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Typically, the job of a journal editor is not what people would consider to be exciting. We get to read some really interesting material, we get to stoke occasional fires by inserting our opinions unchecked, and we spend lots of hours in a world that exists only in email. Sometimes, it's like our job is to run outside and hit the hornet's nest with a stick, then run back inside and watch through the window. Occasionally, however, that gets reversed. It's as if something hits the Journal with a stick, then watches to see what happens. I've been the beneficiary of two such events, in the form of emails, over the course of the past month. I'd like to share them with you here.

Example One (directly quoted):

> *I have been a supporter of the JSWVE for a number of years and have been pleased that due, to the efforts of the past and current editor, efforts have been made to recognize that social work in other countries does not necessarily fit the model familiar to colleagues in the USA. At this time, however, I have decided to withdraw from the journal for reasons that I explain below.*
>
> *The journal speaks to ethics and values in social work, and I have become disappointed that the overriding ethical issue facing us during the last two years does not seem to have attracted submissions or editorial comment. I am*

> *aware that a paper focused on challenges facing Jewish Identity has been submitted yet the fact that both my country, the UK, and the USA are complicit in the genocide in Gaza and illegal and violent expansion of settlements in the West Bank seems not to be of interest. There are also associated domestic impacts in the UK, USA and some European countries that are now undermining and restricting the civil rights of their citizens to express support for Palestinian people.*

Example Two (directly quoted):

> *Hello,*
>
> *I just wanted to let you know that I quit an MSW program because your field is insanely antisemitic.*
>
> *I can't believe that you goys are now crucifying Jews for the sins of Christian colonialism and white supremacy.*
>
> *SHAME!*
>
> *Sincerely,*
>
> *A Jew*
>
> *PS—*
>
> *Muslims — Palestinians — were our* ***Master*** *and persecuted us with the Dhimmi system until dissolution of the Ottoman Empire in 1920.*
>
> *— The majority of Muslim countries still practice a form of Dhimmi apartheid and deny Jews rights and citizenship.*
>
> *Yall are standing with our former Masters and teaching Soviet/Islamist anti-Zionist propaganda as truth. You got conned.*
>
> *You people will always believe anything about Jews as long as it's stupid and mean and ahistorical and lets you morally preen about how righteous you are for scapegoating Jews.*

As you can see, it's exciting times at the *Journal*.

But what's a poor editor to do? Well, to start with, I asked both authors to submit their thoughts as editorials, forum articles, or letters to the editor. One did just that. It is included in this edition of the *Journal*. The other author has also responded that they will consider submitting something more formal. If that comes to fruition, I will afford it the same gravitas that I have afforded the other submission.

Social work practitioners, scholars, and educators (henceforth in this paper simply called "social workers") should be bold enough to reflect upon and address issues of discrimination within our ranks. Our discipline, irrespective of where it is practiced, is rooted in the notion that all people deserve a fair shake. The Statement of Ethical Principles (The Statement) of the International Federation of Social Workers specifically mentions "social justice, human rights, collective responsibility, and respect for diversities (International Federation of Social Workers [IFSW], 2018)."

In this editorial, I hope that I can respond thoughtfully to the concerns raised by the two authors, contextualize their accusations within the broader historical and professional landscape, and promote a constructive dialogue that advances both understanding and meaningful action. Further, I hope that this can serve as a catalyst for other authors, of a variety of opinions and from myriad places, to also offer contributions to the discussion. Maybe I can stir the hornet's nest.

The Allegations

The emails at the heart of this response allege that there are factions of social workers who discriminate *for* or discriminate *against* Jewish people and the state of Israel. I could also have said that the emails assert that some social workers discriminate *for* or discriminate *against* Palestinian people and the Palestinian state. These concerns, articulated in two very different communication styles, reference both overt and subtle manifestations of bias, including exclusionary practices, micro-aggressions, and institutional silences around both Jewish and Palestinian experiences. The authors – who represent two different opinions – both argue that unfair treatment, either inclusionary or exclusionary, is a leading factor in the creation of unsafe living environments for specific populations. I would add that discrimination of any kind by social workers also undermines the core values of the professional practice of social work, which is inherently a values-driven profession.

To fully grasp the gravity of these claims, it is essential to understand them within their historical contexts. Antisemitism and anti-Palestinianism have long and troubling histories, ranging from explicit acts of violence and discrimination to insidious, systemic marginalization. These injustices have varied from interpersonal acts all the way to governmental policies and military actions. Within professional settings, antisemitism and anti-Palestinianism can manifest as exclusion, lack of representation, and failure to acknowledge the unique challenges faced by individuals from either tradition. The social work profession, with its mandate to combat all forms of injustice, must confront these realities directly. However, to situate the conversation fully and fairly, we must also acknowledge the lived experiences of Palestinians and Jews and the oppression that they have faced historically and continue to face today.

Social Work Values and Ethics

As articulated in The Statement, the discipline of social work is built upon the principles of:

1. Recognition of the Inherent Dignity of Humanity
2. Promoting Human Rights
3. Promoting Social Justice
4. Promoting the Right to Self-Determination
5. Promoting the Right to Participation
6. Respect for Confidentiality and Privacy
7. Treating People as Whole Persons
8. Ethical Use of Technology and Social Media
9. Professional Integrity (IFSW, 2018)

Oppressive and discriminatory practice in any form would be against the full manifestation of any one of these principles. How can hostile actions against Jewish people be seen as recognizing their human dignity? How can exiling Palestinian families from the only place that they have ever lived be seen is promoting their right to self-determination? How can spewing slander and hatred on social media be seen as within the scope of professional integrity? When children are starved, maimed, orphaned, or killed, does it really matter whether they were born to parents who are Palestinian, Jewish, Christian, Buddhist, or otherwise? Does it matter if they are Russian, Ukrainian, Cuban, or Congolese?

The commitment to anti-oppressive practice is not merely aspirational in our discipline, it is a fundamental element of it. Social workers are called upon to challenge discrimination wherever it occurs and against whomever it occurs. In fact, this is the very task to which we committed ourselves when we decided to become social workers! Our field exists because we are the people who have committed ourselves, both personally and professionally, to creating welcoming and affirming spaces, practices, and policies. To support anti-Palestinianism or antisemitism is to chip away at the foundation of the professional practice of social work and our very reason for existence.

A Call for Submissions

The *Journal* is international. The IFSW has provided us with a beautiful and powerful platform upon which we can build knowledge, debate positions, and explore intricate, nuanced aspects of this complicated subject and many others. As we together face this thorny issue, the *Journal* recognizes the importance of serving as a forum for thoughtful, informed, and diverse perspectives. To that end, the IFSW and I invite social work researchers, educators, and practitioners to submit articles exploring any and all facets of this topic. Contributions are welcome from those who have experienced or witnessed discrimination firsthand, as well as from individuals who wish to offer critical analysis, propose solutions, or share narratives that challenge prevailing assumptions.

We are committed to publishing works that present a range of viewpoints. The current issue includes articles that tackle some of our industry's current divisive concepts head-on. There are articles relating to transgender care, antisemitism, and the potential for racial (and other) bias in social work licensing examinations in North America. Each of these topics can be incendiary, but these are the kinds of topics that should be explored and challenged in a publication like ours.

As the editor-in-chief of the *Journal*, I would like to have enough high-quality articles to support a special issue on the Israeli/Palestinian topic, so I'm asking for your submissions. Submissions may address the presence (or absence) of antisemitism and/or anti-Palestinianism in social work, discuss the interplay between these discriminations and other forms of oppression, critique current practices, or explore pathways toward greater inclusion and justice. By fostering a robust and respectful exchange of ideas, we aim to enrich our collective understanding and to strengthen the profession's commitment to its foundational values. As I was preparing this editorial, I was reminded by one of our colleagues at the *Journal* that an alternative perspective to much of the current discussion would be an approach that is *both pro-Palestinian and pro-Israeli*. This does, indeed, seem to be true to the heart of inclusivity and mutual respect, core elements of the social work view of the world.

The concerns articulated in the recent emails that I received serve as a vital reminder of the ongoing work required to uphold the values of social work. Oppression of anyone anywhere demands both recognition and action. In his letter from Birmingham Jail, Dr. Martin Luther King said that "Injustice anywhere is a threat to justice everywhere (King Jr., M.L., 1963)," reminding us that complicity is tacet support. By engaging thoughtfully with these issues, reaffirming the ethical foundations of the profession, and fostering respectful dialogue, social workers can advance a culture of inclusion, equity, and accountability and simultaneously challenge oppressive systems, tyrants, and regimes.

The *Journal* and I invite all members of the social work community – practitioners, educators, students, and leaders – to participate in ongoing scholarship around anti-Palestinianism and antisemitism and any other expressions of bias, inequity, and marginalization. The *Journal* stands open to articles representing all sides of this issue, in the hope that rigorous debate and reflection will yield deeper understanding and progress.

The profession's strength lies in the capacity of its practitioners for self-reflection, collective action, and unwavering commitment to justice. Let us move forward together, honoring the dignity and worth of every person, and ensuring that social work remains a force for positive change in all of our societies.

A Parable

When I was in my MSW program, I took a course called Social Work Practice with Groups that particularly resonated with me. That's somewhat ironic, because I actually don't do much group work and don't think that I'm particularly good at it. Nonetheless, at the end of that course, I felt compelled to write a parable of sorts to give to my professor that described my thoughts about some of the topics that we had covered in the semester. Over the many years since then, I've used that brief composition as a teaching tool for social work students, medical students, medical residents, psychology students, pharmacy students, and law students. I've revised it a few times. I offer my current version as my parting shot for this editorial.

> The Diversity Die
>
> Imagine a six-sided die. One side reads, "I am an individual with my

> own needs and my own history, and I deserve to be treated as such," while the opposite side reads, "I want to be treated just the same as anyone else and given the same rights and responsibilities."
>
> Another side reads, "I recognize that each person is unique and has the right to expect to be understood in his or her own individual way," while the side opposite that reads, "I understand that I am expected to treat everyone the same, showing no favor or partiality to any person or group."
>
> The final pair of sides read, "We as peers understand that we as a group deserve recognition of our group culture, values, and ideals, all of which are fundamental to our group identity," which is opposed with, "We as a group understand that there may be members of other groups whose group cultures, values, and ideals conflict with ours, but who still have that same right to their own group identity."
>
> In the professional practice of social work, in all of its varieties of expression, our job is to cast this die so that it lands with all six sides facing up.

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Letter to the Editor: Re: The Gaza Genocide

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Dear Editor,
At the heart of what is facing us all is the dehumanization of a group of people based on their ethnicity or religion. Clearly the Holocaust is the most shocking example of this in contemporary times. It happened when world history was understood to be civilized, by a nation that was perceived as civilized and carried out with a ruthless efficiency that killed (best estimates) between 5 and 6 million people. (Times of Israel, 2025) As a result of this international law was established with the prime movers being the UK and USA to ensure 'never again' ... not just never again for Jews but for anyone (UN Charter 1947).

It could be argued that the state of Israel was established by the British Empire in 1947 for two reasons:

1. To free Britain from Zionist terrorism that had blown up The King David Hotel in Jerusalem killing and injuring dozens and their continued killing of British soldiers (Lane, 2025)
2. However, in my opinion it was also a form of antisemitism because it enabled Europe to avoid facing up to consequences of embedded anti-semitism in European Culture by giving Jews a state of their own

The seeds of what we see now were sown then. Before the establishment of Isreal Jews and Arabs had lived peacefully together in the region for centuries (Rotem, 2016) but Zionism is essentially a political ideology founded by European Jews. There are first person reports that Holocaust survivors (best estimates less than 100,00) who emigrated to Israel post WWII were treated with contempt – 'why didn't you fight?' (Jockusch & Patt 2025) So, the nature of Israel from its beginning has been militaristic and aggressive. In 1948 Zionist settlers & military expelled or killed about half of Palestines' Arab population (750,000) (Masalha, 2012). Subsequently Israel adopted Hitler's policy of 'Lebensraum' that is pursuing the necessity of a Greater Israel (Petrie, 2024).

The reason this history is important is because Judaism and Zionism have become conflated and any criticism of Israel, particularly in the US, UK and EU, has been defined as antisemitic (Shanes 2024). Ironically there are many, many Jews worldwide and even within Israel who reject Zionism as a political project that has nothing to do with Judaism (Robson, 2025). Christian Zionism, however, is a whole other complexity not discussed here.

By now, after all the evidence compiled by respected Human Rights group (including in Israel) legal bodies, genocide scholars, UN committees and many more it is clear Israel is committing genocide in Gaza (B'Tselem, 2025; Martinez, 2025) & breaking international law in the West Bank. **My position is that Genocide is wrong whoever commits it and social work has an obligation to call this out.**

Antisemitism is now being used as a political weapon by non-Jews in the West to further political objectives. It's in the political interests of what is an extremely Right-Wing Israeli government to claim they represent all Jews although they don't. However, their genocidal behaviour places a target on all Jews and is already causing a rise in antisemitism worldwide (Rosen, Rottenberg, Freedman 2025)

I think, however, there is a generational trauma resulting from the Holocaust. It explains to me why Israel from its establishment has been militaristic and aggressive in initiating wars. Throughout the education system children and young people are taught to hate Arabs and perceive them as the existential enemy. Conscription reinforces this and some of the worst atrocities were and are being perpetrated by very young adults. Most Israeli citizens, even though they hate Netanyahu, don't think there is anything wrong with killing babies or toddlers or (as discussed in the Knesset) raping men in prison with objects (Patta, Reals 2024). Unfortunately, some Zionists outside Israel share this mentality and it is exploited for cynical reasons by politicians in the West wanting to use Israel to control an oil-rich region and generate personal wealth (MacKenzie, 2025). I am aware that some Jews, particularly in the US, really do feel Israel is their only safety. Israeli Hasbara has been very sophisticated and effective in pushing this narrative although that is beginning to fail (Saps, 2024).

Ultimately, I don't think this issue can be "both sided", either Genocide is wrong or it isn't whoever the perpetrators, whoever the victims.

Dr Stephanie Petrie

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Missing in Action: Where is Social Work in Disability Justice?

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Abstract

In this article we examine an ethical dilemma faced by social work in which the claim to uphold disability rights is not only obfuscated but lost in diversity rhetoric. After a brief glance backwards in history, we present the argument that institutional barriers to full accessibility in the form of legal compliance exist in higher education including social work education. The article then concludes with a call to social work educators globally to rethink disability as experience common to all humans and thus to attend to embodied and functional variation by expanding and deepening a textured and precise ethical commitment to diversity rhetoric and praxis articulated in the IFSW, other Codes of Ethics and the IASSW vision “to promote educational strategies and policies for a more just and equitable world”.
(International Association of Schools of Social Work,,n.d)

Introduction

Before wading too far into the water of ethical responses to disability, we take on the issue of defining it. Although there are multiple narratives that suggest that disability is not restricted to its embodied container, the explicit and implicit histories of disability, although claiming to be multi-focal, in part or in full default to a diagnosed body as the common denominator. This point will be clarified in the brief history presented below. In the conclusion section, we propose a way forward for social work to take a deontological, intellectual, and actionable lead in rethinking disability as human experience, which supplants the concept of disablement with accessibility to foster pragmatic and equitable participation of all bodies in social work and the greater university community.

Currently, disability rights in higher education, although being celebrated as a justice and inclusion strategy, not so secretly defines disability as a medical condition. Just the nomenclature "individual with" implies that disability resides within the body and can be recognized by the owner or the someone else observer. Too many faculty and students are familiar with so called disability rights legislation and its implementation within the digital or campus based ivory tower. As a matter of policy, both students and faculty who do not fit seamlessly into these standard teaching/learning environments either struggle or jump through the proverbial "proof of medical need" hoops to acquire dispensation from accessibility services, only for small tweaks to be conferred upon them. A typically university accessibility policy in the U.S. often looks like the following statement:

> The University is required to provide reasonable accommodations to qualified individuals with disabilities

Three constructs are operative, required, reasonable accommodation, and qualified individuals. The mandate to <u>require</u> institutions to comply implies that not all would do so without a legal carrot. Second, note that unlike any other identity group to which social work and universities profess equality of commitment, who is <u>qualified</u> must be affirmed by a legitimate expert and thus must precede the "ask". The accommodation ableist "tell" is always the modifier "<u>reasonable</u>". Thus, other than disability, no other students or faculty in the diversity rhetoric are asked to participate in a game of show and tell or are shuttled off to segregated locations and services claiming to provide reasonable accommodation while sidestepping equal access to learning/working environments.

In Figure 1 exposes the policy and legal obligation of a university to comply for a legitimate student along with what students may expect from “accessibility” services.

Figure 1

If you are a student with a disability and anticipate that you may need academic, housing or other accommodations, please read the following steps to connect with Student Accessibility Services:

Step 1) Fill out the Student Accommodation Request form at this link. **You can upload documentation in the form and submit it.** A staff member will review your request and send you follow up instructions. (note that under the ADA and Section 504 of the Rehabilitation Act, professional documentation is required before any responses are rendered to a student.

Step 2) Login to the link located on the University’s Portal/Launch Pad. Students will need to sign in and request an appointment. Appointments can be held in-person or via Zoom. Students will receive a confirmation email and will be asked to log in to view the appointment details.

Step 3) Meet with a staff member to discuss your accommodation request. During the appointment, our staff will talk with you about your symptoms, identify reasonable accommodations and give you detailed information about next steps.

Figure 2 contains an exemplar, a useless form letter minted by an automated digital assistant, sent to all faculty including those teaching fully accessible online courses in which all students have access to lectures presented in multiple formats (verbal, transcription) to alt tags, to untimed assessments, and to video and image descriptions. No attention to the actual student or learning context is apparent, releasing the efficiency genie out of the bottle with limited concern for the student who was implored to spend time and energy to prove “ill fit” with current standards.

Figure 2

Classroom/Alternate format texts

Classroom/Other Prefers tests in digital format with Jaws rather than using a reader

Testing/No Scantron answer sheets, If multiple choice exams are given, student should circle answers directly on the test and not use scantron (bubble) sheets.

Testing/Extra time 2.0x, Double time to complete any tests, quizzes, and final exams.

Testing/Scribe for tests, Depending on the format, student will need to have access to a scribe for exams. A scribe only records exactly what is dictated to them verbally by the student. A scribe does not make any additions or alterations of their own. Most students with this accommodation will follow procedures for requesting test proctoring.

Implied in the policy, the vetting process, and the form letter is that anyone claiming to encounter an access barrier may simply be a cheat and thus must have a blessing from a bona fide, legitimate source that the medical condition qualifies for attention.

Unfortunately, social work education, rather than interrogating and challenging such institutional policies, waltzes with them, sometimes in a manner unbeknownst, but not always. This modus operandi is inscribed in our history to which we now turn. Interestingly, while social work faculty often portray us as progressive, history and current action say otherwise, exposing social work education as a functionalist follower (Editors of the Encyclopedia Britannica," n.d.). In the conclusion, we propose a theoretical model that upholds the rhetorical duty ethics of social work and positions our profession as leaders in this effort.

History of disability in social work

Early in the history of disability studies, Linton (1998) proposed that educational institutions often perpetrate systems of prejudice and exclusion about which they theorize, claim, as unethical and rail. The field of social work is not exempt from this assertion. Clearly, social work education and practice have undergone significant theoretical and skills-based changes over time. As asserted by Linton and

Shakespeare (2013), most have been in response to contextual phenomena. Defaulting to prevailing intellectual, social-cultural views of disability therefore has been operative in shaping social work education about and response to disability.

