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Teaching Beyond Trans-Competency: Exploring Trans-Affirming Pedagogy Through Applied Case Studies

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In this paper, we share two applied case studies social work instructors can use to teach trans-affirming, anti-oppressive practice. These cases span two practice arenas, child welfare and low-barrier shelter services, and are derived from practice in the authors' personal and professional experiences in the Northeastern and Midwestern regions of the United States. For each case, we describe the accompanying class context, share our pedagogical approach, name the underlying assumptions and structures that facilitate harm, explore relevant practice skills, and identify theoretical, philosophical, and ethical commitments essential for trans-affirming practice. Our approach to social work education on transgender and gender expansive (TGE) issues goes beyond the didactic forms of trans-competency lectures we are all too familiar with, whereby students memorize statistics and terms. Instead, we offer strategies to open up possibilities for transformative and sustainable shifts in thinking about social work practice with TGE communities. In this article, we use "TGE" to refer to transgender and gender expansive individuals and LGBTQ+ to refer to people belonging to gender and sexual minority groups. Any deviations represent language used within specific studies or cases cited.

Keywords: Social work education, LGBTQ+, trans, pedagogy

The last two years have seen exponential growth in legislation targeting transgender and gender expansive (TGE)¹ individuals and their families, communities, and providers. 2022 represented a historic high for anti-trans legislation across the US, following a record 147 bills in 2021 (Bailey, 2022). Much of this proposed and enacted legislation cruelly and specifically targets TGE youth and their schooling and access to gender-affirming healthcare (Fish & Russell, 2022). This legislation creates a hostile and stigmatizing environment for TGE youth and young adults. It imperils their safety and ability to thrive through curtailing access to affirming educational environments and health care that is life-saving and consistent with evidence-based standards of care set by several national and international organizations, including the American Medical Association (Madara, 2021; Resneck, 2022), the American Psychological Association (2015), and the World Professional Association for Transgender Health (Coleman et al., 2022). Moreover, these legislative efforts are clearly intended for the annihilation of TGE people and are, therefore, genocidal in nature.

With a stated ethical commitment to ending systemic oppression and standing in solidarity with historically marginalized communities, social work practitioners and scholars have a moral imperative to fight back against this hateful legislative tidal wave, whose policies implicate social workers in their implementation. For example, Texas Governor Greg Abbott's 2022 directive to the Department of Family and Protective Services instructed the agency to classify gender-affirming medical treatments for transgender adolescents—such as puberty blockers and hormone injections—as “child abuse” under existing state law (Ghorayshi, 2022). The letter called for Department of Family and Protective Services to investigate parents who help their children access such treatments, as well as licensed facilities that administer them. The letter also imposed penalties on any “mandatory reporters” like doctors, nurses, social workers, and teachers who do not report instances of treatment to the agency, as well as on members of the general public (Ghorayshi, 2022). Texas' decision effectively weaponizes citizens, emboldened by increasingly polarized and moralistic political ideologies, to expand state surveillance of TGE youth and families. Similarly, school social workers are implicated in school-based policies that mandate

children to play on sex-segregated sports teams that align with the child's sex assigned at birth or that place gag orders within public schools—such as the one implemented in Florida (Young & Friedman, 2022)—on discussions of sexual orientation or gender identity and lesbian, gay, bisexual, transgender, and queer (LGBTQ+) history. These policies harm the well-being of not only TGE young people but those whose parents or other family members may be TGE. Ultimately, of course, they harm everyone by reinforcing a system of gender binarism that limits possibilities for everyone while also reinforcing other binaries and hierarchies under which many people experience differential access to power and freedom. Given the already disparate outcomes for TGE youth and young adults, social work's historically underwhelming support of TGE communities, and failure to widely incorporate affirming practices within its curriculum and agencies, there is a particular urgency for social work to step up at this moment within its schools, which are training grounds for future social work practitioners and scholars.

Literature Review

TGE youth face disproportionate rates of adversity when compared to their cisgender peers (including LGB youth). In the past seven years, at least three large-scale studies have reported on the state of TGE youth: the *2020 National Survey on LGBTQ Youth Mental Health* that surveyed 40,001 LGBTQ youth ages 13 to 24 (The Trevor Project, 2020); the *National School Climate Survey* that surveyed 16,713 LGBTQ youth ages 13 to 21 (Kosciw et al., 2020); and the *Youth Risk Behavior Surveillance System* that piloted a question about trans identity with 131,901 high school students (Johns et al., 2019). Together, these surveys' findings illustrate the devastating effects of interpersonal and structural anti-trans bias and cissexism on the livelihood and life chances of TGE youth.

