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ACCESSIBILITY OF SERVICES FOR TRANSGENDER ADOLESCENTS FROM A CHILD WELFARE PERSPECTIVE

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ACCESSIBILITY OF SERVICES FOR TRANSGENDER ADOLESCENTS FROM
A CHILD WELFARE PERSPECTIVE

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Eduardo Cedeno

May 2024

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ABSTRACT

The following is a quantitative study with an explorative element conducted at Southern California University with a convenience sample of 23 social worker participants with experience in child welfare. A Qualtrics questionnaire was administered during the Fall 2023 semester and was used to assess the social workers perception, preparedness, and knowledge in providing services to transgender youth in foster care. The study aimed to gain an understanding of the overall perception of the effect in available transgender resources and training within the child welfare system.

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CHAPTER ONE

PROBLEM FORMULATION

Description of the Problem

The transgender population has endured hardship in many facets of life. A lack of social acceptance, lack of access to adequate health care, and violence are regular occurrences in this population. With the recent political and social climate, transgender identified persons are now at risk of losing access to much needed gender affirming care and supportive services. In the child welfare dependency system, there is a growing need for accessible services to address these issues. Research into various countries, including within the United States, indicate that LGBTQ youth are overrepresented in the child welfare system when compared to heterosexual minors (Mallon & Woronoff, 2006; McCormick et al., 2016; Wilson et al., 2014). LGBTQ youth report higher levels of mental health issues and express less satisfaction with the child welfare system (Dettlaff et al., 2018). Children in dependency care are already a vulnerable population, and it is important to ensure social workers in the child welfare system provide adequate services; however, that is impossible if the agency is not equipped to do so. Vital services such as medical care, mental health, community support, and overall acceptance are imperative to ensure overall safety and needs are being met for this population. Is the child welfare system equipped to adequately service this population? Consideration of the experience and efficacy of child welfare staff also plays a part within the interactions between systems and the

adequacy of services rendered to the transgender population. As awareness grows and the need for services increases, necessary skills and access to services will be required to address the needs of foster children who identify as transgender. Social workers need to be equipped to address these needs for a growing and vulnerable population.

Legislation around the United States has targeted the rights and blocked services for this population. The National Association of Social Workers in Texas released a statement in 2022 affirming transgender rights in Texas after a law was passed to weaponize transgender youth and label their identity as child abuse (NASW, 2022). The law indicates that youth identified as transgender are to be outed to their parents, and mandated reporters must report any gender-affirming care or supportive services as child abuse to local social service agencies. Other states, such as Tennessee, have introduced similar policies.

Transgender youth are at an elevated risk for mental health concerns such as depression, anxiety, and suicidality (Leclerc et al., 2015). The negative stigma produced from by the current social and political climate has created a hostile atmosphere for transgender people. Given the already vulnerable nature of transgender individuals, especially as they contemplate transitioning, often in adolescence, these youth can be exposed to emotional and mentally exhausting events in development. Transgender people have disparately negative mental health outcomes compared to other populations (Leclerc et al., 2015). Specialized mental health care continues to be developed to address the needs

for this population; however, states such as Texas have a focus on stigmatization rather than support for this impacted community. This population is often rejected by their families, communities, and are often victims of violence.

Transgender adolescents in the foster care system are a particularly vulnerable population with whom social workers work directly. Given systematic discrimination that transgender people often face at individual, community, and state levels, it is important to gain an understanding of child welfare services and whether these agencies are adept in providing services for this population. What is the perspective of child welfare staff as it relates to agency biases in providing adequate services for transgender adolescents? Already plagued with the discriminations described above, these youth are especially vulnerable. In providing effective treatment and care to these adolescents, it is imperative to understand how effective services are in a child welfare setting where this population is likely to be at their most vulnerable. The staff that provide direct services to this community, the child welfare workers, can provide insight as to the services provided in all levels. These findings can demonstrate services are adequate and appropriate for transgender adolescents in child welfare. Understanding the insights of social workers on the frontlines can provide a better understanding of services and needs for this population and provide positive meaningful change for this population.

CHAPTER TWO

LITERATURE REVIEW

Adequate Services for Transgender Youth in Foster Care

There is a disproportionate population of foster youth who identify as LGBTQ or transgender, while youth formerly in the foster care system report experience higher levels of sexual victimization and unintended pregnancies compared with non-sexual minority peers (Brandon-Friedman et al., 2020). Structural oppressions are instilled within institutional policies due to systemic inadequacies of services. This can be attributed to interpersonal workforce interactions, or lack of adequate gender affirming services provided, and a negative political/social perception on the needs of the transgender population.

Gender Affirming Acceptance and Disparity

Transgender youth are often shown as having prevalence for suicidality, with higher levels of discrimination in foster care and shelters (Ream & Forge, 2014). Institutionalized barriers for transgendered youth in foster care perpetuate higher levels of homelessness, accounting for 40% of homeless youth (Ream & Forge, 2014). Per Ream and Forge (2014), transgender youth are often forced to leave familial homes and are left homeless as there is a prevalence of caregiver distaste for gender-atypical self-expression as a possible reaction. More youth in foster care, including unstable housing, identified as LGTBQ when compared to youth in a nationally represented sample, at a rate of 30% compared to 11%

(Baams et al., 2019). The system set in place to provide support and services for transgendered youth often sets them up for failure and perpetuates vulnerability for the population.

Institutional settings instill systematic practices of homophobia and transphobia as obstacles exist in providing effective services to transgender youth in child welfare (Mountz, 2011). The correlational use of non-gender conformity to social deviance instills hostility within supportive systems such as child welfare that continues to disrupt much needed services for this population. A lack of sensitivity in the child welfare system has created a stigma that can lead to safety issues, such as risk to suicidality and social aggression (Mountz, 2011). Placements are often unequipped to provide the support needed for these sensitive populations. The stigma often leads to foster home replacements, instilling instability that increases chances for homelessness (Mountz, 2011).

Healthcare and Recognizability

Transgender adolescents are often socially marginalized due to the lack of recognizability (Agardh et al., 2017). This marginalization often leads to discrimination within this group. Victimization of violence and the rejection of identity which has direct adverse medical and psychological outcomes such as higher rates of depression and anxiety leading to prevalence of other maladaptive affects within the community such as substance use (Agardh et al., 2017). Policies introduced regarding the care of transgender individuals in the United States have been passed without empirical evidence, and without the

inclusion of medical experts (Iwamoto et al., 2020). Healthcare nondiscrimination rules based on gender identity have been rolled back over recent years, with revisions of the Affordable Care Act eliminating protections (Iwamoto et al., 2020). Restricting gender affirming health care and the increasing politicization perpetuates discrimination.

