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Compliance without commitment: The erasure of LGBTIQA+ childhoods in Chile's protection system

Acatamiento sin compromiso: borrado de las infancias LGBTIQA+ en el sistema de protección de Chile

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Abstract
This qualitative study, conducted using a participatory action research (PAR) approach, analyzes the testimonies of 43 professionals in the Chilean child protection system. Their testimonies expose a structural rift between international mandates to incorporate a gender perspective and their bureaucratized implementation. Participants describe a "formal" top-down approach to compliance limited to applying checklists without training, reflection, or adaptation to the context, thereby generating institutionalized epistemic violence. The result is a twofold harm: the precariousness of feminized care work -excluded from decision-making, overburdened with work, and poorly paid- and the systematic invisibilization of LGBTIQA+ children and youth, whose identities are only taken into account when they become a "problem." Institutional masculinity prioritizes efficiency and standardization over ethical care, while religious and conservative norms, literacy barriers, and class hierarchies hinder inclusive practices. On the other hand, micropolitical acts -such as claiming a social name, creating safe spaces, and adopting a critical pedagogy- point to paths of resistance. Findings call for situated, intersectional, and dialogic training and leadership that center care as an ethical-political practice, moving beyond symbolic compliance toward a transformation supported by resources, time, and shared responsibility throughout the system.

Keywords: care labor precarization, child protection gender perspective, institutional masculinity, LGBTIQA+ childhoods

Resumen
Este estudio cualitativo, llevado a cabo desde el enfoque de Investigación-Acción Participativa (IAP), analiza los testimonios de 43 profesionales del sistema chileno de protección de la infancia. Sus testimonios exponen una brecha estructural entre los mandatos internacionales sobre incorporar una perspectiva de género y su aplicación burocratizada. Los participantes describen un enfoque "formal" vertical, limitado a cumplir listas de verificación sin formación, reflexión ni adaptación contextual, lo que genera una violencia epistémica institucionalizada. El resultado es un doble perjuicio: la precariedad del trabajo de cuidados feminizado -excluido de la toma de decisiones, sobrecargado de trabajo y mal remunerado- y la invisibilización sistemática de los niños, niñas y jóvenes LGBTIQA+, cuyas identidades solo se tienen en cuenta cuando se convierten en un "problema". La masculinidad institucional prioriza la eficiencia y la estandarización por encima del cuidado ético, mientras que las normas religiosas y conservadoras, las barreras de alfabetización y las jerarquías de clase obstaculizan las prácticas inclusivas. Por otro lado, los actos micropolíticos -como reivindicar un nombre social, crear espacios seguros y adoptar una pedagogía crítica- señalan vías de resistencia. Los resultados apuntan a la necesidad de una formación y un liderazgo situados, interseccionales y dialógicos que centren el cuidado como práctica ético-política, yendo más allá del cumplimiento simbólico hacia una transformación respaldada por recursos, tiempo y responsabilidad compartida en todo el sistema.

Palabras clave: infancia LGBTIQA+, masculinidad institucional, perspectiva de género, precarización del trabajo de cuidados, protección infantil

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The Chilean context can be considered robust in legal terms with regard to the protection of children's rights and the prevention of discrimination, including the Convention on the Rights of the Child (United Nations (UN), 1989), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW; UN, 1979), Ley [de Chile] No. 21.430 (2022) on guarantees and comprehensive protection of the rights of children and adolescents, Ley [de Chile] No. 20.609 (2012) on anti-discrimination, and Ley [de Chile] No. 21.120 (2018) on gender identity. However, two tensions emerge. First, there are theoretical gaps in the laws crafted in the national context, which exhibit shortcomings in the conceptualization of the gender perspective, notions regarding the individual, and the role of the State (Canales, 2022; Movimiento de Integración y Liberación Homosexual (MOVILH), 2022). Second, there is a tension between legal standards and the effective implementation of care practices and discourses in residential settings (Castro, 2022; Defensoría de la Niñez [de Chile], 2022; Ministerio de la Mujer y Equidad de Género [de Chile], 2021). The foregoing reveals the precarization of the professionals responsible for the protection and care of LGBTIQA+ childhoods and adolescences, who are subjected to violence by social contexts (Albornoz, 2025) and, in turn, by a protection system that generates gaps in sensitization and psychoeducation concerning gender-related topics and approaches for addressing their needs.