As the locus of disability moved from the moral into the medical neighborhood, social work followed. Espoused theory transmitted to newbie students in social work education portrayed disability as a violation of the legitimate human body. This unlucky corpus departed from the enlightenment norm to which the architectural, social, cognitive, emotional, and virtual worlds catered and still do. Within the medical scaffold, the owner of the violating body is at significant disadvantage depending on the type of deficit and thus is the platform for help in the form of fixing to the extent possible.

It is not surprising that in response to this infrahumanization, the social model of disability was proposed in the late 20th century (DePoy and Gilson 2022). A view from this theoretical bridge defined disability as a toxic, oppressive socius (Deleuze and Guattari, 1983) ejecting the disability from the corpus to its context. As stated comedically by Young (n.d.) “No amount of smiling at a flight of stairs has ever made it turn into a ramp. Never.”

This conceptual framework, while consistent with some of the tenets of critical theory, brought enragement from those who decried the cleavage of the body from its environment. Early theorists held the world responsible for disabling any body, but not for long. The medically impaired body tiptoed its way back into the social model, once again taking center stage as the subject of oppression (DePoy & Gilson 2014). The “who”as subject of discrimination is still located in a body in common with other similar bodies, and thus the social model casts its spotlight on the plight of the essentialist group sharing the “not normal” moniker (Titchkosky, 2003). While ostensibly an advantage, the social model places some responsibility for a response on the institutional, built, and social contexts. Still, the violating body remains the victim of inaccessible environments, attitudes and policies. Social work thus follows, still keeping violator status intact and in need of help.

We now hone in on the social work perimeter bringing your attention to some of the critical failures of social work education primarily in the U.S. to meet its rhetorical deontology of equity for all bodies. First, even within changing diversity narratives, social work education still relies on developmental theory to paint a portrait of the flourishing individual over a lifetime. This theoretical determinism fosters normative expectations about bodies in action, emoting, and appearing. A construct always defines its opposite (Mevorah, 2022), and normal development is not exempt (Newcomb, 2021).

The broad range of theories contained in social work texts and HBSE education (Hutchinson, 2025), defines its boundaries and who does fit neatly within them (Dunn & Burcaw 2013), leading to an individualistic praxis outcome. The Person in Environment (PIE) framework, the soul of the HBSE curricula, promotes a helping hierarchy in which the social worker assists the client to adapt.

In contrast to PIE perspectives, rights theories, regardless of their consequences, propose to center the change expectation on context, not individual. Unfortunately, cultural and social essentialism used to define who is vulnerable and in need of specialized rights laws, while politically advantageous, still speaks to alterity and to some extent, maintains it (Spivak, 2008; 1985). Moreover, essentialism sets up a tenor of competition for who is most oppressed, often leaving atypical bodies at the bottom of the hierarchical barrel and in need of the helper. This point leads directly into the second snafu, the helper-helped binary.

While social work often invites participation in defining needs through articulated lived experience of an alter group, the helper is still throwing the party, defining who and what are invited and, in some circumstances, uninvited (Davis 2017). The helping hierarchy remains intact. As reflected by Wernick et al (2024), social work at the pinnacle of the helper/helped binary has not and cannot doff its history of treating disability (including emotional and neurological divergence) as the object of intervention.

Third and perhaps most insidious is the institutional and epistemic violence of the academy. In the U.S. and similarly in Canada, France and the UK, under the guise disability rights legislation, learning and work environments maintain Vitruvian proportions and Enlightenment humanism intact (Brown,2021). The normate (Garland-Thompson, 2017) body navigates, studies, and produces within the standard physical and virtual halls, while others must seek proof to be invited by digitally created form letters after being blessed as in medical need. A significant part of the U.S. Americans With Disabilities Act clergy workforce is comprised of social workers, who are deemed professionally legitimate witnesses who can testify to accommodation eligibility. This oxymoron reveals how professional education systems, and their university homes, do the two-step, maintaining barriers while asserting expansive rights, ethics and values. As DePoy and

Gilson assert (2022), formulaic accommodation to tweak standards for the alter body locates the responsibility for seeking even minimal response to the violating, stigmatized corpus, eviscerating equity of opportunity to educate oneself, and dismissed from the penned social work values and ethics narrative.

Exemplars

We offer exhibits that both criticize the current practices and illuminate opportunity.

Social Work-Good Intentions Stymied

The oncology social worker advocated for transportation for her client, a student at the university, who was not able to navigate the expanses of the campus due to advanced cancer. The university administration offered no solution since it had abandoned its "disability bus" 6 years prior (an exemplar of revoked invitation), mired any current response in committee bureaucracy, and failed to meet the student needs before he entered hospice and expired. The social worker, using advocacy skills learned in her social work education and practice could do nothing as a helper for the client. The client had no voice, and the university took its merry old time to foist the responsibility for transportation assistance to a committee of pawns waiting for the queen to make its move. The opportunity for transportation for all was presented to the president by social work faculty but dismissed, despite research illustrating the recruitment and retention advantages of universities with systems to move all students seamlessly. Implementing a campus wide people mover system rather than a stigmatized short bus is a missed opportunity but one not to be tabled. As we propose in the conclusion, theory and action that humanizes and seamlessly integrates all bodies provides the utopia of futures thinking (Nissen, 2025). During such planning, bifocal helping is warranted. Where is social work in this effort? A single social work student stepped up as a driver, but it was too late in the institutionally violent process.

The Failed Internship

Recently, a graduate student blessed with accommodation legitimacy who was studying in the on-line curriculum in the U.S. due to inability to come to campus, wanted to devote a distance internship to studying the limitations of the ADA in achieving (or not) disability justice. Of particular focus in the proposed work was a systematic study of disability justice content in social work policy courses, and then of social work roles in practice, to address disability discrimination and abrogation of rights. Unfortunately, the internship plan was stymied by epistemic violence and bureaucratic hand wringing. The plan did not meet all nine generalist CSWE competencies. Had this student proposed doing this type of work in an agency that addressed direct practice, no questions would have been raised about the potential to meet all CSWE competencies even if the opportunity for research and policy were not offered. We query the capacity of any placement to meet all competencies.

Virtual and Digital Access

The pandemic Zoom migration illustrated the double-edged sword of digital learning, by both normalizing all bodies as virtual participants, but unfortunately still excluding those who could not access the screened world in a "normal" fashion. But some industrious innovators stepped up to the access plate which has paid off with the explosion of digital and AI models that actually have the potential to craft an expansive participatory intellectual world. As the ethics of AI in learning are negotiated, this deal making challenges social work educators and practitioners to deepen axiological and epistemic analysis before vilifying AI as a cheating tool. Curiously, post-pandemic return to the built environment once again exposed the institutional exclusion of bodies unable to navigate the bricks and mortar.

Faculty Development for Some

A School of Social Work in the U.S. had made a commitment to diversity and implicit bias training, ostensibly inviting all faculty. But day-long workshops from early morning through late afternoon for those who cannot sit for so many hours and even for the few who are willing to try are not the epitome of an invitation for all, overtly demonstrating the emptiness of progressive responses to need and clearly exposing the implicit bias of the trainers themselves.

Where Now

What does making accessibility an ethical mandate in social work education look like? As claimed by Davis, we can make the most profound and enduring change through conceptual reinvention. Although Davis (2017) was not directing his comments to social work educators, we are redirecting Davis' claim in that direction guiding social work educators to follow conceptual and ethical reinvention in our own academic homes. Much thinking and action are indicated, not only to position social work as ethically legitimate in meeting its deontological and principlist statements, but also in pulling ourselves out of the contradictory corner which we ourselves have painted. Profound change means prioritizing access as an inalienable right, but for whom and through what means? Several works have proposed methods to redress ableism in higher education, and in particular, social work education. Hanebutt & Meuller (2023) for example propose critical crip theory as the basis for action. A recent text (Slater and Johnson, 2024) has brought critical theory and ADEI narrative to propose the role of social work as discrimination slayers. While these approaches build on classical critical theories, they feel too much like we have already “been there, done that and got a t-shirt”. As long as “vulnerable groups remain contained in that ghetto, Titchovsky’s (2003) warning remains intact. Special programs and considerations retain their centerpieces as visible rather than demanding a seamless, respected, and reciprocal position in a thinking and fair world.

A useful way to rethink disability from deficit to human experience emerges from scholarship and ethical analysis, and from two designers, Morrison and Fukasawa (2007) who proposed supernormal design. This concept denotes the seamless integration of objects (including the body as object) without drawing unnecessary attention to them. Similarly, DePoy and Gilson (2022) proposed that disability be recrafted as the common human experience of inability to accomplish a task, which in social work education would focus on completing the work in courses and internships. Relocating disability as human experience known by all people guides us to an alternative universe in which learning environments are redesigned to meet the purposes and values of social work education in a creative fashion while not dismissing human dignity and worth of the alter. In so doing, we ultimately jettison specialized rules and compliance regulations that only serve to maintain alterity and stigma and violate the professed duty ethics of social work. Of course, this agenda is bifocal in that the needs of today’s educational accommodation environment for the atypical learner need to be met while change is occurring in tandem.

Instead of traversing the same rhetorical domains and borrowing from fields that thrive on advancing the power of their own identities, social work now has a potent opportunity to actualize its ethical statements not only for disability rights, but more expansively for promulgating an agenda of progressive accessibility and equity for all bodies. We entreat such ethics, values, scholarship and action.

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Fractured Solidarity: Jewish Identity, Isolation, and Justice-Doing in Progressive Social Work

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Abstract

This reflective article explores the complexities of Jewish identity within progressive social work academia, particularly in the context of rising global antisemitism and political fractures within justice-oriented movements. This reflection navigates tensions between my deep commitments to Jewish history, ethics, and collective responsibility and my dedication to anti-oppression and social justice. Jewish identity is often rendered invisible within progressive spaces, even as Jewish academics experience misrecognition, exclusion and epistemic erasure. At the same time, mainstream Jewish institutions often demand ideological conformity, leaving progressive Jews caught between two worlds. Using reflective praxis and justice-doing, I explore the emotional, political, and ethical complexities of navigating this liminal space. I engage with the concept of "double vision" (Hartsock, 2017) to articulate how marginalisation generates critical insight, offering an analysis of how progressive academia's commitment to anti-oppressive practice can, paradoxically, exclude certain lived experiences. Ultimately, I argue for a more expansive approach to justice that holds space for complexity, contradiction, and relational accountability, resisting the flattening of Jewish identity in progressive movements. This reflection contributes to a broader conversation on the limits of solidarity in social work and the possibilities of justice-doing as an ethical response to fractured belonging.

Key words:
Jewish identity, progressive social work, feminist standpoint theory, justice-doing, solidarity and exclusion

Navigating Spaces

I write this article as the sole Jewish academic in my social work department, all of whom are deeply committed to progressive values of justice, equity, and inclusion. Yet, as antisemitism rises globally and fractures deepen both within the left and among Jewish communities, I find myself increasingly positioned at the margins of spaces I once considered home. Within progressive social work, conversations on power, oppression, and marginalisation are foundational (Dalrymple, 2019; Walbam et al., 2021). However, Jewish identity is often unacknowledged, misunderstood, or misrepresented in these discussions, leading to moments of alienation and erasure. At the same time, in mainstream Jewish spaces, my progressive commitments – particularly in relation to Israel and Palestine – place me at odds with dominant communal narratives.

Magid's (2013) concept of post-Judaism helps explain why progressive Jews often struggle to find a place within institutional Jewish life. Magid argues that contemporary Jewish identity is increasingly fragmented, as many Jews, especially those who are secular, cultural, or politically critical of Israel, become estranged from mainstream Jewish institutions. These institutions continue to centre nationalism and religion as primary markers of belonging, making it difficult for those with fluid, critical, or nontraditional Jewish identities to feel fully included. As someone whose Jewish identity is deeply rooted in history, ethics, and a commitment to social justice rather than nationalism or religious observance, I find myself navigating a space between, never fully at home in progressive movements that overlook Jewish identity yet increasingly disconnected from Jewish spaces that promote ideological conformity.

I wonder if this tension leaves many progressive Jewish academics (not only me?) navigating a precarious position. Neither fully belonging in mainstream Jewish communities nor in broader social justice movements.

Working with Feminist Standpoint Theory

Feminist standpoint theory offers a valuable lens for understanding how lived experience shapes knowledge production and how marginalisation creates critical insight (Collins, 2022; Harding, 1991). Harding (1991) argues that knowledge is always socially situated and that those on the margins of dominant structures often develop epistemic advantages, seeing both the dominant worldview and its exclusions more clearly than those within it. Similarly, Hill Collins (2022) conceptualises the "outsider within" as a standpoint occupied by those who, while embedded in institutions of power, remain marginal within them. As a Jewish academic in progressive social work, I think I am experiencing my own version of this dual positioning. I am deeply engaged in my discipline's ethics of anti-oppression and social justice, yet I also bear witness to the ways these frameworks fail to fully account for the complexities of Jewish identity. This position enables a form of critical consciousness, one that recognises not only the presence of exclusion but also its mechanisms, silences, and contradictions.

Hartsock's (2017) work on standpoint epistemology further identifies that those experiencing marginalisation develop a "double vision", the ability to see both dominant ideologies and the ways they fail certain communities. This resonates with my experience in progressive academia, where it can feel like real-world antisemitism in Australia is at risk of being dismissed as a secondary or even dubious concern. Where it gets really complex is when there are critiques of Zionism or Israelis, and this can feel like it blurs into forms of exclusion because I don't know how to enter the conversation and worry my silence incriminates me. I feel like this is one of those moments where solidarity often fractures along lines that leave Jewish voices in a precarious space. The concept of double vision helps articulate why Jewish academics like me might perceive and feel these tensions even when they remain invisible to others.

This is precisely where standpoint epistemology becomes so valuable: it allows us to name what is unseen or unacknowledged within dominant justice frameworks, even those explicitly committed to inclusion. From my position, I can see how social work's commitment to anti-oppressive practice can, paradoxically, exclude certain experiences by failing to recognise the specific ways in which Jewish identity is racialised, politicised, and often flattened into a singular narrative. It is not just about identifying exclusion; it is about recognising the conditions that render some exclusions illegible. This, I believe, is one of the most critical contributions of standpoint theory, it offers a way to see and name these gaps, to make the implicit explicit, and to challenge the limits of dominant discourses that may otherwise present themselves as complete.

Feminist standpoint theory further emphasises that lived experience is not merely anecdotal but a legitimate form of knowledge (Haraway, 1988; Harding, 1991). Haraway (2013) critiques the idea of objectivity in knowledge production, arguing instead for "situated knowledges," which recognise that all knowledge is produced from a particular social, historical, and political location. Reflective writing, then, is not simply personal testimony but a methodological and epistemological practice grounded in feminist critique. It foregrounds marginalised voices and challenges dominant knowledge systems.

In this piece, I enact a feminist standpoint by engaging in a feminist reflective praxis to interrogate how progressive academic spaces engage with Jewish identity, how justice-oriented work can be complicated by political fractures, and how the experience of marginalisation can generate insights about the limits of solidarity in social justice work. My standpoint enables me to see not only the moments of exclusion, but also the ways these exclusions remain unseen by those embedded within the dominant epistemic frameworks of progressive academia. This involves reflecting on my own position and choices while recognising that the personal and political are inherently intertwined. I have attempted to gaze inward as much as outward, critically examining not only the structures I critique but also my own role within them. Embracing this reflexivity allows for vulnerability, to acknowledge that I am struggling and to seek ways of making change. It also means integrating my personal narrative into my scholarship, valuing my standpoint and lived experience as a critical source of knowledge (Lloyd et al., 2009). By naming what is unseen, I hope to contribute to a more expansive and self-reflective understanding of justice, one that holds space for complexity rather than flattening it.

Helping to Understand Tensions

Walzer's (2019) framework of thick and thin moral commitments provides a valuable lens for understanding these tensions. *Thick* commitments stem from a person's deep ties to a specific community, shaped by history, culture, and shared experience, while *thin* commitments extend across difference, forming the foundation of universal ethical principles. In progressive academia, my thin commitments to justice, anti-oppression, and solidarity align with my colleagues, yet my thick commitments to Jewish ethical traditions, including *Tikkun Olam* (repairing the world) and a historical consciousness of oppression, often go unrecognised. At the same time, mainstream Jewish spaces tend to prioritise thick communal bonds, often demanding unwavering loyalty to collective narratives, leaving little room for critical engagement with power and state violence. This dynamic creates a sense of displacement: progressive spaces fail to fully acknowledge Jewish identity as a site of marginalisation, while, in my experience, Jewish communal spaces can be weary of those whose political and ethical commitments grapple with dominant Jewish norms and what feels like the unquestioning impact of Zionism.

Reynolds' (2011) concept of *justice-doing* offers a meaningful framework for navigating these tensions, presenting an alternative to the individualistic notion of resilience as a response to systemic injustice. Rather than emphasising personal endurance, Reynolds focuses on collective ethics and relational responsibility, framing justice-doing as an ongoing practice of care, accountability, and resistance.

For progressive Jewish academics, this might mean not only bearing witness to exclusion within our fields but also actively fostering spaces for critical dialogue, ethical reflection, and solidarity, ones that do not require assimilation into dominant narratives. Justice-doing, in this sense, is about holding complexity: remaining true to progressive values while also insisting on the inclusion of Jewish perspectives, rejecting the false choice between communal belonging and ethical action.

Reynolds draws on John Keats' concept of *negative capability* to highlight an essential capacity in social justice work: the ability to remain present and engaged in the face of uncertainty and ambiguity. Instead of rushing to quick conclusions, negative capability calls for tolerating discomfort, recognising that ethical practice requires holding space for contradictions, tensions, and struggles. While this is not new to social work, it reinforces the importance of making room for the ethical dilemmas inherent in justice work rather than seeking premature resolution.

This framework also helps me understand why I have found solidarity with my queer colleagues; even as broader progressive spaces have struggled to fully acknowledge Jewish identity. Just as queer communities have long built their own networks of care and resistance in response to marginalisation, our shared experiences of misrecognition and exclusion have fostered a form of relational justice-doing between us. We offer each other affirmation, understanding, and ethical solidarity, even when mainstream movements fail to do so. In this way, justice-doing is not only about large-scale systemic change but also about how we show up for one another in moments of erasure, isolation, and struggle.

Bringing Some Things Together

Reflexivity is a core principle of feminist standpoint theory, not as an individual exercise in self-awareness but as a practice of justice-oriented critique (Harding, 1991). In writing this piece, I engage in critical reflection to highlight the ways progressive social work struggles to fully incorporate Jewish identity into its frameworks of power and oppression. My goal is not to position Jewish identity as uniquely marginalised but to illuminate how certain exclusions become normalised even within spaces that have an overt commitment to equity and justice. For example, I have had the experience of speaking out informally and formally within social work academic spaces about how I am feeling, how I am tired, how I feel grief, and how I am struggling with acknowledging Netanyahu's genocidal practices (United Nations General Assembly, 2024; University Network for Human Rights, 2024) at the same time as fearing for the global psyche of Jews. In the main, this has been met by silence. That is, lack of a response. By framing my reflection through feminist standpoint theory, Walzer's (2019) moral argumentation, and Reynolds' justice-doing, I argue that progressive Jewish academics who feel like I do – and others who navigate similar contradictions – can develop a reflective framework that sustains ethical commitments without erasing complexity.

