Delegitimizing Blackness in Human Services

Christene Tucker, Warren Graham, and Shakira A. Kennedy

Abstract: Delegitimizing Blackness is an attempt to remove one's power or authority. Our reflections within this article discuss the various attempts to remove one's legitimation and power. The power of oneself to own his/her story, the power of children and families to understand their needs, and the power of managing and confidently stepping into one's own Blackness are discussed. Reflecting on navigating this process within human services with three social work professionals with over 30 years of experience, cumulatively, is highlighted. Our Blackness often compounds our experiences either due to unjust policies, micro-aggressive interpersonal relationships, or unprofessional/inadequate leadership experiences. The cumulative journey of these reflections will be discussed, along with implications for practice.

Keywords: human services, anti-Blackness, anti-Black racism, internalized anti-Black racism, internalized racial oppression, racial trauma, intersectionality, Black families, child welfare, systemic racism, social work

Personal Experience 1: Tucker

Child Welfare: An Intentional Arrival

My career in child welfare began in 2006: I was a 23-year-old, single Afro-Caribbean parent with a not-uncommon delusion of super-womanhood. I was hired at a time when the death of a child meant increased surveillance of the child welfare workers' task to protect predominantly Black and Brown children from their parents (mainly their mothers). At the time, I had a BA in psychology and boasted (what I thought was) an impressive year of experience at a non-secure detention facility; I felt well-prepared for the arduous task of protecting children and serving families. I quickly realized that "protecting" children required informal training on how to use Black familial surveillance. I was immediately struck by the similarities between myself and the families I encountered. I learned to confront the inequities and sought to empathetically engage BIPOC families interfacing with systems that either invalidated their challenges or victim-blamed them for their perceived pathologies. Following my MSW, I returned to child protective work with a renewed sense of purpose and empowerment. I even assigned myself the professional distinction of *BlackFeministCreativeSelfReflectiveSocialWorker* to announce my official arrival into the field.

Sarri and Finn (1992) suggest that US child welfare practices were shaped by three assumptions: "the dichotomy of private and public domains; the primacy of autonomous individualism; and the capacity for corrective intervention" (p. 220). This article will focus on the latter two regarding Black families. The Black caregiver (who is often identified as female) is solely responsible for her child's wellbeing; therefore, her parental capacity is questioned when there

are deficits in the child's functioning (or that of the family overall). In a child protective investigation, the mother is the maestro of her family's strife; her actions place her children at risk of harm, and she must be disrupted. This framework allows the child protective agent to investigate abuse and maltreatment allegations with a glaring indifference toward the oppressive systems that may impact the respective family (Sarri & Finn, 1992; Williams-Butler et al., 2020).

I wondered how perceptions of Blackness impact assessment in child protective investigations and service provision. Black and Brown caregivers who challenge the system or dare to apprehend their rights are often labeled "uncooperative," "aggressive," or "incorrigible." These sentiments are echoed in engagement, documentation, and referrals (or lack thereof) to address the family's presenting issues. While "systemic racism" and "racial equity" are uttered in administrative forums, I find the discussions often lack nuance. My attempts to carefully examine the roots of colonialism and antiBlack coding in child welfare practice are not always well-received: that is, I have been successfully branded as a rebel.

Delegitimizing Black Parents

When Black parents become demonstrative and/or *uncooperative*, child welfare agents often introduce coercive interventions to *correct* the offensive behavior (Adjei & Minka, 2018; Edwards et al., 2020; Sarri & Finn, 1992). Parental practices that oppose our understanding of attachment and child-rearing are often vilified and perceived as uncivilized, "ghetto," and dangerous (Greenesmith, 2019; Stephens, 2022). Black mothers are more likely to be involved with child welfare due to a myriad of factors, including poverty and the historical vilification of Black women (Ewa-Elechi & An, 2019; Harp & Bunting, 2019; Roberts, 2011). The trope of the Welfare Queen designates Black mothering as pathologically abusive, lazy, and angry (Cammett, 2014, 2016; Cénat et al., 2021).

