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The Trans Person is not the Problem: Brave Spaces and Structural Competence as Educative Tools for Trans Justice in Social Work

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Social work students must be equipped to confront injustice and oppression. Effectively challenging oppression necessitates attention to the ideological origins and subsequent systematic marginalization of oppressed populations. This article critically examines social work education as it relates to trans people and communities. We propose two interconnected pedagogical shifts for consideration: moving from the social work classroom as “safe space” to the social work classroom as “brave space,” and broadening the commonly used educative method of cultural competence to structural competence. We argue that these pedagogical shifts will better prepare social work students to disrupt cisgenderism and dismantle the gender binary, and to be responsive across multiple axes of power, privilege, and oppression—necessary measures for advancing equity and justice for trans people and communities.

Keywords: social work education, transgender, brave space, cultural competence

Introduction

By featuring Laverne Cox's infamous cover photo, *Time Magazine* declared in 2014 that the progress engendered by trans visibility had at last brought the United States to a "transgender tipping point" (Steinmetz, 2014). From here, it was suggested, trans equity was not only within reach, but inevitable. Yet five years later, rampant discrimination and violence continue to be enacted upon trans people, and the White House is seeking to fully legislate the trans community not just out of protections, but out of existence entirely (Green, Benner, & Pear, 2018). What happened? Evidently, not enough, as such a rapid shift in transphobic tenor indicates that despite the empathy visibility generates, visibility itself does not ensure structural transformation. Rather, sustainable forward movement requires not only noting and valuing the lives of trans people, but, more importantly, shifting our gaze to the pervasive cisgenderism underpinning our social, cultural, and political norms and institutions.

Such an approach is embedded within the core values of social work, evidenced by the National Association of Social Workers (NASW) and the Council on Social Work Education's (CSWE) emphases on social justice and endorsements of trans-affirming social work education and practice (CSWE, 2015; NASW, 2015). Yet in order to effectively meet these education and practice standards, social work students, faculty, researchers, and practitioners must be attuned to the ideological origins and subsequent systematic marginalization of trans populations. Without this focus, social workers may not only be ineffective in combating social injustice, they may also be unintentionally perpetuating the marginalization they are charged with addressing. For example, consider social work's historical connection to the oppression and marginalization of trans people and communities. Though a marginalized group in society, the oppression of trans people and communities has been perpetuated by the social work profession through the use of language of individual pathology, gatekeeping, and complicity with systems and institutions that reinforce the gender binary and presume cisgender identity. Trans people experience barriers to care in social service settings, ranging from a lack of trans-affirming care to hostile and discriminatory treatment (James et al., 2016). In fact, social work education itself reinforces

the gender binary throughout the curriculum. Developmental models widely taught in human behavior classes reinforce the gender binary, as does the pervasive research instruction of gender as example of a dichotomous variable.

Today, the limited attention given trans communities within social work tends to be framed within cultural competence, the profession's primary mechanism for "engaging with difference" (CSWE, 2015). Just as visibility does not engender institutional change, an approach such as cultural competency does little to address the structural causes of trans oppression. The aims of this article are to: (1) situate trans oppression and marginalization within the prejudicial ideology of cisgenderism; (2) offer a critique of cultural competence and the subsequent effort to create "safe spaces" as the primary educational method for preparing social workers to effectively engage with trans people and communities; and (3) demonstrate the utility of "brave spaces" and a structural competence framework in educating social work students to work with trans people and communities.

Social Work and Trans Oppression

Locating trans oppression within social work calls first for a broader survey of the function of a binary gender classification system within society at large. The *gender binary* refers to the pervasive idea that there are two, rigidly bounded genders, with classification under the binary as a foundational element of contemporary United States' social structures. While he never explicitly named the trans individual or body, Michel Foucault's (1982) analysis of categorization-as-power proves pertinent to the success of the gender binary as a mechanism of population management and societal regulation. Describing the discipline of deviance, Foucault suggests that a powerful truth regime "categorizes the individual...attaches him to his own identity, [and] imposes a law of truth on him which he must recognize and which others have to recognize in him" (Foucault, 1982, p. 781). As a central organizing principle for society, then, a binary system of gender categorization creates the conditions for the trans person to be marked as a deviant subject in need of correction. Foucault suggests that as society internalizes such truth regimes, power becomes pervasive and dispersed, and the state

becomes able to rely on science and social customs to enforce its classificatory systems.