Sociocultural Factors and Needs

Major needs that emerge for transgender youth include an understanding of sociocultural and psychological factors that affect this community (Wood et al., 2010). Through qualitative study, Woods et al found that themes such as group membership, transitioning, mental health, sense of community, and appropriate resource implementation are needed for this population to thrive (Wood et al., 2010). The study conducted by Woods et al also found that transgender youth of color have higher rates of experiencing these issues compared to their white counterparts (Wood et al., 2010). There is a recognition for the need for affirming services for transgender youth and prevention of maladaptive experiences (Shelton, 2015). Due to fear of social rejection and discrimination from peers, there is a major challenge to support implementation which perpetuates ongoing issues.

Given the qualitative statements through interviews conducted, it was found that there is a massive need for appropriate service implementation for this population to ensure stability the mental health of the population and prevent maladaptive coping mechanisms (Woo et al., 2010 & Shelton, 2015). There is

limited research available about the perspective of the child welfare worker. However, there is plenty of research on the needs and obstacles this population endures. There are clear structural barriers that perpetuate systemic issues that can cause homelessness and other mental health issues. There is a serious need for supportive services, especially with trauma exposed youth that experience abuse or neglect. The circumstances that led to the child welfare agency's involvement usually exacerbate the already existing issues for this population. Given there is data that indicates systematic inadequacies, this can also be assumed in the child welfare system which fosters barriers that lead to increased maladaptive outcomes. Potential barriers exist as there is a clear gap in existing research on the issues of transgender foster youth.

Theories Guiding Conceptualization

The conceptualization of the ideas in this study utilizes two theories: Trauma Informed Care and Generalist Social Work Practice. The concept of trauma informed care arose from the increased awareness of the effects of childhood trauma (Berliner & Kolko, 2016). Childhood experiences of transgender youth often include their own set of traumas that are unique to that population. Victimization, trauma, and adversities are common in this population, and without appropriate services the burden of adversity would likely increase. Providing appropriate services with a trauma focused lens would adequately ensure that the needs are met. Transgender youth experience more trauma at a disproportionate rate due to social stigmas and social alienation, which causes

an overrepresentation in unstable housing in the child welfare system (Baams et al., 2019). Transgender youth in foster placement have a lack in supportive relationships, which results in lower educational standards, higher risk of homelessness, and financial instability. In Los Angeles County, LGBTQ youth are represented in foster care twice the national average when compared to the population (Baams et al., 2019).

This makes the population more vulnerable to traumas in their childhood, especially in circumstances that involve child welfare agencies. Transgender youth endure adversities and victimization that are unique to their population, and trauma informed care can prevent maladaptive circumstances and ensure they are supported and provided for in their specialized needs (Price et al., 2021). The challenge to instill Trauma Informed Care in institutions is the awareness of the overall hardships and systemic barriers that is needed to overcome and improve the lives of this population (Berliner & Kolko, 2016). Part of a trauma informed lens in providing services or care relies on the increased awareness of the general needs and knowledge of the hardships of the population being serviced. Having trauma informed lens, or lack thereof, can provide insight as to the inadequacies of the institutions providing support in these communities.

Generalist Practice theory in social work is described as its most basic approach to service delivery and presents a model that involves a way to view practice (Schatz et al., 1990). Generalist Practice Model is instilled into the fabric of social work, and since its development has been the expectation of

responsibility of the social worker throughout many disciplines. The theories attached to the generalist practice model explain that the service provider must be generally knowledgeable of the intricacies and navigate through the differing systems to provide appropriate services (Schatz et al., 1990).

Transgender youth in child welfare have various needs in different spectrums in the various systems. Needs such as medical services, mental health services, placement, and various other supportive services to provide a minimum level of care (McCann & Sharek, 2016). To minimize trauma and instill confidence in these communities, the child welfare agencies must be equipped to hand the specialized systems when compared to the needs of non-transgender youth in dependent care. This study aims to evaluate and assess the generalist practices of the child welfare agencies, along with assessments of training provided to its staff from the lens of the social worker.

CHAPTER THREE

METHODS

Introduction

The goal of this study is to ascertain the adequacy of services provided to dependent transgender identified youth within the child welfare system, and additionally attempt to identify any biases within the child welfare system from the perspective of child welfare staff. This chapter will contain details on how the study will be implemented. The implementation will include the study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of the study is to identify the reliability and effectiveness of services provided to transgender identified youth in dependent care within a Southern California county child welfare agency. The study also aims to identify any perceived biases within service providers. Given that there is limited area of research conducted on this topic, this is considered exploratory research. This research will be taken from the viewpoints of social workers providing direct services to this population, their professional experiences and impressions would be paramount in providing the necessary data in relation to the research question. Quantitative measures will be taken to ensure the information collected can be measured and provide direct interpretation of the data provided. This will

be utilized using surveys completed by child welfare staff in Southern California, where the data will be stored as it is gathered from the participants.

The benefits in utilizing an exploratory, quantitative approach with surveys is that the participants can provide information from their own experiences in a quantifiable manner. There can be minimal misinterpretation of the data provided, and the social worker perspective is still preserved while ensuring the necessary data is provided. There are minimal barriers in data interpretation as much of the relevant data provided is quantified in numerical values, and specific data analysis testing can be completed to find significant values based on the data provided. Although unique perspectives from social workers will not be provided, it can allow participants to address their experiences and insights via questionnaire format, while preserving the integrity of the research purpose. Participants will provide insight through their documented experiences and will have the ability to express their beliefs through specifically tailored questions that will address the problems this research will attempt to expand and explain. The anonymity of surveys can reinforce more truthful answers and provide a more valid result within the data.

Limitations can occur by utilizing a quantitative approach to this study. There is no detailed input of the experiences of the participants. The only information gathered will be tailored responses of specific data points provided within the survey. There is no part in the instrument where the participants can include more information on their perceptions or explanations regarding the

themes that are asked for in the survey. This may make the participant answer questions that make them uncomfortable to answer without further explanation.

