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Transgender Children in the California Child Welfare System

By

Ryan Karnoski

A dissertation submitted in partial satisfaction of the
requirements for the degree of

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in

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in the

Graduate Division

of the

University of California, Berkeley

Committee in charge:

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Professor Neil Gilbert

Professor Christopher K. Ansell

Spring 2026

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By

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Abstract

Transgender Children in the California Child Welfare System

by

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Doctor of Philosophy in Social Welfare

University of California, Berkeley

Professor Jill Duerr Berrick, Chair

Transgender youth are disproportionately overrepresented in the California child welfare system, yet critical gaps remain in understanding how institutional practices, professional decision-making, and family dynamics shape their experiences. This dissertation examines the experiences of transgender children in the California child welfare system through a mixed-methods design. Drawing on survey data from 190 California child welfare social workers and 27 interviews, this study investigates how micro- and mezzo-level factors influence documentation practices, service delivery, placement stability, and kinship care access.

Paper 1 analyzes factors associated with whether social workers document gender identity and expression in California's Child Welfare Services/Case Management System (CWS/CMS). Findings indicate that individual attitudes, knowledge, workflow integration, and organizational context significantly influence documentation behavior, raising important questions about data validity and equity in administrative systems. Paper 2 explores social workers' perceptions of transgender youths' needs, overrepresentation, placement challenges, and barriers to reunification. Findings highlight intersecting vulnerabilities related to family rejection, stigma, behavioral health needs, and limited access to affirming placements. Paper 3 examines kinship care as a placement pathway for transgender youth. Results reveal that kinship placements are highly variable: affirming relatives can serve as powerful protective factors, while religious or belief-based rejection, conditional acceptance, and structural barriers may limit placement stability.

These findings demonstrate that institutional documentation practices, frontline discretion, and family belief systems intersect to shape transgender youths' safety and wellbeing in care. This dissertation offers actionable recommendations to strengthen SOGIE data practices, expand affirming placement resources, and improve equity-driven policy reform in child welfare systems.

Dedication

“The only way I will rest in peace is if one day transgender people aren’t treated like I was, they’re treated like humans, with valid feelings and human rights. [...] My death needs to mean something.”

Leelah Alcorn

b. November 15, 1997, d. December 28, 2014

and

Andrew Elijah Martinez

b. April 23, 2000, d. September 4, 2019

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Dissertation Introduction

Current Study: Transgender Children in the California Child Welfare System

This dissertation explores the complex challenges faced by transgender children in the California child welfare system. By addressing key gaps in existing literature and practice, this study examines the systemic, organizational, and individual factors that impact the experiences of transgender youth in care. The research adopts a mixed methods approach, combining quantitative data from a survey of California child welfare social workers with qualitative insights from interviews with key informants. This design provides a comprehensive view of the factors shaping transgender youth's experiences, capturing both statistical patterns and nuanced perspectives (Watkins & Gioia, 2015). A brief summary of each paper is listed below, and a thorough outline of the central aims and research questions explored in each paper is presented on page 11. This study sheds light on the systemic and individual factors that shape the experiences of transgender children in care, offering actionable recommendations for policy, practice, and future research.

The first paper investigates the micro and mezzo level factors that influence whether social workers document gender identity and expression in the California Child Welfare Services/Case Management System (CWS/CMS). Micro level factors include individual attitudes, knowledge, and biases; mezzo level factors reflect agency policies, training, and organizational culture¹ (Bronfenbrenner, 1979; Healy, 2014). Accurate documentation of gender identity in these systems is essential for addressing disparities faced by transgender youth in care. Previous research has shown that gaps in data collection on marginalized populations hinder equitable service delivery and informed policy-making (Herman et al., 2017; James Bell Associates, 2018). By exploring how social workers use these data fields, this study aims to improve data capture, supporting targeted interventions that enhance outcomes for transgender children.

The second paper focuses on the unique experiences and needs of transgender children in the child welfare system, particularly factors influencing their maltreatment experiences, possible disproportional overrepresentation (McCormick et al., 2017; Wilson & Kastanis, 2015), placement stability, and reunification with their families of origin. Transgender youth² are disproportionately represented in foster care, a disparity which may be exacerbated by family rejection, homelessness, and discrimination (Wilson & Kastanis, 2015). These youth may also face distinct barriers to placement stability and reunification compared to their cisgender peers, which may be compounded by a lack of training and affirming practices within child welfare

¹ Macro level influences, such as legal frameworks, economic shifts, technological advancements, and societal norms, will not be explored in this paper due to the confounded aspect of state law and database technology's influence on social workers' documentation behaviors.

² Ages 13-21.

agencies (Wilber et al., 2006). By exploring the perspectives of caregivers and social workers, this study aims to identify the challenges specific to transgender youth and how they can be addressed to improve care and outcomes.

The third paper examines the factors influencing kinship care placements for transgender youth, highlighting both the potential benefits and challenges of these arrangements. Kinship care has long been recognized for providing stability and continuity, offering children the opportunity to remain within their extended families and maintain cultural and community ties. However, it remains unclear whether transgender youth face unique barriers in accessing these placements. For example, it is not presently known whether family rejection, often driven by a lack of acceptance or deeply held religious and cultural beliefs, can limit the willingness of relatives to provide care for transgender youth. This paper explores factors that are conducive to or inhibitory toward stable kinship care placements for transgender youth.

Background

Transgender Children in the Child Welfare System

Transgender children, defined as those whose sex assigned at birth does not align with their current gender identity (Kronk et al., 2022), are disproportionately overrepresented in public child welfare systems across the United States (Baams et al., 2019; Martin et al., 2016; Wilson & Kastanis, 2015). Although transgender children have historically been considered a small segment of the overall child population, recent studies challenge this perception. For example, a 2022 study using data from 15 states and statistical modeling estimated that approximately 1.4% of youth in the United States identify as transgender (Herman et al., 2022). More recently, the Centers for Disease Control's 2023 study based on nationally representative Youth Risk Behavior Surveillance System (YRBSS) data found that 3.3% of high school students identify as transgender, with an additional 2.2% questioning their gender identity (Suarez, 2024). In the context of child welfare and research, youth typically refers to individuals between the ages of 12 and 18, encompassing the developmental period of adolescence. However, definitions may vary across studies and policies, sometimes extending to young adults up to age 21 or 24 in systems that provide transitional services.

Over the past decade, research in the fields of social welfare and sociology has suggested that transgender youth are overrepresented in child welfare systems, though the extent and causes of this overrepresentation remain unclear. Two empirical studies conducted in California have found that transgender youth are two to four times³ more likely to experience child welfare system involvement compared to their cisgender peers (Baams et al., 2019, Wilson et al., 2014). However, these findings are limited in their generalizability. First, they focus exclusively on youth, typically aged 10-21, meaning they do not account for prepubescent children. Second, these studies relied on population estimates that assumed a much lower proportion of transgender

³ The calculations for this finding are listed in Table 2 beginning on page 7.

youth than more recent data from the CDC suggests. Given that the population proportion of transgender youth may be larger than previously thought, these discrepancies raise important questions about how transgender children are recognized and served within social services.

Defining youth using specific age brackets is essential when researching the issue of transgender disproportionality in the child welfare system because of the temporal aspect of when children “come out” as transgender. Research shows that children’s understanding of gender identity evolves across developmental stages, with some recognizing their gender identity as early as preschool age, while others may not come out until adolescence or later (Olson et al., 2015). Studies documenting the disproportional overrepresentation of transgender youth in the child welfare system have primarily focused on children aged 10-18 or 13-21, providing valuable insights into the challenges faced by older youth. However, there is a significant gap in understanding the experiences of transgender children younger than age 10 in the child welfare system, and in the general population. It is particularly challenging to determine whether younger children, such as those younger than 10 are overrepresented in the child welfare system because virtually nothing is known about the proportion of the general population that younger transgender children comprise (Capous-Desyllas & Barron, 2017).

This limitation is critical because younger transgender children may encounter unique challenges, such as caregivers' abilities to affirm their gender identity during foundational developmental stages. Stratifying research by age allows for a nuanced understanding of these differences and supports the development of tailored interventions. Adolescents, for example, may require resources like counseling, peer networks, and preparation for gender-affirming medical care, while younger children need affirming environments that foster positive socialization and identity development. By examining how transgender children and youth experience the child welfare system across a broader age range, including children under age 10, researchers and policymakers can ensure that programs and policies are both developmentally appropriate and inclusive of the full spectrum of transgender children and youths’ experiences.

Transgender children, due to risk factors related to their gender identity and expression, might find themselves especially vulnerable to maltreatment, potentially increasing the likelihood of their involvement in the child welfare system. It is well documented that children who have experienced maltreatment experience an array of developmental, social, and health consequences (Petersen et al., 2014a). Furthermore, adults who were maltreated as children demonstrate increased risk for developing psychiatric disorders, including substance use disorders, serious medical illnesses, and overall lower economic productivity (Petersen et al., 2014a).

Although the child welfare system is designed to protect children from maltreatment and improve their safety and overall well being, youth in the child welfare system still face a range of disparate health and social outcomes over the short, mid, and long term. By early adulthood, individuals who have spent time in the foster care system experience higher rates of health problems compared to their peers, including higher incidences of hospitalization for illness,

accidents, injuries, drug use, and emotional difficulties (Courtney & Heuring, 2005). These negative outcomes are similarly observed among children who have been maltreated, regardless of whether they entered foster care, complicating efforts to distinguish whether the effects stem from maltreatment itself or from involvement in the foster care system (Barth et al., 2020). However, some research indicates that children in the child welfare system are more likely to have their emotional and behavioral needs addressed compared to those not in care, with those exhibiting significant behavior problems more likely to receive mental health services than children in parental care (Kortenkamp & Ehrle, 2002). This underscores the complexity of the child welfare system's impact on health and wellbeing, highlighting both the risks and the potential benefits of care interventions.

The child welfare system is tasked with protecting children from maltreatment, particularly children whose individual characteristics (e.g., age, gender, disability status) put them at heightened risk of abuse and neglect (Child Welfare Information Gateway, 2018). As this is clearly the case for transgender children, it is of vital importance for child welfare researchers to evaluate whether child welfare services are adequately meeting the needs of transgender children. The first step of this endeavor includes the creation of data collection and reporting systems that give researchers the ability to precisely and accurately state how many transgender children are in the child welfare system. Additionally, it is necessary to be able to deterministically state the circumstances that preceded a transgender child's entry into the child welfare system, and to track outcomes associated with their child welfare system placements.

Key Terms and Concepts: Transgender Children

The term transgender refers to an individual whose current gender identity and sex assigned at birth are not concordant, as opposed to the term cisgender, which refers to individuals for whom current gender identity is congruent with sex assigned at birth (Table 1). A transgender person may describe themselves in terms of binary or nonbinary gender identity. Examples of binary gender identity include male and female, while nonbinary gender identity may be described simply as nonbinary, genderfluid, gender expansive, genderqueer⁴, Two-Spirit⁵ or other terms to describe their non-cisgender identity. Table 1 provides a summary of the definitions of key terms used in this dissertation. Although transgender is an umbrella term which encompasses many different gender identities, "transgender" is not typically considered to be its own discrete gender identity. For example, a transgender person might be male, female, nonbinary, or agender, the same way a cisgender person may identify themselves as male or female.

⁴ Queer is a term that has been reclaimed from its original purpose as an anti-gay slur and should be used carefully, considering the positionality of the user and their audience.

⁵ A term used by some indigenous cultures in North America.

Table 1. *Key Terms Related to Transgender Children*

Key terms: Transgender children	
Transgender	A term for those whose gender is not concordant with sex assigned at birth. For example, a transgender male who was assigned female at birth, or a transgender female who was assigned male at birth. People who do not identify as male or female may also use the term transgender to refer to themselves.
Cisgender	A term used to refer to a gender identity that is concordant with sex assigned at birth.
Gender identity	Gender identity refers to one's innate sense of gender or affinity to and identification with a particular gender role (or roles, in the case of those with multiple gender identities, such as Two Spirit people). Gender identity may be binary, such as male or female, it may also be nonbinary (or genderqueer), or somebody may identify as agender, referring to the absence of a gender identity.
Gender expression	Gender expression refers to how an individual portrays the particular characteristics of their gender. This may be through affective behaviors such as use of speech patterns, body language, clothing, participation in activities associated with a particular gender role, and/or verbal self-identification with a particular gender identity.
Transphobia	A term which refers to emotional disgust towards, a dislike of, or strong prejudice against transgender people (Hill & Willoughby, 2005).
Gender dysphoria	The term for the distress a transgender individual may experience as a result of the incongruence between their sex assigned at birth and gender identity and/or presentation is typically referred to as gender dysphoria. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), gender dysphoria (GD) is defined as a marked difference between a person's expressed or experienced gender and their assigned gender at birth (American Psychiatric Association, 2022).
Transition (or gender transition)	Gender transition (sometimes written as simply “transition;” i.e. “my transition”) typically refers to a transgender individual’s experience of changes to gender expression or how they embody the particular

	characteristics of a gender role. Transitioning may include a name change, using different pronouns, dressing or emoting differently, or medical treatment such as hormone replacement therapy, surgeries, etc.
Nonbinary (or genderqueer)	A term used to describe gender identity or expression that does not conform to the gender binary.

Note. All definitions were adapted from The Center for Children & Youth Justice Report on Enhancing Successful Outcomes for LGBTQ Youth in Washington State’s Child Welfare and Juvenile Justice Systems (Ganzhorn et al., 2015) unless otherwise noted.

In the cases of transgender children, depending on their age and developmental understanding of their gender identity, a child may refer to themselves as transgender (e.g. a transgender boy or transgender girl), or simply as the gender with which they identify (e.g. as a boy or a girl). Historically, cisgender individuals’ gender identity development has tended to be seen as a “natural” part of early childhood development, occurring between ages two and three, and continuing to increase in rigidity until age five (Ruble et al., 2007). This contrasts with the gender development process of transgender people, which, in previous periods, was treated as a pathological condition referred to as “Gender Identity Disorder.” The Diagnostic and Statistical Manual, Fifth Edition (Text Revision) (DSM-5-TR) no longer refers to transgender identity as a disorder.

Research from the TransYouth Project, a longitudinal study of transgender youth in the United States, found that some transgender children begin consistently identifying as the opposite sex as early as age 3 (Olson & Gülgöz, 2018). This finding is supported by previous research which found that many transgender children begin to recognize that they are transgender by age 5 (Graham, 2023), and for many of these children, experiences of gender dysphoria are some of their earliest memories, even before they consciously recognize themselves to be transgender (Zaliznyak et al., 2021). A difference between perspectives on cisgender and transgender identity development is that the onset of transgender identity has typically been associated with adolescence, the developmental period when most youth begin puberty, as well as many other aspects of social, emotional, and cognitive development (Kar et al., 2015). However, research on transgender children’s gender identities clearly suggests that prepubescent transgender children between the ages of 5 and 12 years old identify with their expressed gender just as strongly as cisgender children do (Olson et al., 2015).

Transgender Disproportionality in Child Welfare

Past research suggests that transgender and gender-diverse youth (ages 12-21) may comprise between 5-5.6% of the adolescent to transition-aged youth foster care population in California. Two studies, conducted between 2014 and 2019 found similar population proportions using different study designs. In 2014, researchers at the Williams Institute at the University of California, Los Angeles, conducted a groundbreaking study that used stratified random sampling

to establish that transgender youth (ages 12-21) were disproportionately overrepresented in the Los Angeles County foster care system, with transgender youth comprising approximately 5.6% of the population of youth (ages 12-21) (Wilson et al., 2014). This population proportion was validated by findings from the 2013-2015 California Healthy Kids Survey (Baams et al., 2019) which analyzed data from a census of students (ages 10-18) in the state of California, finding that approximately 5.04% of youth who reported being in foster care in the past year identified themselves as transgender. When including youth who were “unsure” if they were transgender (e.g. questioning their gender identity) this percentage rises to 6.74%.

Table 2. *Quantitative Findings on Transgender Disproportionality in Child Welfare Systems in California*

Study	Year	Sample size	n= transgender youth	Location	Ages
The Williams Institute (LAFYS) (Wilson & Kastanis, 2015)	2014	786	5.6% of overall sample size	California (Los Angeles County)	12-21
California Healthy Kids Survey (CHKS) 2013-2015 (Baams et al., 2019)	2018	895,218 Analytic sample = 593,241	Transgender (in foster care) = 5.04% of analytic sample Incl. unsure if transgender (in foster care) = 6.74%	California	10-18

Uncovering the root causes of transgender children’s potential disproportionality in child welfare systems also requires the analysis of information related to when and why transgender children enter the child welfare system. Age of entry is known to be particularly important among the contextual factors which play a role in why children enter the child welfare system, as well as how they exit the child welfare system (Petersen et al., 2014b). A significant question about transgender children’s child welfare system entry is whether it precedes or follows the actualization and verbalization of a transgender identity, which is related to the developmental stage of identity development, as well as the chronological developmental stage of the child, (e.g. preschool, school-aged, adolescence, etc.).

Placement Experiences of Transgender Children in the Child Welfare System

One qualitative study of youth who were homeless ($N=40$) found that some transgender youth entered the child welfare system during childhood, while other youth entered during their teenage years (Robinson, 2018). Robinson’s study found that nearly all of the youth who had been involved in the child welfare system ($n=21$) had multiple placements. Robinson’s study did

not indicate whether there was a modal age of entry for transgender children who had been involved in the child welfare system, but it did find that many youth experienced gender segregation, stigmatization, isolation, and institutionalization related to their gender expression and sexuality, particularly for youth of color. Past research, including Robinson's study, has found that transgender youth who have been child welfare system-involved are at higher risk of becoming homeless during and after their child welfare system placement. This may begin with being unwelcome in their families of origin, and exacerbated by needing to flee child welfare placements due to poor treatment related to their transgender status (Elze, 2009; Robinson, 2018; Shelton & Bond, 2017).

Although Robinson's study did not compare and contrast placement rates between cisgender and transgender youth, research from the Williams Institute's Los Angeles Foster Youth Study (LAFYS) validates Robinson's study, and found that on average, LGBT youth had 2.85 placements while in foster care, while non-LGBT youth had 2.43⁶ (Wilson et al., 2014). It is important to note, however, that this calculation does not control for the duration of time that a child spent in care, which may be an explanatory factor behind the higher number of placements. Nominally, this does not appear to be a profound disparity between the two groups, but the higher number of placements on average is still important because the figure is an average, and may indicate a higher volume of unstable placements among LGBT youth. The national standard for states to aspire is two or fewer placements while in care (Carnochan et al., 2013). Therefore, based on this metric, LGBT youth have higher numbers of unstable foster care placements, although it is not clear if all placements were during one period of episode in foster care, or across multiple episodes, or whether this nominally higher figure reflects a true disparity among LGBT and non-LGBT youth.

It is important to note that in the Williams Institute's LAFYS, sampling was weighted by age (stratified into two groups, ages 12-16 and 17-21) and the post sampling calculations were weighted by sex (assigned at birth), but age was not controlled for in side by side comparisons between the LGBT and non-LGBT groups in the study. The researchers did report that the average age of the LGBT sample was 16.2 years old, and the average age of all participants was 15.8, therefore, it remains unclear whether the higher numbers of placements experienced by LGBT youth in this study was primarily driven by the slightly older age of the LGBT population, or by other factors. The results published by the Williams Institute's LAFYS separated transgender youth from LGB youth for certain analyses, but not all, making it difficult to decisively state how transgender youth may be impacted in ways that are distinct from sexual minority youth in foster care.

Findings from the Los Angeles Foster Youth Study (LAFYS) (Wilson et al., 2016) have found that LGBTQ youth were approximately 2.5x more likely to be placed in a group home than non-LGBTQ youth (25.7% and 10.1%, respectively). However, these figures treat the

⁶ This finding was statistically significant at the $P < .05$ level.

LGBTQ population as a conglomerate and do not distinguish between cisgender and transgender youth. This distinction is particularly important due to the pronounced behavioral health needs of transgender youth, including disparately high rates of suicidality compared to cisgender youth (Thoma et al., 2019). It is possible that these behavioral and mental health needs are an underlying factor driving the higher rates of group care placement. It is not clear whether transgender youths' higher rates of group care placement may be caused by youth who run away from placements due to disaffirming caregivers or living environments. The LAFYS found that LGBTQ youth were significantly more likely to have experienced homelessness (21.09%) than non LGBTQ youth (13.9%), which may be reflective of LGBTQ youth running away from disaffirming homes.

Ultimately, it is not presently known why transgender youth experience placement instability problems. It is possible that transgender youths' placement instability is caused by behavior and mental health issues, which may provide an explanatory link between transgender youths' high rates of suicidality and substance abuse with group care placements. However, extant literature on family acceptance and rejection of transgender youth would suggest that this population is not as readily accepted into kinship care (for reasons relating to their gender identity). Therefore, when the option of kinship care is eliminated, transgender youth are left with the options of non-kinship foster care and group care, both of which are more unstable (Font, 2015).

This paper builds on existing research by exploring family acceptance and rejection dynamics at the extended family level, offering new insights into the opportunities and challenges of preserving familial relationships for transgender youth. These findings contribute significantly to the literature on kinship care and provide a critical perspective on how to improve placement outcomes for this vulnerable population. By examining these interconnected issues, this dissertation provides valuable insights into how the child welfare system can better support transgender youth, enhancing both service delivery and placement stability.

Although it is not a focus of this dissertation, it is important to learn more about age of entry for transgender youth in the child welfare system because children in particular age brackets face certain age-associated risk factors for child welfare system entry, such as infants and younger children being more vulnerable to neglect due to being unable to care for themselves. This type of risk factor contrasts sharply with the type of age associated risk factors related to child welfare system entry in adolescence, which is often attributed to behavioral or emotional problems experienced by a youth (Wulczyn et al., 2005). When these issues cause substantial enough conflict in the home environment, families may be referred to the child welfare system for intervention or support, particularly when the behavior issues are accompanied by parental deficits and challenges (Simmel, 2010).

In the LAFYS, youth were asked whether they had ever been hospitalized, arrested, or homeless, but it was not specified whether events took place while they were in foster care, so it is possible that these events preceded and possibly contributed to youths' entry into foster care

(Wilson et al., 2014). However, a recent study ($N = 25$) which consisted of qualitative interviews with transgender youth ages 18-26 who had formerly been in foster care for at least one year found that most of the youth entered foster care for similar reasons to cisgender youth, namely parental substance use and mental health issues (Mountz & Capous-Desyllas, 2020). This finding was particularly significant because it contradicts previous research that found most LGBTQ youth entered the child welfare system during adolescence due to family rejection (Mallon & DeCrescenzo, 2006). A significant limitation of both Mountz and Mallon's studies are that they were based on exceedingly small samples of youth, which can not be expected to be nationally representative. Furthermore, the sample populations were comprised of both gender and sexual minorities, and findings may not represent the experiences of transgender youth as a population that is distinct from sexual minority youth.

Finally, a retrospective study on a nationally representative sample of foster youth found that LGBTQ foster youth were more likely to experience at least 10 foster care placements (Poirier et al., 2018), with LGBTQ youth of color reporting the highest total numbers of placements. This finding highlights the necessity of employing an intersectional framework (Crenshaw, 1990) to map the relationship between disparities at the intersection of race, sexual orientation, and gender identity among transgender youth in child welfare systems. This dissertation will address this gap in research by asking social workers about their experiences serving transgender youth from diverse backgrounds, including race, (dis)ability, and socioeconomic status.

Aside from a few key quantitative studies (Baams et al., 2019; Irvine & Canfield, 2016; Wilson et al., 2014), publications on the subject of transgender children in child welfare systems are currently limited to qualitative accounts that largely focus on disparate experiences within the child welfare system. These studies lack critical information related to the specific circumstances that lead to child welfare system entry, including the precise nature of the maltreatment experienced by transgender children. This research study establishes a foundational framework that will inform future investigations and guide efforts to address this significant knowledge gap effectively.

A nationwide study of transgender adolescents found that transgender teens experienced elevated rates of psychological, physical, and sexual abuse compared with non-transgender adolescents (Thoma et al., 2021). The same study found that risk for psychological abuse was highest among transgender adolescents assigned female at birth. Thoma's study suggests that child-level demographic factors play a significant role in transgender children's experiences of maltreatment, and emphasize the importance of data collection on transgender children in child welfare systems. Unfortunately, a limitation of Thoma's study was that it did not identify who the perpetrator of the abuse was, which highlights a profound gap in academic research on maltreatment. This gap underscores the need for robust, population-level data to better understand the context of abuse experienced by transgender children. Therefore, it is necessary to expeditiously determine whether data related to transgender children's identities that has been collected in California's CWS/CMS is viable for a population level analysis.

Addressing Gaps in the Literature

Despite growing recognition that transgender youth may be disproportionately represented in the child welfare system (Baams et al., 2019; Wilson et al., 2014), existing literature remains fragmented, methodologically limited, and heavily skewed toward youth self-reports and descriptive outcomes. Most empirical studies focus on adolescents and transition-aged youth, rely on small or geographically constrained samples, and frequently aggregate transgender youth with broader LGBTQ populations, obscuring experiences that are specific to gender identity rather than sexual orientation. As a result, fundamental questions remain unanswered regarding when transgender children enter care, why they enter care, and how their trajectories differ with respect to placement types and family contexts. Moreover, prior research rarely distinguishes between system-level drivers (e.g., documentation practices, placement availability, administrative decision-making) and child- or family-level factors, limiting the field's ability to identify actionable points of intervention. These limitations are further confounded by inadequate administrative data infrastructure: without consistent and accurate documentation of gender identity within child welfare information systems, population-level analyses of transgender children's experiences, maltreatment patterns, and outcomes remain largely infeasible.

While extant studies have emphasized family rejection, stigma, and youth vulnerability (Mallon et al., 2021; Ryan, 2010; Woronoff et al., 2006), far less attention has been paid to how frontline social workers' knowledge, attitudes, biases, and institutional constraints shape both data production and service delivery. In particular, no prior research has systematically examined the micro- and mezzo-level factors that influence whether social workers document transgender identity in child welfare administrative systems, despite the centrality of such documentation to identifying disparities and informing policy. Similarly, the literature on placement instability and kinship care for transgender youth remains underdeveloped, offering little empirical insight into how extended family acceptance, religious and cultural beliefs, or agency practices facilitate or foreclose kinship placements for this population. By integrating quantitative analyses of documentation practices with qualitative inquiry into social workers' and caregivers' perspectives, this dissertation addresses these critical gaps, advancing a multi-level understanding of how institutional processes, professional decision-making, and family dynamics intersect to shape the safety, stability, and wellbeing of transgender children in the child welfare system.

Dissertation Research Aims and Questions: Papers 1, 2, and 3

This study has three aims, which will each be addressed in a publication style manuscript. Aim 1 is addressed using quantitative research methods, and aims 2 and 3 are addressed using qualitative research methods. A brief analysis of extant literature supporting the identification of these particular gaps and research priorities is outlined in the following sections.

Paper 1: Documentation of Transgender Children's Identity in the CWS/CMS

The aim of Paper 1 is to determine the factors that influence whether social workers enter data about transgender children's gender identity and expression in the CWS/CMS database. The research questions that are explored in this paper are as follows:

1. Are any key characteristics of social workers associated with the odds of documenting gender identity/gender expression in the CWS/CMS?
2. Which micro or mezzo level factors have an influence (if any) on whether or not social workers document transgender identity in the CWS/CMS?
3. When controlling for micro level factors such as identification as a transgender person or as an ally, what key characteristic(s) have the largest influence on the odds of documenting gender identity in the CWS/CMS?

Understanding factors that influence social workers' documentation of gender identity and expression in child welfare systems is critical for addressing the disparities faced by transgender youth. Inclusive SOGIE (Sexual Orientation and Gender Identity and Expression) data allow for a more detailed reflection of subpopulation differences, enabling better identification and assessment of disparities in service delivery (Forcier et al., 2021). Accurate and intentional documentation of such data is essential to ensure equitable support and interventions for marginalized youth.

Certain characteristics of child welfare social workers may play a role in their decision to enter data about transgender children's gender identities into the CWS/CMS. One of these characteristics may be social workers' level of awareness about transgender people, issues, or their own personal identity as transgender. Social workers have reported that the acquisition of knowledge of LGBTQ+ youth issues has been a personal undertaking rather than a professional mandate (Lindroth et al., 2024). For example, a team of Swedish researchers studying residential care experiences of LGBTQ+ youth (Lindroth et al., 2024) found that many practitioners lacked formal training on LGBTQ+ topics in both their education and later professional development, relying instead on personal interest to guide their practice. Therefore, a key characteristic of social workers who document transgender children's gender identity in the CMS/CWS may be that the social workers are themselves transgender, or consider themselves to be allies to the transgender community.

Micro and mezzo level factors (Bronfenbrenner, 1979) may also influence social workers' decisions to document gender identity in case records. As noted above, at the micro level, individual factors such as a social worker's personal beliefs, knowledge, and biases about gender identity can have the potential to impact whether they recognize a child's identity and document this information. For example, a lack of training or awareness about transgender identities may lead to omissions or inaccuracies in data entry practices. At the mezzo level, institutional factors

such as agency policies, workplace culture, and the availability of supportive resources (e.g., training on LGBTQ+ issues or inclusive data collection protocols) can either facilitate or hinder the documentation process. For instance, agencies with clear guidelines for collecting sexual orientation and gender identity and expression (SOGIE) data may be more likely to see consistent documentation practices. At the macro level, broader societal influences like legal requirements, cultural norms, and systemic discrimination shape the context within which these decisions are made. For example, states or regions with policies mandating inclusive SOGIE data collection, such as California, may create a more supportive framework for accurate documentation (e.g. the dropdown fields used in the CWS/CMS).

Although social workers typically have limited control over macro level factors influencing their work, such as systemic discrimination and legal frameworks (Lacasse & Gambrell, 2015), their micro level professional judgments and mezzo level institutional constraints play a significant role in shaping their practices (Lipsky, 1980). Together, these factors create a complex interplay of multi-layered dynamics that can impact decisions such as the documentation of transgender children's gender identities. By examining these interconnected levels, it becomes possible to better understand how social workers navigate the challenges of their roles and how these influences affect service delivery and outcomes for transgender youth in the child welfare system.

There is limited research on social workers' organizational experiences working with LGBTQ+ youth, as the majority of research conducted on this population is aimed at capturing the perspectives of the youth themselves. Kaasbøll et al. (2022) highlight the general scarcity of studies in this area, making it difficult to identify systemic barriers impacting disparities faced by transgender children in contemporary child welfare settings, as well as best practices to help mitigate these issues. This gap underscores the importance of research focused on the intersection of social workers' decision-making, the influence of organizational policies and practices, and how these impact the documentation of transgender children's gender identity. By addressing these dynamics, this study aims to illuminate pathways to improve data collection processes, foster equity, and enhance outcomes for transgender youth within child welfare systems.

Paper 2: Needs and Experiences of Transgender Children in the Child Welfare System

The aim of Paper 2 is to examine the unique needs and experiences of transgender children in the California child welfare system through the perspective of the social workers who care for them. This paper uses an intersectional feminist lens to explore the intersecting identities and social positionalities impacting the experiences of transgender youth in the child welfare system. The primary research questions that are explored in this paper are as follows:

1. Do social workers perceive transgender youth as overrepresented in the CWS, and if so, why do you think this is so?

2. Do transgender youth face unique barriers related to placement and reunification?
3. What do caregivers and social workers perceive to be the biggest obstacles faced by transgender youth in the child welfare system? Which of these obstacles are uniquely different from those faced by cisgender youth?
4. What do social workers and foster caregivers do to support transgender youth in their care?

Highlighting the unique needs of transgender children in the California child welfare system is critical for addressing the systemic challenges faced by this population. Research has consistently indicated that transgender youth are disproportionately overrepresented in the foster care system (Fish et al., 2019; Wilson & Kastanis, 2015). Although some research suggests that this overrepresentation is linked to family rejection, higher rates of homelessness, and compounded vulnerabilities stemming from intersecting identities, other empirical evidence suggests that transgender youth enter the child welfare system for reasons similar to non-transgender youth (Mountz & Capous-Desyllas, 2020). Understanding the factors contributing to this overrepresentation is essential for developing targeted interventions to reduce disparities.

Transgender youth may also face unique barriers related to placement and reunification. Placement instability often stems from discrimination by caregivers and peers, as well as a lack of inclusive policies that affirm their gender identity (McCormick et al., 2017). Furthermore, reunification efforts may be hindered by family members' rejection of a youth's gender identity, a risk factor for maltreatment that is unique to transgender children (Katz-Wise et al., 2016). These barriers highlight the need for systemic reforms to ensure placement options are affirming and stable.

The perceptions of social workers provide valuable insights into the obstacles transgender youth face in foster care. Commonly cited challenges include limited access to gender-affirming healthcare, social stigma, and inadequate training among child welfare professionals (Wilber et al., 2006). These obstacles differ significantly from those faced by cisgender youth, emphasizing the importance of tailoring support services to meet the specific needs of transgender children. Despite these challenges, transgender youth and some child welfare social workers have advocated for transgender-inclusive policies, including ensuring access to affirming healthcare, and fostering safe and supportive environments (Mallon & Woronoff, 2006; Wilber, Reyes, et al., 2006; Woronoff et al., 2006). Identifying and amplifying these practices can provide a blueprint for improving outcomes for transgender youth in the child welfare system. However, significant gaps remain in the literature, particularly regarding how systemic, organizational, and individual factors interact to influence outcomes for transgender youth, making it imperative to research these areas to inform effective policy and practice changes.

Paper 3: Kinship Care for Transgender Children

This study is guided by the overarching question: How does kinship care function as a placement option for transgender youth in the child welfare system, and under what conditions does it promote or hinder placement stability and well-being? To examine this question, the following research questions explore the availability, perceived desirability, and variation within kinship placements for transgender youth.

1. Do the unique support needs of transgender foster youth influence the availability and stability of kinship care placements?
2. Do social workers perceive kinship care placements to be a preferred option for transgender youth?
3. Do specific relatives appear better equipped to provide kinship care for transgender youth? (E.g. grandmothers, aunts/uncles, older siblings, etc.)

Exploring the factors that influence kinship care options for transgender children in the child welfare system is essential for improving placement stability and ensuring equitable support. Kinship care placement is widely recognized as a preferred option for many children in the foster care system due to its potential to provide continuity of relationships, cultural connection, and stability (Geen, 2004; Winokur et al., 2014). However, transgender youth may face unique challenges in securing such placements, possibly stemming from family rejection, limited availability of affirming caregivers, and systemic biases within child welfare systems (Wilber et al., 2006; Wilson & Kastanis, 2015). Researching these factors is critical to understanding how to expand and improve kinship care options for transgender foster youth.

It is not presently known whether transgender youth have distinct needs in establishing stable kinship care placements, which, for this population, includes the necessity of gender-affirming environments, access to appropriate healthcare, and emotional support to navigate stigma and discrimination. Swedish researchers found that a lack of training for foster caregivers on LGBTQ+ issues and the broader lack of affirming policies within child welfare agencies exacerbate barriers to stable placements for transgender youth in care (Lindroth et al., 2024) but it is not known whether these findings are generalizable to the United States, or specifically California.

While kinship care is often seen as an optimal placement option due to its emphasis on family and community connections, more research is needed to determine whether it is a preferred option for transgender youth specifically. Some evidence suggests that kinship placements may be associated with better behavioral outcomes (Rubin et al., 2008) and provide greater stability (Font et al., 2012), but these benefits are contingent on the suitability of a particular child and caregiver for a kinship care placement. For transgender youth, this may mean that kinship care placements are only able to be successful when a relative is affirming of the

youth's gender identity. When caregivers fail to affirm a youth's gender identity, they can exacerbate feelings of rejection and negatively impact mental health outcomes, including increasing risk of suicidality (Klein & Golub, 2016; Pariseau et al., 2019; Ryan et al., 2009). Thus, exploring relationship dynamics between transgender youth and their caregivers is crucial to identifying best practices for improving kinship care experiences and outcomes.

Placement instability in foster care can result from multiple sources, but research suggests that most placement changes stem from system- or policy-related factors rather than child- or family-level ones. In a study of 580 children and 1,663 placement moves, approximately 70 percent of placement changes were due to system- or policy-related reasons (e.g., administrative transitions or moves to relative care), about 20 percent were attributed to child behavior problems, and smaller proportions were related to foster family circumstances (8 percent) or biological family issues (2 percent) (James, 2004). These findings highlight that while individual child and caregiver characteristics play a role, organizational and structural factors within the child welfare system account for the majority of placement disruptions.

Research evidence suggests that placement instability is known to rise dramatically in adolescence (Sattler et al., 2018), including among youth placed with kin. Among adolescents, non-administrative placement instability is marked by three types of placement disruptions: 1. child-initiated disruptions (e.g. running away from care, refusing to stay in a placement, 2. mismatch between the caregiver and the child (e.g. the child exhibiting difficult behavior or needing a higher level of care) and 3. substandard care (e.g. a CPS investigation for abuse or neglect, or facility licensure issues). It is not known which of these types of placement disruptions is most common among transgender youth. Given that transgender children are more likely to be adolescents due to the developmental relationship between adolescence and "coming out," it is unclear whether placement instability among the adolescent transgender population is driven by factors commonly associated with system- or policy-related reasons, other placement disruptions commonly associated with adolescence, or factors unique to this population, such as a disaffirming caregiver. Furthermore, it is not clear whether kinship care placements may improve placement stability for this population, or alternatively, whether kinship care placements may result in increased placement instability among youth due to family rejection or disaffirming home environments. By creating a better understanding of the barriers and opportunities associated with the provision of kinship care for transgender youth, this research can inform policies and practices that enhance placement stability and improve long-term outcomes for this vulnerable population.

Paper 1: Documenting Transgender Identity in California Child Welfare Systems

Introduction

Accurate documentation of children's gender identities is a critical component of effective and equitable child welfare practice. Yet, little is known about the factors that shape whether transgender youths' gender identity and gender expression are being documented within administrative case management systems. The purpose of this study is to investigate the following question: How do social worker characteristics and micro- and mezzo-level factors influence the likelihood that social workers document transgender youths' gender identity and gender expression in the CWS/CMS? Understanding these factors is essential because documentation practices directly affect service provision, placement decisions, and the visibility of transgender youth within child welfare data systems.

Background

In 2015, as a response to the research community's requests for systematic data collection in this area, the state of California passed Assembly Bill 959: The Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act (Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act, 2015). This act required 11 state entities, including four specific state departments of the California Health and Human Services Agency (i.e. Department of Aging, Department of Health Care Services, Department of Public Health, and the Department of Social Services (CDSS)), to collect voluntary self-identification information pertaining to sexual orientation and gender identity, except in cases where a child is unable to share such information (e.g. a child is nonverbal or intellectually disabled).

In March 2019, California became the first state to begin systematically collecting information about gender identity in their Child Welfare System/Case Management System (henceforth referred to as CWS/CMS). An All County Letter⁷ (ACL) was sent out (California Department of Social Services, 2019) to inform social workers that in addition to collecting mandatory information related to a child's assigned sex at birth, they would now have the option to enter information about children's gender identity and sexual orientation. This change included the addition of a new set of "SOGIE" (Sexual Orientation and Gender Identity and Expression) dropdown menus (see Appendix A) for social workers to collect relevant SOGIE information. In January 2022, a second ACL⁸ (California Department of Social Services, 2022) related to the implementation of the Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act was sent out informing social workers that the collection of SOGIE data was now a mandatory field when entering demographic information in the CWS/CMS.

The SOGIE fields gave social workers the opportunity to enter a child's gender identity as any of the following (see Table 2):

⁷ ACL 19-20

⁸ ACL 21-149

Table 3. *SOGIE Fields in CWS/CMS*

<u>Gender Identity</u>	<u>Gender Expression</u>
• Female • Gender Queer/Gender Non-Binary • Male • Transgender Female • Transgender Male • Not Listed - if the 'Not Listed' field is selected the 'Description' field will be enabled. • Unsure • Declines to State • Did Not Ask	• Androgynous/Gender Non-Conforming • Both Masculine and Feminine • Feminine • Masculine • Declines to State • Did Not Ask

Note. An image of the actual dropdown menu is included in Appendix A.

Although these new data entry fields now provide social workers with a valuable tool to enter the SOGIE information that they are required to collect, the fields currently auto-populate to “did not ask.” It is likely that the field auto populates to “did not ask” because roughly one third of all children who enter state care are younger than a year old, so the question would not be relevant for a substantial percentage of the overall population (Webster et al., 2023). Furthermore, findings from the California Child Welfare Indicators Project (CCWIP) indicate that nearly half of children entering state care are under age 5. It is unknown what percentage of children in this age group are transgender, but it is likely much lower than the percentage of adolescents who identify as transgender due to the temporal relationship between the onset of puberty and experiencing higher levels of gender dysphoria (Kaltiala-Heino et al., 2018).

A 2013 Pew Research study found that the bulk of LGBT respondents (41%) first identified as something “other than straight or cisgender” between the ages of 10-14, but 27% first began to identify as other than straight or cisgender before age 10 (A Survey of LGBT Americans: Attitudes, Experiences and Values in Changing Times, 2013). Because many transgender children begin to recognize their gender identity as early as age 3 (Olson & Gülgöz, 2018), it is important that the “did not ask” feature is used for both young children as well as adolescents.

Furthermore, because the default response to the field is “did not ask,” it may be possible for social workers to circumvent conversations where they may feel uncomfortable inquiring about a topic that seems sensitive or outside of their professional wheelhouse. Given that the purpose of the addition of this new dropdown field is to collect accurate and precise data about children’s gender identity, the most concerning aspect of this feature is that, if misapplied, it has the potential to compromise the internal validity of the data (Smith, 2010, p. 201). For example, if certain social workers were collecting data on children’s gender identity but others were not, or if workers were not asking certain children whether or not they were transgender based on assumptions about their identity, this would negatively impact the integrity of the SOGIE variables in the dataset and limit its quality and usefulness for SOGIE research. Therefore, when children’s information is being entered into the CWS/CMS, it is vital that the “did not ask” option is only used in cases where it truly applies, such as for pre-verbal children, or in cases where a child is unable to provide information about their gender identity or expression due to a disability. However, the potential to circumvent sensitive conversations raises concerns about the “did not ask” option’s impact on data quality. The successful implementation of a particular program depends on both client/provider acceptance and fidelity to its intended purpose (Mildon & Shlonsky, 2011). This lens becomes crucial when implementing the SOGIE data field, because social workers’ discomfort with the application of this form could sabotage the very goal it was designed to serve: collecting accurate and reliable data about transgender children’s experiences in the child welfare system.

Understanding how social workers engage with SOGIE data fields is not merely a procedural concern, it is a matter of substantial intellectual and public-health importance. Because transgender children appear to face heightened vulnerability to maltreatment, instability, and system-level inequities, the accurate and respectful documentation of their gender identity and expression is essential for monitoring their wellbeing, allocating services, and generating reliable population-level evidence. Accurate data entry is also a matter of dignity: children in state care deserve to have their identities recognized and recorded in ways that affirm who they are and support their safety across placements.

