relationships with family. It might be a relationship with peers and it might just be that it’s creating conflict, or even, I don’t know, something like with family, “Okay, well, this is something that they’re doing to act out from their trauma. We’re not gonna let this child back in our home, unless they are able to process it, these issues.” -Alexis*

Alexis too believes that gender identity can come out of trauma and that trauma should be the focus of therapeutic plans. She takes this another step further and says that coming out as gender diverse actually hinders the progress the youth is making with their treatment and their families. Grounding gender identity in trauma, not only de-centers gender as an important distinction between clients, but also de-legitimizes the youth’s identity as a whole and this is reflected in the CWP’s practice. This being said, the fact of the matter is that pathologizing gender is often required of foster care workers to then advocate for gender diverse clients. Rebecca, a straight, cis, white, woman speaks about how she would not been able to get her transgender client hormone injections without the legitimacy of the diagnosis.

*“I know what you're talking about, we say gender dysphoria. I think it's bullshit that you have to have a damn diagnosis, right? But that is what it takes...I don't think that we required that he had the diagnosis, but I believe insurance did because the co-pay for just going to the doctor's appointment and stuff like that and then knowing it was for hormone therapy. I don't remember if he was actually diagnosed with gender dysphoria...But I wanna say he had to be... There's no way any treatment would have happened for sure, especially if there wasn't a diagnosis. I also cannot imagine a judge listening to the motion for hormone therapy to begin without that diagnosis in place.” -Rebecca*

Here, Rebecca is reflecting on her experience with a particular client. While under Rebecca’s care, he was able to begin medically transitioning. She convinced her organization, his social worker, and courts in a conservative southern state, to allow the use of hormone injections, all while he lived at an all-female residential treatment center. The gender dysphoria diagnosis was a necessary vehicle to meet his needs. However, in this case, the pathologizing of gender identity was used as a tool to create action, instead of a means to explain gender identity. Trauma

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is also used to explain why a foster youth may have 'chosen' to become gender diverse and is ultimately grounds for suspicion of their gender identity.

*I know there's also some workers that I've seen, just when I was in the field and also I've heard that, kind of question whether or not a youth... It's, like "They have to have a motive behind making that" or "it's a reflection of their trauma." I've heard with a couple of our really significant history youth who've experienced some pretty traumatic events where... "Oh, well, that's just, when so and so says she identifies with a he, that he, is a representation of who she is when traumatized." And so there's language like that, I think there's a hesitance. - Heather*

Rachel expresses her belief that abuse, or mental health diagnosis prevents gender diverse youth from actually understanding their identity.

*So CPS is difficult because a lot of the times, especially with... When I was focused on sexual abuse crimes, there can be that identifier. But a lot of the times there's so much confusion and misunderstanding of them kind of reverting within themselves and not feeling really like a person. Truly, no matter how they identify or otherwise, or who's abused them or otherwise, there's just, that's just a removal of their safety and feeling like their own person, that that piece was a little bit more difficult. So we did have a couple older kiddos that were able to voice that much more, and so, there were different types of programs that we had. -Rachel*

Overall discourse around trauma and authenticity reifies the connection between mental illness or pathology with gender identities that are not cisgender. These gendered emotions work to establish normative gender ideologies. The waiting for the bogus was especially pertinent for youth who were questioning their identity. The other side of authenticity also comes with the transphobic trope of duplicity and manipulation. There is a fear that some gender diverse people have ulterior motives for identifying the way they do, or that they will be more likely to deceive one another (because they are already trying to deceive people of their 'real' gender). The sentiment of manipulation came across in interviews. CWPs describe the belief that youth are using gender diverse identities to challenge authority figures (like parents), be defiant, feel a sense of control, or gain more resources.