Mental Health

TGE youth experience alarmingly high rates of suicide ideation and attempts relative to the broader US youth population. In 2020, 52 percent of TGE youth reported having considered suicide (The Trevor Project, 2020). In recent years, studies have found between

21 and 34.6 percent of trans youth report having attempted suicide (The Trevor Project, 2020; Johns et al., 2019). For years, LGBTQ+ youth have been told “it gets better” with age. Yet, with continued social and legislative assaults on trans lives, 40 percent of trans adults report attempting suicide in their lifetime, a rate nearly nine times greater than the general US population (James et al., 2016). Trans youth have long-demanded gender-affirming practices, such as respecting pronouns or facilitating access to gender-affirming clothing. Such practices are consistently associated with lower rates of suicide attempts among trans and nonbinary youth (The Trevor Project, 2020).

Violence

Trans-exclusive policies and rhetoric create cultures dismissive of and conducive to interpersonal anti-trans violence. Forty percent of trans and nonbinary youth report experiencing anti-trans motivated physical attacks or harm in their lifetime (The Trevor Project, 2020). Reflecting on their K–12 school experiences, 54% of trans adults report experiencing verbal harassment, 24% physical attacks, and 13% sexual assaults (James et al., 2016). Schools, a critical site of socialization and acculturation for youth, serve as both safe havens and sites of violence for TGE youth. Over 87% of youth report hearing negative remarks about trans people in school (Kosciw et al., 2020). Trans youth are frequently prevented or discouraged from using school restrooms that correspond with their gender identities (The Trevor Project, 2020)—a grim reality considering that over 92% of trans and nonbinary youth report not having access to a gender-neutral restroom at school (Kosciw et al., 2020).

Housing Insecurity

Transphobic discrimination across the family, church, and state makes TGE youth particularly vulnerable to housing insecurity and homelessness. In a 2020 national survey of 40,001 LGBTQ youth ages 13 to 24, 50% of those who reported being kicked out of their homes were TGE, and 56 percent of those who reported running away were TGE (The Trevor Project, 2020). The National Alliance to End Homelessness (2020) found trans youth more likely

to be unsheltered than their cisgender peers. Unsurprisingly, studies show that trans youth and particularly trans youth of color, are overrepresented in foster care (Wilson et al., 2014) and youth detention (Irvine & Canfield, 2015; Wilber, 2015).

High rates of housing insecurity persist through adulthood. The unemployment rate for trans adults is three times the general U.S. unemployment rate (James et al., 2016), with over half of trans adults reporting barriers to securing and retaining employment due to discrimination (Mahowald et al., 2020). Unsurprisingly, trans adults experience poverty at more than twice the rate of the general U.S. population (James et al., 2016). Trans people of color and trans people with disabilities experience even higher rates of poverty. Nearly one-third of trans adults experience poverty in their lifetime. Of those, 26% avoid staying in shelters due to fear of discrimination, and 70% of those who stay in shelters report experiencing transphobic mistreatment (James et al., 2016).

Social Work Education

Despite these disproportionalities, social work students report a lack of trans-related course content and trans-affirming school policies. In 2012, the Council on Social Work Education Council on Sexual Orientation and Gender Identity and Expression surveyed 1,108 LGBTQ social work students (BSW and MSW) across the United States and Canada, finding only 34.8% of respondents felt their institutions were friendly towards trans people (Craig et al., 2015). Austin and colleagues (2016) analyzed data from 97 trans respondents of the Council on Social Work Education survey. They found that 85% of trans students reported rarely or never being assigned trans-specific readings in social work courses (Austin et al., 2016). A significant portion (31 to 43.5%) experienced anti-trans attitudes and behaviors within their school, perceived faculty to use anti-trans speech or behaviors, and observed faculty fail to intervene when students displayed anti-trans speech or behaviors in the classroom. Overall, students felt less prepared to work with trans clients compared to LGB clients (Craig et al., 2016).