This article, then, is not simply a personal account but an epistemological and ethical inquiry into the fractures within progressive social work and social justice more broadly. By centring lived experience as a valid form of knowledge and engaging with justice-doing as an active practice, I am trying to explore the tensions of being a progressive Jewish academic in a time of deep political and social division. In the sections that follow, I examine the specific ways these tensions manifest in my academic life, the implications for justice-oriented practice, and the possibilities for forging solidarities that do not demand the erasure of difference. Through this process, I hope to contribute to a more nuanced understanding of how marginalisation operates within progressive spaces and how we might cultivate justice-doing practices that sustain both individuals and movements in times of fracture.

Reflective Lenses: Key Tensions and Isolation in My Experience

I work in a terrific team of social work academics committed to anti-oppressive, critical social work and the ongoing work of decolonizing our pedagogy, research, and ways of communicating. As social workers, we are bound by a Code of Ethics (Australian Association of Social Workers [AASW], 2020) that is underpinned by social justice, human rights, and professional integrity. Our role is to enable socially just practice and critical thinking that supports societal transformation, particularly for those who are excluded, marginalised, and navigating systemic injustice. At its core, our profession seeks to shape the world around individuals, rather than demanding that individuals change to fit into a problematic socio-political and economic system.

These commitments are reflected in our teaching content and team discussions, which frequently engage with issues of politics, justice, and human rights. There is deep concern for the atrocities in Gaza, which I share. The university and social work discipline are genuinely invested in cultural responsiveness, a commitment I wholeheartedly support and engage in.

However, I am the only Jewish person in my team. This reality is often invisible, even within a group so attuned to social justice and cultural awareness. When my colleagues express shock about what they learn in cultural responsiveness sessions and their excitement about shifts in understanding, I feel a profound sense of isolation. Part of this is because my lens has always been different – as a Jewish person whose family carries a Holocaust history, my awareness of systemic violence, displacement, and survival has been lifelong. I have always known how oppression operates, how it is justified, how it is sustained. I have also grown up in a society and work at an institution where the Christian calendar dictates the work year, a fact that is rarely acknowledged in conversations about cultural inclusion. I live in a predominantly Anglo-centric landscape, particularly at work.

I suspect that for many on my team, their exposure to Jewish identity is limited to the idea of Jewishness as a religious or Zionist identity, rather than as a complex, diverse cultural and historical experience. As a cultural and humanistic Jew – someone who had a bat mitzvah, has raised two children with strong Jewish identities, but does not practice religiously – I often feel unseen in how Jewishness is framed within progressive social work. My ways of thinking and doing are profoundly shaped by what I consider a *triple identity*: a Jewish, Australian, and feminist perspective. Yet, making this visible requires significant emotional and psychological labor. It means continuously reminding my colleagues that my "aha" moments are not necessarily the same as theirs.

There is also an underlying tension that I feel: because I have white skin, I am often perceived as *the same* as my non-Jewish colleagues, yet inside, I do not feel the same. This dissonance is shaped by my life experiences, my family and community history, the adaptations I have had to make to fit into an Anglo-centred society, and the reality that Jewish identity is often misunderstood as being purely religious rather than also cultural, ethnic, and historical.

Adding to this complexity is my own evolving relationship with Israel and Palestine. I have long believed in the importance of a Jewish homeland as a safeguard against persecution, but I also cannot reconcile this belief with the reality of Israeli state violence against Palestinians. This has been ongoing for decades, but the current moment has forced a deeper reckoning. I need and want to question my old relationship to Zionism because of the decades of injustice against Palestinians. I do not support the Israeli government's actions, and I feel the need to *preface* any discussion of Jewish identity with this disclaimer, out of fear that, in progressive spaces, I will be misrecognised as unwaveringly Zionist. This constant pre-emptive positioning is exhausting – it feels as though my identity must always be *explained*, contextualised, and defended in ways that others are not.

At the same time, the events of October 7th and the rising antisemitism in Melbourne, Sydney, and beyond – including Elon Musk's public alignment with far-right, antisemitic figures – have deeply affected me. I feel vulnerable. I feel exhausted. And I want this to be *recognised* by my colleagues who are otherwise so deeply committed to cultural responsiveness, awareness, and solidarity. I want to be able to affirm my support for Palestinian liberation while also receiving affirmation that my own fears, grief, and sense of isolation are real. In my personal and social life, I am surrounded by Jews like me – progressive, critical, anti-racist – but at work, I often feel alone.

Feminist standpoint theory helps articulate this sense of exclusion by demonstrating how different social locations shape knowledge and experience (Collins, 2022; Harding, 1991). My perspective as a progressive Jewish academic reveals a gap in my team's understanding of marginalisation – not in malice, but in *unseeing*. My whiteness is seen, but my Jewishness is not. My progressivism is seen, but the ways I am set apart within it are not. In the next section, I explore how this feeling of marginalisation is mirrored within Jewish communities themselves, where progressive Jews increasingly find themselves isolated from mainstream Jewish spaces.

Navigating Fractures in the Jewish Community

If I feel isolated in progressive academia, I feel equally displaced within mainstream Jewish communities. As a progressive, anti-racist, and feminist Jewish woman, I do not align with the dominant political voices within Jewish institutions, which tend to centre Zionist perspectives and conservative political stances. While I understand the historical and existential reasons why many Jews see Israel as a non-negotiable necessity, I cannot align myself with the uncritical support of a state engaged in prolonged occupation and systemic violence. This divergence is not new, but the current political climate has made it *impossible* to navigate Jewish communal spaces without confronting it at every turn.

My thick commitments (Walzer, 2019) – those deeply tied to my identity and history – are Jewish. I carry a historical consciousness of persecution, of survival, of the importance of communal bonds. But my thin commitments (Walzer, 2019) – those that extend beyond my community and shape my ethical stance – demand solidarity with all oppressed people, including Palestinians. Within mainstream Jewish spaces, however, thick commitments are often expected to override thin ones, meaning that to be fully accepted in Jewish communal life, I would have to set aside my criticisms of the Israeli government, of Zionism, my concerns about occupation, and my desire to centre Palestinian voices. This is a line I cannot cross.

At the same time, my presence in progressive spaces means I often feel compelled to *downplay* my thick commitments, lest I be misrecognized as a Zionist apologist. This creates an impossible bind: in mainstream Jewish communities, my politics make me suspect; in progressive spaces, my Jewish identity does the same. Magid (2013) refers to this as the post-Jewish condition, arguing that many contemporary Jews – especially those who do not fit neatly into religious or nationalist categories – exist in a liminal space, disconnected from traditional Jewish structures but not fully embraced by broader social movements. This mirrors my experience of existing between worlds, belonging to neither fully.

This sense of *in-betweenness* is compounded by rising antisemitism. Progressive spaces are often quick to condemn antisemitism when it comes from the far-right, but less willing to recognise its presence when it emerges or is ignored or even dismissed from within leftist movements. In my living experience, at this point in time, the increasing general, societal antisemitic violence is also not mentioned voluntarily at work. And this silence hurts. As Wisel (1986) alerted us: “I swore never to be silent whenever, wherever human beings endure suffering and humiliation…Neutrality helps the oppressor, never the victim”.

Meanwhile, mainstream Jewish communities centre antisemitism *above all else*, often reducing Jewish identity to persecution and using it as a justification for unwavering support of Israel. In both cases, the complexity of Jewish identity – its plurality, its contradictions, its diversity – is erased.

Reynolds’ (2011) framework of justice-doing offers a way to navigate this tension. Justice-doing demands that we remain ethically committed to liberation without requiring purity or perfect alignment. It insists on relational accountability, rather than political litmus tests, as the basis for solidarity. For me, this means continuing to speak out about Palestinian human rights, even when it makes me unwelcome in some Jewish spaces. It also means insisting that antisemitism be recognised in progressive spaces, even when it is inconvenient or uncomfortable for those around me. And it means making peace with the fact that I will likely always exist at the margins of both communities.

Being a progressive Jewish academic in this moment means holding contradictions, discomfort, and grief. But it also means continuing to bear witness – to oppression in all its forms, to the fractures within our own movements, and to the necessity of justice-doing as an active, ethical practice.

Moving Forward: A Framework for Reflective Practice

There is an inherent tension in the way I hold my commitments – to my Jewish identity, to the history of my people, to the responsibility I feel to ensure that the Holocaust is never forgotten, and to my unwavering belief in social justice and solidarity. These are not separate or competing commitments, but they do sometimes feel as though they pull me in different directions. My *thick* commitments – the deep, embodied sense of belonging to Jewish history, community, and survival – bind me to a collective memory of suffering and resilience, to an awareness that history turns on the small decisions of individuals to remember, to resist, to remain. But my *thin* commitments are equally vital: my belief that no one is free until everyone is free, that liberation is entangled, that Palestinian liberation is tied to Jewish liberation just as queer liberation is tied to straight liberation. As long as one group suffers, we all suffer.

At times, these tensions feel unresolvable. But rather than trying to reconcile them neatly, I am beginning to see the importance of sitting with the discomfort, of recognising that the contradictions I experience are not personal failings, but the reality of living in a fractured world with fractured solidarities. This is a bold claim to make to myself. It is not easy to fully believe it is not about my own personal failings. Perhaps part of the work of justice is not erasing contradictions but consciously holding and recognising them. This is a common critical deconstruction process for social workers so in many ways this could be seen as a collective parallel process for social workers.

I have been thinking a lot about hope in moments when solidarity feels distant. Not hope as a passive belief that things will improve, but **hope as a verb, as something we do** – as getting in there, taking action, working with others, even when the outcome is uncertain. Hope is in the attempt, in the decision to remain engaged despite exhaustion, despite isolation. In this sense, hope is not just about envisioning a better world but about acting in ways that make it more possible, however imperfectly. hooks (2003) in writing about pedagogy, (so apt for this reflection from within academia), describes hope as a form of resistance, an ethic that insists on transformation despite all evidence to the contrary. This has been so helpful/hopeful, and I hold onto that.

At the same time, I am mindful of Munanjahli and South Sea Islander woman Chelsea Watego's (2021) "Fuck Hope", in which she critiques the concept of hope in the context of systemic racism and oppression. Watego argues that hope is often weaponised against Indigenous people, serving as a tool to pacify them and encourage endurance through injustice rather than demanding structural change. Instead, she asserts that self-determination (sovereignty) resists reliance on the promise of future change, advocating for refusal and protest in the present. Her account of hope is radical, and like hooks (2003), I believe it argues activity, action and resistance.

And yet, hope is difficult when I feel alone. The people who have shown up for me in this moment, who understand what it means to live with contradiction and misrecognition, are my queer colleagues. They, too, know what it is to feel unseen, to have their existence questioned or conditional, to be part of a movement that sometimes forgets them. Their solidarity has reminded me that I am not entirely alone, that I do not have to make myself smaller or quieter to fit into a space that does not yet know how to hold me.

In navigating the complexities of identity, I have found that queer folk often possess a profound understanding of existing within and beyond the traditional gender binary. Their survival has necessitated a nuanced engagement with the spaces between, rejecting rigid dichotomies and embracing the fluidity of identity. This adaptability fosters communities that thrive in these complex, in-between spaces. As McCann and Monaghan (2019) discuss, queer theory challenges fixed identities and embraces the multiplicity of experiences, highlighting the importance of intersectionality and the rejection of binary thinking.

History is also significant for queer folk, much like it is for Jewish communities. Understanding the struggles and triumphs of those who came before provides context and strength for contemporary challenges. McCann and Monaghan (2019) emphasise the value of engaging with queer histories to inform present and future activism. This really emphasises that liberation is an ongoing, relational process.

Through this lens, I recognise that the solidarity extended to me by my queer colleagues is grounded in a shared experience of navigating otherness and a commitment to collective liberation. Their example teaches me that embracing complexity and rejecting simplistic binaries can lead to more inclusive and supportive communities, where people are not compelled to diminish themselves to fit into predefined spaces.

I am struggling with how to bear witness to my own experience of marginalisation while also maintaining the energy to bear witness to others. How do I stay present for others when I feel depleted? In social work, we are taught that our ethical responsibility is to show up for those experiencing oppression (AASW, 2020). And I want to. But I also recognise that if I do not acknowledge my own exhaustion, I risk withdrawing entirely. Silence has felt safer. And yet, the more I hold back, the more disconnected I feel, from my team, from my purpose, from my ability to contribute meaningfully to our shared work. I do not want to lose interest in my work or in the people I work alongside. But if I continue to suppress my experiences, I fear that is exactly what will happen.

This piece of writing is part of my attempt to process these difficult feelings. It is an act of reflection, but also an act of resistance against the silence that has kept me stuck. Speaking up feels risky. I fear the visibility it might bring me. I fear being misunderstood. And if I am honest, I fear taking up too much space. However, I also know that not speaking at all comes at a cost. If I stay silent, if I do not name the ways I have felt erased, my isolation will only deepen, and with it, my ability to remain present in my work will fade. Perhaps speaking – naming – is a way to prevent that.

Justice-Doing to Stay Connected to Purpose

Reynolds (2011) offers a critical alternative to the idea of *resilience*, which often places the burden of survival on the individual, as though the solution to oppression is simply to withstand it. Justice-doing, in contrast, shifts the focus away from enduring and toward collective ethical action. Justice-doing reminds us that we are not meant to navigate injustice alone, that the work of solidarity is not a solitary act but a shared and collective responsibility. It is not about enduring harm silently, but about insisting on relationships and structures that do not perpetuate harm.

For me, this means resisting the instinct to retreat inward. It means finding ways to stay engaged, even when I feel invisible. It means asking for recognition, not because I want to be centred, but because solidarity must extend in all directions. It also means making space for rest – not as a retreat from justice, but as a necessary practice that allows me to continue the work. And I am so tired, I don't want to feel guilty about resting. And, I do not want to be *resilient* in the face of isolation; I want to change the conditions that make isolation feel inevitable.

In practical terms, justice-doing means:

- Speaking up when Jewish identity is flattened or erased in progressive spaces.
- Continuing to engage in solidarity work while making space for my own experiences of marginalisation.
- Building and deepening relationships with those who understand the complexity of holding multiple commitments.

- Practicing hope as action, continuing to push for justice, even when it feels futile, because the work itself matters.

hooks (2014) wrote that “to be truly visionary, we have to root our imagination in our concrete reality while simultaneously imagining possibilities beyond that reality” (p. 110). I want to hold onto that. My concrete reality is that I feel unseen, exhausted, caught in tensions I did not create. My hope – the *doing* of hope – is in the possibility that speaking up, engaging, and staying in the conversation will open space for something different. It might also help facilitate ongoing human connection.

This is how I move forward. Not with certainty, but with the belief that justice-doing is an active, ongoing commitment. That solidarity is something we must insist upon, even in fractured times. That I can hold my Jewishness and my progressive values together, without apology, and trust that others will learn how to hold them too.

Conclusion: Purpose, Ethics, and Hope

The purpose of this piece has been to reflect on and bear witness to my experience as a Jewish academic in progressive social work – an experience shaped by both deep connection and profound isolation. Through this reflection, I have articulated the complexities of navigating this identity in justice-oriented spaces and to consider a framework for others who find themselves caught between communities, struggling to hold multiple commitments in a world that often demands singular allegiances.

This has not been an easy reflection to write. It has required me to name feelings I have not spoken publicly about in academic spaces – feelings of exhaustion, grief, fear of misrecognition, and the weight of carrying a history that is both deeply personal and profoundly collective. I have had to sit with the discomfort of acknowledging that my sense of self, so tightly bound to Jewish identity and the responsibility to ensure that the Holocaust is not forgotten and does not happen again, sometimes feels in conflict with my equally unwavering commitment to social justice and solidarity. This reflection has reaffirmed for me, that these commitments are not contradictions. They are the tensions of justice itself. To be committed to justice is to hold complexity, to refuse simplifications that erase or flatten identities, to conceptualise liberation as interconnected even when the pathways to it seem unclear.

Justice-doing, as Reynolds (2011) reminds us, is not about perfection. It is not about having all the answers or aligning ourselves with a flawless ideological position. It is about being present – in our relationships, in our institutions, in our communities – fully aware of the contradictions and difficulties yet committed to engaging with them rather than retreating from them. Justice-doing is not something we arrive at; it is an ongoing practice, a collective responsibility that requires standing with others even when we ourselves feel uncertain, and to extend that same solidarity to ourselves when we feel unseen.

This is where hope lies – not in guarantees of change or certainty of outcome, but in the act of trying. Hope then, for me, is a verb. It is something we *do*, even when solidarity feels fractured, even when exhaustion sets in. Hope is in the decision to speak when silence feels safer. It is in the choice to remain present in justice work, even when we feel unseen within it. It is in the insistence that social justice movements can – and must – make space for complexity, for multiple truths, for commitments that are thick and thin, bound by history and shaped by ethical responsibility.

If I have learned anything from writing this, it is that silence will not serve me. That withdrawal will not protect me. That the fear of misrecognition should not take precedence over the necessity of naming what I feel needs to be named. And so, I move forward with the belief that speaking, even in discomfort, is itself an act of justice-doing. That the work of solidarity is not about fitting neatly into spaces but about expanding them. That my role as a Jewish academic in progressive social work is not to choose between my identities but to insist that they belong together.

This is the work. This is the practice. And this is the hope.

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Legislative Restrictions on Gender-Affirming Medical Care: Ethical Challenges for Mental Health Professionals

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Abstract

In 2023, the state of Florida enacted legislation that imposed significant restrictions on access to gender-affirming medical care for transgender and gender-diverse individuals. These restrictions included a comprehensive ban on gender-affirming medical care for minors and bans on using state funds to provide gender-affirming medical care for adults (i.e., Medicaid). This study explored the ethical issues encountered by mental health professionals in light of the legislative restrictions on access to gender-affirming medical care. MHPs reported substantial ethical challenges related to: (1) beneficence and nonmaleficence; (2) autonomy, self-determination, and informed consent; (3) commitment to responsible practice; (4) ethical-legal conflicts; (5) honesty and transparency; (6) privacy and confidentiality; and (7) respecting the dignity and worth of the person.

Key words:
gender-affirming medical care, transgender, mental health practice, ethics, law

Introduction

Gender-affirming medical care (GAMC) refers to the use of puberty blockers, hormone treatments, and surgeries to help transgender and gender-diverse (TGD) individuals affirm their gender identities. These interventions help TGD individuals align their physical body with their gender identity, often improving their psychological wellbeing and reducing gender dysphoria (Coleman et al., 2022). Before TGD individuals make use of GAMC, they often engage in social and behavioral transitions, including changes in names, pronouns, clothing, hairstyle, manner of presentation, social activities, use of gendered spaces (such as bathrooms), and legal documentation (Reynolds & Goldstein, 2014). Accessing gender-affirming care to support medical and social transitions can reduce the risks of depression, anxiety, substance abuse, and suicide, and promote positive psychosocial wellbeing (Abreu et al., 2022; Coleman et al., 2022).

Since 2021, several states have passed laws restricting GAMC for minors, adults, or both. This article explores the impact of a law, Florida Senate Bill 254 (SB-254), which bans access to GAMC for minors and restricts access for adults. In particular, this article presents the findings of a qualitative study that invited licensed mental health professionals (MHPs) to describe ethical challenges they have encountered following the restrictions placed on GAMC by SB-254.

The first part of this article provides a literature review describing SB-254's impact and exploring the research on GAMC's effectiveness. The methods section describes the qualitative methods used to gather information from MHPs to learn about how their practice with TGD individuals was affected in the first year after SB-254's passage. The findings section presents the primary themes derived from interviews, with examples of the ethical issues that MHPs encountered following the passage of SB-254. The limitations section outlines factors to be considered when interpreting the findings and considering the extent to which they are transferable to other jurisdictions with similar laws. The final section explores the implications of this study for future policy, mental health practice, and research.

