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Santa Barbara

Transcarceral Care: Racialized Girlhood, Behavioral Diagnosis, and California's Foster Care

System

A dissertation submitted in partial satisfaction of the

requirements for the degree Doctor of Philosophy

in Feminist Studies

by

Isabella Cristina Restrepo

Committee in charge:

Professor Mireille Miller-Young, Chair

Professor Laury Oaks

Professor Miroslava Chavez-Garcia

Professor Dorothy Roberts, University of Pennsylvania

September 2023

The dissertation of Isabella Cristina Restrepo is approved.

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Mireille Miller-Young, Committee Chair

July 2023

Transcarceral Care: Racialized Girlhood, Behavioral Diagnosis, and California's Foster Care

System

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setting me on the path of research during my time as an undergraduate, you gave me my first job as a researcher, and I will always be grateful. Yolanda Martinez San Miguel, I would not have made it through Rutgers without you, thank you for your generous mentorship, your guidance while I applied to doctoral programs was a lifeline. I am so grateful for all the undergraduate and high school students I've been in community with through MUJER de UCSB—your belief that a better world is possible is a force, you have all taught me so much.

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Rutgers University, New Brunswick, NJ
    M.A., Women's and Gender Studies, 2015
        Practicum: "Resistance and Recreation: Loteria, La Virgen de Guadalupe and Chicanx Cultural Production"

University of California, Santa Barbara, Santa Barbara, CA
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          Thesis: "Unpacking the Complexities: Organizing for Immigration Reform with Latino Equality Alliance"

Los Angeles Mission College
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RESEARCH AND TEACHING AREAS
Feminist Anti-Carceral Studies, Women of Color Feminisms, Latinx Studies, Latinx Feminisms, Youth Studies, Public Policy, Queer of Color Critique, Ethical Feminist Methodologies, Chicana Methodologies, Medical Oppression, Reproductive Justice

PUBLICATIONS

2019	Restrepo, Isabella C. "Pathologizing Latinas: Racialized Girlhood, Behavioral Diagnosis and California's Foster Care System." *Girlhood Studies*, 12(3), 1–17. https://doi.org/10.3167/ghs.2019.120303.
2019	Restrepo, Isabella C. *Below the Surface: Talking with Teens about Race, Ethnicity, and Identity Review*. *Contemporary Sociology*, 48(6), 718–719. https://doi.org/10.1177/0094306119880199e.

WORKS IN PROGRESS
"Carcerality and Care: Interrogating the State as Caretaker of Latina Girls in Foster Care"
In preparation for Engendering Carcerality, a special issue of *Gender and History*.
"California's AB 403: Neoliberal Reform and the Problem of Placement." In preparation for *Sociology of Race and Ethnicity.*

RESEARCH FELLOWSHIPS AND GRANTS

2023	UC President's Postdoctoral Fellowship, UC Office of the President, UC San Diego
2022	Feminist Studies Milestone Fellowship, Department of Feminist

Studies, UC Santa Barbara

2022   IHC Dissertation Fellowship; Interdisciplinary Humanities Center,
        University of California
2022   ARPA Grant UCSB Graduate Division
2021   University of California, President's Dissertation Fellowship Program
2020   Feminist Studies Milestone Fellowship, Department of Feminist Studies, UC
        Santa Barbara
2020   Humanities and Social Sciences Research Grant, Graduate Division, UC Santa
        Barbara
2019   Annette K. Baxter Travel Grant, American Studies Association, Honolulu, HI
2019   Dissertation Research Grant, Chicana/o Studies Institute, UC Santa Barbara
2018   Graduate Opportunity Fellowship, Graduate Division, UC Santa Barbara
2017   Feminist Studies Milestone Fellowship, Department of Feminist Studies, UC
        Santa Barbara
2015   SAGE Sarah Miller McCune Fellow, Dean of Social Sciences, UC Santa
        Barbara

INVITED LECTURES

Academic Lectures

2022   *Complicating "Care" for Racialized Youth*; Department of History, University of
        California, San Diego
2019   *Care as Criminalization*; Department of Feminist Studies, University of California,
        Santa Barbara
2018   *Undergraduate Research: Navigating Academic Research as a First-Generation
        College Student;* University of California, Santa Barbara; Department of Feminist
        Studies
2018   *Care to Criminalization: Racialized Girlhood and California's Foster Care
        System;* University of California, Los Angeles; Department of Gender Studies
2017   *Trans Women of Color Built This: Stonewall Riots and the fight for Queer Liberation;*
        University of California, Santa Barbara; Department of Chicana/o Studies
2014   *Chicana Art: Creative Theorizing;* Rutgers University; Department of Latin
        American and Caribbean Studies

Community and Non-Profit Lectures

2022   *Youth in Crisis and the Carceral State*; Crisis and Recovery Enhancement Center
2021   *Understanding the Criminalization of BIPOC Youth in Foster Care*; Crisis and
        Recovery Enhancement Center; Listening, Learning, and Leading: Anti-Racism in
        California's Crisis Continuum of Care
2021   *Foster Care and Carcerality: Feminist Interventions for working with Criminalized
        Girls*; California Department of Social Services; The Partnerships for Well-Being
        Institute
2019   *Feminist Approaches to Mental Health: Resiliency Interventions for Foster Girls of
        Color*; County of Santa Barbara; Bridges to Resilience Conference

SYMPOSIA & CONFERENCE PRESENTATIONS

2023   *Gendered Carcerality across the Californian Landscape: Abolishing State "care" as
        Punishment*; National Women's Studies Association, Baltimore, MD
2023   *Carcerality and Care: Interrogating the State as Caretaker of Latina Girls in Foster
        Care*; Engendering Carcerality Symposium, Virtual

2021   *Youth and Resistance: Autonomy in Practice for Racialized Girls in Foster Care*;
        American Studies Association; Virtual
2020   *Foster Girls and Freedom: Transcarceral Care as State Violence*; Panelist,
        Sociologists for Women in Society; San Diego, CA
2019   *Care to Criminalization: Bodily Sovereignty, Racialized Girlhood and Behavioral
        Diagnosis in California's Foster Care System*; Panelist, American Studies
        Association; Honolulu, HI
2019   *Pathologizing Resistance: Behavioral Diagnosis and California's Foster Care
        System*; Panelist, Pacific Sociological Association; Oakland, CA
2018   *Resistance Derailed: Oppositional Defiant Disorder and the Racialization of
        Girlhood in California's Foster Care System;* National Women's Studies
        Association; Atlanta, GA
2017   *Subversion as Resistance: Girls on Probation as Feminist Theorizers;* National
        Women's Studies Association; Baltimore, MD
2016   *Channeling Resistance Through Art;* University of California, Santa Barbara;
        MUJERCITAS Conference

RESEARCH EXPERIENCE
Research Assistant, 2018-2020
Advisor: Dr. Jennifer Tyburczy, UC Santa Barbara
Title: *Sex After NAFTA*
Research Assistant, 2016-2019
Advisor: Dr. Leila Rupp, UC Santa Barbara
Title: *Queer Dilemmas of Desire*
M.A. Thesis Research, 2014-2015
Advisor: Dr. Mary Hawkesworth, Rutgers University
Title: *Unpacking the Complexities: Organizing for Immigration Reform with Latino Equality
Alliance*
Research Assistant, 2013-2015
Advisor: Dr. Karen Alexander, Rutgers University
Title: *Community building practices amongst Latina students at Rutgers' Douglass
Residential College*

TEACHING EXPERIENCE
Instructor of Record—University of California, Santa Barbara
2019-2022   Feminist Studies 60: Women of Color Feminism(s), Fall '19, Winter '22
             UCSB (240 students)
             Class designed to analyze how race, ethnicity, class, gender,
             nationality and other categories of power are understood, contested, and
             transformed by Black, Indigenous and women of color within the US.

2017   Feminist Studies 144: Activism and Representation, Summer, UCSB (25
             students)
             Class designed to center the activist histories of Black, Indigenous and women
             and/or femmes of color within a US geopolitical context.

Teaching Assistant

Fall 2022   Feminist Studies 60: Women of Color Feminisms, UCSB (60 students)

Summer 2022 Interdisciplinary Studies 195: Introduction to the Modern Research University (25 students)

Spring 2020 Feminist Studies 150: Sex, Love and Romance, UCSB (60 students)

Winter 2018 Feminist Studies 30: Women, Development, and Resistance, UCSB (60 students)

Fall 2017 Feminist Studies 60: Women of Color Feminisms, UCSB (60 students)

Spring 2017 Feminist Studies 150: Sex, Love, and Romance, UCSB (60 students)

Winter 2017 Feminist Studies 20: Women, Society, and Culture, UCSB (60 students)

Fall 2016 Feminist Studies 40: Women, Representation, and Cultural Production, UCSB (60 students)

Spring 2015 Latino Literature and Culture 319: Unraveling Race in Latino and Latin American Studies, Rutgers University (30 students)

SERVICE TO THE PROFESSORIATE

Panels Organized and/or Moderated

2022 Organizer, "Intimacies to Apocalypso: Decolonial Feminisms and Archipelagic Relationalities," Lecture by Yomaira Figueroa-Vasquez, Multicultural Center, UC Santa Barbara

2022 Organizer and Moderator, "Care or Criminalization: BIPOC Youth in Foster Care," Panel, Multicultural Center, UC Santa Barbara

2021 Organizer and Moderator, "Killing the Black Body," Lecture by Dorothy Roberts, Multicultural Center, UC Santa Barbara

2021 Organizer, "Black Lives, Indigenous Lives: From Mattering to Thriving," Lecture by Andrew Jolivette, Multicultural Center, UC Santa Barbara

2021 Organizer, "Mouths of Rain: Anthology of Black Lesbian Thought," Lecture by Briona Jones, Multicultural Center, UC Santa Barbara

2021 Organizer, "Decolonizing Methodologies: A Reflection," Lecture by Linda Tuhiwai Smith, Multicultural Center, UC Santa Barbara

2021 Organizer, "How We Move Forward: The Fight for Disability Justice," Lecture by Judith Heumann, Multicultural Center, UC Santa Barbara

Leadership

2019-2020 Graduate Student Representative; Feminist Studies Faculty Search Committee, UC Santa Barbara

2020 Organizer and Moderator "Build Many Worlds -- Cultivating our Abolition Technologies," Lecture by Cesia Dominguez Lopez, UC Santa Barbara

2020 Organizer "Understanding the Sacred: Listening to Indigenous People and Land," Panel, Multicultural Center, UC Santa Barbara

2019 Co-Chair; *Colectiva*, a Latinx student organization; UC Santa Barbara

2019 Organizer, To Freedom! Imagining Black Feminist Futures, Graduate Student Colloquia, UC Santa Barbara

2016 Organizer and facilitator, *Survived and Punished: A Teach In*; UC Santa Barbara

2015-2019 Co-Chair; Women of Color Circle; UC Santa Barbara

Mentorship Service

2017-2022 Faculty Advisor; Generos Marginados Unides por Justicia, Educacion, y

Revolucion (MUJER) de UCSB; UC Santa Barbara

2019-2020   Graduate Mentor; Graduate Scholars Program; Individual mentoring with first generation graduate students.

2018-2022   Graduate Mentor; Individual mentoring with first generation undergraduate students; Supported in development of robust application materials and research proposals.

2017   Panelist; *Pursuing a Graduate Education and Beyond;* Student Initiated Recruitment and Retention Committee (SIRRC); UC Santa Barbara

2014-2015   Founder and Facilitator; *Lxs Colibris;* Rutgers University

2013-2015   Facilitator; *Douglass Latina Network;* Rutgers University

PROFESSIONAL MEMBERSHIPS

National Women's Studies Association, National Association for Chicana and Chicano Studies, American Studies Association, Latina/o Studies Association, Sociologists for Women in Society

ABSTRACT

Transcarceral Care: Racialized Girlhood, Behavioral Diagnosis, and California's Foster Care System

by

Isabella Cristina Restrepo

Transcarceral Care: Racialized Girlhood, Behavioral Diagnosis, and California's Foster Care System, examines Santa Barbara County's foster care system as a microcosm of the California foster care system, to argue that this system increasingly relies on carceral tactics and criminalizes Latina girls, through what I term *transcarceral care*. Building on what Ruth Wilson Gilmore calls "police humanitarianism," transcarceral care refers to programs, interventions, and placements meant to reform, modify, and discipline the behaviors of racialized youth, under the guise of care, through therapeutic services that are offered to youth housed in kinship placement, state run group homes, or with resource families. I ask four key questions: 1) What do the experiences of racialized Latina girls in foster care teach us about the carceral state? 2) How does gendered racialization impact the way the state responds to, criminalizes, and disciplines Latina foster girls of color? 3) How does the state's conceptualization of home and kinship impact racialized Latina girls in foster care?

I approach these questions from a feminist abolitionist framework, addressing three major fields of inquiry: girlhood studies, carceral studies, and feminist abolitionist studies. Most social science literature regarding the foster care system focuses on the experiences of parents who are targeted by the foster care system or on the funneling of foster youth into the criminal justice system. The unique ways that gender and sexuality, not just race and class, shape the carceral tactics of foster care remains undertheorized. *Transcarceral Care* theorizes at the intersections of these conversations and gaps; it looks at the experiences of racialized foster girls who cannot fit the mold of normative childhood and asks how criminalization marks them well before they ever enter the criminal justice system. *Transcarceral Care* puts in conversation the theorizing of Black and Chicana feminist anti-carceral scholars including Dorothy Roberts and Miroslava Chavez-Garcia with girlhood scholars like Lena Palacios and Elizabeth Escobedo, to address the criminalization of racialized foster girls.

TABLE OF CONTENTS

INTRODUCTION

Set in the expansive, paradisiacal oceanside and rolling hills of Santa Barbara County, amidst the backdrop of Spanish-style tourist attractions and wealthy, gated estates, this project excavates the experiences of racialized girls in foster care to tell an alternative, unseen story of this idyllic pocket of California's coastline.[1] *Transcarceral Care: Racialized Girlhood, Behavioral Diagnosis, and California's Foster Care System* examines Santa Barbara County's foster care system as a microcosm of the California foster care system to argue that this system increasingly relies on carceral tactics and criminalizes girls of color, specifically Latina girls, through what I term *transcarceral care*.[2] This term expands upon what Ruth Wilson Gilmore calls "police humanitarianism," and what Ren-Yo Hwang calls "carceral care" and refers to programs, interventions, and placements meant to reform, modify, and discipline the behaviors of racialized youth, under the guise of care. This disciplining takes place through therapeutic services, drug and alcohol treatment programs, anger management and other services that are offered to youth housed in kinship placement, state run group homes, or with resource families.

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[1] I open the dissertation in this way to note the stark contrast between popular ideas of Santa Barbara and the experiences of marginalized youth who live there. However, only downtown Santa Barbara is styled in this way. Most of the county is not.

[2] I use the term Latina not to create a unifying category that ignores the differences amongst those from Latin America and of Latin American descent. Rather, I use the term Latina to point to an imagined category, created by the US nation state, that relies on notions of anti-Blackness and anti-Indigeneity to delineate the boundaries of belonging and not belonging. Within the category of Latina, the nuances of race create vastly different experiences of privilege and oppression, based on "Latinas" proximity to whiteness where "Latinas" phenotypically Black and/or Indigenous, that is of darker skin, and features that are racialized, experience increased forms of discrimination, violence, and bias.; The California foster care system is a branch of the California Department of Social Services, California Department of Social Services. (2023). *CDSS programs: Foster care*. CDSS. https://www.cdss.ca.gov/inforesources/foster-care

California is a major developer and exporter of carceral tactics; strategies of control that were developed in the Golden State are often implemented eventually in other states and sometimes, internationally.[3] Gang injunctions are a prime example. The model for the modern-day gang injunction was first implemented in the Los Angeles Cadillac-Corning neighborhood in the 1980s and as of 2013, "civil gang injunctions have been obtained in at least seven states beside California…[and] Britain has implemented gang injunctions targeting minors"[4] Carceral tactics, practices, and policies related to youth in foster care also begin in California and are exported to other U.S. states. AB 403, the Continuum of Care Reform, the focus of Chapter three, was passed in California in 2015 and implemented in 2017. Since its implementation in California, other states have begun the groundwork to enact similar placement policies, including Colorado and Ohio.[5] In California alone, these tactics affect many people, and service providers; it has the largest state foster care population in the U.S. with 52, 265 youth and children in foster care as of January 2023. This number lends national significance to what happens in California's child welfare system.[6] Of these children, 53% are "Latino/Hispanic;" this indicates an overrepresentation of Latinx youth in foster care in California where Latinx people make up 40.3% of the

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[3] Ana Muñiz, *Police, power, and the production of racial boundaries* (New Brunswick, NJ: Rutgers University Press, 2015).

[4] Muñiz, 34.

[5] CO4KIDS. (2021, December 2). *Family First Placement Continuum learning collaboratives: Themes and Next Steps*. CO4KIDS. https://co4kids.org/blog/family-first-placement-continuum-learning-collaboratives-themes-and-next-steps.; Public Children's Association of Ohio. (2023). *Children's continuum of care reform*. PCSAO. https://www.pcsao.org/public-policy/continuum-reform.

[6] Mark E. Courtney et al. "Findings from the California youth transitions to adulthood study (CalYOUTH): Conditions of youth at age 21." *Chicago, IL: Chapin Hall at the University of Chicago* (2016): 19-3125.

population.[7] Further, the sheer number of Latinx youth in California's foster care system requires researchers of California's child welfare system to critically examine their experiences within this system.[8]

As a scholar of the California child welfare system, or what Dorothy Roberts (2021), calls "family policing," and a Latina who was born and raised in California, I am drawn to the intersecting topics of policy, foster care, and gendered racialization that impact the lives of so many other young Latina girls.[9] For the last decade, I have worked with and been in community with Latina youth, specifically girls, in a variety of settings – I facilitated talking groups with teenage girls during my time at Rutgers University through a local community center in New Brunswick; I have mentored high school students in Santa Barbara who I have been connected with either through teacher friends or social worker friends; I volunteered at one of the final group homes left in Santa Barbara County, Changing Faces; I have facilitated a number of workshops and *pláticas* (this experience informs some of the methods used for this research) for youth in Santa Barbara. In this work, the youth who were in foster care were consistently navigating forms of control and discipline that the other youth I worked with were not. There was something about the category of foster youth that gave the state distinct control over the girls in care. This work inspired this research.

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[7] U.S. Census Bureau. "U.S. Census Bureau Quick Facts: California." U.S. Census Bureau, 2023. https://www.census.gov/quickfacts/fact/table/TN,CA/PST045222.

[8] I use Latinx as a gender expansive term when referencing people from Latin America and of Latin American descent. I use Latina when referring to people who identify as women and girls.

[9] Dorothy Roberts, "How I Became a Family Policing Abolitionist," *Columbia Journal of Law and Society 11th Annual Symposium* (2021): 455-470.

Transcarceral Care asks four central questions: 1) What do the experiences of racialized Latina girls in foster care teach us about the carceral state? 2) How does gendered racialization impact the way the state responds to, criminalizes, and disciplines Latina foster girls of color? 3) How does the state's conceptualization of home and kinship impact racialized Latina girls in foster care? 4) What do foster girls' practices of defiance teach us about power and autonomy? *Transcarceral Care* approaches these questions from a feminist abolitionist framework and speaks to three major fields of inquiry: girlhood studies, carceral studies, and feminist abolitionist studies. Responding to Dorothy Roberts's call to build "a world where all children are safe and cared for without the need for police, prisons, and family separation," this project interrogates the foster care system as an extension of colonial practices that rely on the social control of poor, racialized families.[10] Most social science literature regarding the foster care system focuses on the experiences of parents who are targeted by the foster care system or on the funneling of foster youth into the criminal justice system.[11] Existing research tends to center boys or youth as a whole, leaving unexamined the distinct ways in which girls of color are implicated in this system and

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[10] Dorothy Roberts, *Torn apart: How the child welfare system destroys Black families— and how abolition can build a safer world*. (New York, NY: Basic Books, 2022), 30.

[11] For more on the ways that child welfare systems target racialized parents, see: Roberts, *Torn apart*.; Dorothy Roberts, *Shattered bonds: The color of child welfare*. (New York, NY: Basic Civitas Books, 2002).; Victoria A. Copeland, "'It's the Only System We've Got': Exploring Emergency Response Decision-Making in Child Welfare." Columbia Journal of Race & Law Forum, vol. 11 (2021): 43-74.; Don Lash. *"When the welfare people come": Race and class in the US child protection system*. (Chicago, IL: Haymarket Books, 2017). For more on the foster youth to prison pipeline, see: Kyra Ross Hollingsworth, "Foster Youth and Delinquency: Uncovering the Factors That Contribute to the Foster Care to Prison Pipeline." PhD diss., The Ohio State University (2022).; Goetz, Sydney L. "From removal to incarceration: how the modern child welfare system and its unintended consequences catalyzed the foster care-to-prison pipeline." *U. Md. LJ Race, Religion, Gender & Class* 20 (2020): 289-305.

perhaps more importantly, excluding the gendered aspects of this system, which also impact boys. Furthermore, the unique ways that gender and sexuality, not just race and class, shape the carceral tactics of foster care remains undertheorized.[12] *Transcarceral Care* theorizes at the intersections of these conversations and gaps; it looks at the experiences of racialized foster girls who cannot fit the mold of normative childhood, and asks how criminalization marks them vis-a-vis foster care.[13]

Chapter One, "Carcerality and Care: Interrogating the State as Caretaker" introduces the concept of transcarceral care to refer to the state's inclination to expand carcerality through so-called helping programs; it highlights the sly rhetoric of care that tries but fails to conceal the containment and control embedded in these services. Transcarceral care has four central components and this chapter centers the first two. The first component is the rhetoric of care that masks carcerality. To do so, I critically examine the language used by state officials, including judges and social workers, in California court transcripts that detail Latinx parents' attempts to regain custody of their children, to argue that the state weaponizes care-based language to mask its use of carceral logics in containing racialized girls. And the second component is so-called helping services that rely on penal strategies. Under the logic of transcarceral care, programs meant to help foster girls instead become technologies of surveillance where the punitive eye of the state remains trained on foster girls' behaviors.

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[12] For examples of the few scholars who do this work, see: Brianna Marche Harvey, "Defying Carceral Entrapment: Black Foster Youth Narratives of Subversion, Survival and Liberation." PhD diss., UCLA (2023).; Joana Chavez, "(Re)Incarceration through Homes: Testimonios from Chicana/Latina Rebels." UCLA (2020).; Katherine Davis. "When Home Isn't: Feminist Philosophy and the US Foster Care System." *Blog of the American Philosophical Association* (2019).

[13] Kimberlé Crenshaw, "Mapping the margins: Identity politics, intersectionality, and violence against women." *Stanford Law Review* 43, no. 6 (1991): 1241-1299.

Further, this chapter argues that transcarceral care becomes a form of containing, controlling, and molding racialized girls into the state's conception of a proper girl subject.

Chapter Two, "'It's the Bad Kid Diagnosis': Anger, Oppositional Defiant Disorder, and the Racialization of Girls," relies on interviews I conducted with clinicians and draws on the U.S.'s long history of criminalizing, disciplining, and controlling women and girls of color under the guise of medical care. This chapter pulls from the work of feminist scholars like Sarah Haley, Miroslava Chavez-Garcia, and Natalia Molina to draw parallels between the United States's historically raced and gendered practice of constructing racially marginalized peoples as pathological, deviant, and ill and the contemporary use of Oppositional Defiant Disorder (ODD), the most common behavioral diagnosis given to youth in foster care, to argue that ODD is a carceral tool that marks foster girls' anger towards and defiance of the carceral state as pathological. In the tradition of Black feminist scholar and poet, Audre Lorde, who argues that "anger is loaded with information and energy," this chapter examines the ways that people with power respond to the anger of those they see as powerless.[14] How does the foster care system read anger on the bodies of racialized foster girls? Does it make space for the normative responses youth have to the traumas of the foster care system? This chapter argues that the foster care system responds to the anger of girls of color, in part, through pathologization.

In chapter Three, "Reframing Home and Kinship: Neoliberal Reform and the Problem of Placement," I interrogate contemporary efforts to reform the foster care system specifically as it relates to the placement of foster youth to argue that neoliberal reform of the foster care

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[14] Audre Lorde, "The uses of anger." *Women's Studies Quarterly* 25, no. 1/2 (1997): 278-285.

system further entrenches and protects this system. To do so, I review the language of California's Assembly Bill 403: Continuum of Care Reform (AB 403), the largest contemporary effort to reform California's foster care system and which is actively working to shut down California group homes and place youth in "resource homes." Additionally, this chapter reviews a series of newsletters released by the California Department of Social Services regarding the implementation of AB 403. I put into conversation the work of abolitionists Dylan Rodriguez and Angela Davis, who frame reform as a tool of carceral expansion, with queer and Indigenous kinship scholars like David Eng and Kim Tallbear to argue that the state's formulation of kinship coupled with neoliberal reform act to further displace and push racialized foster youth into transcarceral care.

METHODS AND METHODOLOGY

The multiple methods for this project coalesce around one goal, to study upwards. The system at the center of this project, child welfare, has material impacts for the people caught in its clasps and this dissertation is invested in interrogating that system. Utilizing critical institutional ethnography, my research "is committed to discovering beyond any one person's experience" through unpacking the ways that macrosystems inform, interact with, and impact the lives of individuals.[15] To do so, I use content analysis to pull from court transcripts regarding removal of Latinx children in Santa Barbara County. I reviewed twenty public court cases regarding the termination of reunification services for Latinx parents, these cases represent the court's reasons for terminating parental rights. I collected these cases from LexisNexis, a database of legal and journalistic documents, and I identified them

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[15] Dorothy E Smith, *Institutional ethnography: A sociology for people*. (Walnut Creek, CA: AltaMira Press, 2010): 1.

by location, narrowing it down to California. I searched for Spanish surnames and families who received services for Latinx families. Further, I offer a discourse analysis of Assembly Bill 403 and a series of newsletters released by the California Department of Social Services regarding AB 403.

To explore other dimensions of power, I also conducted interviews modeled after *pláticas* with mental health workers who work with foster youth and their families in Santa Barbara County, including Licensed Clinical Social Workers, Licensed Marriage and Family Therapists, Psychologists, and paraprofessionals.[16] To honor the voices of youths themselves, I conducted *pláticas* with two former foster youth, to whom I give the pseudonyms Gaby and Lilia. Each of the methods I've selected facilitates my interest in the ways that macrosystems impact micro processes. *Pláticas* are multi-dimensional conversations constructed via listening, inquiry, storytelling, and story making and central to Chicanx feminist methodology.[17] *Pláticas* honor the experiential knowledge of participants and position this form of knowledge as legible data. I model interviews with clinicians after *pláticas*; instead of a list of questions, I shared the general project questions and offered mental health workers open ended questions, I let them guide the conversations. Similarly, I shared the general project themes with the former foster youth I spoke with and my conversations with Lilia and Gaby were loosely shaped through open ended questions including "What do you feel I should know about you? Tell me about your strengths, and what would support, and true care have looked like for you while you were in foster care?"