Trans-affirming pedagogy matters for social work education. Some social work students and faculty are TGE, some have TGE loved ones, and all will work with TGE people in the field and in the classroom. It is imperative that social work educators engage students in trans-affirming content across the social work curriculum. TGE lives depend on it.

Case Study Overview

Here we present case studies that we have used in social work classes to translate skills, values, and frameworks needed for affirming practice with TGE youth and young adults, their families, and communities. “Guest speaker” and “Trans 101” approaches are overutilized within social work classrooms and other educational spaces, often as a result of lack of instructor exposure to, experience with, and knowledge of TGE communities or because of discomfort or low motivation and commitment to ensuring just practice and services for TGE communities. Here we share two applied case studies social work instructors can use to teach trans-affirming, anti-oppressive practice. These cases span two practice arenas—child welfare and low-barrier shelter services—and are derived from practice in the authors’ personal and professional experiences in the Northeastern and Midwestern regions of the United States. Names and other identifying details have been changed to preserve anonymity. For each case, we describe the accompanying class context, share our pedagogical approach, name the underlying assumptions and structures that facilitate harm, explore relevant practice skills, and identify theoretical, philosophical, and ethical commitments essential for trans-affirming practice. Our approach to social work education on TGE issues goes beyond the didactic forms of trans-competency lectures we are all too familiar with, whereby students memorize statistics, terms, or diagnostic criteria, perpetuating misinformation and the (over) pathologization of TGE communities (Austin et al., 2016; Shelton et al., 2019). Instead, strategies are offered that open possibilities for transformative and sustainable shifts in thinking about social work practice with TGE communities.

Case Studies—Case Study 1

Position

In sharing the below vignette with the class, I note that it is a composite that I (Sarah) have created based on two decades of working with systems impacted queer and trans young people in practicing settings, in participatory research processes, as an adult ally to queer and trans youth organizers, and as someone who is in community—as a queer person—with queer and trans people who are or have been systems impacted. I also note the limitations of my knowledge and understanding as someone who is cisgender, was not in the foster care system as a young person, and as someone who is white and middle class. In naming my positionality and histories and the knowledge and limitations in knowing it creates, I invite people with greater proximity to Sasha in terms of their own lived experiences to interrupt or correct me when there are places where I may have gotten things wrong and to always center their own experiences—to the extent that they feel comfortable—within our class conversations.

Case

Sasha is a nineteen-year-old transgender woman who was primarily raised by her maternal grandparents until she was placed in foster care at age sixteen. Sasha's grandparents relocated to New York City from Puerto Rico to join their eldest daughter, Sasha's aunt, when Sasha was three. Sasha was primarily raised by a single mother in Puerto Rico. Her mother had on-going struggles with drugs and alcohol, and at the age of nine, Sasha joined her maternal grandparents in New York. Though assigned male at birth, for most of her life, Sasha preferred clothing and colors that her grandparents considered feminine and grew her hair long. Her grandparents subtly noted their disapproval throughout her life, though there was much about their relationship that was positive. As Sasha entered adolescence, their admonishments grew and often escalated into yelling. Sasha's grandparents did not approve of her attire, designed and marketed for "women," and so she would leave for school wearing the clothes they had purchased for her, bringing a different outfit to change into on the

way to school. Around the time Sasha turned 15, she began missing school and staying out late, not letting her grandparents know where she was. Her grandparents would confront her when the school called, and arguments would ensue about that as well. Sasha, who had always been respectful to her grandparents, would curse out her grandma.

Things reached a boiling point when her grandmother walked in on Sasha in her bedroom wearing one of her cousin's dresses, at which point she began hitting Sasha. When she escaped her grandmother's grasp, Sasha pushed her out of her room and packed a bag before leaving the apartment to go stay with a friend with whom she had lived for several weeks. During this time, her grandmother went to the Bronx County Family Court to file a PINS petition that resulted in Sasha being placed in foster care. Sasha was first placed in a congregate care facility for boys. She was verbally harassed and physically threatened by some of the other residents in the house, and many of the line staff misgendered her, referring to Sasha as "he" and calling her by the name she was given at birth. Additionally, she was only allowed to purchase clothing designed and marketed for "men," and so began shoplifting. After having been caught shoplifting several times at H&M, Sasha was tried and sent to a juvenile justice facility in upstate New York for six months. Upon her release, her ACS caseworker placed her in a specialized congregate care facility for LGBTQ+ youth in the foster care system, where she currently resides. Sasha turns 20 in a couple of weeks, leaving her with one year until she ages out of foster care. Her agency-based caseworker, David, has been working with her on a transition plan but is dissatisfied that Sasha does not have a GED or legal employment. Sasha has not been in touch with most of her biological family members while in care. She loves fashion, dancing, and performing and is very connected to the NYC Ballroom Scene, and is part of the House of Fantasia, which she considers her family. She also has a close friend named Trina, another young trans woman who lives in her group home.