Literature Review

Gender variance has been recognized by health professionals for centuries, dating back to at least 400 BCE as documented in Hippocrates' *On Airs, Waters, and Places* (Oles et al., 2025). Records of gender-affirming surgery for intersex individuals date to the second century BCE. In modern medicine, GAMC for TGD individuals has a history spanning over 100 years, with the first documented hormone treatments and surgeries occurring 1920s Europe (Mumford, 2023; Oles et al., 2025). Since the 1970s, GAMC has gained increasing research support and acceptance (Lothstein, 1982). Currently, the National Association of Social Workers (NASW), American Psychological Association (APA), American Medical Association (AMA), American Academy of Family Physicians, American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and most other major American health and mental health associations support its use as an evidence-based intervention for TGD minors and adults (APA, 2024; *Doe v. Ladapo*, 2024; GLAAD, 2024). Internationally, GAMC's value has been recognized by the World Professional Association for Transgender Health (WPATH), which provides research-based standards of care for GAMC treatments such as puberty blockers, hormone treatments, and gender-affirming surgeries (Coleman et al., 2022). Other countries with GAMC practice standards include Denmark, Norway, Sweden, Australia, United Kingdom, and Netherlands (Taylor et al., 2025). These guidelines emphasize individualized assessments to ensure each patient receives the most appropriate care.

GAMC and the Law

Despite the broad acceptance of GAMC within health and mental health professions, various state and national governments have enacted laws restricting its use or denying recognition of the existence of people with TGD identities. In 2025, President Donald Trump signed an executive order asserting that only two gender identities exist—male and female (White House, 2025a). He signed a second order prohibiting GAMC for minors (White House, 2025b). As of February 2025, 26 states have passed laws restricting access to GAMC (Human Rights Campaign, 2024). These restrictions vary by state, with some focusing on restrictions for minors and others extending restrictions to adults. Florida was among the first states to pass such legislation. In 2023, the Florida Senate passed Bill 254 (SB-

254), titled “Treatments for Sex Reassignment,”[1] which imposed several restrictions on GAMC, including:

- prohibiting “sex reassignment prescriptions or procedures” (puberty blockers, hormone therapies, and surgeries) for individuals under 18, with limited exceptions for minors already receiving treatment;
- requiring that “sex reassignment” prescriptions and procedures for adults be prescribed only by licensed medical, allopathic, or osteopathic physicians;[2]
- mandating that consent for sex-reassignment treatments for adults be voluntary, informed, and written, and provided in the physical presence of the treating physician; and
- prohibiting Medicaid funding for GAMC.

SB-254’s proponents argue that GAMC is inappropriate for minors citing concerns about potential harm, fertility implications, and the possibility of regret should a minor’s gender identity change over time. Some proponents assert that gender is binary and immutable. Some proponents claim that physicians do not take sufficient time to conduct appropriate assessments to ensure that GAMC is medically necessary, while others question the validity of studies supporting GAMC’s efficacy (Cass et al., 2024; *Doe v. Ladapo*, 2024; Levine & Abbruzzese, 2023). Other proponents have suggested that transgender identities are not “real” and that people are claiming this identity due to social influence, deception, or psychological distress (*Dekker v. Weida*, 2024; White House, 2025a).

Some opponents of GAMC cite religious beliefs as the basis of their objections. From a Christian perspective, Genesis 1:31 states that people are created in God’s image and “God’s design for his creation is very good” (Genesis, 1:31). Additionally, Matthew 18:6 underscores the responsibility to protect children from harm. Evangelical Christian scholar Hough (2024) argues that when children experience gender dysphoria, “We must be patient, listen to them, pray for them,

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[1] Although the term “sex reassignment” is used in this legislation, it is considered pejorative by members of the TGD community and their health care providers. When individuals have gender-affirming medical care, they are not changing their sex, but rather, affirming their gender identity (Coleman et al., 2022).

[2] This provision means that nurse practitioners, pharmacists, and physician’s assistants can no longer prescribe or administer hormone therapies as part of gender-affirming medical care.

teach them, and, when necessary, connect them with a professional Christian counselor" (n.p.). He contends that social or medical transitions are inappropriate.

Supporters of GAMC restrictions for adults often raise concerns about its effectiveness and risks. While state and federal laws generally grant adults the right to make their own medical care decisions, restrictions on the use of Medicaid to fund GAMC are based on the belief that public funds should not be allocated to support GAMC. In Dekker v. Weida (2024), a Florida court issued an injunction against this provision, ruling that GAMC constitutes evidence-based medical care. The court found no legitimate state interest for prohibiting GAMC, and determined that passage of SB-254 was influenced by bias and anti-transgender sentiment rather than medical or scientific justification.

SB-254's requirement that consent to GAMC be informed and in writing has not been challenged in court; informed written consent is standard practice for various medical procedures (AMA, 2016). Requiring in-person consent to hormone treatments is dubious because various telehealth services are offered without concern about whether consent is provided in-person (Agency for Healthcare Research and Quality, 2020). Similarly, the requirement that prescriptions be provided by physicians—and not nurse practitioners—does not have a persuasive legal justification. Nurse practitioners have broad authority to prescribe controlled substances in all 50 states (AMA, 2017).

Research on the impact of specific legislative restrictions on GAMC remains limited. However, a survey of 134 parents of TGD individuals across multiple states found that laws banning GAMC for minors were associated with increased rates of anxiety, depression, and suicidal ideation, and more severe gender dysphoria states (Abreu et al., 2022). These laws contributed to feelings of decreased safety, heightened anti-transgender stigma, and increased barriers to necessary health care. Participants urged legislators to avoid politicizing healthcare for the TGD community and advocated for legalizing GAMC for minors. They emphasized allowing minors and their families to make healthcare decisions in consultation with healthcare professionals rather than having those decisions dictated by lawmakers. Participants suggested that lifting GAMC bans could reduce societal stigma against the transgender community.

Kidd et al. (2021) surveyed 273 caretakers of TGD minors across several states to share their perspectives on proposed legislation banning GAMC for minors. The caretakers' primary concerns included reduced access to essential medical care, undermining their children's autonomy in making healthcare decisions, and increasing mental health conditions such as anxiety, depression, and suicidal ideation. They advocated for policies allowing TGD minors and families, in consultation with their medical professionals, to make these critical healthcare decisions without government interference.

The Human Rights Campaign (2023) conducted a nationwide survey of 14,000 LGBTQ+ adults to assess the impact of GAMC bans. In Florida, nearly 80% of TGD adults reported that these bans negatively affected their physical and/or mental health or that of their loved ones. Over 93% said these bans made them feel less safe. More than 80% expressed a desire to leave Florida or had already taken steps to relocate due to these bans (Human Rights Campaign, 2023).

Multiple lower courts have issued injunctions against GAMC bans, ruling that they violate the due process and equal protection clauses of the Fourteenth Amendment (Doe v. Ladapo, 2024; Poe v. Labrador, 2023). These rulings have found that GAMC bans unjustly target TGD minors by criminalizing medical treatment for them, while allowing other minors and their parents to make healthcare decisions without similar restrictions (Howe, 2024). In essence, the bans discriminate based on sex and transgender status. In a 6-3 decision, however, the United States Supreme Court upheld Tennessee's legislative ban on GAMC for minors (*United States v. Skrmetti*, 2025). This precedent suggests that similar bans in other states are constitutionally valid. The majority in *Skrmetti* held that states have a right to regulate medical procedures, including bans on procedures that they believe are harmful or risky. The Supreme Court rejected arguments that such bans violate TGD youths' constitutional right to equal protection. The plaintiffs had argued that GAMC bans discriminated against them on the basis of sex or gender. In her dissenting opinion, Justice Sonja Sotomayor wrote, "If left untreated, gender dysphoria can lead to severe anxiety, depression, eating disorders, substance abuse, self-harm, and suicidality." She suggested that the majority decision would cause serious harm to transgender children and their families.

Hollinsaid et al. (2022) conducted a study comparing the availability of mental health services for TGD adolescents in the U.S., comparing services in states with laws that have varying degrees of restrictiveness in relation to TGD individuals. They found that states with more restrictive laws have substantially fewer transgender-specific adolescent mental health providers per capita. This research supports the contention that discriminatory laws and policies negatively affect the availability of mental health providers for the TGD community, and not just the availability of medical treatments.

Ethical Obligations

Social workers and other mental health professionals have ethical duties to respect the dignity and worth of all people, promote the wellbeing of their clients, and ensure access to needed services. These duties are guided by principles of client self-determination and informed consent (American Counseling Association [ACA], 2022; APA, 2016, 2017; NASW, 2021). These principles align with those of medical professionals, including the biomedical ethics principles of beneficence (promoting wellbeing), nonmaleficence (avoiding harm), autonomy (respecting individual choice), and justice (ensuring fair distribution to resources) (Beauchamp & Childress, 2019). In the context of GAMC, these principles suggest that MHPs should respect the choices of their clients, provided that their decisions are based on informed consent. For minors, this process should also involve parental or guardian consent (Barsky, 2023 & 2024). When clients seek support for GAMC, MHPs can play pivotal roles in conducting comprehensive assessments and facilitating informed decision-making. They draw on current research and evidence-based practice standards, and, where appropriate, collaborate with medical professionals and family members (Coleman et al., 2022). The informed consent process should include discussion of all service options, along with the potential benefits and risks of each (Barsky, in press). Notably, many TGD individuals do not pursue GAMC. Some may experience no gender dysphoria, some may opt for social transitions without medical intervention, some may want to wait for GAMC until they are adults, and others may decide that GAMC is not in their best interests.

Given the statutory restrictions on GAMC, MHPs may encounter ethical-legal conflicts when clients seek help accessing care. While MHPs have an ethical obligation to help clients access services that can assist with their mental health and social wellbeing, laws restricting GAMC can hinder or prevent them from fulfilling this duty. There have been few studies that have explored the ethical challenges faced by health and mental health care professionals when helping clients make decisions about GAMC (Gerritse et al., 2022). These ethical issues can be even more challenging in jurisdictions with legal restrictions on access to

GAMC. The present study explored MHPs' experiences and perspectives on navigating legal-ethical dilemmas that have arisen since passage of SB-254.

Methods

This research employed a qualitative, phenomenological approach (Denzin & Lincoln, 2017) to study ethical challenges encountered by MHPs after SB-254's enactment. Prior to contacting research participants, the researchers obtained IRB approval for these research methods from Florida Atlantic University. Using convenience sampling, 17 licensed mental health professionals who served TGD clients in Florida were recruited. Recruitment involved emailing invitations to MHPs whose websites indicated experience working with TGD clients or who were members of professional organizations specializing in this population. After obtaining informed consent, the first author conducted an in-depth semi-structured interview via videoconferencing. Open-ended questions were used to explore ethical issues encountered by MHPs following SB-254's enactment. Follow-up prompts were used to encourage MHPs to share detailed narratives and examples of ethical challenges. Each interview was videorecorded and transcribed.

To safeguard confidentiality, the first author removed all identifying information during transcription and deleted the video recordings upon completion. Thematic qualitative analysis was conducted using an inductive, semantic approach (Iphofen & Tolichm, 2018). The first author systematically reviewed each transcript, employing word coding techniques to identify patterns of words, phrases, and underlying meanings. Common themes were then identified across transcripts (Denzin & Lincoln, 2017). To enhance the accuracy and dependability of the analysis, the second author independently audited the transcripts, codes, notes, and themes (Carcary, 2020). Discrepancy between their respective codes and themes were discussed until consensus was reached, ensuring that the findings accurately reflected the participants' experiences and perspectives.

Findings

The study sample comprised 17 licensed MHPs, including 10 licensed clinical social workers, 5 licensed mental health professionals, 1 licensed psychologist, and 1 licensed family and marriage therapist, all of whom served TGD clients. Participants had various levels of post-licensure practice experience: 3 had between 1 and 5 years, 8 had 6 to 10 years, 2 had 11 to 15 years, 2 had 21 to 25 years, and 2 had

25 to 30 years. Geographically, 14 participants were based in South Florida, 3 in Central Florida, and 1 in North Florida, with one maintaining offices in multiple regions. Ten participants also provided services statewide via videoconferencing.

The vast majority of MHPs (15 of 17) reported that SB-254 introduced significant ethical issues in their work with TGD clients. MHPs noted that SB-254 made their practice with TGD clients "more complicated," often resulting in anguish or moral distress as they navigated how to uphold professional standards and "best practices" given the restrictions that SB-254 placed on access to GAMC. Only two MHPs suggested that SB-254 did not pose significant ethical concerns in their practice. Analysis of the ethical concerns identified by MHP revealed seven primary themes: beneficence and nonmaleficence; autonomy, self-determination, and informed consent; commitment to responsible practice; ethical-legal conflicts; honesty and transparency; privacy and confidentiality; and respect for the dignity and worth of the person. The following sections provide in-depth exploration of each theme.

Beneficence and Nonmaleficence

The principles of beneficence and nonmaleficence guide MHPs to *promote good and avoid causing harm*. Many MHPs suggested that SB-254 not only obstructs their ability to do good for clients, but also causes direct harm to TGD clients in need of GAMC. Some MHPs believed that SB-254 was designed to harm TGD individuals, simply because they are different. One MHP said that SB-254 "doesn't help clients meet their goals related to beneficence in any way," underscoring the belief that this law is antithetical to their ethical duties.

In terms of beneficence as a professional obligation, MHPs suggested that helping clients achieve their goals and improve their quality of life was doing good. MHPs noted that their duty to do what is best for their TGD clients included providing gender-affirming care. In some cases, doing good meant facilitating access to medical care such as gender-affirming surgery, puberty blockers, or hormone therapy. MHPs described how providing access to GAMC promoted emotional and psychological health by allowing clients to align their physical and psychological identities. They felt that SB-254's restrictions on GAMC created barriers to necessary medical care. As one MHP noted, "It is my role as a social worker to advocate and support clients and provide them with the appropriate resources and respect their dignity and differences. This bill is more about denying that."

MHPs expressed the importance of helping TGD clients live as their authentic selves, which aligns with the principle of beneficence. One MHP noted, “The only thing that causes harm to them is having others doubt who they are as authentic to themselves… it feels like our hands are tied with how much we can help.” This highlights how MHPs felt that SB-254 impeded their ability to affirm their clients’ identities and contribute to their psychosocial wellbeing.

Regarding the principle of nonmaleficence, MHPs noted that SB-254 causes harm by preventing TGD individuals from being their true selves. One MHP explained, “What's ethical to me is not doing the client any harm, and if I’m persuading them out of something that they feel they really need, then that's harmful to them.” Several MHPs noted that GAMC is an evidence-based intervention that improves mental health outcomes, while denying access to GAMC leads to increased distress, depression, and suicidality. In particular, they noted that without access to appropriate GAMC, individuals with gender dysphoria may experience more chronic mental health challenges, negatively affecting their ability to go to school, maintain employment, and function socially.

Several MHPs highlighted the life-saving potential of GAMC. One MHP suggested that GAMC “turns life into a life worth living,” emphasizing that access to GAMC can improve quality of life while reducing the risks of suicide and other mental health challenges. They further explained that by denying GAMC, the law reinforces the public’s doubt about the authenticity of TGD identities, exacerbating discrimination and the mental health struggles of TGD individuals.

Some MHPs expressed concern that they might cause clients harm if they provided “the wrong advice.” For instance, MHPs did not want to put clients in legal peril by suggesting that they do something that might contravene SB-254. Other MHPs expressed fear of legal consequences for facilitating access to GAMC. One MHP admitted, “I think I got scared thinking, ‘Oh, I can have my license taken away if I’m doing whatever with transgender people’.” Some MHPs were over-complying with the law, restricting their practice in ways that were not specifically prohibited by SB-254. For instance, some MHPs expressed concerns about assisting a client to access GAMC out of state, even though SB-254 did not specifically prohibit this. Several MHPs noted that they were uncertain about what SB-254 prohibited, so they limited their services for TGD individuals to avoid legal troubles.

Although proponents of SB-254 argue that GAMC is particularly harmful to minors, MHPs noted that GAMC is not just helpful for some TGD minors, but also life-saving, reducing the risks of anxiety, depression, and suicide. MHPs described how denying access to GAMC had negative impacts beyond the individual's psychological well-being. For instance, they noted how minors with gender dysphoria might have greater difficulty with school, leading to poor academic performance or dropout. Greater risks of mental health issues could also have a negative impact on the whole family and the community. In the words of one MHP:

> I've seen just first-hand how severe gender dysphoria can affect somebody's functioning and… their ability to work. So, if they're not able to go do that [finish school] as teenagers… it's just going to get worse… they end up developing chronic depression.

MHPs noted that delaying GAMC for minors could also have negative long-term effects. For individuals assigned male at birth, hormone blockers can suppress growth of facial hair, deepening of the voice, and development of an Adam's apple. As one MHP said, "13 to 18 is very vital for puberty… there are some changes that are irreversible if you don't get access [to hormone blockers]." For individuals assigned female at birth, hormone blockers can suppress breast development, menstruation, and hip widening. Without these interventions, TGD minors may experience heightened dysphoria not only during adolescence, but also throughout their lives. One MHP said that he had asked adult clients if they wish they had access to GAMC earlier during adolescence. He said a typical response was, "Absolutely, I would've killed to have that done."

MHPs noted widespread misconceptions among legislators about GAMC, particularly regarding irreversible surgeries for minors. They emphasized that such surgeries are exceedingly rare and typically follow comprehensive assessments and significant social transition periods. MHPs also noted that most GAMC surgeons do not provide such surgery for minors.

MHPs addressed concerns that GAMC could have negative effects for people who later regretted having GAMC. They noted more common interventions, such as hormone blockers, are reversible upon discontinuation of the blockers. Some surgeries can also be reversed. MHPs noted that although GAMC entailed certain risks (including regret), the benefits of GAMC outweighed those risks. One MHP suggested that—for adults—the success rate of gender-affirming surgery was more than 95%, which they noted was much higher than for several other types of surgeries. The MHP further explained that even though an individual might regret GAMC later, it may have been appropriate to help their mental health at the time they received such care.

Some MPHs suggested that SB-254 does not necessarily stop people from accessing GAMC. They noted that clients will often look to alternatives, some of which may be unsafe and cause more harm. For instance, they provided examples of clients purchasing hormones from the gray market. The risks of purchasing hormones from the gray market include the risk of criminal charges. Also, hormones purchased from the gray market are not regulated and may be unsafe. Clients may not know what chemicals they are inserting into their bodies. Ordinarily, when clients receive hormone treatment from a licensed local physician—such as an endocrinologist—the physician provides medical oversight, including regular monitoring and dosage adjustments based on the client's health needs. In contrast, when clients obtain hormones through gray market sources, they may lack appropriate clinical supervision, increasing the risk of improper dosing, adverse side effects, and complications that could otherwise be mitigated through professional care.

For people who have surgery out of state, they may be leaving the state without their family or other support systems. If they return to Florida after surgery, they may not have appropriate medical providers for monitoring and follow-up. SB-254 created dilemmas for MHPs, having to balance the risks of not helping clients access GAMC with the risks entailed by work-arounds such as accessing GAMC outside Florida. Noting the duty to promote good for clients, one MHP explained, “I'm going to do that [facilitate access to GAMC], no matter what the law says, because that's my code of ethics.”