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[16] Cindy O. Fierros and Dolores Delgado Bernal, "Vamos a platicar: The contours of pláticas as Chicana/Latina feminist methodology." (*Chicana/Latina Studies*, 2016): 98-121.

[17] Fierros, and Bernal. "Vamos a platicar."; Guajardo, Francisco, and Miguel Guajardo. "The power of plática." *Reflections: A journal of public rhetoric, civic writing, and service learning* 13 (2013): 159.

These *pláticas* offer a nuanced understanding of individual experiences by connecting them

to larger processes. *Pláticas* are crucial to my research because they provide a form of

engagement that centers the experiential knowledge of the people directly involved with the

foster care system – youth and state representatives. This centering marks the knowledge

production created by participants as a form of theorization and offers a useful bridge to

critical institutional ethnography.

The overarching methodology I employed to study up was critical institutional

ethnography. The "critical" perspective points to anthropologist D. Soyini Madison's

assertion that:

> The conditions for existence within a particular context are not as they could be for
> specific subjects; as a result, the researcher feels a moral obligation to make a
> contribution toward changing those conditions toward greater freedom and equity. The
> critical ethnographer also takes us beneath surface appearances, disrupts the status quo,
> and unsettles both neutrality and taken-for-granted assumptions by bringing to light
> underlying and obscure operations of power and control. Therefore, the critical
> ethnographer…moves from 'what is' to 'what could be.'[18]

This project and my role as a critical ethnographer who uses a *pláticas* approach to

interviews directly "unsettles both neutrality and taken-for-granted-assumptions" by

interrogating the overarching belief that child welfare systems, and by extension, the state,

protect children.[19] Many marginalized communities, including Black, migrant, and

Indigenous communities, have long understood the repercussions for their families of state

intervention, for those untouched by CWS, yet this reality remains obscured.[20] This project

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[18] Madison, D. Soyini. *Critical ethnography: Method, ethics, and performance*.
(Thousand Oaks, CA: Sage, 2011), 6.

[19] Soyini, 5.

[20] For examples of marginalized communities critiquing and organizing against child
welfare services, see: Roberts. *Torn apart*.; R. S., *Abolishing the surveillance of families -
stop LAPD spying coalition*. Stop LAPD Spying. (2020). Retrieved from

and the methods it utilizes center understandings of child welfare as a method of punishment and racialized terror against marginalized communities.

HOW FOSTER CARE IN CALIFORNIA WORKS

The main, powerful institution I am a critical ethnographer of, the foster care system in the U.S., is a branch of the federal, state and local "child welfare system," defined by legal scholar, Don Lash, as "a massive network of public and private entities charged with responsibility in various ways for child safety and well-being. In California, state and local agencies, non-profit organizations, for-profit companies, special courts, placement facilities, and foster homes are among the entities wholly dedicated to the system. Schools, childcare agencies, health care providers, and police also function as components of the system."[21] Popular narratives about the foster care system frame it as, "a system intended to serve dependent, neglected, and abused children who need to be, at least temporarily, removed from their families of origin."[22] Despite these popular narratives, marginalized communities that have been targeted by this system understand it to "criminalize, incarcerate, and exile the most marginalized members of our community as a form of racial domination."[23]

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https://stoplapdspying.org/wp-content/uploads/2020/10/LA-County-DCFS-Information-Sharing-Surveillance-Oct-2020.pdf; Terry L Cross, "Child Welfare in Indian Country: A Story of Painful Removals." *Health Affairs* 33, no. 12 (2014): 56–59. https://doi.org/10.1377/hlthaff.2014.1158.

[21] Lash. *"When the welfare people come.,"* 3.

[22] Catherine E. Rymph, *Raising government children: A history of foster care and the American Welfare State*. (Chapel Hill, NC: The University of North Carolina Press, 2017), 1.

[23] R. S., *Abolishing the surveillance of families*, 2.

Public child welfare agencies provide four main sets of services—child protection investigation, family-centered services and supports, foster care, and adoption. This project focuses on the foster care system branch of child welfare. In California, there are four types of placements for youth in foster care: kin care refers to placement with relatives or friends, foster care refers to placement with "non-relative resource families" (formerly known as foster families), congregate care which refers to group settings including emergency shelters, group homes, and residential treatment facilities, or, less commonly, independent living programs.[24] Youth may be placed in the foster care system in various ways and for a number of reasons – a parent might voluntarily place them in the system because they cannot care for them or county social workers receive reports of child abuse or neglect and conduct investigations. In Santa Barbara County, the department that manages these investigations is Child Welfare Services (CWS).

Decisions about where to place these youth are made by social workers, and vary depending on several factors, including placement availability, youth and family needs, and legal requirements. Not all youth who have open child welfare cases are removed from their home; some stay with their families and receive services including therapy, home stabilizing services, targeted behavioral therapy, or other services intended to keep the child in the home. Youth who are removed also receive services. In Santa Barbara County, the most common services that youth are mandated to participate in are Wraparound and therapeutic behavioral services (TBS). Wraparound services consist of a child and family team

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[24] Stacy Metcalf, Kelli L. Dickerson, and Jodi A. Quas, "Initial Impact of the California Continuum of Care Reform Act on Youth's Experiences in out-of-Home Care." *Children and Youth Services Review* 142 (2022): 2–11. https://doi.org/10.1016/j.childyouth.2022.106635.

including members of the youth's natural supports like family (either kin or resource family), their social worker, their therapist, a parent partner who works directly with the parents, and a child specialist who works with the child on problematic behaviors, meet periodically to create safety plans with the goal of keeping the child in the home. TBS is specifically for youth who are at risk of being placed in congregate settings (including group homes and temporary shelters), TBS focuses on changing specific behaviors that may contribute to removal, and individual therapy with mental health providers. Child welfare cases remain open in six-month increments with a review of each case by a dependency court judge. A case closes when a parent is deemed by a judge, based on notes and reports submitted by social workers, to have completed the required services satisfactorily and there is no longer risk of neglect or harm to the child.

HISTORY OF FOSTER CARE

To contextualize the contemporary child welfare system, and by extension the foster care system, within an institutional genealogy aimed at controlling communities that exist on the margins of U.S. society, namely poor, migrant, Black, Indigenous and communities of color, I trace this system to its racist, classist, colonial foundations. Although the modern day child welfare system developed during Franklin Delano Roosevelt's (FDR) New Deal era of the twentieth century, prior to this, the term foster care meant a wide array of services provided from private entities to children and families in need – examples of these services included orphan trains, boarding homes, free homes, work homes and even long-term adoptions.[25]

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[25] In this case, boarding homes refer to homes where hosting families received minimal board payments, free homes refer to homes where no board was paid, and work homes refer to homes where children worked in exchange for board. Rymph. *Raising government children.*, 3.

Catherine Rymph argues that the long history of foster care in the United States dates back to colonial practices including apprenticeship and indenture. Indeed, well before European settler children found themselves in need of community support through apprenticeships, Black, Indigenous, and mixed race children within the colonies found themselves separated from their families for a slew of reasons including chattel slavery and indentures.[26] While the framework of foster child is out of place when referring to these historical examples, it does offer a glimpse into the historical underpinnings of the modern day child welfare system wherein children are separated from their families of origin.

I offer this early practice of separating Indigenous and Black children from their families because it lends historical precedence to the horrors these children would continue to face at the hands of the state. The separation of both Black and Indigenous children from their families are part of the institutional genealogy of the modern day foster care system.[27] In tracing the history of the foster care system, scholars Jeanne Giovannoni and Andrew Billingsley (1972), argue that from its inception, there were two systems of child welfare in the United States, one for white children that was meant to help struggling white families and one for Black children that was informed by anti-Black racism and aimed at controlling Black families. This control often manifested through laws and overlapped with the criminal justice system. For example, after the abolition of slavery, while white philanthropists set up charity homes for white children whose parents were unable to care for them for any number of reasons, Black Codes or laws intended to control the movement of free Black individuals and coerce them into plantation labor, were implemented across Southern states. Via the

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[26] Rymph, 18.
[27] For the next iteration of this project, I hope to give more time to this important historical foundation.

Black Codes, poor Black children were labeled vagrants, a criminal offense, and their parents were deemed unfit to care for them. As punishment for the crime of vagrancy, the children were forced into apprenticeship, making their labor exploitable to plantation owners.[28] Further, the first orphanage for Black children was established in 1836 and capped the maximum age for admission at eight years old because older Black children were considered difficult to place and by twelve they were expected to be indentured.[29] As Black children were removed from their families either via the criminal justice system or forced labor, the Carlisle School, the first Indigenous boarding school in the United States opened in 1879, and Indigenous children from across the United States were forced to leave their communities for boarding schools that worked to violently assimilate them into settler society.

While Black and Indigenous children experienced these forms of separation and violent, racist control, late 19th century philanthropists in New York began various projects including Orphan Trains and the New York Child Aid Society, to deal with poor, white children.[30] Charles Loring Brace (1890), dubbed the father of foster care, worked with and wrote extensively about New York's young, poor population which he named, "the

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[28] For a more in-depth discussion about Black Codes, see: William Edward Burghardt Du Bois. *Black reconstruction in America: An essay toward a history of the part which Black folk played in the attempt to reconstruct democracy in America, 1860-1880.* (Oxford University Press, 2014.)

[29] Roberts. *Torn apart.*

[30] These philanthropists included white, largely aristocratic individuals like Charles Loring Brace.

dangerous classes."[31] His popular book, *The Dangerous Classes of New York, and Twenty Years' Work Among Them* (1890), is based on his experience founding and operating New York's Child Aid Society, one of the early organizations that housed poor and vagrant children and that engineered the predecessor of the contemporary US foster care system, the Orphan Trains. In this book, Brace writes:

> All these great masses of destitute, miserable, and criminal persons believe that for ages the rich have had all the good things of life, while to them have been left the evil things. Capital to them is a tyrant. Let but Law lift its hand from them for a season or let the civilizing influence of American Life fail to reach them, and, if the opportunity offered, we should see an explosion from this class which might leave the city in ashes and blood.[32]

Brace's writings indicate that early methods to address vulnerable children were in fact intended to control the poor, specifically to ensure that the elite class represented by Brace did not lose control of the growing U.S.[33] Don Lash posits that in the United States the child welfare system, and through extension the foster care system, has and always will include social control over children of the poorest sectors of the working class.[34] An example of this are the Orphan Trains founded by Charles Loring Brace.

Beginning in the 1850's and ending in the late 1920's (a few years prior to the bureaucratization of foster care), Orphan Trains became one of the central methods for addressing what was considered a major problem, vagrancy and high numbers of

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[31] Charles Loring Brace, *The dangerous classes of New York, and twenty years' work among them*. (Wynkoop & Hallenbeck, 1880), 29.

[32] Brace, 29.

[33] Lash. *"When the welfare people come,"* 19.

[34] Lash.

impoverished people in urban areas.[35] Orphan Trains ostensibly addressed two issues at the same time: the overpopulation of urban areas and the need for labor in the West. Orphan Trains carried poor individuals from overpopulated urban areas, to work in the West where there was a need for cheap laborers. That the supposed orphans carried on these trains often had biological parents was of little consequence, as the true goal of these trains were to rid urban areas of poor, unhoused people. Often, the children placed on these trains were from "undeserving poor" families who were understood as "lack[ing] the moral fiber to help themselves" while children from "deserving poor" families were not targeted for relocation on the orphan trains.[36] It is crucial to note that this method of dealing with impoverished people focused on white folks, especially white immigrants and their children. The inception of the Orphan Trains in the U.S. was at least a decade prior to the abolition of slavery and even when slavery was abolished, Black folks were excluded from the placing out process. Instead, Black children were separated from their families via the criminal justice system and forced into apprenticeships.

During the same period that the Orphan Trains were founded in New York, in California another method of dealing with troublesome youth was implemented. After the American conquest in 1848 and California's statehood in 1850, California removed care of youth

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[35] The phrase "Orphan Trains" became popularized in the late nineteenth century when a book and movie by that name were released. However, prior to 1978, this process was called "placing out." While the phrase Orphan Trains has become the recognizable name for being placed out, its name is in fact misleading. Orphans were only one of the groups represented on the orphan trains. Others included white children from poor families whose parents were still alive but deemed unable care for them and poor white adults, mostly women. The popularization of the name indicates "that the existence of biological parents was an inconvenient circumstance for the bourgeois charities" that facilitated the orphan trains. For more, see: Lash, 20.

[36] Lash, 21.

whose families were unable to provide for them and recalcitrant youth from the Mexican and Indigenous communities from which they belonged and instead, began to institutionalize these youth. In response to the largely Anglo-European populations concerns about troublesome youth, "Californians turned to an archaic, often called brutal system that paid little attention to individual needs and extended the state's power over troublesome youngsters. The transformation from the use of familial and local-level institutions to the use of state-run organizations to handle recalcitrant youths ushered in a period of punitive institutionalization" that especially impacted racialized youth.[37]

The current foster care system is the direct successor of practices intent on controlling poor families, Black families, Indigenous families, and immigrant families. This system includes the removal of poor children via Orphan Trains, the control of Black families via the control of their children, and the removal of Indigenous children via boarding schools. Lash writes, "among [the child welfare systems] primary purposes has been to prevent 'these dangerous classes'—in the words of Charles Loring Brace, one of its earliest architects—from exploding in rage against the rule of capital."[38] Ultimately, this genealogy indicates that child welfare systems and practices within the United States were always intended to control the marginalized.

By the 1930's social welfare reformers worked to modernize the child welfare system to make the institutionalization of dependent children in group homes, orphanages and private facilities obsolete – reserved only for children with severe mental disorders. They believed they could organize these common child welfare practices and create an efficient therapeutic

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[37] Chávez-García, *States of delinquency*, 13.

[38] Lash, 14.

service designed specifically for children via bureaucratizing foster care and modernizing its practices.[39] The modernization of the contemporary foster care system was buoyed by the Social Security Act of 1935, which was signed into law by FDR and established basic federal welfare programs including Aid to Families of Dependent Children (AFDC). AFDC, originally titled Aid to Dependent Children (ADC), ran from 1935-1996 and was created mainly for white mothers who were not expected to work and was a program that offered meager financial support to low or no income, mostly white mothers with children. Specifically, AFDC was created for white mothers who were deemed single through no fault of their own for example, widows.[40] Early reformers believed that New Deal era programs like AFDC would create a safety net for low-income white families that would help them access financial security and through extension, would create stability in the home reducing the number of youths in need of foster care. However, this program often excluded poor Black mothers. Latina, Native American, and other racially marginalized mothers are largely excluded from archives and historical sources related to early implementation of welfare reform under the New Deal.[41]

AFDC was a federal program, and its implementation was at the state level. This meant that each state had power over who was eligible for this aid and who was not, resulting in a state sanctioned Black/white set up that left out other racialized communities and led to racist, anti-Black implementation that neglected Black mothers who were not provided equitable safety net access. Welfare programs for mothers, like AFDC, were implemented

[39] Lash, 126.

[40] Lash, 21.

[41] Rymph. *Raising government children*.

almost exclusively in largely white areas, excluding locations with largely Black

populations. Even when the services were in an area accessible to Black mothers, they were

often rejected based on arbitrary standards meant to exclude Black women. While Social

Security policy forced the federal government to pay recipients a fixed amount, AFDC

recipients were subjected to caseworkers, supervisors, and administrators with the power to

decide who received aid and how much.[42] According to Dorothy Roberts, legal scholar of

the child welfare system, Southern democrats partnered with their Northern counterparts to

exclude domestic servants and agricultural workers, fields that were made up of largely

Black individuals, from welfare programs, ultimately ensuring the maintenance of a low

wage Black workforce.[43] This exclusion impacted Black mothers' access to AFDC, and

even when Black mothers were granted access to this program, their stipends were

significantly less than white mothers.

    The effort to formalize the child welfare system was informed by a belief that the New

Deal era welfare state, ushered in by FDR, would assist in the creation of a humane, efficient

system.[44] Early reformers envisioned the foster care system as a form of short term

assistance provided to mostly white, non-immigrant families who found themselves in

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[42] Roberts specifies that governmental bureaucrats subjected these mothers not only to income standards, but to degrading morality tests that included home checks and often probed into their sexuality; Dorothy Roberts, *Killing the black body: Race, reproduction, and the meaning of liberty*. (New York, NY: Vintage, 2014).

[43] Roberts, *Killing the black body*.

[44] FDR's New Deal marked the inception of the welfare state in which the federal government would purportedly create a safety net for its citizenry. However, these benefits were almost exclusively offered to white men, women and families, including white immigrants, in an effort to help assimilate them into US economics. People of color, primarily Black, Indigenous and racialized migrants, were seen as unassimilable and therefore, were largely excluded from these services until the Civil Rights era of the 1970's.

difficult, but temporary financial positions – these families were understood as the

"deserving poor."[45] This system was interested in helping families seen as assimilable,

namely white families, who had the ability to conform to normative ideals of family; these

families, who often included a widowed non-immigrant mother, were understood as worthy

of saving as such, more efforts and resources were funneled into preserving the family.

However, with the expectation that New Deal welfare programs would address poverty for

many white mothers, there was little consideration for how the role systemic poverty and its

inextricable link to race would play in pushing children of color, specifically Black children,

into the child welfare system.

Although today Black children are overrepresented in foster care systems throughout the

United States, for the period between the 1930's to the civil rights era, this was not the case.

According to Catherine Rymph, a historian of the child welfare system within the U.S., few

private foster care agencies and public foster care systems served Black families. Like other

forms of governmental support, foster care was understood as a "service" whose client base

was white families and from which Black families were mainly excluded.[46] When welfare

reformers in the 1950's expressed concern about racist discrimination within the system,

their efforts centered on home-finding in efforts to increase families willing to take in Black

children. A shortage of licensed foster parents of color was often named as a reason why

Black and Indigenous children did not receive foster care during this period. Rymph shares

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[45] The "deserving poor" refers to families seen as assimilable, namely white non-immigrant families, who had the ability to conform to normative ideals of family; these families, who often included a widowed non-immigrant mother, and were understood as worthy of saving as such, more efforts and resources were funneled into preserving the family; Lash. *"When the welfare people come."*

[46] Rymph. *Raising government children.*, 12.

that other racialized groups including Mexican Americans were infrequently, if ever, mentioned by welfare experts of this period.[47]

Despite their absence from the archives of welfare reformers and experts, we do know that Mexican youth and youth of Mexican descent were made wards of the state via the criminal justice system.[48] An infamous example of this lies in the Sleepy Lagoon murder case and subsequent trial when four Mexican American girls were interred at the Ventura School for Girls not because of their involvement in the murder, but because of their hostility towards the court during the trial (see chapter two for a more thorough discussion of this trial).[49] Although Mexican and Mexican American families were largely excluded from welfare practices of the mid twentieth century, their children were subjected to state control via state institutions, a practice that began at the end of the nineteenth century. Miroslava Chavez-Garcia argues that state inclination to incarcerate recalcitrant youth impacted racialized youth in particular. She writes, "the institutionalization of children and

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[47] Rymph.

[48] For a history of these practices and specifically, of The Whittier School, a major Southern California institution for delinquent youth where Mexican and Mexican American youth were often interred, see: Miroslava Chávez-García, *States of delinquency: Race and science in the making of California's juvenile justice system*. (Berkeley, CA: University of California Press, 2012).

[49] For more on the Sleepy Lagoon murder and trial see: Elizabeth R. Escobedo, "The Pachuca Panic: Sexual and Cultural Battlegrounds in World War II Los Angeles." *Western Historical Quarterly* 38, no. 2 (2007): 133–156.; Eduardo Obregón Pagán, *Murder at the Sleepy Lagoon: Zoot Suits, Race, and Riot in Wartime LA*. (Chapel Hill, NC: Univ of North Carolina Press, 2004).; Catherine S. Ramírez, *The woman in the zoot suit: Gender, nationalism, and the cultural politics of memory*. (Durham, NC: Duke University Press, 2009), 83-108.

youths, a process that had special implications for ethnically and racially marginalized youngsters."[50]

The Civil Rights movement of the 1960s worked to incorporate Black folks into the welfare system. At this time, the National Welfare Rights Organization (NWRO), run by Black mothers who demanded access to welfare and economic support, working with grassroots welfare rights organizations and lawyers, "secured entitlements to benefits, raised benefit levels, and increased availability of benefits to families headed by women."[51] As the number of Black women who were beneficiaries of welfare programs like AFDC increased, so did the restrictive and degrading parameters for eligibility. Black women, already labeled by the government and society as lazy and overly fertile via controlling images, were subjected to increasing behavioral modification rules that policed their home lives and their sexualities as well as increased work requirements and reduced benefit levels.[52] In addition to invasive questions and home checks, Black mothers who received AFDC were subjected to caseworkers, supervisors, and administrators who often reported them to Child Protective Services and removed their children for arbitrary reasons that were likely informed by poverty.

By the 1970's, the foster care system became one of the final options for children when other government assistance programs failed and it began to integrate youth of other racial identities. Although there continues to be a dearth of attention paid to families of Latin

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[50] Chávez-García, *States of delinquency*, 19.

[51] Roberts, *Killing the black body*, 207.

[52] Roberts. *Killing the black body*.; For more on controlling images used against Black women, see: Patricia Hill Collins, "Mammies, Matriarchs, and Other Controlling Images." *Black Feminist Thought*, (2002): 85–112.

American descent in the child welfare system at this time period, it does begin to increase. By 1977, seven percent of children in the U.S.'s child welfare system were "Hispanic."[53] These children were more likely to be labeled as "behaviorally disturbed" than other groups of children as a result of racist perceptions of these children.[54] By the 1980's, Latinx families in the child welfare system received less-comprehensive services than their white counterparts, the system responded more slowly to them, and younger Latinx children were especially at risk of being neglected by the system.[55]

In parallel with Ruth Wilson Gilmore's conception of a carceral state where prisons are catch-all solutions to social ills, the foster care system became a sort of catch-all solution in response to the failures of the state to support poor, often racialized, families.[56] The 1970's-1980's also saw the implementation of several programs, like the Child Abuse Prevention and Treatment Act (CAPTA) of 1974 which was aimed at addressing child maltreatment but instead lumped neglect and abuse together. The Adoption Assistance and Child Welfare Act (AACWA) of 1980 was meant to strengthen and/or reunify families to limit the time youth spent in care, but instead it expedited the termination of parental rights for parents whose children had no prospects of adoption leaving these children to bounce from group homes to

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[53] Ann W. Shyne, and Anita G. Schroeder. Rep. *National Study of Social Services to Children and Their Families. Overview.* (Washington, DC: National Center for Child Advocacy, 1978).

[54] Lenore Olsen, "Services for minority children in out-of-home care." *Social Service Review* 56, no. 4 (1982): 572-585.

[55]Mary M. Close, "Child welfare and people of color: Denial of equal access." *Social Work Research and Abstracts*, vol. 19, no. 4 (1983): 13-20.

[56] Ruth Wilson Gilmore, *Golden gulag: Prisons, surplus, crisis, and opposition in globalizing California*. (Berkeley, CA: University of California Press, 2007).

foster homes until they aged out of the system. These laws and others like them failed to adequately address the distinct link between poverty and racialization for families targeted by the child welfare system. As a result, the government failed to accomplish its goal of addressing "foster care drift" which kept and continues to keep youth in care for years or into adulthood making foster care the catchall solution to children in need of care.[57]

The 1980s election of fiscal conservative Ronald Reagan, previously a California governor, ushered in a new era of assaults on the poor when enduring attacks on AFDC began.[58] Reagan's presidency set the stage for the monumental changes in welfare policy of the following decade. By the mid-1990s, then President Bill Clinton, began his war on welfare, which included the gutting of AFDC, one of the few sources of federal support poor families had access to. In its place, Clinton implemented the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWRA) which replaced AFDC with the more restrictive Temporary Assistance for Needy Families program (TANF).[59] Perhaps most detrimental to youth at risk of placement in foster care, the new law ended the New Deal federal guarantee of cash assistance for poor children. This massive change to welfare policy meant that poor families, who were already targeted by the child welfare system,

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[57] Lash. *"When the welfare people come."*

[58] Premilla Nadasen, Jennifer Mittelstadt, and Marisa Chappell, eds. *Welfare in the United States: A History with Documents, 1935–1996*. (New York, NY: Routledge, 2013).

[59] TANF is a federal cash welfare block grant that gives each state authority over welfare spending. The introduction of TANF saw more restrictive regulations on welfare recipients including a lifetime limit of 5 years (60 months) and a requirement that heads of household find work within 2 years, see: Roberts, *Killing the black body*.; Office of the Assistant Secretary for Planning and Development, "Aid to Families with Dependent Children (AFDC) and Temporary Assistance for Needy Families (TANF) - Overview." ASPE. Accessed June 30, 2021. https://aspe.hhs.gov/aid-families-dependent-children-afdc-temporary-assistance-needy-families-tanf-overview.

became more vulnerable to separation via the foster care system vis-à-vis the loss of

resources enacted by regressive welfare reform.

Clinton's complete overhaul and decimation of welfare laws set the foundations for the

2000's and beyond. Between 2000-2010, the laws passed regarding child welfare essentially

responded to various critiques raised about the child welfare system and attempted to

strengthen the policy provisions surrounding child protective services, foster care and

adoption services. For example, President George W. Bush signed the Fostering

Connections to Success and Increasing Adoptions Act in October 2008.[60] The law attempted

to address the many concerns regarding youth aging out of the system including

homelessness. Among other things, it extends assistance to youth aging out of foster care

and extends and expands adoption incentives.[61] California's 2015 assembly bill The

Continuum of Care Reform (CCR) is the largest reform of the foster care system of the last

decade and is the focus of Chapter three. AB 403's goal is to phase out group homes in lieu

of family settings for youth in care and for youth who could not be placed in family settings,

the CCR created a new category of congregate care, Short-term Residential Therapeutic

Programs (STRTP) where youth who need intensive behavioral treatment and twenty-four

care are placed for limited periods of time and in six-month increments.

Though the CCR's goal was to keep youth out of group homes, it has ultimately ensured

that youth who cannot be placed because of difficult behaviors including running away and

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[60] California Center for Children's, the Family, and the Court. "California's Fostering
Connections to Success Act: Court Procedures." California Courts, 2012.
https://www.courts.ca.gov/documents/FstrngCnnctnsCrtPrcdrsv7091012.kd.pdf.