Across such arenas as law, education, and government, trans people are rendered invisible, illegible, or disallowed through cisnormative systems that disregard identities that do not adhere to the gender binary or that presume a cisgender history (Grossman & D'Augelli, 2006; Shelley, 2009). Foucault (1984) locates science, with its privileged empirical status, as the site at which such norms become specified, sanctified, and thus embedded within these structures. In particular, medical discourses have heavily influenced the theoretical conceptualizations of trans identities and subsequently the frameworks made available to the world at large (Sanger, 2008), including the social work profession. Medical models focus on a binary construction of sex, a binary construction of gender, and a binary construction of trans identity. Describing the pervasiveness of such constructs, legal theorist Dean Spade states:

These norms and codes of behavior reach into the most minute details of our bodies, thoughts, and behaviors. The labels and categories generated through our disciplined behavior keep us in our places and help us to know how to be ourselves properly. (Spade, 2011, p. 54)

Thus, as indicated by a historical overemphasis on “correcting’ gender deviance through reassignment to the ‘appropriate’ gender,” both the physician and the social worker stand to enact disciplinary power over the trans subject (Shelley, 2009). This inherently oppressive and assimilationist framework reflects society’s frequent rejection and denial of trans identities and experiences (Shelley, 2009).

As indicated by a breadth of scholarly work, histories of gender deviance and trans oppression are deeply interwoven with other axes of power and oppression (Bey, 2017; Brubaker, 2016; Holland, 2012; Rifkin, 2011; Snorton, 2017; Stoler, 1995). Notably, those trans bodies deemed legible (albeit pathologized) reflect that gender is not neutral, but instead that the very coherence of a trans identity is contingent upon racial, national, classed, and abled borders (Krell, 2017). Testifying to the “collective amnesia” regarding Black trans life in the United States, Riley Snorton (2017) highlights how even the most pathological

trans body is racialized, as the very binary of femininity and masculinity is conceptualized as White. Detailing the logic of Christine Jorgenson's fame, the first known trans woman to undergo hormone therapy, Snorton states she was "a peculiar emblem of national freedom, not beloved but somehow incorporeal" (2017, p. 142). In her essay "Don't Exist," Eva S. Hayward (2017) takes the implications of this collective amnesia a step further, suggesting that the very possibility of White trans visibility and empowerment is built on the bodies of Black trans women and trans women of color and the imperative that they "don't exist." This consolidation of gender with other axes of difference deserves ongoing attention within any consideration of trans liberation, as it invisibilizes a majority of trans lives and, further, amplifies the corrective violence faced by those who deviate not only from gender norms but from expectations of whiteness, ability, or class.

Situated within this sociocultural context, the profession of social work writ large is no different. Despite its commitment to social justice, the social work profession has historically contributed to the oppression of trans people. At times, this oppression has been direct, such as through the classification of trans people and experiences as mental illness. Though the social work profession has moved away from conceptualizations of trans identities as inherently pathological, as evident in recent practice guidelines by the National Association of Social Workers and the Council on Social Work Education (Austin et al., 2016; *Social Work Speaks*, 2009), the oppressive historical context must be acknowledged because current practices of diagnosing and treating are rooted in this foundational history (Markman, 2011). A brief summary of this oppressive historical context follows.

The Diagnostic and Statistical Manual of Mental Disorders (DSM) represents a central point of historical contention between social work and many marginalized communities. Trans communities hold a particularly fraught history with the DSM, given its historical deployment as a tool that circumscribed the trans body within a science of normals and deviants. Gender Identity Disorder (GID) made its debut in the DSM III in 1980 in the form of two diagnoses, gender identity disorder of childhood (GIDC) and transsexualism. Concurrently, the diagnostic category sexual orientation disturbance (which replaced

homosexuality in 1973) was replaced with ego dystonic homosexuality (Drescher, 2009). The latter category was removed with the publication of the DSM III-R in 1987, signifying the end of official psychiatric pathologization of sexual orientation. An additional category was added to the GID repertoire at this time—gender identity disorder of adolescence and adulthood, non-transsexual type, specifying criteria for children and adolescents/adults (Drescher, 2009). Some argue that the timing of the introduction of GID as a diagnostic category was not coincidental, but was intended to provide a means for diagnosing “homosexuality” following its removal from the DSM (Burgess, 2009; Langer & Martin, 2004). While the DSM-IV eliminated the added diagnosis of GID of adolescence and adulthood, nontranssexual type, it replaced it with “gender identity disorder”—a diagnosis that created one diagnosis covering both GIDC and transsexualism.

The recent revision in terminology from GID in the DSM-IV to gender dysphoria in the DSM-V has been recognized as an attempt to better reflect the incongruence between an individual’s gender identity and the societal expectations regarding how an individual “should” understand and live out their gender based on their sex assigned at birth. This shift in terminology does more accurately explain the problem, which is that societal definitions of gender do not reflect people’s lived experience of gender. However, the new diagnosis continues to identify the source of dissonance within the individual and through a lens of pathology (Markman, 2011). Its inclusion in the DSM perpetuates the notion that trans identities are non-normative, furthering the production and maintenance of prejudice and discrimination against trans people and communities. Additionally, the idea of incongruence still suggests that congruence is the norm, and that incongruence is inherently problematic (DeCuypere, Knudson, & Bockting, 2010).