Residential care workers (RCW), frontline workers and psychosocial teams of residential child protection facilities, face precarious working conditions that directly compromise the quality of care received by children and adolescents (CA; Calderón & Díaz, 2024; Díaz Bórquez & Calderón Orellana, 2023). These conditions include workplace violence, emotional stress, and psychological strain, exacerbated by a lack of institutional and social support (García-Moreno et al., 2022). RCW specifically face labor exploitation characterized by exhausting shifts, low pay, and high job instability, phenomena that derive directly from masculinizing discourses and practices within the child protection system (Castro, 2022).

From a critical-materialist feminist perspective, the phenomenon of precarization reflects patriarchal structures that systematically devalue femininity and its care roles, assigned primarily to people who identify as women and to people with vulvas (Delphy, 2013; Federici, 2013, 2021; Fraser, 2016, 2022; Hammack et al., 2022). This hegemonic masculinity rigidifies categories of gender and sexuality around compulsory heterosexuality, sex-gender correspondence, and the male-female binary, exacerbating situations of vulnerability for both RCW and LGBTIQA+ childhoods and adolescences (Ahmed, 2019; Butler, 2020). Recent studies indicate that these normative practices and discourses generate professional uncertainty, anxiety, and a sense of incapacity among caregivers, who often lack specific tools (a gender perspective) to address the particular needs of institutionalized LGBTIQA+ populations (Armijo et al., 2025; Astudillo & Faúndez, 2021). In this context, a double violation is reported for LGBTIQA+ childhoods and adolescences (Albornoz, 2025): first, they are survivors of structural social violence (Albornoz & Barrientos, 2023); second, they are subjected to care structures in which they are not made visible, since these structures construct childhoods and adolescences from hetero-cisnormativity, rendering LGBTIQA+ realities invisible (Canales, 2022; Etxebarria-Perez-de-Nanclares et al., 2023).

Furthermore, from an intersectional perspective (Crenshaw, 1989; Hill Collins & Bilge, 2016), RCW are often situated at complex intersections of discrimination and vulnerability organized around gender, understood as hetero-cisnormative coherence, and social class, which in residential contexts is in most cases associated with lower socioeconomic levels. These axes considerably increase exposure to labor precarization and various forms of institutionalized violence, especially in social spaces where they face the added complexity of caring for LGBTIQA+ childhoods and adolescences (Defensoría de la Niñez [de Chile], 2022; MOVILH, 2022).

Specifically, the evidence shows that, despite existing regulatory frameworks, RCW frequently do not receive specific training in gender perspectives, sexual diversity, or human rights, thereby perpetuating systematic rights violations affecting both RCW and the LGBTIQA+ childhoods and adolescences under their responsibility (Astudillo & Faúndez, 2021; MOVILH, 2022).

Therefore, this study, embedded in a project developed in collaboration with the Servicio Mejor Niñez in the Región del Maule (Chile), addresses the significant gap between current regulations, which explicitly incorporate a gender perspective and sexual diversity, and their practical implementation in residential protection settings for LGBTIQA+ childhoods and adolescences. The relevance of addressing this gap lies in proposing real possibilities for providing care that is appropriate and respectful of diverse identities, and in accounting for the parallel precarization of RCW's working conditions.

This study draws on three interlocking analytical frameworks. First, the concept of *institutional masculinity* (Blondé et al., 2024; Connell & Messerschmidt, 2005) refers to the way organizational structures reproduce masculine norms, prioritizing efficiency, hierarchy, and standardization, over feminized practices of care, listening, and relationality. Second, *care precarization* (Federici, 2013, 2021; Tronto, 2013) designates the material and symbolic devaluation of care labor in contexts where feminized roles are structurally underpaid and undervalued. Third, *epistemic violence* (Ahmed, 2017, 2021; Bustos Arellano, 2022) denotes the mechanisms by which marginalized knowledges, including those of RCW and of LGBTIQA+ childhoods, are silenced, absorbed, or emptied of political content by dominant administrative discourses. The research questions guiding this study were: How do residential care workers of Chile's Specialized Child and Adolescent Protection Service subjectively experience the institutional mandate to incorporate a gender perspective? What effects, if any, does this mandate have on their working conditions and on the care of LGBTIQA+ children and adolescents?