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*"If this was like a point of conflict in the relationship and we think that Sally's just bringing [her gender diverse identity] up, because she's just trying to piss off mom, then we're not gonna let her go by whatever she wants to go by. Or we're just gonna keep telling her that she's Sally and repeat to her." -Michelle*

*"There's one situation that I'm seeing happen, I've seen it happen twice. Where a youth is identifying as transgender, but is also divulging that they're just making up in order to basically manipulate the system. So that was a real challenge for everyone as to be very cognizant of youth who are transgender and ensure that we're doing the very best that we can, that we're doing best practice and providing the very best care that we can. And that we're guided by what the research is saying. But at the saytime when you have a youth that it is falsely claiming to be transgender in order to manipulate or to be defiant, to just feel like they're in control. or something. It really presents a challenge to the system." -Zach*

Youth that are questioning their gender identity are especially vulnerable to be seen as inauthentic to welfare workers.

*"And it's not just in some counties, I think in a lot of counties, especially when the youth presents as a certain gender throughout and then says, you know, two, three, whatever weeks, months in, like "I'm identifying as Milo, now. " That they really struggle to take that. I think there's a little bit of a feeling, like, "If you truly are different, if you truly identify as a different gender than you are presenting as, that you will tell us that immediately and be ready to own it, and it won't change." And of course, we've had youth who have said, "This is what I'm identifying as" and then as the case goes a year later. And so having those conversations and just being okay, and not having to almost accuse the youth of being deceptive, I think, is a real struggle for some workers in some counties." -Heather*

Questioning the validity of youth's gender identity accomplishes reinforcing the ideas around gender diversity including confusion, manipulation, and deception. Much like the boy who cried wolf, gender diverse youth in care are met with emotions of distrust and hesitation. Leah has taken in several transgender youth as a foster parent. Her experience allowed her to identify the needs of her foster children and also to advocate for gender diverse youth in her work. In the following quote Leah describes a difficult time she had with a fellow CWP.

*Leah: I guess recognize their unique needs. I know personally I had a kiddo last year in my house who was transgender, and he would run all the time, so ended*

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*up staying with me, for a whole week actually. And part of it, I think, is that I called him, 'him'. His social worker would call me and use 'she' pronouns and 'her' pronouns. So when we were at a home visit or meeting, I feel like his needs and his wants weren't being respected. And that makes youth not feel comfortable or safe where they are.*

*Interviewer: How did you navigate your interaction between you and the social worker?*

*Leah: I would just be like, 'you know what 'he' wants, you know? And then when the youth wasn't in the room, I just said, "Hey this is just a reminder this is how he's identifying right now." and she was like, "Well, he doesn't always do that, they change their mind." -Leah*

The CWP Leah was working with did not want to use the client's preferred pronouns because she believed he would change his mind and therefore was not worth doing. Bogusness around these identities represents the impossibility of existence for gender diverse youth in care. On one hand, gender diverse youth often need a psychiatric diagnosis of gender identity disorder to receive access to gender-affirming health care. On the other hand, it is psychiatric (mis)conceptions around trauma and gender that lead CWPs to believe in the inauthenticity of a youth's identity. Ideas of deception also create a dilemma for gender diverse youth. Identifications of gender diversity surfaces feelings of distrust and hesitance with CWPs because they assume the youth is trying to extract more resources. However, it is often the case that gender diverse foster youth do need more resources compared to their cisgender peers to live healthy and gender-affirming lives. Gendered affective structures of discomfort, mistrust, and confusion towards diverse genders work to make accessing safe spaces and gender-affirming care difficult for youth.

### **Discussion & Conclusion**

Studying the emotional factors that shape bureaucratic actors' discretion has broader impacts. Emotions that are in response to specific organizational or institutional constraints

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indicate where potential policy pitfalls are happening. Understanding how and why CWPs make decisions may be able to inform how other street-level bureaucrats or professionals like teachers and health care providers respond to gender diverse youth in other social institutions. Studying the emotions of bureaucrats gives a sense of the nature of institutions. Emotions, feelings, sentiments, and affect could be an important part of why institutions are slow to change. The decision-making intersection where the organization, environmental context, and the worker meet can be explored via emotions. The emotional discomfort of CWPs can also be an indication of what is happening in organizations where classification schema fails to be exhaustive. Overall, understanding bureaucrats' emotions can help scholars understand their decision-making processes, especially involving marginalized communities.