Autonomy, Self-Determination, and Informed Consent

Most MHPs suggested that SB-254 conflicted with their professional values concerning client autonomy. They explained that a person's fundamental rights to self-determination, autonomy, and control over their own bodies meant that they should have the right to choose whether to pursue GAMC procedures. Respecting client autonomy meant MHPs should “meet people where they are.” As one MHP said, “Ethically, I feel like if we're not honoring what the individual feels is right for them, then we're doing them a disservice.”

Most MHPs supported the notion that adults should have full rights to make

GAMC decisions based on informed and voluntary consent. One MHP suggested that GAMC was never appropriate, even for adults. She suggested that someone identifying as TGD should accept their sex and not try to change it. Another MHP contended that denying TGD adults the right to make their own medical decisions was akin to treating them as lacking mental capacity, “that they’re sick or defective.” The other MHPs suggested that denying TGD clients control over decisions affecting their bodies was discriminatory. They highlighted medical procedures that are risker than GAMC, noting that the law still allows people to choose those procedures. One MHP opined that laws criminalizing GAMC were “preempting the patient before they come in… As they come forward, this person’s story is now illegal, immoral.” Another added, “It feels judgy… we’re not listening to what people need and want.” MHPs viewed SB-254 as paternalistic and stigmatizing, particularly for capable clients who had thoughtfully considered their choices.

For minors, most MHPs suggested that they should be allowed to access GAMC, provided they have parental consent. In the words of one MHP, “With gender-affirming care, [government is] saying that parents don’t get to decide. …it doesn’t make sense.” Two MHPs expressed reservations about GAMC for minors, even with parental consent, citing concerns that GAMC procedures are irreversible. These MHPs suggested that minors should wait until they are 18 before gaining the right to decide about GAMC. Other MHPs emphasized the importance of allowing people under 18 to have a say in their care, acknowledging their ability to understand whether GAMC was in their best interests.

Among MHPs who supported self-determination regarding access to GAMC, many stressed the importance of fully informed consent. They noted that informed consent should be a collaborative process between the patient, physician, mental health professional, and, for minors, their parents or guardians. MHPs underscored the need for taking time with clients to ensure they fully grasp the implications of GAMC. MHPs described the importance of helping clients make decisions for themselves, supporting their autonomy. One MHP explained, “We're responsible for helping clients weigh the risks and the benefits of every decision that we try to help them [sic]. We don’t make decisions for them.” MHPs emphasized the need for evidence-based assessments to inform GAMC decisions. Some MHPs highlighted the importance of not coercing or manipulating clients into having GAMC. They noted that MHPs should assess whether clients are ambivalent about GAMC, so as not to rush them into making decisions. They also described the importance of full mental health assessments to ensure a client's emotional readiness for GAMC.

In terms of supporting minors' self-determination, one MHP suggested that GAMC could be considered as an emergency medical service due to the urgency of addressing risks such as anxiety, depression, and suicidality. This perspective underscored the necessity of timely intervention, as delays could exacerbate mental health challenges. MHPs explained that many TGD youths are capable of understanding GAMC, particularly with MHPs and physicians helping them learn what GAMC entails, its intended effects, potential side-effects, and how their bodies and lives may change.

Several MHPs contended that government should not be making medical decisions for people. An MHP shared, "I just had a hip replacement. I didn't go see the governor to say, 'Hey, you think I need a hip replacement?' No, I went to an orthopedic surgeon, not a politician." For GAMC decisions, MHPs emphasized the importance of working with experts in gender-affirming mental health, endocrinology, and surgery. They also emphasized that clients should not be pressured into making decisions. Clients need time to process issues, as well as time to make social transitions before having medical procedures.

Commitment to Responsible Practice

Several MHPs emphasized their commitment to practice in a responsible manner when serving clients who needed or requested GAMC. They identified key strategies for practicing responsible use of GAMC: conducting thorough assessments with TGD clients, not rushing into transitions with clients, adhering to evidence-based standards of care, staying within their areas of competence, and openly addressing the risks and benefits of GAMC. While their commitment to responsible practice predated SB-254, several MHPs expressed concerns that SB-254 was based on political or religious factors, rather than "solid research" and evidence-based reasoning. They wanted to correct misunderstandings about GAMC and demonstrate that most professionals adhered to responsible, evidence-based processes. They emphasized that following evidence-based standards was critical to upholding GAMC's legitimacy and safety.

MHPs noted that clients underwent in-depth, individualized mental health and medical evaluations before initiating social or medical transitions. Although some MHPs noted instances where certain professionals were not providing sufficient evaluations—or were rushing into transitions with clients—most suggested that these types of problems were rare or that they had not witnessed any examples of clients being rushed into transitions. One MHP addressed a common misconception among SB-254's proponents that a minor can simply say, "I'm trans," and then immediately receive hormones or surgery. The MHP explained,

> I do a full-scale assessment… We kind of push through the "Don't just tell me what you think I want to hear to write you a letter [for GAMC]. We're not going to do that. I want to get to know you and really see where you're coming from and doing this full evaluation…" It could take 6 months. It could take more.

MHPs emphasized that responsible GAMC begins with the client's goals, and then exploring which forms of care are most appropriate. Responsible care eschews pressuring clients into medical transitions.

MHPs noted that their evaluation processes were guided by evidence-based standards, particularly those of the World Professional Association for Transgender Health (Colman et al., 2022). Some MHPs expressed frustration with insurance companies that imposed requirements beyond evidence-based standards, such as requiring letters from two MHPs, when just one was necessary. Further, they noted that while version 7 of the WPATH standards recommended specific waiting periods before certain GAMC procedures could be performed (e.g., 12 months of continuous hormone therapy before surgery), version 8 (enacted in 2022) suggests a more individualized approach rather than fixed waiting periods. While waiting periods allow for thorough evaluations and ensuring that clients are mentally ready, MHPs suggested prolonged treatment delays can exacerbate anxiety, depression, or mental distress.

MHPs explained that their commitment to responsible GAMC meant considering potential benefits and risks of GAMC, aligning with the principles of beneficence and nonmaleficence. One risk is that some clients may later regret transitions and seek to detransition. To address this risk, some MHPs noted the importance of completing a full assessment without rushing into transitions, and particularly, not rushing into medical transitions. As one MHP noted, "We assess… We can't give a hormone blocker in five seconds… so it's a slow process. We're not giving medication when we first meet them. No one does that." Another MHP emphasized the value of learning from clients who experienced regret to improve their evaluation and helping processes for future clients.

MHPs noted the importance of helping clients understand the side effects of particular GAMC procedures during the informed consent process. For minors, some MHPs suggested that general protocols do not support irreversible gender-affirming surgeries, such as ones that could result in infertility. MHPs emphasized that gender-affirming care does not mean rushing people into surgery or hormone treatments. One MHP explained, "Gender-affirming care can be as simple as me saying to you, 'What are your pronouns?' And then, I use the ones you give me… From a narrative therapy perspective, I'm embracing your narrative in a way that's syntonic to you, to join with you, to understand where you are."

In contrast to other MHPs, one MHP suggested that the restrictions in SB-254 included "medically sound" components. He supported the ban on GAMC for minors, particularly regarding irreversible medical procedures. He also believed that it was appropriate to require adults to have in-person meetings with medical professionals before initiating hormone therapy. Other MHPs disagreed, noting that many medications are routinely prescribed through telehealth. They believed that such requirements were medically unnecessary—creating barriers to care, particularly for people in smaller and remote communities.

Several MHPs acknowledged the need for further research to enhance responsible use of GAMC. In particular, they noted the importance of research on the long-term effects of puberty blockers and hormone therapies for minors. Others suggested the use of multidisciplinary consultation teams and individualized evaluations to determine whether GAMC is appropriate for particular clients. MHPs noted the importance of having sufficient knowledge and training to work with TGD clients. They stressed the ethics of professional competence and staying within one's scope of practice and areas of expertise. For example, one MHP explained that while she could provide a mental health assessment, she referred clients to endocrinologists for medical evaluations for hormone therapy. While there were some differences in opinions about the use of GAMC—particularly for minors—there was broad consensus that GAMC requires a thoughtful, collaborative approach that prioritizes evidence-based practice and individualized care.

Ethical-Legal Conflicts

Several MHPs reported experiencing ethical tension or anguish due to conflicts between their professional ethical duties and the legal restraints on GAMC imposed by SB-284. In particular, they highlighted their duty to provide access to medically necessary services in light of barriers created by SB-254. Some MHPs noted that, ultimately, they would follow the law and try to work within it. Others noted that they would prioritize their clients' welfare, advocating for what their clients wanted and needed, despite the law. As one MHP noted, "First and foremost, our duty is to the client and to our code of ethics… I'd suggest practicing as usual." While some MHPs suggested that working under SB-285 was morally distressing, others suggested that they were not experiencing significant distress in relation to how this law was affecting their practice. One MHP reported that she used supervision, exercise, and other self-care strategies to help mitigate the ethical distress she was experiencing.

A primary source of moral distress related to threats to MHP's licensure and livelihood. Several MHPs noted that while they wanted to do what was right for their clients, they were also concerned about putting their practice in jeopardy. As one noted, "It's been challenging and uncomfortable… in multiple scenarios in the last year." Another MHP shared:

> The reason I became a social worker is because I love to be ethical… Unconditional positive regard for every human, and this [law] feels completely incongruous to that. It feels judgy… it feels… that there are external forces telling clients what their mental health and what their goals should be… that doesn't feel person-centered.

Various MHPs expressed uncertainty about what SB-254 and other Florida laws required with respect to GAMC. One MHP wondered whether they were required to report parents for child abuse if they pursued GAMC for their children. Although a child abuse provision was discussed when SB-254 was being debated, this provision was not adopted. Some MHPs noted that they were confused about what SB-254 required in terms of documentation for GAMC. Others noted that there was a difference between what SB-254 legally required, and what was required for clinically good care. One MHP suggested that the law should not require multiple mental health evaluations for all clients, but rather, allow the physician to determine what types of evaluations were required for each client.

MHPs noted that MHPs and physicians tended to follow the laws regarding whether certain types of evaluations and blood tests were required, even if they were not medically indicated.

Some MHPs indicated that SB-254 may raise more difficult ethical issues for physicians than for MHPs. SB-254 does not specifically prohibit MHPs from providing gender-affirming therapy. Since it does restrict the use of puberty blockers, hormone therapies, and gender-affirming surgeries, however, physicians may face challenging issues when the law prohibits them from providing such services to clients who need them. One MHP stated:

> I am not providing surgery. So, there's a lot here [in SB-254] that doesn't really apply to my type of practice... affirmative care for somebody who's like a clinical social worker... I'm not touching anybody. A lot of what's been designed [in SB-254] is aimed at direct providers who provide physiological care.

One MHP said he would tell clients, “Since I don't have the power to change the bill... we're going to find ways around this. We'll find ways to get you the care that you need.” Some MHPs described how they could refer clients out of state if SB-254 prevented them from accessing GAMC within Florida. MHPs noted that people in financially vulnerable situations faced the greatest barriers to access GAMC. First, SB-254 prohibited Medicaid funding for GAMC. Second, people who could afford to pay for medical care and travel out of state could simply access GAMC out of state, whereas people with limited financial means could not afford the high costs of gender-affirming surgery, hormone treatments, and/or travel. To address these issues, MHPs connected clients with organizations that provided funding or assisted with travel to allow clients to access out-of-state GAMC. Private practice MHPs may have felt freer than agency-based practitioners to refer clients out of state. One MHP noted that her agency told her not to refer clients out of state because there could be liability if the client experienced negative outcomes. The agency wanted to avoid potential malpractice lawsuits. Some MHPs felt their employers were over-complying with SB-254, preventing both MHPs and physicians from providing certain types of help that were not specifically prohibited.

Honesty and Transparency

MHPs noted that SB-254 raised ethical issues in relation to honesty (being truthful) and transparency (fully disclosing relevant information). MHPs emphasized the importance of providing clients with truthful information about GAMC, including its risks and benefits, and the effects of SB-254's restrictions on access to GAMC. MHPs used honesty and transparency to foster trust with clients and to promote informed consent. As one MHP noted, "Part of our responsibility is around being transparent and truthful…. being able to encourage our clients from a place of as much objectivity as possible when possible, and not deceiving or misleading people." However, MHPs also faced challenges when being honest and fully disclosing information could put clients at risk.

One MHP suggested that SB-254's restrictions are not based on honest information, but rather inaccurate information and fear mongering. She noted the importance of being transparent and objective when discussing the risks and benefits of particular GAMC procedures, including whether they are appropriate for a particular client. "Fear mongering is like the opposite of veracity." Other MHPs described the importance of letting clients know about SB-254's restrictions at the outset of services so clients would know up front about whether they may be restricted from accessing GAMC.

Some MHPs said SB-254's restrictions could lead clients to dishonesty. In particular, they noted that some people were resorting to gray market hormones because they could not get them in Florida. This trend was especially evident among TGD youth, who became subject to SB-254's blanket prohibition on GAMC for minors. TGD adults enrolled in Medicaid were also impacted. Because Medicaid no longer covered gender-affirming hormone therapies, some Medicaid recipients were prompted to seek more affordable alternatives through unregulated channels. In addition to medical risks associated with unsupervised hormone use, some MHPs noted that purchasing gray market hormones could expose clients to criminal liability

Issues of honesty and transparency also arose in discussions about the possibility of future discrimination. MHPs noted that some clients and parents expressed concerns about how information about gender concerns or requests for GAMC might be used against TGD individuals. MHPs said they engaged clients in frank discussions, including the possibility that the government could pass future legislation targeting TGD individuals in different ways. For instance, would professionals have to report parents to child protection services if they sought GAMC for their children, would future laws prohibit private insurance from covering TGD individuals, could TGD students or adults be banned from sports, or could there be other forms of discrimination aimed at TGD individuals?

Some MHPs noted that, since SB-254's passage, they were more reluctant to provide clients with a diagnosis of gender dysphoria or document that they are TGD (Barsky & Simpson, 2025). Given the state legislature's support for anti-trans measures in SB-254, they expressed concerns about putting clients at risk simply by documenting conditions that could be used for discrimination against them. Some MHPs said they might refrain from documenting a client's gender identity, gender dysphoria, or requests for GAMC to avoid the possibility that this information could be used against themselves or their clients. For instance, they might document a client's mental health concerns in general terms, without noting issues particular to gender identity or dysphoria. If they assisted a client access GAMC outside Florida, they might refrain from documenting their referrals. One MHP said she used a client's initials rather than the client's they/them pronouns, disguising their gender identity so as not to set them up for discrimination. Another MHP described his cautiousness about documentation to avoid harm as staying "under the radar."

Although some MHPs highlighted concerns about discrimination by state entities, one MHP focused on the possibility of discrimination by insurance companies:

> [I] just don't trust that they [insurance companies] won't hold it against my clients in the future, and I want my clients to feel safe... and know whatever diagnose I give them. So, if they don't feel comfortable with that [documenting gender dysphoria], I'd rather respect that.

Concerns about discrimination meant that MHPs had to balance the ethics of *honesty and transparency* in their record-keeping with the duty to *protect clients from harm*. One MHP noted that his primary duty was to his clients and that he would continue to provide service as usual, but that it was important to "be aware of documentation" that might put a client at risk. Another MHP said her first obligation was "to do no harm." She said she would not document gender dysphoria for a client without having a frank conversation with them about the possible risks of having this information in their records. To ensure that clients were aware of possible risks, MHPs discussed who might have access to the information (e.g., insurance, government) and how the information might be used.

Privacy and Confidentiality

While MHPs have a duty to protect the privacy and confidentiality of all clients, this responsibility becomes more pronounced when working with TGD clients seeking access to GAMC. As noted earlier, MHPs raised concerns that TGD clients might face discrimination if the government or insurance companies became aware of their gender identities or interest in GAMC. MHPs noted a marked increase in incidents of transphobic harassment and discrimination following the introduction of SB-254 in the Florida state legislature. MHPs also suggested that some TGD clients—minors and adults—preferred to keep their gender identities and transition plans private, sometimes even from their parents or other family members.

MHPs noted that one way to protect client privacy was to limit what was documented in their client records. This was particularly important for minors because their parents might have access to their records. Although MHPs respected the rights of their clients to keep their gender identity hidden from their parents, this could cause conflicts if the parents later found out that the MHP was withholding information about their child. SB-254 came into effect one year after the Parental Rights in Education Act (Florida House Bill 1557, 2022), which requires school personnel to inform parents if their children were receiving mental health counseling. One MHP noted that TGD students would be outed to their parents if they discussed their gender identity with their school counselors; however, she received referrals from schools to help TGD clients who had not come out to their parents. Although the MHP could provide a safe place for the student to talk with them, this created a potential conflict with the parents since she could not share the details of her work with their child.

MHPs noted that many parents wanted to protect their TGD children from harassment and discrimination. One MHP noted, “Parents are very worried about bringing their children to therapy, that it is going to put them on the radar of the state.” This MHP noted that some parents chose to pay fees for services rather than bill insurance companies, so as not to alert insurance companies or the state about why they were seeking services. To ensure privacy, another MHP said she offered appointments in evenings and on weekends, when few people were around her office and it was less likely that friends or acquaintances would find out that the child was receiving mental health services. Parents often asked questions about who would have access to information about the child's gender identity and therapy. The MHP would note that some information would be sent to their health insurance company. Although insurance companies are not supposed to discriminate based on gender, the MHP did discuss the possibility of changes in the laws that would allow a diagnosis of gender dysphoria to be seen as a pre-existing condition, affecting the child's ability to obtain insurance coverage in the future. When parents preferred not to have a diagnosis on the child's records, the MHP would not document such a diagnosis.

Respecting Dignity and Worth of the Person

MHPs noted that the essence of gender-affirming care was respecting the dignity and worth of the person. This included respecting the client's truth, validating their narrative, and supporting their needs and wishes. MHPs provided examples of using affirmative language with clients, including use of names and pronouns that respected the client's gender identity. Several MHPs suggested that SB-254 did not show respect for the dignity and worth of the person as it prevented them from making self-determined choices about GAMC. Some MHPs said that even if they were able to help clients access appropriate care by "going under the radar" and limiting their documentation of services, they were not able to fully affirm their clients' authentic genders due to SB-254's impact.

MHPs emphasized the importance of offering empathy and validation to TGD clients, particularly in the wake of the restrictive measures imposed by SB-254. They described how this law specifically targets TGD individuals, barring many of them from accessing GAMC and reinforcing harmful messages that suggest TGD people are "less than human, or broken, or defective." One MHP highlighted the profound impact of this message, stating that the law implies, "This person's story isn't valid." By restricting access to GAMC, SB-254 denies TGD clients the opportunity to align their physical selves with their psychological identities, creating significant barriers to living authentically. Furthermore, this misalignment exposes TGD individuals to heightened risks of discrimination and stigmatization, exacerbating the challenges they face in achieving self-acceptance and societal equity. For MHPs, these barriers not only compromise their clients' mental health but also contradict foundational ethical principles of respect, dignity, and the affirmation of individual identities.

Limitations

The primary limitations of this study relate to the sample and timing of data collection. First, the studied relied on a convenience sample of 17 mental health professionals from Florida, limiting the generalizability or transferability of the findings (Denzin & Lincoln, 2017). While the sample offered valuable insights, it primarily represented MHPs physically located in South Florida, meaning underrepresentation of perspectives from northern and central Florida. This limitation is partially mitigated by the fact that many participants practiced with clients remotely and across Florida, meaning that they were familiar with regional differences such as disparities in access to services in smaller and more remote communities.