Accordingly, research must examine not only whether social workers are consistently entering SOGIE information, but also the factors that may facilitate or impede this process. Barriers may include limited training, a lack of awareness about the necessity of collecting this information, or personal beliefs that transgender identities are invalid. Conversely, strong uptake may reflect behavior of social workers who view these documentation requirements as aligned with their professional ethics, their commitment to LGBTQ+ equity, or their own lived experience as transgender or allied practitioners. Examining these dynamics provides more than critical insight into whether the state’s social welfare and public health data infrastructure is functioning as intended. It also offers a deeper understanding of how documentation practices uphold (or fail to uphold) the inherent dignity, visibility, and safety of transgender children in care. In addition, this analysis reveals whether SOGIE-related policy reforms are translating into practice-level behavior and ultimately, improved outcomes for this population.

This work carries significant implications for the broader field of health and social-policy research. The implementation of SOGIE fields in California’s CWS/CMS system, advanced in part through A.B. 959, was designed to establish a foundational dataset capable of illuminating

disparities experienced by LGBTQ Californians across public systems. Yet the scientific integrity of such research depends on the comprehensive and accurate entry of demographic data. Without consistent documentation practices, researchers cannot estimate population proportions, assess risk pathways, or evaluate the efficacy of policy reforms intended to protect transgender children.

Although California began requiring the documentation of gender identity and expression in 2022, the resulting dataset cannot be responsibly analyzed until it is established that these fields are being used in a manner consistent with the guidelines articulated in ACL 21-149. California's child welfare reforms are already shaping national conversations about how states can better support transgender youth. For this reason, rigorous social-work scholarship is urgently needed to determine whether SOGIE data fields are being employed as intended, and whether the administrative record can serve as a valid, ethical, and empirically sound foundation for future research and policy development.

Institutional Documentation of Gender Identity

West and Zimmerman, pioneers of the social constructionist school of thought related to gender identity, describe gender identity and the performance thereof as the act of "doing" gender (West & Zimmerman, 1987). They describe this in terms of an interactional accomplishment based on visual and behavioral cues exhibited by one person and categorized by another in order to produce the successful exhibition of gender identity in a relational context (Vogler, 2019; West & Zimmerman, 1987). Therefore, the categorization of gender, both actual and perceived, is a fundamental issue for transgender people in both face-to-face interactions and institutional spaces. This becomes extremely important when a person's gender identity is being documented by somebody other than themselves, such as a social worker entering information into a case management system. For example, if a person states that they were born female, but is transgender and identifies as male, but the social worker does not perceive the person to be male by their own standards of how they would expect a male to dress or act, they may fail to accurately document the transgender person's identity.

The institutional documentation of gender identity exists across several important domains, particularly in the issuance of identity documents (e.g. a driver's license, birth certificate, passport, etc), criminal justice records, social service records, the record keeping systems of educational institutions, and electronic healthcare records. Several recommendations have been made about how Electronic Healthcare Record (EHR) systems should function in order to adequately collect data on transgender adults, with the implication that these EHR systems are used to collect and store data related to transgender children as well (Kronk et al., 2022). An important recommendation for documentation of transgender identity validated in the above article is that the data be collected in a "two-step" manner, that is, that persons providing information related to their gender identity share information related to assigned sex at birth in addition to current gender identity (The GenIUSS Group, 2014).

Transgender children may be more incentivized to share their gender identity in a child welfare setting if they have already disclosed a transgender identity in an educational or healthcare setting. Transgender children may discuss their gender identity in a healthcare setting

if they are pursuing medical transition with the support of their healthcare provider. Conversely, they may be disincentivized to provide this information if their healthcare provider is not affirming of their transgender identity. A related issue is privacy, as transgender children may be concerned about the potential for disparate treatment in a healthcare setting by non-affirming providers who have access to their records, or that the confidentiality of the information may be broken and shared with parents or caregivers (Ryan, 2003).

Legal and administrative recognition of transgender people has been consistently documented to be a contentious issue, and historically, courts have pathologized or outright refused to recognize the validity of transgender identities (Vogler, 2019). Transgender children are particularly vulnerable when they express themselves as transgender or gender expansive. Theoretically, the First Amendment protects transgender children's right to express themselves as their identified gender (i.e. being "out" as transgender), as well as to dress as their identified gender or display pride symbols while they are living in state-care. In 2003, a teenage transgender girl of color won a lawsuit (*Doe v. Bell*, 2003) against the New York City Administration for Children's Services requiring the child welfare agency to permit her to wear female attire in her all-boys group home (Wilber, Ryan, et al., 2006) as allowed by her First Amendment right to freedom of expression. This case highlights how the affirmation of transgender children's legal rights can challenge systemic barriers, setting critical precedents for protecting their autonomy and dignity within child welfare systems.

For youth who are already being comfortably housed with respect to their gender identity and expression, additional documentation of gender identity in a CWS/CMS may seem superfluous. However, for youth who are in need of housing accommodations or specialized services related to their transgender identity, such as gender-affirming healthcare, the documentation of transgender identity in a CWS/CMS record may provide the requisite "paper trail" to obtain referrals for said services. In practice, the responsibility for the execution of the decision of when (and when not) to document information such as a youth's gender identity or expression falls on the shoulders of "mid-level bureaucrats" such as social workers and child welfare administrators (Lipsky, 1980).

In order to understand the actualities of how and when social workers document children's transgender identity in the CWS/CMS, it is vital to examine the factors that play a role in social workers' decision making when they choose to ascribe particular descriptive categories to a child's gender identity and expression (Vogler, 2019). It is also necessary to analyze when and how workers enter this information, both in terms of literal timeliness, as well as the circumstances involving a particular child welfare case. This is especially important because although a "progressive" change was made to the available demographic categories in the data entry fields in the California CWS/CMS, this alone may not be enough to change social workers' processes for entering information. This progressive effort could be completely derailed if social workers enter data into these fields based on a personal understanding of gender identity that is structured around a gender binary or other limiting ways of understanding gender (Vogler, 2019). The new fields in the CWS/CMS data system allow for the documentation of nonbinary identities in addition to binary transgender identities (more information about the categories listed in the CWS/CMS dropdown field is listed in Table 1 on page 5).

Documenting Transgender Identity in the California Child Welfare System

Past research has highlighted the importance of documenting transgender children's identity in child welfare data systems (Wilson et al., 2014). Between 2011 and 2016, a wave of gender and sexual minority rights efforts swept the nation and the Department of Health and Human Services issued several federal-level memorandums and research reports highlighting the needs and experiences of gender and sexual minority youth in child welfare systems (U.S. Department of Health and Human Services LGBT Policy Coordinating Committee, 2016; Wilson et al., 2014). Unfortunately, many federal programs and initiatives to improve data collection related to transgender identity were halted and reversed by the U.S. Department of Health and Human Services during the first Trump Administration (Feild, 2018). However, it was also during this time that the state of California began pioneering the effort to collect information related to transgender identity in state child welfare systems.

Researchers have long argued for child welfare practice to be improved as a result of data driven performance measures (Webster et al., 2011). To address this issue in the state of California, the California Child Welfare Indicators Project (CCWIP) was created as a partnership between the California Department of Social Services and researchers at the University of California at Berkeley (Webster et al., 2023). The CCWIP program takes a 'public health' oriented approach to the surveillance of child maltreatment by creating linkages between child protective service records and population-based sources of data (Putnam-Hornstein et al., 2011). This is especially important as the population of transgender children is becoming increasingly prominent and appears to be rapidly growing in size (Herman et al., 2022; Spack et al., 2012). However, it remains an open empirical question whether this observed increase reflects true population growth, or greater comfort and safety in disclosing one's gender identity.

Child Welfare Systems/Case Management System (CWS/CMS)

The California child welfare system began utilizing the Child Welfare Systems/Case Management System (CWS/CMS) database in 1997 to collect comprehensive data on children and families receiving services. Following the passage of the California Child Welfare System Improvement and Accountability Act (AB 636) in 2001, counties adopted the California Child and Family Services Review (C-CFSR) process to meet the law's requirements. This process included creating internal evaluator roles to generate actionable reports from the CWS/CMS database (Winship, 2012). By 2008, federal funding through a Systems of Care (SOC) grant enabled the hiring of a research and evaluation manager, whose work advanced the use of CWS/CMS data for local decision-making and public accountability (Winship, 2012).

A case study of Contra Costa County found that the hiring of a research and evaluation manager proved critical for leveraging CWS/CMS data effectively. Their efforts identified service gaps, influenced agency culture, and improved the program's perception among social workers. Reports produced by the manager helped reframe data entry tasks as valuable contributions to child welfare outcomes, leading to more positive attitudes toward these responsibilities (Winship, 2012). Research on policy implementation highlights that micro-level factors, such as social workers' attitudes and beliefs, significantly influence their responses to new programs, particularly when the programs challenge existing practices (Collins et al., 2007). Mezzo-level factors, such as perceptions of the relevance of specific data fields and their impact

on workload, also shape engagement with data systems. While these studies did not address micro-level factors like social workers' personal identification as transgender or allies to the transgender community, this absence is unsurprising given the lack of focus on SOGIE-related data collection in the reviewed research.

Theoretical Basis for Study Design

Despite the increased visibility of transgender issues over the past decade, transgender identity and gender expression, especially with respect to children, is still highly pathologized and stigmatized (Parker et al., 2018). Many transgender youth are treated as though they are confused or not competent to accurately report their own gender identity (Olson et al., 2015). Because of this bias, collecting information about children's gender identity has become a much more contentious issue than the collection of other types of demographic information. As a result of personal biases and positionalities, social workers may be more or less likely to collect and enter demographic data related to children's transgender identity or expression. This variability highlights a critical gap in academic literature, which is addressed by the research in this dissertation.

The quantitative aspect of this study explores the effect of nine micro and mezzo level independent variables (listed in Table 4, page 33) that may influence whether a particular social worker enters data into the CWS/CMS related to transgender identity and expression. The outcome variable of interest (listed in Table 5) in this study is whether social workers enter data into the CWS/CMS related to children's gender identity. The study is designed to determine the characteristics of California public child welfare social workers who are achieving compliance with the changes to SOGIE data collection mandate to collect data related to transgender identity. The study also aims to determine the characteristics of workers that may be at higher risk for failing to collect and enter these data.

The contemporary study of social workers' behavior in the context of the welfare state draws from Wilensky and Lebeaux's writings on how members of a society shape the structure and function of social welfare systems to reflect their needs and cultural values in order to help people reach their full potential (Wilensky & Lebeaux, 1965). These ideas were expounded by Michael Lipsky in his book "Street Level Bureaucracy" (Lipsky, 1980). Because the responsibility for when to document information about a youth's gender identity or expression falls on the shoulders of mid-level bureaucrats such as social workers and child welfare administrators, it is important to understand how a program for collecting such information has been implemented. Successful program implementation is contingent on individuals engaging in a series of discrete behaviors based on their extant and evolving beliefs in order to execute a set of actions to fidelity, and these beliefs naturally occur within a relational and cultural context (Getha-Taylor et al., 2020). Therefore, the theoretical bases that have been incorporated into this study design are a Cultural Competence Framework and a Knowledge, Behavior, Attitudes, Skills, and Status (KBASS) Model. The theoretical constructs and orientations are outlined below.

Cultural Competency as a Theoretical Lens for Data Entry on Transgender Children

Cultural competency presents a strong theoretical framework for examining how social workers record and interpret information about transgender children in child welfare case data management systems. At its core, cultural competency involves understanding, respecting, and effectively interacting with individuals from diverse backgrounds (Balcazar et al., 2009), including those with diverse gender identities (Sundus et al., 2021). The effective application of this framework with respect to the entry of child welfare case data would ensure that case records accurately reflect the gender identities and gender expression of all children, but most importantly, transgender children who are marginalized on the basis of their gender.

A cultural competence framework is a useful perspective for addressing systemic bias in clinical and social service delivery settings (Cuevas et al., 2017). Social workers are often the first point of contact for children entering the child welfare system. However, social workers' biases, whether implicit or systemic, can influence how these children are perceived and represented in official records. For example, research indicates that transgender children face higher rates of discrimination, misgendering, and erasure within institutional systems, including child welfare (Mountz et al., 2018). If a social worker lacks cultural competency, they may fail to use the child's lived name⁹ or gender in case management systems, leading to data inaccuracies that misrepresent the factors associated with abuse or neglect experienced by a child. By applying a culturally competent approach, social workers may be more likely to ensure that their documentation respects the child's identity and provides a foundation for affirming care throughout the child welfare process.

A cultural competence framework is also a good starting point for promoting accurate and inclusive documentation in transgender children's child welfare records. Case data management systems often serve as the backbone of decision-making within child welfare agencies. On a micro scale, data from child welfare databases plays a significant role in case management and placement decisions, while on a macro scale, the data from these systems influences public policy priorities, resource allocation, and public health efforts (Howard et al., 2019; Nsubuga et al., 2006). Cultural competency equips social workers with the tools to ask the right questions (Argyriadis et al., 2022), record accurate information, and contextualize a child's experiences in ways that reflect their unique identity. For example, a culturally competent social worker would recognize the importance of recording not only the child's gender identity but also factors such as family acceptance (Ryan et al., 2010), experiences of gender-based discrimination, and any specific needs related to their identity such as specialized healthcare. This level of detail ensures that data systems capture the complexity of transgender children's lives, which can guide more informed and equitable interventions.

Cultural competency also aligns with the ethical principles outlined in the National Association of Social Workers (NASW) Code of Ethics, which emphasizes the importance of respecting the dignity and worth of all individuals (National Association of Social Workers [NASW], 2021). When social workers enter data about transgender children, they are not merely recording information; they are shaping how these children are viewed and treated by others who interact with these children and the information recorded in their case records. An ethical, culturally competent approach requires social workers to challenge their own biases, seek out

⁹ A term used interchangeably with "preferred name", referring to a name a transgender individual uses when that name is different from their legal name.

training on LGBTQ+ issues, and advocate for systemic changes in how data is collected and used.

Another critical benefit of cultural competency is its potential to enhance systemic accountability. In this context, systemic accountability can be understood as the collective and meaningful efforts by citizens to actively engage with public institutions to ensure they are held responsible for delivering public services effectively (Boydell et al., 2019). When case management systems are built and used with cultural competency in mind, they can provide data that highlights disparities and inequities faced by transgender children in the child welfare system. For example, aggregated data on the experiences of transgender children could reveal patterns of discrimination, overrepresentation, or disparities in placement stability (Wilson et al., 2014). Social workers, informed by a commitment to cultural competency, play a key role in ensuring that this data is accurate and actionable, with the potential to drive policy changes and resource allocation to address systemic inequities.

When a transgender child's gender identity is misrepresented in case management records, it may lead to inappropriate placements (i.e. placements that are based on assigned sex at birth and incongruous with a child's gender identity), or barriers to accessing affirming medical care (Sequeira et al., 2023). More importantly, given that using a transgender child's preferred name and gender pronouns are associated with lower odds of suicidality, it is particularly important to refer to transgender children by their preferred names and pronouns due to the cumulative interplay of risk factors that increase the risk of suicidality among this population, including childhood maltreatment (Thoma et al., 2019, 2021; Vance, 2018). Adopting a culturally competent approach enables social workers to address these vulnerabilities proactively in interpersonal interactions with youth. By ensuring that accurate and comprehensive information is recorded, social workers can better plan for the well-being of transgender children, reducing disparities and fostering safer, more affirming care environments.

Changes in Knowledge, Behavior, Attitudes, Skills, and Status (KBASS) Model

One of the theoretical models that informs the design of this study is a Knowledge, Behavior, Attitudes, Skills, and Status (KBASS) model (Smith, 2010) to evaluate how social workers currently use gender identity and gender expression data entry fields in the CWS/CMS. The KBASS model is similar to the Knowledge, Attitudes, and Practices (KAP) Model¹⁰, which was developed by public health researchers in the mid 1960s. The KAP Model posits that behavioral change is based on having a requisite level of knowledge, followed by the generation of attitudes that are aligned with the behavioral change, and adoption of practices (behaviors) in this sequential order (Alsaleh et al., 2023; Kim et al., 1969). The KBASS model was selected for use in this study because it was designed to be applied to program evaluation in a contemporary social service setting.

The KBASS model provides a very strong axiological basis for the specific types of questions used in the survey (listed in Table 3). The KBASS model focuses on the ultimate

¹⁰ Sometimes referred to as the Knowledge, Attitudes, Behaviors, and Practices (KABP) Model

aspects of proximate-ultimate goal typology, which allows researchers to determine “big picture” features to construct a causal narrative behind why a particular outcome occurred. For example, a proximate explanation for why child welfare social workers did not enter SOGIE data into the CWS/CMS might be because they “forgot to do it.” However, an ultimate explanation for why a child welfare social worker did not enter SOGIE data into the CWS/CMS might be because they “forgot to enter the data because it isn’t part of their regular workflow because they are not an intake social worker who regularly changes demographic information in the CWS/CMS.” The ultimate explanation provides a much clearer picture of why a particular phenomenon occurred because it elucidates the behavior and status underlying the person who affected the outcome of interest.

Knowledge: The survey questions in this study measure workers’ knowledge by asking about their awareness of the policy that requires them to enter SOGIE data.

Behavior: The survey measures participant behavior through both the two outcomes of interest, as well as through one of the independent variables. The behavior-based independent variables are whether entering SOGIE related data is part of a social worker’s typical workflow and whether they remember to enter the data. The first behavior-based outcome of interest is whether workers enter data into the fields for gender identity, and the second is whether social workers enter data into the field for gender expression.

Attitudes: Participants were asked questions designed to capture how they feel about transgender people. Direct questions may pose a risk for desirability bias due to the survey being deployed in a work environment, and may be experienced as a microaggression (Gartner & Sterzing, 2016) by transgender participants. However, it is necessary to determine whether anti-transgender bias impacts how social workers enter data related to this population.

Skills: To measure skills, social workers are asked whether they have been trained on how to use the SOGIE fields. The survey also asks participants what type of social worker they are, which pertains to both a prescribed skillset and a status. For example, Emergency Response social workers are typically tasked with collecting and verifying intake information about a particular child, including demographic information. However, this is accompanied by a particular skill set, which is entirely dependent on interviewing and recording information that has not been previously entered into the CWS/CMS. This contrasts with a social worker who “inherits” a case, where demographic information has been collected and entered into the CWS/CMS. These workers may be less likely to alter information that has already been entered (or not entered) into the data fields. For this reason, it may be useful to specifically study the documentation behavior of Emergency Response social workers.

Status: The survey asks participants whether they are members of the transgender community or identify as allies to the transgender community. Rather than treating transgenderism as merely an identity, it is treated as a modality (Ashley, 2022) to indicate ‘status’ as a transgender person. This same concept is applied to allyship, where rather

than treating allyship as simply an identity or an attitude, it is considered to be a status because it must be simultaneously attested to as an identity and exhibited through one's role in a social milieu.

In program evaluations for social work and health professions, the KBASS model is typically used within a pretest and posttest study design to measure participants' changes across the aforementioned domains (knowledge, behavior, attitudes, skills, and status). The study described in this dissertation prospectus does not use a pretest and posttest design because it is not evaluating the effectiveness of a particular intervention. However, the use of the KBASS model would allow the current study to be easily translated into a pretest design to evaluate changes to social workers' use of the SOGIE fields in the CWS/CMS if a training intervention were to be deployed. Typically, a KBASS model is used to effect change toward one specific domain at a time. In order to develop an intervention that targets a specific domain in order to promote successful use of the SOGIE fields in the CWS/CMS, it will first be necessary to determine which micro and mezzo level KBASS domains are associated with significantly higher or lower odds of successfully entering data into the fields.

Hypotheses

H₀: None of the micro or mezzo level factors listed in Table 4 are associated with the odds of social workers entering data into the fields for gender identity and gender expression.

H_{a1}: Social workers who identify as transgender, transgender allies, work in early intervention (e.g. intake hotline, child protective services), have enough time to enter the information, have a workflow that includes entering the information, are trained in entering the information, remember to enter information, or have positive attitudes about transgender people are more likely to enter data into the fields for gender identity.

H_{a2}: Social workers who identify as transgender, transgender allies, work in early intervention (e.g. intake hotline, child protective services), have enough time to enter the information, have a workflow that includes entering the information, are trained in entering the information, remember to enter information, or have positive attitudes about transgender people are more likely to enter data into the fields for gender expression.

Methods

Participants

Participants were recruited through purposive sampling; additional information about inclusion criteria is provided in the following section. In total, 56 of California's 58 counties were contacted and invited to participate in the study; Modoc and Siskiyou Counties were not contacted due to the absence of publicly available contact information for their child welfare directors. Each county director received four separate outreach attempts before being considered an opt-out. Because participating counties disseminated the survey internally through their own communication channels, the total number of workers who ultimately received the survey

invitation (and their demographic or professional characteristics) remains unknown, limiting the degree to which the sample can be described relative to the statewide population of child welfare workers in California. Sixteen counties opted-in to participate in the study (see page 37 for participant information).

Participants were provided with access to the study by clicking on a link sent to them via email, or scanning a QR code which links to the online survey. Upon opening the link, participants were provided with an information statement, asked for their written consent to participate, and provided with a link to an online questionnaire (Appendix B). The questionnaire was designed to take approximately 5 minutes to complete in order to minimize the imposition on social workers' time during the workday.

To facilitate data collection, it was necessary to build relationships with child welfare administrators to secure permission for social workers to participate in interviews during the workday with minimal disruption to their schedules. In eligible Bay Area counties, social workers received a \$10 digital Visa gift card for completing the survey and a \$100 digital Visa gift card for completing a 30-60 minute interview as an incentive for participation. Social workers in counties outside the Bay Area, or in counties with policies prohibiting employee remuneration for research participation, were not offered compensation. Ultimately, participants from Bay Area counties, as well as from other counties across California completed questionnaires and interviews.

Inclusion and Exclusion Criteria

Subjects in the study were child welfare social workers in public child welfare agencies in California. All social workers included in the study were adults who are fluent in English. Subjects were over the age of 18 to participate in the study. Social workers eligible for the study held positions in Early Intervention (after hours, hotline, and intake social workers), Family Services (CDU, FDU, or FSU/CDU bilingual unit), Permanency (adoptions, family teaming, health, RFA, and supportive transition), Adolescent Services (Transition Age Youth, etc), or another relevant position¹¹.

Protection of Human Subjects

All data collected from participants via web-based questionnaire was kept anonymous and confidential. With respect to web-based survey data, information related to participants' names and employee identification numbers was not collected in order to further protect participant anonymity. Although there are no risks anticipated to be involved in participation in this study, participants were informed of any potential risks to their wellbeing that may be involved in filling out the questionnaire, such as mild distress if they are responding to a question that makes them feel uncomfortable. To mitigate this potential risk, participants were informed of their right to withdraw from the study at any time.

¹¹ Although ACL's state that social workers must enter information into the SOGIE fields, it does not specify which social workers must do so or whether social workers must ask children about SOGIE information even if prior workers have already done so.

Data Collection and Analytic Plan

Data for this study was collected using the web-based survey platform Qualtrics. The study used linear and logistic regression analysis to determine whether specific micro and/or mezzo level factors influence the outcome of a social worker entering data into the CMS/CWS fields for transgender identity and gender expression. Macro level factors (e.g. laws, economic trends, technological advances) will not be explored in this study. The two outcomes of interest in this study are binary, meaning the response is either yes or no, however, in the actual survey these outcomes were displayed as multiple choice options: never, rarely, sometimes, usually, and always. To convert these responses to dichotomous variables, never and rarely were considered “no”, and sometimes, usually, and always were considered “yes”.

The statistical analysis presented in this dissertation was conducted using Stata software for data analysis. First the data was cleaned to assess for and delete missing responses. Next, summary statistics were calculated and presented in tables, as well as in graphical format. Finally, the regression analysis was conducted and presented in tables and modeled as an equation. The dummy variables (independent variables coded in “yes”/“no” format) anticipated to be included in the preliminary logistic regression model are: being transgender, being a transgender ally, social worker role, having enough time to enter the information, having a workflow that includes entering the information, being trained in entering SOGIE information, and being aware of the policy requiring the entry of SOGIE information to the CWS/CMS.

The estimated regression coefficients for each of the dummy variables that are included in the final regression models will represent the estimated difference in the odds of successfully entering data into the field for gender identity and gender expression of youth ages 3-12 or ages 13 and older. The specific effect is measured using the logistic regression command, *logistic*. For all research questions, the alpha value was set at .05, and any interactions that are significant at the 5% level were included in the investigation. No additional residual diagnostics were performed to check the normality or variance of the residuals in the model because the outcome of the logistic regression is binomial.

Identifying Potential Sources of Bias

The polemical nature of the subject of transgender children may cause the research study to incur unique threats to internal validity (Smith, 2010), such as social desirability bias (Nederhof, 1985) and recall bias. Analyzing findings while evaluating for the impact of social desirability bias is particularly important because the study directly asks participants about whether they are acting in a manner that is compliant with the mandates of their job. Because social workers filled out the questionnaire in their work environment, they may have experienced self-consciousness about answering the form honestly, and may over-report whether they are entering data into the fields for gender identity and expression. Furthermore, because there is social desirability associated with appearing accepting and/or tolerant of others’ marginalized identities that are different from one’s own, especially in the field of social work, workers may over-report their use of the data fields.

Another form of bias which may threaten the internal validity of the survey results is recall bias. Because social workers answered questions about their behavior in a generalized manner, they may incorrectly self-reflect on their behavior based on what they recall doing. Again, workers may be at risk of over-reporting their use of the form if they are only using the form to document gender identity for children who they know or observe to be transgender, and if these cases stand out to a social worker, they may report that they use the data entry fields more often than “rarely.” However, if a social worker is only using these fields in the cases of children who are thought to be transgender, they may still not be entering data into the fields for cisgender children, which would lead to complications when researchers attempt to use the data for population research.

Measures

The measures in this study are based on the identification of key characteristics (expanded upon in further detail below) that would influence data field entry compliance among social workers who use the CWS/CMS. Characteristics which were thought to influence whether a social worker would enter data about transgender identity and expression into the CWS/CMS fields were identified using *a priori* analysis are listed as follows:

Dependent variables

- **Outcome of Interest 1:** How often a social worker enters information about gender identity of children aged 3-12 into the CWS/CMS (Never, Rarely, Sometimes, Usually, Always).
- **Outcome of Interest 2:** How often a social worker enters information about gender identity of children aged 13 and older into the CWS/CMS (Never, Rarely, Sometimes, Usually, Always).
- **Outcome of Interest 3:** How often a social worker enters information about gender expression of children aged 3-12 into the CWS/CMS (Never, Rarely, Sometimes, Usually, Always).
- **Outcome of Interest 4:** How often a social worker enters information about gender expression of children aged 13 and older into the CWS/CMS (Never, Rarely, Sometimes, Usually, Always).

Independent Variables¹²

Person level (micro level) factors

¹² All independent variables are binary “yes/no” responses aside from participants’ attitudes about transgenderism (Q9_1-3). See Table 4.

- **Transgender status:** The social worker does or does not identify as transgender. This variable was chosen because personal identity may shape a worker's comfort, confidence, and perceived relevance in collecting gender-identity data.
- **Allyship:** The degree to which a social worker does or does not describe themselves as an ally to the transgender community (rated as a binary measure with options "yes" and "no"). This variable was chosen because workers who self-identify as allies may be more motivated and attuned to entering accurate and affirming SOGIE-related information.
- **Type of Social Worker:** The social worker works in Early Intervention (hotline, ER, DI, Court, etc.), Family Services (FM, FR, VFM, VFR, etc.), Permanency (adoption, guardianship, etc.), Adolescent Services (TAY, etc.), or Other. This variable was chosen because different program areas vary in workflow, caseload type, and data-entry expectations, which may influence opportunities and barriers to entering gender-identity data. For example, front-end workers in Early Intervention may be more likely to collect and enter gender identity or expression data due to their role in collecting demographic information at the opening of a case.
- **Attitudes about transgenderism:** Three items from the Transphobia Scale (Nagoshi et al., 2008) were used to measure social workers' attitudes about transgender people. They are listed on page 32. Scores on the Transphobia Scale ranged from 1 to 7, with higher scores (7) indicating more negative or transphobic attitudes toward transgender people, and lower scores (1) indicating more positive and affirming attitudes toward transgender people. This variable was chosen because attitudes toward transgender people may influence a worker's willingness, accuracy, and perceived importance of entering gender-identity information.

System level (mezzo level) factors

- **Aware of the policy:** The social worker reports that they are aware of the policy to enter data on gender identity and/or gender expression into the CMS/CWS. This variable was chosen because policy awareness is a foundational prerequisite for executing required job-related tasks.
- **Not enough time ('Too busy')¹³:** The social worker reports that time constraints are an inhibitory factor impacting whether they enter data on gender identity and/or gender expression into the CMS/CWS. This variable was chosen because time-scarcity may influence whether social workers feel they have adequate time to enter data on gender identity/expression.

¹³ Initially, this variable was planned to be reverse-coded due to the hypothesized negative association between time constraints and data entry practices. However, the coding was not altered due to the positive association between the variable and outcome of interest, which is discussed further on page 44.

- **Part of workflow**¹⁴: The social worker reports that it is part of their workflow to enter data on gender identity and/or gender expression into the CMS/CWS. This variable was chosen because routine aspects of job performance may influence whether infrequent or non-prominent tasks (such as entering information related to gender identity/expression) are completed.
- **Remember to do it**: The social worker reports that they regularly remember to enter data on gender identity and/or gender expression into the CMS/CWS. This variable was chosen because recall and task salience may influence the completion of non-automated data tasks.
- **Trained**: The social worker reports that they feel adequately trained (i.e. possess the skills necessary) to enter data on gender identity and/or gender expression into the CMS/CWS. This variable was chosen because training and perceived competency may contribute to social workers' job performance.

Transphobia Scale

The Transphobia Scale (Nagoshi et al., 2008) is a tool developed to measure levels of transphobia, specifically negative attitudes, prejudices, and discriminatory beliefs toward transgender individuals. The questions are based on gender theorist Kate Bornstein's construct designed to measure transphobia outlined in *My Gender Workbook*. Hill defines transphobia as "emotional disgust toward individuals who do not conform to society's gender expectations" (Hill & Willoughby, 2005). It is a validated instrument that consists of nine total items that measure participants' beliefs, emotional reactions, and behavioral intentions related to transgender individuals. The Transphobia Scale has been validated for use in diverse adult samples and demonstrates strong reliability (e.g., Cronbach's α values $>.82$ with test-retest reliability of .88) as well as evidence for convergent and discriminant validity, supporting its use as a measure of attitudes toward transgender people. Three questions from this scale are used:

2. I think there is something wrong with a person who says they are neither a man or a woman.
8. I believe that a person can never change their gender.
9. A person's genitalia define what gender they are, e.g. a penis defines a person as being a man, a vagina defines a person as being a woman.

These items were selected because they most directly captured the affective and cognitive components of transphobia that are theoretically relevant to child welfare practice, including acceptance of transgender identities, perceptions of their legitimacy, and levels of comfort

¹⁴ The term "workflow" refers to a process that a worker habitually uses to complete a task associated with their job. A workflow can be formal, such as a checklist used by a pilot, or informal, such as a general routine that a worker follows, for example, taking out the trash at the end of the day as opposed to in the morning.

interacting with transgender individuals. These domains align with constructs that may influence whether social workers prioritize or avoid entering gender-identity information into the CWS/CMS system. The remaining items from the original Transphobia Scale were excluded because they primarily assess constructs less directly tied to the behavioral outcome of interest. Several omitted items capture forms of extreme hostility, moralized judgment, or sexualization, while others reflect broader ideological positions about gender norms. These dimensions, although part of the larger construct of transphobia, were not expected to meaningfully predict SOGIE data-entry behavior and would have increased respondent burden without improving conceptual alignment.

Each item was rated on a 7-point Likert scale (1 = strongly disagree, 7 = strongly agree). Higher scores reflected more negative or transphobic attitudes, and lower scores reflected more affirming attitudes toward transgender people. To create a single composite measure, the three items were averaged to produce a continuous score representing each participant's overall level of transphobic (versus affirming) attitudes. Averaging the items is consistent with psychometric recommendations for constructing composite variables from conceptually aligned indicators of a single latent construct. This averaged composite score was used as the independent variable in subsequent analyses.

Table 4. *Independent Variables*

Variable level	Survey Question	Independent variables	Variable label(s)
micro level	Do you identify as a transgender person?	Yes: is transgender No: not transgender	transgender_cat
micro level	Do you consider yourself to be an ally to the transgender community?	Yes: is ally No: not ally	ally_cat
micro level	What kind of child welfare social worker are you?	Option 1: Early Intervention Option 2: Family Services Option 3: Permanency	workertype_cat

		Option 4: Adolescent services Option 5: Other	
micro level	On a scale of 1-7, how much do you agree with the following statement? I think there is something wrong with a person who says they are neither a man or a woman.	1 = completely disagree 2 = disagree 3 = somewhat disagree 4 = neither agree nor disagree 5 = somewhat agree 6 = agree 7 = completely agree	q9_1
micro level	On a scale of 1-7, how much do you agree with the following statement? I believe that a person can never change their gender.	1 = completely disagree 2 = disagree 3 = somewhat disagree 4 = neither agree nor disagree 5 = somewhat agree	q9_2

		6 = agree 7 = completely agree	
micro level	On a scale of 1-7, how much do you agree with the following statement? A person's genitalia define what gender they are, e.g. a penis defines a person as being a man, a vagina defines a person as being a woman.	1 = completely disagree 2 = disagree 3 = somewhat disagree 4 = neither agree nor disagree 5 = somewhat agree 6 = agree 7 = completely agree	q9_3
micro level	Average transphobia score	Mean score for Transphobia Scale questions 2, 8, and 9.	transneg_mean
mezzo level	SOGIE refers to Sexual Orientation and Gender Identity and Expression. Are you aware of the policy change that requires SOGIE information to be entered into the CMS/CWS?	Yes: aware No: not aware	aware_cat
mezzo level	Is entering data about transgender identity part of your typical workflow?	Yes: part of workflow	workflow_cat

		No: not part of workflow	
mezzo level	Do you consider yourself to be too busy to enter information about transgender identity and gender expression?	Yes: too busy No: not too busy	busy_cat
mezzo level	Do you remember to enter data into the SOGIE fields?	Yes: remember No: does not remember	remember_cat
mezzo level	Were you trained on how to use the SOGIE data entry fields?	Yes: trained No: not trained	trained_cat

Table 5. *Outcome Variables*

Outcome of interest	Response	Variable label
How often do you enter information about gender identity of children ages 3-12 into the CWS/CMS?	Never, Rarely, Sometimes, Usually, Always	y_youngerID
How often do you enter information about gender identity of children aged 13 and older into the CWS/CMS?	Never, Rarely, Sometimes, Usually, Always	y_olderID
How often do you enter information about gender expression of children ages 3-12 into the CWS/CMS?	Never, Rarely, Sometimes, Usually, Always	y_youngerExp

How often do you enter information about gender expression of children aged 13 and older into the CWS/CMS?	Never, Rarely, Sometimes, Usually, Always	y_olderExp
Do you have experience working with transgender youth in the child welfare system and are willing to participate in a followup interview?	Yes: Willing to participate in a follow-up interview No: Not willing to participate in a follow-up interview	
Is there anything related to SOGIE data collection in the CWS/CMS or transgender children in child welfare that you would like to share?	Open ended question: Field was left blank for participant responses.	

Findings

Respondent Demographics

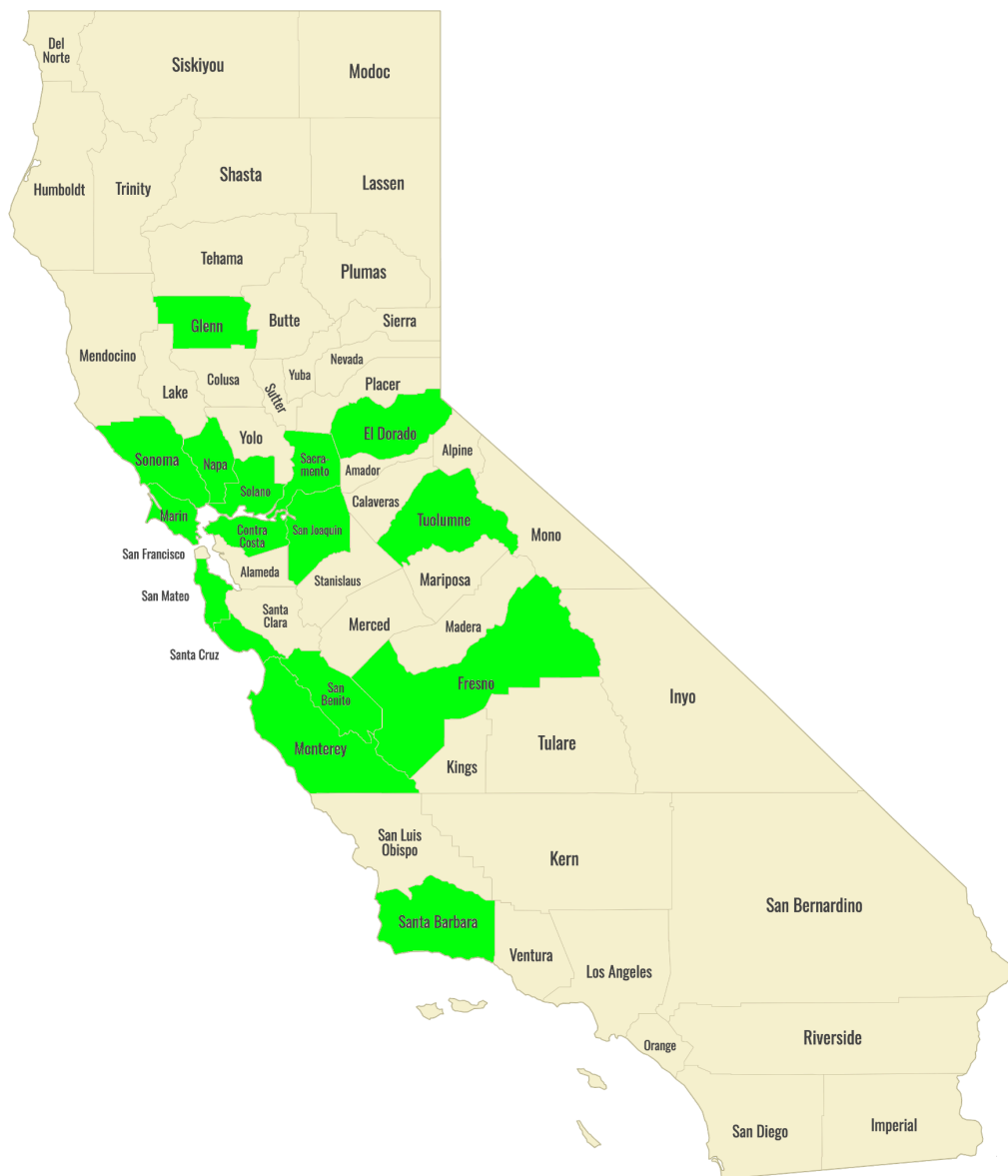
A total of 190 child welfare social workers representing 16 California counties responded to the statewide survey on documenting sexual orientation, gender identity, and expression (SOGIE) information in the Child Welfare Services/Case Management System (CWS/CMS). Participants represented a range of professional roles within county child welfare agencies, including Emergency Response (ER), Continuing Services, Resource Family Approval (RFA), Permanency Planning, Court Officer, Case Review, and Supervisory positions.

The majority of participants reported direct service or case-carrying responsibilities. Respondents' experience in child welfare varied widely, with representation from both early-career workers and those with more than a decade of experience. The sample reflects a cross-section of California's county-based child welfare workforce, encompassing both urban and rural regions. Participants' responses thus provide a broad view of the practices and perspectives of frontline social workers involved in documenting youth identity information within California's state child welfare data system.

The top three counties represented in the sample were Sacramento ($n = 30$), Sonoma ($n = 27$), and Contra Costa ($n = 23$). Participants ranged in age from 21 to 68 years old ($M = 42.02$). Most respondents identified as female ($n = 145$), followed by male ($n = 16$) and

nonbinary/genderqueer ($n = 4$). In terms of professional experience, the majority reported 5 or more years working in child welfare ($n = 99$), with additional representation from those with 2-5 years ($n = 44$), 1-2 years ($n = 16$), 6 months to 1 year ($n = 6$), and less than 6 months ($n = 2$) of experience. Together, these demographics reflect a workforce that is predominantly female, experienced, and drawn largely from county agencies in the California Bay Area.

Figure 1. Map of Participation by County



Sixteen California counties participated in the statewide survey of social workers regarding documentation of sexual orientation, gender identity, and expression (SOGIE) data. Participating counties are shaded in green and include Contra Costa, El Dorado, Fresno, Glenn, Marin, Monterey, Napa, Sacramento, San Benito, San Joaquin, San Mateo, Santa Barbara, Santa

Cruz, Solano, Sonoma, and Tuolumne. Participation reflects geographic diversity across Northern, Central, and Coastal California, with particular representation from the Bay Area and Central Valley regions.

Table 6. *Distribution of Survey Responses by County (N = 163)*

County	Frequency	Percent	Cumulative Percent
Contra Costa	23	14.11%	14.11%
El Dorado	14	8.59%	22.70%
Fresno	18	11.04%	33.74%
Glenn	6	3.68%	37.42%
Marin	1	0.61%	38.04%
Monterey	3	1.84%	39.88%
Napa	1	0.61%	40.49%
Sacramento	30	18.40%	58.90%
San Benito	9	5.52%	64.42%
San Joaquin	9	5.52%	69.94%
San Mateo	2	1.23%	71.17%
Santa Barbara	2	1.23%	72.39%
Santa Cruz	12	7.36%	79.75%
Solano	4	2.45%	82.21%
Sonoma	27	16.56%	98.77%
Tuolumne	2	1.23%	100.00%
Total	163	100.00%	—

Note. Percentages are based on the total number of valid responses which included information about participants' country of employment (N = 163). The total number of responses including incomplete responses was (N = 190).

Table 7. *Descriptive Statistics for Age*

Variable	n	M	SD	Min	Max
Age	164	42.02	10.1	21	68

Note. This table presents descriptive statistics for participant age. Ages ranged from 21 to 68 years, indicating a broad distribution across early-career to late-career professionals. The mean age being closer to the center of the observed range suggests a relatively balanced distribution, with modest dispersion around the mean.

Table 8. *Self-Reported Allyship to the Transgender Community*

Response	n	%	Cumulative %
No	13	7.88	7.88

Yes	152	92.12	100.0
Total	165	100.0	—

Note. Most respondents (92%) identified as allies to the transgender community.

Table 9. *Social Worker Role*

Role	n	%	Cumulative %
Adolescent Services (TAY, etc.)	2	1.2	1.2
Early Intervention (Hotline, ER, DI, etc.)	45	26.95	28.14
Family Services (FM, FR, VFM, VFR, etc.)	44	26.35	54.49
Other	56	33.53	88.02
Permanency (Adoption, Guardianship, etc.)	20	11.98	100.0
Total	167	100.0	—

Note. Participants served across a range of program areas, with the largest proportion identifying as “Other.” Overall, respondents who selected “Other” most often represented placement-focused units, Resource Family Approval programs, and case-review roles.