Pedagogical Approach

The vignette above is the first of six vignettes within a case that I use to teach a masters level Advanced Clinical Practice social work course, *Core Competencies in Trauma-Informed Child Welfare Practice*. This is a case-based course in which students work in small groups

to explore four cases that span different stages of child and adolescent development over the course of a semester. Each week, over a period of three weeks, students have presented two vignettes from the case and asked to work through a series of questions about the case. Conversation probes include: (1) What are the facts so far? (2) What hypotheses do you have about the family's current situation, and what would be the next steps in your work? (3) Did anything from this week's readings help to inform your hypotheses? (4) Who may have experienced trauma in this scenario, and in what ways (please consider both individual trauma as well as identity-based, structural, and intergenerational/historical trauma)? (5) What is your personal response to the information you learned in this scenario? and (6) What is the role of culture in this case?

This course emphasizes the role of interpersonal, structural, and systemic trauma in the role of child welfare-involved young people and their families and caregivers. It also emphasizes a trauma-informed and healing-centered approach to practice with particular attention to how experiences of trauma and healing impact and are informed by neurobiological development, race and ethnicity and other intersecting social identities, family structure and history, systems involvement, community response, developmental stage, and systems of power, privilege, and oppression.

Within this and every class, I aim to collaboratively cultivate a Brave Space (versus Safe Space) with students, to deepen dialogue around power, privilege, equity, and justice (Arao & Clemens, 2013). Many social justice educators have moved away from the once important concept of "Safe Spaces" because of the many ways it has been co-opted and utilized to avoid the discomfort associated with having one's privilege explicitly named and explored. By contrast, a Brave Space is one in which participants do not avoid conflict but rather embrace and move through it. Ideally, those who enter the space have the courage to take risks and to face discomfort because they know that conflict or painful experiences will not be avoided, dismissed, or quickly shut down (Stanlick, 2015). Within a Brave Space, comfort is not the goal, as we often learn most, and transformation takes place in moments of discomfort. Finally, a Brave Space aims to promote accountability, which is particularly important given the historical lack of accountability within the child welfare system itself.

Underlying Assumptions & Structures that Facilitate Harm

The course explicitly acknowledges the historical harms of child welfare and adjacent systems as perpetrators of trauma, both contemporary, intergenerational, and historical trauma. The course contextualizes the disproportionate representation of youth who identify as BIPOC (Black, Indigenous, and People of Color), LGBTQ+ and/or disabled—and their disparate treatment and outcomes—as connected to systems of oppression built into and carried out vis-à-vis the child welfare system. Attention is drawn to historical and contemporary policy that has leveraged the child welfare system as a means of surveilling and regulating socially marginalized families through enforcement and imposition of white, cisgender, middle-class, heteropatriarchal norms. Students are also encouraged to think about the ways in which adultism as a form of oppression is often embedded in most “youth-serving systems,” and to consider how they may intentionally work in ways that redistribute power in their work with youth. This can be done through, for example, explicitly naming the power differentials that exist at the nexus of youth and adult relationships, as well as along other axes of identity dependent upon positionality. Listening, and affirming youth experience of identity-based oppression and mistreatment, cultivating pride in identity through community connection and celebration, and amplifying youth voice, and promoting agency in decision-making, are a few of the ways that this can be accomplished.