Foster care is an institution that relies on the gender binary as an organizing logic. Nearly every aspect of foster care is sex segregated. Even foster and adoption licenses are distributed by gender. Gender diverse youth do not fit into the bureaucratic boxes of 'male' and 'female' that foster care and many other institutions rely on to categorize and distribute resources to individuals. Specific areas in foster care where gender diverse youth are vulnerable are residential settings and accessing gender-affirming health care. As foster care is used to remove children from their home into a safer placement, the very existence of gender diverse youth in care is precarious. This paper asks CWPs how they respond to meeting the needs of gender diverse youth in a system that renders them illegible. I find CWPs' responses start from a place of emotional discomfort, and this discomfort arises from their professional status, organizational context, and cultural understanding of gender.

Points of discomfort tend to be related to the general climate of risk aversion in child welfare, lack of knowledge around issues and needs of gender diverse youth, the perception of

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an ever-changing landscape of queer terminology CWP's are expected to keep pace with, the possibility of gender diverse youth having sex in sex segregated placements, and the potential duplicitous nature under which a youth may claim their gender identity. While affective discomfort (including fear and anxiety) was the general sentiment conveyed in the interviews, it did not necessarily correspond to poor caretaking of gender diverse youth. It is often the case that other parts of a child's time in care are made to be a priority.

Foster care is in a perpetual state of chaos. Sometimes CWP's have difficulty finding a suitable placement for youth. It should be noted however that the issues in foster care today like lack of funding, foster families, and placements, disproportionately impact gender diverse youth. Lack of funding equates to only the bare minimum of physical and mental health needs being met for youth. Gender diverse youth often require specialized, and therefore more expensive care in both of those areas. Lack of foster families (and placements in general) means there is even a smaller chance of gender diverse youth being matched with people who are affirming of their identity. In sketching the emotional habitus of CWP's institutional constraints and environments as well as individual orientations potential sources of emotional discomfort were discussed.

### ***What's the Risk in Emotional Discomfort?***

Affective discomfort likely contributes to reinforcing heteronormative conceptions of gender, the gender binary, and heterosexuality. Perhaps more importantly is that emotional discomfort potentially impacts the quality of care gender diverse youth receive. Discomfort creates distance between the bureaucrat in the client. This distance can translate into several scenarios such as: a lack of action or ambivalence (not taking the time to find pertinent resources or creating a case plan that does not take into account the unique needs of gender diverse youth ) or overt actions of bias (not recognizing the youth's identity or placing them in homes that are

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not affirming to their identity). Discomfort of CWPs leaves gender diverse vulnerable in the foster care system. Ultimately, foster care as a field is struggling to prioritize gender diversity and sexual orientation in their practice.

Discomfort and related emotions such as unpleasantness, uneasiness, irritability, annoyance, and embarrassment are important to consider, especially in the context of CWPs or other bureaucratic professionals. Discomfort is important because (1) the emotion undergirds more acute emotions such as fear and hate. Fear and hate are powerful tools of affective alignment and crucial in the process of ‘othering’ groups of people like immigrants and refugees (Ahmed, 2004). There are contemporary examples, such as many Western countries' policies towards immigration, where government systems use narratives of fear and disgust, often disguised as issues of the economy or citizenship, to legitimize morally objectionable policies.

Being uncomfortable sets the foundation of gatekeeping, resource hoarding, and classification, which in turn creates pathways for discriminatory policy and behavior. (2) Discomfort reveals inherent tensions, flaws, and biases in individuals and the environment around them. For example, many of the CWPs I spoke with discussed issues around lack of knowledge, or best practice when working with gender diverse youth. While part of this discomfort is still grounded in larger power structures of norms about gender, it also reveals that competence is an important piece of CWPs professional identity and that lack of knowledge in any substantive issue will likely put them at unease. Based on the theoretical function of discomfort and data from the interviews, I find that discomfort of CWPs is influenced by professional status, organizational structure, and normative understandings of sex and gender.