Table 10. *Participants’ Gender Identity*

Gender Identity	n	%	Cumulative %
Female	145	87.88	87.88
Male	16	9.7	97.58
Nonbinary/Genderqueer	4	2.42	100.0
Total	165	100.0	—

Table 11. *Participants’ Race/Ethnicity*

Race/Ethnicity	n	%	Cumulative %
American Indian/Alaska Native	6	3.59	3.59
Asian	11	6.59	10.18
Black/African American	21	12.57	22.75

Hispanic/Latino	22	13.17	35.93
Native Hawaiian/Pacific Islander	1	0.6	36.53
Other	16	9.58	46.11
White	90	53.89	100.0
Total	167	100.0	—

Note. More than half of respondents identified as White (53.9%).

Transphobia Scale Scores

To provide an overview of social workers' attitudes toward transgender people, the `transneg_mean` variable was created to reflect the average of three items from the transphobia scale (Q9_1-Q9_3). Among the 111 participants who provided complete data, scores were generally low, with a mean of 2.27 (SD = 1.62) on a 1-7 scale, indicating that most respondents reported relatively positive or neutral attitudes toward transgender individuals.

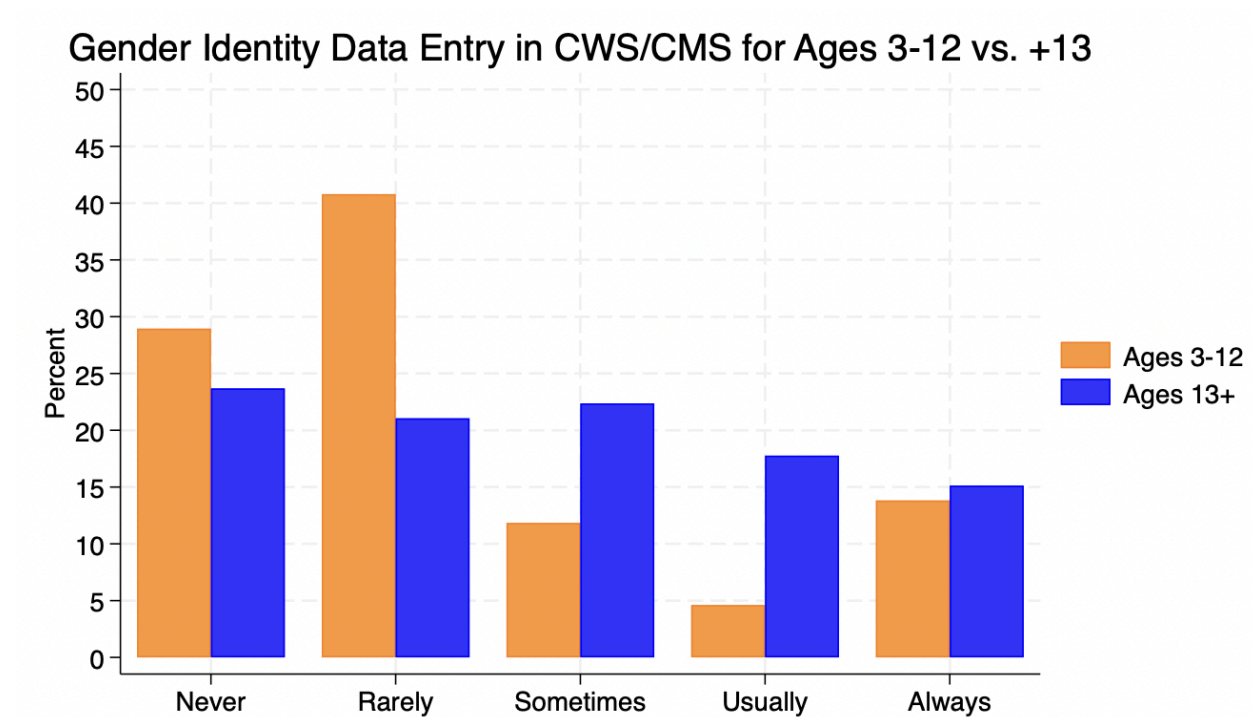
Missing Data

The transphobia scale questions on the survey (items Q9₁-Q9₃) displayed moderate levels of missingness (approximately 45%), which were substantially higher than missingness levels for rest of the survey. Other items on the survey had levels of missingness that were as high as 20%, which is nearly half of the missingness rate for the transphobia scale items. The transphobia scale items were presented using a slider-bar format, differing from the dropdown or multiple-choice interfaces used elsewhere, potentially contributing to nonresponse through usability differences. The fundamental difference between the total sample and the analytic sample was due to this missingness, which was not biased toward any particular demographic group (random missingness).

Outcomes of Interest

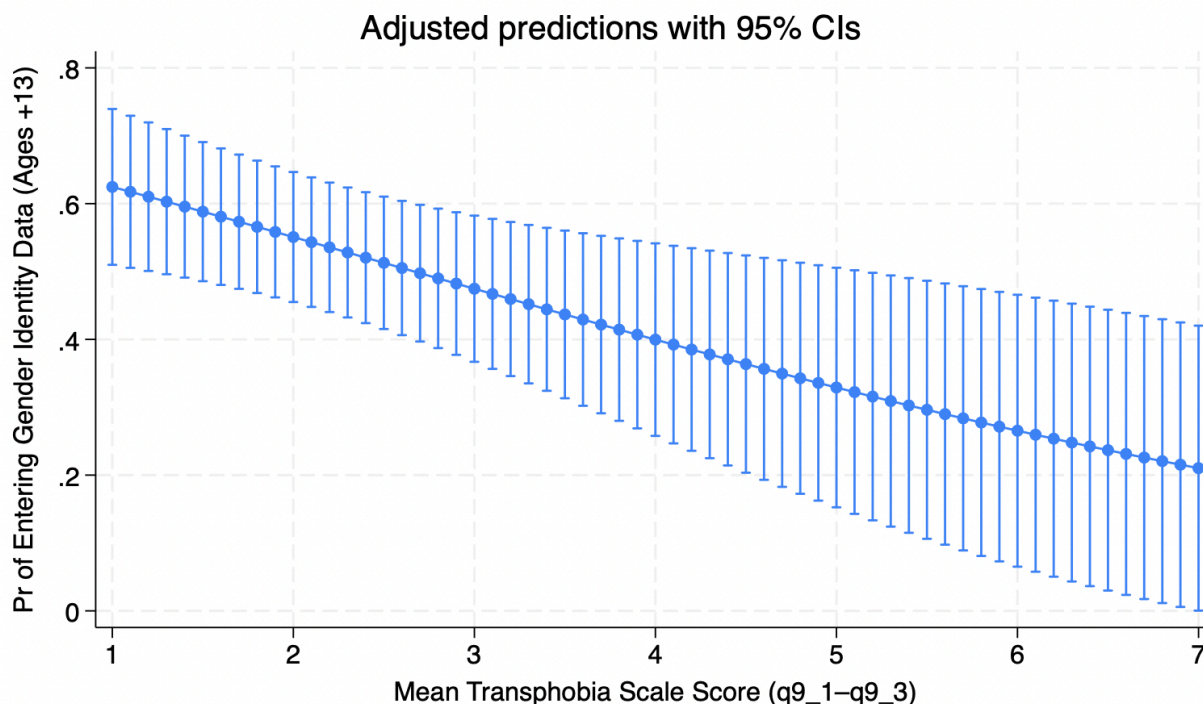
On average, social workers reported entering data on transgender and gender-diverse youths' gender identity in the CWS/CMS more than "rarely" 55.3% of the time for youth ages 13 and older, compared to 30.3% of the time for youth under age 12. With respect to gender expression, social workers indicated that they entered this information 30.5% of the time for younger children and 52.3% of the time for youth ages 13 and older.

Figure 2. Gender Identity Data Entry in CWS/CMS for Ages 3-12 vs. +13



This bar graph compares how frequently child welfare social workers reported entering gender identity information into the CWS/CMS for youth ages 3-12 (orange bars) and 13 and older (blue bars). Across categories, workers were less likely to enter gender identity data for younger children. Nearly 70% of respondents indicated they *never* or *rarely* entered such data for children ages 3-12, compared to roughly 45% for youth ages 13 and older. Conversely, data entry for older youth was more evenly distributed across response categories, with higher proportions reporting they *sometimes*, *usually*, or *always* entered gender identity information. These differences suggest that age plays a substantial role in social workers' documentation practices, with gender identity data more commonly recorded for adolescents than for younger children.

Figure 3. Predicted Probability of Entering Gender Identity Data by Mean Transphobia Score (Ages 13+)



Note. This figure illustrates the adjusted predicted probability that a social worker entered a youth's (ages 13 or older) gender identity data into the CWS/CMS system, plotted across the full range of mean transphobia scores (based on items Q9_1-Q9_3). The predictions include 95% confidence intervals.

A clear negative relationship is evident: as transphobia scores increase, the predicted probability of entering gender identity data steadily decreases. Social workers with the lowest levels of transphobic attitudes (around a mean score of 1) have an estimated probability of roughly 0.6 (or 60%) of entering gender identity data. In contrast, workers with the highest transphobia scores (around 7) have an estimated probability closer to 0.2 (or 20%). This represents a roughly threefold decrease in the likelihood of documenting gender identity information across the attitudinal spectrum. The smooth slope of the curve suggests that this is not a categorical effect but rather a continuous attitudinal gradient, indicating that even small increases in transphobic beliefs correspond to measurable decreases in inclusive documentation practices. The widening confidence intervals at higher transphobia levels reflect greater uncertainty due to fewer respondents with strongly negative attitudes, but the overall trend remains robust and statistically significant.

Logistic Regression Analysis Predicting Gender Identity Data Entry for Older Youth

A logistic regression analysis was conducted to examine factors associated with whether social workers entered gender identity data for older youth (ages 13 and older) in the CWS/CMS.

The predictor variables included awareness of SOGIE procedures (*aware_cat*), transphobic attitudes (*transneg_mean*), and perceived busyness (*busy_cat*). The overall model was statistically significant, $\chi^2(3, N = 111) = 21.31, p < .001$, indicating that the three predictors reliably distinguished between social workers who entered gender identity data more than rarely and those who did not. The model accounted for approximately 13.9% of the variance in the likelihood of data entry (Pseudo $R^2 = .14$).

Awareness of SOGIE procedures was a significant positive predictor of data entry, $b = 1.42, SE = 0.54, \text{Wald } \chi^2(1) = 6.82, p = .009, \text{odds ratio (OR)} = 4.15, 95\% \text{ CI } [1.42, 12.10]$. This finding indicates that the odds of entering gender identity data were more than four times greater for social workers who are aware of the policy which requires them to enter it, holding all other variables constant. Transphobic attitudes were a significant negative predictor, $b = -0.32, SE = 0.14, \text{Wald } \chi^2(1) = 5.89, p = .019, OR = 0.73, 95\% \text{ CI } [0.56, 0.95]$. This suggests that for each one-unit increase in transphobic attitudes, the odds of entering gender identity data decreased by approximately 27%. Perceived busyness also significantly predicted data entry, $b = 0.58, SE = 0.26, \text{Wald } \chi^2(1) = 5.16, p = .023, OR = 1.79, 95\% \text{ CI } [1.08, 2.95]$. (See Table 12).

Table 12. *Logistic Regression Predicting Entry of Gender Identity Data for Older Youth (13+)*

Predictor	β	SE	Wald χ^2	p	OR	95% CI for OR
Awareness of SOGIE Procedures	1.42	0.54	6.82	.009	4.15	[1.42, 12.10]
Transphobic Attitudes	-0.32	0.14	5.89	.019	0.73	[0.56, 0.95]
Perceived Busyness	0.58	0.26	5.16	.023	1.79	[1.08, 2.95]

In a bivariate model, training on how to enter SOGIE data was independently associated with significantly higher odds of documenting gender identity information for older youth, $b = 0.20, SE = 0.08, t(150) = 2.54, p = .012$. However, this relationship was no longer statistically significant in the multivariate logistic regression model once awareness of procedures, attitudes about transgender people, and busyness were included.

No variables were found to have a statistically significant effect on the odds that social workers entered gender identity data for younger youth (ages 3-12) in the CWS/CMS system.

Multiple Regression Analysis Predicting Gender Identity Data Entry for Older Youth

A multiple linear regression was conducted to examine whether transphobic attitudes, awareness of transgender issues, and perceived busyness predicted the likelihood that social workers entered gender identity data for older youth (ages 13+). The overall model was statistically significant, $F(3,107) = 7.62$, and explained approximately 17.6% of the variance in data entry behavior ($R^2 = .176$, $R^2_{adj} = .153$). Higher mean transphobia scores were associated with a significantly lower likelihood of entering gender identity data ($\beta = -0.067$, $t(107) = -2.45$, $p = .016$). Conversely, greater awareness of transgender issues was a significant positive predictor, $\beta = 0.305$, $t(107) = 2.78$, $p = .006$, as was higher perceived busyness ($\beta = 0.117$, $t(107) = 2.34$, $p = .021$).

Final Regression Equation:

$$Y_{\text{olderID}} = \beta_0 + \beta_1(\text{transneg_mean}) + \beta_2(\text{aware_cat}) + \beta_3(\text{busy_cat}) + \epsilon$$

$$(where \beta_0 = -0.165, \beta_1 = -0.067, \beta_2 = 0.305, \beta_3 = 0.117)$$

These results suggest that social workers with lower transphobia scores and greater awareness of transgender issues were more likely to document gender identity data for older youth, even when accounting for self-reported workload or busyness.

Factors Associated With Entering Gender Expression Data

Two logistic regression analyses were conducted to examine whether awareness of SOGIE procedures and workflow-related factors predicted social workers' documentation of gender expression data for younger (ages 3-12) and older (ages 13 and older) youth in the CWS/CMS.

For younger youth, the model including awareness of SOGIE procedures was statistically significant, $\chi^2(1, N = 151) = 5.16$, $p = .023$, with a Pseudo $R^2 = .03$, indicating that awareness explained a small but meaningful portion of the variance in data entry. Awareness of SOGIE procedures was a significant positive predictor, $OR = 2.98$, $p = .037$, 95% CI [1.07, 8.30], meaning that for each one-unit increase in awareness, social workers were nearly three times more likely to document gender expression data for younger youth.

For older youth, the model including both awareness and workflow consistency was highly significant, $\chi^2(2, N = 151) = 18.05$, $p < .001$, with a Pseudo $R^2 = .09$, indicating a stronger overall model fit. Both predictors were significant: awareness of SOGIE procedures ($OR = 4.21$, $p = .002$, 95% CI [1.73, 10.22]) and workflow inclusion ($OR = 1.32$, $p = .042$, 95% CI [1.01, 1.73]). These results show that workers with greater awareness of the policy requiring SOGIE data entry were more than four times as likely to record gender expression for older youth, and that those who reported that SOGIE data entry was part of their routine workflow were about 32% more likely to do so than those for whom it was not.

Factors Associated with Gender Identity and Expression Data Entry for All Ages

Two independent variables, awareness of policy requiring SOGIE data entry in the CWS/CMS, and entering SOGIE data as part of a social workers' typical workflow were found to be associated with the outcome of entering gender identity and expression data (more than rarely) for youth of all ages (y_{all}). In a linear regression model, awareness of the policy requiring SOGIE data entry significantly predicted higher likelihood of entering data related to gender identity and expression, $b = 0.28$, $SE = 0.096$, $t(150) = 2.92$, $p = .004$. A linear regression model also demonstrated that entering SOGIE data as part of a social workers' workflow was also associated with the outcome of gender identity and expression data entry, $b = 0.07$, $SE = 0.031$, $t(150) = 2.34$, $p = .021$. When both predictors were entered simultaneously in a multiple regression model, awareness of SOGIE procedures remained a significant predictor, $b = 0.25$, $SE = 0.097$, $t(149) = 2.61$, $p = .010$. However, workflow was no longer statistically significant in the combined model, $b = 0.06$, $SE = 0.031$, $t(149) = 1.94$, $p = .055$, though the effect approached significance.

Hypothesis Testing

The results of these regression analyses provide support for the alternative hypothesis (H_a) and lead to the rejection of the null hypothesis (H_0) for older youth with respect to gender identity data entry, and for younger youth with respect to gender expression data entry (See Table 13). Specifically, at the micro level, social workers' awareness of SOGIE procedures and attitudes toward transgender people were significantly associated with the odds of entering gender identity data for older youth. Workers with higher awareness and more affirming beliefs were substantially more likely to document this information in CWS/CMS. At the mezzo level, perceived busyness also had a significant positive association, suggesting that engagement with documentation processes may matter more than workload constraints.

Table 13. *Multiple Regression Predicting Gender Identity Data Entry*

Predictor	β	t	p
Transphobia (mean score)	-0.067	-2.45	.016
Awareness of SOGIE data entry policy	0.305	2.78	.006
Perceived busyness	0.117	2.34	.021

Note. $N = 111$. Model summary: $F(3, 107) = 7.62$, $p < .001$; $R^2 = .176$; Adjusted $R^2 = .153$.

In contrast, only one mezzo-level factor (awareness of the policy requiring SOGIE data entry) significantly predicted data entry related to gender expression for younger youth (ages

3-12). Thus, while the hypothesis was supported for older youth, indicating that training, awareness, and attitudes play a central role in inclusive documentation, it was not supported for younger children, where gender identity data appear to be less consistently collected or documented in practice.

Open-Ended Responses on SOGIE Data Documentation

The following excerpts are drawn from participants' responses to an open-ended question that invited child welfare social workers to share any additional thoughts, challenges, or recommendations regarding the collection and documentation of sexual orientation, gender identity, and expression (SOGIE) data in the CWS/CMS. Social workers were asked "Is there anything related to SOGIE data collection in the CWS/CMS or transgender children in child welfare that you would like to share?"¹⁵ Participants' responses to this question offered direct insight into their experiences documenting sexual orientation, gender identity, and expression (SOGIE) data in the CWS/CMS.

Several workers described how SOGIE information is often missing or unavailable when cases are opened. One respondent noted, *"often this info is not known at intake so that's why I put 'sometimes' on previous answers. If I know, then I know and enter it accordingly."* In other words, this worker underscores that data entry is contingent on disclosure. Information about a youth's gender identity or expression can only be recorded once it becomes known through a report by a concerned party, or through direct interaction with the youth themselves. Another added, *"typically by the time the youth is entered into CWS it has been done by screening. My role is to correct the information."*

Others pointed to the absence of training or clear procedural guidance. One participant wrote, *"We aren't trained to gather demographic data around SOGIE,"* while another emphasized, *"Frequent refresher trainings and reminders to enter/update SOGIE info would be helpful for staff."* Several workers explicitly asked for more instruction, including one who said, *"Please provide more training on how to enter SOGIE information and provide a step by step guide,"* and another who reflected, *"The CWS training we receive in my county is not very robust and appears to just be focused on mandatory fields."*

Respondents also described structural limitations and data-entry challenges within CWS/CMS. One worker explained, *"In CWS the relationship data between family members is not updated so that if you mark a child's 'sex at birth' as female and they are trans male their relationship to their parents will say 'daughter'."* Another described, *"I have had to be creative in how to document preferred names in CWS/CMS. Which causes Court Reports to be generated with the youth's legal/dead name."* Participants further noted that *"The data fields are in an area that makes it easy to overlook,"* and that *"It is not a normal part of workflow, staff have not been trained, and there is not an emphasis on it by management."*

Some workers expressed hesitation or fear regarding the potential misuse of SOGIE information. One wrote, *"I am sometimes hesitant to enter SOGIE data on transgender youth who are not out to their families... because I worry the data may be misused by those in power."*

¹⁵ This question is Q_20 in the questionnaire in the Appendix of this document.

Another voiced deeper concern: *“I think in the current state it should not be entered. This info remains in a system and someone could use the info to harm youth now or 20 yrs in the future.”*

A subset of participants emphasized the importance of inclusive practices and broader cultural understanding. Comments included, *“I would love to start seeing a broader understanding of the difference between sex and gender,”* and *“It would be useful for child welfare workers to have more training for youth ages 3-7.”* Others highlighted system-level improvements, suggesting that *“It would be great if CWS/CMS... could alert staff on a certain frequency... to review a youth's SOGIE data,”* and *“It should be included in the ‘thumbs with a ribbon’¹⁶ section in CWS that won’t allow a referral to be closed without it being entered.”*

Finally, several respondents reflected on the broader implications for youth wellbeing. As one stated, *“Children often feel unsupported to share their information.”* Another affirmed, *“Children who identify as transgender have the right to be able to express themselves and be able to reside in a welcoming home, without having to worry about being accepted.”* Participants repeatedly called for improved training, clearer protocols, and organizational practices that ensure information about transgender and gender-diverse youth is recorded and accurately within California’s child welfare system to promote safe outcomes for these youth.

Discussion

Strengths and Limitations of Study

This study has several notable strengths that contribute to its impact and methodological rigor. A key strength is its large-scale design, encompassing sixteen counties across the state of California with a total sample size of $N = 190$. After excluding cases with missing data, the final analytic sample used for regression analysis was $n = 109$. This sample size enhances the statistical power of the analysis, allowing for more reliable detection of patterns and relationships between social worker characteristics and their data entry behaviors. Furthermore, the inclusion of diverse counties within California ensures a broader representation of social workers, increasing the robustness of the findings within the region. Another significant strength is the study’s innovative focus on gender identity data fields in child welfare systems. By examining how social workers interact with these newly implemented fields, the research addresses a critical gap in the literature and provides actionable insights into the usability and reliability of such data for research and policy-making. This focus has the potential to inform improvements in data collection practices, which are essential for accurately representing and addressing the needs of transgender children in the child welfare system.

Additionally, the use of logistic regression modeling offers a systematic and rigorous method for identifying predictors of data entry behaviors. By analyzing a range of variables, such as demographics, professional roles, and other influential factors, such as training, awareness, or workload, the study is uniquely positioned to uncover patterns that may inform targeted interventions, such as specialized training programs or organizational policy adjustments. The quantitative approach also complements the qualitative component of the research, providing a

¹⁶ A method of visually flagging information that needs to be updated in a child’s case record.

broad understanding of systemic trends that can be enriched by more in-depth, individual-level insights.

Finally, the study's alignment with California's pioneering efforts to collect gender identity data underscores its practical relevance and timeliness. As the first state to adopt such measures, California provides a unique opportunity to evaluate the early implementation and usage of these data fields, setting a precedent for other states and child welfare systems. This contextual advantage positions the study to make significant contributions to both academic research and child welfare policy, particularly regarding the inclusion and affirmation of transgender children.

This study, while robust, faces several limitations that could affect the generalizability and validity of its findings. First, the study's respondents were predominantly located in the San Francisco Bay Area, which may limit its applicability to other geographic areas. The Bay Area's relatively progressive social climate and resources for LGBTQ+ populations might not reflect the experiences or practices in more conservative or resource-limited regions, which could result in findings that are not representative of broader national trends.

Additionally, the survey methodology may introduce response bias. Social workers completing the survey may feel compelled to provide socially desirable answers, particularly on sensitive topics like gender identity, their identity as an ally to transgender persons, and whether they are completing tasks associated with their job to fidelity. This could result in an overestimation of positive attitudes and behaviors, undermining the accuracy and validity of the data. Relatedly, achieving a truly representative sample of social workers proved challenging due to nonresponse bias, given that social workers who chose to participate may differ in meaningful ways from those who do not, further limiting the generalizability of the results.

The transphobia scale questions on the survey (items Q9₁-Q9₃) displayed moderate levels of missingness (approximately 45%), substantially higher than the rest of the survey. These items were presented using a slider-bar format, differing from the dropdown or multiple-choice interfaces used elsewhere, potentially contributing to nonresponse through usability differences. The items also addressed transphobic attitudes, which are a socially sensitive topic that may have prompted respondent discomfort or social-desirability avoidance. Comparison of respondents who completed versus skipped these items revealed no strong demographic or role-based differences, suggesting that missingness was likely driven more by instrument design and topic sensitivity than by systematic respondent bias.

Another limitation of this study lies in the complexity of factors influencing social workers' behaviors. While the study aims to identify predictors of data entry practices, logistic regression modeling can only establish associations, not causation. This approach may not fully capture the influence of broader systemic and organizational barriers, such as policy constraints, technological challenges, or administrative workload, which could also impact social workers' likelihood of entering gender identity data into case management systems. Lastly, the reliance on self-reported data introduces inherent limitations, as participants' perceptions and recollections may not always align with their actual practices. Together, these limitations highlight the need for cautious interpretation of the findings and underscore the importance of complementing

quantitative analyses with qualitative insights to provide a more holistic understanding of the issues at hand.

Conclusions

This study identified key characteristics of California public child welfare social workers that influence compliance with the state's recent administrative policy mandating the collection of sexual orientation, gender identity, and expression (SOGIE) data in the Child Welfare Services/Case Management System (CWS/CMS). Using both multiple and logistic regression analyses, the study examined whether specific micro-level factors (e.g., attitudes, awareness, training, and personal identity) and mezzo-level factors (e.g., workload and organizational context) are associated with social workers' likelihood of documenting transgender identity and gender expression for youth in care.

Findings from the study reveal age-related differences in social workers' data-entry practices, including documenting gender identity and expression more often for older youth than younger youth, suggesting that social workers may be more likely to view gender identity and expression as relevant or knowable during adolescence, when youths are more likely to self-identify and articulate their gender experiences. It may also reflect developmental assumptions that younger children are "too young" to have a stable gender identity or that collecting this information is less urgent in early childhood cases. Additionally, CWS/CMS training materials and intake templates may prioritize demographic data for older youth, leaving fewer prompts or opportunities to record gender information for younger children. Together, these patterns point to the need for clearer guidance and training to support consistent, developmentally appropriate documentation of gender diversity across all age groups in the child welfare system.

Findings from regression analyses indicate that social workers' awareness of SOGIE data-entry procedures and attitudes toward transgender people are the strongest predictors of documentation behavior, while training alone was not sufficient to produce significant effects once awareness and attitudes were considered. These results suggest that compliance with SOGIE data-entry requirements is driven less by individual identity or time constraints and more by workers' understanding of, and comfort with, gender diversity within professional practice.

The finding related to social workers' reports of being trained on SOGIE data entry being independently associated with higher odds of documenting gender identity data for older youth, (which is not significant in a multivariate model) indicates that training alone may not be sufficient to change documentation behavior in the absence of broader organizational reinforcement. Workers who receive training may be more aware of procedures, but lasting improvements in SOGIE data entry likely depend on ongoing supervision, structural support, and agency-level norms that integrate gender-affirming practices into routine workflow. These findings underscore the importance of coupling trainings on SOGIE data entry with sustained institutional efforts to build awareness, accountability, and cultural competence within child welfare systems.

The lack of significant findings related to social workers' data entry of gender identity and expression information for younger children may reflect the limited frequency with which gender identity is discussed or documented for younger children, as well as developmental and systemic factors that make such information less likely to be known or recorded at intake. Social workers may perceive gender identity as more fluid or emerging in early childhood, or may prioritize entering this information only once a youth begins to self-identify during adolescence. Consequently, analyses for younger youth did not yield meaningful predictors, and subsequent models focus on data entry for older youth (ages 13 and above), where both awareness and attitudinal factors showed significant effects.

Findings from this study indicate that greater awareness of SOGIE procedures substantially increases the likelihood of documenting a youth's gender identity, while more transphobic attitudes decrease the likelihood. The positive association with perceived busyness may reflect that workers managing larger caseloads are also those more regularly engaged with case documentation processes, thereby increasing their likelihood of entering data. Qualitative findings from this study appear to be concordant with quantitative findings, including the incidental finding that some social workers abstain from entering data about transgender children's gender identity and/or expression in order to protect their privacy. Social workers cited concerns about children being "outed" to relatives or prospective caregivers, as well as concerns that they do not want to enter the data into a database when it is unclear whether this may pose future consequences for these children. Overall, these results suggest that social workers' knowledge and attitudes, rather than time constraints, are the primary factors influencing whether gender identity data are documented, particularly, for older youth in California's child welfare system.

Implications

Findings from analyses of survey-based quantitative measures and qualitative open-ended responses reveal persistent structural, procedural, and cultural barriers to documenting gender identity in CWS/CMS. This research contributes to California's ongoing efforts to strengthen data collection on transgender and gender-diverse children and youth in public systems. Although state policy now mandates the use of CWS/CMS SOGIE fields, this study underscores the importance of ensuring that such policies are supported by training, supervision, and organizational reinforcement that promote fidelity in data entry. Evaluating the micro and mezzo factors that shape compliance provides valuable insight for agency leaders and trainers seeking to improve the accuracy and completeness of SOGIE data.

Ultimately, these findings highlight the critical role of workforce readiness and cultural competence in advancing equity for transgender youth in care. By identifying the factors that promote or inhibit inclusive documentation practices, this research can inform future policy, training, and supervision efforts aimed at ensuring that transgender and gender-diverse children are accurately represented in administrative data, and, by extension, more effectively served within California's child welfare system.

Paper 2: The Needs of Child Welfare System Involved Transgender Children

Introduction

Paper 2 of this study examines the unique needs of transgender children in the child welfare system, with particular attention to factors shaping their overrepresentation, placement options and stability, reunification with families of origin, and identity-related needs while in care, including access to healthcare and social support. Transgender children, particularly those who are also youth of color, often experience compounded forms of marginalization related to racism, transphobia, class disparities, and stigma associated with sexual orientation. These intersecting forms of marginalization may increase their risk of child welfare system involvement, prolong their time in care, and expose them to heightened risks of discrimination and violence. An intersectional perspective helps illuminate how overlapping social inequalities shape the experiences of transgender youth in child welfare systems and highlights the structural factors that may influence their trajectories in care.

Recent policy efforts in California reflect an evolving recognition of the unique needs of transgender youth in the child welfare system and an increasing emphasis on affirming care as a component of appropriate practice. For example, SB 407 requires child welfare agencies to affirm and respect a child's gender identity and expression in placement, service provision, and case planning decisions (Wiener, 2023). This builds on earlier legislation, including SB 731, which established that foster placements must support and affirm the gender identity of transgender youth (Leno, 2015). Further, AB 2119 explicitly affirms the right of transgender youth in foster care to access gender-affirming healthcare as medically necessary treatment, including mental health services, hormone therapy, and, when appropriate, surgical interventions, while also requiring that youth be meaningfully involved in case planning and that such services be treated as part of standard, necessary care (Gloria, 2018). Collectively, these policies signal a shift away from discretionary or inconsistent approaches toward a more standardized expectation that affirmation is integral to child welfare practice. Addressing these systemic inequities through policy is essential to creating a more just and affirming child welfare system that prioritizes the safety, well-being, and dignity of transgender children.

This study analyzes qualitative interviews with California child welfare social workers, shedding light on how practitioners describe the challenges they encounter when identifying placements for transgender youth. This study seeks to answer several key research questions related to the experiences of transgender youth in the child welfare system. First, the study examines whether social workers perceive transgender youth to be disproportionately overrepresented in the child welfare system and, if so, how practitioners explain this pattern. Second, the study investigates whether transgender youth face unique barriers related to placement stability and reunification with their families of origin. Third, the study explores the primary obstacles that social workers and caregivers perceive transgender youth to encounter within the child welfare system, with particular attention to whether these barriers differ from those experienced by cisgender youth. Finally, the study examines the strategies that social workers and foster caregivers use to support transgender youth in their care, including efforts to address identity-related needs, promote safety, and facilitate access to affirming resources.

Background

Intersectional Feminist Theory

Intersectionality is a term coined by Kimberlé Crenshaw (Crenshaw, 1990) to describe the intersecting experiences of those on the margins of race, class, and gender. Intersectionality serves as a useful framework for understanding the unique vulnerabilities of transgender youth in the child welfare system by analyzing how overlapping systems of oppression, such as racism, sexism, transphobia, and classism, interact to shape their experiences. Originating from Black feminist thought (Hill Collins, 1990), intersectionality challenges one-size-fits-all approaches to social justice by recognizing that identities do not exist in isolation from structures of power. Applying this framework to child welfare research reveals how an absence of policies and practices to support transgender youth disproportionately harms transgender children of color by reinforcing structural inequities that marginalize them based on multiple axes of identity.

An intersectional feminist approach highlights the limitations of traditional feminist and child welfare frameworks that often fail to consider how gender identity interacts with race and class. While feminist theory has historically focused on gender-based oppression, intersectional feminism expands this focus to include the compounding effects of racial and economic marginalization. This perspective is crucial in child welfare research because it acknowledges that transgender youth of color are not only targeted for their gender identity but may also experience systemic discrimination based on their racial or socioeconomic backgrounds. Furthermore, intersectional feminist theory underscores the importance of centering the lived experiences of those living on the margins of society, in this case, transgender youth. An intersectional approach stresses the importance of creating enduring structural changes that move beyond surface-level reforms, instead addressing the root causes of disparities among social groups. In the case of transgender children, these disparities include difficulties achieving placement stability, access to gender-affirming healthcare, and family reunification among youth who have been rejected or disaffirmed by their caregivers or families of origin. By integrating this framework into child welfare practice perspectives, researchers and practitioners can work toward dismantling institutional biases, fostering inclusive care environments, and ensuring that transgender youth receive the support they need to thrive.

The limitations of using an intersectional framework to analyze the issues of maltreatment of transgender children and transgender disproportionality in child welfare systems are that intersectionality focused praxis is typically directed towards addressing systems of oppression that occur on macro, and sometimes even ideological levels. Although oppressive systems exist on a mezzo level and are reinforced through the actions of “mid-level bureaucrats” such as social workers and child welfare administrators (Lipsky, 1980), the outcomes of child welfare cases are decided on an individual level based on the unique risks posed to the safety of each child. The most significant limitations to the application of an intersectional framework to the issue of child maltreatment is that within a family system, power imbalances that result in maltreatment occur on an interpersonal, micro level, between a parent (or both parents) and their child (or children). It is not clear whether differences in parents’ and children’s’ social positionality is a driving factor behind transgender disproportionality in child welfare, although it may play a contributory role in experiences of discrimination faced by youth who have already

entered the child welfare system, such as in cases where cisgender relatives or foster caregivers engage in transphobic behavior toward children in their care.

Overall, an intersectional framework provides a strong theoretical scaffolding for understanding the multidimensional ways in which systems of oppression impact the lives of transgender children who are affected by child maltreatment and child welfare system involvement. This is because an intersectional framework allows researchers to address the ways an individual child, or even entire populations of children may be multiply-marginalized based on their identities or disadvantaged status. An intersectional framework is useful for understanding the cumulative interplay of systematic forms of oppression that may predispose certain children toward child welfare system involvement (e.g., racism, poverty, etc.). Ultimately, intersectional theory makes it possible to analyze disproportionality in child welfare systems by accounting for the inextricable, pernicious linkages between systems of oppression as they occur simultaneously, such as racism, ableism, and poverty. Thus, an intersectional framework enables researchers to conduct a more holistic analysis of a family system's risk and protective factors that may influence the odds of child maltreatment or child welfare system involvement than a model that is based on parent-child interactions absent the social context in which they occur.

Child Welfare Disproportionality and Intersectional Marginalization

The Los Angeles Foster Youth Survey (LAFYS) (Wilson et al., 2014), one of the most methodologically rigorous studies of LGBTQ youth in child welfare, found that LGBTQ foster youth in Los Angeles County had similar racial and ethnic demographics to non-LGBTQ foster youth. The majority of youth in the study were youth of color, with 54.6% identifying as Latino, 28.5% as Black, 6.4% as white, 4.7% as bi/multi-racial, 3% as American Indian, and 2.9% as Asian/Pacific Islander (Wilson et al., 2014). Research from the Pritzker Center at the University of California, Los Angeles has found that Black children are disproportionately overrepresented in the Los Angeles County foster care system, comprising nearly one fourth of foster youth, although Black children comprise only 7% of children in the general population (Los Angeles County Department of Children and Family Services, 2024). Research from the Williams Institute at UCLA has found that transgender youth of color are overrepresented in both child welfare and juvenile justice systems (Conron & Wilson, 2019). These findings underscore how systemic racism and transphobia intersect to increase the vulnerability of transgender children of color within the child welfare system.

Socioeconomic Disparities, Youth Homelessness, and Barriers to Stability

Socioeconomic status plays a crucial role in the vulnerability of transgender youth in the child welfare system. For cisgender and transgender children alike, the financial instability of their families can play a contributory role in their placement into foster care. However, research using California child welfare data shows that while children reported for neglect are disproportionately from low-income families, nearly all such cases (approximately 99%) involve co-occurring parental challenges, including substance use, domestic violence, serious mental health conditions, or additional allegations of physical or sexual abuse (Palmer et al., 2024). These findings suggest that poverty alone does not drive child welfare system entry. Within this

context, it remains unclear whether the intersection of poverty and co-occurring parental challenges observed among transgender youth reflects the same pathways into care as those affecting the broader child welfare population, or whether transgender children and youth face distinct risks, such as heightened vulnerability to abuse, that differentially shape their entry into the system.

Transgender youth in foster care also experience higher rates of homelessness compared to their cisgender peers (Wilson et al., 2016). In a small-scale ($n = 27$) qualitative study of New York City transgender youth (ages 18-25) who became homeless as teens, a majority (18 participants) said they felt their gender identity and/or expression was the causal factor behind their expulsion from their home (Shelton & Bond, 2017). Youth reported their experiences of expulsion, including gender-related expulsion catalyzed by their desire to pursue gender transition to live authentically, and parents' concerns that their identity would be a negative influence on other children in the home. A minority of respondents shared that they were not kicked out for explicit reasons related to their gender identity, but rather, due to reasons such as parental mental illness causing explosive conflict in the home, and another reporting their own behavioral issues such as substance abuse. However, both respondents shared that these were still commingled with issues related to their gender identity and expression, as the mentally ill parent disparaged their gender presentation, whereas the substance abusing teen did so to cope with stress related to repressing his gender identity. These findings indicate that even when gender identity or expression is not the salient factor behind a precariously housed youths' expulsion from a home, it still plays a role in the nature of the expulsion.

One child welfare system-involved respondent from this study described their experience being kicked out of group homes due to their gender expression, which was discordant with their sex assigned at birth (Shelton & Bond, 2017). This finding corroborates later research which finds that many foster homes and group care settings are sex-segregated and not equipped to provide gender-affirming environments (Prince et al., 2021). Ultimately, this may lead transgender youth to cycle through multiple placements or leave care prematurely, which further exacerbates their vulnerability to economic hardship, homelessness, and exploitation.

Gender Identity and Polyvictimization

Polyvictimization, or exposure to multiple forms of victimization (Sterzing et al., 2017), is a critical concern for transgender youth in the child welfare system. Based on Sterzing's definition of polyvictimization, nationally, approximately 20% of youth experience five or more different forms of victimization in a single year. However, research on sexual and gender minority adolescents reveals significantly higher rates of polyvictimization among transgender youth. The SpeakOut study, a national study of sexual and gender minority adolescents ($N = 1177$, ages 14-19) found that transgender and genderqueer youth were disproportionately impacted, with 40% experiencing ten or more forms of victimization in the last year. Among transgender youth, transgender females (63.4%), transgender males (48.9%), and genderqueer individuals assigned male at birth (71.5%) faced the highest levels of polyvictimization compared to cisgender sexual minority males (33.0%) and females (35.1%).

The SpeakOut study identified several key risk factors for maltreatment of transgender youth, including genderqueer identity for individuals assigned male at birth, higher levels of posttraumatic stress, family microaggressions, and peer rejection. These findings indicate that transgender youth, especially those who do not conform to binary gender norms, face extreme levels of victimization that could be exacerbated by their placement in child welfare systems that lack appropriate protective measures. The findings of the SpeakOut study validate earlier findings that transgender females (assigned male at birth) face heightened vulnerabilities to abuse due to family members' negative reactions when coming out compared to youth who are assigned female at birth (D'Augelli et al., 2008). Gender-role policing¹⁷ (Payne & Smith, 2016), a lack of community support, and institutional biases may further contribute to the heightened victimization rates among transgender foster youth. Foster care placements that fail to affirm transgender identities can increase exposure to violence, discrimination, and placement instability (Mallon et al., 2021).

Addressing Gaps in Academic Literature on Transgender Youth in Child Welfare

Although a growing body of scholarship has begun to document the experiences of transgender and gender-diverse youth involved in the child welfare system, the existing literature remains limited in scope, scale, and generalizability (See pages 7-10). Much of what is currently known about transgender youth in care is derived from small qualitative studies (Mountz et al., 2018; Mountz & Capous-Desyllas, 2020; Prince et al., 2021; Shelton & Bond, 2017), geographically bounded samples (Baams et al., 2019; Wilson et al., 2014), or retrospective accounts from young adults formerly involved in the system (Woronoff et al., 2006). While these studies provide essential early insights into patterns of family rejection, placement instability, homelessness, and victimization, they constrain the field's ability to draw definitive conclusions about prevalence, causal pathways, or system-level processes.

First, the empirical base examining transgender children within child welfare systems is notably sparse relative to the complexity of the phenomena under study. Many frequently cited findings, such as elevated rates of homelessness, placement disruption, or exposure to victimization, are drawn from studies with limited sample sizes and reliance on self-report data. As a result, it remains unclear the extent to which these findings generalize across geographic domains, demographic groups, or stages of system involvement. Moreover, few studies directly compare transgender youth's pathways into care with those of their cisgender peers, limiting understanding of whether observed disparities reflect distinct mechanisms of risk or broader structural conditions affecting all system-involved children.

Second, although intersectional frameworks are widely invoked to explain disproportionality and compounded marginalization among transgender youth of color, there is limited empirical work examining how these intersecting identities operate within child welfare decision-making processes themselves, particularly for transgender youth with disabilities. Existing research largely documents outcomes or lived experiences rather than the institutional practices that shape them. Consequently, little is known about how race, gender identity, socioeconomic status, and family context are interpreted and acted upon by child welfare

¹⁷ A term which refers to being pressured into cis-normative standards of gender expression.

professionals during key moments such as investigation, placement, service referral, and reunification planning.

Third, extant literature on transgender youth in child welfare has primarily centered the perspectives of youth and young adults, with far less attention paid to the role of frontline child welfare workers who serve as key facilitators for placement and service enrollment. While youth-centered research is essential, the absence of practitioner perspectives limits understanding of how policy mandates, such as requirements to affirm gender identity, are operationalized in everyday practice. This gap is particularly salient given that social workers exercise significant discretion within institutional constraints (Lipsky, 1980), and their knowledge, attitudes, training, and organizational environments may meaningfully shape transgender children's experiences in care.

Finally, existing studies do not triangulate across multiple data sources, including policy contexts (e.g. SB 407), institutional procedures, and professional accounts of social workers' own practices. This lack of triangulation makes it difficult to assess how individual experiences of discrimination or instability relate to broader system structures and workflows. As a result, the field lacks a comprehensive understanding of how child welfare systems may inadvertently reproduce inequities for transgender youth, even in jurisdictions with affirming policies in place.

In conclusion, these gaps highlight the need for research that moves beyond documenting outcomes to examining the processes through which child welfare systems engage with transgender children and their families. This study addresses these gaps using a methodological approach that integrates theory and policy with an empirical investigation of professional practice, thereby advancing a more nuanced and actionable understanding of transgender children's experiences within child welfare systems.