It seems we are less likely to see Black mothers as vulnerable persons in need of protection; we blame them for their socially identified maladies and rarely attribute those pathologies to external factors and systems. In our discussions with families, we repeatedly fail to consider how race, sex, and economic status intersect to subjugate families of color further (Ortega & Coulborn Faller, 2011). In comparison, Black fathers are socially type-casted as absent, uncaring, and often unworthy of outreach during active investigations (Cammett, 2014, 2016). Thus, these powerful symbols result in a tendency to assume criminality in Black parenting at the onset of the child protective investigation (Cammett, 2016; Ewa-Elechi & An, 2019).

An Anecdote

I perused a family team conference referral, which focused a great deal on the parent's mental health disorders and her "refusal" to cooperate with the agency's investigation. I searched for additional attempts to engage the parent and/or recommend services to assuage the parental

afflictions that were so profoundly named in the referral narrative. My frustration was further amplified by the vacant section inquiring about the father's information (which is not an uncommon occurrence).

There was a fleeting hope that this inflammatory document (that used subjective language rather than concrete behavioral descriptors) did not reflect the true mindset of the child protective team. As expected, the teleconference *felt* more like a session of "shame and blame" towards a parent who suffered extensive trauma and (while functioning in some respects) lacked support and resources to "strengthen her parenting." It took all the diplomacy I could muster not to lecture the child protective team about the dangers of bias, cultural humility, and structural racism. My reputation as a rogue social worker required a different tactic: I modeled empathy and invited the parent to share her story. The meeting was not without some intensity and language disruption (which entailed correcting some of the phrasing parroted from the initial referral); however, we reached a consensus. "Mom" would be referred for trauma-informed services while the team would make their efforts to engage the father (which would begin with a simple inquiry about his identity). This felt like an accomplishment and another step towards liberatory child welfare practice. This feeling was short-lived, as I was later criticized for "not being a team player," and I was called the dreaded a-word: "aggressive" (the very same language used to describe the parent in the case). I want to pretend indifference to statements like these; the truth is, I am exhausted.

The reader should be aware that this anecdote is a limited, abridged version of events, as multiple factors contributed to the child protective team's assessment of this family. Nevertheless, two crucial elements must be acknowledged: the parent in question was a Black woman, while this child protective team was also of Black/African descent.

Black-on-Black Policing

The agency at which I practice was established over 50 years ago, less than 100 years following the inception of the child welfare system in the United States. I wondered about the coincidence of having so many workers of color investigate similarly completed families—was this a purposeful arrangement? When children die at their parents' hands, is it more convenient to hold Black and Brown workers accountable for their deaths? I was puzzled over how different the investigative process would be if New York City child welfare workers were White. Subsequently, I considered the protection and preparation afforded to White or non-Black Child Protective Service (CPS) workers. My brazen questioning of The Agency's practices towards families of color was often met with exaggerated eye-rolls; I was the quintessential ABW (Angry Black Woman), the insurgent, and deemed a conspiracy theorist.

At The Agency, I am the bridge between the CPS team and the family: the moderator, a process leader, and the person responsible for ensuring consensus. My division's racial and gender makeup differs little from that of the child protective staff: The variance lies in our education

and licensure. Our tasks are not steeped in investigative practices: We do not visit the families' homes, contact collaterals, or file neglect/abuse cases in family court. Often, a scoff or a sardonic smirk accompanies the description of our roles; the Black female licensed social worker has no right to pride (or "arrogance," which is often sputtered when demonstrating any modicum of confidence).

Bowed heads and conformity are often gifted with inclusion, while ostracism or mockery accompany branded insurgents like an unwelcome shadow. I am reminded of how dangerously sophisticated *white supremacy* is: it exists even when its benefactors are minorities in the respective space. When facilitating family team meetings, my unabashed Black intersectional womanhood is ever present in my style and cadence. Thus, my "militant" reputation is maintained.