### *What do Gender Diverse Youth Need?*

Several studies have cited where trans youth could benefit from the most in institutions, and in foster care particularly, to decrease harm the trans community faces. First, is safety in disclosure. Trans youth need adults, mentors, caseworkers and the like to be ready to learn. Trans youth also need protection from discrimination and victimization, trans role models, ally role models, access to trans sensitive health care, access to mental health services, competently trained law enforcement, recognition of their pronouns, preferred name, and respect for their gender presentation. (Burdge, 2007; Gilliam, 2003; Mallon & DeCrescenzo, 2006; Markman, 2011; Woronoff et. al., 2006).

### *Limitations*

As there has not been a dearth of research completed on gender diverse youth and child welfare, the scope of this interview study was fairly broad and meant to be generative for further research. While the perspective of CWPs is important, going forward it is crucial that gender diverse youth in care are given voice to their experience in care. This study found that CWPs are generally uncomfortable working with gender diverse youth and potential reasons for this emotion were discussed. In sketching the emotional habitus of CWPs institutional constraints and environments as well as individual orientations potential sources of emotional discomfort were discussed. It is still not clear, however, exactly why CWPs feel that way.

The narratives constructed around discomfort, especially related to norms around gender and sexuality, brought forth harmful tropes about non-cisgender identities like sexual perversion and deception. It is not clear though if CWPs have an inherent bias towards gender diverse people. A major limitation of this study is that I did not have the data to conduct an intersectional analysis. Intersectionality is fundamental in studying emotion. Affect is shaped by all social

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categories. I was not able to explore if there was any interaction between the race/ethnicity (or even other categories like biological sex and age) and gender identity of gender diverse youth. Race/ethnicity of CWPs and youth should be captured in future studies.

### *Directions for Future Research*

There are many paths forward in studying gender identity and child welfare. For example, CWPs are not the only bureaucrats or actors with considerable power of gender diverse youth. Judges, attorneys, foster parents, and biological family can all influence a youth's trajectory in care in regard to their gender identity. As discussed in the introduction, child welfare provisions are implemented on the state level. Other research has demonstrated that systems of child welfare differ in punitiveness at the state level. While this data did not have the power to compare across states, future work should consider exploring comparative case work. Due to the complexity of foster care and the development of gender identity in youth, I believe that having mixed-methods research, especially including ethnography, will be important for capturing experiences of gender diverse youth and institutional processes that impact them.

Gender diverse youth need to be centered in this conversation. Emotions and experiences of gender diverse youth have been understudied. Youth recommendations for policy and procedure should be considered. In this vein, as research in this area develops, it may become analytically necessary to deconstruct gender diverse identities. As mentioned in a few of the interview excerpts, CWPs noted that genderfluid or gender questioning youth were especially vulnerable to have their authenticity questioned. Further, research indicates that gender diverse people whose gender expression is more aligned with normative understandings of the gender binary are assessed differently. Narratives of - transgender I can understand, but more than two genders I cannot - are harmful to both transgender and gender minority communities.

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Because foster care is similar to other social institutions like jails, prisons, juvenile systems, and schools, future research should consider the affective response other street-level bureaucrats have towards gender diverse communities and if specific institutional contexts shape the emotions of bureaucrats.

A theme that came across in a handful of interviews was rurality. Several CWPs scapegoated rural counties and workers as those harboring negative emotions towards gender diverse youth. It is unclear if urban workers were using rurality to deflect from their own individual or system failures or if they believed there was a genuine difference between urban and rural CWPs approach working with gender diverse youth. Rural counties do offer some fundamental differences in their foster care practice. Namely that they are located in social safety net deserts and have even fewer resources than urban counties do. This study over represents the urban CWP. Comparative work should be completed to fully understand the rural context and how gender diverse youth are processed in rural counties.