Relevant Practice Skills

As the case unfolds, students are asked to utilize LGBTQ+ affirming practice skills in their permanency planning work with Sasha as she prepares for aging out of the foster care system. One such practice is Family Acceptance work. Families demonstrating mild to moderate rejecting behaviors towards their children—including foster children—can often become more accepting over time. The Family Acceptance Project (FAP) is a practice approach that has proven effective when working with families of origin and foster families around rejecting attitudes toward their children’s sexual orientation and gender identity expression (National SOGIE

Center, n.d.; Snapp et al., 2015). The FAP model was developed based on research examining how youth well-being correlates with the behavior of parents who demonstrate rejection and acceptance as understood on a spectrum (Ryan et al., 2009). FAP's research and counseling model was designed to facilitate family support and child well-being among ethnically, religiously, and socially diverse families. Youths' sense of safety should guide this process. Some families' rejecting behavior is not malleable; however, FAP is based on the premise that rejection and acceptance by families occur on a spectrum, and the majority of families can make some movement towards greater acceptance with support over time through psychoeducation (Ryan et al., 2009).

In the case of Sasha, students are asked to consider whether it might be appropriate to approach and engage Sasha's family of origin in FAP either on their own or in collaboration with Sasha, following Sasha's lead. Students are also encouraged to consider expansive notions of family in considering relational permanency. For example, family of choice and other kinship networks have long been central within queer and trans communities. In the case of Sasha, students are encouraged to consider ways they may collaborate with the family she has connected to via the Ballroom community in planning for Sasha's transition from the foster care system, such as by inviting her house mother to Sasha's Service Plan Reviews that take place every six months. Within the Ballroom community, houses are structured in such a way that the "children" of the house are in many ways nurtured by a House Mother and/or House Father, who are concerned with the young person's educational and life pursuits, emotional and physical well-being, and safety. Because of shared community, identities, and experiences, these fictive kin relationships are often as, if not more, sustaining than one's connections to the family of origin, foster parents, or social services providers. Moreover, these relationships may fill an emotional void left in the wake of family and societal rejection experienced by many queer and TGE young people. Acknowledging the significance of these relationships and the vital community knowledge and stake that many house parents have in assuring the well-being and positive life outcomes of their children could therefore be considered a best practice for queer and TGE young people involved in the Ballroom community.

Commitments to Trans-Affirming Practice

A commitment to centering the lived experiences of those who have been systems involved or impacted are emphasized through welcoming students with lived experience to assert themselves as experts and knowledge producers and inviting guest speakers with lived experience. I also integrate into the course materials such as documentaries made by or centering the experiences of TGE communities, including those with lived experience with the child welfare system and those who are multiply marginalized. For example, *Kiki*, a documentary about the significance of the Ballroom community for queer and trans people of color young people in New York City, is screened in class as we work through the vignettes of Sasha's case. Additionally, scholarship generated by those with lived experience, including Participatory Action Research, Community Based Participatory Research, qualitative, and other forms of research that center and amplify community voices, is assigned. I emphasize that this commitment should be carried over into practice settings to promote accountability within service provision and redistribute power within organizations, between organizations and communities, and within the therapeutic alliance.

Case Studies—Case Study 2

Position

Below is one of six vignettes I (Sam) used in an annual lecture on "Social Work and the LGBTQ+ Community" for an undergraduate *Introduction to Social Work* course. At the time, the School of Social Work at the flagship location of my Midwestern public university had no (out) LGBTQ+ faculty. Consequently, some instructors brought me—a white, trans/queer social worker and alumni—in to provide LGBTQ+-related lectures. After watching clients experience anti-trans discrimination and bias across multiple areas of practice, I wanted prospective social work students to know the importance of trans-affirming practice. As a trans/queer provider, I wanted students to see themselves represented in the practice community.

Case

You direct one of several rotating sites in an interfaith-collaborative offering adults low-barrier shelter inside church spaces. Beds are offered on a walk-in basis and gender-segregated (“men’s” and “women’s” sleeping rooms). Guests are only asked to provide their name, age, and county of residence. Around 11:00 pm, Tori, a 21-year-old trans woman, rushes in. When Tori came out as trans, her family kicked her out of the house, and her employer fired her. Distraught, she explains that she has spent the past week at a county-operated shelter that forced her to sleep and shower with men. Tori asks for your assurance that she can sleep in the women’s room at your shelter. “I just want to feel safe,” she says.

The shelter has no formal policy on gender-based sleeping assignments. The Interfaith Board that supervises you has never discussed trans guests or their needs. Based on your own convictions, you reassure Tori that she is welcome and can sleep in the women’s room. Exhausted, Tori lays down and falls asleep.