Methods

Participants

Participants were recruited through purposive sampling of respondents from the study featured in Paper 1. To be eligible for this study, participants must be child welfare professionals, over the age of 18, located in California, with experience working with at least one transgender child or adolescent. In eligible Bay Area counties, social workers received a \$100 digital Visa gift card for completing an interview as an incentive for participation. Social workers in counties outside the Bay Area, or in counties with policies prohibiting employee remuneration for research participation, were not offered compensation. Ultimately, participants from Bay Area counties as well as from other counties across California completed questionnaires and interviews.

Open-Ended Question Respondents:

Social workers are known to operate with extremely high workloads (Stevens, 2008). Therefore, in order to collect an adequate number of respondents, as an alternative to participating in a full interview, participants were given the opportunity to share additional

thoughts or beliefs about their experiences working with transgender children in a text box at the end of the survey. Of the 163 respondents who completed the survey, 103 provided text responses to the open-ended question: "*Q19: Do you face any unique difficulties when trying to find placements (e.g., relative placements, foster homes, group homes, etc.) for transgender children? Please explain below.*" Respondents who indicated that placement decisions were not applicable to their professional role ($n = 20$) were excluded from the analysis. An additional two responses were excluded because they did not clearly indicate whether the respondent experienced placement-related difficulties. The final analytic sample for this question consisted of $N = 79$ responses.

Interview Participants:

Potential interview participants were screened using a question at the end of the web-based survey which states "Researchers from this study are seeking the insights of child welfare social workers who have experience working with transgender children and youth. Do you have experience working with transgender children or youth as part of your role as a child welfare social worker? If so, would you be willing to participate in a 30-45 minute interview? Survey respondents were then asked to provide their email address and phone number. $N = 64$ participants provided complete contact information and were solicited for participation. Participants who did not respond to the first email were contacted one additional time. $N = 30$ responded and agreed to schedule an interview, with two participants who were unable to follow through. Ultimately, $N = 28$ social workers from 9 counties (Contra Costa, El Dorado, Fresno, Glenn, Napa, Sacramento, San Joaquin, San Mateo, and Solano) participated in this research study. One interview was deemed unusable due to a lack of relevant information regarding the needs and experiences of transgender children, resulting in an analytic sample size of $n = 27$. All interviews lasted between 45 minutes and one hour, with the majority taking approximately one hour to complete.

Semi-structured interview participants were recruited from among survey respondents who volunteered for follow-up interviews. As a result, some participants contributed both open-ended survey responses and interview data. During the data analysis process, qualitative data were de-identified and disaggregated from contact information in order to protect participant anonymity. Therefore, it was not possible to systematically link individual interview transcripts back to specific open-ended survey responses. As a result, this study cannot determine at the individual level whether participants who completed both components introduced substantively new information in interviews or elaborated on themes they had discussed in an open-ended survey response. For this reason, although these data sources are analyzed separately due to differences in depth and format, they should not be interpreted as independent samples.

However, several features of the data reduce the extent to which the two sources should be considered to be redundant. The open-ended survey item was narrowly focused on placement-related challenges for transgender youth, whereas the interviews rendered detailed accounts of participants' professional roles and tenure, direct experiences working with transgender youth, and perspectives on factors contributing to overrepresentation, intersecting identities, barriers to placement and reunification, service needs, and strategies used to support transgender youth in practice. Additionally, not all interview participants had direct experience with placement-related decision-making, and several explicitly noted that placement was not part

of their current or prior roles. For these reasons, although some overlap in participants may have occurred, the written and interview data should not be assumed to represent simple duplication. Rather, they function as partially overlapping, but distinct sources of insight, each shaped by different question formats, levels of depth, and domains of practice experience.

Table 14. *Number of Interviews by California County*

County	Number of Interviews
Contra Costa	9
El Dorado	1
Fresno	1
Glenn	1
Napa	1
Sacramento	4
San Joaquin	2
San Mateo	3
Solano	5
Total	27

Measures

Information used in Paper 2 of this dissertation was gathered from key informant interviews with California social workers. These interviews aim to address critical gaps in understanding the unique experiences and needs of transgender youth in the child welfare system. By centering the lived realities and professional insights of those directly involved in their care, this approach offers a novel perspective that remains underexplored in research on transgender children within this context.

The interview questions used in this study (listed on pages 57 and 58) are substantively motivated by the pressing need to better understand the systemic challenges faced by transgender youth in foster care. For example, questions such as “Based on your experience working with transgender youth on your caseload, why do you believe transgender youth are overrepresented in foster care?”, “What are examples of barriers to placement for transgender youth you have observed?” and “What are barriers to reunification among transgender youth and their families you have observed?” are designed to explore underlying factors contributing to disparities in care. These inquiries highlight the importance of capturing not just statistical overrepresentation

but the structural and interpersonal dynamics that perpetuate inequities. Additionally, questions about placement and reunification barriers (“Do transgender youth face specific barriers compared to cisgender youth?”) underscore the necessity of identifying how the child welfare system may inadvertently marginalize transgender children. These barriers often intersect with other vulnerabilities, such as family rejection, discrimination, and insufficient access to affirming services (Hatzenbuehler & Pachankis, 2016; Mallon & Woronoff, 2006; Wilson et al., 2014). Similarly, exploring participants' perceptions of the unique needs of transgender youth, including specialized healthcare, mental health services, and social supports, offers actionable insights into how the child welfare system can better serve this population.

Finally, this study emphasizes the role of care providers in shaping the experiences of transgender youth. Questions like “What actions have you taken to support transgender youth in your care?” aim to uncover best practices and strategies that have been effective in addressing the needs of transgender youth. This focus on practical solutions ensures that the research findings will not only illuminate challenges but also provide a foundation for developing targeted interventions and policy recommendations. Overall, these research questions address urgent and underexplored issues, positioning this study as a critical step toward improving outcomes for transgender youth in the child welfare system. By centering the voices of care providers, the study aims to bridge gaps in knowledge, practice, and policy, ultimately contributing to a more inclusive and equitable system.

Interview participants were asked the following questions:

1. Please describe your experience working with transgender youth in the child welfare system:
2. What is your current role?
3. Have you held any past roles relevant to this work? (if applicable)
4. How long have you worked with transgender youth in the child welfare system?
5. Based on your experience, what factors contribute to the overrepresentation of transgender youth in foster care? Are these factors different or the same as the factors that contribute to non-transgender youth?
 - a. Are there intersecting factors such as race, disability, immigration status, or socioeconomic background that shape this overrepresentation?
 - b. What have you observed that supports your perspective?
6. Do social workers face unique barriers to securing placements for transgender youth compared to cisgender youth?
 - a. Can you provide examples from your experience?
7. Do transgender youth face unique challenges related to family reunification compared to cisgender youth?
 - a. What examples from your experience illustrate this?
8. What do you perceive to be the biggest obstacles faced by transgender youth in the child welfare system?
9. What needs do transgender foster youth have that differ from those of cisgender youth (e.g., services, social support, healthcare)?
 - a. Can you provide examples from your experience?

10. Can you share examples of actions you have taken to support transgender youth in your care that were unique to their transgender identity?
11. Are there any services or supports in your jurisdiction that have been particularly effective in meeting the needs of transgender youth?

In addition to the interview questions listed above, all respondents to the survey questionnaire were given the opportunity to provide an open-ended response to the following question:

“Q 19: Do you face any unique difficulties when trying to find placements (e.g. relative placements, foster homes, group homes, etc) for transgender children? Please explain below.”

Data Collection

Data from the key informant interviews was collected by taking an audio recording of the meeting. Audio recordings were transcribed into text using the web-based, AI-driven transcription software Otter.Ai, and compared with the original audio file to ensure that the transcription was produced with fidelity to the text captured in the audio recording. The primary investigator also took notes *in vivo* during the interviews to highlight any emergent themes that occurred during the conversation.

Interviews with participants were conducted until thematic saturation (Moser & Korstjens, 2017) was achieved. The achievement of thematic saturation was observed to have occurred when no novel themes emerged during subsequent interviews. Numerical estimations for the necessary number of interviews to achieve thematic saturation when analyzing data using a content analysis approach range from 6-12 (Guest et al., 2006) on the lower end, to 15-20 (Moser & Korstjens, 2017) on the higher end. It is important to note that the exact number of interviews needed to achieve thematic saturation was unknown until the data collection and analysis processes had begun. However, estimating the anticipated number of participants in advance of the data collection process was useful because it allowed for the estimation of the total cost for participant incentives, as well as the number of hours needed to conduct interviews and interpret findings.

Data Analysis

The post-hoc analysis of data collected during the key informant interviews was conducted using web-based Delve software. This software helped identify themes from participant responses and discussion. The qualitative data analysis method used in this study is content analysis (Hsieh & Shannon, 2005; Kleinheksel et al., 2020), which involves identifying and interpreting manifest and latent themes from qualitative interviews. Content analysis was selected as the appropriate method of analysis for identifying themes in interviews due to its usefulness in gleaning information about the needs of a population of interest (transgender children and youth in the child welfare system) based on the observations of the sample population which is not comprised of the population of interest (child welfare social workers).

Content analysis differs from other forms of qualitative analysis such as ethnography, which focuses on the construction of a narrative that provides a detailed description of a culture,

or phenomenology, which constructs a narrative of the essence of a lived experience (Moser & Korstjens, 2017). The purpose of this study is not to describe the culture of transgender children in child welfare systems, nor to capture the essence of their lived experiences. Rather, the purposive sampling used in this study is designed to produce insight into the needs and experiences of a vulnerable population through the lens of professionals who are trained in assessing children's circumstantial and individual vulnerabilities and needs. Therefore, it is necessary to analyze these observations using a methodological framework that does not rely on the sample population being comprised of the population of interest.

Codebook Development

The codebook for this study was developed using a grounded theory-based methodological approach, with the goal of generating theory grounded in social workers' accounts of their experiences with transgender and gender-diverse youth involved in the child welfare system. Consistent with grounded theory, coding was conducted through an inductive process that emphasized constant comparison, analytic memoing, and progressive abstraction from concrete observations to conceptual categories (Glaser & Strauss, 1967).

The final codebook (See Appendix D) consists of 8 parent codes and 40 emergent subcodes, for a total of 48 codes, reflecting successive phases of grounded theory analysis. Coding was conducted by a lead coder, who conducted the semi-structured interviews, and two assistant coders. Three rounds of coding were completed: Initial coding, a Pilot Round, and a Reliability Round. Coding and reliability assessment were conducted using the computer-assisted qualitative data analysis software (CAQDAS), Delve, to facilitate systematic comparison across coders and precise tracking of code application. Units of meaning (Glaser & Strauss, 1967) were defined as analytically coherent segments of text conveying a single idea, action, or condition, served as the basis for coding comparison, rather than fixed syntactic units (e.g. one word, one sentence, one paragraph, etc.).

Intercoder reliability was evaluated using Krippendorff's alpha ($K\alpha$), selected for its appropriateness in qualitative research involving multiple coders, nominal data, and incomplete agreement patterns (Hayes & Krippendorff, 2007). The study aimed to achieve a $K\alpha$ of approximately 0.80 or higher, consistent with widely cited thresholds for acceptable intercoder reliability (ICR) in qualitative analysis (Marzi et al., 2024). Through constant comparison across cases, codes were merged, split, or redefined to better capture variation in social workers' experiences and interpretations.

Following these refinements, the study proceeded to a second round of coding focused on establishing intercoder reliability (ICR). Consistent with qualitative methodological guidance, a subset of transcripts representing approximately 10% of the total dataset was randomly selected for double coding in both the Pilot Round and Reliability Round of coding, resulting in a total of 6 interviews being blind-coded. This proportion aligns with recommended practices for qualitative reliability assessment in grounded theory-informed studies (Cheung & Tai, 2023). For the second round of coding (the Pilot Round), related initial codes were grouped into focused parent codes representing higher-order conceptual categories (See Appendix D). These parent codes capture central processes and conditions shaping transgender youths' trajectories through

the child welfare system, including: service needs; pathways into system involvement; youth-specific challenges; caregiver and systemic maltreatment; social workers' beliefs about transgender identity; placement and permanency processes; affirming professional practices; and social workers' future-oriented visions for system improvement. Discrepancies identified after the Pilot Round of coding resolved through consensus discussion, with further refinements to code definitions documented through analytic memoing.

Initial Coding, Codebook Refinement, and Reliability Procedures

First, initial coding was conducted by the lead coder and involved close, line-by-line examination of all 27 interview transcripts to identify phenomena described by participants. These early codes were intentionally provisional and remained open to refinement as additional data were analyzed. Next, a pilot round of coding was completed with all three coders. The Pilot Round of coding resulted in a relatively low mean ICR ($K\alpha: .35^{18}$) across three transcripts.

Following the Pilot Round of coding, the research team conducted a structured review of coder feedback to identify areas of ambiguity, inconsistency, and conceptual drift within the preliminary codebook. This feedback-driven review served two analytic purposes consistent with grounded theory methodology: (1) clarifying the meaning and scope of existing codes to ensure shared analytic understanding, and (2) refining code definitions to better reflect the empirical realities described in the data.

Several of the issues identified during the first coding round stemmed from discipline-specific jargon and abbreviations commonly used in child welfare practice but not universally understood across coders. For example, the code *CSEC* was not applied by at least one coder due to unfamiliarity with the acronym, necessitating explicit disambiguation as *commercial sexual exploitation of children*. Similarly, abbreviations such as *ID* (identity), *hw* (how), *NREFM* (non-related extended family member), and *Bx* were clarified to distinguish between *body image* and *behavior*. These clarifications were incorporated directly into the codebook definitions to reduce interpretive ambiguity and improve analytic consistency.

Based on coder feedback, several conceptual refinements were made to the codebook prior to the Reliability Round. The code *Maltreatment from Parents* was broadened to *Maltreatment of Trans Youth* to more accurately capture instances of harm originating not only from biological parents, but also from relative caregivers, resource parents, community members, and, in some cases, professionals within the child welfare system. Similarly, *Kinship Care* was redefined as an umbrella category encompassing both relative placements and non-related extended family member (NREFM) placements, reflecting prevailing child welfare terminology and practice.

Additional revisions were made to reduce unnecessary severity thresholds and enhance conceptual precision. The code *Severe Mental Health Issues* was revised to *Mental Health Issues* to capture a wider range of clinically and subclinically significant concerns described by participants. Within the domain of social workers' perspectives, *SW'er Beliefs about Trans ID*

¹⁸ A $K\alpha: 0$ is considered no better than chance, with 1 indicating total agreement between coders.

was reframed as *Negative Beliefs about Trans Youth*, with an explicit subcode added to capture expressions of stigmatizing, pathologizing, or deficit-based beliefs. This change reflects analytic differentiation between neutral explanatory frameworks and explicitly negative orientations toward transgender youth.

The codebook was also expanded to incorporate forward-looking analytic content. A new subcode, “*more services for transgender and gender-diverse youth*” was added under *Social Workers’ Hopes for the Future*, reflecting participants’ emphasis on systemic gaps and desired service expansion.

Reliability Round and Final Codes

The Reliability Round of coding rendered an acceptably high mean ICR ($K\alpha: .84$) across three transcripts. This increase can be attributed to the rigorous efforts to establish mutually understood units of meaning among coders. The parent and emergent subcodes in the final codebook used by the research team represented conceptually distinct dimensions within each category. For example, within the category of *Transgender Youths’ Service Needs*, subcodes differentiate among gender-affirming medical care, mental health services, and social workers’ hope that youth would have access to trans-identified providers, reflecting variation in how needs are identified and addressed in practice. Codes related to *system entry* and *disproportionality* distinguish between cases in which transgender identity functioned as a causal factor for child welfare system entry, a contextual factor, or was unrelated to system involvement.

Categories addressing difficulties faced by child welfare system-involved youth capture conditions such as developmental stage, mental health severity, substance use, intersectional marginalization, exposure to transphobic bias, and elevated risk pathways including runaway behavior and commercial sexual exploitation (CSEC). Codes related to caregiver maltreatment and rejection included concepts such as religious rejection, emotional abuse, disaffirmation, and abandonment. Placement-focused categories document structural constraints and decision-making processes, including denial of placement due to transgender identity, differential placement difficulty for transfeminine youth, shortages of affirming foster homes, and reliance on out-of-county placements. Permanency-related codes address outcomes such as reunification, non-reunification, kinship care, and placement with non-relative supportive adults.

Importantly, the final codebook includes categories centered on social workers as actors within the child welfare system, capturing both beliefs about transgender identity (e.g. social workers’ perception of a trauma-based etiology of transgender identity) and affirming practices such as correct name and pronoun use, gender expression affirmation, and active linkage to supportive services. Final categories reflect social workers’ forward-looking perspectives on needed system changes, including foster parent training and expanded research on effective supports.

Findings

Open-Ended Questionnaire Responses: Placement Challenges for Transgender Youth

To better understand social workers' experiences with placement decision-making for transgender children, survey respondents were invited to describe any unique challenges they encounter when identifying placements for this population. Of the 163 survey participants, 103 provided written responses to this open-ended question. After excluding respondents for whom placement decisions were not applicable ($n = 20$) and responses that did not clearly address placement difficulties ($n = 2$), 79 responses remained for analysis. These responses offer insight into the structural, relational, and belief-based barriers that shape placement availability for transgender youth.

Table 15. *Responses to Whether Social Workers Face Difficulties Finding Placements for Transgender Youth, Excluding Non-Applicable Roles and Other Comments (N = 79)*

Response Category	n	%
Yes, face difficulties finding placements	63	79.7
No, did not clarify meaning	12	15.2
No, explicitly stated they do not face placement difficulties	4	5.1
Total	79	100.0

Note. Between 80% and 94% of respondents reported difficulties finding placements for transgender youth in resource homes.

Of the 79 respondents, 63 (79.7%) reported experiencing placement difficulties. Twelve respondents selected “No” but did not clarify their response. If these unclear responses are excluded on the assumption that they may reflect lack of role relevance or limited experience placing transgender youth rather than the absence of placement challenges, the analytic sample is reduced to 67 respondents. Within this group, 63 respondents (94.0%) reported experiencing placement difficulties. Respondents who reported experiencing unique difficulties most frequently cited a limited availability of affirming foster homes or congregate care settings, as well as concerns about caregiver bias, safety, and placement stability related to youths' gender identity. In contrast, respondents who reported no unique difficulties often attributed placement challenges to broader system-level issues, such as overall placement scarcity, youth behavioral needs, or age, rather than to transgender identity specifically.

Availability of Affirming Placements (N = 35)

Respondents who reported unique placement-related difficulties most frequently cited limited availability of affirming foster homes or congregate care settings for transgender youth, particularly adolescents. Multiple respondents described how caregiver preferences regarding age and gender constrained placement options, with transgender identity further limiting available homes. One respondent explained, “*Yes, the caregivers have their preference of age and gender that they would like youth to be in their home. It can be difficult to place transgender children due to people[s'] beliefs.*”

Others emphasized general placement scarcity for adolescents, stating, *“Homes for teens are hard to locate in general,”* and, *“Depending on the age of the youth i.e. (older) teenager it is rare to find a resource home in general. To add the additional layer of a youth being trans decreases further the options of placement.”* Another respondent noted, *“Placement for transgender youth is very difficult because many homes are allowed to remain open despite not being accepting of all youth.”*

Placement Experiences and Caregiver Readiness (N = 18)

Several respondents described placement experiences as conditional or context-dependent, particularly in relation to caregiver readiness, comfort, or preparedness. One respondent noted, *“Yes, there are sometimes challenges with placing transgender children. I am a social worker who approves/licenses homes for foster youth to be placed and the potential caregivers sometimes express feelings of ambiguity or uncomfortableness with caring for transgender youth.”* Others emphasized variability in caregiver capacity, stating, *“Not every family is willing, prepared and able to care for trans youth.”* One respondent highlighted the interaction between placement and trauma-related needs, noting, *“Trans kids usually have complex trauma that requires a foster home that is willing to have the patience to work through this with a youth.”* Another respondent described a specific case of placement disruption, stating, *“I was an adoption worker before working in ER (Emergency Response) and I was working with a transgender youth whose adoptive parents did not support their gender identity and we ended up disrupting the placement because of it. I don’t know if that was the right thing but that felt like the right thing.”*

Caregiver Beliefs and Religious Objections (N = 11)

A considerable subset of respondents (N = 11) explicitly identified caregivers’ religious beliefs as a barrier to placement for transgender youth. These respondents described caregivers declining placements due to faith-based objections, even when youth were otherwise considered appropriate for their homes. One respondent stated, *“Finding placements is challenging since they do not want to go against their beliefs even if the youth are amazing,”* while another shared, *“Many resource parents have a faith that does not make them open to fully supporting LGBTQ+ youth.”* Additional respondents similarly reported, *“There are many religious homes who are not open to receiving trans youth,”* and, *“There are relatives and foster homes who say they are not supportive of transgender youth due to religious reasons.”* One respondent linked these challenges to family rejection, explaining, *“Yes, as we get children into our system from parents and relatives who reject trans kids. I think there are also difficulties with families whose religious stances conflict with a child’s gender identity.”* Another described specific caregiver behavior, stating, *“Yes. I have had particularly religious resource parents who refused to call a youth by their preferred name or use their preferred pronouns.”*

Geographic Context and Regional Attitudes (N = 10)

Some respondents described how geographic context influenced placement experiences, particularly in regions characterized as more politically or socially conservative or less accepting. One respondent explained, *“Yes. In the regional community at large, there is not*

widespread acceptance of transgender people, much less trans children. The net result is that there are fewer placement opportunities for trans kids because many foster parents do not believe kids/people can be trans.” Another respondent noted, “Yes, we are a more conservative county and sometimes it is difficult to find homes that are empathetic to the needs of a child that is transgender.”

Experiences in Group Home Settings (N = 6)

Several respondents commented on transgender youths’ experiences in group home settings, with concerns focused on peer interactions and staff treatment. One respondent stated, *“Group homes are difficult, simply due to the treatment they receive from their peers and sometimes staff as well. I have more experience with knowledge of group homes, as I worked within them for several years and was able to see firsthand the treatment they receive.”* Another respondent expressed concern about safety in these settings, noting, *“I worry about transgender youth in a group home setting being bullied, victimized/assaulted by other youth and/or not supported by staff.”*

Reports of No Placement Difficulties (N = 4)

A small minority of respondents (N = 4) reported that they had not experienced difficulties placing transgender youth. These respondents described positive placement experiences or attributed challenges to factors unrelated to gender identity. One respondent stated, *“No, I have only had one transgender youth and he was easy to place with a loving and accepting family.”* Another reported, *“No - we have a variety of diverse foster placements that include transgender and same sex resource parents.”* Others noted, *“No. Difficulties usually arise from the youth’s behaviors, not their identities,”* and, *“As far as foster homes, there are homes that identify themselves as allies and are willing and sometimes prefer to receive transgender youth.”*

Room Sharing and Household Dynamics (N = 2)

Two respondents specifically described challenges related to room sharing and household dynamics involving other children in the home. One respondent stated, *“Yes. Some caregivers are not open to the idea of having transgender children in their home. The other hurdle I’ve seen is either the caregivers or a child not being comfortable with sharing a room with a transgender child.”* Another similarly noted, *“Sometimes it can be difficult, especially if they have to share a room and either the transgender youth or the other youth in the home are not comfortable sharing.”*

Nonbinary and Genderqueer Youth (N = 2)

Two respondents discussed difficulties specific to nonbinary and genderqueer youth. One respondent noted, *“It is often difficult to find homes that are open to placement of non-binary teens and adolescent children expressing their gender identity when they are dating or otherwise involved in a relationship.”* Another respondent described administrative barriers, stating, *“We have a considerable problem in our county with our clerical team whose supervisor refuses to approve/process homes for gender queer kids.”*

SB 407 and Placement-Related Practice (N = 1)

One respondent explicitly referenced SB 407 (a California state bill which establishes gender identity and expression as legally protected considerations in foster care placement decisions and caregiving practices) and described its influence on placement-related practice and interactions with caregivers. The respondent stated, *“Yes! With SB407, we have been having conversations around LGBTQ status with resource parents, and trying to determine the degree to which they are affirming, and offering education in accordance with State law. We also recommend supplemental training for resource parents who we believe may need more education in this area.”*

Summary of Findings from Open-Ended Responses:

In sum, these open-ended survey responses indicate that placement decision-making for transgender youth is widely experienced as challenging by social workers, with the vast majority of respondents who addressed the question reporting difficulties. Across responses, barriers clustered around several interrelated domains: a limited supply of affirming foster homes and congregate care settings, variability in caregiver readiness and preparedness, and belief-based objections (often framed through religious or moral lenses) that constrained placement options or contributed to placement instability. Respondents further emphasized that these challenges were shaped by broader contextual factors, including geographic variation in social attitudes, age-related placement scarcity for adolescents, concerns about safety and mistreatment in group care settings, and administrative or household-level dynamics such as room-sharing policies. While a very small number of respondents described positive placement experiences or attributed challenges to factors unrelated to gender identity, these accounts stood in contrast to the predominant narrative of constrained choice and heightened risk for transgender youth. Collectively, these findings suggest that placement challenges are not isolated incidents but are embedded within structural, organizational, and relational contexts that shape how affirming, or non-affirming, care is operationalized in practice. The following section builds on these patterns through in-depth qualitative interviews, which offer a more nuanced examination of how social workers navigate these constraints, as well as offering their perspectives on the most pressing issues affecting transgender youth in the child welfare system.

Semi-Structured Interviews

The findings from the qualitative interviews are presented thematically, with themes organized from most to least frequently discussed across interviews. Although the interview sample size does not allow for meaningful quantification, this ordering reflects the relative prominence of issues raised by participants, recognizing that some social workers had limited insight into particular themes due to the scope and boundaries of their roles. This structure is intended to orient the reader while preserving the depth and contextual nuance of the interview data.

Maltreatment and Family Rejection

Many respondents described having worked on cases in which transgender children experienced emotional or physical abuse related to their gender identity. Emotional abuse was frequently described in the context of parental rejection or dismissal of identity. One social worker recalled a youth stating that *“the person that was supposed to love me does not,”* which the respondent associated with difficulty trusting others. Another described referrals driven by parental nonacceptance, stating that *“the parents were not accepting of the child,”* and another noted that *“a lot of the initial referrals we get is due to a parent saying, ‘Oh, I don’t accept [the child’s transgender identity], they’re just going through a phase’.”*

Some respondents described physical abuse tied directly to gender expression. One social worker stated, *“we’ve had a case with physical abuse... ‘why are you dressing that way? Why are you acting that way?’”* Another summarized similar experiences by stating simply, *“it was a lot of physical abuse.”*

Family rejection was described across multiple contexts, including religious beliefs (particularly among Catholic and Jehovah’s Witness families), rigid gender norms, parental mental health challenges, and abandonment. Respondents described parents asserting that *“no child of mine is going to be trans, no child of mine is going to be gay,”* as well as families with rigid beliefs that *“you’re a boy, you’re a girl, there’s nothing in between.”* Others described rejection rooted in broader family dynamics, noting that parents *“just aren’t willing to entertain it,”* or that *“there’s a lot of disowning.”* Several respondents described parents refusing to retrieve youth from psychiatric holds, stating that *“I’m not gonna go pick them up from a 5150 hold.”* Finally, social workers described parents’ rejecting behaviors as sometimes resulting from pressure from their extended families, faith, or social communities that held anti-transgender attitudes, resulting in concerns about negative perceptions of their parenting if they affirmed their child’s identity.

Difficulties Faced by System-Involved Transgender Youth

Respondents described how marginalization, rejection and instability shaped transgender youths’ experiences once involved in the system. Some described adolescent-specific challenges related to body dysphoria being interpreted as behavioral noncompliance, demonstrating how caregivers’ misunderstanding and stigmatization of transgender youths’ self-determination. One social worker explained that youth experiencing severe dysphoria *“wouldn’t wear these clothes... wouldn’t be using feminine hygiene products,”* which caregivers interpreted as defiance, leading to placement loss. The respondent described this as *“an ever-feeding cycle of like, ‘well, they didn’t want me either’.”*

Respondents also described severe mental health needs. One noted that transgender youth experienced *“higher suicidal ideation in comparison to their peers,”* while another described longer waits for placements and higher likelihood of living in congregate care. Intersectional challenges were also noted, with one respondent stating, *“a lot of my transgender youth were kids of color and come from lower socioeconomic backgrounds.”*

Runaway behavior and housing instability were also described. One respondent explained, *“you could not find them a placement if they were constantly running away,”* while

another described survival strategies following rejection, stating that *“for some of them, that meant sex work... having to sell themselves in order to survive.”*

Transgender Youths’ Service Needs

Social workers consistently described transgender youths’ service needs as distinct, urgent, and often unmet within existing child welfare infrastructures. Respondents emphasized gender-affirming medical care, access to affirming providers, and sustained mental health services as central needs. One social worker expressed frustration with service systems that deprioritized gender-affirming care, stating:

“I think access to care, like actual hormone therapy and therapies that are based on gender identity ... that's what they want to address, and we're addressing all this other kooky stuff. Let's just address the thing they want. And then when they get through all that, if we're still seeing behaviors and emotional behavior, then let's try some meds, but step one, gender dysphoria, body dysphoria, let's just tackle it, and then see where they land.”

Respondents frequently linked unmet service needs to significant mental health distress. One social worker noted that *“there's definitely more of an intense need for ongoing mental health[care],”* while another observed that *“they experience more psychiatric hospitalizations.”* Several respondents described high levels of suicidality and emotional distress, with one explaining, *“a lot of suicide ideation, homicide ideation... it's just like, please see me and please validate me.”*

Access to gender-affirming healthcare providers was described as particularly important. Some social workers reported that youth expressed preferences for clinicians who shared their identities or lived experiences. One respondent stated, *“some of my youth wanted a therapist who was also transgender, somebody who they feel like they can identify with,”* while another added, *“I wish that we had more clinicians that identified as trans, because I think that they are able to relate to our youth... in a way that might make them feel more comfortable.”*

One social worker discussed her experience of advocating in court for a transgender youth to be able to access gender-affirming healthcare, specifically puberty blockers. This social worker discussed the sense of urgency they felt to advocate for the youth’s access to gender-affirming care given the time-sensitive nature of the imminence of the youth’s development of secondary sex characteristics due to puberty. The social worker stated that they felt the judge took an obstructionist approach, ultimately impeding the youth’s access to gender affirming care, prioritizing the wishes of the youth’s biological parents over the wishes of the youth. The social worker reported that this youth experienced significant distress due to the legal barriers they faced attempting to access gender affirming care during their time in the child welfare system, but eventually did pursue gender-affirming healthcare when they reached adulthood.

Disproportionality and Caseload Experiences

Respondents described varied perceptions regarding the presence of transgender youth on their caseloads. Of the respondents who provided information related to observations of disproportionality (N = 22), the majority of respondents, about 60%, reported that they had observed disproportionality (n = 13), with fewer (n=8) respondents reporting that they had not, and one respondent reporting that they were not sure. Some workers who stated that they had not worked with many transgender youth attributed this to working in smaller counties, with one participant stating that transgender and queer youth often “flocked” to more urban counties, such as San Francisco. One social worker who perceived a higher concentration of transgender or nonbinary youth stated, *“I’ve seen a significant population of kids that identify as trans,”* and another reflected, *“I just wondered, why are there so many more trans and non-binary on my caseload?”*. One worker expressed astonishment at the level of disproportionality on her caseload, stating *“I had a large disproportion of trans and non-binary youth on my caseload when I was in that position, and it was something that was actually discussed with my supervisor, like, you know, this is interesting. Do we collect data on this?”*. One worker who reported having worked with very few transgender youth, noted, *“In [redacted] County, I’ve only had one transgender youth.”*

Social workers described mixed pathways into the child welfare system. Some emphasized that system involvement was unrelated to gender identity, attributing entry to factors such as poverty or substance use. One respondent stated, *“a lot of it has to do with parental socioeconomic issues and substance abuse and things like that.”* In contrast, other respondents described cases in which a youth’s transgender identity was directly connected to system entry. One social worker recalled, *“it was a youth transitioning from male to female, which is actually the reason why the parents kind of just abandoned the youth.”*

Several respondents also described racial and ethnic disproportionality among transgender youth on their caseloads. One noted that youth were *“mainly children of color, like Hispanic, African American,”* while another stated, *“most of the kids that I’ve had were transgender or expressing themselves as nonbinary are African American.”*

Intake and diversion practices were described as shaping which transgender youth ultimately entered formal care. Respondents explained that *“we like to say ‘safety plan’ to try to avoid the youth from going into care,”* and that *“we try to troubleshoot so they don’t end up in the system.”*

Social Workers’ Beliefs and Responses to Transgender Youth: Stigma vs. Advocacy

Respondents described a range of beliefs held by social workers about transgender youth. Some recounted encountering stigmatizing narratives, including beliefs that transgender identity was linked to trauma, confusion, or rebellion. One respondent described community stigma, noting that transgender youth were treated as if *“they don’t know what they want,”* or that *“they had to be sexually abused.”* Another reflected on changes over time, stating:

“A long time ago, I would regularly hear that transgender youth were traumatized... that it was their sexual trauma that made them act out in this way... I can see the improvement, but it’s still very disappointing.”

Some respondents described hostile or disaffirming behaviors by colleagues. One recounted hearing a colleague refer to a child using demeaning language:

“The social worker had called them psycho... called her a slut... this is a child... that’s not trauma informed, period.”

Others described misgendering as common, with staff stating it was *“too difficult to remember,”* or defaulting to legal names because *“we’re a legal system.”*

At the same time, many respondents described intentional affirming practices. These included consistent use of correct names and pronouns, visible signals of safety, advocacy within bureaucratic systems, and service linkage. One respondent described redirecting families by stating, *“No, this is the chosen name¹⁹,”* while another emphasized, *“No, we will address her or them by how they want.”* Respondents also described accompanying youth to obtain identification documents, linking youth to gender health clinics, and asking youth directly *“what they need.”*

As stated above, one social worker described an experience of advocating for a transgender youth’s ability to access gender affirming care through the legal system. Another social worker described an experience of making sure that a birth certificate was amended to reflect a child’s lived name when they were adopted. Finally, one social worker shared her experience of traveling to multiple Department of Motor Vehicle (DMV) offices to help a transgender youth obtain a driver’s license with an accurate gender marker after an employee at the first office erroneously told them it would not be possible to amend the identification to reflect the youth’s gender identity. This social worker stated that she felt it was important to *“help these youth to be able to advocate for themselves and not feel like they have to be discriminated against.”*

Placement Challenges and Outcomes

Placement denial and instability were described as pervasive challenges. Respondents described being denied placements explicitly due to a youth’s transgender identity. One stated, *“I’ve gotten a lot of denials because the youth is trans,”* while another described caregivers expressing fears about room sharing and sexual predation. One respondent described caregivers stating that *“being queer is the same as being a pedophile.”*

Respondents also described male-to-female transgender youth as particularly difficult to place, noting stigma within group homes and peer bullying. Out-of-county placements were described when local options were exhausted, with one respondent stating that *“the youth did have to wait a while and then ended up actually going out of county.”*

Placement outcomes frequently included delayed or failed reunification. Respondents stated, *“there are issues with reunification,”* *“I think they do take longer to reunify, if at all,”* and *“these are the ones that are aging out.”*

¹⁹ Chosen name is a term used interchangeably with “lived name” or “preferred name”.

Hopes and Concerns about the Future

Finally, respondents articulated hopes for expanded training and research, but also expressed concerns about the heightened vulnerability that transgender children face under the Trump administration's increasingly anti-transgender political agenda. One social worker articulated her belief that it may protect children to not identify them as transgender in their case records, stating *"sometimes it's safer not to document information [about a transgender youth's gender identity] because if it's there in black and white and in print, the bias and the, you know, the stereotype and the stigma can be made before the child is ever even given the opportunity for certain things, so we might kind of purposefully not document or not ask. In an effort to give them some, I guess, equity in different situations"*. Another social worker described her observation that the current political climate has "demonized" transgender youth, making some people believe that it is "more acceptable" to maltreat youth on the basis of their gender identity, particularly youth who present with more gender fluidity.

Looking prospectively, social workers emphasized the need for foster parent education related to gender identity, with one stating that *"maybe some more classes about sexual identification, gender identification"* should be required. Others emphasized the need for research, stating, *"we need the research... we need to see what other supports we can do."*

Additional Findings: Intersectional Challenges, Maltreatment Substantiation, Vulnerability, and Timing of Identity Disclosure

Several social workers described how the experiences of transgender youth in the child welfare system were shaped by the intersection of race, cultural expectations, and gender identity. Four respondents discussed challenges encountered in some Latino family contexts, noting that strongly held expectations regarding traditional gender roles sometimes influenced caregivers' responses to a child's gender identity or expression. Social workers described expectations for clearly defined masculine and feminine roles, which in some cases were intertwined with Catholic religious beliefs about gender and family structure. Respondents explained that these cultural and religious frameworks could contribute to family conflict when youth expressed gender identities or presentations that diverged from these expectations, sometimes complicating reunification or kinship placement decisions.

One participant described challenges they had encountered within certain East Asian family contexts, emphasizing how stigma surrounding both gender identity and child welfare system involvement could limit engagement with extended family networks, particularly in efforts to identify kinship placements. This social worker explained, *"[the] Asian American families I work with who have trans and queer youth are usually the most resistant to providing me a name or somebody to confirm as if, like, maybe there is some shame and guilt or [an attitude that] 'we don't talk about this outside of our home.'"*

Findings further underscore the importance of an intersectional lens with respect to disability, especially as transgender youths' experiences are shaped by the convergence of disability, gender identity, and broader social dynamics that structure access to autonomy and self-expression. One social worker described working with a transfeminine youth who was

paralyzed from the neck down and used a wheelchair, illustrating how physical dependence can both constrain and mediate gender expression through caregiver involvement. As the participant explained: *“So I did have a youth that I’ve worked with. They were paralyzed [...] So I know that was a barrier”*. *“They wanted to put on dresses and put on heels, but it’s like, you’re paralyzed...”*, while also noting the importance of engaging supportive adults: *“they did have a caregiver that was supportive at that time, so we talked about like, ‘hey, this is how they want to dress. How can we support the youth?’”* Importantly, the social worker reframed the perceived limitations by emphasizing alternative forms of expression that focused on what the youth can do (a strengths based perspective), explaining that the youth *“can still put on shoes... you can still express yourself...you like to do nails.”* This account highlights how normative assumptions about both gender and ability can intersect to constrain recognition of a youth’s identity, while also demonstrating how practitioner intervention and caregiver collaboration can expand possibilities for affirmation. In this case, the youth’s ability to express her gender identity was not only shaped by physical limitations, but also actively negotiated through supportive relationships that enabled her to maintain agency and authenticity within the context of her disability.

Several social workers described challenges related to substantiating allegations of emotional abuse when maltreatment stemmed from caregivers’ rejection of a transgender child’s identity. Respondents noted that reports of emotional abuse were frequently screened out due to difficulties demonstrating the severity of harm or establishing that the rejection met formal criteria for substantiation. One social worker explained that *“a lot of the calls that we get regarding transgender youth are typically allegations of emotional abuse,”* often centered on parents not supporting a youth’s transition. The respondent added that these cases were frequently screened out because *“it’s really not meeting criteria in terms of the emotional abuse part,”* and reflected that *“we’re really not asking enough questions to really see if this is meeting any kind of criteria.”*

The same respondent later distinguished between reports originating from schools and those from mental health providers, noting that the source of the report shaped substantiation decisions. Reports from teachers or guidance counselors were described as more surface-level, while reports from therapists were viewed as providing sufficient clinical detail to demonstrate the severity of harm, particularly the link between dismissal or invalidation of a transgender child’s identity and suicidal ideation. The respondent explained:

“With the therapists, those are the ones we screen in more, because that therapist has more details on how [rejection of a child’s transgender identity] impacts the child, whereas the school counselor is super surface level... ‘they don’t agree with Johnny changing into something else’, whereas a therapist is like, ‘No, this is what’s happening, now this has led to suicidal ideation, or this has led to the child running away’. Okay, now we got to get involved.”

Some social workers also reflected on uncertainty regarding vulnerability to victimization among transgender youth, questioning whether certain pre-disclosure (latent) characteristics

unique to transgender children were associated with increased exposure to maltreatment. Rather than attributing the development of transgender identity to a history of abuse, respondents described grappling with whether gender nonconformity, social marginalization, or perceived difference may precede both victimization and later identity disclosure. One respondent reflected on several cases, stating:

“Three kids that I remember... they suffered a bunch of trauma and then ended up not reunifying with their parents, and then came out as trans, and we were wondering if they were being picked on or like, I don't know, is it something that attracts the perpetrator? Like, makes perpetrators think they're less likely to say anything? I don't know.”

Another social worker similarly questioned whether vulnerability might exist prior to identity disclosure, asking, *“are they more likely to be [victimized] even though they haven't come out as trans?”* and adding, *“I've seen that too, where we've had kids and they've been victimized by relatives and parents, and then later on they come out.”*

Three social workers described experiences working with gender-expansive children who were younger than adolescence. All noted that these children expressed themselves in ways that diverged from expected gender roles but lacked language to describe their gender identity. One social worker described working with a young child, stating, *“I did have one that was early elementary... he did present a different way,”* and emphasized that *“he didn't have the words for it.”* The respondent later clarified the child's age, stating simply, *“He was six.”* This social worker also reported that relatives used homophobic slurs toward the child in response to his gender presentation, including “faggot” and “sissy.”

Other respondents observed that transgender youth were more likely to disclose their gender identity as their living environments became more stable. Social workers described youth feeling more comfortable expressing their identities once they were no longer in emergency placements and had achieved greater permanency. One respondent explained:

“Once they're no longer in FR, and they're in long term foster care or a non-minor dependent, that's when I've seen them a lot more comfortable, and they come out more, and then that's when I'm able to know about it in the court reports, or when they like go to school with us, when they go to court with us, that they are more comfortable, like, expressing themselves.”

Finally, multiple social workers described positive outcomes for transgender youth when placed in gender-affirming home environments with supportive caregivers and access to gender affirming care, including social and medical transition. One respondent described a youth whose caregiver was affirming, stating, *“the parent was really affirming, and they made it through it all,”* and noting that the youth was *“doing really well,”* later adding that they had encountered the youth at a Pride event where they were *“fully transitioned... and super.”* Another respondent described a youth who reunified successfully, stating:

“One I can think of that went home... and he completely transitioned, and was doing great, too. And I think he really worked out their disagreements... once everything

started getting resolved, as far as their transition, they started to get along again and feel safe.”

Discussion

Strengths and Limitations of Study

A significant strength of the qualitative study is its focus on the unique experiences and needs of transgender youth within the California child welfare system, as seen through the perspectives of social workers. This focus allows the study to delve into the systemic and interpersonal factors shaping the care of transgender youth, offering insights that are often absent from broader quantitative studies. Social workers play a crucial role in the placement process and in ensuring the well-being of transgender youth, making their input essential for understanding barriers and opportunities within the system. By exploring these professionals' experiences, the study contributes to a growing but still limited body of research addressing the intersection of transgender identity and child welfare (Mallon & Woronoff, 2006; Wilson et al., 2014).

The study's qualitative methodology provides thoughtful, detailed narratives that reflect the lived realities of care providers and the youth they serve. Open-ended interviews encourage participants to share nuanced examples and observations, leading to a more comprehensive understanding of challenges such as family rejection, discrimination, and barriers to affirming care. Directed content analysis, as employed in the study design, enhances the ability to identify both anticipated and emergent themes, ensuring that findings were not confined to preconceived notions (Kleinheksel et al., 2020) about transgender youth's experiences.