[61] Brenda G. McGowan, "An Historical Perspective on Child Welfare." *From Child
Welfare to Child Well-Being* (2010): 25–47. https://doi.org/10.1007/978-90-481-3377-2_3.

anger responses remain in transcarceral care, that is surveilled and controlled by the carceral state beyond material prison walls, via STRTP's. It has also reified the idea of the state as the most beneficial caretaker of youth whose behaviors are difficult to manage by ensuring that these youth remain in placements where they are surveilled by state representatives including group home workers. This brings into question the state's role as caretaker of youth in foster care.

The U.S.'s history of managing youth who are either in need of care or who are identified as criminal, from apprenticeships to Orphan Trains to Indigenous boarding schools to state reformatories to the criminal justice system, demonstrates the anti-Blackness, anti-Indigeneity, xenophobia, and classism that have always been a part of how the state addresses poor and racialized youth.

Chapter 1 Carcerality and Care: Interrogating the State as Caretaker

Claudia[1]

As I near Santa Maria driving north on U.S. highway 101, the sky clears up and the fog

that hugged the coastline dissipates. It's another beautiful day on California's central coast

and the contrast between the dreamy landscape and the stark reality that this highway is the

same one that displaced foster youth travel to arrive at their next temporary home is uncanny.

This is a highway that Claudia is familiar with – it's likely the same route she took to arrive at

her most recent placement. At age thirteen, Claudia was removed from her mother's custody;

her mother, a migrant from Mexico struggled with addiction and was found unfit to care for

her daughter for reasons that were not disclosed to me. Claudia became a ward of the state

and immediately began "AWOL'ing" or leaving the resource homes (formerly known as

foster homes) she was placed in to return to her community to see her friends and her aunt

who was a central adult figure in her life.[2] Her aunt, who Claudia was very close to, lived in a

one bedroom apartment and by California state regulations regarding foster care, only infants

can share a room with an adult. Although her aunt had a pull-out couch for Claudia to sleep

on, its location in the living room failed to meet the requirement that foster youth have a

bedroom in their placement.[3] By the time Claudia turned fifteen she'd run away from every

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[1]All names used are pseudonyms to protect the identity of youth, families, and of research
participants including participant names in citations.

[2]AWOL is a military term that is now widely used when referring to youth in foster care
or on probation who run away, and it means absent without leave. Under the Uniform Code
of Military Justice which are federal laws that apply to all active duty members of the
military, going AWOL results in a variety of punishments including incarceration, forfeiture
of wages, or dishonorable discharge.

[3]Youth can share a room with one other child of the same gender highlighting the
heteronormative and classist kinship ideologies within the child welfare system.

resource home she had been placed in and was living at a group home in north Santa Barbara

County. Claudia's running away was seen as defiant, which led to a rule of the group home

in which Claudia had to allow the staff to track her phone. As punishment, she was not

allowed to attend extracurricular activities, for example, she was denied permission to attend

a school dance, and she had to return to the facility directly after school whereas other

residents were allowed to spend time with friends until their later curfew. In addition,

Claudia was no longer allowed to speak with her aunt because when she ran to her aunt's

home, her aunt harbored her without informing the social worker and as a result, Claudia's

social worker identified Claudia's aunt as an unsafe person. As a result, Claudia began

ditching school and racking up truancy tickets because instead of attending school she was

spending the day at the local library talking to her friends and aunt over the internet. These

restrictions severely impeded Claudia's ability to build connections with peers in this new

community, they increased her feelings of isolation, and they pushed her into the juvenile

justice system. As a result, Claudia ran away again and at the point of my interview with the

Licensed Clinical Social Worker who served as Claudia's therapist, she had not yet been

located.[4]

Foster youth like Claudia become wards of the state by no fault of their own and are

mandated to participate in placements like resource homes or group homes, and mandated to

comply with services including therapy, drug and alcohol treatment programs, home

stabilizing programs, anger management, amongst other. These strategies are meant to

support foster youth, but often are not experienced that way. When youths' behaviors are in

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[4] Sarah Miller, Licensed Clinical Social Worker, Interview with Author, January 20,
2020.

opposition to the rules or expectations of those in charge, they face consequences that criminalize, pathologize, and isolate them. I term these services *transcarceral care* to name the state's intentional expansion of carcerality through so-called helping programs that move carceral practices beyond physical prisons and allow carcerality to seep into all aspects of foster youth's lives. Within California, the likelihood that a racialized youth will be forced into transcarceral care is high; a 2017 Continuum of Care Reform Update by the California Department of Social Services reported that of the "Latino/Hispanic" youth in foster care, 35.6% receive "specialty mental health services," superseded only by Black youth in care.[5] In part, naming transcarceral care works to disrupt state narratives that position discipline and control as forms of care.

While the foster care system may provide a sort of care by providing youth with their most basic needs including shelter, food, and access to education, embedded in that notion of care are techniques of control. Further, the state utilizes languages of care to justify mandating youth into transcarceral care. This chapter is based on my analysis of twenty interviews with clinicians in Santa Barbara County who work with foster youth in a variety of capacities and via various organizations. These clinicians conduct individual or family therapy or facilitate child and family team meetings meant to stabilize housing for foster youth. I argue that Latina foster girls experience the regime of transcarceral care through helping programs and state helpers, including social workers, that pathologize and punish their tactics of survival and resistance. Transcarceral care is located within the transcarceral

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[5] California Department of Social Services, "Continuum of Care Reform Update." June 2017. https://cacfs.memberclicks.net/assets/docs/July28CDSS_CCR_Legislative_U.pdf

continuum, and subjects girls like Claudia to modes of discipline that mark their normative

teenage behaviors, including their need for connection, as criminal.[6]

There is a dearth of research that unpacks the overlap between the services offered to

youth in foster care and carceral logics. Analysis of this overlap in relation to Latina girls in

foster care is even more minimal.[7] More broadly, scholars of the foster care system have

demonstrated the clear pathways that push youth in foster care into the criminal justice

system while scholars of the welfare system have identified the ways that the foster care

system and other child welfare agencies enact a form of racialized criminalization against

parents of color that weaponizes the removal of their children to uphold racist, sexist, classed

inequities.[8] My research demonstrates that the foster care system is often a precursor for

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[6] Theorized by Anke Allspach (2010) and Lena Palacios (2016), the transcarceral continuum presents itself "under the guise of localized mental health agencies, welfare and child protective services, professionalized social services, as well as in individualizing, pathologizing, and self-responsibilizing educational and therapeutic projects" (Palacios, 2016, 282); Anke Allspach, "Landscapes of (Neo-)Liberal Control: The Transcarceral Spaces of Federally Sentenced Women in Canada." *Gender, Place, and Culture* 17, no. 6 (2010): 705–723.; Lena Palacios, "'Ain't No Justice... It's Just Us': Girls Organizing against Sexual and Carceral Violence." Essay. In *Girlhood and the Politics of Place*. (New York: Berghahn Books, 2016), 279-295.

[7] For one of the few scholars who does this work, see: Joana Chavez, "(Re)Incarceration through Homes: Testimonios from Chicana/Latina Rebels." Master's thesis, University of California, Los Angeles, 2020.

[8] For discussions of the foster care to prison pipeline: Christopher A. Mallet "The school-to-prison pipeline: Disproportionate impact on vulnerable children and adolescents." *Education and urban society* 49, no. 6 (2017): 563-592.; Anne H. Gallegos and Catherine Roller White. "Preventing the school-justice connection for youth in foster care." *Family Court Review* 51, no. 3 (2013): 460-468.; Melissa Jonson-Reid and Richard P. Barth. "From placement to prison: The path to adolescent incarceration from child welfare supervised foster or group care." *Children and Youth Services Review* 22, no. 7 (2000): 493-516.; for discussion regarding the criminalization of parents via child welfare services: Lash, Don. *"When the welfare people come": Race and class in the US child protection system*. Chicago, IL: Haymarket Books, 2017.; Roberts, Dorothy E. *Torn apart: How the child welfare system destroys black families--and how abolition can build a safer world*. New

incarceration and racialized parents navigate a child welfare system that criminalizes them and pathologizes their families. This chapter speaks to the spaces between these fields of study to understand how racialized foster youth are siphoned into transcarceral care before they are funneled into the prison industrial complex.

I identify four key components of TCC and explore services offered to foster youth, including wraparound services and therapeutic relationships with social workers as particularly powerful sites of transcarceral care.[9] To do so, I critically read the stories of Claudia and Lilia, two Latina girls in foster care who are mandated to transcarceral care either through wraparound services, group homes, or other forms of so-called help, to illustrate the criminalization inherent in these forms of care. Further, this chapter questions the rhetoric of care that often justifies the placement of foster youth into transcarceral care. I analyze the language in court proceedings recording social workers' recommendations to terminate a parent's parental rights. Via LexisNexis, the largest electronic database for legal and public records related information, I searched for parental termination cases in California narrowing results to parents who were referred to resources for Latinx individuals including Casa Latina, Mujeres Recovery Home, Latino Family Services, and Pasos de Vida Recovery home. While this strategy cannot differentiate by race, it does offer examples of the ways that

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York, NY: Basic Books, 2022.; *Shattered bonds: The color of child welfare*. (New York, NY: Basic Civitas Books, 2002.)

[9] Here, wraparound services refer to an approach to services for youth in child welfare that was developed in California and implemented in 1997 via Senate Bill 163. The idea of wraparound is that children and families should be "wrapped" by a child and family team that includes professionals like social workers and natural supports like extended family, spiritual community members, coaches, etc. so that any needs that may arise can be addressed and planned for with the child and family team. At times throughout this dissertation, I will capitalize wraparound because the program in Santa Barbara County that provides these services to youth in foster care is called "Wraparound" and is facilitated by a non-profit organization called Casa Pacifica.

assertions of state provided care are used to justify the removal of Latinx children from their

biological families.

Ultimately, I argue that transcarceral care–the therapeutic and helping services and

programs purportedly supporting Latina girls in foster care–actually criminalize, contain,

control and attempt to discipline them into the state's version of respectability.[10] These

programs are well-meaning, but they are situated within a long lasting, far reaching punitive

project that, by nature of the racism, classism, and other forms of oppression embedded

within it, cannot produce anything truly liberatory for marginalized communities. The

violence of carcerality is hidden under the rhetoric of care. State programs enact racialized

understandings of girlhood that write girls of color out of girlhood entirely. Latina youth are

adultified, their normative teenage behaviors become pathologized and they are funneled into

transcarceral care. I offer transcarceral care as a concept to help us understand one of the

many ways that carcerality moves beyond material prisons and the way it infiltrates the day-

to-day lives of poor, BIPOC communities that become ensnared in state institutions like

foster care.

WHAT IS TRANSCARCERAL CARE?

TCC is part of the genealogy of the carceral state, and all of the punitive practices

bolstered by it including policing, incarceration, and probation. Further, transcarceral care

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[10] Evelyn Brooks Higginbottom describes politics of respectability as a radical practice used by Black women to strategically mimic hegemonic expectations of propriety including manners, sexual morality, and normative gendered practices in efforts to access social legitimacy. Respectability was framed as the only path to access, opportunity, and citizenship but ultimately, limited the boundaries of acceptable behavior, especially as it came to sexuality based on heteronormative expectations. Evelyn Brooks Higginbotham, *Righteous discontent: The women's movement in the Black Baptist Church, 1880-1920.* (Cambridge, MA: Harvard University Press, 1994).; Mireille Miller-Young, "Hip-hop honeys and da hustlaz: Black sexualities in the new hip-hop pornography." *Meridians* 8, no. 1 (2008): 284.

falls under the umbrella of what feminist scholars Katherine Beckett and Naomi Murawaka (2012) term the shadow carceral state and what Sandrina de Finney, Lena Palacios, Mandeep Kaur Mucina and Anna Chadwick (2018) label transcarceral systems in reference to the institutions that are less visible than prisons and policing but increasingly responsible for producing penal power.[11] These institutions include "various state-run, government-funded colonial systems, including the criminal, legal, education, immigration, health care, and child welfare systems".[12] For criminalized people, including youth, programs meant as alternatives to punishment such as gender specific services, mandated educational and therapeutic programs – and I would argue therapeutic/diagnosing services implemented via the California Department of Social Services (the governmental agency that houses California's foster care system) – invoke a practice of disciplining criminalized people and are part of transcarceral systems. Processes of social control, such as psychological treatment, educational programs and even the child welfare system produce "continuities of confinement beyond the prison walls" for criminalized women of color, and I argue that this extends to girls of color.[13]

These so-called alternatives to punishment programs expand the reach of the carceral state in the lives of criminalized girls of color and they manifest through a slew of programs. Programs purported to help criminalized populations become part of the transcarceral continuum because they ensure that these individuals remain under the watchful eye of state

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[11]Allspach, "Landscapes of (Neo-)Liberal Control."; Sandrina de Finney et al, "Refusing band-aids: Un-settling 'care' under the carceral settler state." *CYC-Online September,* (2018): 28-38.; Palacios, "'Ain't No Justice…'"

[12]de Finney et al, "Refusing band-aids," 29.

[13] Allspach, "Landscapes of (Neo-)Liberal Control," 720.

agents including social workers and caseworkers. Despite the absence of physical prison

walls, these services enact forms of control that discipline and contain girls of color. From

within these supposedly benevolent services, racialized foster girls are forced to navigate the

foster care system, not only as youth who have been displaced from home but specifically as

criminalized girls.

Although the foster care system is not prison, it mimics prisons in that youth and parents

who become marked by the foster care system are subject to state surveillance, controlling

mandates enacted by the state, separated from their families and often, for youth, separated

from their communities. And like the expansion of prisons through supposedly humane

reform like gender responsive, trans centered, or culturally responsive programming and

policies, the expansion of the foster care system through allegedly helping interventions is

not a solution to the violence that underwrites carceral institutions.[14] Transcarceral care

represents the state's harmful practice to expand carcerality through helping programs; it

highlights the sly rhetoric of care that tries but fails to conceal the containment and control

embedded in these helping programs. This type of neoliberal reform also happens within

prisons themselves and has been dubbed carceral care by Ren-Yo Hwang (2019). Hwang

defines carceral care as "the messy and entangled conglomerate of discretionary practices,

performative measures, and material actions used to forestall the possibility of future

interference and or interrogation of the underlying institutional violences of carceral

spaces."[15] Transcarceral care, then, denotes the practices, measures and actions that mask the

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[14] Rose Braz, "Kinder, gentler, gender responsive cages: Prison expansion is not prison reform." *Women, Girls, and Criminal Justice* 7, no. 6 (2006): 87-88.; Ren-yo Hwang, "Deviant Care for Deviant Futures." *TSQ: Transgender Studies Quarterly* 6, no. 4 (2019): 559–578.

[15] Hwang, 561.

violence of state intervention in the lives of vulnerable peoples, including foster youth,

beyond brick and mortar prisons.

COMPONENTS OF TRANSCARCERAL CARE FOR RACIALIZED YOUTH IN

FOSTER CARE
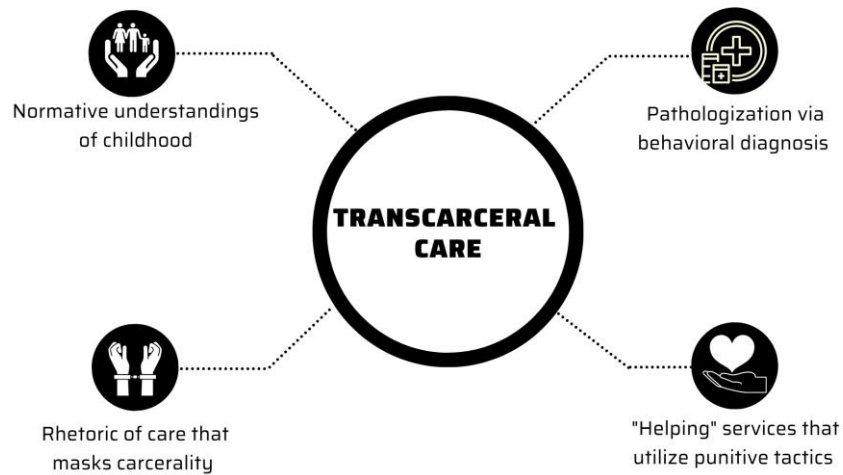
Fig. 1

Transcarceral care is not limited to youth – the expansion of the carceral state through so-

called helping programs applies to all systems-impacted people. However, in relation to its

impact for youth, transcarceral care has four central components (see fig. 1). They are: 1. the

rhetoric of care that masks carcerality, 2. so-called helping services that rely on penal

strategies, 3. normative understandings of childhood, and 4. pathologization via behavioral

diagnosis. All components of transcarceral care inform each other. The language of care that

hides the penal practices is braided into foster care justify and funnel youth into transcarceral

care services. These supposedly care-based services are rife with punitive practices that

punish racialized youth who do not meet the criteria for normative childhoods. The social

service agents of the state use tools including behavioral diagnosis to clinically identify these

racialized foster youth as mentally ill. This stigmatizes them and adds a mandatory treatment

program and sometimes medication to their lives. All four components rely on each other to justify and uphold transcarceral care. Below, I offer an overview of all components, and center my discussion on the first two to thoroughly engage with all aspects of TCC. Chapter two will look at the final two components.

The first component of transcarceral care, the rhetoric of care that masks carcerality, can be understood as a sort of marketing tool. The language used by state agents, like social workers, judges, or even psychologists, is the language received by the public and makes criminalizing parents and children seem like a reasonable solution for a struggling family. The idea that a child is better cared for by the state (and that the child has no say in this), is often the creator or at the very least exacerbator of many issues that get children removed, such as poverty. The state points to their caretakers, defining them as irrevocably unwell and justifying the penal interventions that both parents and child are forced to navigate.

As a result of the rhetoric of care that is used to remove the child, the youth is then mandated to participate in the second component of transcarceral care, a bevy of services like therapy, home stabilizing services, behavioral services, etc.[16] These services reify racialized, classed understandings of a good child and punish youth who fall outside of those bounds. Both components speak directly to the failure of supposed care offered by a carceral state.

The use of state-supported discourses and practices of care to justify pushing youth into foster care forces them into services and demonstrates that transcarceral care relies on the

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[16] The services that youth are mandated to participate in depend on the treatment plans created by their social workers and the services available in their respective counties (however, all foster youth in California must be offered therapy). In Santa Barbara County, the most common programs that foster youth participate in are therapy sessions with county clinicians, Wraparound services and Therapeutic Behavioral Services via a contractor named Casa Pacifica.

third component, normative understandings of childhood. The forms of childhood enacted by racialized foster girls are read through the lens of normativity and as girls of color whose family structure is already marked by the state as dysfunctional and non-normative, their behaviors and responses are always already read as non-normative and, disciplinable. The parameters and rules enforced by services, sites of supposed care like group home and resource homes, and other sites of transcarceral care are constructed with normative childhoods at the center–that is middle class, white, heteronormative, able bodied childhoods, and do not make space for youth of colors responses to things like the trauma of racialization, poverty, a carceral system that targets their caretakers or removal from their communities and their families. As such, transcarceral care relies on normative understandings of childhood to pathologize and criminalize those considered non normative children. These helping services become sites of surveillance where the punitive eye of the state remains trained on youth's behaviors.

One of the pervasive tools used by state representatives to enact this criminalization via racialization and the fourth component of transcarceral care is pathologization via behavioral diagnosis. According to the American Psychological Association (2023), behavioral disorders are identified as "any persistent and repetitive pattern of behavior that violates societal norms or rules, seriously impairs a person's functioning, or creates distress in others."[17] Behavioral disorders is an umbrella term that refers to a number of diagnoses, the most common for foster youth are attention-deficit/hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), and conduct disorder (CD). The parameters of

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[17]American Psychological Association. "APA Dictionary of Psychology." American Psychological Association. Accessed February 23, 2023. https://dictionary.apa.org/behavior-disorder.

diagnosis for ODD rely on racialized girlhood whereby girls of color appear to be pathologically defiant. The diagnosis fails to account for non-normative childhoods in which defiance may be a tactic of survival or resistance. ODD allows the foster care system to categorize vulnerable minority youth as a social problem and burden for the state and directs them into transcarceral care. In a cyclical fashion, transcarceral care relies on these forms of pathologization to mark racialized, gendered bodies as in need of state manipulation and control. Further, these processes of pathologization via racialization are embedded within the transcarceral helping services that foster youth are mandated into.

THE FAILURE OF "CARE"

Within the context of a carceral state, the language of care is weaponized and wielded to justify state repression through penal practices. The foster care system uses care as a rhetorical strategy that masks the control and criminalization that is inherent in the care that it offers. To unpack this co-optation of care, I examine the helping services that are offered to youth. Joan Tronto and Berenice Fisher (1990) define care as "a species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web."[18] Carol Gilligan (1982) argues that an ethics of care begins from the basis that humans are inherently relational, responsive to others, and connectedness or interdependence are intrinsic to the human

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[18]Berenice Fischer and Joan Tronto. "Toward a Feminist Theory of Caring." Essay. In *Circles of Care: Work and Identity in Women's Lives*, edited by Emily K. Abel and Margaret K. Nelson, 35–62. Albany, NY: State University of New York Press, 1990.

condition.[19] Further, Ai-Jen Poo and Ariane Conrad argue that "care is the strategy and the solution toward a better future for all of us."[20] These iterations of care all point towards this practice as a key tool in building a better world. The state's weaponization of it, then, is paradoxical – care is wielded as a means to legitimize the harm caused by the state against vulnerable populations. Disabled, queer, author of color like Leah Lakshmi Piepzna-Samarasinha theorize care as the networks of support and webs of community that sustain disabled, marginalized lives.[21] This iteration of care is central to the mutual aid work that has become a lifeline for so many through the COVID-19 pandemic and that has sustained queer communities historically rendered pathological by the state.[22] How, then, can we understand the so-called care offered by carceral institutions like child welfare systems?

Prison abolitionist scholars have theorized about the purported care offered by penal institutions, arguing that interventions like gender specific programming, transgender prison units, and other prison reforms that purport to make prisons more responsive to the needs of incarcerated people grow the prison state and further entrench the logics that prisons are spaces of rehabilitation and, therefore, a necessary aspect of US society.[23] Historians of the US carceral system argue that early prisons offered benevolent reform, supposedly "humane,

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[19] Carol Gilligan, "New maps of development: new visions of maturity." *American Journal of Orthopsychiatry* 52, no. 2 (1982): 199-212.

[20] Ai-Jen Poo and Ariane Conrad. *The age of dignity: Preparing for the elder boom in a changing America*. New York, NY: The New Press, 2016, 161.

[21] Leah Lakshmi Piepzna-Samarasinha, *Care work dreaming disability justice*. (Vancouver, BC: Arsenal Pulp Press, 2021).

[22] Dean Spade. *Mutual Aid: Building Solidarity during This Crisis (and the next)*. (Brooklyn, NY: Verso, 2020).

[23] Braz, Rose. "Kinder, gentler, gender responsive cages."; Hwang, "Deviant Care for Deviant Futures."

constructive, and charitable treatment," but delivered benevolent repression.[24] The same punitive turn that permeates police and policing practices also exists within the child welfare system, and through extension, the foster care system. Poor families particularly experience continual surveillance and are more likely to experience child welfare intervention as a result of increased engagement with the state through safety net programs like welfare, public hospitals, housing authority, and other public programs.[25] Once a family becomes marked by child welfare, they are hazed into a system that entrenches and further justifies the need for ongoing surveillance–to monitor the well-being of the children in the household. In turn, all of the families actions and behaviors are overpoliced so that normal things that poor families deal with, like lack of childcare, become reasons to remove the child or, just as harmful, to control the family through transcarceral care programs under the narrative of safety for the child.

Rhetoric of Care that Masks Carcerality

Crystal's Story

This first component of transcarceral care identifies the overarching discourse around foster care purported by the state, that is, the state as savior when in reality, the state is the purveyor of many of the crises that land children in foster care. It highlights the cunning use of care-based language that we find in court proceedings and rulings that attempts to mask the carcerality that is embedded in child welfare services.

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[24] Alexander W. Pisciotta, *Benevolent repression: Social control and the American reformatory-prison movement*. (New York, NY: NYU Press, 1996): 4.

[25] Lash, *"When the welfare people come."*

Crystal is a seven-year-old Latina child; she, along with her two older siblings, were

removed from their mothers custody.[26] Her mother, who struggles with addiction, was

charged with driving under the influence and willful child endangerment. At the time of

removal, Crystal's two older siblings were placed with their maternal grandmother, but she

was unable to take Crystal because she was younger and had developmental delays requiring

a higher level of care. As a result, Crystal was placed in a nonrelative resource home also

known as foster home. The court recommended reunification services for Crystal and her

mother that included individual therapy, a parenting course, inpatient substance abuse

treatment, and supervised visitation. Crystal's mom was inconsistent with the mandated

services, but she had regular contact with the social worker, and reported that health

problems and legal proceedings, as well as domestic violence issues with her then boyfriend,

made it difficult for her to reliably engage in reunification services although she wanted to.

Eventually the center where Crystal's mom had visitation with her kids canceled the

visitations because she constantly missed them, which she said was due to a lack of

transportation. Within a year of her children's removal, Crystal's mom began to participate in

services more frequently. She admitted herself to a residential substance abuse treatment

center, attended individual and group therapy, and began regular visits with her children.

Simultaneously, Crystal's therapist requested a psychological evaluation for the child because

she had difficulty coping with her emotions, used imagined worlds to escape reality, and had

anger outbursts. The doctor notes "Crystal struggles with self-injurious behavior in response

to perceived failure, often becoming tearful and hitting herself if she did not complete a task

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[26] Santa Barbara Cty. Child Welfare Servs. v. J.H. (In re C.P.), 2014 Cal. App. Unpub.
LEXIS 4905, 2014 WL 3378012 (Court of Appeal of California, First Appellate District,
Division OneJuly 11, 2014, Opinion Filed).

to perfection. Also, Crystal demonstrated a very low tolerance for frustration."[27] The doctor

diagnosed Crystal with "Chronic Posttraumatic Stress Disorder and severe Major Depressive

Disorder with Psychotic Features," and recommended that Crystal be evaluated for

psychotropic medication; there is no update in the court documents regarding the medication.