The implications of these diagnoses have been far-reaching. Per the World Professional Association for Transgender Health’s Standards of Care (WPATH), a trans person seeking gender-affirming care, such as hormones, chest surgery, or genital surgery, must first obtain an expert “letter of recommendation” detailing their diagnosis of “gender identity disorder” and “readiness” for transition. As cisgender individuals seeking hormone therapies or cosmetic surgeries such as face lifts or

breast augmentations require no such letter, this represents an emphasis on trans-as-pathology “which reifies the idea that the dissonance between the gender performance of an individual and the expectations of society are the result of a psychological problem within the individual rather than a societal problem with defining gender” (Markman, 2011, p. 320). Highlighting the nature of this diagnostic power, transgender activist Pauline Parks proclaimed “every psychiatrist who diagnoses GID in a patient merely by virtue of the individual’s transgender identity is complicit in the manipulation and control of transgender people and their bodies” (Bilodeau & Renn, 2005, p. 31). The same could be said for social workers—every social worker who is complicit in the psychiatric diagnosis of a person based solely on their gender identity or expression reinforces the oppressive and systematic management of trans people and their bodies, as this diagnostic power is not solely symbolic, but rather, arbitrates a trans person’s access to gender-affirming care. Even if not engaged in the direct act of diagnosing, social workers frequently act as gatekeepers, requiring individuals to prove and defend their gender identities and limiting an individual’s ability to make their own choices regarding their body and access to gender affirming medical care.

Inherent in this gatekeeping process is the notion that an individual person does not possess the requisite knowledge to self-designate their gender; rather, it assumes that social workers are the experts who are able to discern, to *know*, the trans Other. A historical prerequisite for becoming “known” has been an adherence to the gender binary (Markman, 2011). Thus, individuals had to agree to the assimilative frame of the gender binary and adopt a “born in the wrong body” narrative in order to obtain necessary medical care. As discussed earlier, the system of binary gender underpinning “knowability” is deeply embedded with raced, classed, and abled norms. This interplay means that for many trans people of color, trans people with disabilities, or poor trans people, their gender may not be legible to a social worker who is operating under “neutrality,” disregarding intersectionality, or unaware of the impact of their own lens. As such, access to gender-affirming medical treatment “became entangled with a socially conservative attempt to maintain traditional gender, in which changing sex was grudgingly permitted for the few of those seeking to do so,

to the extent that the practice did not trouble the gender binary for the many" (Stryker, 2008, p. 94).

Despite perpetuating the notion of trans-as-pathology, it is important to note that the WPATH Standards of Care offer a framework to health professionals who might otherwise further pathologize, mistreat, or fully refuse trans people seeking gender-affirming medical care. Thus, for some trans people, engaging in the process of gathering expert proof of their identity is a lifesaving means to an end.

While the "born in the wrong body" narrative may be an accurate depiction for some, it does not reflect the heterogeneity of gender experiences. This dominant narrative limits individual and societal conceptualizations of gender identities while reinforcing the gender binary. Yet the problematic nature of the gender binary does not preclude trans people from an identification with the gender binary. In fact, some people of trans experience identify with the gender binary. It is when a binary classification is imposed and does not align with one's understanding of their own gender that it becomes problematic (Ansara & Hegarty, 2012) or when identification within the gender binary is a prerequisite for access to social systems. Rather than stringently adhering to the DSM's clinical metric for gender identity, then, social work could better respond to the disempowering treatment of trans individuals by relocating the truths of gender identity within the individual's word.

Structural Oppression: Cisgenderism

Recent literature demonstrates the pervasive discrimination and marginalization of trans people in the United States (Grant, Mottet, & Tanis, 2010; James et al., 2016). As a group, trans people, or people whose self-designated gender differs from the expectations associated with their designated sex at birth, experience disparities in housing, employment, and health, are subject to police profiling, and experience violence in their schools, workplace, and communities (James et al., 2016; Stotzer, 2009). Given the cumulative power of intersecting forms of oppression, multiply marginalized trans people are disproportionately represented among those facing such individual and structural mistreatment. This includes significantly higher rates of discrimination, violence, and economic hardship among

trans people of color, undocumented trans people, and trans people with disabilities, among others (James et al., 2016). Adding to this marginalization, only twenty states and the District of Columbia ban discrimination based on gender identity and expression (Human Rights Commission [HRC], n.d.). This lack of protection and inclusion in public policy results in a greater need for services, advocacy and specialized care. These legislative practices demonstrate the ways in which the repudiation and unjust treatment of trans people extend beyond the clinical discourse (Shelley, 2009).