A second limitation of this research is that it captured MHPs' impressions of SB-254's impact at a particular point in time. The interviews took place 6 to 11 months after SB-254 took effect. Since the data collection, there have been a number of changes, including changes in requirements from insurance companies, temporary injunctions from certain courts, the Supreme Court's decision to uphold certain types of legislative bans on GAMC, and departmental guidelines to clarify procedures for consent and the necessity for psychological evaluations. Notably, the Joint Committee of the Board of Medicine and Board of Osteopathic Medicine determined that psychological evaluations for hormone replacement therapies would no longer be required, providing discretion to endocrinologists in determining what types of evaluations should be used (Maulden & Shalom, 2023). Given the dynamic nature of SB-254's implementation, the law's impacts on TGD individuals and their service providers is likely to evolve. Future studies should take these ongoing changes into account, providing a more comprehensive understanding the long-term impacts of laws that restrict or ban access to GAMC.

Conclusion

In the aftermath of SB-254's passage, MHPs serving TGD clients in Florida faced a range of ethical challenges in helping those who wanted assistance with GAMC. The legislation's restrictions on GAMC not only hindered MHPs' ability to provide needed support but also created substantial ethical-legal conflicts. This study found that while 16 of 17 MHPs viewed GAMC as an effective intervention, SB-254 imposed barriers to accessing this care—particularly for minors, as well as for adults reliant on Medicaid. Many MHPs had to navigate complex ethical dilemmas, including whether to refer clients out of state or find alternative resources to maintain their clients' well-being. In some cases, this meant helping clients detransition because they could no longer afford hormone therapy (Turban et al., 2022). SB-254 also impacted the practice environment, contributing to increased confusion, fear, and anxiety among MHPs, their clients, and family members (Barsky, 2024).

MHPs were sensitive to the political discourse and broader ramifications surrounding the passage of anti-GAMC laws. They noted that TGD individuals were facing greater levels of harassment and discrimination, and that some were considering relocating from Florida (Barsky, 2024). MHPs were also aware of critiques of GAMC, including suggestions that GAMC was ineffective and harmful. They emphasized their commitment to the responsible use of GAMC, highlighting ways that they conducted comprehensive assessments, relied on evidence-based practice standards, and took extensive time working with TGD clients, before determining whether or when GAMC might be appropriate for them. As the WPATH Standards indicate, the purpose of gender-affirming care is to provide "safe and effective pathways to achieving lasting personal comfort with their gendered selves with the aim of optimizing their overall physical health, psychological well-being, and self-fulfillment" (Coleman et al., 2022). MHPs in this study recognized that GAMC entailed certain risks, so they highlighted the importance of following research-based protocols for GAMC and advocated against politicizing gender-affirming care, including medical interventions. They also noted the importance of interprofessional collaboration and using a strategic, phased approach as safeguards to ensure that gender-affirming care was being provided in appropriate situations and in an appropriate manner (Taylor et al., 2025), as emphasized within the ethical guidelines of their professions.

MHPs underscored their commitment to ethical principles of autonomy, beneficence, nonmaleficence, and justice, often advocating for clients' rights despite legal constraints. MHPs also stressed the importance of maintaining honesty, transparency, and client confidentiality, especially in light of potential discrimination and legal repercussions. The findings highlight the broader ramifications of politicizing healthcare, demonstrating how such policies can exacerbate stigma, limit access to care, and negatively affect the mental health and safety of TGD individuals, thus underscoring the importance of ethical practice. Given the stigma, discrimination, and restrictions on health care faced by TGD individuals, MHPs have an ethical responsibility to advocate for more inclusive and respectful government policies, laws, and treatment for the TGD community (APA, 2017; NASW, 2021; Singh, & Burnes, 2010).

Future research should explore the long-term impacts of GAMC restrictions, particularly as policies evolve and legal challenges unfold. Policymakers and healthcare professionals must collaborate to ensure that laws and regulations are informed by evidence-based practices rather than political influences. It will also be important to study how MHPs adapt to legislative restrictions on GAMC and how they balance their ethical and legal obligations to TGD clients.

Declaration of Interest

The authors report there are no competing interests to declare.

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Consent and IRB Approval

All research participants provided informed consent in accordance with the research protocol approved by the Institutional Review Board of the researchers' employer [Florida Atlantic University].

A Perspective on Racial Bias within the Association of Social Work Boards (ASWB) Exams[1]

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Abstract

We present three issues for assessing minimum competency for clinical social workers as related to possible racial bias: 1) the inherent trade-offs between outcome alternatives; 2) the tension between subjective and objective measures of competence; and 3) the common misinterpretation of p-values as magical proofs. These issues are synthesized by examining the central question, "Which alternative is best?" Our analysis demonstrates that resolving this question ultimately

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[1] Grace Gates, LCSW provided a critical review for this report.

depends on a value-based judgment, framed as, "How much are test-takers willing to pay for a given outcome?" We conclude by exploring advancements in artificial intelligence (AI). AI can provide a framework for navigating these complex trade-offs and informing critical decisions.

Key Terms:
ASWB, ACSW, Racial Bias, Assessing Competence, Finances

Introduction

A substantial body of literature examines potential racial bias in minimum competency examinations administered by the Association of Social Work Boards (ASWB). Among these articles include Albright and Thyer (2010), Curran and Joo (2025), DeCarlo and Bean (2024), DeCarlo (2022), Kim (2023), Kim and Joo (2025), Marson (2022), Marson, Kersting and DeAngelis (2011), Marson and DeAngelis (2010), Marson, DeAngelis and Mittal (2010), Rigaud (2024), Torres, Maguire and Kogan (2024), Victor, Kubiak, Angell and Perron (2023) and Zajicek-Farber (2024). Our contribution is to frame this debate through the inescapable statistical trade-off between Type I and Type II errors in competency assessment and to analyze the implications of this trade-off for both objective (e.g., ASWB) and subjective (e.g., ACSW) pathways.

Outcomes for Assessing Competence in Clinical Social Work

	PASS ASSESSMENT	FAIL ASSESSMENT
COMPETENT PRACTITIONER	A Knows the material (pass)	B Knows the material (fails)
DEFICIENT PRACTITIONER	C Doesn't know (pass)	D Doesn't know (fails)

Figure 1: Outcomes for Assessing Clinical Social Work Competence

Regardless of the method for assessing minimum competence for clinical social work, the decision model yields four possible outcomes, as illustrated in Figure 1. The horizontal axis represents the assessment result (pass or fail), while the vertical axis distinguishes between two types of candidates. The "competent practitioner" represents a social worker with the necessary knowledge, skills, and professional ethics. The “deficient practitioner” represents a social worker who lacks the required competencies or adherence to ethical standards.

The outcome in Cell A represents the correct classification of competent social workers deemed to have minimum competency. Cell B represents a *false negative* error, where social workers with the required knowledge and professional ethics are incorrectly assessed as lacking minimum competency. This error often correlates with below-average test-taking skills and can propel the social worker into an emotional crisis (Groshong & Roberson, 2023; Graybow, 2015; Lewis, 2023). Furthermore, this outcome deprives mental health consumers of access to qualified practitioners.

Cell C represents a *false positive* error, where *in*competent social workers are incorrectly assessed as possessing minimum competency. These individuals are often highly skilled test-takers, which allows them to pass the assessment despite their deficiencies. This failure in measurement poses a significant risk, as it permits people who should not be psychotherapists to practice, potentially causing emotional damage to clients. Lastly, Cell D represents a *true negative*, correctly identifying social workers who lack the basic competencies. This outcome demonstrates the assessment's validity in screening out incompetent candidates.

There are several key points that require further discussion. The first concerns the type of error inherent to any assessment method. Cell B represents a *false negative*, a serious error where competent professionals are denied the opportunity to practice, often due to factors like poor test-taking skills. On the other hand, Cell C represents a *false positive*, where incompetent practitioners are permitted to practice because of strong test-taking ability. This fundamental trade-off between these two errors is central to the assessment debate.

Statistically, there is a seesaw relationship. As cell B shrinks, cell C volume increases. As cell C shrinks, the volume in cell B increases (as illustrated in Figure 2):

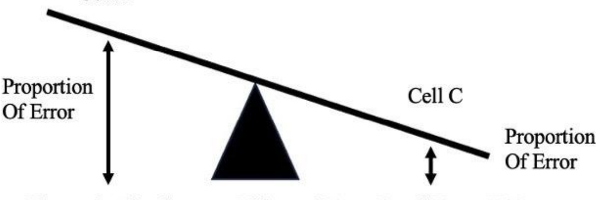

Figure 2: The Seesaw Effect of Type I and Type II Errors

Thus, the sad fact is as we vigorously control the elimination of error in one cell, the error in the opposite cell increases. We are in a position that requires us to decide what type of error is most important to control.

Controlling for error B, would increase practitioners who were not competent as psychotherapists. Controlling for error C, would prohibit good practitioners from practicing psychotherapy.

Regardless of what methodology we use to assess competence; errors will be made. This *cannot* be avoided. The question must become which type of error is the least problematic: error B or error C. Thus, the fundamental dilemma is that as we vigorously control one type of error, the other error increases. We are therefore faced with a critical decision: which error is less acceptable? Prioritizing the reduction of *false negatives* (Error B) would inadvertently allow more incompetent practitioners to pass. Conversely, prioritizing the reduction of *false positives* (Error C) would wrongly exclude more competent practitioners from the profession. The reality is that any methodology for assessing competence will produce errors; this inherent fallibility is unavoidable. The essential question, therefore, is not if errors will occur, but which type poses a greater risk to the public and the profession: falsely excluding a competent practitioner or falsely licensing an incompetent one?

The central challenge we must confront is racial bias, which is statistically manifested in the *false negatives* within Cell B. To combat this bias, we must deliberately reduce these errors, but this intervention has a direct, known consequence: an increase in the *false positives* within Cell C. This trade-off means that a testing protocol designed for greater equity would inevitably permit more incompetent psychotherapists to be licensed. This framing leads to the fundamental policy question: *Which outcome is worse?* Should we prioritize equity by accepting more incompetent practitioners into the profession to ensure we license all competent ones, including those with poor test-wiseness? Or should we prioritize consumer protection by denying licenses to some competent, poor test-takers in order to more rigorously exclude those who are incompetent?

ACSW Versus ASWB (Subjective Versus Objective)

The inescapable trade-off of the “seesaw effect” presents a core dilemma: which error is more acceptable? Some states are now pursuing the Academy of Certified Social Workers (ACSW) model as an alternative for assessing minimum competence. The ACSW relies on a portfolio-based evaluation conducted by professionals familiar with the candidate's work. However, this subjective approach raises several critical concerns:

- The candidate's selection of evaluators introduces a significant conflict of interest, as individuals are unlikely to choose assessors who might provide a negative review.
- The ACSW protocol lacks systematic, statistical guardrails to inhibit against racial bias, unlike the ASWB exam, which employs objective methods for this purpose. The ACSW model is therefore vulnerable to subjective discrimination.
- As modeled in Figure 1, the ACSW's subjectivity virtually eliminates Cell B errors but does so by significantly increasing Cell C errors, allowing more incompetent practitioners to be certified.

Ultimately, the choice between objective and subjective assessment methods is not about finding a perfect system but determining which is less problematic. The driving force behind establishing objective methodologies in the 1970s was the mandate to “protect the public,” a mantra that dominated legislative testimony and committee meetings. This foundational priority forces a difficult evaluation of whether the pursuit of equity through subjective measures unjustly compromises public safety.

Let us delve into a concern related to the employment of statistics for assessing competence.

An Issue with Statistical Analysis

In the context of testing for racial bias, p-values serve as a diagnostic tool to assess whether observed disparities are statistically significant or likely due to random chance. For example, if a study examines whether an algorithm favors one racial group over another, a small p-value would indicate that the observed disparity is unlikely to have occurred under the assumption of no bias (the null hypothesis). However, a crucial limitation is that p-values alone cannot quantify the magnitude or real-world impact of such bias. Moreover, sole reliance on p-values may overlook systemic inequities embedded in the data or the design of the test itself. Thus, while p-values can signal potential issues, they must be interpreted alongside the effect of sizes, contextual understanding, and ethical considerations to draw valid conclusions.

Therefore, in the pursuit of fairness and accountability, p-values must be viewed as merely one piece of the evidentiary puzzle. They highlight inconsistency with the null hypothesis but do not measure the probability of a hypothesis being true or false. To effectively mitigate racial bias, we must integrate statistical significance with qualitative insights, transparency in methodology, and a commitment to addressing structural inequities. This comprehensive approach is essential to promote more equitable systems and move beyond the pitfalls of over relying on simplistic statistical thresholds.

Recommendations

The challenge highlighted in our analysis is not solvable by statistics alone, requiring a multi-faceted approach that may include:

- *Enhanced Exam Design:* Developing exams with demonstrably less bias and higher predictive validity for clinical skill and reliability.
- *Multiple Measures of Competence:* Incorporating portfolios, supervised evaluations with robust anti-bias safeguards and client outcomes alongside alternatives measurement models.
- *Transparent Acknowledgment of Trade-offs:* Openly discussing the inherent Type I/Type II error trade-off and the societal values that guide our choice of which error to prioritize.

While these strategies could enhance assessment quality, the primary obstacle is cost. In the 1990's, developing a competency exam was estimated to be $900 per item with 150 items on each exam (Marson, 2005). Today, the cost would be significantly higher. A potentially more cost-manageable pathway for integrating multiple measures lies in artificial intelligence (AI). For instance, AI could be employed as an objective tool to efficiently analyze test-takers' social histories, portfolios, and supervision protocols.

The use of AI carries its own risk of amplifying or introducing biases, potentially altering how discrimination manifests in the evaluation process. Therefore, rigorous analysis *and* continuous validation are essential throughout the AI's design and deployment. To mitigate the risks of both false positives and false negatives, a hybrid model is recommended, where a human reviewer evaluates all AI-generated pass/fail recommendations.

Artificial intelligence offers promising avenues for enhancing the evaluation processes within ASWB exams. AI could provide a more holistic assessment by objectively analyzing test-takers' social histories, portfolios, and supervision protocols. It could also enable the cost-effective evaluation of complex clinical skills, such as interviewing and diagnostics, and help identify and mitigate biases in exam questions and performance data. While initial development costs are significant, these tools may become more accessible over time, potentially improving equity in competency assessment.

However, most AI-driven proposals, while meritorious, face limitations that challenge their viability as comprehensive solutions. The substantial financial investment and practical implementation hurdles are particularly prohibitive within a realistic 5-10 year timeframe. Common obstacles include:

- Prohibitive infrastructure overhauls with protracted development cycles.
- Dependence on emerging technologies that lack the required maturity and cost-effectiveness.
- Questions of scalability and the ability to meet future demands.

A pragmatic approach is needed to identify solutions that are not only effective but also economically feasible and readily deployable. The following analysis examines some prominent proposals through this critical lens.

- **Multiple Measures (Human-Evaluated):** Incorporating human-evaluated portfolios, supervised hours, and client outcomes promises a more holistic view but faces prohibitive cost and scalability barriers for a national exam. Costs scale linearly with candidate volume, creating exorbitant expenses. Securing the expertise for fair, consistent, and bias-mitigated evaluation of thousands of candidates would be financially unsustainable, especially with the need for multiple evaluators to ensure reliability. Critically, as the ACSW model demonstrates, human evaluation—even with safeguards—can introduce subjective bias, potentially increasing Cell C errors (*false positives*) and failing to equitably resolve racial disparities.
- **AI for Dynamic Exam Customization:** The development of an AI for adaptive testing requires substantial, ongoing investment in data, algorithm development, and validation. A primary risk is that the adaptive logic could institutionalize new biases, for instance, by penalizing particular cultural communication styles or reasoning patterns. Maintaining the system's validity would demand continuous auditing to prevent

"drift," where the AI's definition of competence diverges from professional standards.

- **AI for Continuous Learning and Remediation:** This approach faces significant integration challenges with existing professional frameworks. It would necessitate a robust and potentially intrusive data infrastructure, raising major ethical concerns regarding practitioner privacy and surveillance. Furthermore, the AI's recommendations could perpetuate existing inequities if trained on biased data, stifling innovative practices. The cost of developing and maintaining personalized, AI-driven content remains prohibitively high.

The most viable and impactful basis for enhancing competence assessment and reducing racial bias within a 5-10 year timeframe lies in the AI-powered evaluation of clinical vignettes. This approach strikes a superior balance of enhanced validity, scalability, and cost-effectiveness compared to other methods:

1. **Deeper Assessment of Clinical Judgment:** Vignettes require test-takers to demonstrate critical thinking and ethical reasoning in realistic scenarios, transcending the limitations of factual recall. AI evaluation of these responses can objectively analyze the nuance, coherence, and appropriateness of a candidate's clinical judgment, directly targeting a core weakness of multiple-choice exams.
2. **Superior Scalability and Long-Term Efficiency:** Although initial AI development requires significant investment, the long-term marginal cost per test-taker is low. A deployed system can instantly and consistently process thousands of responses, making it uniquely scalable for a national exam and directly mitigating the cost burden on candidates that plagues human-evaluated alternatives. This pathway presents the most pragmatic and defensible balance between the competing demands of validity, equity, and financial feasibility.
3. **Systematic Mitigation of Bias:** A core advantage of this approach is the potential for AI to be systematically calibrated for fairness. By training models on expert-curated, diverse datasets and evaluating responses against standardized, objective criteria, AI can deliver more consistent assessments that are less susceptible to the subjective biases of human reviewers. Crucially, unlike purely subjective models like the ACSW, the

AI's decision-making process can be continuously audited using statistical methods to detect and correct for emergent bias, creating a feedback loop for ongoing improvement.

4. **Mitigation of Test-Taking Disparities (Reducing Cell B Errors):** The vignette format inherently benefits competent practitioners who are poor test-takers by allowing them to demonstrate clinical reasoning in their own words, free from the constraints of multiple-choice questions. This directly targets the root of many Cell B (*false negative*) errors, helping to ensure that clinical competence, not test-wiseness, is the primary determinant of success.
5. **Technical Feasibility and Timeliness:** The existing trajectory of Natural Language Processing (NLP) confirms that robust AI evaluation of clinical vignettes is achievable within a 5-10 year horizon. The foundational technology is rapidly maturing beyond theoretical potential into practical application, making the assessment of complex written responses a realistic and imminent goal rather than a distant possibility.
6. **A Structured Defense Against Bias:** Critically, an AI-driven system offers a structured framework for bias mitigation that is inherently superior to purely subjective human evaluation. Bias can be proactively identified through transparent algorithms, continuously monitored via statistical auditing, and corrected through model retraining. A mandatory human-in-the-loop protocol, where a reviewer assesses all AI-generated pass/fail recommendations along with the AI's reasoning, serves as a final safeguard against both false positives and false negatives, ensuring accountability.

The adoption of AI-evaluated vignettes represents a strategically viable path forward. It directly tackles the profession's core challenges of racial bias and assessment validity, while avoiding the prohibitive costs and scalability limits of alternative solutions. This approach pragmatically leverages technological advancement to fulfill the dual mandate of protecting the public and ensuring equitable access to the profession.

Two Final Overarching Thoughts

One of the overarching themes within this paper can be summarized in one word *balance*. Every strategy for creating fair and equitable gatekeeping exams involves a series of tradeoffs. A central tenet of fairness is the realization that all strategies can have limitation and unintended consequences. While implementing guardrails to inhibit racism for all exams is *absolutely necessary*, the alternative is equally unacceptable. For example, supervisory evaluations for licensure face the same verification problems similar to Freudian theory: their validity, like that of Freudian concepts, has not been adequately established. In fact, current research suggests that reference letters cannot be trusted (Ibrahim, 2024; Reed, 2021). This inability to systematically verify their validity creates fertile soil for racism to persist.