The study seeks to answer the following questions regarding transgendered identified youth in dependent care: What are the barriers to providing effective care to this population? Are there adequate services implemented? Is there a bias in providing services to this population?

Sampling

This study will utilize a purposive sample of child welfare/social work staff providing services in a Southern California county child welfare agency. The staff who will be identified within the sample are child welfare employees within a Southern California county child welfare agency utilizing a convenience sampling method and a snowball sampling method will be used as participants will be asked to forward it to other social workers who are eligible. The researcher will utilize personal contacts and social media to ask participants to complete the survey at their own time. The survey will be distributed to the social work students within a university who are current employees of child welfare. A letter of support was provided by the university. Eligibility will be determined by assessing participants working within a child welfare office who are currently assigned a role in providing services to dependent youth. Potential participants will be asked what their capacity is within the child welfare agency, and asked if they would like to volunteer to conduct the study. The researcher's capacity as an employee within a child welfare agency allows for access to a sample of child

welfare social workers. The aim is to seek at least 25 participants to complete the survey. Subjects do not receive compensation as they are voluntary participants.

Data Collection and Instruments

The quantitative data will be collected via the use of a Qualtrics survey to be distributed through email seeking participants that have experience in child welfare in Southern California. The survey will ask for direct insight from child welfare staff regarding the adequacy of services provided. It will also include a portion where the participant can document what they believe barriers are to providing services for the transgender identified youth in dependent care. The survey also provides insight to indicate possible bias within the system or the participant by asking directly if transgendered youth should receive supportive services or gender affirming care. The survey will ask for direct input regarding their experiences within the child welfare system and any perceived adequacy of services for the transgender population. There is an opportunity for the participants to provide their own insight at the end of the survey regarding the research matter.

For the protection of the participants' privacy, there will be no identifiable information collected that will link the participant to the responses collected. The quantitative online survey data will be exported from Qualtrics and transferred directly to the researchers' CSUSB issued Google Drive storage space, of which only the researchers and research advisor will have access to. Pseudonyms or numbers will be used to identify the participant responses. All computers that are

used to access the Google Drive are password protected and will be locked if the researcher steps away. All collected data will be permanently destroyed 3 years after the conclusion of the study.

Procedure

The anonymous Qualtrics survey link as well as QR codes will be provided via email and social media and will be tailored for a specific Southern California region. Participation will be catered to persons employed within a child welfare agency in Southern California, where they will be encouraged to complete the survey whenever they have time. Participants will have time to complete the survey whenever their schedule permits.

There will be an introduction and description of the survey and its purpose prior to the start of the survey. The participant will be provided with the informed consent page imbedded at the start of the survey and will have to provide consent to complete the questionnaire. Those who do not wish to provide consent cannot move forward in the survey. The survey ensures that the responses from participants will be from the desired research population, as the survey initially asks if the participant is a child welfare worker or social worker. If the participant answers 'no,' the survey would automatically end for the participant to prevent minimal misinterpretation of the data. The survey will collect years of experience in child welfare, and hours of training specifically tailored to LGTBQ services.

Protection of Human Rights

The identity of participants in the study will be completely anonymous. The survey does not ask for or require personal information. Nonetheless, the confidentiality and anonymity of the research will be explained to participants to ensure that their identity is protected and there is no risk when completing the survey.

Data Analysis

All data collected from the survey will be analyzed with thematic and statistical analysis. Each answer within the subset will be analyzed through the SPSS to analyze frequencies and categorize major themes based on the questions asked. Age, religiosity, years of experience, and perceived levels of adequacy of services will be analyzed as well as any perceived biases within the system. Specific questions will be analyzed by the researcher and categorized under subthemes that are assigned within the corresponding category. Correlational analysis will be compared under these categories to gauge any meaningful relationships between thematic frequencies. Categories such as the perceived lack of adequacy of services compared to perceived adequacy of services.

Summary

The study will examine the perceived adequacy of services for the identified transgender youth in dependent care from the perspective of child

welfare staff. The survey utilized will provide direct insight from social workers and can possibly lead toward an understanding or reasoning behind the possibility of lack of care within this population. Quantitative methods will be used in this study to facilitate this process.

CHAPTER FOUR

RESULTS

Introduction

This chapter reports the findings collected from this study, which sought to understand the perception of transgender services in child welfare from the perspective of child welfare staff, their understanding of services and perceived preparedness in providing services to dependent transgender youth through quantitative data. The researchers collected responses 23 responses from participants which included child welfare staff employed in a Southern California child welfare agency, including current students in a Southern California University through a Qualtrics questionnaire administered during the Fall 2023 semester. The following sections of the chapter will address demographics of the participants in the study to analyze and review the questionnaire responses.

Demographics

The initial portion of this study focused on participant demographics. Out of 23 participants, ages range from 21 to 59 years old, with 13% reporting to be between the age of 21 to 29, 39.1% reporting to be between the age 30 to 39, 30.4% reporting to be between 40 to 49, and 17.4% reporting to be between 50 to 59. The results can be viewed in Figure 1. Participants were asked to identify their race/ethnicity, which indicated that 18 (78.3%) reported as Latinx/Hispanic, 2 (8.7%) reported African American, 3 (13%) reported Asian American, 3 (13%)

reported White/Caucasian. The results indicated a check all that apply option, which accounts for the results as listed. Results can be seen in Table 1 below. Out of 23 participants in the study, 21 (91.3%) identified themselves as females, while 2 (8.7%) identified as male. The results can be viewed in Figure 2 listed below. Participants were asked to identify their practicing religion. 16 (69.6%) participants reported identifying as Catholic/Christian, 3 (13%) reported identifying as not religions/Atheist. Results can be seen in Table 2 below. Results also indicate 'other' religion not listed as 1 (4.3%) Jehovah's Witness, 1 (4.3%) reported as Mother Nature, and 1 (4.3%) reported as Spiritual. 17 (73.9%) reported having a bachelor's degree as their highest level of education, while 6 (26.1%) reported having a master's degree or MSW. The results can be seen in Figure 3 below. Participants were asked their range of experience working in child welfare, with 6 (26.1%) reporting having 0 to 4 years experience, 10 (43.5%) reporting 5 to 9 years experience, 2 (8.7%) reporting 10 to 14 years experience, 2 (8.7%) reporting 15 to 20 years experience, and 3 (13%) reporting 20 years or more experience. The results are reflected in Table 3 below.