Another strength lies in the study's potential to inform actionable improvements in policy and practice. By identifying the specific needs and obstacles faced by transgender youth, as well as the strategies social workers use to address them, the findings offer insights that may help inform training initiatives, resource allocation decisions, and efforts to strengthen system-level practices related to transgender youth. For example, uncovering gaps in affirming services or placement options for transgender youth could guide the development of specialized support systems and protocols, addressing documented disparities in care (Austin et al., 2021; Hatzenbuehler & Pachankis, 2016; Ryan et al., 2010).

Additionally, the study's regional focus on California, a diverse and relatively progressive state, provides a valuable case study of how child welfare systems in other parts of the country might adapt to the needs of transgender youth. Insights from this region can serve as a model for other areas aiming to improve their practices, while also highlighting gaps that persist even in regions with supportive policies.

Despite its strengths, the study has several limitations. One notable limitation is the high volume of participants from the greater Bay Area, which may limit the generalizability of the findings to the state of California, or the United States as a whole. While the region's diversity and progressive policies make it an ideal setting for this research, its unique characteristics may not reflect the experiences of transgender youth or social workers in more rural or conservative

areas. Differences in cultural attitudes, resource availability, and systemic constraints across regions may result in varied challenges and needs that this study cannot capture.

The reliance on self-reported data from social workers also presents potential limitations. Self-selection not only involved those who agreed to the survey, but also to the 79 survey participants who responded to the open-ended question, and ultimately the 28 who self-selected into participation in interviews, which may overrepresent workers who are more engaged, reflective, or affirming. While their perceptions provide valuable insights, responses may be influenced by personal beliefs about transgender youth, professional positionality, or social desirability bias (Maxwell, 2004). For instance, social workers may feel compelled to present themselves as more supportive or knowledgeable about transgender issues than they truly are, leading to responses that do not fully reflect on-the-ground realities. Furthermore, the study does not capture the experiences of social workers who have more limited or no experience working with transgender youth, potentially skewing the findings toward those with more involvement in this area.

Interviewer and analysis bias is another potential limitation of this study. While qualitative methods like directed content analysis aim to reduce subjectivity, the framing of interview questions and the interpretation of responses may inadvertently emphasize certain themes over others. This could lead to findings that reflect the researchers' priorities rather than the full range of experiences shared by participants (Patton, 2014). To reduce the likelihood of introducing this type of bias, interviews were conducted until thematic saturation had been achieved. This approach will help ensure findings capture a comprehensive range of perspectives by halting data collection after the emergence of novel themes stops, as opposed to stopping data collection after expected themes have emerged. Finally, by focusing exclusively on social workers, the study may miss important perspectives from other stakeholders, such as foster parents, youth themselves, or community advocates. These groups may provide critical insights into the day-to-day realities and systemic challenges faced by transgender youth that social workers might not fully observe or articulate. Incorporating these voices could enrich the findings and lead to a more holistic understanding of the child welfare system's impact on transgender youth.

Conclusions

Perceived Overrepresentation of Transgender Youth in Child Welfare

Social workers interviewed in this study frequently reported encountering disproportionately high volumes of transgender youth on their caseloads. Several respondents described noticing a higher-than-expected number of transgender or nonbinary youth among the children they served, and posited beliefs about why this pattern might exist, namely emotional abuse in the form of antagonistic attitudes toward transgender identity and family rejection. Although the present study does not independently estimate population prevalence, these practitioner observations are consistent with findings from prior empirical research indicating that transgender and gender-diverse youth are disproportionately overrepresented in child welfare systems relative to their prevalence in the general youth population. These accounts suggest that some frontline practitioners, particularly those who may be more sensitized to issues

affecting transgender youth or who have greater exposure to this population in their caseloads, are observing patterns that appear to align with existing evidence of disproportional overrepresentation.

At the same time, these observations are shaped by the characteristics of the sample, which is relatively small and not necessarily representative of the broader population of child welfare workers in California. However, it is possible that a population-based sample would similarly identify transgender youth as disproportionately overrepresented, while still comprising a relatively small proportion of the overall child welfare population. These findings underscore the need for continued, population-level research into the structural and familial factors that contribute to transgender youths' involvement in child welfare systems.

Structural Drivers of Placement Challenges

Findings from this study indicate that social workers widely recognize placement challenges for transgender youth as stemming less from youths' identities themselves than from caregivers' disaffirming attitudes, particularly those rooted in religious or ideological beliefs. At the same time, respondents emphasized that placement difficulties are often context-dependent, intersecting with system-wide challenges such as limited homes for adolescents, caregiver preferences regarding age or gender, and behavioral needs unrelated to gender identity. Together, these findings suggest that transgender identity frequently becomes a magnifier of existing placement constraints rather than their sole cause.

Reunification Risks in the Context of Identity-Based Family Rejection

These results challenge a foundational assumption in child welfare policy: that reunification is uniformly the preferred permanency outcome. For transgender youth, reunification with rejecting or disaffirming caregivers may carry uniquely high risks. Social workers consistently linked identity-based rejection to severe mental health consequences, including suicidality, psychiatric hospitalization, running away, and survival-based coping strategies. These observations align with extensive research demonstrating that transgender youth face markedly elevated suicide risk when their identities are invalidated within family contexts. From the perspective of Parental Acceptance Rejection Theory, reunification to a rejecting caregiver constitutes a re-exposure to a primary source of psychological harm, potentially reproducing the very conditions that precipitated system involvement.

Importantly, social workers' perceptions that transgender youth are less likely to reunify or more likely to age out of care should not be interpreted as evidence of youths' individual or behavioral deficits. Rather, these outcomes may reflect social workers' and youths' self-protective decision-making when family environments remain unsafe. When caregivers persistently refuse to respect a child's name, pronouns, or gender expression, or frame affirmation as morally unacceptable, reunification may pose a greater risk to mental health, and potentially to life, than alternative permanency options. From a child safety standpoint, the risk associated with chronic identity rejection warrants the same level of concern as other forms of emotional abuse, even when harm is not immediately visible. At the same time, it is important to note that transgender youth in care appear more likely to enter the system during adolescence, a

developmental period that is independently associated with lower rates of reunification (Sattler et al., 2018). As a result, some patterns described by social workers may reflect age-related dynamics common to adolescents in care rather than effects uniquely attributable to transgender identity. This finding underscores the need for analytic approaches that disentangle transgender youths' developmental stage from gender-related maltreatment experiences.

Barriers to Recognizing Emotional Abuse in Child Welfare Systems

An additional finding concerns the difficulty of substantiating emotional abuse when harm stems from caregivers' rejection of a youth's gender identity. Several social workers described how allegations of emotional abuse related to gender identity were frequently screened out during intake because the harm was difficult to document within existing substantiation frameworks. Respondents noted that rejection, invalidation, or dismissal of a youth's gender identity often failed to meet formal criteria for emotional abuse despite clear links to suicidal ideation, running away, or severe psychological distress. In contrast, reports originating from mental health providers were more likely to be screened in because therapists could provide detailed documentation of the connection between identity rejection and mental health outcomes. These findings suggest that existing child welfare screening practices may underestimate the seriousness of identity-based emotional harm, potentially limiting system intervention in cases where youth face significant psychological risk.

Distinguishing Fixed Rejection from Changeable Caregiver Beliefs

At the same time, findings caution against treating family rejection as inherently fixed. One social worker described a case in which a relative caregiver initially expressed discomfort with a child's transgender identity but demonstrated meaningful change following education, training, and therapeutic intervention, ultimately resulting in a stable and affirming kinship placement. This case suggests that rejection may sometimes reflect misinformation or rigid socialization rather than entrenched hostility. Distinguishing between caregivers who are unwilling to change and those who are under-informed has critical implications for practice.

Rather than adopting a binary approach in which family rejection is viewed as either disqualifying or fully negotiable, child welfare systems may benefit from a differentiated response. When caregivers demonstrate openness to learning and accountability, structured interventions such as mandated training, family therapy, and explicit expectations around affirmation may function as powerful protective tools. Conversely, when caregivers refuse engagement or continue disaffirming behaviors despite intervention, permanency planning should prioritize alternative placements that provide emotional safety and affirmation.

Placement Instability and Housing Vulnerability

Placement instability and housing vulnerability emerged as recurring themes across interviews. Social workers described frequent placement denials when caregivers learned that a youth was transgender, as well as delays in identifying appropriate homes due to concerns about room sharing, peer safety, or caregiver discomfort. Respondents also described cases in which

transgender youth ran away from placements where they felt unsafe or rejected, which in turn further limited placement options. In some instances, youth who experienced prolonged rejection or instability resorted to survival strategies such as exchanging sex for housing or resources. These findings suggest that the interaction between identity rejection and systemic placement scarcity may increase transgender youths' vulnerability to housing instability and exploitation.

Timing of Identity Disclosure and the Role of Stability

Another notable pattern described by social workers involved the timing of gender identity disclosure. Several respondents reported that transgender youth often disclosed their identities only after achieving greater stability in care, such as after moving from emergency placements into longer-term foster care or non-minor dependent placements. In these cases, youth appeared more comfortable expressing their identities once they felt safer within their living environments. This finding suggests that identity disclosure may sometimes follow stabilization rather than precede system involvement, complicating assumptions about causal pathways between gender identity and maltreatment.

Importance of Access to Gender Affirming Care

Multiple interviews indicated that access to gender-affirming care was a source of powerful and positive transformation in the lives of transgender young people. Social workers emphasized that when gender dysphoria was addressed directly, through gender-affirming services and living authentically in supportive environments, youths' distress and behavioral concerns often diminished. In contrast, dismissiveness of youths' transgender identities was associated with escalating crises, including hospitalization and suicidality. Within the child welfare context, gender-affirming care functions not merely as treatment, but as a critical protective intervention. Obstructing access to such care therefore constitutes a serious threat to youth safety.

Social Workers as Advocates for Transgender Youth

Across interviews, respondents consistently demonstrated a high degree of awareness, concern, and intentionality regarding the unique needs of transgender youth in the child welfare system. Many described experiences of advocating for affirming placements, adapting their practice in response to youths' identities, and challenging barriers within court systems and their own agencies. While it is not possible to determine whether these perspectives reflect broader attitudes among social workers or are influenced by factors such as self-selection into the study, professional role, or regional context, these findings nonetheless document the presence of social workers who are actively engaged in responsive and affirming work with transgender youth. Importantly, the consistency of these accounts suggests that, at minimum, a subset of practitioners possess both the awareness and motivation to support transgender youth effectively, highlighting existing practice strengths that can inform training, policy development, and system-level improvement.

Protective Potential of Affirming Placements

Finally, social workers also described cases in which transgender youth thrived when placed in affirming environments with supportive caregivers and access to gender-affirming services. Respondents noted improvements in mental health, stabilization of behavior, and increased confidence when youth were able to live authentically and receive consistent validation from caregivers and professionals. These accounts illustrate that the challenges described throughout this chapter are not inevitable outcomes of transgender identity itself but rather reflect the presence or absence of affirming environments. When affirmation is present, transgender youth can experience stability, well-being, and successful transitions to adulthood.

Family Rejection Through an Intersectional Lens

An intersectional lens further underscores that transgender youths' experiences in child welfare cannot be understood through gender identity alone. Social workers noted that many transgender youth share characteristics common among the broader population of youth in care, including disproportionate representation among youth of color, economic marginalization, and high rates of mental health or neurodevelopmental diagnoses (e.g. autism, ADHD, etc.). However, the interaction of these identities appears to shape transgender youths' experiences in qualitatively distinct ways. For example, some social workers reported that transgender youth, particularly those with behavioral health issues, were abandoned after being placed on psychiatric holds. Social workers emphasized that the psychiatric holds were often due to suicidal ideation after being rejected on the basis of their transgender identities. Respondents also questioned whether some transgender youth's diagnoses reflected neurodevelopmental conditions or trauma-based responses to chronic rejection, capturing how non-affirming systems may misclassify gender-related distress as pathology, triggering punitive rather than supportive responses.

Several social workers described challenges that emerged at the intersection of race, religion, and gender identity and expression when working with transgender youth and their families. Respondents noted that cultural expectations surrounding gender roles sometimes shaped family responses to a child's gender identity or expression. For example, some social workers reported encountering families who held strongly defined expectations about masculinity and femininity, which they described as particularly salient in certain Latino family contexts. These respondents explained that traditional gender norms could contribute to parental rejection or difficulty accepting a youth's gender identity, sometimes resulting in family conflict or placement disruption. One social worker described challenges related to stigma surrounding child welfare involvement within some Asian family contexts. This respondent noted that concerns about family reputation or feelings of shame associated with child welfare system involvement sometimes made parents reluctant to identify themselves as potential caregivers. In this case, the social worker described difficulty locating kinship placements because youths' parents were unwilling to engage with the system and feared the social consequences of being associated with child welfare services. This observation highlights how cultural expectations, stigma, and family dynamics can shape the placement options available to transgender youth within the child welfare system.

Implications

This research builds on extant literature on the needs of transgender children in the child welfare system by identifying obstacles and solutions related to placement options and stability, reunification, and other unique needs that transgender children experience while in foster care. This research is highly pertinent to the field of inquiry related to transgender children in the child welfare system because there are currently gaps in the literature related to why this population is overrepresented in the child welfare system (Mountz & Capous-Desyllas, 2020; Wilson et al., 2016), as well as the specific needs that this population has while in foster care that are distinct from those of cisgender youth (Baams et al., 2019; Paul, 2020). In order to better study and address the issue of transgender disproportionality in the child welfare system, social work researchers must first learn more about the causes of transgender children's child welfare system entry. Additionally, in order to better serve transgender youth in the child welfare system, academic research should delineate the specific types of services and supports that benefit these youth while they are in care.

This study explores social workers' perceptions of why transgender children enter the child welfare system, as well as other factors related to the experiences of these youth while in care that are distinct from cisgender youths', such as specific barriers related to placement and reunification, as well as identity-associated need. Past qualitative research on transgender children in child welfare settings has relied on autobiographical information from youth themselves, often years after their experience in foster care. While these perspectives are important, the experiences of social workers are a largely untapped resource, particularly when it comes to learning about the needs of transgender foster youth. By listening to the voices of providers and caregivers in the lives of transgender children in the child welfare system, we can develop a clearer understanding of the most pressing issues faced by this population.

Findings from this study have the potential to directly impact child welfare policies and priorities, and may be used to inform the development of strategies to improve care for transgender and gender expansive children in the child welfare system. Specifically, these findings argue for a more nuanced, youth-centered approach to permanency planning for transgender children: one that centers mental health risk, recognizes the lethality of identity rejection, and treats affirmation as a non-negotiable component of safety. Protecting transgender youth does not necessarily require severing all family ties, but it does require refusing to equate legal or biological reunification with emotional safety. Where families can grow, child welfare systems must support that growth; where they cannot, child welfare systems must prioritize stability, affirmation, and the wellbeing of the child, even when this requires seeking affirming placements beyond local or county boundaries.

Finally, this research highlights the strategies that caregivers of transgender children in the child welfare system are already using, which may inform future best practices for other child welfare professionals who are serving this population. Future research should explore whether these findings are consistent among distinct populations of child welfare system-involved youth, such as Native American/American Indian populations (ICWA cases), or youth in other geographic regions of the United States.

Paper 3: Exploring Kinship Care Placements for Transgender Youth in Foster Care

Introduction

This study analyzes qualitative interviews with California child welfare social workers to examine how practitioners understand and navigate kinship care placements for transgender youth. The purpose of this study is to investigate the following research questions: (1) Do the unique support needs of transgender foster youth influence the availability and stability of kinship care placements? (2) Do social workers perceive kinship care placements to be a preferred option for transgender youth? and (3) Do certain relatives appear better equipped to provide kinship care for transgender youth (e.g., grandmothers, aunts/uncles, older siblings)? Kinship care is widely regarded as a preferred placement option within child welfare systems because it preserves familial relationships and cultural continuity. However, for transgender youth, placement with relatives may present distinct challenges when caregivers hold beliefs that conflict with affirming a youth's gender identity. Drawing on social workers' accounts, this paper explores how practitioners evaluate kinship placements in the context of caregiver beliefs, family dynamics, and the need to ensure emotional safety and identity affirmation for transgender youth.

Although some of the challenges described in this study (particularly those related to caregiver religious beliefs) echo themes identified in Paper 2, the analytic focus of Paper 3 is distinct. Whereas Paper 2 examines broader placement challenges for transgender youth across foster care settings, this study specifically investigates how these dynamics operate within kinship care placements. Kinship care presents unique considerations because placement decisions often involve balancing the benefits of maintaining familial connections with the need to ensure that caregivers can provide a safe and gender-affirming environment. As a result, factors such as religious beliefs, caregiver readiness, and broader family dynamics may shape kinship placements in ways that differ from non-relative foster care settings, particularly given that cultural norms, behavioral expectations, and religious values are often shared and reinforced within family systems. Accordingly, this study focuses specifically on findings related to kinship care, narrowing the analytic lens to examine how these factors influence the opportunities and constraints surrounding kinship placements for transgender youth.

Background

Kinship care is a form of out-of-home placement for children who have experienced maltreatment and have been removed from the custody of their family of origin. Kinship care is similar to foster care, but rather than being placed with foster families who are typically strangers to the child, kinship caregivers are family members, such as grandparents, aunts and uncles, or adult siblings (Andersen & Fallesen, 2015). Many states legally define kinship care as placements with relatives connected by blood, marriage, or legal relationship. As of 2014, approximately one-third of children in foster care (29%) had experienced a kinship care placement (Bramlett et al., 2017). When a child can not live with their family of origin, kinship care is considered to be a first-line option for placement of a child. There is a legal impetus for this as well, as federal legislation, initially passed in 1996, requires state agencies to prioritize kinship care placements with relative caregivers (Geen, 2004).

Kinship care placements are generally seen as the preferred option over foster care placements because they preserve family relationships, which are important for preserving cultural identities and practices. Additionally, maintaining close relationships with biological families creates a sense of security which may mitigate behavior issues that would otherwise lead to placement instability (Konijn et al., 2019). However, it is unclear whether this line of reasoning is also true for transgender youth, who may be particularly vulnerable to child welfare system entry due to family rejection. Research related to transgender youth in child welfare systems has historically pointed to family rejection (Mallon & Woronoff, 2006) as a key driver behind this population's disproportionately high rate of overrepresentation (Wilson et al., 2016) in the public child welfare system. Transgender youth are uniquely vulnerable to maltreatment related to their gender identity and presentation (Thoma et al., 2021), and for this reason, kinship care may offer mixed possibilities for transgender youth in need of a child welfare placement (Friedland, 2001). Therefore, social work research must determine whether kinship care options are an appropriate setting for youth who may be at risk of identity-based maltreatment by other relatives in their extended family.

Very little is known about how extended family relatives react to transgender children's identities (Kualanka et al., 2019). The Trans*Kid Study (n = 46 parents of n = 46 transgender children) used interviews with parents of transgender children to study the relationships between transgender children ages 6-12 and their extended families with a focus on how these relatives reacted to learning about the transgender child's identity. Researchers found that families who had more accepting attitudes toward transgender children were significantly associated with fewer behavior problems from the transgender child, which validates earlier findings from the Family Acceptance Project (Kualanka et al., 2019; Ryan, 2010; Ryan et al., 2009).

There is a significant dearth of research related to transgender youth in kinship care placements. Although "kinship" among transgender children and adults has been discussed by scholars across various disciplines, articles related to this topic broadly examine the construct of kindred relationships formed through social support groups and chosen families and are not especially relevant to the concept of state-facilitated kinship care in the context of relative foster care or guardianship. In fact, a scoping review of academic literature related to the needs of transgender youth in kinship care produced only one result that explored the viability of kinship care as a placement option for LGBT youth (Friedland, 2001). Friedland's analysis highlights that many LGBT youth enter the child welfare system following family rejection related to their sexual orientation or gender expression, which can limit the availability of supportive family-based placements. The article argues that when affirming family members or caregivers are available, family-based placements may offer important protective benefits, but it also notes that stigma and homophobia within families can complicate the feasibility of kinship care for many youth. Friedland's article also notes that family rejection of LGBTQ youth was recognized within California's child welfare system as early as the mid-1980s. This prompted the establishment of Gay and Lesbian Adolescent Social Services (GLASS)²⁰ in Los Angeles in 1985, the nation's first foster home dedicated specifically to serving LGBTQ adolescents (including transgender youth), which provided specialized care, including foster family recruitment.

²⁰ GLASS closed in 2009.

The issue of kinship care placements for transgender youth in the child welfare system received brief media attention in 2019 after the death of 19 year-old Andrew Martinez, who completed suicide while enrolled in extended foster care (Abram, 2019). Andrew's aunt had pursued licensure by the state of California to provide a kinship care option for him, but the license had not been approved at the time of his death. No further information was publicly provided about the status of the license (i.e. administrative delays or specific issues that would need to be remediated by the relative prior to approving the home for placement).

After Andrew's death, the Los Angeles County Board of Supervisors passed a motion to:

“...Work with the county CEO's Office, the Office of Child Protection, the Department of Mental Health, and Probation, as well as with LGBTQ+ community experts, to develop and launch services that can intervene and reduce the number of family rejections, as well as new training for foster caregivers and providers, and social workers and probation staff, focused on better supporting LGBTQ+ youth, through identity development, and knowledge of resources available in the community” (Walker, 2019) .

The passing of this motion represents the annunciation of the socio-political prioritization of the needs of transgender youth in a child welfare setting.

Finally, it is important to note that California allows fictive kin and non-relative family members (NREFMs) to serve as kin in the child welfare system. In this context, fictive kin refers to individuals who are not biologically or legally related to a child but share a close, supportive, family-like relationship. These bonds often stem from cultural, social, or emotional connections and may include close family friends, mentors, or members of a child's community or faith group (Osborne & Leon, 2024). The role of fictive kin is particularly significant as they can provide continuity, stability, and emotional support for children removed from their homes but unable to stay with biological relatives. Recognizing fictive kin as caregivers helps preserve a child's cultural, social, or community ties, which are essential for their well-being and identity development.

For transgender youth, fictive kin relationships may be especially important. Shared identities, such as queer or transgender identities, can foster strong connections with fictive kin who may provide affirming care, particularly if biological relatives are unsupportive or lack similar lived experiences. However, it might be that transgender youth are less likely to be accepted by traditional kin but are equally likely to be cared for by non-relative family members. These distinctions are critical to capture and understand. Research on fictive kin in gerontological studies involving transgender individuals underscores the importance of chosen family and non-biological networks, particularly for those ostracized by their families of origin (Moreau et al., 2023). While these findings suggest potential parallels for transgender children and youth, further research is needed to explore how these dynamics play out in younger populations.

Parental Acceptance-Rejection Theory

Parental Acceptance-Rejection Theory is a theory that is used to determine whether parents are likely to accept or reject their children (Rohner, 1980). The theory also attempts to identify the consequences of parental acceptance-rejection on an individual level (children's behavioral development). Parental Acceptance-Rejection Theory is substantiated by approximately 2,000 studies in the United States, as well as in other countries (Rohner, 1980). The principal claim of Parental Acceptance-Rejection Theory is that all children need love and acceptance from their parents and other attachment figures, and that children who do not receive this as an aspect of their upbringing experience a particular form of maladjustment regardless of their age, ethnicity, or gender. In 2014, the name of Parental Acceptance-Rejection Theory was changed to “Interpersonal Acceptance-Rejection Theory” (IPART), which reflects the inclusion of all types of interpersonal relationships as opposed to just parental relationships (Rohner, 2021). For example, acceptance or rejection within other social groups, not just acceptance and rejection occurring in the context of a nuclear family system. Because kinship care providers serve in a parental type role, this paper will refer to Parental Acceptance and Rejection Theory as it is more commonly known.

Prior research has found that higher levels of parental acceptance are associated with greater psychological adjustment, while higher levels of parental rejection are associated with the development of future psychological disorders (Dwairy, 2010), such as emotional instability during adolescence (Mendo-Lázaro et al., 2019). This is based on the theoretical postulate that parental rejection harms a child's self-concept, as well as undermines their feelings of relatedness to their parents, resulting in a sense of alienation and an inability for the child to live as their authentic self (Dwairy, 2010).

Parental Acceptance-Rejection Theory (PART) has direct relevance to the study of kinship care placements for transgender youth in the child welfare system. Specifically, PART has already been validated with transgender samples, including transgender women of color (Koken et al., 2009). Aside from the material risks of family rejection that transgender children face, such as being expelled from their home or becoming homeless after coming out, family rejection poses other significant risks to the wellbeing of transgender children (Klein & Golub, 2016). One study of 3,458 transgender and gender nonconforming individuals found that family rejection was associated with significantly higher odds of both substance abuse and suicide attempts (Klein & Golub, 2016).

Multiple research studies on transgender children in child welfare systems have drawn the conclusion that transgender disproportionality in child welfare is the result of the interaction between social stigma and family rejection (Baams et al., 2019). Past research has suggested that parental alienation or abusive behavior by a transgender person's family after “coming out” may be so detrimental to the transgender person's mental health that it may be the healthiest option for that person to sever all ties with their unsupportive family (Connolly, 2006). This may be due to the strong relationship between transgender individuals' positive mental health and the ability to achieve gender congruence, a term which refers to living authentically as one's expressed gender (Thoma et al., 2023). Gender congruence is defined as the “extent to which transgender individuals are comfortable, genuine, and authentic about their overall appearance or presence

and accept their true identity instead of the identity socially prescribed for them” (Kozee et al., 2012); p. 181). Given that transgender children identify with their expressed gender just as strongly as cisgender children do (Olson et al., 2015) it makes sense why the consequences of family rejection on the basis of gender identity is so detrimental to transgender children’s mental health (Katz-Wise et al., 2016).

Parental Acceptance-Rejection Theory does an effective and clear job of highlighting transgender children’s need for love, acceptance, and support from their parents and caregivers with respect to living as their identified gender. Parental Acceptance-Rejection Theory has also been specifically evaluated for its applicability and relevance in transgender populations (Koken et al., 2009), as well as populations across North America, including the United States, Canada, and Mexico (Rohner, 2021). The theory has also been validated by research findings in transgender youth populations that rejecting and mixed parental behaviors contribute to psychosocial problems such as depression and suicidal ideation, while supportive behaviors increase positive wellbeing (Johnson, LeBlanc, Deardorff, et al., 2020; Johnson, LeBlanc, Sterzing, et al., 2020). Overall, Parental Acceptance-Rejection Theory strongly affirms the harmfulness of child maltreatment based on transgender identity-associated parental alienation and hostility, particularly when it rises to a level that constitutes psychological abuse, or emotional abuse or neglect.

The limitations of Parental Acceptance-Rejection Theory with respect to transgender disproportionality in child welfare stem from the overall lack of empirical evidence that transgender children enter the child welfare system for different reasons than cisgender children. This is a significant limitation to the applicability of this theory because the most common form of child maltreatment is neglect (Gonzalez et al., 2023), often due to parental substance abuse, mental illness, or a lack of understanding about children’s needs or development (Centers for Disease Control and Prevention, 2022). Existing research suggests that many transgender youth in foster care experience multiple placements during adolescence (Wilson et al., 2014, 2016), but it remains unclear whether parental rejection related to gender identity is a primary driver of entry into the child welfare system, or whether rejection more often contributes to placement instability after youth have already entered care.

Finally, an important limitation of Parental Acceptance-Rejection Theory is that it treats acceptance and rejection as a categorical dichotomy. Children that experience low levels of acceptance and warmth from their parents have not necessarily been rejected or are outright disliked by them (Sentse et al., 2010). While this is a useful simplification for the purpose of theoretical modeling, this may not reflect the nuance of actual parent-child relationship dynamics with respect to family attitudes or behaviors toward a transgender child. This critique is based on shifting paradigms that conceptualize transgender youth as having binary experiences of either being “at risk” or “resilient,” and instead examines the lives of transgender youth in a larger social context (Horn et al., 2009). A recent study of non-child welfare system involved transgender youths’ perspectives of parental support found that most transgender youth who were interviewed experienced some degree of family support in the form of love, advice, housing, or affirmation, but parental supportiveness regarding coming out as transgender and use of pronouns or chosen name was more limited (Andrzejewski et al., 2021). This finding clearly

demonstrates how parents are often both accepting and rejecting of their children, but this acceptance and rejection is sometimes conditional, or varies across contexts.

While Parental Acceptance-Rejection Theory primarily focuses on the parent-child relationship, its principles may also extend to kin caregivers, who often play a critical role in the lives of transgender youth in foster care. Kin caregivers, like parents, may exhibit a spectrum of behaviors ranging from acceptance to outright rejection of a youth's gender identity. This variability can have profound implications for the stability of kinship care placements, as rejection from kin caregivers, whether rooted in stigma, lack of understanding, or other factors, may replicate the rejection youth experienced in their biological homes. By framing kin caregivers' responses within the theoretical lens of PART, researchers and practitioners can better understand and address the dynamics that lead some kin to reject transgender youth from their care, further perpetuating placement instability and its associated harms.

Addressing Gaps in the Literature on Transgender Youth and Kinship Care

Despite the prioritization of kinship care in child welfare policy and its documented benefits for many children, no empirical research has examined how kinship placements function specifically for transgender youth. Although prior scholarship links family rejection to transgender youths' entry into care and documents the harmful mental health consequences of parental rejection, this literature focuses primarily on families of origin rather than extended family caregivers serving in state-facilitated kinship placements. As a result, it remains unclear whether kinship care operates as a protective factor for transgender youth or whether it may reproduce the rejection dynamics that contributed to system involvement.

In a qualitative study exploring parental acceptance and rejection of transgender and nonbinary adolescents (Dunlap et al., 2023), researchers found that family processes following gender identity disclosure are shaped by timing, emotional adjustment, and access to affirming resources. Using life history calendar interviews with 20 adolescent-parent dyads, the authors identified that the interval between a youth's disclosure and puberty influenced how parents understood and supported their child's gender journey. Parents who first learned of their child's transgender identity during adolescence often experienced grief, loss, and stigma-related fears as they navigated decisions to affirm their child's identity. Additionally, many parents described a lack of a clear, affirming roadmap within their own families or communities, and while connections with other parents of trans youth provided valuable support, these resources were not always sufficient or easily accessible. These findings suggest that even well-intentioned caregivers may require substantial emotional adjustment and external support before becoming affirming. When considered within the context of kinship care, such dynamics raise important questions about whether extended family members are prepared to provide identity-affirming placements or whether similar processes of grief, uncertainty, and stigma may undermine placement stability.

Research on extended family responses to transgender children is limited, and existing studies are not situated within formal child welfare placement processes. Similarly, while fictive kin and chosen family networks are widely discussed in LGBTQ+ scholarship, little is known about how these relationships function within legally recognized kinship care settings. Finally,

although Parental Acceptance-Rejection Theory provides a useful framework for understanding the consequences of acceptance and rejection, it has rarely been applied to variation within kinship systems, particularly in contexts where acceptance may be partial or conditional.

This paper addresses these gaps by examining how transgender youths' identity-related needs shape the availability, desirability, and stability of kinship placements, and by exploring variation across different types of relatives and fictive kin. In doing so, this study moves beyond assumptions that kinship care is uniformly beneficial and provides needed evidence about when and how kinship placements support (or undermine) the well-being of transgender youth in foster care.

Methods

Participants

As described in paper 2, participants were recruited through purposive sampling of respondents from the study featured in Paper 1. To be eligible for this study, participants must be child welfare professionals, over the age of 18, located in California, with experience working with at least one transgender child or adolescent. In eligible Bay Area counties, social workers received a \$100 digital Visa gift card for completing an interview as an incentive for participation. Social workers in counties outside the Bay Area, or in counties with policies prohibiting employee remuneration for research participation, were not offered compensation.

Open-Ended Question Respondents

Social workers are known to operate with extremely high workloads (Stevens, 2008). Therefore, in order to collect an adequate number of respondents, as an alternative to participating in a full interview, participants were given the opportunity to share additional thoughts or beliefs about their experiences working with transgender children in a text box at the end of the survey. Of the 163 respondents who completed the survey, 15 provided text responses related to kinship care to the open-ended question: "Q19: Do you face any unique difficulties when trying to find placements (e.g., relative placements, foster homes, group homes, etc.) for transgender children? Please explain below." To protect participant confidentiality, county-level identifiers were removed from the survey dataset prior to post hoc analysis. Consequently, the specific county representation of survey respondents cannot be determined, precluding geographic disaggregation of the quantitative findings.

Interview Participants

As described in Paper 2, 27 social workers ultimately completed usable qualitative interviews. For the purposes of Paper 3, which focuses specifically on kinship care placements, transcripts were reviewed to identify participants who discussed experiences related to relative, non-related extended family members (NREFM), or fictive-kin placements for transgender youth. Of the 27 interview participants, 18 reported experience related to kinship care placements and were therefore included in the analytic sample for this paper. Social workers represented seven counties within the Bay Area and surrounding Northern California regions.

No additional incentive was provided for participation in Paper 3. Compensation procedures were identical to those described in Paper 2 and were not contingent upon whether participants discussed kinship-related experiences.

In the same manner as in Paper 2, semi-structured interview participants were recruited from among survey respondents who volunteered for follow-up interviews. As a result, some participants contributed both open-ended survey responses and interview data. While these data sources are analyzed separately due to differences in depth and format, they should not be interpreted as independent samples. The open-ended survey item was narrowly focused on placement-related challenges for transgender youth, which included some references to kinship care, whereas the interviews elicited substantially more detailed accounts of experiences working with this population. In addition, interviews included targeted questions about kinship care, such as identifying appropriate relatives or fictive kin, assessing caregiver readiness to support transgender youth, navigating disaffirming placements, and addressing the impact of these dynamics on youth well-being. Importantly, not all interview participants had direct experience with placement decision-making, and some explicitly noted limited or no involvement in identifying kinship placements. Conversely, some open-ended survey responses that discussed kinship care were provided by participants who did not opt-in to interviews. Therefore, although some overlap in participants may have occurred, the written and interview data should not be taken as redundant; rather, they function as partially overlapping but distinct sources of insight, each shaped by different question formats, levels of depth, and domains of practice experience.

Table 16. *Number of Interview Participants with Experience with Kinship Care and Transgender Youth (by California County)*

County	Number of Interviews
Contra Costa	6
Fresno	1
Napa	1
Sacramento	1
San Joaquin	2
San Mateo	3
Solano	4
Total	18

Measures

Research questions:

The first research question asks: Do the unique support needs of transgender foster youth influence the availability and stability of kinship care placements? This question examines whether transgender youths' identity-related needs, including affirmation of gender identity, access to gender-affirming healthcare, and supportive relational environments, shape both the willingness of relatives to serve as caregivers and the durability of those placements over time. Prior scholarship has documented that family members may struggle with accepting a youth's gender identity, which can complicate family-based placements and create instability (Mallon, 2009). Additionally, research has shown that transgender youth in foster care frequently experience unmet needs related to healthcare access and psychological support (Mallon & Woronoff, 2006). By investigating how these support needs intersect with kinship placement processes, this study seeks to determine whether transgender youths' identity-related needs function as barriers to placement availability or as factors influencing placement disruption.

The second research question asks: Do social workers perceive kinship care placements to be a preferred option for transgender youth? Kinship care is widely recognized in the broader child welfare literature as a placement type associated with continuity of relationships, cultural preservation, and improved well-being outcomes. However, it remains unclear whether these assumed benefits translate equally for transgender youth, whose safety and well-being may depend heavily on the affirming nature of their caregiving environment. Furthermore, it remains unclear whether fictive-kin relationships (non-biological caregiving relationships grounded in social, cultural, or emotional bonds) may serve as a uniquely supportive and affirming asset for transgender youth in care, particularly when biological relatives are unable or unwilling to provide gender-affirming support. Research indicates that transgender youth face heightened mental health risks in rejecting or stigmatizing contexts (Hatzenbuehler & Pachankis, 2016), and family rejection has been identified as a significant stressor (Ryan et al., 2010). This question therefore explores whether kinship placements function as a protective factor for transgender youth or whether, in some cases, they may reproduce the very familial dynamics that contributed to system involvement.

The third research question asks: Do specific relatives appear better equipped to provide kinship care for transgender youth (e.g., grandmothers, aunts/uncles, older siblings)? While kinship care is often discussed as a unified category, extended family systems are heterogeneous, and relatives may vary substantially in generational attitudes, beliefs about gender identity, and willingness to provide affirming support. Prior literature suggests that acceptance of transgender identity within family networks is uneven and may significantly affect youth well-being (Mallon, 2009; Ryan et al., 2010). Given the documented association between affirming environments and improved mental health outcomes (Hatzenbuehler & Pachankis, 2016), this question investigates whether certain types of relatives are perceived by social workers as more capable of providing safe, stable, and affirming kinship placements. By differentiating among categories of relatives, this study moves beyond a generalized understanding of kinship care and examines variation within family systems that may shape placement success for transgender youth.

The interview questions guiding this inquiry are as follows:

1. What challenges, if any, do social workers face when considering placement options for transgender youth? Tell me about your experiences identifying appropriate kinship placements, if that's relevant. (For example, do you find it's easier or more difficult to identify appropriate kin for transgender youth, or are the issues generally the same as for non-transgender youth)?
 - a. If you have not previously identified appropriate kin, can you speak to your experience using fictive kin for transgender youth?
2. Do social workers do anything to assess the readiness of caregivers to support the unique needs of transgender youth?
3. Are there any special considerations when placing transgender children with relative caregivers?
4. Have you had any experiences with disaffirming kinship care placements (i.e., kin who did not affirm the youth's gender identity)? Can you say more about the impact on the transgender youth or whether any steps were taken to address the situation?

Data Analysis

Similarly to the study outlined in paper 2, data were analyzed using a directed content analysis approach. This analytic strategy was selected because the study was guided by clearly articulated research questions regarding the availability, stability, and functioning of kinship care placements for transgender youth. Initial coding categories were derived deductively from the research questions and interview protocol (e.g., kinship placement availability, caregiver readiness, affirmation and disaffirmation, fictive kin, and placement stability). Interview transcripts were reviewed in full and coded for segments corresponding to these a priori domains.

Following initial domain coding, targeted keyword searches (e.g., “relative,” “aunt,” “grandmother,” “NREFM,” “teacher,” “kin,” “pronouns”) were conducted across transcripts to ensure comprehensive retrieval of all kinship-related content. Retrieved excerpts were then reviewed and refined through iterative comparison to identify emergent subthemes within each domain (e.g., religious objections, conditional acceptance, generational variation, sibling dynamics). Codes were revised as needed to better reflect patterns across interviews, and analytic memos were maintained to document coding decisions and theme development. This approach allowed for systematic examination of kinship-related phenomena while remaining attentive to unanticipated patterns emerging from participants' narratives.

Findings

Open-Ended Questionnaire Responses (N = 15)

To better understand social workers' experiences with placement decision-making for transgender children, survey respondents were invited to describe any unique challenges they encounter when identifying placements for this population. Of the 163 survey participants who provided complete responses, 103 provided written responses to this optional open-ended

question: “Do you face any unique difficulties when trying to find placements (e.g. relative placements, foster homes, group homes, etc) for transgender children? Please explain below.” After excluding respondents for whom placement decisions were not applicable ($n = 20$) and responses that did not clearly address placement difficulties ($n = 2$), 79 responses remained for analysis. Within this sample, 15 participants specifically discussed challenges or experiences related to relatives, kin, or Non-Relative Extended Family Members (NREFMs).

Religious or Values-Based Rejection From Relatives ($n = 8$)

The most frequently identified kinship-related theme was religious or values-based rejection from relatives ($n = 7$). Some respondents described relatives declining placement due to religious beliefs or framing a youth’s gender identity as conflicting with family values. For example, one worker noted, “*Although I’m not a placement worker I’ve seen cases of transgender youth experiencing difficulty with placement with relatives and resource families especially with caregivers who are highly religious.*” Another explained, “*Yes! Our goal is to place with Kin, but Kin (relatives/NREFM) frequently have worries/bias about youth who identify as LGBTQ and state that the youth’s ‘choices’ are in conflict with their values.*” These responses suggest that religious ideology and moral framing may limit the availability of kinship placements for transgender youth. Two respondents, quoted above, explicitly referenced non-relative extended family members alongside relatives when describing bias and value conflicts. Although infrequently mentioned, this finding suggests that fictive-kin placements may be subject to similar belief-based barriers as biological relatives.

Family Rejection as a Driver of Child Welfare System Entry ($n = 4$)

A related but distinct theme involved family rejection as a driver of child welfare system entry ($n = 4$). In some cases, respondents described situations in which lack of acceptance by biological family members contributed directly to system involvement or placement challenges. One participant stated, “*Yes, as we get children into our system from parents and relatives who reject trans kids.*” Another noted, “*As to family, most times, removing was due to family not accepting the youth’s identity.*” These accounts indicate that kinship care barriers are not limited to extended family placements; in some cases, identity-based rejection within the family of origin precipitates removal, complicating subsequent efforts to identify supportive relatives.

Kinship Care as a Protective or Affirming Placement Option ($n = 3$)

Despite these challenges, a smaller but important theme suggested that kinship placements may, in some cases, function as a protective or affirming option ($n = 3$). Some respondents reported that relatives were more open to placement than non-kin foster homes, particularly when relational bonds outweighed identity-based concerns. One social worker observed, “*In my experience, caregivers who are relatives of the foster youth are usually more open to taking in youth who are transgender, as the youth is their family so the youths’ gender identity matters less.*” Another described a currently placed youth whose relative caregiver honored their identity. These responses suggest that kinship care is not uniformly restrictive; rather, its viability appears contingent on the specific attitudes and dynamics within each family network.

Summary of Findings from Open-Ended Responses

These respondents highlighted that while the system's goal is often to place children with kin, these placements are sometimes complicated by family members who reject the youth's identity or hold religious beliefs and biases that conflict with affirming care. Conversely, some participants noted that relative caregivers can sometimes be more open to taking in transgender youth because of the existing familial bond, though finding such affirming kinship or biological family environments remains a significant hurdle.

Semi-Structured Interviews (N = 18)

Across 18 interviews, participants discussed kinship or non-related extended family member (NREFM) placements for transgender youth. Findings indicate that kinship care functions as a highly variable placement option shaped by caregiver beliefs, affirming capacity, youth-specific needs, and broader structural constraints. Thematic analysis identified five major themes and multiple subthemes.

Religious and Belief-Based Rejection in Kinship Placements (n = 12)

A dominant theme across interviews involved relatives expressing religious or value-based objections to transgender identity. Participants described situations in which extended family members declined placement explicitly due to beliefs about gender or sexuality.

One participant stated:

“There are relatives and foster homes who say they are not supportive of transgender youth due to religious reasons.”

Several participants described how family systems may align around shared beliefs, making it particularly difficult to locate affirming relatives within the same family network. One participant reflected:

“Family members tend to align with their families, the adults align with the adults. So if there was a trans issue, I would imagine it would be very difficult to find a family member that would provide care.”

In some cases, rejection was severe and preceded removal. One participant described:

“A lot of these youth were kicked out. They had to survive on their own for a lot of their life. And for some of them, that meant sex work... and then their family still rejecting them and having no one.”