Method

This study is embedded in the project FONDECYT de Iniciación No. 11251504 "Violence based on heterocisnormative and masculinizing discourses and practices, targeting feminized bodies in LGBTIQA+ relationships and contexts", aimed at identifying, documenting, and transforming working conditions in Chile's residential child protection system, with particular attention to the integration of a gender perspective and the inclusion of LGBTIQA+ childhoods. The study is based on a qualitative design under the Participatory Action Research (PAR) approach, a methodology that privileges active collaboration between researchers/interveners and participants with the aim of transforming social realities through reflection and collective action (Creswell & Creswell, 2023; Liamputtong, 2022). PAR is characterized by the co-construction of knowledge, the direct involvement of subjects in the central phases of the research process, and an ethical-political commitment to social transformation (Kemmis et al., 2014). It should be noted that the training program was designed by the research team, not co-designed in full with all participants, and therefore the study is positioned as a collaborative form of PAR, in which participant involvement was most intensive at the data generation and validation phases (Fine & Torre, 2019; Torre et al., 2012).

The research team was composed of a researcher who is a member of the LGBTIQA+ community, specializing in the gender perspective and studies of historically marginalized populations, a facilitator/instructor with experience in organizational settings, and an external colleague essential for data triangulation. Hereafter, this group is referred to as the research team.

Participants and sample

The sample consisted of 43 participants (psychologists, social workers, and special education teachers) from the Servicio de Protección Especializada a la Niñez y Adolescencia (https://www.servicioproteccion.gob.cl/portal/), as well as professionals from residential facilities, in the Región del Maule (Chile). Participants were selected through purposive maximum-heterogeneity sampling, seeking the greatest possible diversity in characteristics such as age, training, and work experience (Patton, 2015). The professionals had an average age of 32 years and an average of 6 years of work experience. All participants signed informed consent and voluntarily agreed to take part in both the training and the subsequent evaluation, during their regular paid working hours. Participant demographics are shown in **Table 1.**

Table 1
Sociodemographic data of participants

Part.	Age	Gender identity	Sexual orientation	Profession	Religion/belief
P1	40	Woman	Heterosexual	Social Worker	Catholic
P2	34	Woman	Heterosexual	Psychologist	None
P3	33	Woman	Heterosexual	Social Worker	None
P4	36	Woman	Heterosexual	Psychologist	Catholic
P5	31	Woman	Heterosexual	Psychologist	None
P6	26	Woman	Heterosexual	Special Ed. Teacher	None
P7	33	Woman	Heterosexual	Social Worker	None
P8	35	Woman	Heterosexual	Special Ed. Teacher	Catholic
P9	49	Woman	Heterosexual	Social Worker	Catholic
P10	36	Man	Heterosexual	Social Worker	Catholic
P11	28	Woman	Heterosexual	Social Worker	None
P12	40	Woman	Heterosexual	Psychologist	Catholic
P13	33	Woman	Heterosexual	Social Worker	None
P14	31	Man	Heterosexual	Social Worker	Prefer not to answer
P15	33	Woman	Heterosexual	Social Worker	Catholic
P16	39	Woman	Asexual	Special Ed. Teacher	Evangelical
P17	31	Woman	Heterosexual	Psychologist	None
P18	40	Woman	Heterosexual	Psychologist	Catholic
P19	25	Woman	Heterosexual	Psychologist	Catholic
P20	28	Woman	Heterosexual	Psychologist	Other
P21	28	Man	Heterosexual	Psychologist	Prefer not to answer
P22	25	Woman	Heterosexual	Psychologist	Other
P23	31	Woman	Heterosexual	Special Ed. Teacher	Catholic
P24	35	Man	Heterosexual	Psychologist	Catholic
P25	31	Non-binary	Gay/Lesbian	Psychologist	None
P26	33	Non-binary	Gay/Lesbian	Social Worker	Prefer not to answer
P27	24	Woman	Bisexual	Psychologist	None
P28	40	Woman	Heterosexual	Social Worker	Catholic
P29	33	Woman	Heterosexual	Social Worker	Catholic
P30	29	Woman	Heterosexual	Psychologist	None
P31	28	Woman	Bisexual	Psychologist	Catholic
P32	29	Woman	Heterosexual	Psychologist	Catholic
P33	37	Man	Heterosexual	Social Worker	None
P34	26	Man	Gay/Lesbian	Social Worker	Other Christian
P35	37	Man	Heterosexual	Social Worker	Catholic
P36	31	Woman	Heterosexual	Psychologist	None
P37	33	Woman	Heterosexual	Social Worker	Catholic
P38	32	Woman	Heterosexual	Special Ed. Teacher	Prefer not to answer
P39	35	Woman	Heterosexual	Psychologist	Catholic
P40	31	Man	Heterosexual	Special Ed. Teacher	Catholic
P41	29	Man	Heterosexual	Social Worker	Catholic
P42	32	Woman	Bisexual	Special Ed. Teacher	None
P43	31	Woman	Heterosexual	Special Ed. Teacher	Catholic