Eventually, just over a year after her children's removal, Crystal's mom completed the

inpatient program and moved into a place of her own. Due to a lack of transportation, she

was unable to continue outpatient services. She did, however, maintain visitation with

Crystal. When the eighteen-month review of the case arrived, mom relapsed twice but had

gotten herself sober both times and asked the courts and the case worker for her case for help

with securing stable housing and work. The social worker assigned to Crystal's case shared

with the court that Crystal and mother both made "significant progress psychologically and

emotionally" in the prior six months. The mom attained eight months of sobriety, was

receptive to services and had shown a willingness to learn how to parent a special needs

child. Crystal had shown a decrease in self-injurious behaviors, as well as an ability to make

friendships. Despite this progress, the social worker closed her statement by stating:

> the agency (at which the social worker was employed) opined that any disruption in her
> current placement could 'destabilize the social/emotional progress she has made.' The
> Agency further opined it is important that mother 'develop a healthy support system and
> stabilize her own basic needs before being able to meet her child's needs.' Accordingly,
> the agency recommends the court terminate reunification services at 18 months and
> develop a more permanent plan for Crystal.[28]

The judge presiding over the case agreed with the social worker and ruled to permanently

terminate the mom's parental rights. In this instance, despite her efforts to meet the court's

requirements, the state representatives framed Crystal's mom as unable to care for the child

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[27] Santa Barbara Cty. Child Welfare Servs. v. J.H.
[28] Santa Barbara Cty. Child Welfare Servs. v. J.H.

because she lacked a support system and basic needs. The court's ruling punishes this mother for her poverty and positions lack of access to basic needs as the responsibility of this poor single mother who is recovering from addiction as opposed to assigning responsibility to the state to provide for its vulnerable individuals and populations. It uses language of care, for example, the assertion that Crystal's best interests are served by terminating parental rights or that reunifying the child and parent would destabilize Crystal's progress, to justify her permanent removal.

Once in the system, the perceived deviance of the parent is passed to the child and as they become wards of the state, the child is then also forced to contend with constructions of themselves as pathologically Other. For Crystal, that meant her responses to trauma were read as psychotic and she is pushed into transcarceral care by the psychologist recommendation that she be evaluated for psychotropic medications. This recommendation likely means that Crystal will now see additional representatives of the state including a psychiatrist for her medication and depending on the treatment plan established by her social worker, it could mean interaction with additional social workers, therapists, or any number of state agents who work within the programs and services mandated to a child like Crystal.

My point here is not to argue whether Crystal needed medications or what type of services are appropriate for Crystal, rather, I highlight that the crisis of poverty created by the state becomes placed on the shoulders of this child.[29] She is framed as psychologically abnormal despite incredibly difficult circumstances, and in need of state intervention.

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[29] Here, I refer to the welfare state's inclination to vilify and exclude or reduce the support of mothers of color from necessary welfare supports and other kinds of government provided safety nets. For more on this, see: Premilla Nadasen. "From Widow to 'Welfare Queen': Welfare and the Politics of Race." *Black Women, Gender and Families* 1, no. 2 (2007): 52–77. https://www.jstor.org/stable/10.5406/blacwomegendfami.1.2.0052.

Crystal's response to removal, to her mothers' inability to meet her basic needs because of

her own precarity, and to whatever else she may have experienced before and during her time

in foster care, become an illness for the state to manage through treatments and psychotropic

medications. The rhetoric of state-based care that justifies the permanent termination of

Crystal's mothers' rights, including the language of the psychologist who conducted the

psychological evaluation on Crystal and recommended psychotropic medications, push the

child further into the state's carceral web and into transcarceral care.

Nicole's Story

When Nicole was removed from her mother's custody, she was fourteen and was

receiving treatment for a cancerous brain tumor.[30] Santa Barbara's Children Welfare Services

removed Nicole and her two younger siblings, Sandra who was six and Isaac who was two,

after their mom, Patricia, was convicted of possession of drugs for sale and evading a police

officer. Patricia received three years' probation and three hundred and ninety days of

confinement in the county jail. Although Patricia left the children with family members,

according to the court transcript, they were unable to care for the children.[31] Based on the

court materials there is no way to determine why Patricia may have engaged in informal

economies – what we do know is that Patricia was a low income, single parent. She was the

sole caretaker for three children, one of whom was undergoing extensive cancer treatments.

Whether she would have been able to maintain work in the formal economy while attending

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[30] CIANA R., 2002 Cal. App. Unpub. LEXIS 11261, 2002 WL 31723079 (Court of Appeal of California, Second Appellate District, Division SixDecember 5, 2002, Filed).

[31] The transcript does not specify whether the family members received state support for caring for the children the way a resource family would when fostering youth. However, these documents tend to identify whether a child is placed in a resource home and because this one does not identify the relatives home as a resource home, it is safe to assume that they were not receiving the financial support that resource families are entitled to.

to her child's medical needs, maintaining all her appointments, and caring for her other two children is unclear.

Nicole and her siblings were placed in a resource home for the remainder of their mother's sentence. When Patricia was released from jail, she entered a residential drug treatment program for mothers and their children called *Pasos de Vida*. Nicole, Sandra, and Isaac had extended visits with Patricia while she lived at the recovery home and the youngest, Isaac, eventually went to live there with her. When Patricia completed her program, she secured housing for herself and her children in Lompoc, a small town in north Santa Barbara County. At the initial six-month review, CWS concluded that Patricia was "committed to overcoming a past riddled with substance abuse, law enforcement entanglements and little family support."[32] CWS returned the children to Patricia with the stipulation that they engage in family maintenance services.[33]

During the year of family maintenance services, Patricia submitted to drug testing through her probation officer, attended Narcotics Anonymous meetings, and received psychiatric counseling and medication. Further, Patricia made arrangements with family members to care for her two youngest children when Crystal's health needs became overwhelming. After a year of services the family's case was reviewed by a judge and

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[32] In re CIANA R., 2002.

[33] In Santa Barbara County, family maintenance services are provided by both the department of Behavioral Wellness and/or by agencies contracted by the county. These services can include individual therapy for both parent and children, family therapy, therapeutic behavioral services, Wraparound, amongst others. The goal of these services is to keep the child in the home and they are offered to both biological parents and resource parents. They are offered in six month increments with a case review every six months until the CWS case closes and the child is either removed from the home or the parent's progress is deemed sufficient and the child stays.

although mom engaged in all the above mentioned services, the court found that she did not comply with all aspects of the family maintenance plan. They do not specify which services mom did not comply with. The document also states that despite mom's engagement in services, "CWS noted, however, that [Patricia's] relationship with Eddie S., a probationer or parolee, was an 'issue of concern.'"[34] There are no further details regarding these concerns– no information about whether Eddie S. was identified as a threat to the children and no information about why Patricia's romantic partner is of note in this CWS case. However, the carceral state's long history of regulating poor women of color's sexuality and their sexual partners through punitive measures including refusal of welfare services and removal of their children is well documented.[35] The court opted not to close the case and to keep mom and kids in services for another six months. To continue receiving these services means that the case remains under review and the family remains under the surveillance of their social worker.

Two months later and in the midst of her eldest child's cancer treatment, Patricia relapsed. She was arrested for being under the influence and for possession of methamphetamine and drug paraphernalia. She admitted to the family's social worker that she had been using for a few months and that she smoked medical marijuana with Crystal who at that point was sixteen and still receiving cancer treatments.[36] Patricia was sentenced

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[34] In re CIANA R., 2002.

[35] Roberts, *Shattered Bonds*.; Kaaryn S Gustafson, *Cheating welfare: Public assistance and the criminalization of poverty*. (New York, NY: NYU Press, 2016).; Burnham, Linda. "Welfare Reform, Family Hardship, and Women of Color." *The Annals of the American Academy of Political and Social Science.* 577, no. 1 (2001): 38–48.

[36] The court transcripts do not specify whether Nicole had a medical marijuana prescription.

to one year in county jail and while mom is incarcerated the kids are all placed in the care of their maternal aunt and uncle. However, they are subsequently arrested for selling marijuana and the children are moved to a pre-adoptive resource home, which refers to a resource family who fosters with the hopes of adopting. A few months after she is incarcerated the second time, Patricia's sentence is vacated because she is diagnosed with acute myeloid leukemia, a type of blood cancer that begins in the bone marrow.[37] At no point in this process did Patricia lose contact with her children, even when she was using or imprisoned, she ensured that she was present in her children's lives whether as an active caretaker or with weekly visits and phone calls.

At this point, the court orders a section 366.26 hearing, referring to the California Welfare and Institution Code that outlines procedures to terminate parental rights or determine adoption, guardianship, or placement of children who are wards of the state.[38] This means that despite the programs Patricia engaged in, despite her months of sobriety, despite the care she took in ensuring all three of her children were cared for when Crystal's medical needs increased, despite ensuring that while in her care Crystal did not miss any medications or chemotherapy appointments, the courts will now determine whether she should have her parental rights terminated and whether her children are eligible for adoption by another family. If they are adopted by another family, Patricia will lose all legal rights to her children

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[37] American Cancer Society, "What Is Acute Myeloid Leukemia (AML)?," What Is AML?, August 21, 2018, hps://www.cancer.org/cancer/acute-myeloid-leukemia/about/what-is-aml.html.

[38] §366.26. Procedures for conducting hearings to terminate parental rights or determine adoption, guardianship, or placement of children adjudged dependent children of juvenile court, Cal Wel & Inst Code § 366.26 (Deering's California Codes are current through the 2023 Extra Session Ch 1, 2023 Regular Session Ch. 2.).

and will only communicate with her children if the adoptive parents allow it. The courts did ask the children for their insight – Sandra, who was nine at the time, "described her foster parents as her 'family,' although she was 'scared' regarding adoption. She stated that she was 'fine' with visiting her mother weekly. Sandra informed the juvenile court that five-year-old Isaac did not want an adoption, guardianship, or foster care."[39] Presumably, Isaac wanted to be returned to his mother. Seventeen-year-old Crystal testified that when she turned eighteen years old, she intended to live with her mother and attend college.

The social worker who was assigned to the children's dependency case testified against the mom stating that Patricia was more like a "big sister" to the children and that the foster parents fulfilled parental roles for Sandra and Isaac. The social worker believed that the security and stability provided by adoption outweighed the loss of a parental relationship with Patricia. She did admit that Patricia had maintained regular contact and visitation with the children and they had benefited from that communication. When Patricia testified, she admitted that she used methamphetamine after her release from the hospital for leukemia treatment. In her own words, she was "a plain and simple dope addict," unable to cope with problems. Patricia also remarked: "How can I give [the children] any stability when I am not even stable myself?" Despite Patricia's best efforts, she internalized the state's narrative about herself and now viewed herself as an inadequate mother. As a result, Patricia requested that the court grant the resource parents status as legal guardians of the children. This would allow for the children to remain in the permanent care of the resource family while also maintaining visits and a relationship with Patricia.

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[39] In re CIANA R., 2002.

The juvenile court found that clear and convincing evidence established that Sandra and Isaac were likely to be adopted and it terminated the parental rights of Patricia. In explaining its ruling, the court stated that:

> the probable benefit to the children from continuing a relationship with[Patricia] did not outweigh the stability of adoption. [Under California code] § 366.26, subd. (c)(1)(A) the court shall terminate parental rights unless 'the parents . . . have maintained regular visitation and contact with the child and the child would benefit from continuing the relationship.'[40]

Although Patricia met every requirement under this code, the court concluded that Patricia's relationship with her children was "beneficial to some degree but does not meet the child's need for a parent."[41] As a result, Patricia effectively lost parental rights for her two youngest children.

We can deduce based on the information shared by the social worker that although Patricia struggled with addiction, a disease that CWS often uses to justify a child's removal, she cared deeply for her children.She had the forethought to organize care and lodging for her two youngest children when Crystal's medical needs became overwhelming, ensured that Crystal attended every chemotherapy appointment while in her care, and secured and maintained housing for her children while they were in her care. In this case, care becomes a tool to justify the removal of Patricia's children – despite her efforts under precarity, illness, and through recovery, Patricia is framed as unable to provide the care of a parent.

Through this rhetoric of care, the courts also ensure that all three children continue to move through transcarceral care – they will likely remain in state mandated therapy or other services until their adoption is finalized. Further, this case in particular gives rise to many

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[40] In re CIANA R., 2002.

[41] In re CIANA R., 2002.

questions. While the children were in the care of the foster parents the family would have received funding for each child. State funding per child was not a resource that Patricia had access to – if Patricia had access to financial support while caring for her children, would she have been pushed into the informal economy and criminalized for possession with intent to sell? This intentional support of one family (foster family) and neglect of another (Patricia as parent) demonstrates strategic deployment of care strategies of the state – why does one family structure deserve care through financial support while the other does not?

Helping Services that Rely on Penal Strategies

The fourth component of TCC are services that create pipelines of confinement for racialized foster youth. The myth of care embedded in the discourse about transcarceral care is hardly veiled; if the goal of alternative to punishment programs for youth in foster care is to minimize the number of youth in care who are pushed into criminal justice institutions, then clearly it is failing.[42] Scholars have long identified the shortcomings of programs purportedly based in care, such as drug and alcohol treatments, citing the failure of these programs to recognize the different needs of addicts based on things like gender and race.[43] How then could these programs succeed given the nuanced and complex needs of racialized foster youth? For example, historically, drug and alcohol treatment programs were designed by white male clinicians for white male addicts; more recently, gender and culturally

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[42] Mallett, "The school-to-prison pipeline."; Gallegos and White, "Preventing the school-justice connection."; Johnson-Reid and Barth, "From placement to prison."

[43] For gender: Ann A. Abbott, "A Feminist Approach to Substance Abuse Treatment and Service Delivery." *Social Work in Health Care* 19, no. 3–4 (1994): 67–83.; For race: Juana Mora, "The Treatment of Alcohol Dependency among Latinas." *Alcoholism Treatment Quarterly* 16, no. 1–2 (1998): 163–77.; Angie Denisse Otiniano Verissimo et al, "Discrimination, Drugs, and Alcohol among Latina/os in Brooklyn, New York: Differences by Gender." *International Journal of Drug Policy* 24, no. 4 (2013): 367–73.

responsive programs have been developed but remain inadequate because of their uses of carceral practices like no secrets policies, reporting to probation officers, and reporting to social workers.[44] When we take these same notions of shortcomings and apply them to BIPOC foster girls, there is more opportunity for these programs to fail; in fact, they actively create harm in the process by punishing normative youth responses to highly stressful environments and situations. This failure of services was especially apparent through the story of Lilia. Lilia's experiences were first shared with me by one of the licensed clinical social workers who I spoke with, Sierra.[45]

I met Sierra on a typical sunny Santa Barbara Thursday. Her office was welcoming with a Himalayan salt rock lamp casting a pinkish glow on her desk. On her wall was a whiteboard filled with initials and shorthand notes. CT - check in with PP re gma, call gma; FR - email PO; YS - reschedule CFT, among many others; small reminders to help Sierra keep up with the constant tasks required of her as a licensed clinical social worker. Sierra works as a family facilitator for Santa Barbara County's Wraparound program and she was as welcoming as her office was. A family facilitator is a clinician who facilitates weekly family meetings, with the help of a team, to stabilize the youth's housing and minimize conflict between the youth and other members of the family. During our conversation, Sierra shared the story of Lilia. Sierra was the family facilitator on Lilia's Wraparound team while Lilia was placed with one of the many resources families she lived with throughout her adolescence. When I spoke with Sierra, Lilia had aged out of the system and was in her early

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[44] John M. McGuire et al, "Demands for Privacy among Adolescents in Multimodal Alcohol and Other Drug Abuse Treatment." *Journal of Counseling & Development* 73, no. 1 (1994): 74–78.

[45] Sierra Granada, Licensed Clinical Social Worker, Interview with Author, September 9, 2021.

twenties, but she and Sierra maintained periodic contact through check-ins and resources that Sierra came across in her work and thought could be of help to Lilia. Sierra connected me to Lilia, an energetic and personable young mom and former foster youth who shared her story with me.

Lilia spent much of her adolescence in Santa Barbara County, moving from the city of Santa Barbara, to Santa Maria, to Nipomo. She was seven years old when she was first placed in care.[46] After years of bouncing between resource homes and placement with her biological parents, at fourteen Lilia was placed with a resource family in Santa Barbara County's Nipomo, about an hour and a half from her high school and community. Having been removed from her community, her family, and her school, Lilia was anxious to make friends and build a sense of belonging in her new school setting. She developed a friend group and even began dating a boy from her school. Still, Lilia felt isolated – she asked her social worker and her lawyer to move her somewhere closer to her community, she repeatedly told them both of the depressive symptoms she was experiencing and of the anxiety that made it impossible for her to rest. Still, her requests went ignored.

In efforts to build community at her new school, Lilia asked her resource parents if she could attend a school football game with her friends. Lilia's resource parents said no, citing her history of engaging in risky behavior, like staying out past curfew, at her past resource homes. Their response, while understandable, triggered a feeling of being controlled for Lilia– this was a feeling Lilia grappled with the entire time she was in care. In an attempt to feel any amount of autonomy over her life, Lilia snuck out and attended the football game. As punishment, the resource parents, who were planning a vacation that Lilia was meant to

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[46] Lilia Mendoza, Former Foster Youth, Interview with Author, October 13, 2021.

attend, canceled her trip and went on vacation without her leaving her in a respite home, that is, a short-term temporary home. While they were gone, Lilia called her treatment team (her social worker and lawyer) to tell them she refused to stay with this family any longer citing the distance from her community and the immense feelings of being controlled. Both her social worker and lawyer encouraged her to stay, telling Lilia that this resource home was her best option for placement. While this may be true, given that Santa Barbara County has very limited resource homes available for youth in foster care, for Lilia this home felt like a continuation of the lack of autonomy she experienced since she was seven.

Lilia decided to leave the resource home without the approval of her social worker–she ran away from the respite home and returned to the home she shared with her resource parents, she climbed into the home through a window, packed up her things, and on her way out, she saw car keys on the table. Impulsively, Lilia took the resource family's car and returned to her community in Santa Maria. When they returned home, the resource family called the social worker and treatment team who encouraged her to call the police and report that Lilia had stolen their vehicle. Lilia was pulled over and arrested in front of her previous high school while she was en route to her grandmother's home. This resulted in Lilia's first stint in juvenile detention.

In this example the issue is not the resource family's inclination to restrict Lilia's social activities until they could ensure her safety, in fact, as an adult, Lilia understands why the resource family placed those restrictions on her; rather, the harm arises in the way that Lilia was marked as defiant and ultimately, criminal by her social worker and treatment team for asserting autonomy in the ways she knew how after years of limited control. Of course, Lilia now has a different perspective about taking the car but what I want to highlight here are the

fugitive ways that foster youth, like Lilia, exercise autonomy that are then read as criminal as opposed to agentic. Lilia created pockets of control, moments where she could practice autonomy under circumstances that severely constrained the sovereignty she had over her own life. For this teenager who was removed from her community, who voiced her concerns to social workers and lawyers, who named her need to be moved out of this resource home, sneaking out, running away, even stealing the car embodied "an intentional deviance given limited agency and constrained choices."[47] Within this context, the transcarceral care that Lilia was provided through her social worker, treatment team, and lawyer, cannot respond to the nuance of Lilia's life. Under this framework, her behaviors cannot be understood as an attempt at autonomy because under the carceral state, racialized youth are always already deviant and so too are their behaviors.

The system provided Lilia with basic care in that she had shelter and access to education but in exchange for that care Lilia was subjected to techniques of control and the state care she was provided with became satellite sites of control. Further, the carceral logics that are embedded within the helping placements and programs offered to foster youth like Lilia mark these spaces as part of a "carceral churn" centered on the child welfare system.[48] "Carceral churn" describes the creation of carceral subjects and their physical movement through "carceral circuits" or spaces that bolster the carceral state including probation offices, welfare offices, child and family courts, amongst a slew of others. For Lilia, her own home became implicated in the carceral churn where her need for connection was punished

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[47] Cathy J. Cohen, "Deviance as Resistance: A New Research Agenda for the Study of Black Politics." *Du Bois Review: Social Science Research on Race* 1, no. 1 (2004): 27.

[48] Emma K. Russell, Bree Carlton, and Danielle Tyson, "Carceral Churn: A Sensorial Ethnography of the Bail and Remand Court." *Punishment & Society* 24, no. 2 (2020): 151–169.

and catapulted her from foster care into the juvenile justice system. If, as scholars have

argued, we understand movement within carceral systems as punishment, then we can

understand the movement of Lilia from resource home to resource home as a form of

punishment.[49] Punishment for her nonnormative childhood, for her need to connect with her

community, and this punishment predates the theft of the vehicle and Lilia's placement in the

juvenile justice system.

CONCLUSION: CARE OR CONTROL?

Transcarceral care presents itself as benevolent interventions and it positions forms of

criminalization, control, surveillance, and discipline as care for racialized foster youth. In

conjunction with each other, the four components of TCC coalesce to create pipelines of

confinement for foster youth: 1. the rhetoric of care that masks carcerality, 2. so called

helping services that rely on penal strategies, 3. normative understandings of childhood, and

4. pathologization via behavioral diagnosis. Transcarceral care is an umbrella that includes

the shadow carceral state and it operates beyond the confines of criminal law and justice

institutions. TCC is an example of the expansion of penal power through linking other

institutions, like foster care for example, with penal practices.

Youth like Claudia, whose story opened this article, are forced into a system whose logic

seems inherent–to protect one of the most vulnerable populations, children. Under the guise

of helping children, the foster care system expands the tendrils of the carceral state so that

spaces like resource homes, therapeutic services, home stabilizing services, among others,

become satellite sites of surveillance. This mask pushes youth like Claudia and Lilia, who are

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[49] Dominique Moran, Nick Gill, and Deirdre Conlon. *Carceral spaces: Mobility and agency in imprisonment and migrant detention*. (Farnham, Surrey: Routledge, 2016).

already contending with displacement and removal from their communities, into TCC where their responses to displacement, their need to connect, and their desire for autonomy are criminalized and marked as behaviors to modify through punishment.

Chapter two will take a deep dive into the final two components of transcarceral care to uncover the ways that tools like behavioral diagnosis, coupled with normative understandings of childhood, racialize childhood and mark the agentic practices of foster youth as a pathology to be treated via medication or therapeutic interventions. I argue that Latina girls in foster care experience racialized girlhood that is set against normative white girlhood as deviant, disruptive, defiant, and pathological. As a result, these girls are seen as a problem to be managed instead of a child to be protected. Behavioral diagnoses like oppositional defiant disorder is one example of how the foster care system as an extension of the carceral state presents itself as offering care, when in reality it offers control without consent.

Chapter 2 'It's the Bad Kid Diagnosis': Oppositional Defiant Disorder and the Pathologization of Racialized Girls

Diana[1]

Diana is fourteen. At twelve she was placed in foster care where she was diagnosed with Oppositional Defiant Disorder (ODD), a behavioral disorder categorized by angry and irritable moods, argumentative and defiant behavior, and vindictiveness, for issues with disobedience towards her foster parents and teachers. As a result, Diana is referred to a program called Wraparound, in which a team of mental health professionals worked with Diana and her foster family with the goal of stabilizing placement.[2] Wraparound is one of several services available to youth in Santa Barbara County who are struggling with their placement; it mainly serves youth who are on probation and youth who are in foster care although they do accept a handful of private insurance cases.[3] In Santa Barbara County wraparound is provided by a non-profit agency called Casa Pacifica that is contracted by the county. According to the Casa Pacifica website, Wrapround "is a state initiated and state/county funded program intended to keep children in their own homes and communities who would otherwise be placed in out-of-home care settings such as residential treatment programs or group homes."[4] Programs like Wraparound operate under a policy of no secrets

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[1] All names used are pseudonyms to protect the identity of research participants.

[2] Although Diana lived with a foster family, Wraparound also works with youth who live with their biological parents to prevent the removal of children from their families.

[3] For more on Wraparound services see: Jerry Flores, *Caught up: Girls, surveillance, and wraparound incarceration.* (Oakland, CA: University of California Press, 2016).

[4] "Wraparound, Santa Barbara County, Programs & Services," Casa Pacifica Centers for Children and Families, accessed May 17, 2023, https://www.casapacifica.org/programs_services/santa_barbara_county/wraparound/.

so any information regarding the youth shared with or gathered by members of the Wraparound team is reported to the family and social worker.[5] When Diana was fourteen, she began an online relationship with an adult man. Diana's foster parents found evidence of the relationship and reported it to the social worker with the narrative that Diana was engaging in unsafe behaviors. Diana's virtual relationship with the man was understood as defiant behavior because she knew the rules of the home included safe online engagement and in part, earned her the ODD diagnosis from the clinician on her child and family team. Instead of leading to a focus on the predatory adult man, this information justified their isolating Diana; the Wraparound team and family decided to restrict her access to cell phones, social media, and other platforms of communication, effectively isolating Diana from her biological family and the community of which she was a member prior to being removed from her biological parents. ODD became the lens through which Diana's foster parents, social worker, and Wraparound team understood her behaviors and this perception warped her desire for connection into defiance that required discipline.[6]

Within the U.S. there is a long history of framing girls as especially bad or immoral for engaging in typical youth behaviors including attending parties, staying out late, sexuality or non-normative gender presentation, and even for challenging sexism and gendered

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[5] Of note is that although not explicitly stated, in my conversations with clinicians it seems that no secrets policies only apply to secrets held by the child from the team. But the mental health teams certainly can and do hold secrets from the youth; in other words, the policy benefits the state but not the child. For example, a clinician shared with me a story of a boy whose resource family put in a seven-day notice of termination. The team decided not to tell the boy he was being moved until the day of his removal for fear that the news would trigger difficult to manage behaviors like running away and anger.

[6] Samantha Pine, Licensed Marriage and Family Therapist, Interview with Author, January 29, 2020.

limitations placed on them.[7] For girls of color, this form of pathologization is ubiquitous–by

nature of their racialization, girls of color experience a form of pathologization that marks

them as outside the bounds of normative girlhood.[8] However, the experiences of girls who

are further marginalized by their status as wards of the state remains understudied.[9] In

addition to processes of racialization that impact the ways they are perceived and treated,

girls of color in foster care also contend with exacerbated exclusion from girlhood. Their

non-normative childhoods, often marked by displacement, intergenerational trauma, and

poverty, are read by the state and other institutions as pathological. Further, current research

regarding the foster care system focuses on the experiences of parents who are targeted by

the foster care system or on the funneling of foster youth into the criminal justice system.[10]

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[7] Kathy Peiss, "Charity Girls and City Pleasures." *OAH Magazine of History* 18, no. 4 (2004): 14–16.