These accounts suggest that for many youth, kinship care viability is shaped by preexisting rejection rooted in belief systems, and that barriers to kinship placement may originate within the broader family culture rather than in isolated individuals.

Conditional Acceptance and Identity Invalidity (n = 10)

Even when relatives agreed to placement, participants described conditional or partial acceptance. This often involved refusal to use a youth's lived name or pronouns, inconsistent affirmation, or lack of understanding of gender identity.

One participant stated:

"I have had particularly religious resource parents who refused to call a youth by their preferred name or use their preferred pronouns. Placing with family is sometimes tricky with this too, as family members can have trouble accepting a youth's identity."

Another participant described pronoun misuse as common and sometimes unintentional, yet consequential:

"I think what I've probably seen most often is misuse of pronouns, or kind of like reverting to their assigned at birth sex... I don't want to say that that's like a conscious, intentional thing... But I have had a couple of youth... where the entire family refused to accept their new identity... and it severed that relationship for that child... and I think that absolutely contributed to that child aging out of foster care."

In some cases, relatives declined placement due to discomfort with transition, resulting in foster care placement:

"The natural family declined placement... because the family was not comfortable with that transition... It was devastating."

Participants emphasized the importance of assessing caregiver readiness to prevent further harm. One worker explained:

"With relative placements, I ask the questions, 'Are you aware the child is transgender? What are your feelings about it? How can you support? What services can they access for that specific child?' Just seeing how much they know about the child and what they can support."

Others noted that some homes presented as tolerant but lacked affirming understanding:

"Oftentimes the home will say they are LGBTQ friendly but have little to no knowledge of the trans community and have a difficult time understanding or accommodating the unique needs."

These narratives illustrate that kinship placement does not guarantee identity validation and may expose youth to subtle or overt invalidation, even in otherwise stable homes.

Protective Potential of Affirming Kinship (n = 10)

Despite the barriers described, participants also highlighted the stabilizing impact of affirming relatives. When relatives were willing to learn, participate in therapy, or adjust their beliefs, kinship placements were described as protective.

One participant stated:

“When we have a transgender youth placed in a suitable home, we do everything in our power to preserve that placement.”

Another described a grandmother who struggled initially but ultimately engaged in training and therapy:

“She truly loved her granddaughter... she was willing to participate in counseling with the child and work with the child's therapist... having her go through trainings... helped... and that made the child feel comfortable that the grandmother is willing to support her.”

Similarly, one participant described an aunt who, despite occasional mistakes, demonstrated consistent commitment:

“The aunt would get it wrong, but apologize... she wasn't nailing it every time, but she was trying. And I think the kid really respected that.”

Several participants observed that some relatives were more accepting than unrelated caregivers:

“In my experience, caregivers who are relatives... are usually more open... as the youth is their family so the youth's gender identity matters less.”

These accounts indicate that affirming kinship placements can function as powerful protective factors when caregivers demonstrate relational commitment and willingness to grow.

Structural Shortages and Approval Barriers (n = 8)

Several participants emphasized that placement challenges were compounded by structural barriers unrelated to gender identity alone.

One participant reflected:

“It wasn't that they're at a higher risk of not being placed because they're trans. None of those kids are being placed.”

Others described licensing and approval barriers affecting relatives broadly:

“Many relatives cannot pass these very intrusive background checks... regardless if they're transgender or non-transgender [referring to the youth], the kinship process... is challenging across the board.”

These findings suggest that transgender youth also face structural scarcity and bureaucratic barriers that are endemic to the child welfare system: (1) too few placement resources overall for adolescents; and (2) too stringent requirements for kin to qualify as caregivers.

NREFM and Fictive-Kin Placements (n = 7)

Seven participants described placements involving NREFMs or fictive kin, including teachers, mentors, friends' parents, or community members. These individuals were often identified by youth themselves.

One participant explained:

"We will look at teachers, coaches, pastors... if you are a responsible adult and you're in this child's life, we will consider you."

Another described youth-driven identification:

"Our youth have really found those people for themselves... they found a teacher... a friend's parents... a mentor."

However, instability was a recurring concern:

"One of their friends will say, 'Oh, if you can come stay with us.' So then we have to assess them and go through that process. Typically, those don't last. It's supposed to be permanent planning, but your mom said that I can come over and stay here. And then they realize, like, oh, I have all these appointments to go to. I have all these high needs... and they're like, oh yeah, no. We didn't think it was that bad."

In some cases, teachers provided care and even adoption:

"The teacher... took the child and eventually adopted the child."

Although fictive-kin placements sometimes offered affirming alternatives, they were not uniformly stable.

Geographic Concerns and Regional Attitudes Towards Transgender Youth (n = 3)

Three participants described how regional differences in social and political attitudes toward transgender people influenced placement decisions. Respondents noted that potential placements in certain areas of the United States raised concerns about anti-transgender political climates or religiously influenced community attitudes. In some cases, these concerns led youth or social workers to reconsider otherwise viable placements if the receiving community was perceived as hostile to transgender identities or gender-affirming care. One participant described a youth declining a potential out-of-state placement with a sibling due to concerns about the local environment:

“There was initially the possibility of this teen going to live with an adult sibling out of state and beginning the ICPC²¹ process. You're familiar with what that is, right, and the youth actually decided not to go through with it because it's [state redacted for privacy], and they're very anti trans, and this youth is very determined to medically transition, so does not want to leave California.”

Differential Treatment Among Siblings (n = 2)

A smaller but significant theme involved unequal treatment within families. One participant stated:

“There were situations where siblings could stay with relatives, but the transgender youth was not accepted in the same way.”

Room-sharing concerns also emerged:

“Sometimes it can be difficult, especially if they have to share a room and either the transgender youth or the other youth in the home are not comfortable sharing.”

These accounts suggest that prospective caregivers' negative reactions to transgender identity may disrupt sibling continuity and contribute to unequal placement experiences within the same family network.

Discussion

Strengths and Limitations of Study

A key strength of this study lies in its focus on the unique experiences of social workers involved in kinship care placements for transgender youth in the child welfare system. Social workers are at the forefront of decision-making regarding placements and the services provided to transgender youth, making their insights crucial to understanding the complexities of care for this population. By exploring these professionals' perceptions, the study can uncover valuable information on both the barriers to and opportunities for successful kinship placements. Research has emphasized the importance of understanding how care providers' attitudes and experiences shape the care and support of transgender youth (Mallon & Woronoff, 2006; Wilson et al., 2014). This study can provide detailed, nuanced insights into these dynamics, which are often missing from broader quantitative studies.

The qualitative methodology also allows for in-depth exploration of the systemic and interpersonal factors influencing kinship care for transgender youth. The open-ended nature of the interviews provides participants the opportunity to share rich, personal narratives and specific examples from their professional practice, offering a detailed view of the challenges and successes they experience in kinship care placements. This qualitative approach is particularly well-suited for capturing the lived realities of care providers, as opposed to relying on

²¹ Interstate Compact on the Placement of Children (ICPC), a regulatory process used to approve and oversee out-of-state placements for children in the child welfare system.

surface-level data that may miss complex emotional, cultural, or institutional factors (Denzin & Lincoln, 2011). Moreover, the use of directed content analysis, as mentioned in the study design, allows for the identification of both expected and unexpected themes, ensuring that key aspects of the caregiving experience are not overlooked (Kleinheksel et al., 2020).

Another strength of this study is its potential to inform future policy and practice in child welfare. The insights gathered from social workers are invaluable for developing training programs, guidelines, and policies aimed at better preparing caregivers for the needs of transgender youth in kinship placements. For example, identifying barriers that social workers face when assessing the readiness of kinship caregivers to support transgender youth can help target areas for professional development and systemic improvement. This aligns with existing literature advocating for targeted training on transgender issues for child welfare professionals to reduce discrimination and improve care (Hatzenbuehler & Pachankis, 2016; Ryan et al., 2010).

Despite these strengths, there are several limitations to the study. One limitation is the limited generalizability of the findings due to the study's focus on social workers in a specific geographic area: California. While California is a highly diverse state, findings may not be applicable to other regions of the United States. More rural or conservative areas may present different challenges or may have different resources available to social workers, potentially leading to a variation in experiences. The study's findings may, therefore, be context-specific and may not be directly applicable to all child welfare settings.

Additionally, the reliance on self-reported data from social workers presents another limitation. While social workers' perceptions provide valuable insights, these responses may be influenced by personal biases, social desirability, or their role within the child welfare system. Social workers may feel pressure to present themselves as supportive or knowledgeable, which could result in responses that are more idealized than the reality on the ground (Maxwell, 2004). Moreover, social workers may have limited experience or understanding of the specific challenges faced by transgender youth in kinship placements, particularly if they have not worked with this population directly. This lack of experience may hinder their ability to provide a full, nuanced picture of the needs and barriers faced by transgender youth in the child welfare system.

Another limitation of the study is the potential for interviewer bias in the qualitative data collection process. The way questions are phrased or the tone of the interviewer could influence participants' responses, potentially leading to biased data (Patton, 2014). Although the study uses directed content analysis to mitigate some of these biases by focusing on predetermined themes, it is difficult to fully eliminate the potential for subjective interpretation in the coding process. This could result in the overemphasis of certain themes at the expense of others that may be equally important to understanding the dynamics of kinship care placements for transgender youth.

Lastly, while the study is focused on social workers, it may not fully capture the perspectives of other key stakeholders, such as foster parents, kinship caregivers, or transgender youth themselves. Including a broader range of participants could provide a more comprehensive understanding of the challenges faced by transgender youth in kinship care. By focusing

exclusively on social workers, the study may miss important perspectives from those directly involved in providing day-to-day care for transgender youth in kinship placements.

Conclusions

This study examined how kinship care functions as a placement option for transgender youth in the child welfare system and identified the factors that influence its availability, stability, and protective potential. Findings suggest that kinship placements for transgender youth are shaped by a dynamic interplay between caregiver beliefs, youth-specific needs, broader structural constraints, and the social context in which families are embedded. Rather than functioning as uniformly protective or uniformly exclusionary, kinship care emerged as a contingent placement pathway whose success depends heavily on caregivers' abilities to provide a supportive, gender affirming environment.

Collectively, findings from this study indicate that kinship care for transgender youth operates within four broad narratives: (1) relatives who reject due to belief-based misalignment; (2) relatives who are supportive from the outset; (3) relatives who evolve toward affirmation through education and relational commitment; and (4) situations in which no suitable kin can be identified, prompting reliance on foster care or NREFM placements. The central determinant across these narratives is not simply familial relationship but the degree to which caregivers are aware of, affirm, and are willing to adapt to the youth's gender identity.

Ultimately, kinship placements for transgender youth are best understood as conditional on identity alignment and safety. While kinship can provide continuity and protection, it can also reproduce rejection when caregivers are unwilling or unable to affirm. For child welfare systems, this underscores the need for structured assessment of caregiver readiness, access to culturally competent training, and careful consideration of geographic and sociopolitical safety. Rather than assuming kinship care is categorically preferable, decision-making for transgender youth must center identity affirmation as a core criterion of placement stability and well-being.

Factors Influencing Kinship Placement Availability

Several factors were identified as influencing whether transgender youth were able to secure kinship placements. Caregiver-level factors were central: social workers described assessing relatives' values and beliefs regarding gender identity, often asking direct questions about whether the caregiver was aware that the child was transgender and for concrete examples of how a caregiver would support a child on the basis of their identity. In multiple interviews, workers emphasized that relatives sometimes shared anti-trans attitudes that mirrored those of the youth's parents, effectively limiting kinship availability. In other cases, prospective relative caregivers were supportive from the outset. In one instance, a relative (grandmother) became more affirming over time through participation in family therapy and training on LGBTQ+ issues, illustrating that caregiver readiness is not fixed, but can evolve with support and education.

Second, youth-level factors intersected with placement viability. Although many participants noted that challenges such as behavioral concerns, mental health needs, or running

away were common across youth in care (particularly for adolescents) transgender youth sometimes experienced compounded barriers when these concerns intersected with family rejection. However, participants generally did not attribute placement barriers solely to youth behavior; rather, caregiver attitudes and structural limitations were more frequently cited as decisive factors.

Third, structural constraints influenced kinship availability in ways that were both general and transgender-specific. Many participants noted that kinship placements are difficult to secure across the board due to licensure standards, background checks, and limited availability. However, transgender youth faced additional identity-specific barriers, particularly when relatives expressed discomfort with a youth's gender identity, expression, or refused to use a youth's lived name or pronouns. Geographic considerations also emerged as a distinct concern ($N = 3$), with social workers describing hesitation about placing youth in states perceived as hostile to transgender individuals. These findings suggest that kinship placement decisions for transgender youth involve safety assessments that extend beyond the immediate household to the broader sociopolitical environment.

Unique Needs Related to Stable Kinship Placements

Findings also illuminate the unique needs transgender youth have with respect to establishing stable kinship placements. While kinship care is traditionally prioritized because of shared culture and family continuity, transgender youth may require a different form of cultural fit, one grounded in affirming gender identity and safety. Participants emphasized the importance of caregiver education, cultural literacy, and willingness to learn. In some cases, relatives were initially unfamiliar with gender-affirming practices but demonstrated openness to training and therapy, which improved placement stability. The aforementioned case of a grandmother who participated in counseling and LGBTQ-focused training illustrates how relational commitment combined with education can transform a potentially unstable placement into a supportive one.

At the same time, some relatives were unaware that a youth identified as transgender, occasionally struggling to recognize or refusing to address the youth by their lived name. Variability in pronoun use and identity recognition was also described, including in cases involving youth with intellectual or developmental disabilities. These examples highlight that affirming practice within kinship care requires not only emotional acceptance but practical competence in supporting gender identity consistently.

Are Kinship Care Placements a Preferred Option for Transgender Youth?

Participants' perspectives on whether kinship care is a preferred placement option for transgender youth largely reflect a broader consensus in the child welfare literature: kinship placements are not inherently protective or inherently harmful, but instead depend on careful assessment of caregiver capacity and appropriateness. Social workers emphasized that, as with all children, kinship care may offer important benefits, particularly relational continuity, cultural familiarity, and preservation of family connections, when caregivers are able to provide safe and stable environments.

However, findings suggest that for transgender youth, these standard assessments involve additional, identity-specific considerations. Participants described the need to evaluate not only general caregiving capacity, but also caregivers' willingness and ability to affirm a youth's gender identity, adapt to evolving needs, and ensure psychological safety. While some respondents identified kinship placements as ideal when relatives were supportive and open to learning, others noted that disaffirming beliefs among family members could undermine placement stability and well-being. In these cases, non-relative extended family members (NREFMs) or LGBTQ-identified caregivers were sometimes viewed as more appropriate options due to a stronger capacity for affirmation.

Rather than indicating that kinship care operates according to a fundamentally different logic for transgender youth, these findings suggest that it is best understood as a conditional placement pathway shaped by the same core principles applied to all children, but with heightened attention to identity affirmation as a central component of caregiver appropriateness. In this sense, for transgender youth, relational continuity must be weighed alongside identity affirmation and psychological safety, with the latter functioning as a critical determinant of placement suitability.

Relative Type and Variation in Support

The study also explored whether specific types of relatives appeared better equipped to provide affirming care. Grandparents were discussed in some interviews ($N = 3$), with experiences ranging from resistance rooted in generational beliefs to eventual adaptation through therapy and training. With respect to aunts and uncles, only one instance of supportive caregiving was described, with the majority of cases reflecting disaffirming beliefs that were consistent with a child's biological parents. Siblings were less frequently discussed as primary caregivers but occasionally functioned as supportive figures within extended family systems. NREFMs ($N = 3$), including teachers, coaches, and other community members, often emerged when biological relatives were unwilling or unable to provide care, sometimes offering greater cultural responsiveness but also facing instability due to underestimated caregiving demands. These findings suggest that no single relative category uniformly predicts placement success. Instead, willingness to learn, relational commitment, and alignment with the youth's identity appear more consequential than generational position alone.

Theoretical Applications to Parental Acceptance and Rejection Theory

The findings of this study offer important implications for Parental Acceptance-Rejection Theory (Rohner, 2004) as it relates to transgender youth in kinship care placements. Parental Acceptance-Rejection Theory (PART) posits that parental acceptance or rejection of a child's identity plays a central role in shaping psychological adjustment and well-being. Consistent with this framework, findings from this study suggest that caregiver affirmation of a transgender youth's gender identity can function as a powerful protective factor within kinship placements. When relatives demonstrated openness to learning about gender identity, respected youths' chosen names and pronouns, and actively supported their gender expression, social workers described these placements as stabilizing and highly beneficial for youths' emotional well-being. In these cases, kinship caregivers appeared to take active steps to mitigate some of the harms

associated with earlier experiences of rejection or stigma by supporting the development of healthy self-esteem and self-worth for transgender youth. This suggests that gender-affirming placements within extended family networks can promote improved mental health among transgender youth in care, which aligns with PART theory.

At the same time, the findings also highlight important limitations in applying Parental Acceptance-Rejection Theory to child welfare contexts. Unlike the traditional parent-child relationships typically examined within this theoretical framework, kinship placements often involve relatives who are not the youth's primary caregivers prior to system involvement and whose levels of acceptance may exist along a continuum rather than as a binary condition of acceptance or rejection. Social workers in this study frequently described kinship placements in which caregivers held ambivalent or evolving views about gender identity, sometimes providing basic care and emotional support while struggling with aspects of gender affirmation due to personal, cultural, or religious beliefs. These findings suggest that, within child welfare contexts, family acceptance may be better conceptualized as a dynamic and negotiable process rather than a fixed characteristic of family relationships. As a result, the experiences of transgender youth in kinship care extend Parental Acceptance-Rejection Theory by highlighting the role of institutional mediation, particularly the involvement of social workers, in shaping whether kinship relationships ultimately function as protective or harmful environments for transgender youth.

Implications

Research related to transgender children's unique needs in a kinship care setting constitutes a significant gap in the presently available literature related to transgender youth in the child welfare system. The findings from this study will provide important insights into the conditions that are necessary for kinship care to be a promising option to preserve extended family relationships for a population of children who are uniquely vulnerable to maltreatment, alienation, and rejection. Furthermore, findings from this study will clarify social workers' priorities with respect to the placement of transgender children, providing key insights into the decision making processes of social workers when finding safe homes for transgender children.

Findings may aid child welfare agencies with the process of implementing standardized policies that evaluate a caregiver's ability to support a transgender child's gender identity, as well as the development of targeted training programs to equip social workers with the necessary tools to make informed placement decisions for this population.

Ultimately, this study highlights the critical role of social workers in shaping placement experiences for transgender youth and the need for systemic reforms to ensure kinship care can be a safe and supportive option. By integrating these findings into practice, child welfare agencies can work toward reducing disparities for transgender youth, improving placement stability, and fostering environments where they can thrive. Future research should continue to explore the long-term outcomes of transgender youth in kinship care and examine the effectiveness of specific interventions designed to support both social workers and caregivers in facilitating affirming placements.

Summary of Key Findings

This dissertation examined the experiences of transgender children in the California child welfare system through a mixed-methods design integrating survey data from 190 California child welfare social workers, as well as 28 qualitative interviews. Across three studies, the research explored how institutional documentation practices, professional decision-making, observations of disproportionality and maltreatment patterns, and family dynamics shape the visibility, safety, and placement stability of transgender youth in foster and kinship care. Collectively, the findings illuminate the complex interplay between administrative systems, frontline practice, and family belief systems that structure transgender youths' experiences in care.

The findings of this study contribute several novel insights to the existing literature. First, they demonstrate that the visibility of transgender youth within child welfare systems is shaped not only by demographic realities but also by frontline documentation practices that determine whether gender identity is recorded in administrative datasets. Second, the study reveals that transgender youths' experiences in foster care are shaped by intersecting forms of stigma, placement instability, and limited access to affirming placements. The findings highlight the conditional nature of kinship care for transgender youth, showing that extended family placements can function either as powerful protective resources or as sites of identity-based conflict depending on caregivers' beliefs about gender identity. Finally, social workers unequivocally stated that when transgender children were placed in environments with caregivers who were supportive of their gender identity and expression, including using correct names and pronouns and access to gender affirming mental health and medical care, these children functioned well across academic, social, and emotional domains. This finding is consistent with prior research demonstrating that gender identity acceptance and access to gender affirming healthcare are strongly associated with improved mental health outcomes and reduced suicidality among transgender youth (Price & Green, 2023; Tordoff et al., 2022; What We Know Project, 2018).

These findings raise a fundamental question: whether the child welfare system, often critiqued as oppressive, may, under certain circumstances function as a protective, or even liberatory, intervention for transgender youth who experience rejection or maltreatment within their families of origin (Berrick et al., 2025). This question is particularly urgent in the current political environment, where public debates over transgender rights increasingly intersect with policies governing child welfare, parental authority, and youth protection. For example, a recent letter from the Administration for Children and Families (ACF) to all 50 states emphasized that child welfare agencies should not remove children from their homes solely because parents decline to affirm a child's gender identity, reinforcing federal priorities around parental rights and narrow interpretations of abuse and neglect under CAPTA (*Designated Placement Requirements Under Titles IV-E and IV-B for LGBTQI+ Children; Rescission*, 2026).

Collectively, the findings from this dissertation suggest that the experiences of transgender youth in the child welfare system cannot be understood through a single explanatory lens. Instead, they reflect the interaction of multiple levels of influence, including institutional

data systems, social worker decision-making, organizational culture, and family belief systems. The following sections synthesize the major insights that emerged across the three studies.

Institutional Visibility and the Role of Documentation Practices

One of the most significant contributions of this research is the demonstration that transgender youths' visibility within child welfare systems is mediated through administrative documentation practices. Paper 1 revealed that the presence of gender identity fields in the California Child Welfare Services/Case Management System (CWS/CMS) does not automatically guarantee that transgender youths' identities are consistently recorded. Instead, documentation practices are shaped by the discretionary behaviors of frontline social workers.

The analysis identified several factors associated with whether social workers entered gender identity and gender expression data in the system. These included individual-level characteristics such as knowledge of transgender issues, attitudes toward transgender people, and identification as an ally to the transgender community, as well as organizational factors such as training, agency expectations, and workflow integration. These findings align with theories of "street-level bureaucracy," (Lipsky, 1980) which emphasize that frontline professionals play a central role in translating policy mandates into everyday practice.

Importantly, these findings suggest that administrative datasets often treated as objective sources of demographic information may actually reflect patterns of professional discretion. When gender identity data are inconsistently recorded, the resulting administrative data may underestimate the number of transgender youth in care or obscure patterns of disparity. In this sense, the visibility of transgender youth within child welfare systems is not merely a demographic fact but also an institutional outcome produced through documentation practices. Of important note is the finding that social workers with more transphobic attitudes were less likely to enter information about gender identity or expression, and having been trained in the implementation of the policy mandating SOGIE data entry was the factor that ultimately played the strongest role in influencing the outcome of whether social workers entered this information.

Findings revealed a complex and, at times, counterintuitive pattern in documentation practices. Social workers with more transphobic attitudes were less likely to enter SOGIE data, suggesting that social workers' bias directly suppresses the visibility of transgender youth in administrative systems. At the same time, some social workers who identified as allies also reported deliberately withholding SOGIE data, not out of disbelief in transgender identity, but out of concern that such information could be weaponized against youth in an increasingly hostile anti-transgender political climate. In this sense, two distinct groups of social workers, motivated by fundamentally different logics, arrived at the same behavioral outcome: non-documentation.

This insight has profound implications for both research and policy. Population-level analyses of transgender youth in child welfare rely on the assumption that gender identity data are systematically collected and accurately recorded. However, if the recording of gender identity is contingent upon social worker attitudes or knowledge, the resulting datasets may contain systematic biases. Improving the quality of these data therefore requires not only technological

solutions, such as improved data systems, but also training and organizational support that equip social workers to document identity in affirming and consistent ways.

Perceived Overrepresentation and the Role of Family Context

A second major finding concerns social workers' perceptions of transgender youths' pathways into the child welfare system. Across both survey responses and qualitative interviews, many social workers reported observing what appeared to be disproportionate representation of transgender youth within the foster care population. These perceptions are consistent with prior empirical studies (Baams et al., 2019; Wilson et al., 2014) suggesting that transgender youth may be overrepresented in child welfare systems relative to their proportion in the general population.

However, the findings also complicate commonly held assumptions about the causes of this overrepresentation. While family rejection of transgender identity was frequently cited as a contributing factor, many participants emphasized that transgender youth often entered care for reasons similar to those affecting other children, including parental substance use, mental health challenges, and broader family instability. This observation aligns with emerging research suggesting that transgender youth may not necessarily enter foster care primarily because of their gender identity, but that their identity may interact with other structural and familial risk factors. In these cases, social workers observed that transgender children waited to disclose their identities once their basic needs were met; one participant described this in terms of Maslow's Hierarchy of Needs where basic needs such as shelter and a sense of safety and belonging precede higher order needs such as self actualization. In other cases, social workers attributed parental mental issues with their intolerance of their children's gender identity, although religious bias and transphobic attitudes were identified as key drivers of family rejection. Finally, social workers observed that many families held antagonistic and dismissive attitudes toward their transgender children and youth, prompting behavioral health crises that resulted in suicidal ideation and hospitalizations, particularly among adolescents. Social workers noted a pattern of families refusing to pick up their transgender teens from the hospital, prompting their entry into the child welfare system.

At the same time, once transgender youth are involved in the child welfare system, their gender identity may shape their experiences in ways that differ from those of cisgender youth. Social workers described cases in which family conflict over gender identity intensified existing family stressors or complicated reunification efforts. In some instances, caregivers who might otherwise have been viable placement options became unwilling to care for a youth after learning of the youth's transgender identity. Additionally, social workers noted that many transgender teens did not want to reunify with their biological families who were disaffirming of their gender identity.

These findings highlight the importance of distinguishing between causes of system entry and experiences within the system. Even when transgender identity is not the primary reason for child welfare involvement, it can profoundly shape placement decisions, caregiver relationships, and service needs once a youth is in care.

Placement Stability and Access to Affirming Environments

Another key theme emerging from the findings concerns the relationship between transgender identity and placement stability. Social workers frequently described challenges in identifying placements that could provide affirming environments for transgender youth. These challenges were often attributed to a limited pool of foster caregivers who felt prepared to support transgender youth, as well as concerns about peer dynamics in group homes and residential settings.

Participants reported that transgender youth sometimes experienced placement disruptions when caregivers were uncomfortable with gender-affirming practices such as using a youth's chosen name or supporting gender-affirming clothing and presentation. In other cases, placements became unstable due to conflict between youth and caregivers over gender identity. Some disruptions were also attributed to caregivers' erroneous concerns that transgender children or youth might behave in sexually predatory ways toward other children in the home or that their identities could negatively influence other children. These fears echoed broader narratives about the supposed social contagion of "rapid onset gender dysphoria," a concept that has been widely criticized in the scientific literature and lacks empirical support (Turban et al., 2023). These findings suggest that placement instability among transgender youth may be driven not only by behavioral or mental health challenges but also by the availability, or lack, of affirming caregiving environments. When caregivers lack training or support in working with transgender youth, including harboring negative beliefs about the etiology of transgender identity, or conflation of transgender identity with predatory sexual behavior, placement disruptions may become more likely, potentially contributing to cycles of instability.

Targeted Maltreatment on the Basis of Transgender Identity/Gender Nonconformity

Findings from this study suggest that some transgender children face a distinct form of identity-based vulnerability within family systems, which may emerge even before a child explicitly "comes out" as transgender. Social workers frequently described cases in which caregivers expressed hostility toward gender nonconformity or a child's emerging identity, often grounded in religious beliefs or rigid expectations regarding gender roles and expression. Importantly, these dynamics may be driven not only by explicit disclosure but also by latent or early-emerging characteristics, such as gender nonconforming behaviors, interests, or modes of self-expression that signal divergence from normative expectations and elicit negative caregiver responses. In this way, vulnerability to maltreatment may precede identity articulation, as children whose gender expression deviates from socially prescribed norms become targets of scrutiny, correction, or punishment within family systems. Findings from this study found that these responses included persistent misgendering, attempts to suppress gender expression, rejection, and efforts to enforce conformity with sex assigned at birth.

These findings are consistent with prior research indicating that some caregivers are particularly reactive to gender nonconformity (Hill & Willoughby, 2005; Zucker & Bradley, 2000), and that gender nonconforming children experience elevated rates of abuse across multiple domains (Roberts et al., 2012). For example, Roberts et al. (2012), using longitudinal

data from a large national sample ($n = 9,864$), found that youth who were gender nonconforming before age 11 experienced significantly higher rates of physical, psychological, and sexual abuse.

An additional pattern identified by social workers was that, while early vulnerability may precede disclosure, the most acute forms of maltreatment, particularly rejection and abandonment, often occurred after a youth “came out,” most commonly during adolescence. Participants frequently described these moments as explosive ruptures within a family system, especially when disclosure coincided with a mental health crisis or psychiatric hospitalization, which appeared to intensify caregiver reactions. In such cases, caregivers’ responses ranged from general disaffirmation, to antagonism, or in extreme cases, outright refusal to allow the youth to return home, precipitating system involvement. This pattern aligns with prior research suggesting that parental reactions to a child’s transgender identity are shaped by factors such as time since disclosure and underlying beliefs about gender identity (Abreu et al., 2019), with initial responses often being more negative and, in some cases, escalating under conditions of stress. Consistent with broader literature, such parental hostility has been linked to poorer psychosocial functioning in transgender children (Pariseau et al., 2019) and to increased psychological and behavioral problems among adolescents more generally (Mendo-Lázaro et al., 2019). Together, these findings suggest that the period surrounding identity disclosure, particularly when coupled with acute mental health needs, may represent a heightened window of risk for family rupture and child welfare involvement.

Given the well-documented association between family rejection and adverse mental health outcomes, including depression, self-harm, and suicide attempts, these patterns of identity associated disaffirmation should be recognized as potential threats to a child’s emotional safety and wellbeing (Reisner et al., 2015; Testa et al., 2015). The findings therefore suggest that identity-based emotional abuse may contribute to the observed overrepresentation of transgender youth in the California child welfare system, particularly when such dynamics escalate to levels that meet thresholds for intervention.

The Conditional Nature of Kinship Care

Paper 3 explored the role of kinship care placements for transgender youth, revealing that kinship placements operate as a highly contingent placement pathway. While kinship care is widely regarded as a preferred option (when safe and appropriate) in child welfare policy due to its potential to preserve family relationships and cultural continuity, the findings of this study suggest that its benefits are not uniformly realized for transgender youth. In some cases, extended family members served as powerful protective figures. Social workers described relatives (grandmothers, aunts, or older siblings) who provided accepting and supportive environments for transgender youth when parents were unable or unwilling to do so. These placements often allowed youth to maintain family connections while receiving affirmation of their gender identity.

However, kinship placements were also described as hotbeds of potential conflict. Social workers repeatedly reported instances in which relatives expressed religious or cultural objections to a youth’s gender identity or attempted to enforce gender-conforming behavior consistent with a child’s assigned-sex-at-birth within the home. In such cases, kinship placements

sometimes replicated the same dynamics of rejection that had contributed to family conflict prior to system involvement. These findings underscore the importance of assessing kinship placements not only in terms of familial connection but also in terms of caregivers' willingness and capacity to affirm a youth's identity. In one case, an elderly relative was able to participate in LGBTQ+ affirming educational classes and participate in family therapy in order to improve her supportiveness of her transgender granddaughter, leading to a successful placement. Evidence from this study clearly demonstrates that for transgender youth, the suitability of kinship placements depends heavily on the beliefs and attitudes of individual relatives.

Social Workers as Frontline Advocates in an Era of Anti-Transgender Ideology

Across the research process, social workers discussed their awareness that they were not operating in a neutral policy environment, but rather within an increasingly hostile and rapidly evolving political landscape targeting transgender youth. Data from the Trans Legislation Tracker and related policy analyses indicate that the anti-transgender political landscape is historically unprecedented in both scale and intensity. For example, in 2025, 1,022 bills targeting transgender people were introduced across the United States (Trans Legislation Tracker, 2026). This escalation marks a dramatic departure from prior periods, with each year since the early 2020s surpassing previous records in both the volume and scope of anti-trans legislation. Importantly, scholars and advocacy organizations have argued that these efforts are not isolated, but reflect a coordinated political movement, often advanced by conservative policy networks, including groups aligned with Christian nationalist ideologies (Jones & Velshi, 2023). These bills are aimed at restricting access to gender-affirming care, limiting legal recognition, and reinforcing binary definitions of gender in law and policy (Dawson & Kates, 2025; Movement Advancement Project, 2026).

Within this broader context, social workers in this study demonstrated a heightened awareness of the vulnerability of transgender youth not only within their families of origin, but also within the shifting national policy environment. This awareness shaped both their perceptions and their practices. Across Papers 2 and 3, social workers consistently emerged as primary advocates in the lives of transgender youth, often serving as trusted adults to whom youth could safely disclose their identities and seek support. Participants described assisting youth in accessing gender-affirming clothing, social support, and healthcare, including advocating in court for medically necessary gender-affirming treatment even when facing direct opposition from families.

They also played a critical role in facilitating the administrative aspects of social transition, such as helping youth obtain identity documents (e.g., birth certificates and driver's licenses) and clothing that align with their gender identity, and securing gender-congruent placements. Beyond direct services, social workers acted as a bridge between families and supportive interventions, leveraging their expertise in safety assessment and resource navigation to connect caregivers, particularly kinship caregivers, with education and counseling aimed at increasing acceptance. At the same time, they described using pointed questioning of prospective caregivers to carefully screening out placements that might expose youth to disaffirming or harmful environments.

These findings suggest that in an era of intensifying political hostility toward transgender people, social workers are not merely implementing policy but are actively mediating its effects. They function as critical buffers between transgender youth and multiple layers of structural risk, family rejection, institutional barriers, and an increasingly adversarial policy landscape, highlighting the extent to which frontline practice is shaped by, and responsive to, broader sociopolitical forces.

Implications for Policy, Practice, and Future Research

The findings of this dissertation carry several important implications for child welfare policy and practice:

First, this study highlights the need for improved training and organizational support related to SOGIE (Sexual Orientation and Gender Identity and Expression) data collection. Ensuring that gender identity is consistently documented in administrative systems is essential for producing accurate population-level data and for identifying disparities affecting transgender youth.

Second, the findings underscore the importance of expanding the pool of affirming foster and kinship caregivers. Recruitment and training initiatives that prepare caregivers to support transgender youth by providing accurate information on transgender children and youth and the vital importance of gender-affirmation may help address placement shortages and reduce placement instability.

Third, identity-based emotional abuse, including disaffirmation, rejection, and abandonment, may contribute to the observed overrepresentation of transgender youth in the California child welfare system, which current data collection efforts may not be accurately capturing. In response, child welfare systems may need to develop clearer assessment frameworks and targeted services to address caregiver behaviors that undermine a child's gender identity, including family education, therapeutic intervention, and accountability measures when disaffirming conduct places a child's mental health or safety at risk.

Finally, the results suggest that child welfare systems must adopt nuanced approaches to family engagement when working with transgender youth. While family rejection can pose significant risks to youth wellbeing, the findings also demonstrate that some caregivers may be capable of change when provided with education, support, and therapeutic intervention. Distinguishing between caregivers who are unwilling to affirm a youth's identity and those who may be open to learning is therefore critical for making informed permanency decisions.

Future research should build on this study by examining the experiences of transgender children in the child welfare system using administrative data, longitudinal designs, and youth-centered perspectives. If states beyond California implement SOGIE data collection in child welfare databases, researchers will have greater capacity to evaluate population-level patterns in entry pathways, placement stability, and permanency outcomes for transgender youth. Future studies should also examine how specific caregiver characteristics, agency policies, and regional cultural contexts influence the availability of affirming placements and the likelihood of

placement disruption. Additionally, research is needed to better understand the role of gender identity-based emotional maltreatment, such as persistent disaffirmation of a child's gender identity, in shaping child welfare involvement and mental health outcomes. By integrating administrative data with qualitative research involving youth, caregivers, and practitioners, future scholarship can build a more comprehensive understanding of how child welfare systems can effectively protect and support transgender children.

Reconsidering the Role of the Child Welfare System

Perhaps the most provocative implication of these findings concerns the broader role of the child welfare system in the lives of transgender youth. Historically, the child welfare system has been widely criticized as a mechanism of state intervention that disproportionately surveils and disrupts marginalized families (Dettlaff et al., 2020). While these critiques remain important, the findings of this study suggest that the system may also function, under certain conditions, as a source of protection for transgender youth who experience rejection or maltreatment in their families of origin. When child welfare systems are equipped with affirming placements, culturally competent practitioners, and supportive policies, they may offer transgender youth access to resources and environments that promote safety and wellbeing. Notably, California represents a policy context in which these protective conditions may be more fully realized. Over the past decade, the state has implemented a series of laws and administrative guidance requiring that transgender youth in foster care be placed in affirming environments, have their gender identity respected in placement and case planning decisions, and receive access to gender-affirming medical and mental health care. These efforts have positioned California as a national leader in supporting transgender youth in foster care (Abeni, 2015).

Conversely, when these supports are absent, the system may reproduce many of the same stigmatizing dynamics that youth experience in their communities. Ultimately, the experiences of transgender youth in child welfare appear to be shaped less by the system itself than by the beliefs, resources, and institutional practices that structure its operation. Understanding these dynamics is essential for designing policies and interventions that ensure the child welfare system fulfills its core mission: protecting vulnerable children and supporting their development in safe and affirming environments.

References

- A Survey of LGBT Americans: Attitudes, Experiences and Values in Changing Times*. (2013).
Pew Research Center.
<https://www.pewresearch.org/social-trends/2013/06/13/chapter-3-the-coming-out-experience/>
- Abeni, C. (2015, October 12). *Why California Might Be the Best Home for Trans Foster Kids* | *Advocate.com*. The Advocate.
<https://www.advocate.com/transgender/2015/10/12/why-california-might-be-best-home-trans-foster-kids>
- Abram, S. (2019, October 1). *After the Tragic Death of an LGBTQ Foster Youth, Few Answers for His Family*. The Imprint.
<https://imprintnews.org/child-welfare-2/after-the-tragic-death-of-an-lgbtq-foster-youth-few-answers-for-his-family/37962>
- Abreu, R. L., Rosenkrantz, D. E., Ryser-Oatman, J. T., Rostosky, S. S., & Riggle, E. D. B. (2019). Parental Reactions to Transgender and Gender Diverse Children: A Literature Review. *Journal of GLBT Family Studies*, 15(5), 461–485.
<https://doi.org/10.1080/1550428X.2019.1656132>
- Alsaleh, F. M., Elzain, M., Alsairafi, Z. K., & Naser, A. Y. (2023). Perceived Knowledge, Attitude, and Practices (KAP) and Fear toward COVID-19 among Patients with Diabetes Attending Primary Healthcare Centers in Kuwait. *International Journal of Environmental Research and Public Health*, 20(3), 2369. <https://doi.org/10.3390/ijerph20032369>
- American Psychiatric Association. (2022). Gender Dysphoria. In *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition, Text Revision (DSM-5-TR)).

<https://doi.org/10.1176/appi.books.9780890425787>

Andersen, S. H., & Fallesen, P. (2015). Family matters? The effect of kinship care on foster care disruption rates. *Child Abuse & Neglect*, 48, 68–79.

<https://doi.org/10.1016/j.chiabu.2015.06.005>

Andrzejewski, J., Pampati, S., Steiner, R. J., Boyce, L., & Johns, M. M. (2021). Perspectives of Transgender Youth on Parental Support: Qualitative Findings from the Resilience and Transgender Youth Study. *Health Education & Behavior: The Official Publication of the Society for Public Health Education*, 48(1), 74–81.

<https://doi.org/10.1177/1090198120965504>

Argyriadis, A., Patelarou, E., Paoullis, P., Patelarou, A., Dimitrakopoulos, I., Zisi, V., Northway, R., Gourni, M., Asimakopoulou, E., Katsarou, D., & Argyriadi, A. (2022).

Self-Assessment of Health Professionals' Cultural Competence: Knowledge, Skills, and Mental Health Concepts for Optimal Health Care. *International Journal of Environmental Research and Public Health*, 19(18), 11282.

<https://doi.org/10.3390/ijerph191811282>

Ashley F. (2022). 'Trans' is my gender modality: A modest terminological proposal. In Erickson-Schroth L. (Ed.), *Trans bodies, trans selves: A resource by and for transgender communities* (2nd ed., pp. 22–24). Oxford University.

https://www.florenceashley.com/uploads/1/2/4/4/124439164/florence_ashley_trans_is_my_gender_modality.pdf

Austin, A., Craig, S. L., Matarese, M., Greeno, E. J., Weeks, A., & Betsinger, S. A. (2021).

Preliminary effectiveness of an LGBTQ+ affirmative parenting intervention with foster parents. *Children and Youth Services Review*, 127, 106107.

- <https://doi.org/10.1016/j.childyouth.2021.106107>
- Baams, L., Wilson, B. D. M., & Russell, S. T. (2019). LGBTQ Youth in Unstable Housing and Foster Care. *Pediatrics*, 143(3), e20174211. <https://doi.org/10.1542/peds.2017-4211>
- Balcazar, P. F. E., Suarez-Balcazar, Y., & Taylor-Ritzler, T. (2009). Cultural competence: Development of a conceptual framework. *Disability and Rehabilitation*. (world). <https://doi.org/10.1080/09638280902773752>
- Barth, R. P., Jonson-Reid, M., Greeson, J. K. P., Drake, B., Berrick, J. D., Garcia, A. R., Shaw, T. V., & Gyourko, J. R. (2020). Outcomes following child welfare services: What are they and do they differ for black children? *Journal of Public Child Welfare*, 14(5), 477–499. <https://doi.org/10.1080/15548732.2020.1814541>
- Berrick, J. D., Barth, R. P., Drake, B., Jonson-Reid, M., Garcia, A., Greeson, J. K. P., & Gyourko, J. (2025). Is Child Welfare Oppressive? *Journal of Teaching in Social Work*, 45(2), 362–383. <https://doi.org/10.1080/08841233.2025.2469544>
- Boydell, V., McMullen, H., Cordero, J., Steyn, P., & Kiare, J. (2019). Studying social accountability in the context of health system strengthening: Innovations and considerations for future work. *Health Research Policy and Systems*, 17(1), 34. <https://doi.org/10.1186/s12961-019-0438-x>
- Bramlett, M. D., Radcliff, L. F., & Chow, K. (2017). Health and Well-Being of Children in Kinship Care: Findings from the National Survey of Children in Nonparental Care. *Child Welfare*, 95(3), 41–60. <https://pmc.ncbi.nlm.nih.gov/articles/PMC5798622/>
- Bronfenbrenner, U. (with Cole, M.). (1979). *The Ecology of Human Development: Experiments by Nature and Design*. Harvard University Press. <https://doi.org/10.4159/9780674028845>
- California Department of Social Services. (2019, March 13). *All County Letter No. 19-20*:

Documentation of Sexual Orientation and Gender Identity (SOGIE) in the Child Welfare Services/Case Management System (CWS/CMS) [Letter].