## References

- Abbott, A. (2014). *The system of professions: An essay on the division of expert labor*. University of Chicago press.
- Abramovitz, M. (2006). Welfare reform in the United States: Gender, race and class matter. *Critical Social Policy*, 26(2), 336-364.
- Ahmed, Sara. "Affective Economies." *Social Text* 22, no. 2 (2004): 117-39.
- Basit. (2003). "Manual or Electronic? The Role of Coding in Qualitative Data Analysis." *Educational Research* 45(2), 143-154.
- Berezin, M. (2002). Secure states: towards a political sociology of emotion. *The Sociological Review*, 50(2\_suppl), 33-52.
- Berger, L. M., Bruch, S. K., Johnson, E. I., James, S., & Rubin, D. (2009). Estimating the "impact" of

## DISCOMFORT OF CHILD WELFARE PROFESSIONALS

- out-of-home placement on child well-being: Approaching the problem of selection bias. *Child development*, 80(6), 1856-1876.
- Bericat, E. (2016). The sociology of emotions: Four decades of progress. *Current Sociology*, 64(3), 491-513.
- Bloor, "Techniques of Validation in Qualitative Research: A Critical Commentary," in Emerson, 383-396.
- Bonilla-Silva, E. (2019). Feeling race: Theorizing the racial economy of emotions. *American Sociological Review*, 84(1), 1-25.
- Borland. 1991. "'That's Not What I Said': Interpretative Conflict in Oral Narrative Research," In *Women's Words: The Feminist Practice of Oral History*, edited by Sherna Bourdieu, "Understanding" from *The Weight of the World* (2000).
- Buchanan, R. (2015). Teacher identity and agency in an era of accountability. *Teachers and teaching*, 21(6), 700-719.
- Burdge, B. J. (2007). Bending gender, ending gender: Theoretical foundations for social work Practice with the transgender community. *Social work*, 52(3), 243-250.
- Buzuvis, E. (2011). Transgender student-athletes and sex-segregated sport: Developing policies of inclusion for intercollegiate and interscholastic athletics.
- Canaday, M. (2009). *The straight state: Sexuality and citizenship in twentieth-century America*. Princeton University Press.
- Collins, P. H. (1993). Toward a New Vision: Race, Class, and Gender as Categories of Analysis and Connection', *Race, Sex & Class*, 1. JSTOR Journals, 25.
- Dettlaff, A. J., Graham, J. C., Holzman, J., Baumann, D. J., & Fluke, J. D. (2015). Development of an instrument to understand the child protective services decision-making process, with a focus on placement decisions. *Child Abuse & Neglect*, 49, 24-34.
- Dispenza, F., Watson, L. B., Chung, Y. B., & Brack, G. (2012). Experience of Career-Related

## DISCOMFORT OF CHILD WELFARE PROFESSIONALS

- Discrimination for Female-to-Male Transgender Persons: A Qualitative Study. *The Career Development Quarterly*, 60(1), 65-81.
- Easterby-Smith, Golden-Biddle, and Locke, 2008. "Working with Pluralism: Determining Quality in Qualitative Research." *Organizational Research Methods*, 11(3): 419-429.
- Edwards, F. (2016). Saving children, controlling families: Punishment, redistribution, and child protection. *American Sociological Review*, 81(3), 575-595.
- Eliasoph. 1999. "Everyday racism in a culture of political avoidance: Civil society, speech, and taboo." *Social Problems* 46 (4): 479-502.
- Erni, J. N. (2013). Legitimizing transphobia: The legal disavowal of transgender rights in prison. *Cultural Studies*, 27(1), 136-159.
- Eubanks, V. (2018). *Automating inequality: How high-tech tools profile, police, and punish the poor*. St. Martin's Press.
- Feeney, M. K., & DeHart-Davis, L. (2009). Bureaucracy and public employee behavior: A case of local government. *Review of Public Personnel Administration*, 29(4), 311-326.
- Garrison, S. (2018). On the limits of "trans enough": Authenticating trans identity narratives. *Gender & Society*, 32(5), 613-637.
- Giffort, D. M., & Underman, K. (2016). The relationship between medical education and trans health disparities: a call to research. *Sociology Compass*, 10(11), 999-1013.
- Gilliam Jr, James W. "Toward providing a welcoming home for all: Enacting a new approach to Address the longstanding problems lesbian, gay, bisexual, and transgender youth face in the foster care system." *Loy. LAL Rev.* 37 (2003): 1037.
- Glisson, C., & Hemmelgarn, A. (1998). The effects of organizational climate and interorganizational coordination on the quality and outcomes of children's service systems. *Child abuse & neglect*, 22(5), 401-421.
- Gould, D. B. (2009). *Moving politics: Emotion and ACT UP's fight against AIDS*. University of Chicago

## DISCOMFORT OF CHILD WELFARE PROFESSIONALS

Press.