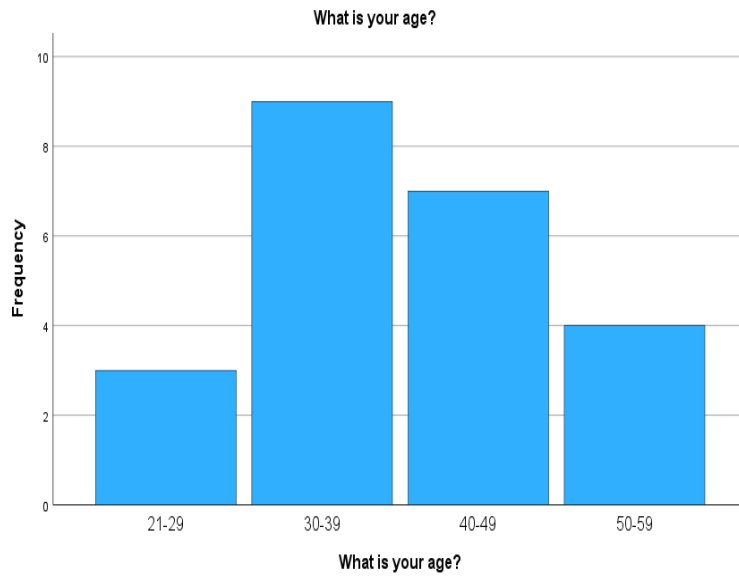


Figure 1. Participant Age

Table 1. Participant Racial and Ethnic Demographics

What is your identified ethnicity? Check all that apply.

Variable	Frequency (N)	Percentage (%)
Latinx/Hispanic	18	78.3
African American	2	8.7
Asian American	3	13
White/Caucasian	3	13

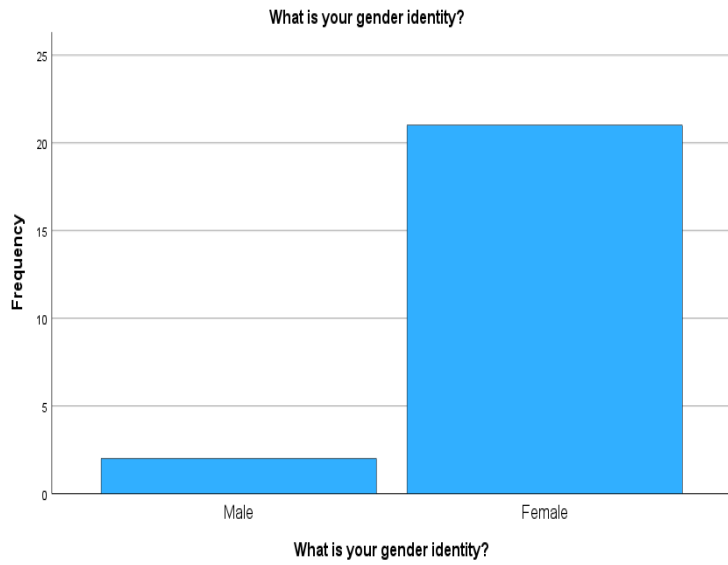


Figure 2. Gender Demographics

Table 2. Participant Religiosity Demographics

What religion do you belong to or identify yourself most close to?

Variable	Frequency (N)	Percentage (%)
Catholic/Christian	16	69.6
Not Religious/Atheist	3	13
Other	4	17.4
Jehovah's Witness	1	4.3
Mother Nature	1	4.3
Spiritual	1	4.3

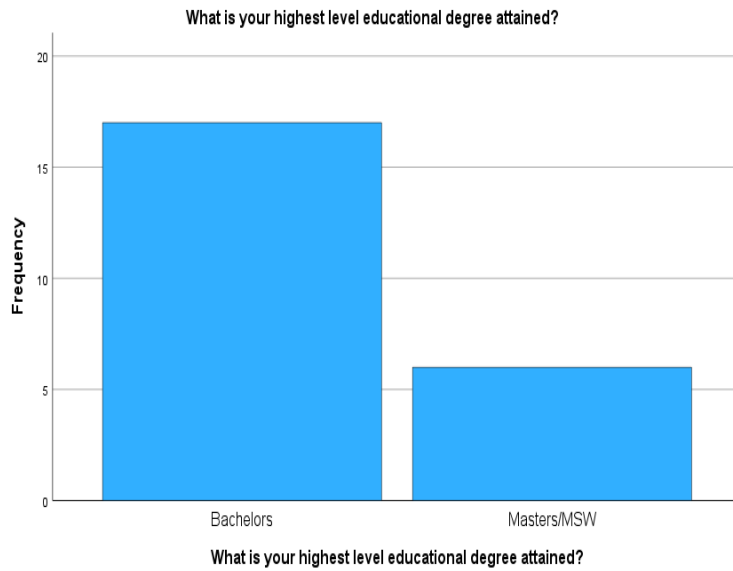


Figure 3. Participant Education Attainment

Table 3. Participant Child Welfare Experience

How many years of experience do you have in child welfare?		
Variable	Frequency (N)	Percentage (%)
0-4 years	6	26.1
5-9 years	10	43.5
10-14 years	2	8.7
15-20 years	2	8.7
20 years or more	3	13

Identified Experience with LGBTQ+/Transgender Foster Youth

Following the demographics, participants were asked two questions regarding their experience providing services to LGBTQ+ population and transgender dependent youth. The results can be viewed in Table 4. 18 (78.3%) participants reported having experience working with the population, while 2 (8.7%) reported not to have any experience, and 3 (13%) reported 'maybe.' Participants were asked to provide a numerical estimate on how many transgender youth in their caseload within the past 5 years with 19 (82.6%) identified having 0 to 5 cases, 1 (4.3%) reported having 6-10 cases, and 3 (13%) reporting having 16 or more.