<https://www.cdss.ca.gov/Portals/9/ACL/2019/19-20.pdf>

California Department of Social Services. (2022, January 6). *All County Letter No. 21-149:*

Required Documentation of Sexual Orientation, Gender Identity and Expression (SOGIE) Information in the Child Welfare Services/Case Management System (CWS/CMS) [Letter].

<https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2021/21-149.pdf>

Capous-Desyllas, M., & Barron, C. (2017). Identifying and Navigating Social and Institutional Challenges of Transgender Children and Families. *Child and Adolescent Social Work Journal*, 34(6), 527–542. <https://doi.org/10.1007/s10560-017-0491-7>

Carnochan, S., Moore, M., & Austin, M. J. (2013). Achieving Placement Stability. *Journal of Evidence-Based Social Work*, 10(3), 235–253.

<https://doi.org/10.1080/15433714.2013.788953>

Centers for Disease Control and Prevention. (2022, May 31). *Fast Facts: Preventing Child Abuse & Neglect | Violence Prevention | Injury Center | CDC*.

<https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html>

Cheung, K. K. C., & Tai, K. W. H. (2023). The use of intercoder reliability in qualitative interview data analysis in science education. *Research in Science & Technological Education*, 41(3), 1155–1175. <https://doi.org/10.1080/02635143.2021.1993179>

Child Welfare Information Gateway. (2018). *What Is Child Welfare? A Guide for Educators* (p. 4). U.S. Department of Health and Human Services, Children's Bureau.

https://www.childwelfare.gov/pubPDFs/cw_educators.pdf

Collins, M. E., Amodeo, M., & Clay, C. (2007). Training as a factor in policy implementation:

Lessons from a National Evaluation of Child Welfare Training. *Children and Youth*

Services Review, 29(12), 1487–1502. <https://doi.org/10.1016/j.childyouth.2007.06.001>

Connolly, C. M. (2006). A Process of Change: The Intersection of the GLBT Individual and His

or Her Family of Origin. In *An introduction to GLBT family studies* (pp. 5–21). Haworth

Press. <https://doi.org/10.4324/9780203050644-10>

Conron, K. J., & Wilson, B. D. M. (2019). *LGBTQ Youth of Color Impacted By The Child*

Welfare and Juvenile Justice Systems: A Research Agenda (p. 77). The Williams Institute.

<https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBTQ-YOC-Social-Services-Jul-2019.pdf>

Courtney, M. E., & Heuring, D. H. (2005). The Transition to Adulthood for Youth “Aging Out”

of the Foster Care System. In *On your own without a net: The transition to adulthood for vulnerable populations* (pp. 27–67). The University of Chicago Press.

<https://doi.org/10.7208/chicago/9780226637853.001.0001>

Crenshaw, K. (1990). Mapping the Margins: Intersectionality, Identity Politics, and Violence

against Women of Color. *Stanford Law Review*, 43(6), 1241–1300.

<https://doi.org/10.2307/1229039>

Cuevas, A. G., O’Brien, K., & Saha, S. (2017). What is the key to culturally competent care:

Reducing bias or cultural tailoring? *Psychology & Health*, 32(4), 493.

<https://doi.org/10.1080/08870446.2017.1284221>

D’Augelli, A. R., Grossman, A. H., & Starks, M. T. (2008). Families of gay, lesbian, and

bisexual youth: What do parents and siblings know and how do they react? *Journal of*

- GLBT Family Studies*, 4(1), 95–115. <https://doi.org/10.1080/15504280802084506>
- Dawson, L., & Kates, J. (2025, November 24). Policy Tracker: Youth Access to Gender Affirming Care and State Policy Restrictions. *KFF*.
<https://www.kff.org/lgbtq/gender-affirming-care-policy-tracker/>
- Denzin, N. K., & Lincoln, Y. S. (2011). *The SAGE Handbook of Qualitative Research*. SAGE Publications.
- Designated Placement Requirements Under Titles IV-E and IV-B for LGBTQI+ Children; Rescission*. (2026, March 6). Federal Register.
<https://www.federalregister.gov/documents/2026/03/06/2026-04515/designated-placement-requirements-under-titles-iv-e-and-iv-b-for-lgbtqi-children-rescission>
- Dettlaff, A. J., Weber, K., Pendleton, M., Boyd, R., Bettencourt, B., & Burton, L. (2020). It Is Not a Broken System, It Is a System That Needs to Be Broken: The Upend Movement to Abolish the Child Welfare System. *Journal of Public Child Welfare*, 1–18.
<https://doi.org/10.1080/15548732.2020.1814542>
- Doe v. Bell, 754 N.Y.S.2d 846 (New York Superior Court 2003).
<https://www.hivlawandpolicy.org/resources/doe-v-bell-754-nys2d-846-ny-sup-ct-2003>
- Dunlap, S. L., Goldbach, J. T., Olson-Kennedy, J., & Held, J. (2023). “How in God’s Name Are We Going to Navigate This?”: Parent Support for Transgender Adolescents. *Journal of Child and Family Studies*. <https://doi.org/10.1007/s10826-023-02649-2>
- Dwairy, M. (2010). Parental Acceptance–Rejection: A Fourth Cross-Cultural Research on Parenting and Psychological Adjustment of Children. *Journal of Child and Family Studies*, 19(1), 30–35. <https://doi.org/10.1007/s10826-009-9338-y>
- Elze, D. (2009). Strategies for recruiting and protecting gay, lesbian, bisexual, and transgender

- youths in the research process. In W. Meezan & J. I. Martin (Eds.), *Handbook of research with lesbian, gay, bisexual, and transgender populations* (pp. 40–68). Routledge.
<https://doi.org/10.17226/18331>
- Feild, T. (2018). It is Time to Start Counting Kids Who are LGBTQ in Child Welfare (Second Issue). *Child Welfare*, 96(2), xiii–xx.
- Fish, J. N., Baams, L., Wojciak, A. S., & Russell, S. T. (2019). Are Sexual Minority Youth Overrepresented in Foster Care, Child Welfare, and Out-of-Home Placement? Findings from Nationally Representative Data. *Child Abuse & Neglect*, 89, 203–211.
<https://doi.org/10.1016/j.chiabu.2019.01.005>
- Font, S. A. (2015). Is Higher Placement Stability in Kinship Foster Care by Virtue or Design? *Child Abuse & Neglect*, 42, 99. <https://doi.org/10.1016/j.chiabu.2015.01.003>
- Font, S. A., Berger, L. M., & Slack, K. S. (2012). Examining Racial Disproportionality in Child Protective Services Case Decisions. *Children and Youth Services Review*, 34(11), 2188–2200. <https://doi.org/10.1016/j.childyouth.2012.07.012>
- Forcier, M., Wagner, J., & Holland, S. (2021). Gender Diverse Youth: Opportunities to Identify and Address Systemic Inequities. *Pediatrics*, 147(6), e2021050278.
<https://doi.org/10.1542/peds.2021-050278>
- Friedland, M. A. (2001). Too Close to the Edge: Lesbian, Gay, Bisexual and Transgender Youth in the Child Welfare System. *Georgetown Journal of Gender and the Law*, 3(3), 777–808.
- Ganzhorn, S., Curtis, M., & Kues, D. (2015). *Listening to Their Voices: Enhancing Successful Outcomes for LGBTQ Youth in Washington State's Child Welfare and Juvenile Justice Systems*. The Center for Children & Youth Justice.
<https://ccyj.org/wp-content/uploads/2017/03/ListeningToTheirVoices.pdf>

- Gartner, R. E., & Sterzing, P. R. (2016). Gender Microaggressions as a Gateway to Sexual Harassment and Sexual Assault: Expanding the Conceptualization of Youth Sexual Violence. *Affilia*, 31(4), 491–503. <https://doi.org/10.1177/0886109916654732>
- Geen, R. (2004). The Evolution of Kinship Care Policy and Practice. *The Future of Children*, 14(1), 131–149. <https://doi.org/10.2307/1602758>
- Getha-Taylor, H., Holmes, M. H., & Moen, J. R. (2020). Evidence-Based Interventions for Cultural Competency Development Within Public Institutions. *Administration & Society*, 52(1), 57–80. <https://doi.org/10.1177/0095399718764332>
- Glaser, B., & Strauss, A. (1967). Grounded theory: The discovery of grounded theory. *Sociology the Journal of the British Sociological Association*, 12(1), 27–49. <https://doi.org/10.2307/588533>
- Gloria, T. (2018, September 17). AB 2119- CHAPTERED. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB2119
- Gonzalez, D., Bethencourt Mirabal, A., & McCall, J. D. (2023). Child Abuse and Neglect. In *StatPearls*. StatPearls Publishing. <http://www.ncbi.nlm.nih.gov/books/NBK459146/>
- Graham, P. (2023). Transgender children and young people: How the evidence can point the way forward. *BJPsych Bulletin*, 47(2), 98. <https://doi.org/10.1192/bjb.2022.3>
- Guest, G., Bunce, A., & Johnson, L. (2006). How Many Interviews Are Enough?: An Experiment with Data Saturation and Variability. *Field Methods*, 18(1), 59–82. <https://doi.org/10.1177/1525822X05279903>
- Hatzenbuehler, M. L., & Pachankis, J. E. (2016). Stigma and Minority Stress as Social Determinants of Health Among Lesbian, Gay, Bisexual, and Transgender Youth: Research Evidence and Clinical Implications. *Pediatric Clinics*, 63(6), 985–997.

<https://doi.org/10.1016/j.pcl.2016.07.003>

Hayes, A. F., & Krippendorff, K. (2007). Answering the Call for a Standard Reliability Measure for Coding Data. *Communication Methods and Measures*, 1(1), 77–89.

<https://doi.org/10.1080/19312450709336664>

Herman, J. L., Flores, A. R., & O'Neill, K. K. (2022). *How Many Adults and Youth Identify as Transgender in the United States?* The Williams Institute, UCLA School of Law.

<https://williamsinstitute.law.ucla.edu/publications/trans-adults-united-states/>

Hill Collins, P. (1990). *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. Taylor & Francis Group.

Hill, D. B., & Willoughby, B. L. B. (2005). The Development and Validation of the Genderism and Transphobia Scale. *Sex Roles*, 53(7–8), 531–544.

<https://doi.org/10.1007/s11199-005-7140-x>

Horn, S. S., Kosciw, J. G., & Russell, S. T. (2009). Special issue introduction: New research on lesbian, gay, bisexual, and transgender youth: Studying lives in context. *Journal of Youth and Adolescence*, 38, 863–866. <https://doi.org/10.1007/s10964-009-9420-1>

Howard, L., Vogel, L. K., Cancian, M., & Noyes, J. L. (2019). Building Connections: Using Integrated Administrative Data to Identify Issues and Solutions Spanning the Child Welfare and Child Support Systems. *The Russell Sage Foundation Journal of the Social Sciences*, 5(2), 70. <https://doi.org/10.7758/RSF.2019.5.2.04>

Hsieh, H.-F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9), 1277–1288.

<https://doi.org/10.1177/1049732305276687>

Irvine, A. (2010). “We’ve Had Three of Them”: Addressing the Invisibility of Lesbian, Gay,

- Bisexual and Gender Non-Conforming Youths in the Juvenile Justice System. *Columbia Journal of Gender and Law*, 19(3), 675–701.
- Irvine, A., & Canfield, A. (2016). The Overrepresentation of Lesbian, Gay, Bisexual, Questioning, Gender Nonconforming and Transgender Youth Within the Child Welfare to Juvenile Justice Crossover Population. *Journal of Gender, Social Policy & the Law*, 24(2), 20.
- James, S. (2004). Why Do Foster Care Placements Disrupt? An Investigation of Reasons for Placement Change in Foster Care. *Social Service Review*, 78(4), 601–627.
<https://doi.org/10.1086/424546>
- Johnson, K. C., LeBlanc, A. J., Deardorff, J., & Bockting, W. O. (2020). Invalidation Experiences Among Non-Binary Adolescents. *The Journal of Sex Research*, 57(2), 222–233. <https://doi.org/10.1080/00224499.2019.1608422>
- Johnson, K. C., LeBlanc, A. J., Sterzing, P. R., Deardorff, J., Antin, T., & Bockting, W. O. (2020). Trans adolescents' perceptions and experiences of their parents' supportive and rejecting behaviors. *Journal of Counseling Psychology*, 67(2), 156–170.
<https://doi.org/10.1037/cou0000419>
- Jones, I., & Velshi, A. (2023, May 18). *Imara Jones on MSNBC: The Christian Nationalist Playbook* [Video]. MSNBC.
<https://translash.org/press/imara-jones-on-msnbc-the-christian-nationalist-playbook/>
- Kaltiala-Heino, R., Bergman, H., Työläjärvi, M., & Frisén, L. (2018). Gender dysphoria in adolescence: Current perspectives. *Adolescent Health, Medicine and Therapeutics*, 9, 31–41. <https://doi.org/10.2147/AHMT.S135432>
- Kar, S. K., Choudhury, A., & Singh, A. P. (2015). Understanding normal development of

- adolescent sexuality: A bumpy ride. *Journal of Human Reproductive Sciences*, 8(2), 70–74. <https://doi.org/10.4103/0974-1208.158594>
- Katz-Wise, S. L., Rosario, M., & Tsappis, M. (2016). Lesbian, Gay, Bisexual, and Transgender Youth and Family Acceptance. *Pediatric Clinics of North America*, 63(6), 1011–1025. PubMed (27865331). <https://doi.org/10.1016/j.pcl.2016.07.005>
- Kim, T. R., Ross, J. A., & Smith, D. P. (1969). KOREA: Trends in Four National KAP Surveys, 1964-67. *Studies in Family Planning*, 1(43), 6–11. <https://doi.org/10.2307/1965090>
- Klein, A., & Golub, S. A. (2016). Family Rejection as a Predictor of Suicide Attempts and Substance Misuse Among Transgender and Gender Nonconforming Adults. *LGBT Health*, 3(3), 193–199. <https://doi.org/10.1089/lgbt.2015.0111>
- Kleinheksel, A. J., Rockich-Winston, N., Tawfik, H., & Wyatt, T. R. (2020). Demystifying Content Analysis. *American Journal of Pharmaceutical Education*, 84(1), 7113. <https://doi.org/10.5688/ajpe7113>
- Koken, J. A., Bimbi, D. S., & Parsons, J. T. (2009). Experiences of Familial Acceptance–Rejection Among Transwomen of Color. *Journal of Family Psychology : JFP : Journal of the Division of Family Psychology of the American Psychological Association (Division 43)*, 23(6), 853–860. <https://doi.org/10.1037/a0017198>
- Konijn, C., Admiraal, S., Baart, J., van Rooij, F., Stams, G.-J., Colonnaesi, C., Lindauer, R., & Assink, M. (2019). Foster care placement instability: A meta-analytic review. *Children and Youth Services Review*, 96, 483–499. <https://doi.org/10.1016/j.childyouth.2018.12.002>
- Kortenkamp, K., & Ehrle, J. (2002). *The Well-Being of Children Involved with the Child Welfare System: A National Overview*. The Urban Institute.

<http://doi.apa.org/get-pe-doi.cfm?doi=10.1037/e691622011-001>

Kozee, H. B., Tylka, T. L., & Bauerband, L. A. (2012). Measuring transgender individuals' comfort with gender identity and appearance: Development and validation of the Transgender Congruence Scale. *Psychology of Women Quarterly*, 36, 179–196.
<https://doi.org/10.1177/0361684312442161>

Kronk, C. A., Everhart, A. R., Ashley, F., Thompson, H. M., Schall, T. E., Goetz, T. G., Hiatt, L., Derrick, Z., Queen, R., Ram, A., Guthman, E. M., Danforth, O. M., Lett, E., Potter, E., Sun, S. D., Marshall, Z., & Karnoski, R. (2022). Transgender data collection in the electronic health record: Current concepts and issues. *Journal of the American Medical Informatics Association*, 29(2), 271–284. <https://doi.org/10.1093/jamia/ocab136>

Kuvalanka, K., Gardner, M., & Munroe, C. (2019). All in the Family: How Extended Family Relationships are Influenced by Children's Gender Diverse and Transgender Identities. In A. I. Lev & A. R. Gottlieb (Eds.), *Families in Transition: Parenting Gender Diverse Children, Adolescents, and Young Adults*. Columbia University Press.

Lacasse, J. R., & Gambrill, E. (2015). Making Assessment Decisions: Macro, Mezzo, and Micro Perspectives. In B. Probst (Ed.), *Critical Thinking in Clinical Assessment and Diagnosis* (pp. 69–84). Springer International Publishing.
https://doi.org/10.1007/978-3-319-17774-8_4

Leno, M. (2015, October 11). *SB 731 Senate Bill—Bill Analysis*.
https://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0701-0750/sb_731_cfa_20150828_165114_asm_floor.html

Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act, Section 8310.8 AB 959 (2015).

- <https://casetext.com/statute/california-codes/california-government-code/title-2-government-of-the-state-of-california/division-1-general/chapter-5-miscellaneous/section-83108-1-esbian-gay-bisexual-and-transgender-disparities-reduction-act>
- Lindroth, M., Carlström, C., Andersson, C., & Husén, E. (2024). Social Workers as Allies? Gender Confirming Practices and Institutional Limitations in Youth Residential Homes. *Clinical Social Work Journal*. <https://doi.org/10.1007/s10615-024-00940-3>
- Lipsky, M. (1980). *Street Level Bureaucracy: Dilemmas of the Individual in Public Services*. Russell Sage Foundation. <https://www.jstor.org/stable/10.7758/9781610447713>
- Los Angeles County Department of Children and Family Services. (2024, October 25). *UCLA Pritzker Center works to reform racial inequities in L.A. County foster care | Los Angeles County Department of Children and Family Services*. <https://dcfs.lacounty.gov/ucla-pritzker-center-works-to-reform-racial-inequities-in-l-a-county-foster-care/>
- Mallon, G. P. (2009). Knowledge for practice with transgender and gender variant youth. In *Social work practice with transgender and gender variant youth, 2nd ed* (pp. 22–37). Routledge/Taylor & Francis Group. <https://doi.org/10.4324/9780203870907-7>
- Mallon, G. P., & DeCrescenzo, T. (2006). Transgender Children and Youth: A Child Welfare Practice Perspective. *Child Welfare*, 85(2), 215–241.
- Mallon, G. P., Karnoski, R., Stabbe, O., Waller, L., & Sierra, V. (2021). Trans and Gender Expansive Youth in Child Welfare Systems. In J. Shelton & G. P. Mallon (Eds.), *Social Work Practice with Transgender and Gender Expansive Youth* (3rd ed.). Routledge. <https://doi.org/10.4324/9780429297687-16>
- Mallon, G. P., & Woronoff, R. (2006). Busting Out of the Child Welfare Closet: Lesbian, Gay,

- Bisexual, and Transgender-Affirming Approaches to Child Welfare. *Child Welfare*, 85(2), 115–122. a9h.
- Martin, M., Down, L., & Erney, R. (2016). *Out of the Shadows: Supporting LGBTQ youth in child welfare through cross-system collaboration* (p. 36). Center for the Study of Social Policy.
<https://cssp.org/wp-content/uploads/2018/08/Out-of-the-Shadows-Supporting-LGBTQ-youth-in-child-welfare-through-cross-system-collaboration-web.pdf>
- Marzi, G., Balzano, M., & Marchiori, D. (2024). K-Alpha Calculator–Krippendorff’s Alpha Calculator: A user-friendly tool for computing Krippendorff’s Alpha inter-rater reliability coefficient. *MethodsX*, 12, 102545. <https://doi.org/10.1016/j.mex.2023.102545>
- Maxwell, J. A. (2004). *Qualitative Research Design: An Interactive Approach* (2nd edition). SAGE Publications, Inc.
- McCormick, A., Schmidt, K., & Terrazas, S. (2017). LGBTQ Youth in the Child Welfare System: An Overview of Research, Practice, and Policy. *Journal of Public Child Welfare*, 11(1), 27–39. <https://doi.org/10.1080/15548732.2016.1221368>
- Mendo-Lázaro, S., León-del-Barco, B., Polo-del-Río, M.-I., Yuste-Tosina, R., & López-Ramos, V.-M. (2019). The Role of Parental Acceptance–Rejection in Emotional Instability During Adolescence. *International Journal of Environmental Research and Public Health*, 16(7), 1194. <https://doi.org/10.3390/ijerph16071194>
- Moreau, M.-P., Okpokiri, C., & Lee, C. (2023). *Reinventing the Family in Uncertain Times*. Bloomsbury Publishing. <https://www.torrossa.com/en/resources/an/5493991>
- Moser, A., & Korstjens, I. (2017). Series: Practical guidance to qualitative research. Part 3: Sampling, data collection and analysis. *The European Journal of General Practice*, 24(1),

- 9–18. <https://doi.org/10.1080/13814788.2017.1375091>
- Mountz, S., & Capous-Desyllas, M. (2020). Exploring the families of origin of LGBTQ former foster youth and their trajectories throughout care. *Children and Youth Services Review*, 109, 104622. <https://doi.org/10.1016/j.childyouth.2019.104622>
- Mountz, S., Capous-Desyllas, M., & Pourciau, E. (2018). ‘Because We’re Fighting to Be Ourselves’: Voices from Former Foster Youth who are Transgender and Gender Expansive. *Child Welfare*, 96(1), 103–126.
- Movement Advancement Project. (2026). *Transgender People*.
<https://www.lgbtmap.org/policy-and-issue-analysis/transgender-people>
- Nagoshi, J., Adams, K., Terrell, H., Hill, E., Brzuzy, S., & Nagoshi, C. (2008). Gender Differences in Correlates of Homophobia and Transphobia. *Sex Roles*, 59(7–8), 521–531.
<https://doi.org/10.1007/s11199-008-9458-7>
- National Association of Social Workers [NASW]. (2021). *Code of Ethics: English*.
<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>
- Nederhof, A. J. (1985). Methods of coping with social desirability bias: A review. *European Journal of Social Psychology*, 15(3), 263–280. <https://doi.org/10.1002/ejsp.2420150303>
- Nsubuga, P., White, M. E., Thacker, S. B., Anderson, M. A., Blount, S. B., Broome, C. V., Chiller, T. M., Espitia, V., Imtiaz, R., Sosin, D., Stroup, D. F., Tauxe, R. V., Vijayaraghavan, M., & Trostle, M. (2006). Public Health Surveillance: A Tool for Targeting and Monitoring Interventions. In D. T. Jamison, J. G. Breman, A. R. Measham, G. Alleyne, M. Claeson, D. B. Evans, P. Jha, A. Mills, & P. Musgrove (Eds.), *Disease Control Priorities in Developing Countries* (2nd ed.). The International Bank for Reconstruction and Development / The World Bank.

<http://www.ncbi.nlm.nih.gov/books/NBK11770/>

- Olson, K. R., & Gülgöz, S. (2018). Early Findings From the TransYouth Project: Gender Development in Transgender Children. *Child Development Perspectives*, 12(2), 93–97. <https://doi.org/10.1111/cdep.12268>
- Olson, K. R., Key, A. C., & Eaton, N. R. (2015). Gender Cognition in Transgender Children. *Psychological Science*, 26(4), 467–474. <https://doi.org/10.1177/0956797614568156>
- Osborne, J., & Leon, S. C. (2024). Beyond family: Patterns of kin and fictive kin caregivers among children in the child welfare system. *Children and Youth Services Review*, 163, 107823. <https://doi.org/10.1016/j.childyouth.2024.107823>
- Palmer, L., Font, S., Eastman, A. L., Guo, L., & Putnam-Hornstein, E. (2024). What Does Child Protective Services Investigate as Neglect? A Population-Based Study. *Child Maltreatment*, 29(1), 96–105. <https://doi.org/10.1177/10775595221114144>
- Pariseau, E. M., Chevalier, L., Long, K. A., Clapham, R., Edwards-Leeper, L., & Tishelman, A. C. (2019). The Relationship Between Family Acceptance-Rejection and Transgender Youth Psychosocial Functioning. *Clinical Practice in Pediatric Psychology*, 7(3), 267–277. <https://doi.org/10.1037/cpp0000291>
- Parker, C. M., Hirsch, J. S., Philbin, M. M., & Parker, R. G. (2018). The Urgent Need for Research and Interventions to Address Family-Based Stigma and Discrimination Against Lesbian, Gay, Bisexual, Transgender, and Queer Youth. *Journal of Adolescent Health*, 63(4), 383–393. <https://doi.org/10.1016/j.jadohealth.2018.05.018>
- Patton, M. Q. (2014). *Qualitative Research & Evaluation Methods: Integrating Theory and Practice*. SAGE Publications.
- Paul, J. C. (2020). Exploring support for LGBTQ youth transitioning from foster care to

- emerging adulthood. *Children and Youth Services Review*, 119, 105481.
<https://doi.org/10.1016/j.childyouth.2020.105481>
- Payne, E., & Smith, M. J. (2016). Gender Policing. In N. M. Rodriguez, W. J. Martino, J. C. Ingrey, & E. Brockenbrough (Eds.), *Critical Concepts in Queer Studies and Education: An International Guide for the Twenty-First Century* (pp. 127–136). Palgrave Macmillan US. https://doi.org/10.1057/978-1-137-55425-3_14
- Petersen, A. C., Joseph, J., Feit, M., Committee on Child Maltreatment Research, P., Board on Children, Y., Justice, C. on L. and, Medicine, I. of, & Council, N. R. (2014a). Consequences of Child Abuse and Neglect. In *New Directions in Child Abuse and Neglect Research*. National Academies Press (US).
<https://www.ncbi.nlm.nih.gov/books/NBK195987/>
- Petersen, A. C., Joseph, J., Feit, M., Committee on Child Maltreatment Research, P., Board on Children, Y., Justice, C. on L. and, Medicine, I. of, & Council, N. R. (2014b). New Directions in Child Abuse and Neglect Research. In *New Directions in Child Abuse and Neglect Research*. National Academies Press (US).
<https://www.ncbi.nlm.nih.gov/books/NBK195982/>
- Poirier, J. M., Wilkie, S., Sepulveda, K., & Uruchima, T. (2018). Jim Casey Youth Opportunities Initiative: Experiences and Outcomes of Youth who are LGBTQ. *Child Welfare*, 96(1), 1–26.
- Price, M. N., & Green, A. E. (2023). Association of Gender Identity Acceptance with Fewer Suicide Attempts Among Transgender and Nonbinary Youth. *Transgender Health*, 8(1), 56–63. <https://doi.org/10.1089/trgh.2021.0079>
- Prince, D. M., Ray-Novak, M., Gillani, B., & Peterson, E. (2021). Sexual and Gender Minority

- Youth in Foster Care: An Evidence-Based Theoretical Conceptual Model of Disproportionality and Psychological Comorbidities. *Trauma, Violence, & Abuse*, 15248380211013129. <https://doi.org/10.1177/15248380211013129>
- Putnam-Hornstein, E., Webster, D., Needell, B., & Magruder, J. (2011). A Public Health Approach to Child Maltreatment Surveillance: Evidence from a Data Linkage Project in the United States. *Child Abuse Review*, 20(4), 256–273. <https://doi.org/10.1002/car.1191>
- Reisner, S. L., Veters, R., Leclerc, M., Zaslow, S., Wolfrum, S., Shumer, D., & Mimiaga, M. J. (2015). Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Center: A Matched Retrospective Cohort Study. *Journal of Adolescent Health*, 56(3), 274–279. <https://doi.org/10.1016/j.jadohealth.2014.10.264>
- Roberts, A. L., Rosario, M., Corliss, H. L., Koenen, K. C., & Austin, S. B. (2012). Childhood Gender Nonconformity: A Risk Indicator for Childhood Abuse and Posttraumatic Stress in Youth. *Pediatrics*, 129(3), 410–417. <https://doi.org/10.1542/peds.2011-1804>
- Robinson, B. A. (2018). Child Welfare Systems and LGBTQ Youth Homelessness: Gender Segregation, Instability, and Intersectionality. *Child Welfare*, 96(2), 29–46.
- Rohner, R. P. (1980). Worldwide Tests of Parental Acceptance-Rejection Theory: An Overview. *Behavior Science Research*, 15(1), 1–21. <https://doi.org/10.1177/106939718001500102>
- Rohner, R. P. (2021). Introduction to Interpersonal Acceptance-Rejection Theory (IPARTheory) and Evidence. *Online Readings in Psychology and Culture*, 6(1). <https://doi.org/10.9707/2307-0919.1055>
- Rubin, D. M., Downes, K. J., O'Reilly, A. L., Mekonnen, R., Luan, X., & Localio, R. (2008). The Impact of Kinship Care on Behavioral Well-being for Children in Out-of-Home Care. *Archives of Pediatrics & Adolescent Medicine*, 162(6), 550.

<https://doi.org/10.1001/archpedi.162.6.550>

Ruble, D. N., Taylor, L. J., Cyphers, L., Greulich, F. K., Lurye, L. E., & Shrout, P. E. (2007). The role of gender constancy in early gender development. *Child Development*, 78(4),

1121–1136. <https://doi.org/10.1111/j.1467-8624.2007.01056.x>

Ryan, C. (2003). Lesbian, Gay, Bisexual, and Transgender Youth: Health Concerns, Services, and Care. *Clinical Research and Regulatory Affairs*, 20(2), 137–158.

<https://doi.org/10.1081/CRP-120021078>

Ryan, C. (2010). Engaging Families to Support Lesbian, Gay, Bisexual, and Transgender Youth. *The Prevention Researcher*, 17, 4.

Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young

Adults. *Pediatrics*, 123(1), 346. <https://doi.org/10.1542/peds.2007-3524>

Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family Acceptance in Adolescence and the Health of LGBT Young Adults. *Journal of Child and Adolescent*

Psychiatric Nursing, 23(4), 205–213. <https://doi.org/10.1111/j.1744-6171.2010.00246.x>

Sattler, K. M. P., Font, S. A., & Gershoff, E. T. (2018). Age-specific risk factors associated with placement instability among foster children. *Child Abuse & Neglect*, 84, 157–169.

<https://doi.org/10.1016/j.chiabu.2018.07.024>

Sequeira, G. M., Kahn, N. F., Ricklefs, C., Collin, A., Asante, P. G., Pratt, W., Christakis, D., & Richardson, L. P. (2023). Barriers Pediatric PCP's Identify To Providing

Gender-Affirming Care For Adolescents. *The Journal of Adolescent Health : Official Publication of the Society for Adolescent Medicine*, 73(2), 367.

<https://doi.org/10.1016/j.jadohealth.2023.04.007>

- Shelton, J., & Bond, L. (2017). "It Just Never Worked Out": How Transgender and Gender Expansive Youth Understand their Pathways into Homelessness. *Families in Society*, 98(4), 284–291. <https://doi.org/10.1606/1044-3894.2017.98.33>
- Simmel, C. (2010). Why do adolescents become involved with the child welfare system? Exploring risk factors that affect young adolescents. *Children and Youth Services Review*, 32, 1831–1836. <https://doi.org/10.1016/j.childyouth.2010.08.004>
- Smith, M. J. (2010). *Handbook of Program Evaluation for Social Work and Health Professionals*. Oxford University Press.
- Spack, N. P., Edwards-Leeper, L., Feldman, H. A., Leibowitz, S., Mandel, F., Diamond, D. A., & Vance, S. R. (2012). Children and Adolescents With Gender Identity Disorder Referred to a Pediatric Medical Center. *Pediatrics*, 129(3), 418–425. <https://doi.org/10.1542/peds.2011-0907>
- Sterzing, P. R., Ratliff, G. A., Gartner, R. E., McGeough, B. L., & Johnson, K. C. (2017). Social Ecological Correlates of Polyvictimization among a National Sample of Transgender, Genderqueer, and Cisgender Sexual Minority Adolescents. *Child Abuse & Neglect*, 67, 1–12. <https://doi.org/10.1016/j.chiabu.2017.02.017>
- Stevens, M. (2008). Workload Management in Social Work Services: What, Why and How? *Practice*, 20(4), 207–221. <https://doi.org/10.1080/09503150802601860>
- Suarez, N. A. (2024). Disparities in School Connectedness, Unstable Housing, Experiences of Violence, Mental Health, and Suicidal Thoughts and Behaviors Among Transgender and Cisgender High School Students—Youth Risk Behavior Survey, United States, 2023. *MMWR Supplements*, 73. <https://doi.org/10.15585/mmwr.su7304a6>
- Sundus, A., Shahzad, S., & Younas, A. (2021). Ethical and culturally competent care of

- transgender patients: A scoping review. *Nursing Ethics*, 28(6), 1041–1060.
<https://doi.org/10.1177/0969733020988307>
- Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the Gender Minority Stress and Resilience Measure. *Psychology of Sexual Orientation and Gender Diversity*, 2(1), 65–77. <https://doi.org/10.1037/sgd0000081>
- The GenIUSS Group. (2014). *Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on Population-Based Surveys*. The Williams Institute.
<https://williamsinstitute.law.ucla.edu/wp-content/uploads/Survey-Measures-Trans-GenIUSS-Sep-2014.pdf>
- Thoma, B. C., Jardas, E. J., Choukas-Bradley, S., & Salk, R. H. (2023). Perceived Gender Transition Progress, Gender Congruence, and Mental Health Symptoms Among Transgender Adolescents. *Journal of Adolescent Health*, 72(3), 444–451.
<https://doi.org/10.1016/j.jadohealth.2022.09.032>
- Thoma, B. C., Rezeppa, T. L., Choukas-Bradley, S., Salk, R. H., & Marshal, M. P. (2021). Disparities in Childhood Abuse Between Transgender and Cisgender Adolescents. *Pediatrics*, 148(2), e2020016907. <https://doi.org/10.1542/peds.2020-016907>
- Thoma, B. C., Salk, R. H., Choukas-Bradley, S., Goldstein, T. R., Levine, M. D., & Marshal, M. P. (2019). Suicidality Disparities Between Transgender and Cisgender Adolescents. *Pediatrics*, 144(5), e20191183. <https://doi.org/10.1542/peds.2019-1183>
- Tordoff, D. M., Wanta, J. W., Collin, A., Stepney, C., Inwards-Breland, D. J., & Ahrens, K. (2022). Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. *JAMA Network Open*, 5(2), e220978.

<https://doi.org/10.1001/jamanetworkopen.2022.0978>

Trans Legislation Tracker. (2026). *2026 Anti-Trans Bills: Trans Legislation Tracker*.

<https://translegislation.com/>

Turban, J. L., Dolotina, B., Freitag, T. M., King, D., & Keuroghlian, A. S. (2023). Rapid-Onset Gender Dysphoria Is Not a Recognized Mental Health Diagnosis. *Journal of Adolescent Health*, 73(6), 1163–1164. <https://doi.org/10.1016/j.jadohealth.2023.09.009>

U.S. Department of Health and Human Services LGBT Policy Coordinating Committee. (2016). *Advancing LGBT Health and Well-Being: 2016 Report* (p. 17). U.S. Department of Health and Human Services.

<https://www.hhs.gov/sites/default/files/2016-report-with-cover.pdf>

Vance, S. R. (2018). The Importance of Getting the Name Right for Transgender and Other Gender Expansive Youth. *Journal of Adolescent Health*, 63(4), 379–380. <https://doi.org/10.1016/j.jadohealth.2018.07.022>

Vogler, S. (2019). Determining Transgender: Adjudicating Gender Identity in U.S. Asylum Law. *Gender & Society*, 33(3), 439–462. <https://doi.org/10.1177/0891243219834043>

Walker, T. (2019, October 2). *After 19-Year-Old Andrew Martinez's Death, LA County Supes Vote to Bolster Support for LGBTQ+ Youth in Foster Care*. WitnessLA. <https://witnessla.com/after-19-year-old-andrew-martinezs-death-la-county-supes-vote-to-bolster-support-for-lgbtq-youth-in-foster-care/>

Watkins, D., & Gioia, D. (2015). *Mixed Methods Research*. Oxford University Press.

Webster, D., Lee, S., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Courtney, M., Eastman, A. L., Hammond, I., Gomez, A., Sunaryo, E., Guo, S., Agarwal, A., Berwick, H., Hoerl, C., Yee, H., Gonzalez, A., ...

- Guinan, B. (2023). *California Child Welfare Indicators Project (CCWIP) Reports*. University of California at Berkeley. <https://ccwip.berkeley.edu/>
- Webster, D., Putnam-Hornstein, E., & Needell, B. (2011). *Using Data for Child Welfare System Improvement: Lessons Learned from the California Performance Indicators Project*. https://cascw.umn.edu/wp-content/uploads/2013/12/CW360_2011.pdf
- West, C., & Zimmerman, D. H. (1987). Doing Gender. *Gender and Society*, 1(2), 125–151.
- What We Know Project. (2018). *What Does the Scholarly Research Say about the Effect of Gender Transition on Transgender Well-Being?* Cornell University. <https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/>
- Wiener, S. (2023, September 23). *SB 407*. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB407
- Wilber, S., Reyes, C., & Marksamer, J. (2006). The model standards project: Creating inclusive systems for LGBT youth in out-of-home care. *Child Welfare*, 85(2), 133–149.
- Wilber, S., Ryan, C., & Marksamer, J. (2006). *CWLA best practice guidelines: Serving LGBT youth in out-of-home care*. Child Welfare League of America.
- Wilensky, H., & Lebeaux, C. (1965). *Industrial Society and Social Welfare*. Russell Sage Foundation.
- Wilson, B. D. M., Cooper, K., Kastanis, A. A., & Nezhad, S. (2014). *Sexual and Gender Minority Youth in Foster Care: Assessing Disproportionality and Disparities in Los Angeles* (p. 82). The Williams Institute, UCLA School of Law. <https://escholarship.org/uc/item/6mg3n153>
- Wilson, B. D. M., Cooper, K., Kastanis, A., & Choi, S. K. (2016). *Surveying Youth in Foster*

Care: Lessons From Los Angeles (p. 46). The Williams Institute.

Wilson, B. D. M., & Kastanis, A. A. (2015). Sexual and Gender Minority Disproportionality and Disparities in Child Welfare: A population-based study. *Children and Youth Services Review*, 58, 11–17. <https://doi.org/10.1016/j.childyouth.2015.08.016>

Winokur, M., Holtan, A., & Batchelder, K. E. (2014). Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment. *The Cochrane Database of Systematic Reviews*, 2014(1), CD006546.

<https://doi.org/10.1002/14651858.CD006546.pub3>

Winship, K. (2012). Data Mining in Children and Family Services: The Contra Costa County Experience. *Journal of Evidence-Based Social Work*, 9(1–2), 19–26.

<https://doi.org/10.1080/15433714.2012.636306>

Woronoff, R., Estrada, R., Sommer, S., Marzullo, M., Ryan, C., Downs, C. A., Ambroz, D. H. J., & Karys, P. (2006). *OUT of the Margins: A Report on Regional Listening Forums Highlighting the Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth in Care* (p. 176). <https://files.eric.ed.gov/fulltext/ED494251.pdf>

Wulczyn, F., Barth, R. P., Yuan, Y.-Y. T., Jones Harden, B., & Landsverk, J. (2005). *Beyond Common Sense: Child Welfare, Child Well-Being, and the Evidence for Policy Reform* (1st ed.). Routledge.

<https://www.routledge.com/Beyond-Common-Sense-Child-Welfare-Child-Well-Being-and-the-Evidence-for/Wulczyn-Barth-Yuan-Jones-Harden-Landsverk/p/book/97802023073>

50

Zaliznyak, M., Yuan, N., Bresee, C., Freedman, A., & Garcia, M. M. (2021). How Early in Life do Transgender Adults Begin to Experience Gender Dysphoria? Why This Matters for

Patients, Providers, and for Our Healthcare System. *Sexual Medicine*, 9(6), 100448.

<https://doi.org/10.1016/j.esxm.2021.100448>

Zucker, K. J., & Bradley, S. J. (2000). Gender identity disorder. In *Handbook of infant mental health*, 2nd ed (pp. 412–424). The Guilford Press.

Appendix

Appendix A

CDSS All County Letters (ACL'S) 19-20

March 13, 2019

ALL COUNTY



STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



LETTER (ACL) NO. 19-20

TO: ALL COUNTY WELFARE DIRECTORS

ALL CHIEF PROBATION OFFICERS

ALL INDEPENDENT LIVING PROGRAM MANAGERS

ALL INDEPENDENT LIVING PROGRAM COORDINATORS

ALL FOSTER CARE MANAGERS

ALL TITLE IV-E AGREEMENT TRIBES

ALL TRANSITIONAL HOUSING COORDINATORS

SUBJECT: DOCUMENTATION OF SEXUAL ORIENTATION AND GENDER
IDENTITY (SOGIE) IN THE CHILD WELFARE SERVICES/CASE
MANAGEMENT SYSTEM (CWS/CMS)

REFERENCE: ASSEMBLY BILL (AB) 959 (CHAPTER 565, STATUTES OF
2015);

GOVERNMENT CODE, SECTION 8310.8; WELFARE ANDINSTITUTIONS CODE (WIC) 827

The purpose of this ACL is to provide county child welfare and probation departments

with guidance and instructions regarding how to document SOGIE information in CWS/CMS.

Background

In 2015, the Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act was passed and required 11 state entities, including four specific state departments of the California Health and Human Services Agency (i.e. Department of Aging, Department of Health Care Services, Department of Public Health, and the Department of Social Services (CDSS), in the course of collecting demographic data directly or by contract as to the ancestry or ethnic origin of Californians, to collect voluntary self-identification information pertaining to sexual orientation and gender identity, except as specified.

As such, the CDSS has initiated changes to CWS/CMS by creating additional data fields to gather the requisite information and renaming some existing fields to more accurately describe the data that is being captured. Note, the sharing of SOGIE information by the minor/ Non-Minor Dependent (NMD) is voluntary and the minor/NMD may decline to disclose any of their SOGIE information. Only what the minor/NMD reports should be documented in CWS/CMS and it should be updated as changes are reported by the minor/NMD.

New Data Fields

The CWS/CMS currently has a field for “Gender,” on the Client ID Page which is used to fulfill the Adoption and Foster Care Analysis and Reporting System (AFCARS) reporting requirement of “Child’s Sex.” This field has been renamed to “Sex at Birth” to more accurately portray the data that is captured here and to be inclusive of all possible sexes at birth. The “Sex at Birth” field captures the sex designated on the original birth certificate issued at the time of birth. Additionally, the “Sex at Birth” drop down has been updated to display the new value of ‘Intersex’.

To collect the voluntarily shared information on sexual orientation, gender identity, and gender expression, as mandated by the Lesbian, Gay, Bisexual, and Transgender Disparities

Reduction Act, a SOGIE data frame has been added to the ID page of the client notebook and client page in Zippy notebook. The SOGIE data frame includes a Sexual Orientation drop down list, Reason Unable to Determine drop down list, Description fields, Gender Identity drop down list and Description fields, and Gender Expression drop down list.

Note, the selection of 'Unable to Determine' for Sexual Orientation requires the entry of a reason why the Sexual Orientation cannot be determined (e.g. "Did not Ask" and "Client Does Not Know"). A selection of 'Not Listed' requires the entry of a description of the client's Sexual Orientation. The selection of 'Not Listed' for Gender Identity also requires the entry of a description of the client's Gender Identity. Changing these values to any other value clears their respective required fields.