- Graham, L. F. (2014). Navigating community institutions: Black transgender women's experiences in schools, the criminal justice system, and churches. *Sexuality Research and Social Policy, 11*(4), 274-287.
- Gregg, Melissa, and Seigworth, Gregory J. *The Affect Theory Reader*. Durham, NC: Duke University Press, 2010.
- Gupta, R. (2019, November). 'Nonbinary genders are valid': Washington state begins issuing licenses with gender marker 'X'. *Crosscut*.
- Haas, et al. "Suicide and suicide risk in LGBT population." *J. of homosexuality* (2010)
- Hargie, O. D., Mitchell, D. H., & Somerville, I. J. (2017). 'People have a knack of making you feel excluded if they catch on to your difference': Transgender experiences of exclusion in sport. *International Review for the Sociology of Sport, 52*(2), 223-239.
- Herman, et. al. "Age of individuals who identify as transgender in the US." *The Williams Institute* (2017).
- Hermanowicz. 2002. "The great interview: 25 strategies for studying people in bed." *Qualitative Sociology, 25*(4): 479-499.
- Holt, L., Bowlby, S., & Lea, J. (2013). Emotions and the habitus: Young people with socio-emotional differences (re) producing social, emotional and cultural capital in family and leisure space-times. *Emotion, Space and Society, 9*, 33-41.
- Irvine; Transient Feelings: Sex Panics and the Politics of Emotions. *GLQ* 1 January 2008; 14 (1): 1-40.  
doi: <https://doi.org/10.1215/10642684-2007-021>
- Jacobsson & Åkerström, 2013. "Interviewees with an agenda: Learning from a 'failed' interview." *Qualitative Research, 13*(6): 717-734.
- Järvinen, 2000. "The biographical illusion: Constructing meaning in qualitative interviews." *Qualitative Inquiry, 6*(3): 370-391.

## DISCOMFORT OF CHILD WELFARE PROFESSIONALS

- Jenness and Fenstermaker. "Agnes goes to prison." *Gender & Society* (2014).
- Jensen, D. C., & Pedersen, L. B. (2017). The impact of empathy—explaining diversity in street-level decision-making. *Journal of Public Administration Research and Theory*, 27(3), 433-449.
- Jerolmack, C., & Khan, S., 2014. "Talk is cheap: Ethnography and the attitudinal fallacy." *Sociological Methods & Research*, 43(2): 178-209.
- Johnson, A. H. (2015). Normative accountability: How the medical model influences transgender identities and experiences. *Sociology Compass*, 9(9), 803-813.
- Keiser, L. R. (2010). Understanding street-level bureaucrats' decision making: Determining eligibility in the social security disability program. *Public Administration Review*, 70(2), 247-257.
- Klein, A., Mountz, S., & Bartle, E. (2018). Factors associated with discrimination in social-service settings among a sample of transgender and gender-nonconforming adults. *Journal of the Society for Social Work and Research*, 9(3), 431-448.
- Korsnes Kristensen & Noem Ravn. 2015. "The voices heard and the voices silenced: Recruitment processes in qualitative interview studies." *Qualitative Research*, 15(6): 722-737.
- Kosciw, J. G., Greytak, E. A., Bartkiewicz, M. J., Boesen, M. J., & Palmer, N. A. (2012). *The 2011 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual and Transgender Youth in Our Nation's Schools*. Gay, Lesbian and Straight Education Network (GLSEN). 121 West 27th Street Suite 804, New York, NY 10001.
- Krug, E. G., Mercy, J. A., Dahlberg, L. L., & Zwi, A. B. (2002). The world report on violence and health. *The lancet*, 360(9339), 1083-1088.
- Kuhl, D., & Martino, W. (2018). "Sissy" Boys and the Pathologization of Gender Nonconformity<sup>1</sup>, 2. *Youth Sexualities: Public Feelings and Contemporary Cultural Politics [2 volumes]*, 31
- Lamont & Swidler. 2014. "Methodological Pluralism and the Possibilities and Limits of Interviewing". *Qualitative Sociology* 37 (2):153-171.