To understand and effectively address this pervasive discrimination and marginalization, it is imperative that social workers broaden their lenses of analysis from the individual and interpersonal levels of discriminatory acts to the structure of social systems and institutions that permit and often encourage the discriminatory behavior of those within said systems and institutions. In other words, social workers must recognize the role of structural discrimination in the marginalization and oppression of trans people. Structural discrimination refers to “the policies of dominant race/ethnic/gender institutions and the behavior of the individuals who implement these policies and control these institutions, which are race/ethnic/gender neutral in intent but which have a differential and/or harmful effect on minority race/ethnic/gender groups” (Pincus, 2000, p. 31). The practice of broadening the analysis to the structural level is not new. For instance, social workers, researchers and advocates have traded the concept of homophobia for heterosexism. Heterosexism enables an understanding and analysis of the systemic marginalization of lesbian, gay, and bisexual (LGB) people and the structural favoring of heterosexual people over LGB people (Ansara & Hegarty, 2012).

Likewise, cisgenderism is a prejudicial ideology that “others” people who self-identify as or who are otherwise labeled as transgender (Ansara & Hegarty, 2012). Lennon and Mistler (2014) define cisgenderism as “the cultural and systemic ideology that denies, denigrates, or pathologizes self-identified gender identities that do not align with assigned gender at birth as well as resulting behavior, expression, and community” (p. 63). The concept has been outlined in depth in the psychological literature by Ansara and colleagues; it offers a structural framework for understanding the systemic delegitimization of

an individual's self-identified gender as a form of societal oppression (Ansara & Hegarty, 2014; Riggs, Ansara, & Treharne, 2015). Cisgenderism constructs cisgender people as the presumed way of being, or as the neutral standard, and those who are trans as Other. Therefore, understanding the marginalizing and discriminatory experiences of trans people through the lens of cisgenderism locates the problem outside of individual and interpersonal actions, focusing instead on the oppressive ideologies and institutional structures, rooted in the existence of a neutral standard, that produce and maintain their marginalization (Shelton, 2015).

Utilizing cisgenderism as a framework for understanding the health, housing, education, and employment disparities of trans people is in alignment with the social work profession's commitment to social justice. Rather than situating the causes for these disparities within the individual, and subsequently targeting interventions solely at the individual level, applying a lens of cisgenderism illuminates the ways in which an individual's self-understanding is structurally and systematically denied, challenged, and overlooked.

Likewise, such a reconceptualization de-centers a normative trans identity that might marginalize people who do not fit expectations of whiteness, ability, or income, instead shifting focus to the structures conditioning limited possibilities for trans people to begin with. Though this thinking is in alignment with the profession's commitment to social justice, such conceptualizations are lacking in social work education, practice, and scholarship examining the needs, experiences, and challenges of trans people and the social service response to those needs, experiences, and challenges. It is imperative that social workers grasp this concept if they are to make lasting change for trans people and communities. One method for ensuring social workers are able to grasp this concept is to shift the profession's long-standing educative focus from cultural competence to structural competence.

Cultural Competence

Cultural competence is arguably social work education's most well-established method for addressing cultural differences and inequities. With ten standards and dozens of practice

indicators, the National Association of Social Work operationalizes cultural competence as “the integration of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings” (NASW, 2015). While the Council for Social Work Education’s Educational Policy Accreditation Standards no longer explicitly name cultural competence, “Engage diversity and difference in practice” is the second social work competency listed. Yet despite its continued centrality within social work’s core curricula, cultural competence has demonstrable limitations as a pedagogical response to cultural difference and social injustice. A growing body of research points to the framework’s inadequacies, highlighting: (1) a positivist portrayal of culture as knowable, true, and capable of being mastered; (2) the positioning of the social worker as culturally neutral (i.e., white, middle-class, cisgender); (3) the equating of the social worker’s comfort with their self-awareness; and (4) an overemphasis on access to discriminatory structures over structural change (Fisher-Borne, Cain, & Martin, 2015; Jani, Pierce, Ortiz, & Sowel, 2011; Nylund, 2006; Ortega & Faller, 2011; Ortiz & Jani, 2010; Pon, 2009; Sakamoto, 2007; Tervalon & Murray-García, 1998).