[8] Meda Chesney-Lind and Michele Eliason. "From Invisible to Incorrigible: The Demonization of Marginalized Women and Girls." *Crime, Media, Culture: An International Journal* 2, no. 1 (2006): 29–47.; Subini A. Annamma, *The pedagogy of pathologization: Dis/abled girls of color in the school-prison nexus*. (New York, NY: Routledge, 2018).; Jillian Hernandez, *Aesthetics of excess: The art and politics of black and Latina embodiment*. (Durham, NC: Duke University Press, 2020).

[9] Joana Chavez, Lisa Pasko, and Vera Lopez all offer critical analysis of the criminalization of Latina girls either through group homes or within the juvenile justice system, see: Joana Chavez, "(Re)Incarceration through Homes: Testimonios from Chicana/Latina Rebels." University of California, Los Angeles, 2020.; Vera Lopez and Lisa Pasko. *Latinas in the criminal justice system: Victims, targets, and offenders*. (New York, NY: New York University Press, 2021).

[10] For more on the criminalization of racialized parents via child and family welfare systems, see: Dorothy Roberts, *Shattered bonds: The color of child welfare*. (New York, NY: Basic Civitas Books, 2002).; Dorothy Roberts, *Torn apart: How the child welfare system destroys black families--and how abolition can build a safer world*. (New York, NY: Basic Books, 2022).; Don Lash, *"When the welfare people come": Race and class in the US child protection system*. (Chicago, IL: Haymarket Books, 2017). For more on the foster care to prison pipeline, see: Kyra Ross Hollingsworth, "Foster Youth and Delinquency: Uncovering the Factors That Contribute to the Foster Care to Prison Pipeline." PhD diss., The Ohio State University, 2022.; Goetz, Sydney L. "From removal to incarceration: how the modern child

Missing from the conversation are the experiences of the youth themselves with the carceral tactics and tools, like behavioral diagnosis, embedded in the foster care system.

Given this paucity of information, this chapter interrogates the experiences of girls like Diana–adolescent Latina girls in foster care who are diagnosed with ODD–who are marked as pathological for practicing autonomy, and who are punished as a form of state sanctioned care. This chapter has two central arguments: 1. Latina girls are pathologized via the policing of their sexuality, gender, and race. The tool I focus on is the most common behavioral diagnosis ascribed to foster youth, ODD, which pathologizes girls who are too sexual, too masculine, too removed from whiteness, too outside the bounds of hegemonic gendered expectations. Further, ODD is a carceral tool, that is, it is weaponized as a mechanism of punitive control against racialized Latina foster girls, that marks foster girls' anger towards and defiance of the carceral state as pathological.[11] 2. Their responses to pathologization mark them as defiant, angry, and particularly in need of medical and other forms of management.

For Diana, her defiance, her unabashed sexuality, her embodiment as a Latina adolescent, and her loud autonomy incited the state's punishment, marked her as pathological, and effectively isolated her. Here, a program that intended to stabilize placement served to mold and punish Diana into propriety; it relied on racialized understandings of Latina bodies that framed Diana as out of control. Diana's autonomy was filtered through the lens of Latinas as excessive and disorderly, that is, "too emotional to be rational… and too vociferous to be

welfare system and its unintended consequences catalyzed the foster care-to-prison pipeline."
U. Md. LJ Race, Religion, Gender & Class 20 (2020): 289.

[11] Isabella C. Restrepo, "Pathologizing Latinas: Racialized Girlhood, Behavioral Diagnosis, and California's Foster Care System." *Girlhood Studies* 12, no. 3 (2019): 1–17.

appropriately feminine."[12] Rather than seeing Diana as an adolescent desperate for connection, state agents, including her social worker and Wraparound team, read her as defiant. In this instance, ODD becomes a tool of pathologization through which criminalization is situated and legitimized as care. For foster girls like Diana, this diagnosis signifies forced paternalistic interventions that are meant to modify behaviors marked as oppositional or defiant.

To make these arguments, this chapter first situates the phenomenon of punishing Latina girls through the pathologization of mental wellbeing within its historical trajectory. I offer a brief overview of the weaponization of "feeblemindedness" and "insanity" against Latinx girls in California. Next, the chapter explores the pathologization of racialized women and girls by unpacking hegemonic constructions of girlhood that mark girls of color as always already outside the bounds of normativity. It transitions into a discussion of the construction of Latina girls as defiant, paying special attention to a historical example in which a group of Mexican American girls were made wards of the state for refusing to testify against men in their community during a murder trial popularly known as the Sleepy Lagoon case. The chapter then defines, unpacks, and critically analyzes ODD through insights shared by interviewees. Through the story of Bianca, a Latina adolescent who is placed in foster care and subsequently incarcerated for her tactics of survival and responses to trauma, this section

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[12] For discussion of Latinas as excessive see: Hernandez, Jillian. *Aesthetics of excess;*, Isabel Molina-Guzmán, *Dangerous curves: Latina bodies in the media*. New York, NY: New York University Press, 2010.; for discussion of Latinas as disorderly, see: Mendible, Myra, and Isabel Molina Guzmán. "Disorderly Bodies and Discourses of Latinidad in the Elián González Story." Essay. In *From Bananas to Buttocks: The Latina Body in Popular Film and Culture*, 219–41. (Austin, TX: University of Texas Press, 2007).

explores the ways things like trauma responses or autonomy are penalized through the ODD

diagnosis and how this diagnosis specifically relies on racialized, classed ideas of girlhood.

Utilizing critical institutional ethnography, this chapter studies the system and its

representatives, including Licensed Clinical Social Workers, Licensed Marriage and Family

Therapists, and Psychologists who work with foster youth in Santa Barbara County, to

understand the ways that an ODD diagnosis and through extension mental health rhetoric,

become weaponized against Latina girls in foster care. This method is interested in the ways

that macrosystems impact micro processes – how does the foster care system weaponize

mental health to criminalize Latina girls? Critical institutional ethnography offers a means to

explore this question.[13]

My findings are based on interviews with twenty clinicians of the Santa Barbara County

foster care system who conduct either individual therapy, family therapy, or who facilitate

family planning sessions meant to stabilize housing for foster youth. They have the power to

diagnose foster girls; their perceptions and understandings of foster youth behavior inform

the diagnoses that youth receive; they decide the treatment plans for the youth and they work

alongside or even work for Santa Barbara County's Child Welfare Services (CWS).[14]

Although all clinicians interviewed work with foster youth in Santa Barbara County, they do

not all work for Child Welfare Services, the county agency that oversees investigations into

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[13] Dorothy Smith, *Institutional ethnography: A sociology for people*. (Walnut Creek, CA: AltaMira Press, 2010).

[14] Treatment plans are not specific to foster youth, they are used in many settings where mental health concerns are addressed. For the foster youth who this study focuses on, treatment plans are developed by the licensed clinician who works most closely to them. The clinician who develops the treatment plan will vary depending on what services the youth and their family are referred to. Typical treatment plans include diagnosis, the concerns of the child, the family, and CWS, and a plan to manage the concerns as they arise.

allegations of abuse and who facilitate the removal and placement of youth in foster care.

Three of the clinicians in this study work directly for Child Welfare Services as social

workers or therapists, the rest of the clinicians work for non-profit agencies that are

contracted by the county to provide various services for foster youth and their families. These

agencies include Casa Pacifica, which provide Wraparound services, mobile crisis response

services, and in-home therapeutic behavioral services, and CALM, which provide individual

therapy, home visitation, parenting classes, postpartum support, and group therapy.

Depending on the needs of the child and family as assessed by their CWS social worker, each

foster child with an open case, whether they are removed from their families or not, is

referred to one or some of these services. Although the clinicians who work for these non-

profit agencies do not work for CWS, they do work alongside CWS in that they report

progress and setbacks to the CWS social worker who oversees the case and their notes are

used in court proceedings that decide whether or not to terminate parental rights.

The interviews were semi-structured and asked participants for insight on the diagnosing

of Latina foster girls. Questions explored the process for assessing and diagnosing a foster

girl including what factors are considered when making a diagnosis, how different mental

and behavioral health disorders like depression, anxiety, and attention deficit hyperactivity

disorder, differ from ODD, and what types of treatment Latina girls diagnosed with ODD

might receive.

THE PATHOLOGIZATION OF WOMEN AND GIRLS

To understand fully the ways that ODD pathologizes racialized girls, we first must

situate the phenomenon that this chapter discusses, the pathologization and criminalization of

racialized foster girls through diagnosis, within a historical trajectory of controlling women

and girls seen as psychologically abnormal, excessive, or inherently diseased. Historically,

all women within the U.S. have been subjected to pathologization and subsequent

criminalization however, their treatment and the consequences of this pathologization varied

based on the racialized parameters of punishment. From eighteenth and nineteenth century

hysteria, nervousness and madness to twentieth and twenty first century neurosis and mood

disorders, mental health was weaponized against women to incarcerate them in asylums.[15]

However, racialized ideologies that identified white patients, especially white women, as

delicate and in need of gentle care stood in stark contrast to the treatment of Black women

patients within the same institutions.[16] In the late nineteenth century, within East coast

hospitals for the insane quality of patient accommodation was dependent upon race, "white

patients were funded at a higher rate, received preferential admission, and were generally

housed in nicer rooms" than Black patients within the same institutions.[17] Further, within

state hospitals and asylums for the insane that housed both Black and white patients, clear

racial gendered hierarchies impacted the types of labor patients were expected to undertake;

for example, white women patients were assigned tasks like sewing while Black women

patients worked in the laundry and the kitchen.[18] Racialized differences and the

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[15] Jane M. Ussher, *The madness of women: Myth and experience*. New York, NY: Routledge, 2011.; Pouba, Katherine, and Ashley Tianen. "Lunacy in the 19th Century: Women's Admission to Asylums in United States of America." Oshkosh Scholars, 1:1 (2004): 95-103.

[16] Wendy Gonaver, *The peculiar institution and the making of modern psychiatry, 1840-1880*. (Chapel Hill, NC: University of North Carolina Press, 2019).

[17] Gonaver.

[18] Gonaver, 7.

weaponization of state hospitals against racialized people, however, was not unique to Eastern institutions.

Within California, "insane hospitals" or asylums were widely understood as custodial rather than therapeutic. Richard Fox (1978) argues that from their inception in the 1850's, insane hospitals in the golden state were understood by the public and what he calls observers (he does not specify what he means by observers) not to be treatment facilities but rather detention facilities "for 'imbeciles, dotards, idiots, drunkards, simpletons, fools,' for 'the aged, the vagabond, the helpless.'"[19] At this time, scientific research and "theories of delinquency, intelligence, and heredity in the emerging fields of psychology, education, eugenics, and criminology had criminalized, racialized, and pathologized incarcerated youths of color, rendering them 'defective delinquents.'"[20] The overlap of eugenics and penal practices meant that racialized youth, at the time largely African American and Latino, were confined to state reformatories or to state hospitals.[21]

As part of a eugenicist practice aimed at controlling and minimizing the reproduction of marginalized, often racialized, populations, these state hospitals played an instrumental role in the sterilization of patients deemed feebleminded, insane, or otherwise unworthy of reproduction.[22] In 1909 California became the third state to pass sterilization and within the

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[19] Fox, Richard W. *So far disordered in mind: Insanity in California, 1870–1930*. (Berkeley: University of California Press, 1978).

[20] Miroslava Chávez-García, *States of delinquency: Race and science in the making of California's juvenile justice system*. Berkeley, CA: University of California Press, 2012., 3.

[21] Chávez-García; Alexandra Minna Stern, "Eugenics, Sterilization, and Historical Memory in the United States." *História, Ciências, Saúde-Manguinhos* 23, no. 1 (2016): 195–212.

[22] Stern.

state, sterilization served not only as a means to control the procreation of populations

deemed unworthy by the state but also "as a method of punishment, meted out by

superintendents to children and wards of the state deemed incorrigible, unruly, and incapable

of recovery or rehabilitation."[23] Further, within the California context, the population most

impacted by these racist practices were people with Spanish surnames, the majority who

were Mexican and of Mexican descent.[24] In fact, in state hospitals for the "feebleminded"

and "insane" from the 1920s to the 1950s, patients with Spanish surnames were 2.5 times

more likely to be sterilized than other patients; and importantly for the context of this

chapter, Spanish-surnamed female wards under eighteen were 3.8 times more likely to be

sterilized.[25]

In her analysis of 19,000 sterilization recommendations processed by nine state

institutions between 1919 and 1952 within California, Alexandra Stern (2016) relays the

story of a seventeen-year-old girl Stern calls Dolores Chavez who was committed to Pacific

Colony, a home for the feebleminded, in 1941. Stern shares Chavez's story to illustrate the

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[23] Stern, 198.

[24] Stern.; While this refers to the sterilization of Mexican and Mexican American women in California, sterilization has been used against several other groups within the US and its colonies. For more on the sterilization of women in Puerto Rico, see: Iris Ofelia López, Matters *of choice: Puerto Rican women's struggle for reproductive freedom*. (New Brunswick, NJ: Rutgers University Press, 2008).; for conversations on the sterilization of Black women in the South, see: Dorothy Roberts, *Killing the black body: Race, reproduction, and the meaning of liberty*. (New York, NY: Vintage, 2014).; for more on the sterilization of Indigenous women across Turtle Island, see: Erin Clarke, "Indigenous women and the risk of reproductive healthcare: Forced sterilization, genocide, and contemporary population control." *Journal of Human Rights and Social Work* 6 (2021): 144-147.; for more on the sterilization of women prisoners, see: Alexandra Minna Stern, *Eugenic nation: Faults and frontiers of better breeding in modern America*. (Berkely, CA: Univ of California Press, 2016).

[25] Stern, "Eugenics, Sterilization, and Historical Memory," 199.

precarity of and reproductive violence aimed at Latina girls under eighteen during this

period; I retell this story to highlight the historicity of California's practice of punishing

Latina youth who are wards of the state for behaviors identified as undesirable by state

representatives. Before she was confined at the Pacific Colony in 1941, Chavez had been a

ward of the Ventura Juvenile Court. Both of her parents were deceased and before becoming

a ward of the state, Chavez was in the care of a female guardian, Stern speculates that

perhaps a family member, also of Mexican origin. The seventeen-year-old was identified as a

truant and behavior problem, and her home deemed unfit.[26] As such, she was interned at the

Pacific Colony where staff recommended she be sterilized because of her purported mental

deficiency. Both Chavez and her next of kin, who was her former guardian, refused consent

but the hospital superintendent authorized the operation and Chavez was sterilized two weeks

later.[27] The historical overrepresentation of Latina, largely Mexican and Mexican American

women and girls, in California's eugenicist practice of sterilizing people diagnosed with a

"mental disease which may have been inherited and is likely to be transmitted to

descendants" highlights the centrality of racialization to early iterations of pathologizing

mental health disorders.[28] Although all sterilized patients, regardless of race, were "labeled as

mentally deficient or insane, only Mexican-origin parents were so consistently derided as

'low-grade,' or 'inferior stock' in formulations that condemned both their biological and

social capacity to parent."[29] The perceived inferiority of the Mexican parents was inherited

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[26] For Chavez's story as told by Stern, see: Stern, 200.

[27] Stern.

[28] Stern referencing Braslow (1997): Stern., 197.

[29] Stern, 203.

by their children and justified the sterilization of Mexican American youth, especially girls, with the goal that they would not reproduce "low-grade" children who would grow into "menaces" and "social problems."[30] The forced sterilizations of Chavez and other Latina youth sterilized by the state is a predecessor of the contemporary pathologization of Latina girls who are wards of the state vis-a-vis foster care.

Further, the discourse that framed Spanish surnamed youth as unfit to reproduce continues to infiltrate the lives of Latinx youth via the idea that these racialized youth should be disciplined into the state's idea of a proper child. Prior to the Great Depression, the growth of Mexican populations in the United States was attributed to labor immigration, however, this narrative shifted in the mid 1920's. As the population of Mexican women grew, the blame of a growing foreign population shifted from the single, Mexican male laborer to the Mexican family, specifically the fertility of the Mexican woman.[31] Public health officials argued that in addition to high birth rates, Mexican women and their children were likely to need social services and therefore, would become a drain on US society.[32] Ultimately, controlling images that positioned Mexican immigrants as pathological others justified violence via biological modes of control like sterilization.[33] In addition, rhetoric of U.S.

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[30] The language of "low grade," "menaces," and "social problems" was culled from Stern's analysis of sterilization recommendations from nine California hospitals for the feebleminded or insane. Stern.

[31] Molina, Natalia. *How race is made in America immigration, citizenship, and the historical power of racial script*. (Berkeley, CA: University of California Press, 2014).

[32] Molina.

[33] While the concept and theory of controlling images was coined by Patricia Hill Collins and developed within Black Feminist thought to examine the tropes that mark the bodies of Black women as deviant and therefore, other, it has traveled across identities and is used to discuss the othering of various marginalized groups, including women of color. For more on

nationalism positioned Mexican women as irreconcilably foreign and therefore unworthy of

citizenship because of their inability to reproduce white, middle class citizens.[34] While this

example refers to Mexican women specifically, the process of racialization for Latinx

communities in the United States conflates all Latin American countries. As a result,

rhetorical strategies regarding people from one Latin American country become imposed

onto people from all Latin American countries who migrate to the United States.

Even when sterilization was not the outcome, state hospitals for the insane subjected

Latina women to confinement for behaviors deemed immoral by state representatives. Take

the experience of a 36-year-old Mexican woman interred at one of San Francisco's insane

hospitals whose story makes up a short paragraph of Fox's (1978) work:

> In 1922 a 36-year-old Mexican-born woman was brought to the Detention Hospital on
> the affidavit signed by her social worker, who alleged that she had 'led an immoral life
> for several years past, although mother of three small children.' The accused claimed that
> the Associated Charities Bureau was 'persecuting her.' Those 'delusions of persecution,'
> characteristically, were taken as further evidence of her need for detention and
> treatment.[35]

This brief example, though scarce on details, offers a window into the internment of Mexican

women in state mental asylums–it tells us that Mexican women were confined to these

hospitals for arbitrary and unspecified immoral behaviors. This practice is an antecedent to

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controlling images in the lives of Asian American women, see: Rosalind Chou, Kristen Lee, and Simon Ho. "Love Is (Color)Blind." *Sociology of Race and Ethnicity* 1, no. 2 (2015): 302–16.; For more on controlling images in the lives of Arab Muslim women, see: Naber, Nadine. "Arab American femininities: beyond Arab virgin/American (ized) whore." *Feminist studies* 32, no. 1 (2006): 87-111.; for more on controlling images in the lives of Mexican American women, see: Vicki L. Ruiz, *From out of the shadows: Mexican women in twentieth-century America.* (Oxford, UK: Oxford University Press, 2008).

[34] Nicole L. Novak et al, "Disproportionate sterilization of Latinos under California's eugenic sterilization program, 1920–1945." *American journal of public health* 108, no. 5 (2018): 611-613.

[35] Fox. *So far disordered in mind.*, 145.

contemporary carceral tools like the ODD diagnosis in response to racialized foster youth's

normative responses to trauma or efforts to practice autonomy. It demonstrates the nation

state's and specifically, California's willingness to utilize state funded facilities and systems,

like that of state hospitals, to control, discipline, and punish behaviors deemed immoral by

hegemonic society. The woman's attempts to advocate for herself and her assertions that the

Associated Charities Bureau was persecuting her, became justification for her confinement.[36]

These early forms of weaponizing mental wellbeing against vulnerable populations is part of

the genealogy of the contemporary use of behavioral diagnosis against racialized foster

youth.

Beyond sterilization, for racialized women the pathologization of their mental wellbeing

or for their perceived immoral behaviors justified their incarceration in prisons and forced

hard labor.[37] Black, Indigenous, and other women of color were marked as overtly strong,

hardy, and fertile and therefore fit for hard labor, while white women were marked as weak,

frail and less fertile, therefore, unfit for labor and in need of protection in order to reproduce

white citizens.[38] In fact, late nineteenth century hysteria, madness, nervousness, and other

mental ailments were constructed with racist ideologies at their center.[39] These diagnoses

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[36] The Associated Charities Bureau was a collective of private agencies that supported state funded systems and institutions in managing social welfare including the oversight of state insane hospitals. James Leiby, "State Welfare Administration in California, 1879-1929." *Pacific Historical Review* 41, no. 2 (1972): 169–87.

[37] Sarah Haley, *No mercy here: Gender, punishment, and the making of Jim Crow modernity*. (Chapel Hill, NC: The University of North Carolina Press, 2016).; Laura Briggs, "The Race of Hysteria: 'Overcivilization' and the 'Savage' Woman in Late Nineteenth-Century Obstetrics and Gynecology." *American Quarterly* 52, no. 2 (2000): 246–73.

[38] Briggs.

[39] Haley.

were based in an idea of "overcivilization" where the beginning of cultural evolution began

with the "savage," which at the time referred to people from Africa, Asian countries, Latin

America, Indigenous people, and poor people and progressed to "civilized" with the

disorders of "overcivilization" ascribed to middle/upper class white women who could not or

would not reproduce or who challenged normative gender expectations in a way that made

them too like the racialized other.[40]

Racialization continues to be a central aspect of containing undesirable populations with

contemporary clinicians perceiving conduct related problems as more significant amongst

people of color.[41] Latinx and Black youth were perceived as more disruptive, more difficult

to manage, and more oppositional than their white counterparts and as a result received a

behavioral diagnosis whereas the white children were more likely to be diagnosed with a less

stigmatizing diagnosis like Attention Deficit Hyperactivity Disorder or anxiety disorders.[42]

Contemporary constructions of childhood that mark racialized children as unable to meet the

parameters of childhood frame youth of color as inherently in more need of discipline and for

racialized youth who are wards of the state, this means increased behavioral diagnosis.

Making Latina Girls Defiant

Normative girlhoods—white, cisgender, able bodied, middle/upper class, heterosexual —

are relational, constructed in opposition to and dependent on non-normative girlhoods —

non-white,working class, disabled, immigrant, queer, gender nonconforming. For Latina girls

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[40] Briggs., 248-249.

[41] For more on the disproportionate diagnosing of Black youth with behavioral disorders, see: Kevin Feisthamel and Robert Schwartz, "Differences in Mental Health Counselors' Diagnoses Based on Client Race: An Investigation of Adjustment, Childhood, and Substance-Related Disorders." *Journal of Mental Health Counseling* 31, no. 1 (2008): 47–59.

[42] Feisthamel.

in foster care, their status as outside the bounds of girlhood compounds the ways that their typical teenage responses to traumatic experiences are pathologized by the very system purporting to help them.

Girlhood studies scholars have critiqued dominant constructions of girlhood that exclude the experiences of marginalized girls, arguing that archetypes of good girls and bad girls are constructed in racialized and classed terms and popular narratives about girlhood are invested in reproducing a limited version of acceptable girlhood marked by a highly productive by capitalist standards, heterosexual, cisgender, white girl.[43] As Lena Palacios, Sandrina de Finney, and Patricia Krueger Henney (2019) argue, "the very notions of girl and girlhood are embedded in a colonial privileging of white, cis-heteropatriarchal, ableist constructs of femininity bolstered by Euro-Western theories of normative child development that were— and still are—violently imposed on othered, non-white girls, queer, and gender-non-conforming bodies."[44] The racialized terms of normative girlhood are so thoroughly embedded within helping systems that programs aimed at racialized girls work to "control…their bodies and/or reproduce white, middle-class girl subjectivities" through managing their behaviors, punishing who they are, and regulating their sexuality.[45] In

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[43] Robin Bernstein, *Racial innocence: Performing American childhood and race from slavery to civil rights*. New York, NY: New York University Press, 2012.; Christine Griffin, "Good Girls, Bad Girls: Anglocentrism and Diversity in the Constitution of Contemporary Girlhood." Essay. In *All about the Girl: Culture, Power, and Identity*, edited by Michelle Fine and Anita Harris, 29–44. (New York, NY: Routledge, 2004).; Sarah Projansky, *Spectacular girls: Media fascination and celebrity culture*. New York, NY: New York University Press, 2014.; Valerie Walkerdine, "Popular Culture and the Eroticization of Little Girls." *The Children's Culture Reader*, (2000): 254–64.

[44] Sandrina De Finney, Patricia Krueger-Henney, and Lena Palacios. "Reimagining girlhood in white settler-carceral states." *Girlhood Studies* 12, no. 3 (2019): ix.

[45] Ruth Nicole Brown, *Black girlhood celebration: Toward a hip-hop feminist pedagogy*. (New York, NY: Peter Lang, 2009), 2.

Diana's case, interventions became focused on managing and adjusting her behaviors to discipline her into a proper girl subject. As a result, Latina foster girls like Diana are written out of the project of girlhood entirely–from their racialized bodies to their membership in family units considered dysfunctional by the state, their versions of girlhood are viewed by the foster care system as something to be punished, controlled, and contained. As noted in chapter 1, these punitive turns funnel them into transcarceral care programs.

When I discuss racialization of Latina youth, I do so with the understanding that Latinx does not signify a race. Rather, the process of racialization I am discussing is born from anti-Indigenous, anti-Black, and xenophobic ideologies that displace state and public anxieties about worthy versus unworthy citizens onto the bodies of Latina girls, who identify across races. Colorism plays a major role in these processes of racialization, criminalization and pathology and for the interviews I conducted, I asked specifically for insights on non-white Latina girls.