An hour later, five men staying at the shelter approach you. Speaking loudly and angrily, they accuse you of creating an unsafe environment by “allowing a man to sleep with” their wives. They say it is inevitable Tori (whom they misgender) will sexually assault other women. You overhear a few men making physical threats against her.

Pedagogical Approach

Like many schools, this School of Social Work often compartmentalized LGBTQ+ topics into brief (one to two class periods), single-issue course units (Austin et al., 2016; Craig et al., 2017). In one class period, I was to introduce students to practice with LGBTQ+ communities. I began each lecture with a snowball survey, allowing students to anonymously share their personal, familial, and social relationships with LGBTQ+ communities. Themes across student answers allowed me and the class to understand some of the context and experiences students brought to the room. I then gave a brief introduction to gender and sexuality, offering provisional and contested definitions and differentiations. Finally, I broke students into groups to discuss short vignettes based on my practice experiences

in shelter services, violence prevention, child welfare, mental health, sexual violence intervention, and prison and jail re-entry.

With a limited amount of time, vignettes allowed me to (a) illustrate how trans individuals interact with every field of social work practice, (b) help students use their own experiences (snowball survey) and new information about gender and sexuality to make sense of a practice example; and (c) model critical and trans-affirming questions (not answers) that students could carry into future courses. I asked groups to read their scenario, brainstorm a list of things they would want to know (about the scenario and/or gender and sexuality more broadly), and how they would respond (as hypothetical social workers) with the limited information they had.

After small-group discussions, I debriefed each scenario with the class. The small group shared their questions and responses. I reflected back on assumptions they were making about gender, sexuality, and social work. I then shared how I and others responded to each scenario, discussing underlying assumptions and what I would do differently today. I wrapped up each scenario debrief with questions and principles to carry into practice.

Three pedagogical tools informed my debrief of Case Study 2: self-disclosure, curiosity, and humility. After naming that our culture hypersexualizes transwomen and uses unsubstantiated accusations of predation to justify violence against TGE communities, I disclosed that I was a survivor of sexual violence. I used this self-disclosure to bolster my assertion that wanting to prevent sexual violence and wanting to support TGE communities were not mutually exclusive. In fact, I argued, these goals were contingent upon one another—transphobic policies and rhetoric increased the risk and cultural acceptance of sexual violence.

Inevitably, some students felt unsettled and insecure about their understanding of the relationship between transphobia, violence, and social work. I validated this, encouraging students (at this point in their social work education) to spend time in these spaces of uncertainty and work to cultivate critical questions—for themselves, the field, and their community. I encouraged them to observe their mind-body responses to the vignette and the underlying assumptions and lived experiences that informed them. I named the white supremacy characteristic of perfectionism (Okun, 2022) that too often undergirded social work lessons on cultural competence, whereby

students might attempt to memorize a “best practice” response with no recognition of historical and cultural contingencies. Ultimately, I encouraged students to lead with curiosity.

Finally, I shared how I responded that night at the shelter, clarifying my underlying assumptions and what I’d do differently today. By modeling humility, growth, and reflexivity in practice, I worked proactively to prevent two behaviors I encountered in the field: social workers doing nothing in lieu of doing something “wrong,” and social workers refusing to be accountable for harm at risk of being held “liable” for bureaucratic transgressions.

Underlying Assumptions & Structures that Facilitate Harm

Processing this case study creates space to trouble two underlying assumptions that facilitate harm. First, students must confront the limitations of a rights-based framework, whereby our empathy and action are contingent upon the legal codification of an alleged act of discrimination (Spade, 2015). Like most of their peers across the country, my students lived in a state with few protections against discrimination based on gender identity (Transgender Law Center, n.d.). This means that a legal response was not necessarily an ethical response. Students are encouraged to identify and respond to problems beyond civil rights violations, more broadly engaging with violations of social work principles such as respect for the dignity and worth of others, self-determination, and social justice.