Table 4. Participant Experience with Target Population

Variable	Frequency (N)	Percentage (%)
Participant belief working with LGBTQ+/Transgender youth		
Yes	18	78.3
Maybe	3	13
No	2	8.7
Transgender caseload within the past 5 years		
0-5	19	82.6
6-10	1	4.3
16 or more	3	13

Quantity and Quality of Professional Development

Participants were asked how many hours of professional development training were completed specialized in providing services for transgender youth in foster care by using a slider. 2 (8.7%) participants reported having 0 hours of training, 11 (47.8%) indicated 10 hours of training, 5 (21.7%) reported 20 hours, 1 (4.3%) reported 30 hours, 1 (4.3%) reported 50 hours, 1 (4.3%) reported 60 hours, while 2 (8.7%) did not provide an answer. Results can be seen in Figure

4. of those participants, 5 (21.7%) reported believing that their child welfare department provides adequate access to training on providing services and supporting transgender youth, while 8 (34.8%) reported that their child welfare department is not providing access to adequate training, with 10 (43.5%) indicating 'maybe.' The results can be found in Figure 5.

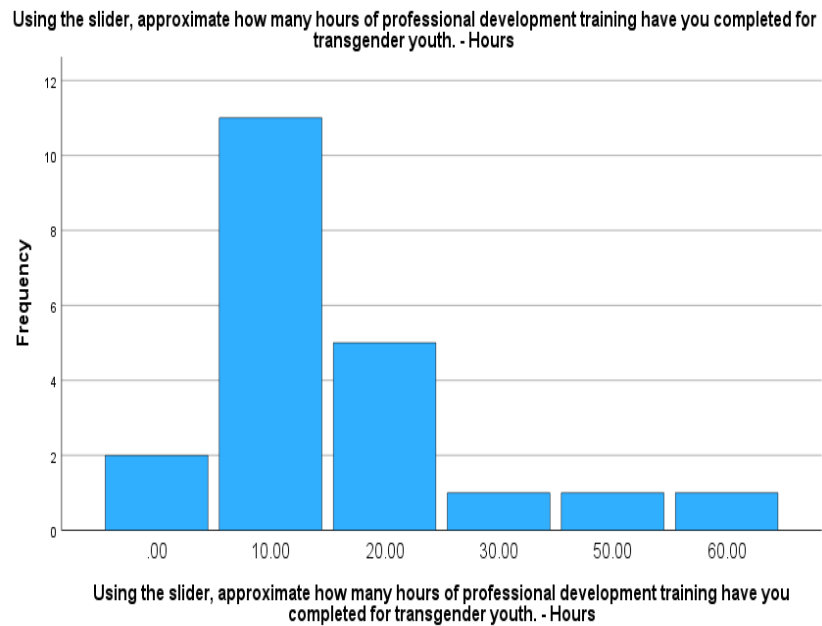


Figure 4. Hours of Training



Figure 5. Participant Perception of Access to Training

Participant Perceived Adequacy and Availability of Resources

Participants were asked their belief if there's access to adequate resources or services were available for transgender foster youth. 5 (21.7%) participants reported they believe there are adequate resources/services available, while 12 (52.2%) denied having access to resources/services, with 6 (26.1%) indicating 'maybe.' Results can be found in Figure 6. Participants were then asked for their belief of access to resources in providing gender affirming care or supportive resources for transgender foster youth in their current or past caseload. 10 (43.5%) participants reported having access, while 4 (17.4%) reported not having access to gender affirming care or supportive resources. 5 (21.7%) participants

indicated 'maybe' while 4 (17.4%) indicated they do not have experience with transgender foster youth. Results can be found in Figure 7.

Participants were asked for their perception of the child welfare department providing necessary support for transgender youth currently. 7 (30.4%) reported that they believe that transgender youth receive necessary support for their child welfare department, while 8 (34.8%) reported believing the child welfare department does not provide necessary support, with 8 (34.8%) indicated 'maybe.' Results can be seen in Figure 8. Participants were asked if there were access to supportive resources for transgender clients in the past. 10 (43.5%) reported they had resources in the past, while 5 (21.7%) reported not having resources for transgender youth in the past. 8 (34.8%) indicated 'maybe.' Results can be found in Figure 9.