Details of the training intervention

The training intervention was collaboratively designed by the research team and institutional representatives, based on a prior diagnostic of needs regarding gender perspective and LGBTIQA+ inclusion in residential care. An intensive training experience was implemented to incorporate a gender perspective into RCW's daily work. The training consisted of three sessions of 4 hr each (12 hr in total), delivered over two consecutive days. All 43 participants attended the complete training program, during their regular paid working hours. The content of each session is detailed in **Table 2**.

Table 2
Training intervention

Day	Core content	Pedagogical strategies
1 (4 h)	Conceptual foundations: sex, gender, cis- and heterocisnormativity, intersectionality, LGBTIQA+ children's rights.	Short presentations, icebreakers, vignette analysis.
2 (4 h)	Gender, mental health, and violence: minority stress model, impact of early stigmatization, suicide risk indicators.	Real-life case studies, building best practices, guided debate.
3 (4 h)	Good practices and inclusive protocols: affirmative language, adaptation of internal standards, support strategies, coordination with external networks.	Micro-protocol design workshop, simulations, and commitment to actions.

Pedagogical strategies used in each session were participatory and centered on meaningful adult learning. Short theoretical presentations were combined with analyses of practical cases, group debate dynamics, plenary sessions, and simulations of intervention situations, fostering RCW's critical reflection on their own practices and encouraging experiences of "disorienting dilemmas" followed by reflection and dialogue.

Data collection

After the training concluded, an in-person focus group was conducted with the 43 participants to assess the perceived effects of the training. Given the size of the group, the session was structured as a moderated plenary organized around a 10-question semi-structured guide, with participants initially distributed into four rotating subgroups for peer discussion before reporting back to the full plenary. This hybrid format was adopted to maximize participation and depth of expression while enabling collective meaning-making across the full group (Morgan, 2019). Although this format exceeds the recommended size for traditional focus groups (8-10 participants), documenting the training's full-group effects took precedence over individual saturation, a limitation acknowledged in this study. The focus group lasted approximately 90 min and was moderated by the lead researcher and the facilitator/instructor. A semi-structured interview guide with 10 open-ended questions (**Table 3**) was used to explore changes in RCW's knowledge, attitudes, and practices following the training.

With participants' consent, the session was fully audio-recorded to ensure data fidelity and later transcribed *verbatim*. During the session, in addition to verbal interventions, field notes were taken on group interactions and RCW's nonverbal reactions, complementing the information obtained. Finally, the transcripts were cleaned to ensure confidentiality, anonymizing any identifiable personal or institutional references. It should be noted that, given the group format, individual anonymity within the session was not fully achievable; the commitment to confidentiality applied specifically to external reporting, a limitation that was explicitly acknowledged with participants before the session began.