I cannot provide the reader with an exact timeline on when The Agency's racial demographics shifted or if there was ever a time when the (standard) face of the oppressor (i.e., White folks) dominated child welfare in New York City. Perhaps it was gradual: a slow-paced filtering of one group to allow the other (i.e., people of color/POCs) to satisfy diversity promises. Maybe it was an immediate exodus: an interagency White Flight (Kruse, 2007) due to some catastrophic change in the social atmosphere. At some point, the face of The Agency came to mirror the families under surveillance. I often wonder when the workers of color decided to endorse the idea that Black families were decidedly *bad* at parenting their children.

In fairness to The Agency, ongoing strategies are designed to establish a more equitable practice and address the longstanding disparities plaguing communities of color (Bartholet, 2011; Fitzgerald, 2019). While I commend The Agency for creating these initiatives, racial equity within child welfare is still far from actualized. Despite training and policy planning, Black children are still overrepresented in the child welfare system (Edwards et al., 2020). Additionally, Black female-headed households continue to be treated more contemptuously than their White and other minority counterparts (Ortega & Coulborn Faller, 2011; Roberts, 2011). Part of collapsing racism is dismantling the deceptively "well-meaning" practices that often damage rather than heal our families (Greenesmith, 2019; Bartholet, 2011).

If internalized oppression is a sinister offspring of racism and colonialism, how do we actively tackle this when there are still quite a few of us who deny its existence (David et al., 2019)? As survivors of DeGruy's Post Traumatic Slave Syndrome (2005), we often project our own devalued sense of self onto those who resemble us (David et al., 2019). After all, as descendants of enslaved and colonized people, internalized racism—while harmful to the self and others—can also be perceived as a means of survival (David et al., 2019; DeGruy, 2005). As we unpack our history and post-colonialism, I believe we need to explore how practitioners and educators of color preserve anti-blackness when we interface with clients and colleagues of similar phenotypes. This is not to say that I have evolved, as individual critical consciousness is a

lifelong commitment. I, too, am a survivor of the very -isms that afflict the families I serve and many of my colleagues; our healing needs to be a collective and intentional process.

Personal Experience 2: Graham

Navigating Anti-Black Spaces

My name is an innocuous, inconspicuous name without glaring ethnic significance. And yet, my name is a traditional boy's name of French and English origins, meaning "park keeper," my middle name is a variation of the East African country which means "animal horn" and "mountain of white." My last name is a Scottish surname relating to the Old English meaning "gray home." My name carries significance, even when a recruiter from a human services organization allows his astonishment to show that this man with an impeccable service history is the same African American man before him whose curriculum vitae he holds.

The fight for social justice and equality remains a pressing issue in society. As a practitioner and academic in human services, my experiences navigating anti-black spaces carry immense significance. To understand the complexities of navigating anti-black spaces, we must emphasize power, privilege, and social justice. By delving into these core tenets, we gain a comprehensive understanding of the systemic issues that perpetuate discrimination and inequality. My scholarship, which includes extensive publication and presentation in and around the nuances of power dynamics, privilege, and the importance of promoting social justice, is evident. What is not clear is why human services organizations have experienced me in ways that promulgate continued oppression, marginalization, and role diffusion.

As a graduate student completing an in-class presentation on the Civil Rights Acts of 1964 as the precursor of microaggressions as we know them today, I was subjected to microaggressions by the course professor. Many microaggressions are imbued with racial and/or ethnic biases, which can negatively affect student engagement (Steketee et al., 2021). As I presented, the professor undermined my academic contribution (ascription of intelligence), and I felt under-respected and devalued.