Second, students must reckon with the violence of cissexism, or the idea that “cis people’s gender identities, expressions, and embodiments are more natural and legitimate than those of trans people” (Serano, n.d.). Under cissexism, individuals who do not adhere to an imposed, state-structured gender binary face interpersonal and structural persecution, abuse, and neglect. Moral panics position trans women and TGE people more broadly as sexually predatory and dangerous to cis women (Lee, 2020), while obscuring that (cis) men are overwhelmingly responsible for violence against women (Tjaden & Thoennes, 2000, p. 47) and that trans people experience disproportionate rates of violence (Flores et al., 2021). Uninterrogated, these cissexist assumptions lead some social workers to impose inflexible and, at times, dogmatic gender

segregation policies in residential facilities. Like all trans-exclusive policies, gender segregation affects everyone—disrupting partners/spouses, family units, adult caregiver relationships, etc.

Relevant Practice Skills

This case study introduces students to three practice skills: margins-to-center policymaking, holding complexity, and de-escalation. In this case, shelter organizers assumed houseless adults would be cisgender, present markedly masculine or feminine gender presentations, and be comfortable being sorted into gender-segregated sleeping rooms. Students may be asked to consider a *margin-to-center* approach, extending bell hooks' (2000) proposal for a feminism that centers the lives and needs of women living on the margins of society. What would the case study look like if organizers had designed the shelter layout around the needs of TGE individuals?

Radically reimagining the norm of gender-based segregation in residential services requires social workers to sit with complexity. White supremacy culture, asserting a single, objective Truth, may lead students to conclude that the social worker could support trans inclusion *or* sexual violence prevention—but not both. Cissexism further positions these ideas as mutually exclusive goals. Students may be asked to consider the Black feminist principle of *multiple* and *partial* truth claims (Collins, 1990). What would the social worker's response look like if they understood trans inclusion and sexual violence prevention as co-existing goals? What assumptions and beliefs underlie their presumed tensions?

Finally, this case study introduces students to the importance of de-escalation. The five men confronting the social worker are emotionally activated and likely affected by the limited autonomy they are afforded in the shelter environment, prejudices and moral panics surrounding trans women, heterosexist expectations to guard and protect (cis)women, and related frustration with being physically separated from their girlfriends and wives at night. Mottet and Ohle's (2012) guide, *Transitioning our Shelters*, offers some helpful guidance for de-escalating cis clients communicating with fear and panic about the presence of trans clients. Suggestions include communicating with confidence that your mandate is to

provide safe shelter to all people, clarifying the difference between “causing” and “triggering” a survivor’s trauma, and proactively developing trans-inclusive policies that all new guests are oriented toward upon entry.

Discussion

These case studies provide two examples of social work instructors inviting students to question taken-for-granted ideas and structures that regulate and harm trans lives (e.g., cisheteronormative conceptions of family; gender-segregated sleeping facilities). Sarah’s case, situated within a course-length study of trauma-informed practice in child welfare, invites students to explore a model for trans-affirmative practice. Sam’s case, situated within a single-period workshop for an introductory social work course, invites students to ask critical questions and challenge binary assumptions. In both cases, instructors invite students to bring their lived experiences into the room, recognizing students as the experts of their own lives and that the personal is political. By encouraging students to recognize the ways the vignettes land in their minds and bodies and center lived and embodied experiences, we encourage them to learn and practice in ways that resist western and white supremacist educational and clinical practice grounded in hierarchy, domination, and the Cartesian Split. In each case, we challenge our classes to expand their critical consciousness, looking at ways in which we may have internalized systems of oppression, and their embeddedness in institutions, as normative, natural, and unchangeable.

Conclusion

At a time of state-sanctioned assaults on and attempted erasures of trans lives, social work classrooms must facilitate critical, open, and trans-affirming education on how to support trans communities. As social work instructors, we have seen students and faculty with uninterrogated anti-trans bias resist trans-affirming education by asserting they can simply “opt-out” of working with TGE communities in the field; or that the language TGE communities use is too complex, fluid, or misaligned with long-held assumptions

about grammatical correctness. Social work educators have an obligation to dispel these myths and to offer consistent and affirming content that recognizes and makes visible trans lives across all areas of practice. Social work educators should model pushing through fragility and the fear of making mistakes through a commitment to building stamina and a commitment to consistently showing up. Moreover, schools of social work should reinforce these efforts through their implicit and explicit curriculum and their own expressions of commitment to listening and always striving to do better in their support of TGE students, faculty, and communities.

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