## DISCOMFORT OF CHILD WELFARE PROFESSIONALS

- Lillrank, 2012. "Managing the interviewer self" in *The SAGE Handbook of Interview Research: The Complexity of the Craft*. Chapter 19.
- Lipsky, M. (2010). *Street-level bureaucracy: Dilemmas of the individual in public service*. Russell Sage Foundation.
- Logie, C., Bridge, T. J., & Bridge, P. D. (2007). Evaluating the phobias, attitudes, and cultural competence of master of social work students toward the LGBT populations. *Journal of Homosexuality*, 53(4), 201-221
- Loyens, K. (2012). Integrity secured. Understanding ethical decision making among street-level bureaucrats in the Belgian Labor Inspection and Federal Police.
- Luker, "What is this a case of, anyway?" from *Salsa Dancing into the Social Sciences*, (pgs. 51-75).
- Mallon, G. P., & DeCrescenzo, T. (2006). Transgender children and youth: A child welfare Practice perspective. *Child welfare*, 85(2), 215.
- Majd, K., Marksamer, J., & Reyes, C. (2016). Hidden injustice: Lesbian, gay, bisexual and transgender youth in juvenile courts.
- Mariscal, E. S., Akin, B. A., Lieberman, A. A., & Washington, D. (2015). Exploring the path from foster care to stable and lasting adoption: Perceptions of foster care alumni. *Children and Youth Services Review*, 55, 111-120.
- Markman, E. R. (2011). Gender identity disorder, the gender binary, and transgender Oppression: Implications for ethical social work. *Smith College Studies in Social Work*, 81(4), 314-327.
- Marksamer, J. (2008). And by the way, do you know he thinks he's a girl? The failures of law, policy and legal representation for transgender youth in juvenile delinquency courts. *Sexuality Research & Social Policy*, 5(1), 72.
- McLellan, MacQueen, & Neidig. 2003. "Beyond the qualitative interview: Data preparation and transcription." *Field Methods*, 15(1): 63-84.

## DISCOMFORT OF CHILD WELFARE PROFESSIONALS

- Meadow, T. (2018). *Trans kids: Being gendered in the twenty-first century*. Univ of California Press.
- Meier, S. C., & Labuski, C. M. (2013). The demographics of the transgender population. In *International handbook on the demography of sexuality* (pp. 289-327). Springer Netherlands.
- Mersky, J. P., & Janczewski, C. (2013). Adult well-being of foster care alumni: Comparisons to other child welfare recipients and a non-child welfare sample in a high-risk, urban setting. *Children and Youth Services Review*, 35(3), 367-376.
- McKinney, J. S. (2005). On the margins: A study of the experiences of transgender college Students. *Journal of Gay & Lesbian Issues in Education*, 3(1), 63-76.
- Mountz, S. (2011). Revolving doors: LGBTQ youth at the interface of the child welfare and juvenile justice systems. *LGBTQ Policy Journal* at the Harvard Kennedy School, 1, 29-45.
- Mountz, S., Capous-Desyllas, M., & Pourciau, E. (2018). 'Because We're Fighting to Be Ourselves':Voices from Former Foster Youth who are Transgender and Gender Expansive. *Child Welfare*, 96(1).
- North, A. (2019, May). "I am a woman and I am fast.": what Caster Semenya's story says about gender and race in sports. *Vox*.
- Oberfield, Z. W. (2014). *Becoming bureaucrats: Socialization at the front lines of government service*. University of Pennsylvania Press.
- Office of the Assistant Secretary for Planning and Evaluation.(2005). *Federal Foster Care Financing: How and Why The Current Funding Structure Fails To Meet the Needs of the Child Welfare Field*. U.S. Department of Health and Human Services.
- Orloff. "Gender in the Welfare State." *Annual Review of Sociology* (1996).
- Pascoe, C. J., & Herrera, A. P. (2018). Gender and sexuality in high school. In *Handbook of the Sociology of Gender* (pp. 301-313). Springer, Cham.
- Roberts, D. E. (2010). *Shattered bonds: The color of child welfare*. RHYW.
- Rice, D. (2013). Street-level bureaucrats and the welfare state: Toward a micro-institutionalist theory of