The irony was not lost on me in that my scholarly presentation was met with a diminished return by someone who may be "unaware that they engage in such communications when they interact with racial/ethnic minorities" (Sue et al., 2007, p. 271). And yet here we are, with me standing in front of a classroom of peers and professionals being subject to the damaging and deleterious effects of a marginalized experience still captured in PowerPoint slides, managing in a simultaneously academic and emotional headspace. This experience is significant because as an academic—but more importantly a professional—in human service spaces, there is a parallel process balancing the personal and professional as it relates to the oppressive experiences that threaten all Black, Indigenous, and People of Color (BIPOC) communities. To prepare future practitioners, we must orchestrate different conversations: not just ones focused on how implicit

bias, race-based microaggressions, and racism frame how communities may or may not be supported, but how these shape clinical interventions as well.

White therapists are members of the larger society and not immune from inheriting the racial biases of their forebears (Bivens, 2005; Burkard & Knox, 2004), and yet these are the professionals providing guidance, direction, and supervision to BIPOC students and early career clinicians. Becoming victims of a cultural conditioning process that imbues within them biases and prejudices may minimize their effectiveness in communicating the values of a profession designated to advocate for human rights, social justice, and anti-racism. As a practitioner dedicated to social justice, my experiences navigating anti-black spaces have provided me profound insight into clients' challenges, hoping for racial equity without the tools needed to actualize it.

When working with BIPOC clients, I've been told I code-switch and that bilingual-ness was deemed a negative professional characteristic. I counter the thought that therapeutic relationships are the best indicator of client success or failure, and what better way to engage fully than to meet clients where they are? We can kneel to speak to children and speak at a fifth-grade level for the masses. However, we cannot engage using AAVE (African American Vernacular English) for fear of characterization of being overly aligned with clients based on racial affinity. I don't have braids or locks for the overly white supremacist system to gauge as unprofessional, but the ways I engage with clients by speaking to them in ways that make them comfortable and by not talking "over their heads" was aggressively used to police my effectiveness. Again, this was another space where aggression was manifest, implicitly expressing that "values and communication styles of the dominant/White culture are ideal" (Sue, 2010, p. 33).

Exposure to racism has undoubtedly had a profound impact on my work in human services programs. As a Black male social worker with over two decades of experience, I have often found myself navigating a complex web of implicit bias, microaggressions, macroaggressions, and downright aggression—in addition to overt racism. These experiences have shaped my professional journey subtly and overtly, influencing my interactions with clients, colleagues, and institutions. The constant battle against discrimination has led to feelings of frustration, anger, and even self-doubt at times, leading to imposter syndrome.

It has also heightened my awareness of the systemic barriers that individuals from marginalized communities face, motivating me to advocate tirelessly for equitable treatment and social justice. Despite the challenges, I remain resilient, using my experiences to fuel my commitment to creating inclusive spaces and promoting positive change within the human services field. Despite the challenges, I am left with my resolute resolve to actively engage in the ongoing fight against systemic racism.

Addressing systemic racism in human services organizations requires a comprehensive and multifaceted approach, and here are some suggestions to consider:

1. Promote Anti-Racism, Equity, Diversity, Inclusion, and Belonging: Actively work towards diversifying the workforce by implementing inclusive hiring practices that actively seek out individuals from underrepresented backgrounds. Also, provide ongoing training and education for all staff on cultural humility, implicit bias, and anti-racism. This can help raise awareness and build a more inclusive and equitable organizational culture. According to a workplace diversity survey (WhatToBecome, 2022), companies that espouse racial and ethnic diversity are 35 percent more likely to perform at a higher level; racially diverse teams outperform heterogeneous groups with 35 percent better performance; and as it relates to decision-making, diverse teams are 87 percent better decision-makers than individuals. Conceptually, a core element of this goal is to implement data-driven processes likely to identify and reduce disparities in access, quality, and service outcomes. This is fundamentally learning how to examine institutional responses to equity via equity audits.

2. Diversify the Workforce: Actively strive to diversify the workforce by implementing inclusive hiring practices, engaging in targeted outreach to underrepresented communities, and providing equal opportunities for advancement. This can help create a more representative workforce that reflects the communities served.