The dropdown lists are as follow:

Sexual Orientation

- Asexual
- Bisexual
- Gay
- Lesbian
- Pansexual
- Straight or Heterosexual
- Declines to State
- Not Listed- if the 'Not Listed' field is selected the "Description" field will be enabled.
- Unable to Determine (If chosen, must choose from the following sub-options)
 - Did Not Ask
 - Client Does Not Know

Gender Identity

- Female
- Gender Queer/ Gender Non-Binary
- Male
- Transgender Female
- Transgender Male
- Not Listed - if the 'Not Listed' field is selected the 'Description' field will be enabled.
- Unsure
- Declines to State

- Did Not Ask

Gender Expression

- Androgynous/Gender Non-Conforming
- Both Masculine and Feminine
- Feminine
- Masculine
- Declines to State
- Did Not Ask

Definitions

A Glossary of SOGIE Terms¹ has been compiled to provide Social Workers/Probation Officers accurate definitions to ensure consistent usage and unified understanding of SOGIE terms.

Terms used in the SOGIE data frame are defined below:

- **Androgynous:** A gender expression that has both masculine and feminine elements.
- **Asexual:** A term used to describe a person who does not experience sexual attraction.
- **Bisexual:** A person emotionally, romantically or sexually attracted to more than one gender though not necessarily simultaneously, in the same way or to the same degree.
- **Both masculine and feminine:** A term used to describe a person having both masculine and feminine characteristics and traits.
- **Female:** Of, relating to, or being the sex that typically has the capacity to bear young or produce eggs. This sex is assigned at birth.

¹ Glossary of SOGIE Terms Sources: <https://www.merriam-webster.com>; Human Rights Campaign Foundation- SOGIE Data Collection; <http://www.dictionary.com>; RISE LGBTQ Glossary <http://files.lalgbtcenter.org/pdf/rise/Los-Angeles-LGBT-Center-RISE-Glossary.pdf>.

- **Feminine:** A term used to describe the socially constructed and culturally specific gender behaviors expected of females.
- **Gay:** A term used to describe a person who is emotionally, romantically or sexually attracted to people of the same gender.
- **Gender Expression:** External appearance of one's gender, usually shown through behavior, clothing, haircut or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.
- **Gender Identity:** One's internal sense of being male, female, and a blend of both or neither - how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.

- **Gender Non-binary:** A term used to describe someone whose gender identity is not exclusively male or female. Some people who are non-binary experience their gender as both male and female, and others experience their gender as neither male nor female. If someone tells you they are non-binary, it's always important to ask what being non-binary means to them.
- **Gender Non-conforming:** A broad term referring to people who do not behave in a way that aligns to the traditional expectations of their gender (male or female), or whose gender expression does not fit neatly into a category.
- **Gender Queer:** Gender queer people typically reject static categories of gender and often, though not always, sexual orientation. People who identify as "gender queer" may see themselves as being both male and female, neither male nor female, or as falling completely outside these categories.
- **Heterosexual:** A term used to describe people whose emotional, romantic or sexual attractions are to people of another gender. Also: straight.
- **Intersex:** An individual having the condition of intersexuality; the condition (such as that occurring in congenital adrenal hyperplasia or androgen insensitivity syndrome) of either having both male and female gonadal tissue in one individual or of having the gonads of one sex and external genitalia that is of the other sex or is ambiguous
- **Lesbian:** A term used to describe a woman who is emotionally, romantically or sexually attracted primarily to other women.
- **LGBQ:** An abbreviation for lesbian, gay, bisexual, queer and questioning.
- **Male:** An individual of the sex that is typically capable of producing small, usually motile gametes (such as sperm or spermatozoa) which fertilize the eggs of a female. This sex is assigned at birth.
- **Masculine:** A term used to describe the socially constructed and culturally specific gender behaviors expected of males.
- **Pansexual:** A term which describes someone who has the potential for sexual attraction to people of any gender.
- **Sexual Orientation:** A person's emotional, romantic and sexual attraction to other people.
- **SOGIE:** An acronym that stands for sexual orientation, gender identity and expression.
- **TGNB:** An acronym that stands for transgender and gender non-binary.
- **Transgender:** A term used to describe people whose gender identity does not match expectations based on the sex they were assigned at birth. A transgender experience does not imply any specific sexual orientation. Therefore, trans people may be straight, gay, lesbian, bisexual, queer, etc.
- **Transgender female:** A person who was assigned male at birth but whose gender identity is female.
- **Transgender male:** A person who was assigned female at birth and whose gender identity is male.

The Glossary can be accessed from the “Help” screen by pressing (F1) in CWS/CMS while hovering over a specific field.

SOGIE Data Collection

Child welfare and probation departments routinely collect and analyze information about the minors/NMDs in their care for the purposes of creating individualized case plans, monitoring agency trends and performance, and reporting to government agencies, etc. To date, only standard demographic data fields such as gender, race, ethnicity, and age have been used for reporting purposes. Additionally, most assessments and case management systems do not require or accommodate collection of data related to minor’s/NMD’s sexual orientation, gender identity, or gender expression. However, research has established that lesbian, gay, bisexual and gender nonconforming children, confront significant external threats to their health and well-being due to societal stigma, rejection, and discrimination. Therefore, to protect against those risk factors, it is imperative to child safety, permanency and well-being, for social workers and probation officers to discuss and document sensitive demographics, such as SOGIE, with their clients.

There is no right or wrong age to ask a minor/NMD about their sexual orientation and gender identity and expression. Some lesbian, gay, bisexual, transgender, or queer or questioning (LGBTQ) people report having been aware of their sexual orientation as young as at five years old, while others were much older before they realized it. Research shows children as young as two years old may begin expressing their gender in ways that are not consistent with societal expectations based on their sex assigned at birth. There will also be instances in which a minor/NMD may not be able to understand or answer SOGIE questions due to age or developmental disability. In these instances, it is appropriate to select ‘Unable to Determine’ in the ‘Sexual Orientation’ drop-down and “Client Does Not Know” for the sub-category reason. It is important to acknowledge the private and sensitive nature of information related to sexual orientation and gender identity may make workers feel uncomfortable when having to directly ask a minor/NMD about their SOGIE. Social Workers/Probation officers (SW/PO) should engage children who are developmentally and cognitively capable of understanding and discussing gender, in an age-appropriate discussion of their preferred gender expression and the gender with which they identify. A minor/NMD’s SOGIE is not static and may change during the duration of the case. Only what the minor/NMD reports should be documented in CWS/CMS and updated as changes are reported by the minor/NMD. Subjective opinions or assumptions on the minor/NMD’s SOGIE should neither be made nor documented in CWS/CMS.

As previously stated, the sharing of SOGIE information by the minor/NMD is voluntary and the minor/NMD may decline to disclose any of their SOGIE information. There are many factors LGBTQ youth consider before disclosing

their sexual orientation and gender identity, including that they may be exposing themselves to discrimination and harassment by revealing this information to others. Labeling the minor/NMD in a manner that is inconsistent with how they see themselves may cause unnecessary harm.

In general, SWs/POs are prohibited from disclosing minor/NMD's sexual orientation and/or gender identity to other individuals or agencies, without the child or youth's permission (WIC 827). The most important message the SW/PO must convey is that, like most case information, the information shared by the minor/NMD, including their sexual orientation and gender identity, is confidential, unless the minor/NMD gives permission to disclose or otherwise authorized/required by law. The SW/PO should explain to the youth the sharing of information is essential to advancing the objectives of minor/NMDs case plan, which includes safety, and permanency and well-being. The SW/PO should inform the minor/NMD during engagement of services, and when age appropriate, of the need for their case record information to be shared with other legally authorized individuals, including but not limited to, the courts, school, medical services, agency staff, and all other legally authorized persons.

The skills and knowledge necessary to sensitively and appropriately ascertain of sexual orientation and gender identity and expression should be integrated into existing training, policies and procedures. Training and policy should also cover skills and knowledge required to further explore risks or needs if a minor/NMD states they are LGBTQ as a part of demographic data collection. When developing or updating policies and procedures, counties should consult existing resources such as "[Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on Population-Based Surveys](#)" by the Williams Institute, "[Guidelines for Managing Information Related to the Sexual Orientation & Gender Identity and Expression of Children in Child Welfare Systems](#)" by Family Builders by Adoption, or "[SOGIE Data collection](#)" by the Human Rights Campaign Foundation. Another useful resource is other California counties who have already updated their policy and procedures to be inclusive of SOGIE youth.

ADDITIONAL INFORMATION

Questions concerning the gender identity placement policy should be directed to the Placement Support Services Unit at (916) 651-9774. Counties needing additional assistance with CWS/CMS should contact their System Support Consultant at the Office of Systems Integration.

Sincerely,

Document Signed By

GREGORY E. ROSE

Deputy Director

Children and Family Services Division

Attachment

CWS/CMS SOGIE Data Entry Instructions**Client Notebook - ID page****Sex at Birth**

- The Gender field has been renamed to “Sex at Birth”.
- The value of “Intersex” has been added to the Sex at Birth drop down menu.

To select a “Sex at Birth”:

1. Click the drop-down menu under “Sex at Birth”
2. Select the sex that corresponds to the child sex at birth, as noted on their birth certificate.

The screenshot shows the 'Client Information' section of a software interface. At the top is a navigation bar with tabs: Summary, ID, Demog., Address, Names, Related Clients, ID Num, Juv. Cr. #, and Search. Below this is the 'Name and Identification' section, which includes a 'Client Information' sub-section. This sub-section contains several fields: Prefix, First, Middle, Last, Suffix, and Name Type (set to 'Legal'). Below these are 'Sex at Birth' (a dropdown menu currently showing 'Intersex'), 'Marital Status', 'SSN', and 'Client Index Number (CIN)'. The 'Sex at Birth' dropdown is open, displaying a list of options: '<None>', 'Female', 'Intersex' (which is highlighted in blue), 'Male', and 'Unknown'. To the right of the dropdown is a 'Date of Birth' or 'Age and Age Unit' section with two green input fields. Below the dropdown is an 'Alien Registration #' field. At the bottom, there is a 'Client Number' field with the value '0031-7608-0191-0001109' highlighted by a blue rectangular box.

SOGIE Data Frame

A new SOGIE data frame has been added to the Client ID page.

Summary ID Demographic Address Names Related Clients ID Num Jur. Cit. # Search

Name and Identification

Client Information

Prefix First Middle Last Suffix Name Type Legal

Sex at Birth Unknown Marital Status SSN Client Index Number (CIN)

Driver's License - State/Number Date of Birth or Age and Age Unit

Alien Registration # Client Number 0896-4791-6274-2000967

☐ Client is a Minor/NMD Parent ☐ Outstanding Warrant Exists

SOGIE Data

Sexual Orientation Unable to Determine

Reason Unable to Determine

Description

Gender Identity Did Not Ask

Description

Gender Expression Did Not Ask

Language

Primary Language

Secondary Language

Literate

☐ Yes ☐ No ☒ Unknown ☐ Not Applicable

Race/Ethnicity

Specify Race/Ethnicity

Primary Race/Ethnicity

Unable to Determine

Other Race/Ethnicity

Confidence

☐ Confident ☐ Effective

To select a “Sexual Orientation”

1. Click the drop-down menu under “Sexual Orientation”
2. Select the sexual orientation that corresponds the sexual orientation identified by the minor/NMD.

SOGIE Data

Sexual Orientation

Declines to State

<None>

Asexual

Bisexual

Gay

Lesbian

Pansexual

Straight or Heterosexual

Declines to State

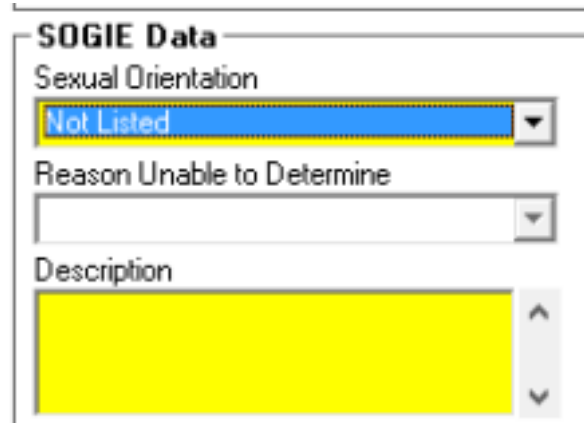
Not Listed

Unable to Determine

3. If the sexual orientation identified by the minor/NMD

is not listed in the drop down, select “Not Listed”.

- a. The Description field becomes enabled and the sexual orientation identified by the minor/NMD will be entered in the “Description” field.



The screenshot shows a form titled "SOGIE Data". It contains three fields: "Sexual Orientation" with a dropdown menu showing "Not Listed", "Reason Unable to Determine" with a dropdown menu, and "Description" with a large text area. The "Not Listed" option is highlighted in blue in the dropdown.

- b. Note: If ‘Not Listed’ is changed to another value, the user will get the following alert: *“Changing Sexual Orientation from ‘Not Listed’ will clear the previously entered data in the Description field. Do you want to proceed?”*
4. There may be instances in which sexual orientation is unable to be determined (i.e. the SW/PO did not ask because the minor/NMD is nonverbal, due to disability or age, or when asked the minor/NMD does not know). “Unable to Determine” is then selected from the drop down and the “Reason Unable to Determine” field will be enabled.
 - a. If chosen, user must choose from the following sub-options:
 - i. Did Not Ask
 - ii. Client Does Not Know

SOGIE Data

Sexual Orientation
Unable to Determine

Reason Unable to Determine
Did Not Ask

<None>
Did Not Ask
Client Does Not Know

- b. If “Unable to Determine” is changed to another value, the user will get the following alert: *“Changing Sexual Orientation from ‘Unable to Determine’ will clear the value previously set in the Reason Unable to Determine field. Do you want to proceed?”*

To select a “Gender Identity”

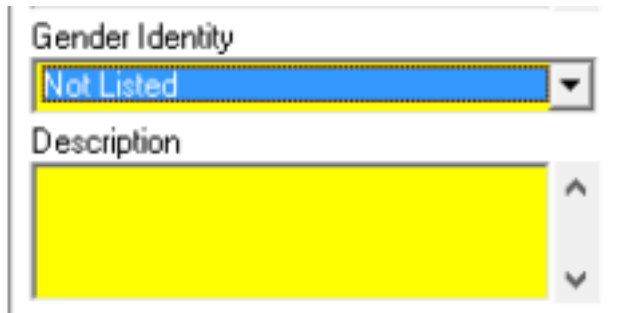
1. Click the drop-down menu under “Gender Identity”
2. Select the gender identity that corresponds the gender identity identified by the minor/NMD.

Gender Identity

Unsure

<None>
Female
Gender Queer/Gender Non-Binary
Male
Transgender Female
Transgender Male
Not Listed
Unsure
Declines to State
Did Not Ask

3. If the gender identity identified by the minor/NMD is not listed in the drop down, select “Not Listed”.
 - a. The Description field becomes enabled and the gender identity identified by the minor/NMD will be entered in the “Description” field.



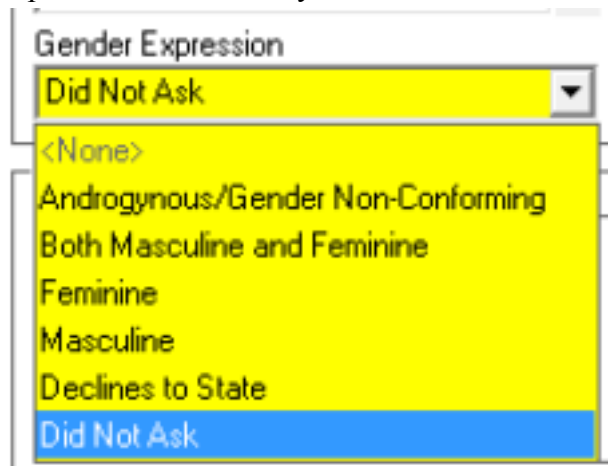
The screenshot shows a form with two sections. The first section is titled 'Gender Identity' and contains a dropdown menu with 'Not Listed' selected. The second section is titled 'Description' and contains a large, empty yellow rectangular field with up and down arrow controls on the right side.

b. If “Not Listed” is changed to another value, the user will get the following alert: “Changing Gender Identity from ‘Not Listed’ will clear the value previously Entered in the Description field. Do you want to proceed?”

4. Note: The use of “Did Not Ask” should be limited to those instances in which the minor/NMD was not asked due to disability (i.e. nonverbal) or age (i.e. too young to communicate).

To select a “Gender Expression”

1. Click the drop-down menu under “Gender Expression”
2. Select the gender expression that corresponds the gender expression identified by the minor/NMD.



The screenshot shows a form with a section titled 'Gender Expression'. A dropdown menu is open, displaying a list of options: '<None>', 'Androgynous/Gender Non-Conforming', 'Both Masculine and Feminine', 'Feminine', 'Masculine', 'Declines to State', and 'Did Not Ask'. The 'Did Not Ask' option at the bottom is highlighted in blue.

3. Note: The use of “Did Not Ask” should be limited to those instances in which the minor/NMD was not asked due to disability (i.e. nonverbal) or age (i.e. too young to communicate).

Appendix B

Web-based Survey Questionnaire

**Intro/Consent**

Welcome to this study. You'll start by viewing some questions about your role as a child welfare social worker, your feelings about transgender people, and your data entry practices related to transgender identity and expression in the CWS/CMS. This survey is estimated to take no more than **10 minutes** to complete. Volunteers selected to participate in a **follow-up interview will be compensated \$50 for their participation.**

University of California at Berkeley, Consent to Participate in Research, CPHS #

Introduction and Purpose:

My name is Ryan Karnoski. I am a graduate student in the School of Social Welfare working with Professor Jill Duerr Berrick. We would like to invite you to take part in our research study, which concerns attitudes toward transgender people and behaviors related to data entry related to transgender expression in the CWS/CMS.

Participants with experience working with transgender children in the child welfare system will be asked to share their experiences in writing or in a 30-45 minute interview. A full information sheet related to participation in this study is available here: [Information](#)

[Statement](#)

Questions

If you have any questions about this research, please feel free to contact RyanKarnoski@berkeley.edu

Consent

If you have any questions about your rights or treatment as a research participant in this study, please contact the University of California at Berkeley's Office for Protection of Human Subjects at 510-642-7461, or e-mail ophs@berkeley.edu. If you consent and agree to take part in the research, please print a copy of this consent form for your records and select the "I consent and wish to participate in this study" option below.

Do you agree to participate in this study?

- ☐ Yes
- ☐ No

Default Question Block

Which county do you work in?

What kind of child welfare social worker are you?

- ☐ Early Intervention
- ☐ Family Services
- ☐ Permanency

https://berkeley.yu11.qualtrics.com/Q/EditSection/Blocks/Ajax/GetSurveyPrintPreview?ContextSurveyID=SV_1TeWOf63HufnTw&ContextLibraryID=UR_5dlW6k... 2/8

3/1/25, 8:40 PM

Qualtrics Survey Software

- ☐ Other (please describe)

Do you identify as a transgender person?

- ☐ Yes
- ☐ No

Do you consider yourself to be an ally to the transgender community?

- ☐ Yes
- ☐ No

On a scale of 1-7, how much do you agree with the following statement?

Qualtrics survey software

7

11

11

SOGIE refers to Sexual Orientation and Gender Identity and Expression. Are you **aware of the policy change** that

https://berkeley.yu1.qualtrics.com/Q/EditSection/Blocks/Ajax/GetSurveyPrintPreview?ContextSurveyID=SV_1TeWOf63HufnTw&ContextLibraryID=UR_5dlW6k... 4/8

3/1/25, 8:40 PM

Qualtrics Survey Software

requires SOGIE information to be entered into the CMS/CWS?

- ☐ Yes
☐ No

Were you **trained** on how to use the SOGIE data entry fields?

- ☐ Yes
☐ No

Do you **remember** to enter data into the SOGIE fields?

- ☐ Yes
☐ No

Is entering data about transgender identity part of your **typical workflow**?

- ☐ Yes
☐ No

Do you consider yourself to be **too busy** to enter information about transgender identity and gender expression?

- ☐ Yes
- ☐ No

How often do you enter information about **gender identity** of children **ages 3-12** into the CWS/CMS?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Usually
- ☐ Always

How often do you enter information about **gender identity** of children **aged 13 and older** into the CWS/CMS?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Usually
- ☐ Always

How often do you enter information about **gender expression** of children **ages 3-12** into the CWS/CMS?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Usually
- ☐ Always

How often do you enter information about **gender expression** of children **aged 13 and older** into the CWS/CMS?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Usually
- ☐ Always

Do you have experience working with transgender youth in the child welfare system and are willing to participate in a 30-45 minute follow-up interview?

Note: Volunteers who are selected to participate in an interview will receive **\$50** as compensation.

- ☐ Yes
☐ No

Please type your email address and phone number below if you are willing to participate in a 30 minute follow-up interview. Example: example@gmail.com, 555-555-5555

Is there anything related to SOGIE data collection in the CWS/CMS or transgender children in child welfare that you would like to share?

Appendix C

TGY In CWS Interview Questionnaire

Note: Prior to the start of the interview, notify participants **that they may turn off their camera at any time if they feel uncomfortable, or stop the interview.**

Participant Pseudonym:

Date:

1. Please describe your experience working with transgender youth in the child welfare system:
2. What is your current role?
3. Have you held any past roles relevant to this work? (if applicable)
4. How long have you worked with transgender youth in the child welfare system?
5. Based on your experience, what factors contribute to the overrepresentation of transgender youth in foster care? Are these factors different or the same as the factors that contribute to non-transgender youth?
 1. Are there intersecting factors such as race, disability, immigration status, or socioeconomic background that shape this overrepresentation?
 2. What have you observed that supports your perspective?
6. Do social workers face unique barriers to securing placements for transgender youth compared to cisgender youth?
 1. Can you provide examples from your experience?
7. Do transgender youth face unique challenges related to family reunification compared to cisgender youth?
 1. What examples from your experience illustrate this?
8. What do you perceive to be the biggest obstacles faced by transgender youth in the child welfare system?
9. What needs do transgender foster youth have that differ from those of cisgender youth (e.g., services, social support, healthcare)?
 1. Can you provide examples from your experience?
10. Can you share examples of actions you have taken to support transgender youth in your care that were unique to their transgender identity?
11. Are there any services or supports in your jurisdiction that have been particularly effective in meeting the needs of transgender youth?

Questions related to **Kinship Care**:

1. What challenges, if any, do social workers face when considering placement options for transgender youth? Tell me about your experiences identifying appropriate kinship placements, if that's relevant. (For example, do you find it's easier or more difficult to identify appropriate kin for transgender youth, or are the issues generally the same as for non-transgender youth)?

- a. If you have not previously identified appropriate kin, can you speak to your experience using fictive kin for transgender youth?
2. Do social workers do anything to assess the readiness of caregivers to support the unique needs of transgender youth?
3. Are there any special considerations when placing transgender children with relative caregivers?
4. Have you had any experiences with disaffirming kinship care placements (i.e., kin who did not affirm the youth's gender identity)? Can you say more about the impact on the transgender youth or whether any steps were taken to address the situation?

Appendix D

Codebook for Qualitative Analysis

Parent Code	Emergent Codes
TY Service Needs	HRT/Gender-affirming care Trans-identified provider Mental health care
Disproportionality (or not)	Overrepresentation observed Small number of cases
Entry related to trans ID	Entry unrelated to trans ID Screened out/Non-FC High # of referrals
Trans Youth Difficulties	Under age 12 General lack of support Adolescent-related behavior issues Substance abuse Severe mental health issues Intersectional challenges Transphobic bias against youth Runaway/homeless/AWOL CSEC Maltreatment from parents Other maltreatment Rejection due to religion Emotional abuse Disaffirming behaviors Parental abandonment Not picking up 5150 hold
SW's Beliefs about Trans Identity	Trans because of trauma
Placement Challenges	Denial of placement because trans MtF harder to place Lack of available homes Out-of-county placement
Permanency/Placement	Non-reunification Positive reunification NREFM/coach/teacher Kinship care

SWer's Affirming Behaviors

Compassion for trans youth
Connecting to support services
Gender expression affirmation
Using correct name
Using correct pronouns

SWer's hopes for future

Trainings for foster parents
Research on how to support

Note. The codebook included 8 parent codes and 40 emergent codes, for a total of 48 unique codes used in qualitative analysis.

Appendix E

```

*****Regression Models STATA Dofile*****

clear all

import delimited "filepath", varnames(1)

***** Generate outcomes - identity and expression- more than
rarely

generate y_younger = .

replace y_younger = 1 if q15=="Sometimes" | q15=="Usually" |
q15=="Always" | q17=="Sometimes" | q17=="Usually" | q17=="Always"

replace y_younger = 0 if (q15=="Never" | q15=="Rarely" |
missing(q15)) & (q17=="Never" | q17=="Rarely" | missing(q17)) &
(!missing(q15) | !missing(q17))

generate y_older = .

replace y_older = 1 if q16=="Sometimes" | q16=="Usually" |
q16=="Always" | q18=="Sometimes" | q18=="Usually" | q18=="Always"

replace y_older = 0 if (q16=="Never" | q16=="Rarely" |
missing(q16)) & (q18=="Never" | q18=="Rarely" | missing(q18)) &
(!missing(q16) | !missing(q18))

generate y_all = .

replace y_all = 1 if q15=="Sometimes" | q15=="Usually" |
q15=="Always" | q17=="Sometimes" | q17=="Usually" | q17=="Always" |
q16=="Sometimes" | q16=="Usually" | q16=="Always" |
q18=="Sometimes" | q18=="Usually" | q18=="Always"

replace y_all = 0 if (q15=="Never" | q15=="Rarely" | missing(q15))
& (q17=="Never" | q17=="Rarely" | missing(q17)) & (!missing(q15) |
!missing(q17) | q16=="Never" | q16=="Rarely" | missing(q16)) &
(q18=="Never" | q18=="Rarely" | missing(q18)) & (!missing(q16) |
!missing(q18))

***** Generate outcomes - ever do it - ID & Exp

generate y_youngerever = .

replace y_youngerever = 1 if q15=="Rarely" | q15=="Sometimes" |
q15=="Usually" | q15=="Always" | q17=="Rarely" | q17=="Sometimes" |
q17=="Usually" | q17=="Always"

replace y_youngerever = 0 if (q15=="Never" | missing(q15)) &

```

```

(q17=="Never" | missing(q17)) & (!missing(q15) | !missing(q17))

generate y_olderever = .

replace y_olderever = 1 if q16=="Rarely" | q16=="Sometimes" |
q16=="Usually" | q16=="Always" | q18=="Rarely" | q18=="Sometimes" |
q18=="Usually" | q18=="Always"

replace y_olderever = 0 if (q16=="Never" | missing(q16)) &
(q18=="Never" | missing(q18)) & (!missing(q16) | !missing(q18))

***** Generate outcomes - just ID

generate y_youngID = .

replace y_youngID = 1 if q15=="Sometimes" | q15=="Usually" |
q15=="Always"

replace y_youngID = 0 if (q15=="Never" | q15=="Rarely"
|missing(q15)) & (!missing(q15))

generate y_olderID = .

replace y_olderID = 1 if q16=="Sometimes" | q16=="Usually" |
q16=="Always"

replace y_olderID = 0 if (q16=="Never" | q16=="Rarely"
|missing(q16)) & (!missing(q16))

***** Generate outcomes - just Exp

generate y_youngExp = .

replace y_youngExp = 1 if q17=="Sometimes" | q17=="Usually" |
q17=="Always"

replace y_youngExp = 0 if (q17=="Never" | q17=="Rarely"
|missing(q17)) & (!missing(q17))

generate y_olderExp = .

replace y_olderExp = 1 if q18=="Sometimes" | q18=="Usually" |
q18=="Always"

replace y_olderExp = 0 if (q18=="Never" | q18=="Rarely"
|missing(q18)) & (!missing(q18))

* Drop rows where outcomes are still missing

```

```
drop if missing(y_younger) & missing(y_older) & missing(y_all) &
missing(y_youngerever) & missing(y_olderever) & missing(y_youngID)
& missing(y_olderID) & missing(y_youngExp) & missing(y_olderExp)
```

```
tab y_younger, missing
```

```
tab y_older, missing
```

```
tab y_all, missing
```

```
* Destring Counties
```

```
encode q1, gen(county_cat)
```

```
tab county_cat
```

```
label variable county_cat "County (categorical)"
```

```
label values county_cat county_lbl
```

```
* Destring Race
```

```
encode q3, gen(race_cat)
```

```
tab race_cat
```

```
label variable race_cat "Race (categorical)"
```

```
label values race_cat race_lbl
```

```
*Destring Tenure
```

```
encode q4, gen(tenure_cat)
```

```
tab tenure_cat
```

```
label variable tenure_cat "Tenure (categorical)"
```

```
label values tenure_cat tenure_lbl
```

```
* Destring Type of worker
```

```
encode q5, gen(workertype_cat)
```

```
tab workertype_cat
```

```
label variable workertype_cat "Worker Type (categorical)"
```

```
label values workertype_cat workertype_lbl

* Destring Gender Identity

encode q6, gen(gender_cat)

tab gender_cat

label variable gender_cat "Gender Identity (categorical)"

label values gender_cat gender_lbl

* Destring transgender

encode q7, gen(transgender_cat)

tab transgender_cat

label variable transgender_cat "Is Transgender (categorical)"

label values transgender_cat transgender_lbl

* Destring Ally

encode q8, gen(ally_cat)

tab ally_cat

label variable ally_cat "Is Ally (categorical)"

label values ally_cat ally_lbl

* Destring Policy Aware

encode q10, gen(aware_cat)

tab aware_cat

label variable aware_cat "Policy Aware (categorical)"

label values aware_cat aware_lbl

* Destring Policy Trained

encode q11, gen(trained_cat)

tab trained_cat

label variable trained_cat "Trained (categorical)"
```

```
label values trained_cat trained_lbl

* Destring Remember

encode q12, gen(remember_cat)

tab remember_cat

label variable remember_cat "Remembers (categorical)"

label values remember_cat remember_lbl

* Destring Workflow

encode q13, gen(workflow_cat)

tab workflow_cat

label variable workflow_cat "Part of Workflow (categorical)"

label values workflow_cat workflow_lbl

* Destring Too Busy

encode q14, gen(busy_cat)

tab busy_cat

label variable busy_cat "Too Busy (categorical)"

label values busy_cat busy_lbl


* Create mean score for transneg items

egen transneg_mean = rowmean(q9_1 q9_2 q9_3)

* Label variable for clarity

label variable transneg_mean "Mean score of transnegativity scale
(q9_1-q9_3)"

* Inspect distribution

summarize transneg_mean

*rename

rename q2 age
```

```

*****

describe

**S-curve graph**

logit y_olderID transneg_mean

margins, at(transneg_mean=(0(0.1)7))

marginsplot

*****

* Group counties to Top-3 vs Other (avoids sparse cells)

preserve

contract q1

gsort -_freq

list in 1/3, noobs

restore

* Fill these three locals with the Top-3 you just saw above:

local c1 "Sonoma"

local c2 "Sacramento"

local c3 "Contra Costa"

gen county3 = q1

replace county3 = "Other" if county3 != "`c1'" & county3 != "`c2'"
& county3 != "`c3'"

label var county3 "County (Top-3 vs Other)"

* ----- age: <30 vs >=30 -----

generate age2 = ""

replace age2 = "<30" if age < 30 & !missing(age)

replace age2 = ">=30" if age >= 30 & !missing(age)

replace age2 = "Missing" if missing(age)

```

```

label var age2 "age group (<30 vs >=30)"

encode age2, gen(age2_e)

label variable age2_e "age group (<30 vs >=30)"

* ----- tenure: <5 years vs >=5 years -----

capture destring q4, gen(tenure_yrs) force

generate tenure5 = ""

replace tenure5 = "<5 years"      if tenure_yrs < 5 &
!missing(tenure_yrs)

replace tenure5 = ">=5 years"     if tenure_yrs >= 5 &
!missing(tenure_yrs)

replace tenure5 = "Missing"      if tenure5==" "

label variable tenure5 "tenure (<5 vs >=5 years)"

encode tenure5, gen(tenure5_e)

label variable tenure5_e "tenure (<5 vs >=5 years)"

* ----- type of social worker -----

label variable q5 "type of social worker (role/unit)"

encode q5, gen(q5_e)

label variable q5_e "type of social worker (role/unit)"

* Encode predictors (focused set)

*County*

encode county3, gen(q1_e)

label variable q1_e "County (Top-3 vs Other)"

*Gender*

encode q6, gen(q6_e)

label variable q6_e "Gender"

*Workflow norm*

```

```

encode q13, gen(q13_e)

label variable q13_e "Workflow norm"

*Busyness*

encode q14, gen(q14_e)

label variable q14_e "Busyness"

* ----- run models (younger & older) -----

logistic y_younger i.q1_e i.age2_e i.tenure5_e i.q5_e i.q6_e
i.q13_e i.q14_e, vce(robust)

est store young

logistic y_older i.q1_e i.age2_e i.tenure5_e i.q5_e i.q6_e i.q13_e
i.q14_e, vce(robust)

est store old

=====

*****Preliminary analysis*****

clear all

import delimited "/Users/ryankarnoski/Downloads/Dataset 10-20-25 -
Sheet1.csv", varnames(1) stringcols(_all)

describe

label variable q1 "County"

tab q1

destring q2, replace

label variable q2 "Age"

rename q2 age

summarize age

histogram age, frequency

label variable q3 "Race"

tab q3

```

```
label variable q4 "Time in role"
```

```
tab q4
```

```
label variable q6 "Gender identity"
```

```
tab q6
```

```
label variable q5 "Social worker role"
```

```
tab q5
```

```
label variable q7 "Is transgender"
```

```
tab q7
```

```
label variable q8 "Ally to transgender community"
```

```
tab q8
```

```
label variable q9_1 "Something wrong with a person who says they  
are neither a man or a woman"
```

```
tab q9_1
```

```
label variable q9_2 "I believe that a person can never change their  
gender"
```

```
tab q9_2
```

```
label variable q9_3 "A person's genitalia define what gender they  
are"
```

```
tab q9_3
```

```
label variable q10 "Aware of the policy change that requires SOGIE  
information to be entered"
```

```
tab q10
```

```
label variable q11 "Trained on how to use the SOGIE data entry  
fields"
```

```
tab q11
```

```
*generate ordinal variables*
```

```
* Generate a new numeric ordinal variable q12*
```

```
gen q12_ord = .

replace q12_ord = 1 if q12 == "Never"

replace q12_ord = 2 if q12 == "Rarely"

replace q12_ord = 3 if q12 == "Sometimes"

replace q12_ord = 4 if q12 == "Usually"

replace q12_ord = 5 if q12 == "Always"

* Attach value labels

label define q12_lbl 1 "Never" 2 "Rarely" 3 "Sometimes" 4 "Usually"
5 "Always"

label values q12_ord q12_lbl

label variable q12_ord "How often do you remember to enter data
into the SOGIE fields?"

tab q12_ord

* Generate a new numeric ordinal variable q13*

gen q13_ord = .

replace q13_ord = 1 if q13 == "Never"

replace q13_ord = 2 if q13 == "Rarely"

replace q13_ord = 3 if q13 == "Sometimes"

replace q13_ord = 4 if q13 == "Usually"

replace q13_ord = 5 if q13 == "Always"

* Attach value labels

label define q13_lbl 1 "Never" 2 "Rarely" 3 "Sometimes" 4 "Usually"
5 "Always"

label values q13_ord q13_lbl

label variable q13_ord "Is entering data about transgender identity
part of your typical workflow?"

* Generate a new numeric ordinal variable q14*
```

```
gen q14_ord = .

replace q14_ord = 1 if q14 == "Never"

replace q14_ord = 2 if q14 == "Rarely"

replace q14_ord = 3 if q14 == "Sometimes"

replace q14_ord = 4 if q14 == "Usually"

replace q14_ord = 5 if q14 == "Always"

* Define and attach value labels

label define q14_lbl 1 "Never" 2 "Rarely" 3 "Sometimes" 4 "Usually"
5 "Always"

label values q14_ord q14_lbl

label variable q14_ord "Are you too busy to enter information about
transgender identity and expression?"

* Generate a new numeric ordinal variable q15*

gen q15_ord = .

replace q15_ord = 1 if q15 == "Never"

replace q15_ord = 2 if q15 == "Rarely"

replace q15_ord = 3 if q15 == "Sometimes"

replace q15_ord = 4 if q15 == "Usually"

replace q15_ord = 5 if q15 == "Always"

* Define and attach value labels

label define q15_lbl 1 "Never" 2 "Rarely" 3 "Sometimes" 4 "Usually"
5 "Always"

label values q15_ord q15_lbl

label variable q15_ord "Enter information about gender identity of
children ages 3-12"

* Generate a new numeric ordinal variable q16*
```

```
gen q16_ord = .

replace q16_ord = 1 if q16 == "Never"

replace q16_ord = 2 if q16 == "Rarely"

replace q16_ord = 3 if q16 == "Sometimes"

replace q16_ord = 4 if q16 == "Usually"

replace q16_ord = 5 if q16 == "Always"


* Define and attach value labels

label define q16_lbl 1 "Never" 2 "Rarely" 3 "Sometimes" 4 "Usually"
5 "Always"

label values q16_ord q16_lbl

label variable q16_ord "Enter information about gender identity of
children 13+"


* Generate a new numeric ordinal variable q17*

gen q17_ord = .

replace q17_ord = 1 if q17 == "Never"

replace q17_ord = 2 if q17 == "Rarely"

replace q17_ord = 3 if q17 == "Sometimes"

replace q17_ord = 4 if q17 == "Usually"

replace q17_ord = 5 if q17 == "Always"


* Define and attach value labels

label define q17_lbl 1 "Never" 2 "Rarely" 3 "Sometimes" 4 "Usually"
5 "Always"

label values q17_ord q17_lbl

label variable q17_ord "Enters information about gender expression
of children ages 3-12"


* Generate a new numeric ordinal variable for q18
```

```
gen q18_ord = .

replace q18_ord = 1 if q18 == "Never"

replace q18_ord = 2 if q18 == "Rarely"

replace q18_ord = 3 if q18 == "Sometimes"

replace q18_ord = 4 if q18 == "Usually"

replace q18_ord = 5 if q18 == "Always"


* Define and attach value labels

label define q18_lbl 1 "Never" 2 "Rarely" 3 "Sometimes" 4 "Usually"
5 "Always"

label values q18_ord q18_lbl


label variable q18_ord "Enters information about gender expression
of children ages 13+"


*Generate bar graphs*


* Build a frequency table for Q15

keep q15_ord q16_ord

quietly keep if !missing(q15_ord) | !missing(q16_ord)

preserve

    keep q15_ord

    drop if missing(q15_ord)

    contract q15_ord

    gen item = "Q15"

    rename q15_ord response

    tempfile q15

    save `q15'
```

```
restore

* Build a frequency table for Q15 and Q16

preserve

    keep q16_ord

    drop if missing(q16_ord)

    contract q16_ord

    gen item = "Q16"

    rename q16_ord response

    tempfile q16

    save `q16'

restore

* Combine the two frequency tables

use `q15', clear

append using `q16'

* Percent within each item (Q15 or Q16)

bysort item: egen percent = pc(_freq)

* If your response categories use a shared label like
q15_lbl/q16_lbl, attach it:

capture confirm value label q15_lbl

if _rc==0 {

    label values response q15_lbl

}

* Nudge x positions so bars are side-by-side

gen resp_q15 = response - 0.20 if item=="Q15"

gen resp_q16 = response + 0.20 if item=="Q16"
```

```

* Draw dodged percent bars (Q15 = orange, Q16 = blue)

twoway (bar percent resp_q15 if item=="Q15", base(0) barw(0.4)
color(orange)) (bar percent resp_q16 if item=="Q16", base(0)
barw(0.4) color(blue)), ytitle(Percent) ylabel(0(10)100, angle(0)
format(%2.0f) grid) xtitle(Response) xlabel(1(1)5, valuelabel)
legend(order(1 "Q15" 2 "Q16")) title("Q15 vs Q16: Response
Distribution (Percent)")

***regression models***

***** Generate outcomes

generate y_younger = .

replace y_younger = 1 if q15=="Sometimes" | q15=="Usually" |
q15=="Always" | q17=="Sometimes" | q17=="Usually" | q17=="Always"

replace y_younger = 0 if (q15=="Never" | q15=="Rarely" |
missing(q15)) & (q17=="Never" | q17=="Rarely" | missing(q17)) &
(!missing(q15) | !missing(q17))

generate y_older = .

replace y_older = 1 if q16=="Sometimes" | q16=="Usually" |
q16=="Always" | q18=="Sometimes" | q18=="Usually" | q18=="Always"

replace y_older = 0 if (q16=="Never" | q16=="Rarely" |
missing(q16)) & (q18=="Never" | q18=="Rarely" | missing(q18)) &
(!missing(q16) | !missing(q18))

* Drop rows where outcomes are still missing

drop if missing(y_younger) & missing(y_older)

* (Optional: check)

tab y_younger, missing

tab y_older, missing

```

Appendix F
IRB Approval CPHS #: 2025-02-18321



Committee for Protection of Human Subjects (CPHS)
Office for Protection of Human Subjects (OPHS)

1608 Fourth Street, Suite 220
Berkeley, CA 94710-5940
510 642-7461
ophs@berkeley.edu
cphs.berkeley.edu
FWA# 00006252



NOTICE OF APPROVAL FOR HUMAN RESEARCH

DATE: November 04, 2025
TO: Jill Berrick
Ryan Karnoski, Sch of Social Welfare, Chloe Shaver, Ctr for Ed
EquityandExcellence
CPHS PROTOCOL NUMBER: 2025-02-18321
CPHS PROTOCOL TITLE: Transgender Children in the California Child Welfare System
FUNDING SOURCE(S): Funding Type: Campus Funding

A(n) *amendment* application was submitted for the above-referenced protocol. The Committee for Protection of Human Subjects (CPHS) has reviewed and approved the application on an expedited basis, under Category 6, 7 of the federal regulations.

Effective Date: November 04, 2025

Expiration Date: April 21, 2035

Continuation/Renewal: Applications for continuation review should be submitted no later than 6 weeks prior to the expiration date of the current approval. *Note: It is the responsibility of the Principal Investigator to submit for renewed approval in a timely manner. If approval expires, all research activity (including data analysis) must cease until re-approval from CPHS has been received.* See [Renew \(Continue\) an Approved Protocol](#).

Amendments/Modifications: Any change in the design, conduct, or key personnel of this research must be approved by the CPHS **prior** to implementation. For more information, see [Amend/Modify an Approved Protocol](#).

For protocols that have been granted approval for more than one year: Certain modifications that increase the level of risk or add FDA oversight may require a continuing review application to be submitted and approved in order for the protocol to continue. If one or more of these changes occur, a Continuing Review application must be submitted and approved in order for the protocol to continue.

Unanticipated Problems and Adverse Events: If any study subject experiences an unanticipated problem involving risks to subjects or others, and/or a serious adverse event, the CPHS must be informed *promptly*. For more information on definitions and reporting requirements related to this topic, see [Adverse Event and Unanticipated Problem Reporting](#).

This approval is issued under University of California, Berkeley Federalwide Assurance #00006252.

If you have any questions about this matter, please contact the OPHS staff at 642-7461 or email ophs@berkeley.edu.

Sincerely,

Committee for Protection of Human Subjects (CPHS)

UC Berkeley