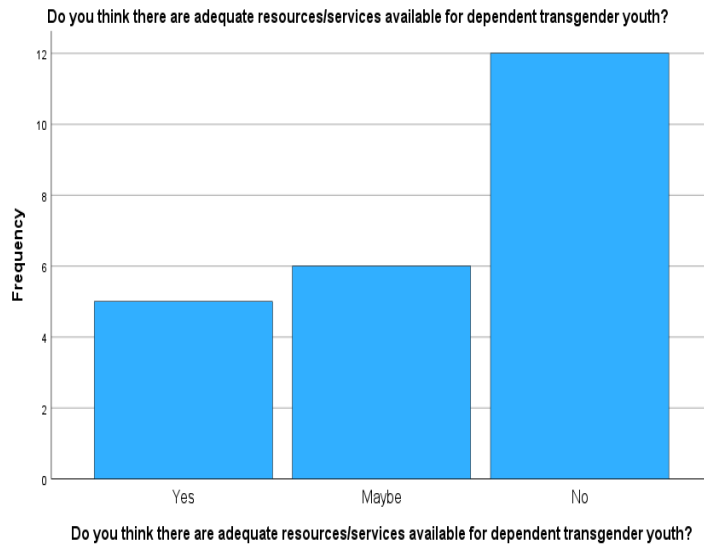


Figure 6. Perceived Access to Resources/Services for Transgender Foster Youth

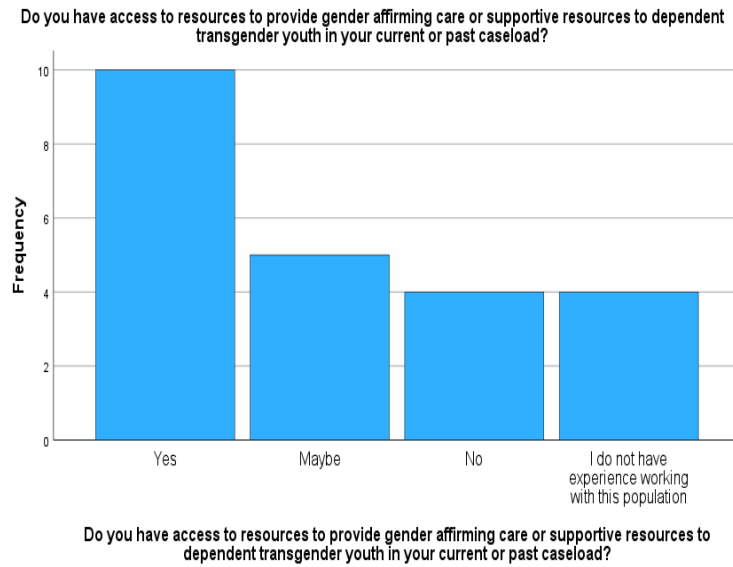


Figure 7. Perceived Access to Gender Affirming Care

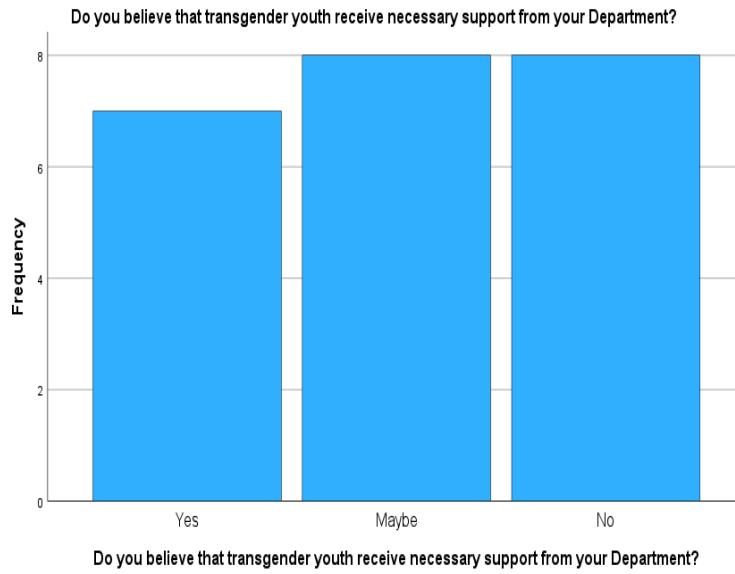


Figure 8. Perception of Adequacy in the Child Welfare Department Support for Transgender Youth

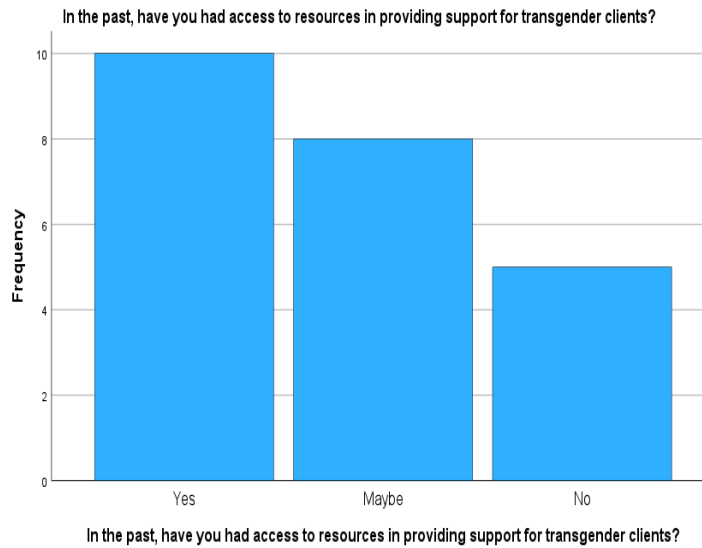


Figure 9. Previous Access to Transgender Resources

Participant Internal Belief on Need for Support/Services

Participants were asked about their belief regarding the need for transgender youth to receive specific resources and specialized care. 20 (87%) participants reported that they believe transgender youth are in need of specialized services, with 3 (13%) indicating 'maybe.' Results can be found in Figure 10. Participants were asked if they believe that children identified as transgender require gender affirming care. 16 (69.6%) reported that they believe that children identified as transgender require gender affirming care, while 1 (4.3%) reported that they do not believe in gender affirming care for children. 6 (26.1%) indicated 'maybe.' Results can be seen in Figure 11.

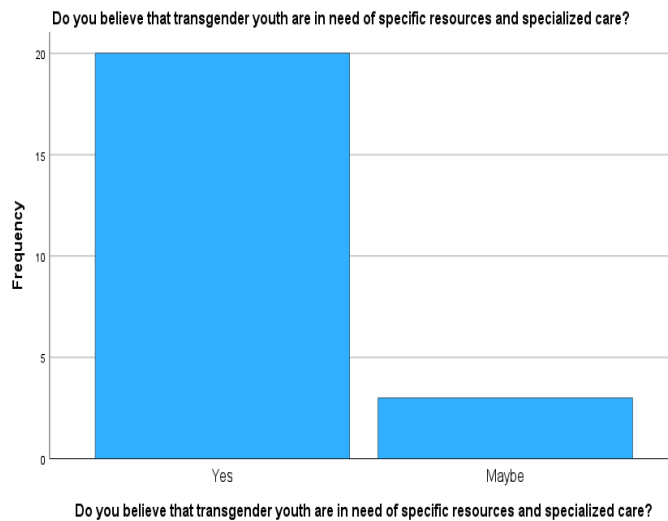


Figure 10. Participant Belief on Transgender Specialized Care



Figure 11. Participant Belief Regarding Gender Affirming Care

Barriers to Services

The last question in the questionnaire asked participants to provide their insight on barriers that prevent adequate services to be provided to transgender foster youth. 3 (13%) participants stated caregiver biases and lack of available placement for transgender youth as a barrier, while 5 (21.7%) indicated various lacks with access to resources, including gender affirming care. 3 (13%) indicate stigma as a barrier, with one participant indicating that child welfare staff choose not to agree or accept youth pronouns. 2 (8.7%) indicate lack of training. Results can be seen in Table 5.

Table 5. Barriers That Prevent Adequate Services for Transgender Foster Youth

Variable	Frequency (N)	Percentage (%)
Caregiver Biases	3	13
Lack of Access to Resources	5	21.7
Social Stigma including within Child Welfare	3	13
Lack of Training or access to training	2	8.7

Summary

This chapter reflects the results of the researcher’s quantitative study, which aimed to examine the perceived adequacy of support and resources for transgender foster youth in dependent care from the perspective of child welfare staff. The study began with 25 respondents, with two removed due to lack of participation in the questionnaire responses. The results showcased that participants are aware of resources in the child welfare agency, with significant portion reporting a need for access to resources and training.

CHAPTER FIVE

DISCUSSION

Introduction

This study examined the perception of access to resources, services, and preparedness of child welfare staff working with dependent transgender youth population in foster care. This chapter will discuss the findings through the questionnaire and the implications for the social work profession. Further, the strengths and limitations in the study are discussed along with suggestions for any future studies on transgender youth in child welfare, as well as the possible impact the information can have on social work practice and policy.