Secondly, bivariate findings within social science research are *not* held in high esteem due to their significant limitations. Suggesting that the ASWB exams are racist, is an example of a bivariate analysis. In the current literature, alternative explanations that can lead to racial inequality *are not* controlled in any of the current research. However, a groundwork exists for establishing alternative explanations for the racial differences in outcome scores. For example, the passage rate for the clinical exam ranges from 37% to 100% among MSW graduate programs. This data raises questions about the wide variation in outcomes. In addition, this data suggests that educational competencies and standards vary at a rate that is *unacceptable*. Coupled with the well-established presence of institutional racism in social work education (Marson, 2022), a critical question emerges: “Do unequal academic standards exist within MSW academic programs across racial groups?” These alternative explanations have not yet been addressed but must be.

Controlling for alternative explanations can be best implemented by a regression model (descriptive and variance decomposition). The regression model can illuminate the relationship between race and ASWB scores, *after accounting for* the other variables (like, GPA, GRE, age, school attended, year of graduation, etc.) in the model. Regression controls for other variables by holding them statistically constant. For describing complex patterns in data, regression analysis is both valid and powerful. The goal of such proposed research *is not* prediction but rather understanding how variables co-vary. In the end regression analysis will provide greater clarification on the validity of multiple choice items.

Email comments to: journal@ifsw.org

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20 Years of the International Journal of Social Work Values and Ethics Publications: A Review and Analysis

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Abstract

After successfully completing over 20 years of publications, a content analysis was conducted on articles that were printed in the *International of Social Work Journal Values and Ethics* (IJSWVE). This study employed qualitative methodologies.

The findings demonstrate that published articles comply with the journal's mission statement. General patterns demonstrate that published articles focus on theory and theoretical analysis rather than quantitative methodologies. Although quantitatively based research can be found in IJSWVE, such articles are rare. Qualitative research is more likely to be found than quantitative research. Word cloud was employed to identify dominant conceptional patterns. These include, Ethics (67), Social Work (55), Ethical Dilemma (21), Dilemma (21), Social Work Value (18) and Values (18). Bar charts were used for illustration purposes. This work can be employed as a model for conducting content analysis for other professional and academic journals.

Key words:
content analysis, word cloud, qualitative methods, longitudinal analysis, quality assessment

Introduction

Since 2004, *The International Journal of Social Work Values and Ethics* (IJSWVE) has provided professional and academic social workers with online open-access to peer-reviewed discussion of ethical and value-based issues. As illustrated in Table 1, IJSWVE has a history of three publishers.

PUBLISHER	YEAR	VOLUMES
White Hat Communications	2004–12	1–9
Association of Social Work Boards	2013–21	10–17
International Federation of Social Workers	2021–present	18–

Table 1, History of Publisher (Marson, 2024)

History of Publisher

Regarding the various publishers, the journal has always sought to advance academic and practice dialogue on the ethical implications of social problems. Their mission statement encourages submissions pertaining to ethical dilemmas in practice, theoretical evolution of social work values and principles, as well as considering ethical impacts of emerging technology in the field of social work. International authorship enables the IJSWVE to capture values and ethics across cultures and societies.

Social work as a profession is transforming on a global scale, therefore a thematic and content related analysis of the journal's published articles could elucidate how frameworks have changed in the past as well as the field's future trajectory. This transformation is consistent with the International Federation of Social Workers becoming the most recent publisher. Journal-wide content analyses already existing within academic literature offer insight into the trends in published works such as authorship demographics, usage of theoretical frameworks, methodology, topic, etc. When strictly pertaining to content, these analyses are often quantitative in design, however, a thematic emphasis can also open the door to qualitative measures of coded data found in the articles being studied. The broad macro perspective of an international journal enables the published articles to focus on uniting ethical issues across nations with differing laws and social structures making micro, mezzo and macro level issues highly relevant. Furthermore, the IJSWVE is unique as its content trends represent overarching concerns in the field, widening its breadth of readership and impact.

Conducting an exploratory content analysis of a single journal's body of work has historically proven to enhance knowledge and augment development of future research (Burcu, Kurnaz, Karadeniz, Olgun & Özdağ, 2015; Eğmir, Erdem & Koçyiğit, 2017; Grise-Owens, 2002; Hays, Wood, Dahl & Kirk-Jenkins, 2016). This preliminary study sought to provide an overarching look at 20 years of publications in the IJSWVE, provide descriptive information, analyze articles in concert to the journals' mission objectives, and contextualize article key words. This work is intended to be a starting point for a deeper exploration into publication patterns that provide greater insight for subscribers and editorial staff and guidance for scholarly journal staffs, publishers and editors.

Literature Review

Content analysis is an empirically grounded method of qualitative research which is exploratory in nature and can be used for narrative analysis (Krippendorff, 2019) as well as useful for examining volumes of published research. Past research has been conducted to uncover themes across multiple journal publications (Burcu, Kurnaz, Karadeniz, Olgun & Özdağ, 2015; Rogge & Cox 2001; Vaughn, Miles, Parent, Lee, Tilghman & Prokhorets, 2014) while others narrow the analysis and focus on the publications of one journal over a defined timeframe (Burcu, Kurnaz, Karadeniz, Olgun & Özdağ, 2015; Eğmir, Erdem and Koçyiğit, 2017; Grise-Owens, 2002; Hays, Wood, Dahl, and Kirk-Jenkins, 2016).

There are multiple examples of research conducted on the body of work from one journal. For example, Hays, Wood, Dahl, and Kirk-Jenkins (2016) engaged in a content analysis of qualitative and mixed method articles from the *Journal of Counseling & Development*. Focusing on articles published between 1999-2014, the research team sought to understand trends in methodological rigor over time in the field of counseling. Hays, Wood, Dahl, and Kirk-Jenkins (2016) created the initial coding frame based on review of similar content analysis studies which were subsequently reviewed. Their analysis ascertained that the majority of articles addressed one topic, often in regard to culturally based topics such as gender, race/ethnicity, and social justice issues (Hays, Wood, Dahl, and Kirk-Jenkins 2016).

Most qualitative articles analyzed were not specific in their use of a research paradigm, although research traditions included phenomenology, grounded theory, and consensual qualitative research (Hays, Wood, Dahl, and Kirk-Jenkins, 2016). Strategies most often focused on ensuring trustworthiness of claims and supporting data through ethical validation. In addition, they found a *significant moderate* positive relationship ($r = .51$, $p < .001$) over time between intensity of strategy and the year the article was published (Hays, Wood, Dahl, and Kirk-Jenkins, 2016). Due to the nature of the IJSWVE, this study will focus less on methodology and more on recurring topics, themes, and theoretical frameworks to capture trends in social work values over the 20 years of the journal's publications. Despite the differences between the IJSWVE and the *Journal of Counseling and Development*, their method of coding provides insight into the current study's refining of coding frames.

In another example focusing on a single journal, Grise-Owens (2002) conducted a content analysis of the 1998-1999 issues of the *Journal of Social Work Education*, operating under an inductive method in search of themes related to sexism, citing the exploration of curricular adherence to the National Association of Social Work (NASW) Code of Ethics as rationale for their study. To assess the systemic subtleties of sexism, Grise-Owens (2002) decided to only analyze 60 articles which were not specifically related to women's issues while looking for articles untainted by gender bias, covering topics of gender-inequity, and using a gender theory framework. They employed a key word analysis over multiple readings to address research questions regarding the use of gender-based dimensions within an analysis framework (Grise-Owens, 2002). Grise-Owens' topical content analysis poses relevance to the current study; however, their small data set suggests the time-consuming method of keywords in context would not be feasible for 20 years of publication. The following themes emerged after Grise-Owens's (2002) analysis:

- discrepancies in pronoun usage,
- sexist language,
- inconsistent attention to gender as a variable,
- inattention to gender as a theoretical framework.

Topical content in the analysis of the IJSWVE will be more broadly defined to increase the practicality of reviewing a large number of articles with multiple reviewers.

Burcu, Kurnaz, Karadeniz, Olgun and Özdağ (2015) is an example of an evaluation of 37 publication years within a single journal. The research team developed 51 topical codes derived under each decade with developed sub-categories to reflect how social problems changed over time. In addition, four research method category codes were established as well as six country codes which included 'USA,' 'comparable to USA,' 'cross-national,' 'no country specified,' 'multiple European countries.' Lastly, 65 codes were developed to designate theories to explain social problems depicted in journal articles.

The central focus of Eğmir, Erdem and Koçyiğit (2017) includes the employment of qualitative methodologies to demonstrate research trends in the field of education. Paralleling our study, they conducted a content analysis which resulted in frequencies and percentages of publication trends. Although the journal is international with publications from a wide range of countries (n=35), the researchers found a commonality of sampling techniques, research methods, and statistical procedures. These authors demonstrated that the vast majority of their publications were categorized as quantitative (n=500).

Other research examined specific information across a variety of journals. For instance, Barusch, Gringeri and George (2011) conducted a content analysis of 100 social work articles across 27 social work academic journals to look at rigor in qualitative research utilizing a developed standardized template. Nineteen qualitative rigor techniques were identified and coded and they acknowledged five strategies most frequently used among all.

The work of Rogge and Cox (2001) provides another example of analysis of content across multiple journals looking for the person-in-environment perspective among peer reviewed social work journals. This research team utilized data from the *Social Work Abstracts* database to provide a computer assisted content analysis of 7,941 articles published from 1987-1996. Their study utilized keywords which were subsequently categorized. These datasets were processed through multiple software programs to ascertain frequency counts, create a structure of linking articles, develop keyword databases, and organize interrater reliability and coding measures (Rogge & Cox 2001).

An example of conducting a content analysis across multiple journals is seen in the work of Vaughn, Miles, Parent, Lee, Tilghman and Prokhorets (2014). Employing PsycINFO as their sampling frame, they examined strengths-based themes that were addressed in LGBT positive psychology literature between 1973-2011. Unlike other studies examined in this review of literature, these researchers had a specific predetermined focus that exclusively addressed how the impact of strengths-based themes could influence public attitudes, public policy and legal statutes.

Due to the massive proliferation of predatory journals, a statistical analysis of anonymous reviewer reliability was conducted by Marson and Ellis (2021) for the *International Journal of Social Work Values and Ethics*. The mission of this research project was to assure stakeholders that the journal's manuscript screening process was transparent and fair. Based on a sample of 246 editorial reviews, interrater correlations were calculated and determined r's that ranged from 0.749 to 0.680 ($p < .000$). Although considered to be a moderate degree of correlation, these results were considerably higher than the range found in a 2008 review by Bornmann (as cited in Marson and Ellis, 2021) which produced r's from 0.2 to 0.4.

Another technique exists allowing researchers to conduct a content analysis using a spreadsheet. Bree and Gallagher (2016) used an inductive approach to analyze a qualitative data set of participant comments compiled during focus group interviews. For data analysis purposes, the comments were moved to a spreadsheet wherein the dataset was placed into one column. Their application is an example of the use of spreadsheets. Bree and Gallagher (2016) provide direction in how to effectively analyze the coded data set utilizing a software package.

Burcu, Kurnaz, Karadeniz, Olgun and Özdağ (2015) offered a follow-up content analysis from an earlier study examining articles from *Social Problems* between1952 to 1975. They replicated the publication for articles published between 1976 to 2012. However, unlike the earlier publication, they excluded all articles that lacked a sociological focus. Their objective was to identify specific social problems that dominated the journal, trends of social problems topics, country of origin in which a social problem is addressed, research methods that were used in the studies, and theoretical explanations.

Barusch, Gringeri and George (2011) conducted a similar qualitative study. They completed a content analysis on the various research strategies employed in *2005 Journal Citation Reports: Science and Social Sciences Edition*. In the end, they ranked and ordered methodologies to illustrate the pattern social work researchers are most likely to employ.

Methods

Word cloud presents an option for analysis and assessment in geographical form (DePaolo & Wilkinson 2014). Word cloud software digitally assesses word frequency. There are several online word cloud generators available without charge (Sellars, Sharrod, & Chappal-Aiken, 2018). Word clouds are useful to present visual information to an audience particularly as an exploratory qualitative data analysis (Cidell, 2010).

The research team employed a spreadsheet to input data from all articles in the 20 years of the journal. Once all 20 years of journal articles were coded, article key words were put into a word cloud image for each of the 20 years and again for all 20 years combined for a visual representation of most frequently used words. Following that, a worksheet was developed for researchers to analyze each article's fit within the 5 identified mission objectives of the journal found on the journal's home page (*International Journal of Social Work Values and Ethics*, 2023). Those are as follows:

- Development of models for analyzing and resolving values and ethical dilemmas
- Discussion of ethical and values dilemmas related to development of new technologies
- Research studies on the influence of values and ethics in social work practice decision-making and in agency program development

- Examples of good practice that clearly highlight ethical and values considerations
- Theoretical articles that explain the origin, development, and evolution of social work values and ethics.

Years of the journal were divided among the research team and cross-checking measures were employed to improve reliability and provide interrater reliability.

Results

A standardized template was developed by the research team to evaluate data including categorized strategies. The notes section of the template was used for reviewers to document their rationale for grouping. To assess inter-rater reliability, research team members collectively decided that the research assistants would each review 25% of every other year. One reviewed all even years, starting with 25% of 2022 while the other covered the odd years starting with 25% of 2021. This pattern continued until all years were completed. Figure 2 (discussed in more detail later) illustrates the reliability assessment of the reviewers categorization process.

Figure 1, *IJSWVE Word Cloud 2004-2022 Image*

Figure 1 depicts a word cloud of the key terms found in the reviewed articles. Note that the key words which were analyzed were restricted to research articles, excluding editorials, opinion, letters to the editor, theoretical articles, etc. This visual tool provides valuable insights as the font size of each word or phrase reflects the frequency of use in reviewed articles (DePaolo & Wilkinson, 2014). Hence, the *largest* words or phrases were present in the key terms more than the *smallest* words or phrases as illustrated in Figure 1. Investigators fed a list of key terms from each article under analysis into software which produced the word cloud below based on frequency of occurrence (DePaolo & Wilkinson, 2014). The colors represented within Figure 1 exist for aesthetic purposes and do not indicate a qualitative or statistical interpretation.

Findings from the word cloud suggest the most common article themes in the IJSWVE across 20 years of publication were as follows:

- Ethics (67)
- Social Work (55)
- Ethical Dilemma (21)
- Dilemma (21)
- Social Work Values (18)
- Values (18)

Within the word cloud, many words and phrases are repeated in various forms of the concept. The repetitive concepts reflect the scope of the journal and consistent themes across diverse articles regardless of the specific topic.

By assessing each year of publication in Table 2, the ethical concerns relevant to the field of social work at that time become evident. Moreover, the sheer number of key words increasing each year also reflects the journal's growth. Ethical and value-based decision making from an international perspective shifts in relation to changes in technology, codes of ethics, social policy, and social justice movements.

In order to determine if the journal is compliant with the mission statement, it is necessary to categorize the manuscripts that were eventually published. With n=276, an examination of each article resulted in five categories. Seven (3%) of the articles could not be categorized within the established pattern. These were categorized as "miscellaneous" in Figure 2. As acknowledged in Figure 2, the greatest proportion of published articles falls within the category of theory. In a cursory assessment of *Ethics and Social Welfare* and *Journal of Social Welfare and Human Rights* (two other journals focusing on social work values and ethics), we notice the domination of articles focusing on theory rather than hypothesis testing.

Year	Key Words	Freq
2004	Ethic	2
2005	Ethical Dilemma	4
	Dilemma	4
	Social Work Practice	2
	Social Work Student	2
	Dual-Relationships	2
2006	Ethical Dilemma	3
	Dilemma	3
	Ethic	3
	Dual-Relationship	2
	Boundary	2
	Value	2
2007	Ethic/Ethics	12
	Value	3
	Ethical Decision Making	2
	Decision Making	2
	Social Work	2
	Code	2
2008	Ethic/Ethics	6
	Plagiarism	4
	Ethical Decision Making	4
	Ethical Issue	2
	Fair Use	2
	Plagiarism Detection	2
	Social Work	2
	Code	2
	Disability	2
2009	Ethic	7
	Social Work	5
	Code of Ethics	4
	Ethical Decision Making	3
	Decision Making	3
2010	Ethics	4
	Social Work	3
	Research	3
	Ethical Dilemma	2
	Dilemma	2
	Face-To-Face	1
2011	Social Work	3
	Ethical Dilemma	2
	Social Work Value	2
	Duty	2
	Dilemma	2
	Ethic	2
	Dignity	2
2012	Social Work	3
	Critical Consciousness	2
	Ethical Principle	2
	Ethical Decision Making	2
	Internet	2
	Ethics	2
	Code	2
2013	Value	4
	Ethic	3
	Social Justice	2
	Child Welfare	2
	Decision Making	2
2014	Ethic	5
	Social Work	3
	Boundary	3
	Ethical Dilemma	2
	Social Work Education	2
	Dilemma	2
	Internet	2
2015	Social Work	5
	Ethic	4
	Social Work Ethic	3
	Social Work Value	3
	Lesbian, Gay, Bi-sexual, Transgender (LGBT)	1
2016	Social Work	6
	Social Work Value	4
	Ethic	4
	Social Work Student	2
	Value Conflict	2
2017	Social Work	3
	Ethic	3
	Social Work Practice	2
2018	Ethic	6
	Social Work	3
	Research	3
	Dilemma	2
	Inclusion	2
	Practice	2
2019	Social Work Ethic	4
	Ethical Dilemma	2
	Group Work	2
	Social Justice	2
	Dilemma	2
	Self-Determination	2
	Value	2
	Exclusion	2
2020	Social Work	7
	Ethic	5
	Duty	2
	Confidentiality	2
2021	Social Work	3
	Theory	3
	Ethical Decision Making	2
	Ethical Dilemma	2
	Ethical Theory	2
	Social Work Value	2
	Human Right	2
	Decision Making	2
	Social Justice	2
	Dilemma	2
	Ethic	2
	Self-Determination	2
2022	Social Work	4
	Trauma	2
	Colonialism	2
	Ethic	2

Table 2. Frequency of Key Words and Year of Publication

There is a commonality among values and ethics journals in social work. Most importantly, the data in Figure 2 unambiguously demonstrates that content in the published articles is congruent to the journal's mission statement.