Under this educative framework, the social work student comes to understand the social worker to be the knowing subject and the client as the culturally-distinct, knowable Other. Such an approach does not mandate the social work student to critically engage with power, privilege, and oppression, but rather demonstrate competency in the knowledge, acceptance, and management of difference. The neglect permitted by cultural competence may manifest at micro, mezzo, and macro levels as social work curricula teaches about difference while simultaneously upholding the conditions of inequity. For example, a social work student may learn about disability yet continue to use ableist language, learn about racialized economic disparities yet not be made to reflect on racial inequities in the staffing of their institutions, or learn of health challenges facing Native American and Indigenous communities yet remain unaware of social work’s long history in the forced removal of children from these communities. In such a focus on managing the Other’s difference, cultural competence curricula inadvertently perpetuate the very injustices they seek to address. Absent an analysis of accountability and with a lens turned outward, this

approach is inadequate for readying social work students to engage in anti-oppressive structural change.

As a subset of the cultural competence umbrella, transgender cultural competence is similarly insufficient for preparing students to challenge cisgenderism and act as advocates for trans people and communities. First, the notion of transgender cultural competence presumes the existence of a transgender culture that can be known, accepted, and managed. While socially and culturally constructed, gender does not constitute a culture in and of itself. Rather, gender, and thus trans-ness, is historically, locally, and culturally contingent. Some may assert that trans is indeed a culture. If we entertain this notion, transgender cultural competence remains inadequate for “it is not just transgender phenomena per se that are of interest, but rather the manner in which these phenomena reveal the operations of systems and institutions that simultaneously produce various possibilities of viable personhood, and eliminate others” (Stryker, 2006, p. 3). Focusing our gaze only on trans individuals and not also on the conditions that “allow gender normativity to disappear into the unanalyzed, ambient background” (Stryker, 2006, p. 3) limits the ability of social work students to critically engage with the systems and institutions that perpetuate trans marginalization.

Additionally, transgender cultural competence reduces the experiences of trans people to their gender identity only, without attention to other dimensions of identity and the interlocking systems of oppression that exist at the intersections of gender identity, race, ethnicity, immigration status, ability, and socioeconomic status. A cursory glance at the cultural competence literature further demonstrates the inadequacy of this mechanism for preparing social work students to challenge cisgenderism and engage in socially just practice with trans people and communities. Many cultural competence texts offer only passing mention of transgender topics, often collapsing trans into the LGBT acronym in content exclusively about sexuality (Austin, 2018; Austin, Craig, & McInroy, 2016; Erich, Boutté-Queen, Donnelly, & Tittsworth, 2007). Additionally, few social work programs have core curricula that require education on practice with trans people and communities (Fredriksen-Goldsen, Woodford, Luke, & Gutierrez, 2011; Logie, Bridge, & Bridge, 2007).

A desire for established parameters to the trans community—such that the social work student might *know* the Other—is additionally evident in prolific research on the cause, development, and achievement of a trans identity. For example, the language of *persisters and desisters* standardized within research on trans children continues despite growing recognition of the fluidity and mutability of gender (Durwood, McLaughlin, & Olson, 2017; Olson, Schrager, Belzer, Simons, & Clark, 2015). The approach to risk and victimization found in transgender cultural competence literature similarly invokes a metanarrative that encourages the social work student to become empathic toward a subjugated trans community. In depicting trans communities as uniformly at-risk and victimized by education, health care, workplace, and community violence, the social work student is provided an externalized cause for concern that dismisses the role that the cisgender social worker and agency may play in creating environments of and perpetuating the conditions of risk and victimization (Austin, Craig, & McInroy, 2016; Burdge, 2007; Shelton, 2016). Finally, the disparate number of texts grounded in the medical model of trans identity indicate the emphasis of transgender cultural competence on managing difference over interrupting the structures that punish it. With such textual emphasis on the cause, victimization, and treatment of the trans individual, the social work student's capacity for addressing inequity is limited by the know/accept/manage approach to difference.

Through educating the social work student to know, accept, and manage the difference of trans communities, transgender cultural competence reifies a belief in the neutral subjectivity of the social worker and renders the trans community the knowable, culturally diverse Other. And, in so doing, acts as an educative tool focused not on equipping social work students with tools for enacting structural transformation, but rather on generating competencies that register across cisgender communities and institutions. Insofar as it does not demand individual and institutional cisgender accountability, then, transgender cultural competence is not the means for preparing students for social change.

Safe Spaces

Though arguably less common than cultural competence frameworks, safe spaces are another frequent response by social work to questions of cultural difference and inequity. Safe spaces have their origins in the 1960s gay bars that offered LGBTQ individuals community during persecution under anti-sodomy laws and a place for “practical resistance to political and social repression” (Harris, 2015, para. 4). The era saw similar safe spaces for women in which, according to the 1970s feminist organization New York Radical Women, “The idea was not to change women...It was and is the conditions women face, it’s male supremacy, we want to change” (Kenney, 2001, p. 24). Far from being institutionally-sponsored, these original safe spaces were both underground and resistant, seeking to provide a haven for the marginalized in which they might imagine change.