Discussion

This study sought to analyze the perceived accessibility of resources and perception of overall need of transgender youth in foster care within the lens of child welfare staff. The literature suggests that youth identified as transgender already have a prevalence for mental health issues with higher rates of suicidality (Ream & Forge, 2014). Already a vulnerable population due to stigmatization, transgender youth entering in foster care face institutional barriers that leads to higher levels of discrimination when compared their hetero-expressed counterparts (Ream & Forge, 2014). Working with the transgender population, especially in foster care, requires specialized trainings and availability of resources to properly service the population. Social workers have a ethical

responsibility to ensure the safety and wellbeing of all children regardless of gender expression to conduct informed interventions and cope with specified traumas this group faces. Previous research has shown that the need for gender affirming services for transgender youth can lead to prevention in maladaptive experiences such as homelessness or substance abuse (Shelton, 2015).

Adequate training is needed to instill a trauma informed lens in providing services to increase awareness of providing adequate and appropriate services for this population. In this study, a majority of participants reported receiving their bachelors (73.9%) potentially limiting the information learned about providing services to transgender youth. Participants mostly have reported believing that there is a need for transgender youth to have specialized care (87%) and require gender affirming care (69.6%). While the field is primarily a bachelor's degree level entry, child welfare staff have shown that there is interest or a need to ensure specified care is in place for transgender children. There is a specified need for mental health services, placement, and other supportive services to provide a minimum level of care (McCann & Sharek, 2016). Despite this, the majority of participants reported receiving little to no training on transgender care and professional development, 34.8% of the participant indicate that there is no adequate access to trainings on providing services to transgender youth while half report that there is no access to adequate resources for transgender youth themselves (52.2%). 43.5% of participants report that there is access to gender affirming care for dependent transgender youth. This remains the challenge in

instilling proper service implementation to address overall hardships and systematic barriers (Berliner & Kolko, 2016). There can be no adequate service implementation without proper training on specialized or gender affirming care or access to much needed resources. There is an acknowledged need for services and trainings, but participants are reporting that there is a lack of adequate resources or trainings. While it is reported that there is access to gender affirming services, there appears to be a disconnect regarding the adequacy and types of resources available. There appears to be a split regarding the child welfare agencies perceived support for transgender youth. While a majority reports having experience working with transgender youth, 17.4% reported not having any experience. Given that LGTBQ+ youth are overrepresented in the foster care system (Baams et al., 2019), there is a significant chance that every child welfare staff has had interaction or worked with someone who is identified as LGTBQ+ or transgender. Systemically, identification is not occurring, leading to lack of represented services. A disconnect may be occurring due to lack of training.

Limitations and Strengths

The researchers encountered various limitations in the study. Due to the limited research regarding dependent transgender youth in foster care, the researcher had to develop a questionnaire tool that would best fit the topic. The framework of the questionnaire is to create balanced and clear questions that can connect the perception of child welfare staff into a data set. Limitations occurred as there was a small sample size due to the geographic location of child

welfare agencies that the questionnaire was distributed to, focused mainly on one county. Due to the strenuous process in gaining formal approval to distribute the questionnaire to a widespread audience within a county in a timely manner, a snowball method was used which led to a smaller sample size.

Despite the limitations of the study, strengths were found. The county primarily used for data collection is one of the largest in the United States. The study was able to gain insight from currently employed child welfare staff who have direct contact with the population directly studied. Further, the use of the questionnaire through Qualtrics made it convenient for the participant to complete the questionnaire. Lastly, a diverse collection of demographics among participant age, ethnicity, and religion was gathered.

Implications for Social Work Practice

Results from the study aimed to identify the perception of child welfare staff and the adequacy of training and resources for transgender youth in foster care. The study found that there is a perceived lack of adequate training and resources, while indicating that gender affirming care is available. It was found that the participants appear to have a misunderstanding with the population discussed and expressed an overall lack of training on the subject. Without the proper training and access to adequate services, social workers may feel unprepared or lack understanding in working with unique populations. Since the sample came from child welfare staff were in an environment that politically and

socially have policy that promotes gender affirming services and supports transgender individuals, the results cannot be generalized to other states.

There needs to be access for social workers in child welfare to gather information on identifying and service implementation for the population. Social work programs and policies should be developed with the goal of enhancing education and training. Though there may be policy already in place, it does not appear to be sufficient in providing much needed care to transgender youth. Access to resources for this population and improved advocacy should be a priority in engaging with the population for child welfare staff. It is recommended that social workers engage in policy advocacy while leaders within the respective departments make further mandates on the trainings and utilization of services for transgender youth. This is a population with its own set of specialized needs for care. Social workers in child welfare are able to provide support, but also need access to resources for the population. At the end of the questionnaire, participants were asked about barriers support for transgender youth. Stigmatization in child welfare and lack of resources were common issues described. By doing the above, safety and the wellbeing of a disenfranchised and marginalized population can be ensured.

Conclusion

The study aimed to provide insight on the perception in adequacy of services for transgender youth in foster care from the lens of child welfare staff. The research suggests that there is a lack of access to adequate resources of

knowledge in preparedness for serving this population. There appears to be a disconnect in identifying and implementing services for transgender youth. The lack of resources or training does not appear to be caused by social worker bias, but rather from support from the child welfare agency. Recommendations by the researcher encourage policy advocacy and increased specialized trainings to better service the population and improve overall wellbeing of transgender youth in dependent care. It is further recommended that child welfare agencies ensure access to gender affirming services and resources, while supporting staff through access to training. It is recommended that further research is needed to see if the results of this study are similar to other child welfare agencies.

APPENDIX A
INFORMED CONSENT AND TRANSGENDER FOSTER YOUTH
QUESTIONNAIRE

INFORMED CONSENT

The study in which you are asked to participate is designed to examine perceived adequacy of transgender services in the child welfare system in a Southern California agency. The study is being conducted by Eduardo Cedeno, a graduate student, under the supervision of Dr. Anissa Rogers, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). This study is approved by the CSUSB Institutional Review Board IRB-FY2023-0.

PURPOSE: The purpose of the study is to analyze the adequacy of services provided to dependent transgender identified youth within the child welfare system, and additionally attempt to identify any biases within the child welfare system from the perspective of child welfare staff.