## DISCOMFORT OF CHILD WELFARE PROFESSIONALS

- policy implementation. *Administration & Society*, 45(9), 1038-1062.
- Richmond, K. A., Burnes, T., & Carroll, K. (2012). Lost in trans-lation: Interpreting systems of trauma for transgender clients. *Traumatology*, 18(1), 45-57.
- Riley, Snorton C., Haritaworn Jin, Aizura Aren, and Stryker Susan. "Trans Necropolitics." (2013): 66-76
- Russell, S. T., Pollitt, A. M., Li, G., & Grossman, A. H. (2018). Chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth. *Journal of Adolescent Health*, 63(4), 503-505.
- Ryan, J. P., Garnier, P., Zyphur, M., & Zhai, F. (2006). Investigating the effects of caseworker characteristics in child welfare. *Children and Youth Services Review*, 28(9), 993-1006.
- Sandelowski. (1994). "The use of quotes in qualitative research." *Research in Nursing & Health* 17(6): 479–482, 1994
- Schilt and Lagos. "The Development of Transgender Studies in Sociology." *Annual Review of Sociology* (2017).
- Sennott, S. L. (2010). Gender disorder as gender oppression: A transfeminist approach to rethinking the pathologization of gender non-conformity. *Women & Therapy*, 34(1-2), 93-113.
- Scott, P. G. (1997). Assessing determinants of bureaucratic discretion: An experiment in street-level decision making. *Journal of Public Administration Research and Theory*, 7(1), 35-58.
- Small. 2009. "How many cases do I need? On science and the logic of case selection in field-based research." *Ethnography*, 10(1): 5-38.
- Spade, D. (2015). *Normal life: Administrative violence, critical trans politics, and the limits of law*. Duke University Press.
- Stieglitz, K. A. (2010). Development, risk, and resilience of transgender youth. *Journal of the Association of Nurses in AIDS Care*, 21(3), 192-206.
- Stotzer, R. L., Silverschanz, P., & Wilson, A. (2013). Gender identity and social services: Barriers to care. *Journal of Social Service Research*, 39(1), 63-77.

## DISCOMFORT OF CHILD WELFARE PROFESSIONALS

- Stryker, S. (2017). *Transgender history: The roots of today's revolution*. Seal Press.
- Thoits, P. A. (1989). The sociology of emotions. *Annual review of sociology*, 15(1), 317-342.
- Toomey, R. B., Ryan, C., Diaz, R. M., Card, N. A., & Russell, S. T. (2013). Gender-nonconforming lesbian, gay, bisexual, and transgender youth: school victimization and young adult psychosocial adjustment.
- Trautner, M. N., & Kwan, S. (2010). Gendered appearance norms: An analysis of employment discrimination lawsuits, 1970–2008. *Research in the Sociology of Work*, 20(1), 127-50.
- Turner, J. L. (2009). From the inside out: Calling on states to provide medically necessary care to transgender youth in foster care. *Family Court Review*, 47(3), 552-569.
- Watkins-Hayes, C. (2009). *The new welfare bureaucrats: Entanglements of race, class, and policy reform*. University of Chicago Press.
- Weiss, R., 1995. *Learning From Strangers: The Art and Method of Qualitative Interview Studies*. New York: Free Press.
- Westbrook, L., & Schilt, K. (2014). Doing gender, determining gender: Transgender people, gender panics, and the maintenance of the sex/gender/sexuality system. *Gender & Society*, 28(1), 32-57.
- Wilson, et. al. "Sexual and gender minority youth in foster care." *The Williams Institute* (2014).
- Woronoff, R., Estrada, R., Sommer, S., & Marzullo, M. A. (2006). *Out of the margins: A report on regional listening forums highlighting the experiences of lesbian, gay, bisexual, transgender, and questioning youth in care*. Child Welfare League of America.