Yet over the past 50 years, safe spaces have evolved into a relatively mainstream phenomenon. Typically associated with high school classrooms and college campuses, Merriam-Webster defines safe space as a place “intended to be free of bias, conflict, criticism, or potentially threatening actions, ideas, or conversations” (safe space, n.d.). Many sectors of social work have adopted the safe space effort, posting stickers and signage around agencies and schools to communicate inclusivity and safety for LGBTQ communities, and hosting safe space programming and support groups for LGBTQ clients and students. While a safe(r) space is a necessary resource in an unsafe environment, this approach unfortunately does very little to interrupt patterns of marginalization and violence within the profession of social work.

Within social work education, the notion of a safe space forecloses critical opportunities for real learning, which require some level of discomfort, risk, and vulnerability (Cook-Sather, 2016). Because removing risk from the examination of controversial issues is impossible, social work classrooms built on the premise of a safe space often avoid the kind of critical analysis of power, privilege, and oppression necessary for socially just practice (Arao & Clemens, 2013). Further, as a safe space is intended to be a space free of conflict, it is often limited to a symbolic gesture in which an environment remains entrenched in the status quo. The focus on safety prioritizes those who are

used to being granted safety in society—commonly those who are class privileged, white, cisgender, male, heterosexual, and able-bodied (Love, Gaynor, & Blessett, 2016). In this way, cisgender social work students are not made to address their participation in the creation of an unsafe setting, and the structure retains its rootedness in cisnormativity. In avoidance of conflict or criticism, the safe space ensures its continuance.

Steeped in a rich history of pathologizing trans communities, social work must remain accountable to undoing the structural conditions of cisgenderism and gender binarism that undergird practice, research, and education today. While cultural competence is often invoked as one of social work's primary social justice mechanisms, its know/manage/accept approach to trans communities renders it complicit in the normalization of the cisgender social worker and the production of trans Others. Cultural humility, an emergent alternative to cultural competence, suggests a self-reflexive approach that demands a social worker be accountable to their positionality in inter- and intra-personal cross-cultural settings. Unfortunately, due to its overemphasis on micro-processes, cultural humility fails to attend to social work's role in confronting the broader systems contextualizing difference and oppression (Danso, 2018). Similarly, safe spaces may provide an important physical resource but fall short in generating the difficult dialogues necessary to engender accountability and enact structural change. In the interest of redirecting the social work profession's efforts toward social justice, the next section will call upon two emergent strategies—structural competence and brave spaces—to suggest a more viable, sustainable, and genuine approach to change.

Structural Competence in Social Work Education

As evidenced by the previous discussion of cultural competence, the current trend in social work practice and education is toward the individualization of problems. As such, education and practice often focus on alleviating an individual's symptoms rather than identifying and addressing the underlying causes of social problems (George & Marlowe, 2005). Thus, social workers may see their primary responsibility as helping to ensure access to supports and services rather than working to alleviate the need for such supports and services. The individualization of

social problems contributes to a perceived divide between case-work/clinical practice and community/macro practice (Mullaly, 1997). Agencies that provide direct services typically do not engage in macro level change efforts, and agencies that engage in social change efforts do not often provide direct services (Kivel, 2009; Mullaly, 1997). This macro/micro divide, in education and practice, fuels a separation of the personal and the political. Social work practice resulting from this separation fails to address the reality of people's lived experiences (Mullaly, 1997).

Conversely, structural social work, aligned with a feminist tradition, connects the personal and political through the identification, examination of, and action toward the causes of oppression (George & Marlowe, 2005). An emphasis on structural competence thus indicates that an engagement with the systemic causes of oppression is not only a macro practice, but a necessary intervention in order to effectively provide support at the individual level. This approach proves particularly apt when considering supporting trans communities facing intersecting oppressions. For example, structural competence would suggest that a social worker's capacity to truly affirm a trans individual rests upon not only micro practices such as correct pronoun usage but simultaneous engagement with the macro structures conditioning that trans individual's survival, such as a school-to-prison pipeline specifically hostile to trans students of color, or immigration policy that refuses undocumented trans people their basic human rights. In this way, a structural social work lens enables social workers and social work students to assume accountability for the multiple axes of power impacting the trans communities they seek to serve.