State anxieties about Latinx bodies are projected onto Latinx youth in many ways from fears about growing non-white, poor populations to apprehension about welfare resources to angst based on youth morality and crime. Latinx youth are constructed as aggressive and criminal; in interviewing probation officers, social workers, and other professionals who work with criminalized youth, Lisa Pasko and Vera Lopez (2014) found that "all interviewees…felt Latina girls had more 'problems' than non-Latina girls in terms of one or more of these categories: 'being manipulative'; 'being hard'; 'being more aggressive'; or having risk factors associated with sexuality, including pregnancy and promiscuity."[46] The

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[46] Pasko, Lisa, and Vera Lopez. "The Latina Penalty: Juvenile Correctional Attitudes toward the Latina Juvenile Offender." *Journal of Ethnicity in Criminal Justice* 16, no. 4 (2016): 278-279.

framing of these youth as inherently criminal or criminally promiscuous justifies forms of

state sanctioned control that mold them into the states version of propriety; in fact, one judge

in Pasko and Vera's study shared that the perceived promiscuity of Latina girls meant that

they are better off in secure placements rather than with their families, stating:

> 'For a variety of reasons, I think secure confinement is best (for Latina girls). They will run from (examples of nonsecure facilities) and run to their man. At that point, I worry about pregnancy. I do. So, I know you have heard this many times before, a secure placement is the best for her in the end. It's best for everybody, even her family.'[47]

The perception of Latina girls as promiscuous to the point of criminality requiring

confinement was mirrored in the reflections of a social worker I interviewed, Aura, who

shared the story of a fifteen year old Latina foster girl she worked with who she called

Jocelyn. When asked if she ever witnessed Latina girls being punished, whether through

diagnosis or otherwise, for their sexuality she shared the following anecdote. Jocelyn lived

with a resource family in a city about an hour from her biological family and community

(Aura did not share why Jocelyn was removed in the first place). At the time, Aura was the

clinician on Jocelyn's Wraparound team. Aura worked with a team of two others, one parent

partner who worked one on one with the resource mother and one child specialist who

worked one on one with Jocelyn. The team collaborated with the social worker from CWS

who oversaw Jocelyn's case. Jocelyn struggled to connect with classmates at her new high

school and missed her friends. Because she could only speak to her parents during supervised

calls and visits she also felt angry at the lack of autonomy she had over connecting with her

loved ones. Subsequently, Jocelyn began seeking connections that she could control outside

of school and her family. Her resource mother accessed her Facebook and found flirtatious

messages between Jocelyn and older men in Jocelyn's inbox. Resource mom informed the

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[47] Pasko, 280.

social worker and Wraparound team and at their next family meeting, the concern was addressed. The team which included the resource parent, social worker, clinician (who I interviewed), parent partner, and child specialist decided that in order to keep Jocelyn safe, they would take her phone to minimize her access to the social media site. Although the messages did not indicate that Jocelyn had plans to meet with the men nor was there evidence that she had ever met with them in person, Jocelyn lost access to her facebook and cell phone which meant that she also lost contact with her friends from home and her extended family. Jocelyn never met with the men but her perceived transgression was enough justification to further cut her off from her community. The punitive response highlights the inclination of state representatives to punish Latina foster girls for their perceived promiscuity. Even if Jocelyn was actively seeking physical connection with these men, the framing of her as promiscuous and in need of control rather than as a teenager in need of safe connection highlights the ways that services meant to help foster youth become sites of criminalization.[48] This construction of Latina girls as excessively fertile especially highlights state fears around the production of the wrong kind of citizen and becomes another justification for tactics of control like transcarceral care.

Diana and Jocelyn's experiences with Wraparound demonstrates the state's investment in framing them in these ways – as sexually deviant girls in need of behavior modification. Classed, gendered, and racialized ideologies frame understandings of girlhood and mark girls of color, like Diana and Jocelyn, as outside the purview of normative childhoods. Neither Diana or Jocelyn were recognized as adolescents in need of connection after being removed

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[48] Aura Greene, Licensed Marriage and Family Therapist, Interview with Author, March 2, 2022.

from their community, rather they were seen as disobedient girls whose behaviors justified punitive actions. Further, for racialized girls in foster care who already navigate biased perceptions of their behaviors, their normative responses to traumatic experiences, like being removed from their homes and communities, are read as pathological. Exclusion from girlhood frames racialized girls as non-innocent and in need of less protection, justifying the state's implementation of criminalization via punitive services in managing their behaviors. For Diana, this meant that she was not perceived as a girl who was preyed on by an adult man but rather, a girl who maliciously broke the rules. Diana and Jocelyn's experiences reflect a history of criminalizing Latina girls for behaviors deemed difficult or oppositional by state agents. One of the starkest examples of this history is the Sleepy Lagoon murder case of 1942.

The Girls of the Sleepy Lagoon

In response to the 1942 murder of a young Mexican man named Jose Diaz near a reservoir of the Los Angeles River called Sleepy Lagoon, the LAPD enacted a city wide dragnet where approximately 600 youth, largely of Mexican descent, were rounded up and questioned. Of these six hundred youth, seventeen mostly Mexican American young men were put on trial for the murder with twelve of the men indicted for the crime while ten young women were also investigated for the murder.[49] The girls who were investigated were largely of Mexican descent and embodied a form of girlhood that was considered un-American in wartime Los Angeles – their style of dress, speech patterns, and sexuality marked them as outside the bounds of normative, middle class, white youthhood.[50] Of the ten

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[49] Escobedo, "The Pachuca Panic."; Pagán, *Murder at the Sleepy Lagoon.*; Ramírez, *The woman in the zoot suit*.

[50] Ramirez.

girls investigated, eight were required to testify against the young men who were charged

with the murder. Bertha Aguilar, Dora Barrios, Lorena Encinas, Josephine Gonzáles, Juanita

Gonzáles, Frances Silva, Lupe Ynostroza, and Betty Nuñez Zeiss refused to offer helpful

testimonies against their male counterparts; the girls rolled their eyes while testifying,

refused to answer questions while on the witness stand, did not share any information with

the police or prosecutors. They paid the price for their lack of cooperation with the court.

Although the girls were cleared of any connection to the Diaz murder, their acts of refusal

were interpreted by the court as a sign of delinquency and five of the girls "were sent up to

the Ventura School for Girls just for consorting with bad company."[51] Lorena Encinas, Dora

Barrios, Bertha Aguilar, Juanita Gonzalez, and Betty Nunez Zeiss were taken from their

families, made wards of the state, and sent to the Ventura Reformatory School for Girls, a

correctional facility known for its harsh punishments and severe conditions.[52]

A year after the original trial, the indictment of the twelve young men charged with the

murder was overturned and the boys were released; however, the girls remained in the

reformatory school for approximately eighteen months and retained their status as wards of

the state until they turned twenty-one.[53] Both the girls and boys of the Sleepy Lagoon murder

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[51] Ramirez quoting Alice Greenfield McGrath, secretary of the Sleepy Lagoon Defense Committee. Ramirez, *The women in the zoot suit*, 31.

[52] According to Escobedo (2007), "When the women of Sleepy Lagoon entered the school in late 1942, the institution's custodial and disciplinary procedures rivaled those of state prisons. A 1943 committee appointed by Governor Earl Warren to investigate California's penal institutions, for instance, described the punishments implemented in the Ventura School disciplinary cottage as a 'disgrace to the state.'" Escobedo, "The Pachuca Panic," 138.

[53] The indictment of the 12 Chicano men was overturned because an organization called The Sleepy Lagoon Defense Committee, whose goal was the legal defense of Mexican American youth, rallied behind the young men, raising funds to appeal the case and bringing awareness about the case to the public. As a result, the original judgment was overturned in

case were marked as deviant; however, the gender and sexual deviance embodied by the girls marked their bodies as particularly disposable. The boys were released after one year while the girls served upwards of four years as wards of the state with the youngest serving close to six. Although the girls were released from the Ventura Reformatory School for Girls after eighteen months, their status as wards of the state ensured that they remained under carceral surveillance until their twenty-first birthdays. Catherine Ramirez (2009) argues that these girls challenged the gendered expectations of their parents and wider society through their overt sexuality; they were simultaneously marked as transgressively masculine through their assertiveness, presence in public space, their language, wearing of pants, and membership in girl gangs.[54] When considering the gendered aspects of the trial, it is evident that the additional layer of gender deviance enacted by the girls positioned them outside the bounds of proper girlhood and therefore, non-normative. As a result, while community organizations rallied behind the boys, releasing them from the juvenile justice system, the girls remained invisibilized and institutionalized.

The contemporary treatment of pathologized Latina girls in foster care is the specter of the treatment of the Mexican American and other Latina girls sterilized in California's hospitals for the insane and feebleminded and of the girls of the Sleepy Lagoon murder trial–separated by decades yet connected through recycled carceral tactics. These examples highlight a history of relegating Latina girls whose forms of girlhood challenge state

1944. For more on this organization, see: Frank Barajas, "The Defense Committees of Sleepy Lagoon: A Convergent Struggle against Fascism, 1942-1944." *Aztlán: A Journal of Chicano Studies* 31, no. 1 (2006): 33-62.

[54] Ramirez, *The women in the zoot suit*, 57.

perceptions of proper youth to carceral institutions. For contemporary foster girls of color, one of the central ways in which this pathologization occurs is through behavioral diagnosis.

UNDERSTANDING ODD: CARCERALITY AND CONTROL IN BEHAVIORAL DIAGNOSIS

Sitting opposite a wall with floor to ceiling shelves filled with lion, tiger, giraffe, and figurines of other animals, a psychologist who works with foster girls pauses in response to the question I have just asked: "What have you come to understand about ODD?" A long silence fills the space between us before she responds:

> I don't know obviously, it's a valid diagnosis but if it gets shared then it's this negative label that will follow those kids … in a way I feel like it's a little bit of a hopeless diagnosis, like 'Aw they have that, they're gonna be hard.' In schools it's automatic, if you find out a kid has ODD then they're automatically a bad kid and that doesn't exist with the other diagnoses … it's like the bad kid diagnosis.[55]

The clinicians, like this one, that I interviewed understand the ramifications of an ODD diagnosis, including the ways in which the diagnosis has an impact on youth in other institutions like schools. However, for some, this did not stop them from giving the diagnosis. Youth who receive this diagnosis are generally understood by clinicians, teachers, probation officers, and other figures of authority as bad kids; both their difficult and innocuous behaviors become signifiers of defiance.

Introduced in The Diagnostic and Statistical Manual of Mental Illnesses (DSM-III) in 1980, ODD is one of a group of behavioral disorders called Disruptive Behavioral Disorders. The criteria for diagnosis in the DSM-V name the following as identifiers of ODD in youth:

> A pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness lasting at least 6 months as evidenced by at least four symptoms of the following categories, and exhibited during interaction with at least one individual who is not a sibling:

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[55] Erika Neils, Psychologist, Interview with Author, March 4, 2019.

Angry/Irritable Mood

1. Often loses temper
2. Is often touchy or easily annoyed
3. Is often angry and resentful

Argumentative/Defiant Behavior

4. Often argues with authority figures or, for children and adolescents, with adults
5. Often actively defies or refuses to comply with requests from authority figures or with rules
6. Often deliberately annoys others
7. Often blames others for his or her mistakes or misbehavior

Vindictiveness

8. Has been spiteful or vindictive at least twice within the past 6 months (American Psychiatric Association 2013: 462).[56]

These parameters discount the experiences of racialized foster children, marking their responses to trauma and forms of resistance pathological. Further, disparities in diagnostic practices for racialized youth, especially as it relates to disruptive behavioral disorders amongst Black and Latinx youth, is well documented.[57] In fact, one study of 1,173 youth in residential homes (group homes found that Latinx youth were most likely to receive a diagnosis of Conduct Disorder, a behavioral diagnosis that succeeds ODD at 43.3%

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[56] "The Diagnostic and Statistical Manual of Mental Illnesses V is the latest edition of the American Psychiatric Association's professional reference book on mental health and brain-related conditions. Also known as the DSM-5, this is the main guide for mental health providers in the U.S. The latest version, the DSM-5-TR, was published in 2022;" Cleveland Clinic. "DSM-5: What It Is & What It Diagnoses." Cleveland Clinic. Accessed June 7, 2022.

[57] For more on biased diagnosing for Black children, see: Feisthamel, "Differences in Mental Health Counselors' Diagnoses Based on Client Race. For more on biased diagnosing for Black and Latino children, see: Mizock, Lauren, and Debra Harkins. "Diagnostic Bias and Conduct Disorder: Improving Culturally Sensitive Diagnosis." *Child and Youth Services* 32, no. 3 (2011): 243–253.

compared to white youth at 24.4%.[58] If we understand mental health institutions as

extensions of the carceral state, then the phenomenon of marking racialized foster girls as

mentally ill for normative behaviors should be understood as a form of criminalizing them.

Anke Allspach, for example, shares that in his study of previously incarcerated women they

spoke of mandated therapeutic programs and services as punitive and as limiting their

agency.[59] Allspach argues that processes of social control like psychological treatment,

educational programs and even the child welfare system produce "continuities of

confinement beyond the prison walls."[60] In other words, these alternative to punishment

programs expand the reach of the carceral state in the lives of criminalized people. Lena

Palacios states "the transcarceral continuum manifests itself primarily under the guise of

localized mental health agencies, welfare and child protective services, professionalized

social services, as well as in individualizing, pathologizing, and self-responsibilizing

educational and therapeutic projects."[61] For foster youth, this means that the states mandate

that they engage in services whether Wraparound services to maintain their placement,

individual and group therapeutic services, increase involvement of state agents in their lives

in the form of mandated reporters like therapists and social workers. For racialized youth like

Diana and Jocelyn, these transcarceral care programs enforce punitive tactics like isolation to

punish and control them. This increased involvement of mental health workers specifically

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[58] Mike Cameron, and Neil B. Guterman, "Diagnosing Conduct Problems of Children and Adolescents in Residential Treatment." *Child Youth Care Forum* 36 (2007): 1-10.

[59] Allspach, "Landscapes of (neo-) liberal control."

[60] Allspach, 720.

[61] Palacios, Lena. "'Ain't No Justice … It's Just Us,'" 281.

means that their innocuous, normative teenage behaviors like running away or desiring

connection can also lead to behavioral health diagnoses like ODD.

Although ODD itself is not a gendered diagnosis, the ways that it is applied to racialized

foster girls morphs it into a diagnosis used to control non normative gender and sexuality in

girls of color. Diagnosis itself can be understood as "a process and a label" in that it

supposedly evaluates functioning, and it names or categorizes deviance from "normal"

functioning.[62] In other words, the process of diagnosing itself identifies normality from

abnormality – by virtue of a diagnosis, the diagnosed is identified as somehow other. This is

noted by a clinician I interviewed, Rebecca, who relayed the story of a South American girl

who recently migrated alone to the United States:

> [she] was physically really aggressive with boys, she tried to fight them, punch them and
> because it's so outside of what we usually see...I mean because we have boys that do it all
> the time but when she did it it was considered very inappropriate. It seems more
> maladaptive. I have a boy right now who fights constantly but he got diagnosed with
> Adjustment Disorder, not ODD.[63]

The girl's outwardly aggressive behavior was identified as especially deviant because of its

categorization as a masculinized trait. In this instance, the diagnosis itself became a signifier

of abnormality in this teenager's physical aggression not because of the aggression itself but

because it was directed at boys. If we understand the foster care system as an extension of

carceral practices, then the tools of the foster care system, like diagnosis, are also inherently

carceral and we can understand this diagnosis as a punishment for non-normative behaviors.

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[62] Annemarie Jutel, "Sociology of diagnosis: a preliminary review." *Sociology of health & illness* 31, no. 2 (2009): 279.; Brenda A. LeFrançois, and Shaindl Diamond. "Queering the sociology of diagnosis: Children and the constituting of 'mentally ill' subjects." *Journal of Critical Anti-Oppressive Social Inquiry* 1, no. 1 (2014): 39-61.

[63] Rebecca Ramirez, Licensed Clinical Social Worker, Interview with Author, February 26, 2019.

For girls in the juvenile justice system, one of the clearest ways we see the manifestation of punitive practices is through status offenses or criminal charges that only apply to youth because of their status as minors for example, running away from home, breaking curfew or school absences. According to the Youth First Initiative, despite accounting for only fifteen percent of incarcerated youth, girls make up thirty eight percent of youth incarcerated for status offenses and girls make up more than half of youth incarcerated for running away.[64] Within the juvenile justice system, the number of girls criminalized for status offenses is well documented. Within the foster care system, there is no mechanism for tracking the number of youths who are diagnosed with a behavioral disorder, like ODD, for status offenses. For an ODD diagnosis, the diagnostic criteria identify defiant behavior as a symptom of ODD; for foster youth, running away to see their biological family or their friends or, like Diana, defying your foster parents and engaging in unsafe behaviors to connect with people at a time she felt extremely disconnected can be framed as defiance. Transcarceral care is never going to succeed in its goal of disciplining girls of color into proper girl subjects because "some bodies cannot be normalized no matter how they are disciplined, unless the prevailing social and state structures that literally and figuratively rank bodies disintegrate."[65]

Pathologizing Trauma

Bianca

Bianca is a "gang-involved" girl whose parents migrated to the United States from Mexico before she was born and who was receiving wraparound services from one of the

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[64] No Kids in Prisons. "The Facts Report: The Geography of America's Dysfunctional & Racially Disparate Youth Incarceration Complex." Youth first - end youth incarceration. Accessed June 16, 2022. https://www.nokidsinprison.org/the-facts.

[65] James, Joy. *Resisting state violence radicalism, gender, and race in U.S. culture*. (Minneapolis, MN: University of Minnesota Press, 1997): 27.

clinicians I interviewed. Bianca entered the foster care system at sixteen when it was determined by the state that her mother and stepfather, who she lived with, could not care for her because she constantly ran away, got into fights with rival gangs, and rarely attended school. Her biological father had been deported a few years earlier and did not have the means to care for her. The judge who presided over her case decided that CWS would be a better option than the juvenile justice system; he did not remove Bianca from her parents home, instead he mandated that she and her family participate in home stabilizing services and that Bianca attend weekly therapy sessions.

For Medi-Cal to cover Bianca's therapy sessions, she had to have a diagnosis – this is the case for all foster youth in California, in order for Medi-Cal to cover their therapeutic services they have to have a diagnosis. The diagnosis does not have to be ODD, although, as was the case with Bianca, it often is. Bianca's clinician diagnosed her with ODD because of her constant fighting– she had already been expelled from one high school for fighting– her running away, and her truancy. As a result, Bianca's treatment plan included loss of privileges like her cell phone if she continued to spend time with other gang affiliated girls and if she continued to miss her curfews. As the clinician who I was interviewing worked with Bianca, the young girl eventually shared that she was experiencing sexual abuse from her stepfather; the clinician made a report but the allegations were unfounded. Bianca was forced to continue living with the man who she accused of sexual assault. Bianca's running away escalated. As Bianca's therapy progressed, the Wraparound team gathered more information and found out that Bianca joined the gang in the hopes of finding a place to escape to when her stepfather's abuse became overwhelming and fighting was one of the membership requirements. They updated her diagnosis to Complex Post Traumatic Stress

Disorder but once diagnosed, ODD remains on foster youth's files despite an updated

diagnosis. Bianca continued fighting and eventually, hurt an opponent so severely that the

girl had to be hospitalized with several of her facial bones broken. This landed Bianca back

in front of the judge who decided that her behaviors in conjunction with the ODD diagnosis

warranted incarceration. Bianca was incarcerated at sixteen and remained incarcerated until

she turned eighteen at which point the clinician I spoke with lost track of her.[66]

Like Bianca, foster youth often grapple with trauma inflicted both interpersonally by

members of their family and their community *and* with trauma inflicted by the state. The

state as the purveyor of many of the systemic downfalls that land youth in foster care in the

first place including poverty and lack of basic needs, in turn becomes the entity ascribing

diagnoses that mark foster youths responses to said trauma as pathological. As Karissa

Hughes (2015) argues, "their trauma-related behaviors and symptoms can result in a

misdiagnosis … by even the most experienced clinicians".[67] For foster youth, many of the

behaviors associated with ODD occur in response to trauma like separation from a parent,

unstable home environments, or the "acute … trauma of being placed in the foster care

system."[68] Behaviors that are difficult to manage, like physical aggression, often result in a

misunderstanding of foster youths' behavior. Instead of recognizing the behaviors as

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[66] Aura Greene, Licensed Marriage and Family Therapist, Interview with Author, March 2, 2022.

[67] Karissa Hughes, *Literature Review: Psychotropic Medication and Foster Youth*. Southern Area Consortium of Human Services, 2015. https://theacademy.sdsu.edu/wp-content/uploads/2015/05/SACHS_Research_Psychotropic_Meds_2_26_15_rev.pdf., 5.

[68] Hughes, 2.

symptoms of trauma or strategies of protection, clinicians often pathologize them.[69] For

example, the category argumentative/defiant behavior identifies arguing with adults as a

symptom of ODD, but for foster youth whose removal from home was facilitated by a figure

of authority or adult, defiance or argumentative behavior towards authority is an expected

response. The parameters of diagnosis for ODD do not account for non-normative

childhoods. For foster youth, whether they are navigating the trauma of removal from their

homes and communities or, like Bianca, unsafe adults, avoidance, ditching class, and running

away are common responses.

In Bianca's case, the clinicians and mental health workers who were meant to help her

saw her behaviors through the lens of ODD meaning that her strategies of survival and her

trauma responses were read as pathological, as defiant, and in need of punishment. As one

clinician shared:

> If you have a kid diagnosed with PTSD who runs away from school they're seen as
> triggered you know, something at school triggered them, they're hypervigilant, there's
> something at school that they're trying to avoid versus if you have a kid labeled with
> ODD who runs away then they're defiant or breaking the rules. They can be doing the
> exact same behavior but how it's looked at is different because of the diagnosis. Kids
> labeled with PTSD can have the same behaviors, the acting out, the aggression but
> they're classified as traumatized or having a reaction to their trauma instead of as defiant
> (SBCMH Worker).[70]

Here it becomes clear that youth with the ODD diagnosis are always already read as defiant.

Even when their behaviors mimic their peers, by virtue of the ODD diagnosis any rule

breaking, whether innocuous or not, become signifiers of defiance.

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[69] Kayla Marie Martensen, "Sanctuary?: A Discussion on Latinx/a Women and Girls in a Carceral State." In *Global Perspectives on People, Process, and Practice in Criminal Justice*, IGI Global, (2021) 30-49.; Restrepo, "Pathologizing Latinas."

[70] Cristine Randall, Licensed Marriage and Family Therapist, Interview with Author, February 26, 2019.

Further, ODD is a tool in managing youth who are understood as unmanageable particularly if their behaviors make the work of the clinician more difficult. A common theme throughout my interviews was the externalization of behaviors. As one clinician noted,

> They externalize, they're getting in trouble … it's all about 'how challenging is it to manage this kid?' This kid is blowing out of all these homes because they're hard to manage so all those behaviors are the things that are getting talked about. Well, this kid is fighting, the kid is breaking things, hitting people, the kids running away from home.[71]

Girls whose trauma responses are directed outward through verbal anger, for example, as opposed to being internalized, like self-harming practices, are understood to be more difficult to manage by agents of the care system. As a result, these girls are diagnosed with ODD and forced into behavior modification programs that discipline them into what is thought of as proper girl child. For Bianca, this meant treatment to try to stop her fighting when in fact, the fighting was one way she secured safety for herself when her stepfather's abuse became unmanageable. Behaviors that are difficult for mental health workers to control become a means to justify their pathologization and criminalization. In Bianca's case, this translated to time inside a juvenile justice facility.

However, identifying their behaviors solely as responses to trauma flattens the experiences of foster youth to a unidimensional analysis. Enacting defiance towards authority can be a response to trauma, but trauma is not the only explanation. Could this defiance be a form of resistance against systems of control and domination? For foster youth who have little control in state decisions regarding their lives, typical teenage responses like being silent or refusing to answer questions become quotidian means of exercising agency. Yet, in the diagnosing process, this innocuous form of teenage resistance to authority becomes another pathologized behavior. In exploring the experiences of dis/abled girls of color in

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[71] Erika Neils, Psychologist, Interview with Author, March 4, 2019.

schools, Subini Annamma (2017) argues that the pedagogy of pathologization that sees the experiences of girls of color being subsumed under labels of deviance and disability provoked teachers to act as agents of the nation state who sought out typical teenage behaviors as signs of criminality and justification for punishment. Similarly, clinicians who diagnose foster youth pathologize benevolent teenage behavior and, thereby become co-opted as agents of the state. As a result, the ODD diagnosis not only pathologizes behaviors influenced by trauma, it becomes a way to pathologize the ways in which foster girls push back against a system that exerts control over their bodies.

Pathologizing Resistance

"The treatment [for ODD] becomes very punitive and behavioral as though these are discrete behaviors that have to be wrangled in or shaped."[72]

The treatment plans for foster girls are materially affected by diagnosis; interventions for Latinas diagnosed with ODD focus on managing behaviors seen as inappropriate or outside the parameters of proper girlhood, like fighting, arguing, or engaging in sexual activity. This, in conjunction with racialized understandings of girlhood means that Latina foster girls who cannot conform to parameters of normative girlhood are funneled into transcarceral care programs meant to manage their behaviors that include:

> anger management, frustration tolerance, [and] self-soothing so if they're in a classroom and feel like mouthing off to a teacher we [clinicians] teach them tools to manage it in the moment like deep breaths, take a walk, [use a] stress ball.[73]

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[72] Karina Goulet, Licensed Marriage and Family Therapist, Interview with the Author, February 13, 2019.

[73] Veronica Bunter, Licensed Clinical Social Worker, Interview with the Author, March 23, 2019.

For girls who already labor under racialized understandings of girlhood, their outward

expressions of resistance like anger or fighting are marked as defiant, but, as one clinician

shared:

with Latinas whose behaviors are directed outward, they're immediately labeled bad. I had a
Latina teenager who was kind of dismissive with clinicians, you know, she'd roll her eyes,
scoff, just be really annoyed and eventually, she stopped engaging with us. She wouldn't
answer our questions, she'd sit in all of our meetings quietly, would not talk to us…she got
diagnosed with ODD because the diagnosing clinician saw her as defiant and just generally
difficult. At the same time, I was working with a young white girl who had very similar
behaviors. She just would not engage with us wouldn't answer our questions, wouldn't
engage in the family and team meetings. She was diagnosed with Select Mutism, not ODD[74]

For Latina foster girls, racialized and gendered understandings of girlhood mark resistant

behaviors as needing management rather than as the agentic practices they are. Silence and

refusal to engage with her treatment team marked this young girl of color as defiant and

justified the diagnosis of a behavioral disorder, but when these same strategies were practiced

by a white child, her diagnosis did not reflect an issue with her behavior rather, the Select

Mutism is considered an Anxiety Disorder. The white child was read as anxious while the

Latina child was read as defiant.

Further, for this girl of color, a seemingly harmless behavior, silence, became a

justification for the ODD diagnosis. Silence can be understood as a tactic of refusal in that

communities living under racialized state criminalization and control use everyday actions as

forms of resistance as Tina Campt reminds us. She theorizes refusal as "an extension … of

creative responses Black communities have marshaled in the face of racialized dispossession

… as practices honed in response to sustained … encounters with exigency and duress."[75]

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[74] Raquel Sosa, Licensed Clinical Social Worker, Interview with Author, February 27,
2019.

[75] Tina M. Campt, *Listening to images*. (Durham, NC: Duke University Press, 2017): 10.

While Campt discusses Black communities, I use her definition to explore the everyday strategies of resistance towards the state enacted by Latina foster girls. For Latina foster girls whose agency is severely limited by the state, silence is a way to push back against the inherent control enacted by transcarceral care. However, for the clinicians I interviewed, a girl's refusal to answer questions became an instant indicator of defiance. Silence was read as oppositional and in need of discipline.