3. Promote Anti-Racist Training and Education: Provide comprehensive and ongoing anti-racist training and education for all staff members, including leaders, managers, and frontline workers. This should cover topics such as implicit bias, cultural competence, and understanding power dynamics and should address how to apply an anti-racist lens in practice.

4. Evaluate Organizational Policies and Practices: Conduct a thorough review of organizational policies, practices, and procedures to identify and address systemic biases or discriminatory practices. This might involve examining recruitment and promotion processes, client intake procedures, and decision-making protocols to ensure they are equitable and anti-racist.

5. Foster Inclusive and Safe Spaces: Create an inclusive environment where staff can openly discuss issues related to racism, bias, and discrimination without fear of retribution. Establish channels for reporting incidents of racism and provide appropriate support to those who experience discrimination within the organization. Encourage the establishment of employee resource groups or affinity groups to create a safe space for employees from the harmful effects of racist praxis. By supporting spaces where historically marginalized talent can thrive, management can utilize self-reflection to examine their positionality and

understand the experiences of these communities for allyship in how those affected need support.

6. Partner with Communities: Engage meaningfully with the communities you serve, such as creating advisory boards or involving community members in decision-making processes. This collaboration can help ensure that services are responsive to community needs and prevent the perpetuation of systemic biases.

7. Develop Anti-Racist Frameworks: Integrate anti-racist frameworks and approaches into organizational policies, program design, and service delivery. This can involve conducting equity and impact assessments, using data to identify disparities, and actively working to remove systemic barriers that perpetuate racism.

8. Advocate for Systemic Change: Go beyond individual organizations by advocating for systemic changes within the social service sector. Collaborate with other like-minded organizations to lobby for anti-racist policies, challenge discriminatory practices, and promote equity on a broader scale.

9. Commit to Continuous Learning and Improvement: Invest in ongoing learning and improvement by regularly evaluating and reassessing efforts to tackle systemic racism. Encourage individuals to examine their biases and recognize how they have resulted in structural and historical racism, creating a broader acknowledgment of implicit biases. Encourage staff to engage in reflective practice, attend relevant training, and stay current with current research and best practices.

In addition to these recommendations, I would add a footnote that identity and how it is perceived is core to accomplishing this work suggested. In addition to being an African American man with 20 years of practice experience, multiple degrees, multiple licenses, and certifications, I am also six generations removed from verified slave ancestry. Discovering your ancestral history, particularly with connections to slavery, can deeply affect your understanding of white supremacist culture and racism. This knowledge contributes to my sensitivity and awareness of the historical impacts of racism and discrimination that continue to persist today. Here are a few ways this history and legacy might influence your sensitivity if you identify as a BIPOC social worker or impact your ability to relate if you are not:

1. Historical Context: Understanding the historical context of slavery and its lasting effects provides a foundation for comprehending the systemic nature of racism. Being aware of the struggles and experiences of your ancestors can contribute to a deeper understanding of the complexities and depth of racial oppression.

2. Intergenerational Trauma: Transgenerational trauma resulting from slavery can impact the experiences and perspectives of descendants. The knowledge of the problematic and

dehumanizing experiences endured by your ancestors may foster a heightened sensitivity to racial injustices and a desire to challenge white supremacist ideologies.

3. Cultural Identity: Recognizing your diverse African heritage can help strengthen your cultural identity and connection to your roots. This connection to various African cultures can enhance your understanding and appreciation of diverse racial and ethnic backgrounds, fostering empathy and a greater awareness of the importance of combating racism.

4. Personal Resilience and Empowerment: Learning about your ancestral history can inspire personal resilience and empowerment. Acknowledging the strength and endurance of your ancestors may increase your commitment to advocating for racial equality and social justice.

5. Afrocentric Perspective: Embracing an Afrocentric perspective can shape your understanding and response to white supremacist culture. An Afrocentric lens centers on African experiences, knowledge, and narratives, challenging dominant ideologies that perpetuate racism.