Ethical considerations

The intervention conducted was part of the project and had prior approval from the Ethics Committee of the Universidad Autónoma de Chile, under approval protocol CEC 07-25, ensuring compliance with national and international research ethics standards. All phases of the study adhered to the guidelines of the Declaration of Helsinki (World Medical Association, 2013) and Ley [de Chile] No. 20.584 (2012). Written informed consent was obtained from each RCW before initiating training and evaluation, explaining the study's objectives, voluntary participation, and the right to withdraw at any time without consequences. Participation was voluntary, free, and informed, and took place during regular paid working hours, thereby ensuring that no additional unpaid labor burden was imposed on professionals, a consideration consistent with the critical stance of this research. The research team paid particular attention to power dynamics inherent in institutional research contexts: participants were explicitly informed that their responses would have no individual employment consequences and that the team held no hierarchical authority over them. Post-session socioemotional support was made available given that training content addressed themes of gender violence, identity discrimination, and professional frustration that could generate distress. Because the focus group format meant that participants were

aware of each other's identity within the session, the commitment to confidentiality applied specifically to external reporting; this limitation was explicitly acknowledged with participants before the session.

Table 3

Focus group guide questions

No.	Question
1	"Before the training, what needs or gaps did you see regarding gender in your daily practice?"
2	"What did you expect to find or learn in the training? Do you think it was achieved?"
3	"Looking back, how relevant do you think the content was to the real challenges of your job?"
4	"How did you feel about the dynamics and pedagogical resources used (examples, cases, audiovisual material, etc.)?"
5	"What new concepts or perspectives did you incorporate regarding gender and diversity?"
6	"Since the training, have you modified any interventions, protocols, or interactions with children and adolescents? Do you consider it feasible, in your role, to do so?"
7	"Do you observe changes in communication or coordination between colleagues as a result of the training?"
8	"What factors within the residential facility help or hinder putting what you have learned into practice?"
9	"What additional support or training do you think would be necessary to deepen the gender approach?"
10	"If you could summarize in one sentence the greatest contribution of the training and a pending challenge, what would they be?"

Data analysis

A Reflexive Thematic Analysis was used to analyze the information collected, following the approach proposed by Braun and Clarke (2022; 2023). This methodology allowed the identification of patterns of meaning (themes) in RCW discourse while maintaining a reflexive stance on the role of the research team in interpreting the data. The analytical process unfolded over six iterative phases: (1) familiarization with the data; (2) generation of initial codes; (3) searching for initial themes; (4) reviewing themes; (5) defining and naming themes; and (6) reporting. Atlas.ti software was used to organize data and manage codes, although the final interpretation was based on careful reading and team discussion regarding the meaning of the findings.

Qualitative rigor criteria

Quality and rigor criteria typical of qualitative research were addressed to ensure the trustworthiness of the findings, following Guba and Lincoln's (1989) guidelines and recent frameworks for critical qualitative research (Levitt et al., 2021). Credibility was strengthened through research team triangulation and member checking, a process in which a subset of seven participants reviewed emerging interpretations and corroborated the analytical conclusions. Transferability was supported through a dense description of the institutional context, participant characteristics, and the intervention process. Dependability was ensured through an audit trail of all methodological decisions. Confirmability was promoted through research reflexivity, maintaining a reflexive journal throughout the entire process.

Results

Mandate without means: Bureaucratized gender perspective and institutionalized epistemic violence

This emergent theme reveals a deep structural tension among three interdependent levels: (1) international regulatory mandates requiring mainstreaming of the gender perspective; (2) the uncritical, bureaucratic way the Chilean state implements this mandate, and (3) the resulting precarization of care workers' bodies and subjectivities, as well as structural harm to LGBTIQA+ childhoods within the protection system.