DESCRIPTION: Participants will be asked of a few questions on the current experience providing services for transgender youth, frequency trainings offered, perceived adequacy of services provided by their agency, insight on services provided, personal beliefs, and some demographics.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential and data will be reported in group form only.

DURATION: It will take 10-15 minutes to complete the survey.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You can end your participation at any time.

BENEFITS: There will not be any direct benefits to the participants. However, findings from the study will contribute to our knowledge in this area of research.

CONTACT: If you have any questions about this study, please feel free to contact researcher Eduardo Cedeno at 007747773@coyote.csusb.edu or research supervisor Dr. Anissa Rogers at anissa.rogers@csusb.edu.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2024.

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your

study.

I agree

Are you a social worker or have experience in child welfare?

Yes

No

What is your age?

21-29

30-39

40-49

50-59

60 and above

What is your identified ethnicity? Check all that apply

- Latinx/Hispanic
 - African American
 - Asian American
 - Caucasian
 - Native American
 - Other (Please Specify)
-

What is your highest level educational degree attained?

- Bachelors
 - Masters/MSW
 - PhD or other Doctorate level
-

What is your gender identity?

- Male
 - Female
 - Non-binary / third gender
 - Prefer not to say
-

What religion do you belong to or identify yourself most close to?

- Catholic/Christian Denominations
 - Hindu
 - Jewish
 - Muslim
 - Not religious/Atheist
 - Other (Please Specify)
-

How many years of experience do you have in child welfare?

- 0-4 years
 - 5-9 years
 - 10-14 years
 - 15-20 years
 - 20 years or more
-

Do you believe you have experience working with clients identified within the Lesbian, Gay, Transgender, Bisexual, Questioning (LGTBQ+) population?

- Yes
 - Maybe
 - No
-

Since the start of your career within child welfare, can you provide a numerical estimate on how many transgendered youth you may have had on your caseload?

- 0-5
 - 6-10
 - 11-15
 - 16 or more
-

Using the slider, approximate how many hours of professional development training have you completed for transgender youth.

0 7 13 20 27 33 40 47 53 60 67 73 80 87 93 100

Hours	<div style="width: 100%; height: 15px; background-color: #0070C0; border: 1px solid #0070C0;"></div>
-------	--

Do you believe your agency/Department provides adequate training on providing services and supporting transgender youth?

- Yes
 - Maybe
 - No
-

Do you believe that transgender youth are in need of specific resources and specialized care?

- Yes
 - Maybe
 - No
 - Prefer not to say
-

Do you think there are adequate resources/services available for dependent transgender youth?

- Yes
 - Maybe
 - No
-

Do you have access to resources to provide gender affirming care or supportive resources to dependent transgender youth in your current or past caseload?

- Yes
 - Maybe
 - No
 - I do not have experience working with this population
-

Do you believe that children identified as transgender require gender affirming care?

- Yes
 - Maybe
 - No
-

Do you believe that transgender youth receive necessary support from your Department?

- Yes
- Maybe
- No

In the past, have you had access to resources in providing support for transgender clients?

- Yes
 - Maybe
 - No
-

What are some barriers that prevent adequate services to be provided to dependent transgender youth? (Please answer in one or two sentences. If you do not wish to answer the question or cannot provide an answer, please input N/A.)

Developed by Eduardo Cedeno

APPENDIX B
INSTITUTIONAL REVIEW BOARD APPROVAL EMAIL

3/20/24, 3:10 PM

CoyoteMail Mail - IRB-FY2023-40 - Modification: IRB Approval Protocol Change/Modification Letter



Eduardo Cedeno <007747773@coyote.csusb.edu>

IRB-FY2023-40 - Modification: IRB Approval Protocol Change/Modification Letter

7 messages

do-not-reply@cayuse.com <do-not-reply@cayuse.com>
To: cmcallis@csusb.edu, eduardo.cedeno7773@coyote.csusb.edu

Wed, Nov 1, 2023 at 2:48 PM



November 1, 2023

CSUSB INSTITUTIONAL REVIEW BOARD

Protocol Change/Modification

IRB-FY2023-40

Status: Approved

Anissa RogersEduardo Cedeno
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Anissa Rogers Eduardo Cedeno:

The protocol change/modification to your application to use human subjects, titled "Transgender Youth in Child Welfare" has been reviewed and approved by the Chair of the Institutional Review Board (IRB). A change in your informed consent requires resubmission of your protocol as amended. Please ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study. A lapse in your approval may result in your not being able to use the data collected during the lapse in your approval.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's [COVID-19 Prevention Plan](#) for more information regarding campus requirements.

You are required to notify the IRB of the following by submitting the appropriate form (modification, unanticipated/adverse event, renewal, study closure) through the online Cayuse IRB Submission System.

1. If you need to make any changes/modifications to your protocol submit a modification form as the IRB must review all changes before implementing them in your study to ensure the degree of risk has not changed.
2. If any unanticipated adverse events are experienced by subjects during your research study or project.
3. If your study has not been completed submit a renewal to the IRB.
4. If you are no longer conducting the study or project submit a study closure.

You are required to keep copies of the informed consent forms and data for at least three years.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, Research Compliance Officer. Mr. Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2023-40 in all correspondence.

<https://mail.google.com/mail/u/1/?ik=7ae410cc77&view=pt&search=all&permthid=thread-f:1781399875562011353&simpl=msg-f:17813998755620113...> 1/3

APPENDIX C
LETTER OF SUPPORT

School of Social Work

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
5500 University Parkway, San Bernardino, CA 92407
909.537.5501 | fax: 909.537.7029
<http://socialwork.csusb.edu>

October 2, 2023

Dear Eduardo Cedeno,

I am writing a letter of support for the IRB application of your proposed study to investigate the adequacy of services provided to LGBTQ services, barriers to services for transgender youth, and biases preventing adequate services for transgender youth in the child welfare system. ~~_____ will be requesting the School of Social Work and requesting that the School of Social Work provide support for the study. _____~~ I expect you will follow the protocols you set to protect subjects in your IRB application and relayed to me.

Please let me know if you need any additional information.

Sincerely,

A handwritten signature in cursive script that reads "Carolyn McAllister".

Carolyn McAllister, MSW, PhD
Professor and Graduate Coordinator
cmcallis@csusb.edu

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