The racialization and pathologization of Latina foster girls funnel them into the transcarceral continuum where they navigate the logics of transcarceral care. For the interviewed clinicians, this meant punitive interventions that worked to discipline autonomy and agency out of them. Through transcarceral care, ODD becomes a way for perspectives of normative girlhood to be forced onto the bodies of racialized girls in the foster care system. According to Palacios, "heteronormative, Euro-Western white perspectives of girlhood" create one form of violent confinement for racialized girls.[76] Drawing from her work, I understand ODD to be a tool in the racialization and criminalization of non-normative girlhoods through the demand of the diagnosis that Latina foster girls fit into a mold of girlhood defined by whiteness—one that does not account for the forms of girlhoods enacted by racialized girls who have been displaced through the foster care system. Racialized foster girls with behavioral diagnoses are forced to navigate the system as both physically displaced and displaced from girlhood.

CONCLUSION

From madness to the charge of incorrigibility, to the reproductive control of their bodies, to the ODD diagnosis, women and girls have historically and contemporarily been framed as

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[76] Palacios, Lena. "'Ain't No Justice…", 281.

excessive and in need of managing. For racialized girls, their embodiment of a girlhood that is predicated on whiteness, able-bodiness, heteronormativity, and middle to upper class subjectivities has always been a failed project. As such, girls of color are often excluded from girlhood entirely. For Latina girls who are wards of the state, this exclusion from girlhood means that their normative teenage responses, their anger, their defiance, their silence, their desire for connection are read as pathological and in need of punishment. The ODD diagnosis becomes a tool to enact this control; its punitive impact, the ways that it marks them as "bad kid(s)," and the way that it funnels them into transcarceral care programs make this diagnosis a carceral tool. Further, therapeutic services meant to address the pathologized behaviors are punitive, focused on discipling and surveilling girls. Behavioral diagnoses like ODD are wielded as weapons to justify control of girls. Programs purporting to help criminalized populations funnel them into transcarcercal care wherein these individuals remain under the watchful eye of state agents like therapists, social workers, and case workers; despite the absence of physical prison walls, transcarceral care enacts forms of control that are justified by the pathologized defiance of the girls.

My goal in this chapter is not to argue that ODD is not a legitimate diagnosis (although it may very well not be). Nor was it to assert that all mental health clinicians use ODD to criminalize foster girls. In fact, in the research process I met clinicians who strongly believed that the abundance of ODD diagnoses for foster girls is a misunderstanding of trauma by other clinicians. Instead, my goal is to explore ODD as it is given to Latina foster girls in order to understand its ramifications. ODD continues to be one of the most common diagnoses given to foster youth, so it is important to understand its implications for racialized youth.

Under ODD, innocuous teenage behaviors like being silent, talking back, ditching class, and missing curfew among many others are seen to be pathological and thus justify the criminalization of girls through moralizing programs and interventions. This is especially true when these behaviors are enacted by girls of color whose versions of girlhood do not conform to normative understandings of the girl child. ODD effectively pathologizes Latina foster girls by marking their behaviors as deviant and asserts racialized understandings of girlhood that pathologize and criminalize them. The diagnosis marks girls' strategies of resistance and responses to trauma as needing containment. This pathologization becomes a means to justify the criminalization of Latina foster girls under the transcarceral care regime wherein programs meant to modify and discipline the behaviors of girls are positioned as forms of care. Under this logic, programs meant to help foster girls become sites of surveillance where the punitive eye of the state remains trained on their behaviors. More research is needed to understand the experiences of foster girls, especially their experiences with containment and diagnosis. We need to continue this research by exploring ODD from the perspective of current and former foster girls to understand how they have come to understand the diagnosis. Did they understand it as a form of containment, for example? If we center the experiences and perspectives of Latina youth in the foster care system, we may be able to truly understand the implication of this diagnosis and, more broadly, the failure of these systems to work on behalf of these girls.

Chapter 3 - Reframing Home and Kinship: Neoliberal Reform and the Problem of Placement

"It's not working. It doesn't matter how well trained we [mental health workers] are, how much we want to help or how much work the families do. The system is not working, it's not built to give families what they need to survive."[1]

This chapter explores the question of fixing the California foster care system; although it is considered the standard for best practices, major stakeholders including clinicians like Alondra whose words opened this introduction, agree that the foster care system is not equipped to offer youth and families the support they need. Through examination of one of the most sweeping reforms the state's foster care system has seen in recent years, Assembly Bill 403 The Continuum of Care Reform (CCR), this chapter argues that AB 403 ensures that all foster youth are forced into transcarceral care via technologies of surveillance implemented by the CCR. The CCR reifies a narrative that marks youth whose behaviors challenge state expectations, as presented in chapter two, as undeserving of a family setting. Finally, the CCR relies on a narrow, heteronormative, biological understanding of family structures that limits the possibilities of stable placement for foster youth. In other words, the latest attempt to make this system better is actively harming the youth it purports to serve.

To make these arguments, this chapter pulls from the twenty interviews I conducted with clinicians and paraprofessionals, many of whom work on child and family teams (CFT) that are a mandate of the CCR and from *pláticas* I conducted with Gaby, a former foster youth whose experience with the CCR offers critical insights into this reform. Finally, I critically examine the CCR "newsflashes," which are monthly email newsletters regarding AB 403

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[1] Alondra Reyes, Licensed Clinical Social Worker, Interview with Author, November 6, 2022.

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created by the California Department of Social Services. They are distributed to an array of

stakeholders including each county's branch of the department of social services, non-profit

organizations that work with youth in care and their families, private foster care agencies,

congregate care facilities, and citizens who signed up to receive the newsletter.[2] The

newsletters began in June 2016, six months before the CCR's implementation, and ran for

eighteen months. I analyze these newsletters for insights on the ways that the state vis-a-vis

state agents, namely members of the Continuum of Care Reform Branch within the

California Department of Social Services, understand ideal family settings for youth in care.

REFORMING THE CARCERAL

Abolitionist scholar Dylan Rodriguez argues that the story of reform, especially in

relation to mass incarceration, the carceral state and all of its institutions, is an expected one–

discussions of reform surrounding things like prison and policing often begin with the idea

that these institutions are broken. A change to the system is necessary because "corrupt,

mean-spirited, ignorant, racist, or otherwise misdirected" people, policies, and practices have

infiltrated an institution that exists for the greater good.[3] In this vein, "'morality,' 'common

sense,' and 'decency'" reframe decades of carcerality, control, and discipline, as if they are

the unintended consequences of otherwise helpful and necessary systems (criminal justice

system, child welfare systems, etc.).[4] The tentacles of the carceral state function precisely as

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[2] Congregate care refers to group living settings including group homes and emergency shelters.

[3] Dylan Rodríguez, "'Mass Incarceration' as Misnomer: Domestic War and the Narratives of Carceral Reform." Essay. In *White Reconstruction: Domestic Warfare and the Logics of Genocide*. (New York, NY: Fordham University Press, 2021): 177.

[4] Rodríguez, 178-179.

intended – to control surplus, poor, racialized populations.[5] Rodriguez's assertion that penal

institutions and systems are not broken but rather functioning as intended, if inefficiently, is

mirrored in the foster care system. In the introduction of this dissertation, I present the work

of Charles Loring Brace and the late nineteenth century foundations of the contemporary

foster care system to control the poor masses. Alongside the prison system, the foster care

system has become part of the fabric of U.S. society.

To highlight the seemingly unavoidable nature of carceral systems, Angela Davis argues

that prisons have become so ubiquitous so as to feel inevitable and permanent.[6] Despite a

long history of prison abolition and a formidable contemporary movement to abolish prisons,

the carceral state's overreliance on prisons and policing makes prisons seem like the

"natural" response to all social ills, so that for many it is difficult to envision a world without

them.[7] As a result, the mainstream response to addressing the issues of prison and other

carceral systems is to reform them, but never to do away with them.

Similarly, and perhaps to a greater degree, without alternative means to address the care

of vulnerable children to do away with the foster care system seems impossible. It is a

widespread belief that the foster care system is a harmful and inefficient system. From *Teen

Vogue*'s series *Fostered and Forgotten* to Lisa Ling's *Our America* episode titled "Children

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[5] Ruth Wilson Gilmore, *Golden gulag: Prisons, surplus, crisis, and opposition in globalizing California*. Berkeley, CA: University of California Press, 2007.

[6] Angela Y. Davis, "Prison Reform or Prison Abolition?" Essay. In *Are Prisons Obsolete?* (New York, NY: Seven Stories Press, 2011): 9.

[7] Davis.; For more on the history of prison abolition in the U.S., see: Kayla M. Martensen, and Beth E. Richie. "Prison Abolition." In *Oxford Research Encyclopedia of Criminology and Criminal Justice*. 2021.; For more on the contemporary movement to abolish prisons, see: Dorothy Roberts, "Abolition Constitutionalism," Harvard Law Review 133, no. 1 (November 2019): 1-122.

of the System," the abuses endured by foster youth within the child welfare system are no secret.[8] More importantly, nearly every clinician or mental health worker that I have spoken to about my research agrees that the foster care system is a broken system.

In response to the widely accepted belief that the foster care system is necessary but broken, California has implemented a slew of reforms in attempts to address the failures of the system. This process, dubbed carceral expansive reform by Ren-Yo Hwang (2016), promises to fix a system understood as necessary to provide care for vulnerable youth. Again, a rhetoric of care (see chapter 1) centered on children is used as justification to expand one arm of the carceral project. Abolitionist scholar of the child welfare system, Dorothy Roberts posits, "continuing to reform the child welfare system will never make it safe for children or supportive of families. The system and its foundational logic must be completely eradicated and replaced by a radically different approach to child safety and well-being."[9] Indeed, the continued expansion of child welfare services via reform like those discussed below ensure that the carceral state remains a central form of control and power in the lives of youth in care.

To contend with the unaddressed needs of youth who aged out of the system, that is, youth who were wards of the state when they turned eighteen, California passed Assembly Bill 12 (AB 12), California Fostering Connections to Success Act. AB 12 allows eligible

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[8] Johnathan Hamilton, Rachel Anspach, Ruth Contreras-Arnold, and Nico'lee Biddle. "Fostered or Forgotten." *Teen Vogue*, May 2018. https://www.teenvogue.com/story/fostered-or-forgotten.; Lisa Ling, "Children of the System." Episode. *Our America* no. 405. OWN, March 18, 2021.

[9] Dorothy Roberts, *Torn apart: How the child welfare system destroys Black families-- and how abolition can build a... safer world*. (New York, NY: Basic Books, 2022): 284.

youth in the child welfare system to remain in foster care until age 21.[10] This means that eligible foster youth between 18-21 receive a monthly stipend. However, the criteria for eligibility leaves out many youths and extends the years a young person is entangled in the wraparound state care system. For example, in order to receive support via AB 12 youth must live in approved housing. This can be in the existing home with a relative, a licensed foster family home, a certified foster family agency home, or the home of a non-related legal guardian who has been approved by the juvenile court. Alternatively, they may be eligible for a transitional housing program where they receive support from a team of individuals who assist them with their independent living skills goals. For foster youth who are already experiencing homelessness, ties with family or previous foster homes have likely ruptured which means that they are ineligible for financial support through AB 12. Further, to qualify for AB 12, youth must meet one of the following criteria:

1. Actively completing high school or an equivalent program (e.g. GED);
2. Actively enrolled in a college, community college or a vocational education program;
3. Employed at least 80 hours a month;
4. Participating in a program designed to promote or remove barriers to employment; OR
5. Unable to do any of the above requirements because of a medical condition.[11]

Eligible youth also must meet with their social worker at least once a month, sign an agreement to participate in the set case plan, and attend a court hearing or administrative review every 6 months.

Although the goal of AB 12, to support foster youth over the age of eighteen as they transition into adulthood, is a worthy one, the eligibility criteria creates a dichotomy between

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[10] Transition Age Youth Policy Unit. "Fact Sheet: Extended Foster Care (EFC) Program." California Department of Social Services. Accessed April 9, 2023. https://www.cdss.ca.gov/inforesources/foster-care/extended-foster-care-ab-12.

[11] Ibid.

deserving (working or in school and housed) and undeserving (not working or in school and unhoused) foster youth. In addition, to qualify for AB12, youth are mandated to attend a court hearing where their case is reviewed to ensure they continue to qualify for services every six months. This mandate requires that foster youth remain under state surveillance – their work or school is monitored to confirm eligibility and if they do not meet the requirements, they lose the financial support offered by AB 12. For many foster youths, the loss of that income can be detrimental. The policy's attempt to address the difficulties faced by foster youth once they age out of the system leaves out a large portion of foster youth populations who struggle with components of normative living, like work, school, and housing. It also advances a narrative that views people as worthy or unworthy of support based on their labor and housing.

AB 12 reifies the power the foster care system has over the lives of foster youth in two distinct ways. First, reforms like AB 12 represent a fundamental shift away from the goal of preparing foster youth to be independent of state assistance by early adulthood towards an active engagement by government in "parenting" foster youth into adulthood.[12] Second, it requires that youth in care remain watched by agents of the foster care system in order to qualify for financial and housing support, re-entrenching the power of this system in the lives of these youth. AB 12 purports to address a major issue facing foster youth communities, aging out of the system, but ultimately it's based on the logic that the foster care system is best suited to continue caring for displaced youth. However, at best these reforms simply do not create adequate and equitable access to the services they purport to offer, and at worst,

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[12] Mark E. Courtney, "The Difficult Transition to Adulthood for Foster Youth in the US: Implications for the State as Corporate Parent and Commentaries." *Social Policy Report* 23, no. 1 (2009): 1–20.

they reify the power of carceral systems. California's Assembly Bill 403 Continuum of Care

Reform is an even starker example of this phenomenon.

AB 403 THE CONTINUUM OF CARE REFORM

On October 11, 2015, California Governor Edmund G. Brown Jr. signed legislation that

comprehensively reformed placement and treatment options for youth in foster care. This

effort, known as Assembly Bill 403 (AB 403) Continuum of Care Reform (CCR), was

introduced by California assembly member Mark Stone (democrat) and passed the state

legislature without opposition. The CCR aims to phase out congregate care or group homes

in California in lieu of family settings, established a new community care facility category

called short-term, residential treatment programs (STRTP's), and mandated that all foster

youth and their families have a child and family team (CFT). The team consists of

professionals, including a licensed clinician, who facilitates CFT meetings and the social

worker assigned to the case, the family and child, and their natural supports including

extended family, community members, or friends.[13] "Continuum of care refers to the

spectrum of placement settings for foster or probation youth; from the least restrictive (foster

homes or relative care) to most restrictive (group homes/residential treatment)."[14] The

California Department of Social Services (CDSS) contends that the CCR is designed "out of

an understanding that children who must live apart from their biological parents do best when

they are cared for in committed nurturing family homes."[15] AB 403 allegedly implements the

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[13] The frequency of CFT meetings depends on the needs of the youth with some CFT's meeting weekly while others may meet every two weeks or once a month.

[14] California Department of Social Services. "Continuum of Care Reform Newsflash Announcement," October 20, 2016.

[15] California Department of Social Services. Continuum of Care Reform, 2017. https://www.cdss.ca.gov/resource-families/continuum-of-care-

framework to ensure services provided to foster youth and their families are tailored toward

the goal of maintaining a stable permanent family. According to the CDSS, the fundamental

principles of CCR are as follows:

1. All children deserve to live with a committed, nurturing and permanent family that prepares youth for a successful transition into adulthood.
2. The child, youth and family's experience and voice is important in assessment, placement and service planning. A process known as a 'child and family team,' which includes the child, youth and family, and their formal and informal support network will be the foundation for ensuring these perspectives are incorporated throughout the duration of the case.
3. Children should not have to change placements to get the services and supports they need. Research shows that being placed in foster care is a traumatic experience and in order for home-based placements to be successful, services including behavioral and mental health should be available in a home setting.
4. Agencies serving children and youth including child welfare, probation, mental health, education and other community service providers need to collaborate effectively to surround the child and family with needed services, resources and supports rather than requiring a child, youth and caregivers to navigate multiple service providers.
5. The goal for all children in foster care is normalcy in development while establishing permanent life-long family relationships. Therefore, children should not remain in a group living environment for long periods of time.[16]

Based on these central tenets of the CCR, I offer three initial critiques: 1. The CCR ensures

that all foster youth in California are funneled into transcarceral care by way of child and

family teams; 2. The CCR bolsters a narrative that sees particular youth as undeserving of a

family setting; 3. There is an overreliance on heteronormative understandings of what

constitutes a family.[17]

Child and Family Teams as Transcarceral Care

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reform#:~:text=AB%20403%20provides%20the%20statutory,maintaining%20a%20stable%20permanent%20family.

[16]Ibid.

[17] Here I say initial because AB 403 is incredibly expansive and far reaching. There are many other aspects of this reform that I would like to engage with in the next iteration of this research.

As a mandate of the CCR, child and family teams are meant to work together towards the goal of stabilizing a youths placement and purport to make youth and the family they live with active participants in "the assessment, case planning, and placement decisions that are made by placing agencies."[18] In Chapter two of this dissertation, the experiences with pathologization and control that youth like Diana had were enacted by a member of her child and family team. As a brief reminder, Diana's foster parents found evidence that she was in a virtual relationship with an adult man, they shared this information with the rest of her child and family team and they collectively decided that the best course of action was to remove Diana's access to the internet, phones, and other communication platforms effectively isolating her from her family and community. Child and family teams are based on the wraparound model of treatment for youth. According to the CDSS, wraparound is a:

> strengths-based planning process that occurs in a team setting to engage with children, youth, and their families. Wraparound shifts focus away from a traditional service-driven, problem-based approach to care and instead follows a strengths-based, needs-driven approach. The intent is to build on individual and family strengths to help families achieve positive goals and improve well-being. Wraparound is also a team-driven process. From the start, a child and family team is formed and works directly with the family as they identify their own needs and strengths. The team develops a service plan that describes specific strategies for meeting the needs identified by the family. The service plan is individualized, with strategies that reflect the child and family's culture and preferences.[19]

Despite its intended goal of helping youth in care remain in family-based settings, sociologist Jerry Flores (2016) argues that wraparound care more closely resembles wraparound incarceration, wherein youth are subjected to continuous surveillance that mimic detention

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[18] California State Legislature, Assembly Bill No. 403. *California Legislative Information,* 11 Oct. 2015, https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520160AB403.

[19] California Department of Social Services. "California Wraparound Services." California Department of Social Services, 2023. https://www.cdss.ca.gov/inforesources/cdss-programs/foster-care/wraparound.

centers.[20] The CCR converts spaces not typically associated with carcerality, like home, into carceral spaces and recruits adults in foster youths' lives into the project of the carceral state. In other words, by way of children and family teams, spaces that youth occupy, and their support systems become state agents, sharing youths' transgressions with other members of the CFT who hold the state's power, including social workers. Take the case of Gaby and Isabel, two Latina sisters who were placed in the Santa Barbara County foster care system as teenagers.

I met Gaby, an insightful twenty-year-old former foster youth, when facilitating a virtual workshop about youth incarceration and criminalization in Santa Barbara County. The session focused on foster care and criminalization and we discussed the idea of transcarceral care. Gaby privately messaged me during the workshop. She shared that she and her sister were forced into transcarceral care when they were teenagers and she asked to share her story with me. When Gaby was sixteen, she and her fourteen-year-old sister, Isabel were removed from their mother's custody after their mom was arrested for possession of a controlled substance. Gaby and Isabel were initially placed together where they each worked with their own Child and Family Team to stabilize their placement in their resource home. Although each teenager had her own CFT, the participants were similar. Gaby's godmother was on both of their teams as was their resource mom and their social worker. In addition, there was a family facilitator who facilitated the CFT meetings, a parent partner who worked directly with the resource mom (formerly known as foster moms), and a child specialist who worked one-on-one with Gaby and Isabel, respectively. Of note is that the sisters mother was not

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[20] Flores, Jerry. *Caught up: Girls, surveillance, and wraparound incarceration*. Oakland, CA: University of California Press, 2016.

allowed to participate in any kind of way in the CFT because she was in jail and because the girls were removed from her custody. Instead, the state opted to include fictive state kin (resource mom) but exclude the mother who raised them and who the girls saw as a central adult in their lives.

As members of the CFT, both their "resource mom" and Gaby's godmother were informed of the CFT's no-secret policy. All members of the CFT, including the youth, are expected to share all information with the other members of the team. Gaby's godmother took this to heart, believing that by following the policy she was keeping Gaby and Isabel safe. Initially, Isabel struggled significantly with the change and especially with the separation from their mother. During this period of time their mom was incarcerated and they had very little contact with her because their resource mom refused to supervise jail calls and visits. They only spoke with or visited their mom when Gaby's godmother was able to supervise the calls or take them to visit her, which was not often. In response, Isabel began to smoke weed and ditch school. The CFT was aware of the ditching but the only people who knew about the weed smoking were Gaby and her godmother. Gaby's godmother abided by the no-secrets policy and informed the rest of the CFT, including the resource mom, about Isabel's use of marijuana. Gaby and Isabel's resource parent had a low threshold for defiant behaviors and decided that the marijuana use in conjunction with the ditching were grounds to terminate Isabel's placement with her. Despite reassurance from the professional team, including the social worker, that they could work to address the substance use with Isabel, the resource mom put in a seven day notice to terminate the placement for the younger sister.

Gaby asked the social worker to keep her with her sister, but this proved to be difficult because there were no resource homes in the city of Santa Barbara that would accept Isabel's

behaviors. Resource families receive something called a "health passport" or a report that includes relevant medical and mental health related information. Amongst a slew of other things including medical and school records, the health passport includes "a record of the child's relevant mental health history, the child's known mental health condition and medications, and any other relevant mental health, dental, health, and education information concerning the child determined to be appropriate."[21] Although they sometimes include mental and behavioral health diagnoses, they do not always. Rather than share a diagnosis the social worker may choose to share only the behaviors they feel the resource family should be aware of. Prior to receiving the passport, the social worker contacts the family either via email or phone call although phone calls are more common, to share any major information that the social worker finds relevant including behaviors.[22] Isabel's ditching and use of marijuana were determined to be relevant and shared with available resource families; as a result, the only in-county placement available to Isabel was a resource home in Santa Maria, about an hour away from her sister; Gaby had to stay with her current resource parent. Isabel continued to struggle and the separation from her sister impacted her further, she dropped out of high school and ran away from the group home to be closer to her sister and community. At the time that I spoke with Gaby, Isabel was eighteen and living with her.

For Isabel, the CCR recruited her sister's godmother into the practice of surveillance. This reform converted her resource home into a site of transcarceral care where the punitive

[21] California Department of Social Services. "Health Passport." California Department of Social Services, 2023. https://www.cdss.ca.gov/inforesources/caregiver-advocacy-network/health-passport.

[22] Alyssa Vega, Licensed Clinical Social Worker, Email exchange with Author, June 25, 2021.; Sarah Miller, Licensed Clinical Social Worker, Interview with Author, January 20, 2020.

practices enacted by the carceral state infiltrated her home. The CCR's implementation of a CFT made one of the few safe adults in Isabel's life a state informant. In this instance, it can be easy to frame the resource parent as the individual and sole cause of Isabel's displacement but what this fails to acknowledge is that before resource moms decision to terminate Isabel's placement, there was a technology of surveillance put into place that catalyzed that decision. CFT's were implemented under the rhetoric of care with the purported goal of incorporating the youth and their natural supports' voice in decision making processes. However, as evidenced by Isabel's experience, the actual "care" provided enacts the carcerality embedded in this form of transcarceral care.

The Continuum of Care Reform and The Problem of Placement

Although the CCR's aim is reliance on family-based placements and minimizing use of group placements with the assumption that family care is safer, the number of available foster homes in California remains inadequate. In 2022, there were 46, 214 youth in out-of-home care in California but only 37,870 licensed foster homes placements available.[23] Although there are not specific numbers regarding the number of resource homes in Santa Barbara County, when I spoke with Anna, a clinician who offers therapy to youth in foster care through Santa Barbara's Department of Behavioral Wellness and who previously worked as a clinician on child and family teams, she anecdotally shared that there were currently only seven available resource homes in the city of Santa Barbara. There are also no STRTP's in the county, the closest is in Ventura, a forty-minute drive at least. According to Anna, this means that many of Santa Barbara's youth in care are sent to homes out of county,

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[23] Michael Fitzgerald et al, "California Foster Care Capacity." Who Cares: A national Count of Foster Homes and Families, 2023. https://www.fostercarecapacity.com/states/california.

ultimately moving them further from their families and communities.[24] This distance can

drive youth in care to engage in behaviors deemed unlawful and can become one of the

pathways to involvement with the juvenile justice system. For example, I presented the story

of Lilia, who was placed over an hour away from her home and community and stole a car to

return to her community; this event led to her first arrest and catalyzed her engagement with

the juvenile injustice system.

While the goal of the CCR is to end congregate living and place youth in family settings,

the bill also addresses placement for youth who may not be ready for placement in a family

setting. The dichotomy between ready for placement and not ready for placement creates a

narrative that frames particular youth as undeserving of placement within a family setting

and a hierarchy that privileges family. Although the bill itself does not specify what makes a

youth ready or not ready for placement within a resource home, the conversations I had with

mental health professionals, many who serve or have served as members of a CFT, identified

behavioral needs as an impediment to placement in both kinship placements and resource

home placements. This is especially true for youth with behavioral health diagnoses like

oppositional defiant disorder (ODD). Reflecting on the difficulties of placing youth who

practiced behaviors marked as defiant by the state, Anna, a clinician who works as part a

member of children and family teams, shared:

> they're getting in trouble … it's all about 'how challenging is it to manage this kid?' This
> kid is blowing out of all these homes because they're hard to manage so all those
> behaviors are the things that are getting talked about. Well, this kid is fighting, the kid is
> breaking things, hitting people, the kids running away from home.[25]

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[24] Alyssa Vega, Licensed Clinical Social Worker, Email exchange with Author, June 25,
2021.
   [25] Ibid.

The CCR allows the state to categorize youth who are marked as defiant for any number of reasons as ill-prepared for a family setting. These youth, who are framed as defiant, are marked as not ready for family settings which are held as non-violent spaces where white patriarchal power is followed. Here, the confluence of two tools of transcarceral care, behavioral diagnosis and neoliberal reform, frame a family setting as a goal only achievable once youth's behaviors are in line with the parameters of state agents, namely social workers and social norms.

Youth who are not ready for family settings are placed in short-term, residential treatment programs for a limited period of time before they are transferred to a family setting. To facilitate the family-based goal, in 2017, CCR mandated that group homes either transition into STRTPs or shut down their operations.[26] According to the CDSS, "a STRTP is a residential facility operated by a public agency or private organization that provides an integrated program of specialized and intensive care and supervision, services and supports, treatment, and short-term 24-hour care and supervision to children and nonminor dependents."[27] The STRTP option is available to children and youth requiring 24-hour supervision and treatment with the goal to quickly transition children back to their own or another permanent family. For all youth in their care, STRTPs must provide formal treatment plans that include length of current stay, work alongside the social worker to identify an

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[26] Michelle Marie Rezentes, "A qualitative study of stakeholders' perspectives on congregate care policy changes in California and implications for foster youth outcomes." PhD diss., California State University, Sacramento, 2020.