In the voices of those who intervene directly in residential facilities, outpatient programs, and therapeutic settings, emerges a strong denunciation of how public policy constructs the "gender perspective" as a

formal obligation, reduced to workshops, checklists, or protocols designed from spaces detached from the reality of intervention, without providing adequate training, contextual tools, or spaces for critical reflection. The paradox is evident: practitioners are required to apply an approach without understanding it, without being trained for it, without adapting it to contexts marked by institutional masculinity, the religious faith of implementing organizations, or the labor precarization of caregivers.

Across accounts, participants describe the gender approach as a top-down requirement disconnected from the sociocultural, cognitive, or institutional realities of their workspaces. For example, P2 notes that "we realize it is something much more complex than what paper can bear," alluding to the gap between regulation and the real material conditions of work with childhoods and adolescences. The critique of "paper", as a metonym for the disconnected-normative, is recurrent: P5 reflects on how the approach is "included" in documents but without transforming peer treatment or the actual care devices "the paper/documentation... resists a lot when they tell you: gender approach, do we include it? If we include it, but in what way are we including it? ..." (P5)

As P14 states, protocols are often drafted by people who do not know the reality of intervention, which forces workers to "improvise" out of ignorance or intuition. Ignorance, however, is not innocent: it has material effects in the harm it produces, as evidenced by P14's account:

> Right? these protocols... they are executed, they are created by other kinds of people who often lack... closeness to the reality of intervention... sometimes we even get tangled up in the reports, 'Does the social name go before or after? Does it go in quotation marks or not?' There are many things we get caught up in, and I think it is also about lacking these spaces for conversation and reflection. (P14)

P14 describes the concrete consequences of the lack of preparation for the children under care. Epistemic violence thus becomes institutional and bodily violence. P27 proposes a macro view: the institutional trajectory traveled by children is an accumulation of failed interventions, where the lack of specialization, training, and coherence becomes "a loop" that precarizes both workers and users. "I have to take charge of years of intervention for a girl, boy, or adolescent." This loop is also sustained by an institutional masculinity that devalues feminized knowledges of care. P12 reveals that she must position herself through a masculine performance

> we are in a position with a more masculine approach in order to generate validation, particularly in the service and in all the programs... they work with a high proportion of people with 'vulvas,' right... so one equally needs to position oneself from that more masculine role so that validation is generated and... it is a very strange phenomenon, because I have to be tougher, because I have to act more like that in order to be validated, despite the fact that in the protection network there are very few men, very few, so we return to this eternal struggle (P12)

This structural masculinity reproduces itself even when most of the staff are women or belong to gender dissident communities: the masculine remains the norm of legitimacy, and the feminine, care, emotionality, listening, appears as weak, soft, expendable.

P38's testimony reinforces this idea: many direct-care educators, despite being in constant contact with children and adolescents, are excluded from training and technical decisions: "the training sessions are for the technical teams... what little is done for direct-care professionals is very little visible" (P38). This systematic silencing of those who embody everyday care shows how state logic is not only masculinizing, but also hierarchical and classist, thereby reproducing the very inequalities the system claims to combat.

Barriers are not only structural or organizational, but also symbolic and linguistic. Several participants reflect on the difficulty of naming and speaking about gender in conservative or religious institutional contexts. P30, for example, notes how their belonging to an Adventist foundation limits the possibility of naming dissident identities. Similarly, P39 highlights that many caregivers cannot access educational material that is not contextualized to their linguistic and educational reality:

> The gender approach, it's difficult, it's super difficult, because ultimately within their capacities and their reasoning [families, direct-care workers] they are not able to truly understand what a gender approach is. So, I think it is super important to have materials appropriate to the environment and to the culture we

> have, at least in the Región del Maule, where some adults lack a complete primary education, making contextualization essential. (P39)

This reinforces the need for an intersectional approach that does not universalize the language of gender but adapts it to concrete sociocultural, material, and cognitive conditions.

In that sense, it is not enough to demand the application of the gender approach: it must be built collectively, from experience, critical reflection, and situated dialogue. As P5 puts it: "one is the instrument to reach that other, one is the bridge... we have to examine how that bridge is." This bridge metaphor resonates deeply when we think of it as a practice of embodied, situated, and reflexive sense-making. The gender approach cannot be imposed as a recipe or a checklist policy: it must be constructed as an ethical, critical, and transformative process.