Personal Experience 3: Kennedy

The Gravitas and Failures Within Senior Management

One's *positionality* captures how an individual is defined by socially significant identity dimensions (Maher & Tetreault, 1994; St. Louis & Barton, 2002). Stating one's awareness of multi-layered social identities—such as race, gender, age, sexuality, and socioeconomic status—and how they are represented in various contexts is a powerful tool for understanding social dynamics and power relations.

Similarly, *intersectionality*, a concept coined by Kimberlé Crenshaw in 1989, serves as a metaphor for understanding how these social identities intersect to shape multiple forms of inequality or disadvantage while creating obstacles that often are not understood through conventional frameworks. Intersectionality highlights how various forms of social stratification, such as race, gender, and class, do not operate independently of one another but are interconnected and compound one another's effects (Crenshaw, 1989).

Therefore, recognizing my positionality and intersecting identities as a Black senior manager draws upon my conscious awareness and understanding of how my various social locations have resulted in distinctive combinations of inequality and privilege. This awareness informs my perspective and guides my actions and interactions within professional and personal spheres. By acknowledging and reflecting on these dimensions, it allows me to navigate, name, and address the complex realities of my experiences.

As a Black Caribbean American immigrant, an orphan, a mother who identifies as a cisgender heterosexual female, the youngest of five sisters, the first to hold a doctorate, and one who had a middle-class upbringing, my positionality encompasses identities of both disadvantage (female, immigrant) and privilege (middle-class, heterosexual, educated) which have shaped my lived experiences. My experiences offer me positions of both danger and safety. My intersecting identities compound my experience as a Black immigrant woman living within systems that are designed to oppress and invalidate, which is dangerous to my existence. This serves as an ever-present reminder that racism itself can kill.

The attempt to "kill" and delegitimize my power occurred when I first obtained my doctoral degree in 2006 at the age of 29. When I became a mid-level manager with my newly minted doctorate, a white female commissioner in human services told my white senior manager that I should not refer to myself as a doctor. It is worth noting that only 243 social work doctoral degrees were conferred in 2019; of those, 22 percent (53) identified as African American, and only 2.5 percent identified as between the ages of 25–29 (Council on Social Work Education, 2020). Hence, my accomplishment of obtaining my doctorate as a Black woman at 29 placed me among an elite few Black women in 2006. I refused her mandate. When I faced this level of aggression, I did not have the words to name this experience, but I do, now. This white female commissioner used her Whiteness, her position, and her office as tools of oppression. *Whiteness* itself refers to the specific dimensions of racism that serve to elevate white people over people of color (DiAngelo, 2018), thus aggressively intending to erase my accomplishment as a young Black woman visibly.

In addition to the aggression previously shared, the delegitimization of being a young Black female manager for supportive housing projects, managing contractors, architects, city officials, and others is a sobering reminder of the ever-present male patriarchy. On several occasions, my operations supervisor, who happened to be male, was often thought of as the person "in charge" or who had the talent and skill of project management. I found myself constantly making corrections and/or seeking allyship from senior managers to reestablish my position as the project leader. Women make up 56 percent of chief executives in nonprofits with annual budgets of less than $1 million but make up just 22 percent of chief executives at the 2,200 nonprofits with annual budgets of at least $50 million (American Association of University Women, 2018). The underrepresentation and the devaluation of women persist at all levels of executive leadership. For women of color in senior roles, the representation is even lower.

Representation and Leadership

Representation matters. As a Black female senior manager, seeing one's likeness in executive positions significantly drives social and cultural shifts within the human services sector. Black senior leadership representation was often rare in a large nonprofit organization with over 22 programs. Yet, I supervised predominately Black and Brown employees. When opportunities for promotions arose, the qualifications of these individuals were frequently questioned and

promotions denied, regardless of experience or exhibiting the values of organizational leadership. I encountered consistent reminders to follow the chain of command, even when systems were ineffective. This formality provided the illusion of structure without employee trust. Managerialism, characterized by hierarchical, formal systems lacking trust in employees, was prevalent, leading to uncertainty (Abramovitz & Zelnick, 2022).