[27] For the parameters and requirements for a group home to transition to an STRTP see section 38 and section 14 of: California State Legislature, Assembly Bill No. 403. *California Legislative Information,* 11 Oct. 2015; California Department of Social Services. "Short-Term Residential Therapeutic Program Plan of Operation and Program Statement." California Department of Social Services, 2016.

appropriate family-based placement, and continue to provide services once the youth

transitions to the family-based placement.[28] CCR mandates caps on the amount of time youth

can remain in temporary shelters; under the CCR, youth should remain in such facilities for

no more than 72 hours although in counties that have requested stays of up to fourteen days.

Despite these caps, some counties have successfully petitioned to hold youth in STRTP's for

longer periods. Because there are no STRTP's in Santa Barbara County, youth are directed to

placements out of county and each county's time varies with some counties holding youth in

STRTP's in six month increments. Although youth are not meant to stay in STRTP's for long

periods, the lack of resource homes means that exceptions to this rule are often made. During

this time, caseworkers and staff are required to screen and identify "longer-term family-based

placements for youth."[29] Despite the CCR's goal to limit youth's time in temporary housing,

youth can stay in these settings for up to six months without approval by higher level

supervisors or directors, and often do.[30] Further, placement into STRTPs and other

congregate care facilities, including emergency shelters, are only meant to be done if youths'

mental and behavioral health needs cannot be met in family-based care settings.[31]

To be placed in an STRTP, youth must have an official diagnosis that is recognized by

the DSM-IV in addition to "a significant impairment in functioning."[32] This means that

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[28] Continuum of Care Reform, Cal. Wel. & Inst. Code § 361.2.

[29] Stacy Metcalf, Kelli L. Dickerson, and Jodi A. Quas. "Initial Impact of the California Continuum of Care Reform Act on Youth's Experiences in out-of-Home Care." *Children and Youth Services Review* 142 (2022): 2.

[30] Metcalf, (e)(9).

[31] Metcalf.

[32] Metcalf, 2.

racialized youth with a behavioral diagnosis are more likely to be mandated to an STRP.

Pam, a paraprofessional who has worked with both probation and foster youth in Santa

Barbara County for nearly two decades, shares:

> ODD is really a tough diagnosis for placement not because of the diagnosis itself but because of the stigma. The resource parents aren't always told the child's diagnosis but they are told about any relevant behaviors or anything that could pose a risk to the child or family like running away or if the kid has any violent behaviors. But what I've noticed is that even when the resource parents are not told the diagnosis, if the social worker sees ODD suddenly things that other kids do like running away or being verbally aggressive like a lot of teenagers are, become a really big deal. So even if the resource family isn't informed of the diagnosis, the way the social worker talks about the kid really shapes the decision resource families make about whether to take the kid or not.[33]

Further, a 2017 Continuum of Care Reform Update by the CDSS reported that Black and

Hispanic children spend longer amounts of time in group homes than other ethnic groups

post CCR.[34] CCR offers a distinct example of how the use of behavioral disorders like ODD

against racialized foster youth is detrimental to youth whose only viable sources of stable,

non-state housing are foster homes. This is especially true when AB 403 began phasing out

California group homes in 2017. As one clinician noted, "children diagnosed with ODD can

be difficult to place, due to the behaviors."[35] Although the health passports provided to

families do not have to include a behavioral health diagnosis, they sometimes do and even if

the diagnosis is not included, behaviors that mark that youth as difficult often are shared as

was the case with Isabel. Behavioral diagnoses like ODD become impediments to the

fostering process because resource parents are often reluctant to accept a child into their

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[33] Pamela San Miguel, Parent Partner on Child and Family Team, Interview with Author, February 3, 2020.

[34] "Continuum of Care Reform Update." California Department of Social Services, June 2017. https://cacfs.memberclicks.net/assets/docs/July28CDSS_CCR_Legislative_U.pdf

[35] Karla Lopez, Licensed Clinical Social Worker, Interview with Author, June 4, 2022.

home who supposedly struggles with conduct or has been labeled clinically defiant. These diagnoses further the reaches of the carceral regime by relegating "not ready youth" to intensive treatment group homes, which function as part of the transcarceral continuum, where the state can work to discipline and control them if they do not conform to the bounds of acceptable childhood.[36]

Complicating Kinship

"Communities sustain life–not nuclear families, or the 'couple,' and certainly not the rugged individualist. There is no better place to learn the art of loving than in community."
-bell hooks[37]

For this section of the chapter, I invite you to dream with me, to imagine with me, and to be comfortable with more questions than answers. The CCR brought together several California agencies including the Department of Mental Health (DMH), Department of Children and Family Services (DCFS) and probation to collaboratively work towards permanent, supportive placements for foster youth.[38] Of course, at face value this is an important goal especially considering that higher academic performance, employment success, and physical and mental well-being are correlated to family-based settings like kin

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[36] During this research I did not get the chance to talk with clinicians or paraprofessionals who work in STRTP's. There are none in Santa Barbara County which means that youth are funneled out of county if they are identified as not ready for a family setting. For the next iteration of this project, I am interested in talking with mental health workers who work in an STRTP.

[37] Bell hooks, *All about love: New visions*. New York, Ny: Harper Collins, 2000.

[38] California Department of Social Services. "Continuum of Care Reform Newsflash," Vol. 1.1, October 20, 2016.

or foster care.[39] However, a consequence of this legislation is the re-entrenchment of a

nuclear, hetero/homonormative family as the ideal familial structure. I use homonormative to

denote the participation of gay, lesbian, and otherwise non-heterosexual couples in a practice

"that does not contest dominant heteronormative assumptions and institutions but upholds

and sustains them."[40] I do not intend to dismiss the important and arduous work of LGBT

activists in the 1970's and 1980's who fought for the rights of queer parents to foster nor to

ignore the history of excluding queer families from the idea of family, rather the intention is

to highlight that the needs of foster youth do not end at folding queer families into carceral

projects like foster care.[41] What if we queered the idea of family?[42] What if the state funded

families? What if the state recognized and valued extended family or non-kin community

members as family?

In the opening of this section, I offer a quote by bell hooks where she points to the

limited possibilities of relying on heteronormative ideas of family rather than the expansive

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[39] Metcalf. "Initial Impact."; Bethany R. Lee et al, "Outcomes of Group Care for Youth: A Review of Comparative Studies." *Research on Social Work Practice* 21, no. 2 (2010): 177–89.

[40] Lisa Duggan, "The New Homonormativity: The Sexual Politics of Neoliberalism." Essay. In *Materializing Democracy: Toward a Revitalized Cultural Politics*, edited by Russ Castronovo and Dana D. Nelson (Durham, NC: Duke University Press, 2002), 175–194.

[41] To read more about the history of queer family making in Los Angeles, see: Nora Kassner, "Making Queer Families: Foster Family Activism in Los Angeles, 1977-1985." Essay. In *Resist, Organize, Build: Feminist and Queer Activism in Britain and the United States during the Long 1980s*, edited by Sarah Crook and Charlie Jeffries, 147–70. Albany, NY: SUNY Press, 2022.

[42] It might be said that foster families already queer families, especially considering that many resource homes are headed by single mothers. Within this context, the single head of household woman is still figured as the divorced woman who, therefore, falls in economic status are acceptable and she is expected to have certain skills that come with caring and raising a family that map onto heteronormativity. Reich, Jennifer A. *Fixing families: Parents, power, and the child welfare system*. (New York, NY: Taylor & Francis, 2005).

possibilities of understanding family as something more robust, more based in community.

Sophie Lewis (2022) has taken this further–in her call to abolish the family, Lewis writes, "it

is difficult, perhaps impossible, right now, to imagine *not* being manufactured through the

private nuclear household and the oedipal kinship story (mother figure, father figure, child).

Yet, personhood was not always created this way, which means we could, if we wanted to,

create it otherwise."[43] Indeed, it is difficult to imagine resolutions to the needs of foster youth

that do not rely on the state or private family structures. Yet, it is clear that current

resolutions, like AB 403, fail to create stability for foster youth and even when these reforms

do fulfill their intended goal, they simultaneously tighten the grip the carceral state via child

welfare has over youth in care. For example, within the first two years of its implementation

the CCR correlated to increased placement stability but during that same time period, "the

proportion of time spent in congregate vs family-based care and the speed at which youth

entered a family-based setting did not change from before to after the CCR's initial

implementation."[44] In other words, the CCR is not necessarily increasing the likelihood that

youth will be placed in a family setting. Even with this major reform, foster youth continue to

be more likely to live in congregate care or group settings. Within this context, the current

definition of family is not only failing foster youth, it is also failing the state. In fact, the most

common placement outcome for youth in care post CCR are three congregate care facilities

versus two pre CCR and congregate care is the first placement that the majority of foster

youth in California receive when they are first placed in care.[45] Clearly, foster youth continue

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[43] Sophie Lewis, *Abolish the family: A manifesto for care and liberation*. London: Verso Books, 2022., 12.

[44] Metcalf. "Initial Impact," 8.

[45] Metcalf.

to spend much of their time in care living in group settings–why, then, would we ignore the importance of these spaces? Why wouldn't we work to make these group spaces the type of placement that youth thrive in? Is there a world where youth can stay in their communities, perhaps in community-based homes that are funded by the state and developed by a community of adults and youth?

On the other hand, scholars like Roberts argue that the family as a unit has been a crucial form of protection for racialized communities against state terror.[46] Rather than the abolition of families, Roberts proposes an abolition to the policing of families arguing that children are safer with their families or at the very least, within their communities.[47] What if instead of abolishing the family like Sophie Lewis proposes, we expanded our understanding of family? What if family included extended kin and community members of no blood relation? Safe adults who could step in to care for children when their primary caretakers are unable to? What if the state funded these families? Provided these adults with income to support these youth instead of placing them in the homes of strangers?

One place we can look to for insight on how both the state and foster youth themselves understand family is through a series of eighteen newsletters released by the CDSS that share developments regarding the CCR's implementation and the insights of current and former foster youth who are part of the Youth Engagement branch of the CCR implementation team. A comparison of how state agents construct family versus how current and former foster youth construct family are illuminating. State agents consistently implied that family settings exist exclusively in private residences and with adults who serve as parental figures. The

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[46] Roberts. *Torn Apart*.

[47] Roberts.

emphasis on this structure of family is evident in an article written by Steven Tagawa a

member of the CCR's Foster Care Policy and Support Unit. Tagawa writes, "the reduction in

congregate care placements, which is a core component of the Continuum of Care Reform

(CCR) initiative, has resulted in a greatly increased need for counties to identify, recruit and

retain both relative and non-relative foster caregivers."[48] Here Tagawa emphasizes the

difference between congregate care and family based setting, reifying the idea that parental

figure caregivers are the ideal for youth in care. In contrast, when youth shared their visions

for family the emphasis was less on traditional family settings and more on things like

honesty, transparency, understanding, and an ability to teach youth critical skills like problem

solving and conflict resolution. Alexis Barries, a Youth Engagement Project Associate,

constructs family quite differently than Tagawa's iteration. Barries shares:

> As a youth who spent 18 years in foster care, I can say that one of the most important
> things was being able to trust the adults who were 100% transparent, keeping us in the
> loop on issues that affect us. Adults can build trust with us and set the standard for
> honesty when they tell us that they don't know everything, but they will share what they
> do know. So in regards to CCR, even if you don't have all the answers, tell us that, we
> will understand. What we really need to hear is that CCR is something to improve foster
> care and reform it for the better.[49]

Barries identifies honesty as foundational to her wellbeing as a youth in foster care. She does

not identify a nuclear family or a traditional family-based placement as central to her needs,

she identifies transparency. Of course, it is impossible to ensure full honesty and

transparency from any one person but what Barries names is an overarching need to trust the

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[48] California Department of Social Services. "Continuum of Care Reform Branch
Newsflash," Vol. 1.4. October 27, 2016.

[49] California Department of Social Services. "Continuum of Care Reform Branch
Newsflash," Vol. 1.2, July 29, 2016.

adults entrusted with her care. Eric Alvarez, another Youth Engagement Project Associate shares:

> My vision is that foster youth receive permanency, normal childhood and teenage experience and caregivers who understand their needs and are able to help with conflict resolution, educational support, and problem solving.

Like Barries, Alvarez does not identify a traditional family setting as necessary to his vision of wellbeing. Rather, he identifies a need for safe adults who have the skills to manage things like conflict and problem solving and can teach those skills to the youth in their care. The contrasts between Tagawa's versus Barries' and Alvarez's constructions of ideal placements demonstrates the need to reenvision understandings of the family. To call back to Sophie Lewis (2022), can we create supportive placements for youth in foster care that do not rely on the private nuclear household?

I have no concrete solution to the problem of placement for youth in foster care. What I know is that the current models of care that they receive are insufficient at best and actively harmful at worst. I know that reliance on heteronormative understandings of family that position a traditional family placement as the sole resolution to placing foster youth does not resolve the placement needs of youth. Of course, family settings may very well be the best option within the current California context but family settings as the only viable option for stable placements excludes many youth particularly those who are marked as defiant or difficult to manage. More than answers, I have questions: what if definitions of what constitute a family were expanded? What if youth could build community based families with each other and safe adults? What if instead of removal from their communities, there were homes that are not militarized, that do not collude with the carceral state, that receive sufficient funds to support the youth and adults in these homes? Black, Indigenous, women of color, and migrant communities share robust histories of extended family care–both kin

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and non-kin that offer support to working parents, that babysit or feed children, networks of people that collectively care for children. What if the state funded community-based models of family to support parents who are struggling?

CONCLUSION

A gilded cage is still a cage. The state's urge to make the child welfare system a kinder, gentler cage, in the words of late activist Rose Brasz, is a widespread impulse for individuals who work within the child welfare system, for citizens who are aware of the harm this system imbues, and politicians with a campaign to run.[50] Current efforts towards that goal create more possibilities for control, more spaces for criminalization, and convert safe adults into agents of the state. Reform to a system that is so irrevocably tied to the carceral state seems a failed project. What, then, are the alternatives?

Abolitionist scholar of family policing, Dorothy Roberts, proposes "shrinking" family policing systems like child welfare via "non-reformist reforms."[51] An abolitionist concept that points to changes that "unravel rather than widen the net of social control through criminalization."[52] Roberts purports that non-reformist reform, coupled with intentional funding of families through things like housing, food, and income, can begin to move us towards a world where the criminalization of parents and children in the child welfare system is no longer a reality. I argue that Roberts' recommendations, in conjunction with a shift in the way we as a society and the state understand family, can move us closer to the abolition of carceral tools like transcarceral care and the systems, like child welfare, that rely on them.

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[50] Braz, Rose. "Kinder, gentler, gender responsive cages: Prison expansion is not prison reform." *Women, Girls, and Criminal Justice* 7, no. 6 (2006): 87-88.

[51] Roberts, *Torn Apart*, 295.

[52] Gilmore, *Golden Gulag*, 242.

Roberts argues that in order for the end of family policing to come about, we need a paradigm shift:

> we need to implement a paradigm shift in the state's relationship to families–a complete end to family policing by dismantling the current child welfare system and purging its punitive logic. At the same time, we need to build a safer Society by reimagining the very meaning of child welfare and protection and by creating caring ways of supporting families and meeting children's needs. This is not just because reforms have failed to support families and keep children safe (which might appear to leave room for trying better reforms); it is because only by abolishing the child welfare system can we support families and keep children safe.[53]

The abolition of child welfare necessitates that we dream–of families that are expansive, that include more than parents and siblings, that are well funded, that are housed, that are fed. That we identify solutions that do not rely on the carceral state to meet the needs of children.

For future iterations of this project there is much I will expand on in relation to this chapter. Firstly, I plan to facilitate *platicas* or dreaming circles for foster youth to share their own ideas of family and kinship. To dream of what liberation may look like from their point of view and theorize alternatives to the current foster care system and to current models of family. What are their abolitionist dreams? Further, I am interested in taking a deeper dive into AB 403 by speaking with the state agents who were part of its implementation. Across California each county had AB 403 implementation teams whose goal was to assist California transition away from group homes; their names are listed in the CCR newsblasts and in the minutes that document the statewide CCR planning meetings. Finally, I would like to have a more thorough understanding of STRTP's – Santa Barbara County has no STRTP's as such, the state agents who I spoke with had very little experience with them. To expand this knowledge base, I am interested in talking with clinicians and other professionals who work within STRTP's throughout California to understand the nuances of their function.

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[53] Roberts. *Torn Apart.*, 284.

Conclusion: Dreaming Beyond Carcerality

When I finally had a chance to sit down and talk with Alex, a licensed clinical social

worker and former foster youth who works on child and family teams, it was early 2022; we

originally planned to have our first *plática* in April 2020 but the COVID-19 pandemic shut-

down so much of the state and the research for this project with it. When the March 4, 2020

state of emergency was announced in California I was in the middle of conducting *plática*s

with mental health workers across Santa Barbara County.[1] That Summer I planned to conduct

*plática*s at one of the few group homes left in Santa Barbara County, Changing Faces in

Santa Maria, where I volunteered from 2019 to just before the state of emergency was

declared. The subsequent March 19, 2020, mandatory statewide lockdown that lasted for

over ten months changed my research plans. I paused all research while we anxiously waited.

Once the lockdown was lifted, I was unable to get back in contact with administrators at

Changing Faces and therefore, unable to conduct *pláticas* with the foster girls housed there.

As a result, I shifted my focus to written materials–I opted to critically analyze the

Continuum of Care newsletter series and public court documents regarding the termination of

Latinx parents' parental rights. This shift meant that a major part of this dissertation, the

voices of youth themselves, were limited to two *pláticas* with former foster youth and one

with a current clinician and former foster youth, Alex.

In talking with Alex, I learned that their experience of the California foster care system

was a grueling one. I am opting not to share the specifics of their experience because the

focus of this *plática* was meant to be their work but as is the case with so many of us, our

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[1] Executive Department State of California. "Proclamation of a State of Emergency."
Office of Governor Gavin Newsom, 2020. https://www.gov.ca.gov/wp-
content/uploads/2020/03/3.4.20-Coronavirus-SOE-Proclamation.pdf.

work is often intimately tied to our personal experiences. Despite the difficulties Alex faced

in California's child welfare system, they do this work proudly. Alex shares:

> I know this system hurts people, I've lived it. But I also know that until we build better
> ways of taking care of kids who need it, the ones who are in foster care right now deserve
> people who don't see them as bad kids or…criminals. I believe in a better world and in
> better options for foster youth and until we build that, I'm going to keep doing what I can
> for the kids who have to deal with the system as it is.[2]

Like Alex, many of the clinicians I interviewed understand that this system is harmful in

many ways. But many are also optimistic that there are alternatives that do not harm families.

The mental health workers who donated their time and insights to this research inherited a

system that is inherently harmful and as a result, even when they do their best, harm

continues. However, they also find ways to circumvent the carcerality of this system–they

find resources for youth that do not rely on binary understandings of worthy versus unworthy

in the ways that reforms like the Continuum of Care Reform do; some, like Alex, help their

colleagues recognize the ways they criminalize and punish youth; and many remain critical

of the system even while they are implicated in it.

When I asked Alex about their work, they shared with me that they earned their master's

in social work at an out-of-state university with a highly regarded social work program. Even

there, California was regarded as a leader in child welfare practices. Alex shared feeling

surprised because their experience of the child welfare system in California was so difficult.

California's foster care system serves as a model for the rest of the United States, and even

other countries, in terms of best care practices that are meant to improve the experiences of

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[2] Alex Cardona, Licensed Clinical Social Worker, Interview with Author, January 11,
2021.

youth in the system.[3] However, throughout this dissertation I have asserted that many of California's interventions, solutions, and sources of support for foster youth are, in fact, carceral. This dissertation argues that via a rhetoric of care, the state masks the carcerality that is embedded in its treatment of youth in foster care. Under the guise of racial, gender equitable care, the state pushes youth into trancarceral care where the carceral state extends into the youth's homes and the services that are meant to help them. Through transcarceral care, youth are mandated into services including child and family teams, therapeutic services, and wraparound services, that ultimately extend the state's capacity for surveillance and control. My argument here is not that vulnerable youth and their families should not have services; rather, my argument is that when these services collude with the state, they become carceral sites. And because the services youth receive are funded by the state, even when provided by a non-profit, they are inextricably bound to the punitive tactics that abound under the carceral state.

Transcarceral care relies on classed, gendered, and racialized understandings of childhood, specifically, girlhood, that mark girls of color, especially if they are working poor or working class, as pathologically defiant. Further, I argue that behavioral diagnosis, specifically the most common diagnosis assigned to foster youth, oppositional defiant disorder (ODD), is one of the many carceral tools the state uses to pathologize and control

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[3] According to the National Child Welfare Institute, best care practices are defined as, "a superior method or innovative practice that contributes to the improved performance of an organization…It implies accumulating and applying knowledge about what is working and not working in different situations and contexts, including lessons learned and the continuing process of learning, feedback, reflection and analysis." Child Safety in Foster Care Planning Council for Health & Human Services. "Best and Evidence Based Practices That Enhance Safety of Children in Foster Care." National Child Welfare Workforce Institute, 2009. https://ncwwi.org/files/Evidence_Based_and_Trauma-Informed_Practice/Best__Evidence-Based_Practices_that_Enhance_Safety.pdf.

Latina girls in foster care. My goal here is not to assert that all mental health clinicians use ODD to criminalize foster girls. In fact, in the research process I met clinicians who strongly believed that the abundance of ODD diagnoses for foster girls is a misunderstanding of trauma by other clinicians. Instead, my goal was to explore ODD as it is given to Latina foster girls to understand its ramifications. ODD continues to be one of the most common diagnoses given to foster youth, so it is important to understand its implications for racialized youth.

I want to confirm that although this project focuses on Latina girls in foster care, transcarceral care is not specific to Latina girls. All youth in foster care will likely navigate forms of transcarceral care throughout their tenure in the system; the specificity of racialization, of course, means that for youth of color in foster care their experiences with transcarceral care will likely be more punitive, more restrictive, and more surveilled than their white counterparts. But even amongst racialized youth, their experiences vary.

To attempt to understand the ways that carcerality and the child welfare system are irrevocably connected and criminalize racialized girls in foster care, this project theorizes at the intersection of girlhood studies, carceral studies, and feminist abolitionist studies. By putting the work of girlhood scholars like Lena Palacios and Elizabeth Escobedo in conversation with feminist abolitionist scholars like Angela Davis and Dorothy Roberts, I have attempted to demonstrate the overlap between gendered racialization and carceral tactics for girls in foster care. The racialized, classed foundations of contemporary understandings of girlhood mark racialized girls, especially if they are poor, as pathologically defiant and in need of discipline. Transcarceral care, bolstered by racialized understandings

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of girlhood, provides the vehicle for that discipline and ensures that carceral logics seep into every aspect of foster youth lives.

I have no direct solutions to the question of carcerality in child welfare systems other than abolishing the system entirely, a long-term goal certainly but what do we do in the meantime? To answer this, I turn back to Dorothy Roberts's call to shrink the system, to redirect resources from family policing to families themselves, to fund community based mutual aid initiatives that provide various forms of care to communities.

FUTURE DIRECTIONS

This research has been both illuminating and exhausting–studying a system that causes such far reaching harm clarifies for me the importance of abolitionist dreams where the needs of families are not met with carceral logics but instead with resources. This work has also reinforced for me the importance of continuing this research. During the next phase of my academic career, I will build on the work of this dissertation to develop my proposed book manuscript, *Controlling the Uncontrollable: How the Foster Care System Fails Latina Girls.* I have many goals for this book project and even as I write this conclusion, there are changes I know I want to make for the book project. I hope to also examine the overlap between racialized foster girls and the state created title of Commercially and Sexually Exploited Children (CSEC) also known as trafficked children. California is home to nine alternative court systems called "Girls Courts" or "CSEC Courts"; these are alternatives to delinquency courts that are meant to practice a more compassionate, gender-responsive form of discipline for youth who have been identified as CSEC. My goal is to interrogate the CSEC title and the state of California Girls Court system as another tool of neoliberal reform that further entrenches carcerality in the lives of racialized youth. Further, I hope to draw out the role of

sexuality as a weaponized tool in social control and particularly how it's organized around Latina girls in California. Through this work my goal is to think through abolition in relation to other tools of child protection like collaborative courts.

Finally, I intend to develop a chapter that explores the practices of refusal, resistance, and freedom enacted by Latina foster girls funneled into transcarceral care where their normative teenage behaviors and their trauma responses are pathologized, and ultimately, criminalized. By centering pláticas with former foster girls that I have conducted and wish to continue to produce, this chapter will unpack what Tina Campt (2017) calls practices of refusal; that is, quotidian actions that resist the rules of the state, including small practices that are not necessarily politically motivated—in the lives of Latina girls in care. By examining everyday practices of Latina foster girls, like refusing prescribed behavioral medications, silence, or running away, as tactics of avoiding child welfare authorities and others, I wish to understand how girls attempt to defy and perhaps undermine control enforced by the state. This will expand the book's focus to explore the tactics and strategies of the girls to survive the system, retain their sense of personhood and connections to kin and community, and to defy the system where possible to understand the array of ways they respond to and show their critique of the system. I hope to also extend my analysis of queer and nonbinary girls and/or femmes, undocumented girls, and the use of immigrant detention centers in connection with child welfare.

Beyond the academic contributions of this work, I hope to make space for dreaming in my next book. The former foster youth I spoke with for this project already have visions for a world without family policing–even if they did not explicitly use the language of abolitionists, their iterations of freedom did not include carcerality. When Lilia shared with

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me the story where she stole her resource parent's vehicle, she also shared the overwhelming need she had for autonomy, "I had been in the system since I was seven, basically all my childhood. I just needed to feel like I was in charge of my life, you know? Like I had a say, like what I wanted mattered."[4] Lilia identifies autonomy as a need that was punished by the carceral logics of transcarceral care and as central to her sense of wellbeing. Where state representatives read Lilia as defiant or even criminal for borrowing without permission her foster parent's vehicle, she had opposing concepts and logics that she attempted to express, but that were quashed by the state's care apparatus, that turned her caretakers into informants and her social workers into police.

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[4] Lilia Mendoza, Former Foster Youth, Interview with Author, October 13, 2021.

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