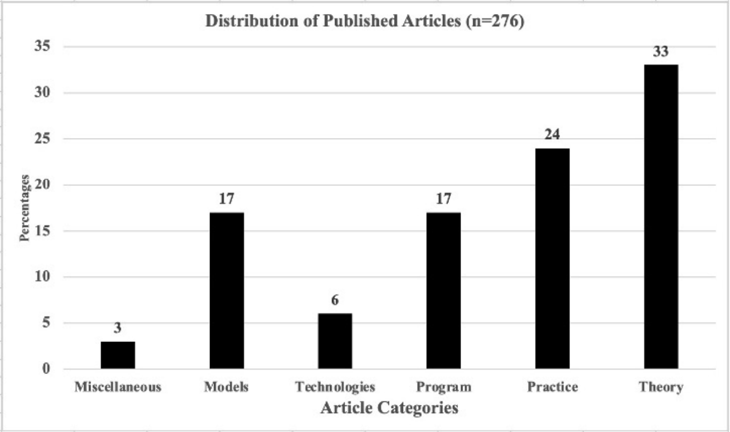

Figure 2, *Published Articles and Categories*

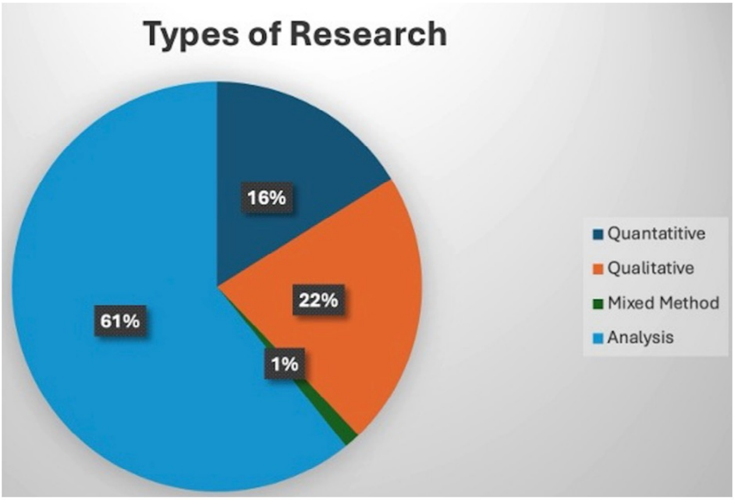

Figure 3, *Comparing Types of Research*

Using the same data set, we examined and assessed the type of research paradigm that dominated for each publication. The findings were not surprising and were consistent with the journal's mission statement: Unlike most journals, the

International Journal of Social Work Values and Ethics is not dominated by articles that statistically test a hypothesis. As illustrated in Figure 3, only 16% of the articles can be categorized as quantitative. This does not necessarily mean that a hypothesis was tested, but, more likely, that descriptive statistics were the centerpiece. Critically, the data within Figure 3 demonstrate that the primary methodology employed is *analysis*. More specifically, the majority of the articles review values and/or ethics in the context of specific values or ethics theories. Alternatively, well established theories (outside of the realm of values and/or ethics) are employed as a framework to understand social work practice. Critically to note, an intensive review of Figures 2 and 3 demonstrate unambiguous congruency.

There is a wide range of dimensions on how content analysis can assess published articles that comply with the journal's mission statement. Many of these dimensions might be considered of secondary interest to some readers. On the other hand, if a reader is interested in using our research as a model for advancing and/or replicating other research, the appendices could offer a considerable amount of guidance. Our appendices include issues related to:

- overall compliance to the mission statement
- how qualitative research complies with the mission statement
- how quantitative research complies with the mission statement
- how mixed methods comply with the mission statement
- how theoretical articles comply with the journal's mission statement.

Each of these dimensions are addressed using bar charts.

Discussion

In congruence with the IJSWVE scope and mission, the key words which appeared most frequently in the journal surround ethical and value-based decision making in the field of social work. The IJSWVE achieved consistency over 20 years of international scholarly contributions, suggesting the editorial board maintained a strong sense of the journal's scope despite changes in the profession and the editorial board membership.

When considering each year of publications as segments of an evolving narrative, the key words shed light on the quandaries in the professional community which arose in response to the changing social context. Most key words from each publication year reflect the consistency mentioned above; however, certain key words were specific to time frames. For example, the “dual relationships” key word only appeared in 2005 and 2006. The year 2008 is the only year that includes key words regarding “plagiarism”. In 2010, the key word “face-to-face” reflects emerging technology which enables social work students to learn about ethics on online courses. “Critical consciousness” and “child welfare” only appear as key words in 2012 and 2013, respectively. “Internet” emerges as a key word in 2012 and 2014 as the rising popularity of social media posed ethical concerns regarding virtual mental health treatment and online education programs. Brezinski, Tabakam, and Ploub (2024) noted in a study of students in a Master of Clinical Counseling program at Bellevue University that an over-reliance on information and communication technologies may lead to ineffective clinical practice and insufficient academic support.

The key words in 2011 uniquely cover the topics of “professional duty” and the “inherent dignity of a person”, both integral aspects of the National Association of Social Workers’ Code of Ethics. Moreover, professional standards of “confidentiality” and “duty” are also present in 2020. The key words “social work education” emerge in 2014, and “social work students” are mentioned again in 2016.

Over the 20 years of publication, the key words “Lesbian, Gay, Bi-sexual, and Transgender” only appears in a research article once in 2015. In 2015, the social work community and public grew in awareness of LGBTQ+ issues as their rights began to expand, specifically in the United States (Field, 2018). Research about this vulnerable population continues to lag across the field of social work, especially in the international context. Key words reflecting social justice issues begin to surface more often after 2015. The key words “inclusion” and “exclusion” arise in 2018 and 2019 respectively. “Self-determination” comes up in 2019 and 2021. The publications in 2021 also included “human rights” as key words. Lastly, the key words “trauma” and “colonialism” make their first appearance in 2022.

Conclusion

The content analysis demonstrates that the *International Journal of Social Work Values and Ethics* unambiguously embraces its mission statement. The journal's mission statement was analyzed in various qualitative methodologies including word cloud, bar charts and word analysis. All of these methodologies confirm that the journal has maintained focus on the mission statements that were composed by the first editorial board in 2002.

If the articles reflect social work practice and education interests during the time of publication, the journal identifies dominant themes found within the interest of social workers. Areas of interest have been acknowledged and linked to particular time periods. One can reasonably assume that an ethical or value issue (like “dual relationships”) was envisioned as problematic or a topic that was perplexing within academic social work courses. After the subject was thoroughly analyzed and discussed among social workers, the outcome of these inquiries became instilled within budding social workers and advanced practitioners. Once that occurred, the issue became a mainstay for social work practice and education. Simply stated, the topic moved from cutting edge to public domain knowledge.

Although we acknowledge that publications with an international focus have existed since the journal’s inception (see special issue on international social work, volume 6, number 2, 2009), emphasis on the use of the Global Social Work Statement of Ethical Principles did not appear until the International Federation of Social Workers became the publisher in 2021. Prior to 2021, the NASW Code of Ethics was employed as a springboard for discussions and analysis of social work practice and education issues. Currently, the editorial board directs authors to use the Global Social Work Statement of Ethical Principles as a framework for analysis.

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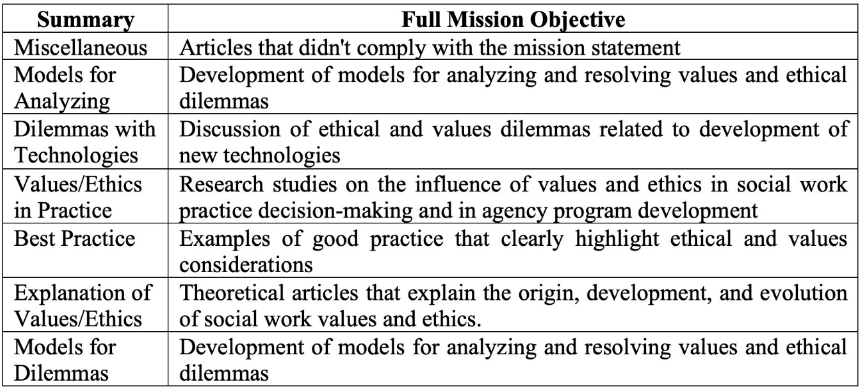
Appendices

For all of the bar charts illustrated in these appendices, the mission statements appear on the horizontal axis at the bottom. Since each mission statement constitutes a full sentence, it is not possible to include the entire mission statement on the chart. Immediately below, one can read each mission statement. Adjacent to the mission statement on the left is a summary which will be used in the horizontal axis for each bar chart.

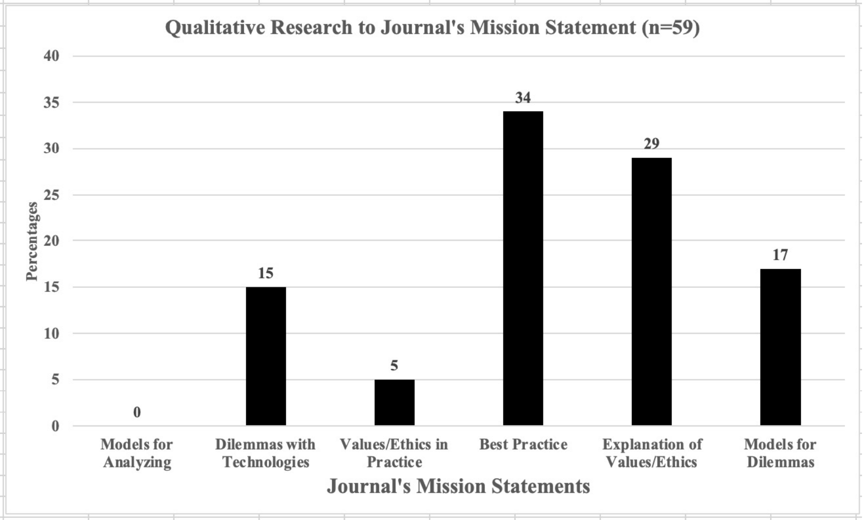


Summary	Full Mission Objective
Miscellaneous	Articles that didn't comply with the mission statement
Models for Analyzing	Development of models for analyzing and resolving values and ethical dilemmas
Dilemmas with Technologies	Discussion of ethical and values dilemmas related to development of new technologies
Values/Ethics in Practice	Research studies on the influence of values and ethics in social work practice decision-making and in agency program development
Best Practice	Examples of good practice that clearly highlight ethical and values considerations
Explanation of Values/Ethics	Theoretical articles that explain the origin, development, and evolution of social work values and ethics.
Models for Dilemmas	Development of models for analyzing and resolving values and ethical dilemmas

Appendix A

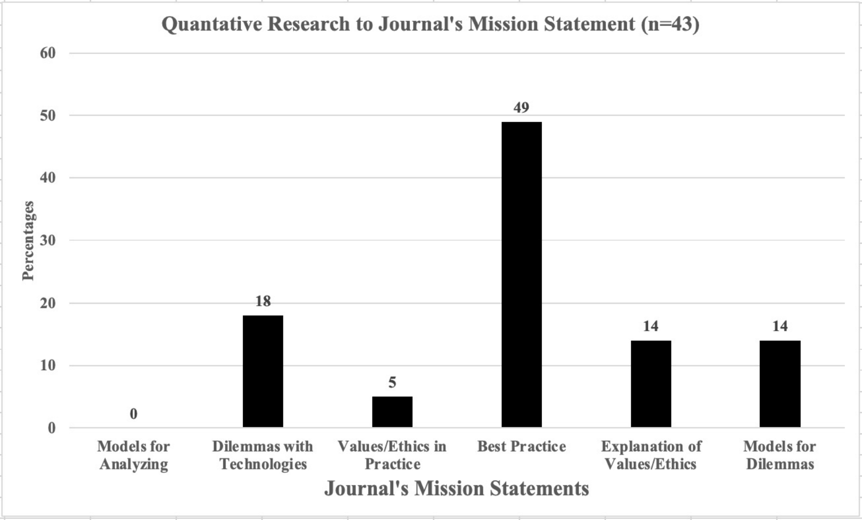
Appendix A includes a qualitative assessment of each published article. Although we were expecting some articles would not fit into any of the mission statements, all of them did. Within this analysis one anomaly was uncovered. Although each article complied with at least one of the journal's mission statements, 39 articles included a focus of two or more. The chart in Appendix A, does not account for articles that focused on multiple mission statements. Rather, our analysis categorized articles that had the major focus of the particular mission statement.

Appendix B



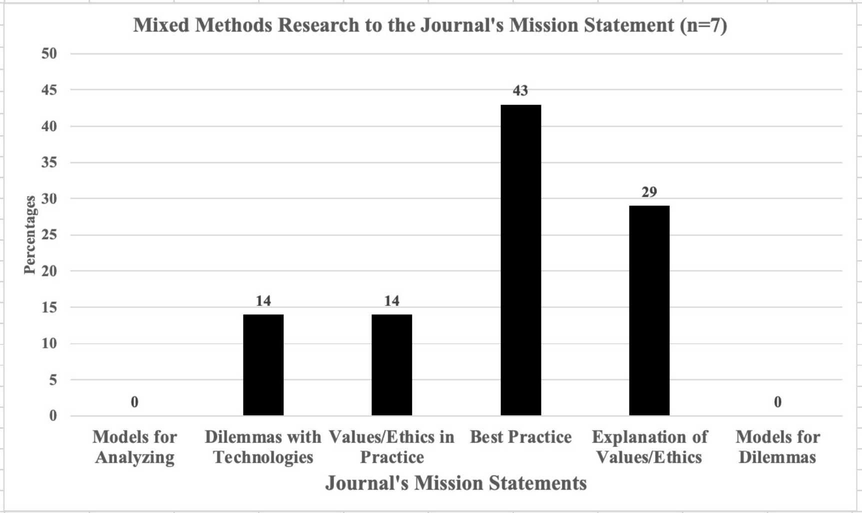
Appendix B includes an assessment of how qualitative research articles matched the mission statements. The data is contrary to our preconceived expectations. We expected that qualitative methodologies would dominate "Explanation of Values Ethics." Instead, we find that qualitative methodologies were employed to examine and/or assess "Best Practice" strategies.

Appendix C



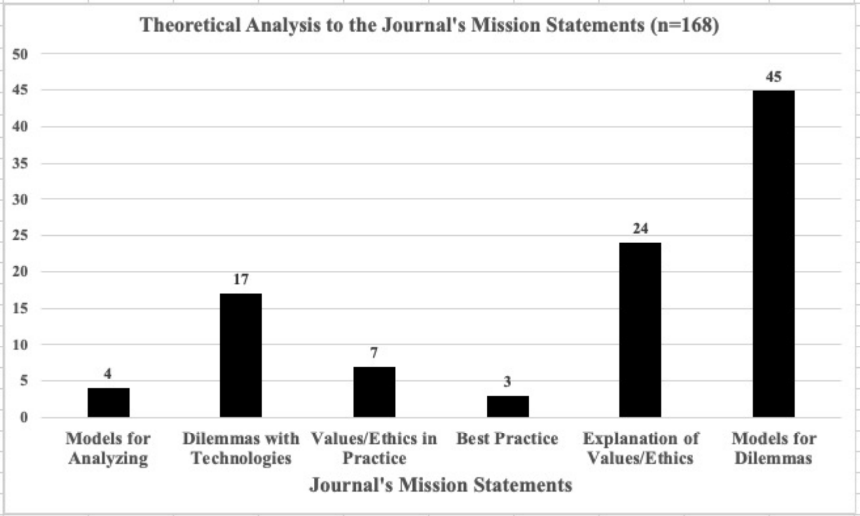
Several issues are immediately apparent within the Appendix C. First, in contrasting Appendix B with Appendix C it is immediately apparent that qualitative research dominates ethical analysis when compared to quantitative research. Secondly, both qualitative and quantitative methodologies focused primarily on issues of "Best Practice."

Appendix D



With n=7, as illustrated in Appendix D, mixed methods research is the least employed methodology published in the journal. However, like qualitative and quantitative methodologies, mixed methods were most commonly employed for issues of "Best Practice."

Appendix E



Appendix E focuses on articles that offer a theoretical presentation. Unlike qualitative, quantitative, and mixed methods methodologies, the issue of “Best Practice” generated the least proportion of focus. In addition, with n=168, theoretical articles outnumber the sum of all the methodological papers put together.

BOOK REVIEW: Research Ethics for Students in the Social Sciences

DOI: 10.55521/10-022-208

Bos, J. (2020). Research ethics for students in the social sciences. Springer.

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Research Ethics for Students in the Social Sciences by Dr. Jaap Bos is an open access textbook that prioritizes educating undergraduate students on the ethics of research and helping them to apply skills through practice and problem-based learning. It is available in both pdf and epub formats.

Chapters One through Ten are divided into four parts that are titled Perspectives; Ethics and Misconduct; Ethics and Trust; and Forms, Codes, and Types of Regulations. Each chapter includes keywords, case studies, artwork, study questions, suggested reading, and references. Throughout the book, the author applies real world examples within the context of European and U.S. policy. There are sidebars throughout the chapters that offer definitions, explain information, or provide summaries for the reader, which could be helpful for students new to research.

Dr. Bos works at the University of Utrecht in the Netherlands. He is an Associate Professor and Senior Researcher in the Department of Interdisciplinary Social Studies (ASW). According to his webpage, one of his interests is the use of historiography (the study of historical writing) in the social sciences and communication studies.

Chapter One discusses the plans, structure, and purpose of the book. The author offers examples of ethical challenges undergraduate students might face throughout their educational journey. Topics such as plagiarism, bias, confidentiality, and societal issues can arise at any time throughout one's academic career. Dr. Bos intends the book to be the beginning of students' educational journey and to ease them into social science research. Part I follows the introduction and engages the audience by applying a case study. Dr. Bos refers to both the U.S. Code of Conduct and European Code of Conduct. The book is not intended solely for US audiences, which may be a new experience for some US students. This broader context can be enriching to all students. Students across the US and in European countries could benefit from learning the differences and similarities with each Code of Conduct to expand their knowledge of the social sciences and research.

Part II, like Part I, provides callout boxes breaking down information in a more digestible format for the reader. Callout boxes, such as "*Unintentional Plagiarism*," are helpful in showcasing how easy and accidental plagiarism can be. The lengthy discussion on cheating and plagiarism feels overdone and could have been more concise. The example of plagiarism by professors felt unrelatable to us. The text provides consequences of plagiarism and cheating by researchers, which will likely feel more relevant to undergraduate students. Next, the discussion about bias contributes in-depth information on plagiarism and cheating and draws the reader back in with new information. Chapter Five offers an interesting overview of ghostwriting, about which many students may not be educated. However, it could be beneficial if the author addressed ChatGPT and other types of AI.

Part III focuses on confidentiality within several areas such as social media (Facebook, etc.) and technology. It would be helpful if the author could break down the legality of confidentiality more specifically with legal requirements, limitations, and implications. The chapter provides charts to simplify information, which are helpful. Practical case studies are helpful for students, such as the Russell Ogden case, which provides a practical example of the breach of confidentiality. Breakout boxes that distinguish various types of conflicts of interest make the material more accessible. Defining the term *conflict of interest* would seem to be helpful if the intended readers are new to research. Mentioning tenure gap reveals the hiring process within educational institutions where publishing research is sometimes prioritized over teaching experience. It relates to undergraduate students because they may have an opportunity to assist in a research project or proposal with a professor in their social science department. Part IV educates readers step by step on research ethics.

The text has strengths and weaknesses. Chapters Two through Nine conclude with case studies, however, one recommendation would be moving the case study toward the beginning of the chapter, which may grab attention earlier. It seemed that there was some redundancy in how the topics were presented, and we would recommend an organization of the concepts in a way that distinguishes them more clearly and distinctly. We wondered if underlying the redundancy of some subjects might be an assumption that this would deter students who may plagiarize, and we were skeptical that this would be effective.

Many students dread the requirement to read textbooks. However, Dr. Bos creates a fresh alternative. The book has an approach that does not inspire anxiety, which many students feel when the topic of research is brought up. This book felt like it was written with an intended audience in mind: students that often feel left to fend for themselves in the world of research and ethics. This book achieves its stated goals: to raise students' awareness of research ethics and to present students with real life situations in a way that helps them to consider their own position on them. Students in classes that require this book will also appreciate that it is free access.

Reference

Utricht University. (n.d.). *Dr. Jaap Bos*. https://www.uu.nl/staff/JCBos