I was often asked to verify the credibility of staff reports, spending more time investigating than leading. A toxic work environment, primarily concerned with organizational operations and program acquisition, left little space for mental health and wellness consideration. Despite the lack of support and constant scrutiny, I accomplished organizational goals, built trust, transformed my group into a team, provided opportunities for clinical development, passed program audits, and ensured client-centered interventions for client stability. Mental wellness must be coupled with organizational wellness for employees to thrive. A house cannot sustain without each individual brick to anchor its foundation.

According to the United States Office of the Surgeon General (2022), five essentials support workplaces centered around wellness, employee voices, and equity: "mattering at work," "opportunity for growth," "connection & community," "protection from harm," and "work-life harmony" (Explore the Framework section, paras. 1–5). These essentials emphasize the importance of caring for employees' well-being, providing equitable opportunities for professional growth, fostering a sense of community, ensuring safety, and maintaining a balance between work and life.

Personal Management Style and Leadership Legacy

These experiences have shaped my management style, emphasizing that respect is earned through interactions, fairness, and how we make others feel while they are in our care as leaders—that is our legacy. Kindness adds value to life, and trusting employees to do the work they are hired for is fundamental. True leaders allow people to lead.

I have been privileged to know a few great female leaders in my 20 years of leadership. These women shared the "how-tos" of their positions, allowed me to make mistakes, recognized diverse learning styles, and provided consistent learning opportunities. They nurtured my mind, fostered a supportive work environment, and understood the value of community and teamwork. This approach benefited the team and the organization, reducing turnover. Reflecting on my experiences, I realize that my foundation helped me survive mismanagement without losing myself. I was able to offer my team lessons on human dignity, client-centered service, addressing service gaps, humility, and the importance of flexibility and mental wellness. Ultimately, I chose to prioritize myself and decided it was time to step away to preserve my mental health. Self-care should not have to be a radical act of self-love. As leaders, we are often forced to make a binary choice between prioritizing our mental health needs or upholding systems designed to oppress and devalue our humanness.

Practice Reflection

Reflecting on the gravitas and failures within senior management reveals the critical role that leaders play in shaping organizational culture and driving success. My experiences as a Black female senior manager have underscored the importance of diversity, effective communication, adaptability, and employee well-being. Delegitimizing Blackness within human services occurs when the contributions, expertise, and identities of Black professionals are undervalued, questioned, or outright dismissed. Our individual experiences should inform our practice through self-reflection, allowing us to see the entire picture, ground us in our work, build stronger communal relationships, and improve our leadership skills. Addressing systemic racism requires deliberate effort and a willingness to challenge existing norms and structures. We must continue to raise the consciousness of those around us and refuse to remain silent in the face of adversity. By fostering an inclusive and equitable work environment, we honor the principles of both justice and respect while enhancing organizational effectiveness and integrity. This is easier said than done—thus, we must also know when it's time to walk away as a revolutionary act of justice and self-love.

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About the Authors: Christene A. Tucker, LCSW SIFI (she/her) is Clinical Practitioner and Acting Manager, NYC Administration for Children's Services' Office of Family Team Conferencing, New York City, NY (christeneatucker@gmail.com, chtuck@upenn.edu; https://www.linkedin.com/in/c-tucker-lcsw-sifi-51643494); Warren K. Graham, MSW, LCSW, LMSW, CASAC (he/him) is Associate Dean of Practicum Learning, School of Social Work, Columbia University, New York, NY (212-853-5735, wkg2103@columbia.edu, https://www.linkedin.com/in/warrenkgraham/, @warren.k.graham); Shakira A. Kennedy, PhD, LMSW (she/her) is Executive Director, National Association of Social Workers – New York City and New York State Chapters, New York City, NY (315-543-8978, skennedy.naswnys@socialworkers.org, https://www.linkedin.com/in/shakira-a-k-4bb4a421).