Despite an existing tradition of emancipatory social work theory and practice, the social work profession has not widely accepted structural social work practice, in part due to the concern that focusing on societal transformation will result in an inadequate focus on individual needs (George & Marlowe, 2005). The reality is that structural social work practice may pose challenges, particularly in the current neoliberal context of state-mediated service delivery in which the corporate interests of the insurance and pharmaceutical industries directly influence social work practice and social service delivery. As such industries frequently place emphasis on funding efficiency and measurable outcomes, treating trans individuals' symptoms of

cisgenderism is perceived as a more attractive investment than engaging in a nebulous, long-term intervention with the structure of cisgenderism itself. Nevertheless, the task is to: return to the profession's core values; reimagine our organizational and educational goals and divorce them from the "reductionistic, decontextualized, medicalistic approaches to treatment" (Ali & Sichel, 2014, p. 907); and adopt a both/and approach to social work education and practice. As societal structures are the source of disparate individual needs, societal change is an immediate need.

Brave Spaces

A relatively new concept in higher education, "brave space" is an emergent framework for deepening the dialogue around power, privilege, equity, and justice (Arao & Clemens, 2013). Whereas safe spaces establish rules meant to minimize conflict and moderate emotional responses, brave spaces invite authentic engagement and risk-taking (Stanlick, 2015). Inherent in the concept is a "combination of active risk and built-in affirmation" (Cook-Sather, 2016, p. 1). Brave spaces remove the passivity inherent in remaining comfortable and set the expectation that conflict and discomfort are likely to arise. When conflict and discomfort arise in brave spaces, they are addressed and moved through. Thus, brave spaces invite social work students to be courageous and active participants in their learning. 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).

In brave space classrooms, all students are held accountable for their words. In moving discussions past polite, surface level conversations, brave spaces confront both the implicit and explicit ways in which inclusion and exclusion, dominance and subordination, and belonging and alienation manifest for people with different identities (Cook-Sather, 2016). It is only through confrontation with these dynamics that transformational learning can occur and critical consciousness can develop. Often situated within systems and institutions that perpetuate the marginalization and regulation of trans people and their bodies, social workers need to be equipped to recognize, address, and frame their work around the historical, sociopolitical,

and cisgenderist context of trans marginalization. Brave spaces are more likely than safe spaces to enable the kind of analytic skills and critical consciousness required of social workers to address the multiple sources of inequities faced by trans people and communities. Brave spaces can easily be situated within a structural competence framework (discussed below) due to their facilitation of dialogue regarding how various identities are impacted by societal systems.

From Cultural Competence to Structural Competence

How would a structural social work approach look in relation to preparing students for practice with trans communities? Prior to applying a structural framework to educating social work students about practice with trans communities, social work educators must first identify the ways in which their curricular content is rooted in the know/accept/manage approach of cultural competence, cisgenderism, and the gender binary. Recent scholarship details the ways in which cisgenderism, and thus reinforcement of the gender binary, may show up in the social work classroom (Shelton & Dodd, 2019; Wagaman, Shelton, & Carter, 2018). Following the previous critique of the know/accept/manage approach inherent in cultural competence frameworks, we offer the following strategies for adapting social work education to a structural competence framework. The proposed shift from the know, accept, and manage approach of cultural competence to a process of recognizing, reflecting, and confronting is in alignment with the five tenets of structural competence for use in medical education outlined by Metz and Hansen (2014). It is our recommendation that social work educators and administrators first use the strategies outlined below to inventory existing pedagogy, curricula, and classroom materials for cultural competence frameworks. Following this, educators and administrators might consider the adaptations required to shift their praxes to better reflect the values of recognition, reflection, and confrontation characteristic of structural competence, and pursue the resources needed for implementing such shifts.

Table 1. Moving from cultural competence to structural competence

From:	To:
<p>Knowing:</p> <ul style="list-style-type: none"> • Claiming binary gender is natural and universal • Citing familiarity with trans communities using oversimplified or dominant narratives • Establishing parameters to encapsulate trans people (bodies, medical histories, transition plans) • Seeking to understand the “how” and “why” of trans identity • Locating source of conflict/distress within the individual 	<p>Recognizing:</p> <ul style="list-style-type: none"> • Learning about the history of a racialized gender binary and trans medicalization • Diversifying information sources to include marginalized voices unrepresented within mainstream narratives • Understanding the binary conditions of trans health supports (focused on transitioning from on gender to “the other”) • Acknowledging the policing of gender delegitimization, and the requirement that trans people prove who they are • Locating conflict/distress as a result of societal intolerance
<p>Accepting:</p> <ul style="list-style-type: none"> • Reinforcing dominant narratives of trans identity • Fitting trans people into the gender binary • Empathically viewing trans people one-dimensionally as victims 	<p>Reflecting:</p> <ul style="list-style-type: none"> • Acknowledging one’s own position of power and privilege • Identifying the systemic conditions that make trans people need to fit into the gender binary • Considering and validating the right of trans people to feel powerful, in control, and enraged
<p>Managing:</p> <ul style="list-style-type: none"> • Focusing solely on coping within oppressive contexts • Insisting on obtaining access to services via individual pathology and encouraging trans people to avoid conflict and confrontation within service systems • Emphasizing the good intentions of others • Answering hardship solely with coping (“It gets better”) 	<p>Confronting:</p> <ul style="list-style-type: none"> • Eliminating the pervasive assumption of cisgender identity in systems and institutions • Reversing the erasure of trans people’s existence and experience in systems and institutions • Addressing the impact of individual and institutional oppressive behaviors rather than intentions • Working to dismantle the socially constructed gender binary

Addressing the Gender Binary in Social Work Education

Cisgenderism cannot be disrupted and equity cannot be achieved for trans people and communities without dismantling the gender binary. Yet, social work education continues to reinforce the gender binary in explicit and implicit ways (Austin, Craig, & McInroy, 2016; Shelton & Dodd, 2019). Social work educators can engage in curricular expansion to ensure they are adequately addressing the gender binary. For instance, rather than reinforcing false parameters of an imagined trans community, furthering the notion that social work students can come to *know* a trans Other, teach students that it is an ethical obligation for social workers to dismantle the gender binary (Burdge, 2007). Social work educators can provide students with the critical thinking skills to do this work by including the following in their lessons: theoretical approaches that view gender as a fluid social construct; the historical and sociopolitical context of gender based pathologization; and examples of social problems for which macro level and policy interventions have been implemented. For instance,

...in other areas where children are routinely bullied, for example racial or ethnic discrimination and physical or mental disabilities, the focus of intervention has been policy directed toward changing the social conditions that maintain abuse, not changing children to better fit in to oppressive circumstances. (Lev, 2005, p. 49)

Burdge (2007) offers another example, drawing a parallel between the role of the individual vs. the role of society in relation to gender identity and poverty. She states:

Ending gender oppression to help transgender people is analogous to finding structural solutions to eliminate poverty, rather than trying to help poor people cope with their unfortunate plight in a hostile environment. We cannot end gender oppression by ignoring the inherent oppressiveness of the hierarchical gender binary. (p. 247)

Exposing social work students to contemporary innovative strategies for addressing the root causes of social problems can expand their ideas of practice from symptom management to

include structural change (George & Marlowe, 2005). For instance, Ali and Sichel (2014) call for training in counseling psychology to forge

alliances with activists who seek to radically expose the dramatic influence of the pharmaceutical industry in the proliferation of biologically based treatment models, and partnering with groups that have successfully found alternatives to mainstream psychiatric care for conditions across the spectrum of psychological suffering. (p. 907)

Similarly, social work education can partner with trans community members and grassroots organizations that are finding innovative ways to resist the state interference in and governance of their lived experiences of gender. Learning directly from those who are engaged in the work of dismantling the gender binary, whether they were educated as social workers or not, would move structural competency from an abstract classroom discussion topic to a concrete strategy for addressing social inequity.

Social work education and training needs to remind itself of the core professional values of social justice, equity and commitment to marginalized groups in society that guide our professional practice. These values lend legitimacy and context for structural social work practice. "Such exposures to radical experiences would also help dispute the notion of structural social work as an idealistic theory" (George & Marlowe, 2005, p. 21).

Conclusion

Guided by the Code of Ethics, social workers have a professional responsibility to "pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups" (NASW, 2008, p. 3). Effectively addressing the pervasive oppression and marginalization of trans people and communities requires social workers to broaden their lenses of analysis beyond the individual to include the societal structures that create and maintain their marginalization. It is incumbent upon social work educators, then, to equip their students with the tools to recognize and disrupt oppressive systems. Intentionally establishing social work classrooms as brave spaces can

facilitate an exploration of cisgender privilege and the development of analytic skills and critical consciousness required of social workers to address the inequities faced by trans people and communities.

As the primary educative tool for teaching students to understand diversity and difference (CSWE, 2015), cultural competence alone does not adequately prepare students to engage in social change efforts with trans communities. Rather, the know, accept, and manage approach of cultural competence perpetuates the false neutrality of the social worker and renders trans people as Other. Similarly, the pedagogical approach of establishing social work classrooms as “safe spaces” undermines the ability for students to acknowledge, reflect on, and be held accountable for their own role in upholding oppressive systems.

Structural competence offers a framework for moving past the know, accept, and manage approach to a strategy of recognize, reflect, and confront. This approach enables students to locate an additional site of intervention—one that resides not within the trans individual but within the rigid boundaries of the binary gender system that is embedded within societal institutions. Moving beyond competencies that were developed by and thus maintain the privileged position of cisgender individuals and institutions, social work students are better equipped to challenge the status quo by connecting individual struggle to structural causes.

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