> I think we realize that it is something much more complex than what a paper in an intervention plan can show us. I think there is a mandatory requirement, uh... being part of the protection network to work with this so-called gender approach, but it is not just about running a workshop talking about identity, orientation, a socio-educational workshop with families about reflective parenting, but rather it is much more complex for day-to-day functioning. (P2)
> I tried obviously not... not to have that bias and to be able to have the conversation, but... the adaptation one might generate [of the gender perspective] in this protocol is closer to reality. (P14)
> from us, because we represent the residential facility, now if we can offer that added value [gender perspective], that change, from our own perspectives, from our own realities; it is also that some of us are part of the community, but this does not replicate, it does not replicate uh... across all professionals, it does not replicate in the direct-care educators. (P27)

P16 and P17 value trainings that connect academic knowledge with concrete intervention, beyond the instrumental or bureaucratic: "Being able to receive knowledge from the research field in order to take it and apply it in an intervention is what we received today; it leaves a completely different perspective... one that we are not accustomed to." (P16). However, all agree that such spaces are scarce, inadequate, or elitist, given that access to specialized training is restricted to technical teams and those with academic credentials, systematically excluding direct-care staff. Expert knowledge does not circulate, is not democratized, and is often presented as foreign or inaccessible to those working in the field. Thus, the distance is reinforced between those who design public policy and those who must implement it:

> I also think it demonstrates expertise... I don't know if every HIV training, sexually transmitted disease training that you might expect to have a fairly critical perspective, something more, and it honestly felt like anyone could have delivered it... So, encountering trained and expert professionals in the field gives it [the training] a very particular added value and one that catches your attention. (P17).

Specifically, the absence of a transversal gender perspective in the protection system also appears as a form of negligence. As P38 notes, "a child's gender identity frequently takes a back seat if it is not the explicit reason for entering the system." This pathologizing and reactive approach reproduces the logic of structural violence: what is not legible in bureaucratic formats simply does not exist.

This theme reveals a deep structural failure in the design and implementation of gender approach in Chile's child protection system. The gender perspective, though required by international treaties and recognized as an ethical horizon, has been implemented in a decontextualized, instrumental, and bureaucratic way. This mode of "compliance without commitment" generates devastating effects: it precarizes those who care, dehumanizes intervention, and reproduces epistemic violence toward LGBTIQA+ childhoods, who continue to be conceived from an adult-centric, heteronormative, masculinist logic, as has been documented in Chilean literature on sexual diversity and childhood.

Between institutional obligation and ethical care: precarization of work and the lack of protection for LGBTIQA+ childhoods

Despite the explicit mandate of international treaties and regulations that require incorporating the gender perspective at all levels of care for childhoods and adolescences, the implementation of these demands in Chile's state protection system remains in a state of structural disconnection. This tension

has direct consequences for LGBTIQA+ childhoods, who are frequently rendered invisible as subjects of care and relegated to a marginal place within the system.

From the testimonies of those who work directly with childhoods and adolescences, the discomfort generated by the formal obligation to integrate the gender perspective without the necessary tools to do so ethically and in a situated way becomes clear.

> They give you the instruction and you're left, at least I was, like 'Ugh,' but how is this? How do we include the gender perspective in drafting the work plan (…) without developing work with that approach (…) I think that comes hand in hand with not being prepared. (P6)

This confession reveals a tension between institutional demand and real operational capacity, marking a gap between normative "ought-to-be" and the reality lived by teams. This lack of preparedness opens the door not only to empty practices but also to possible ethical harm. P3 warns that "there's a very thin line (…) because, in a certain way, one tries to include everything that falls under gender matters, but within that we can also fall into discrimination." This reflects awareness that instrumentalizing the gender perspective without critical reflection can turn inclusion into symbolic compliance, and generate new acts of exclusion.

The lack of specific training also impacts how interventions are designed and implemented. P16 expresses it clearly: "this has been a totally different training (…) generally the more typical trainings provide very basic material that sometimes one finds on Google." The logic of administrative compliance, centered on technifying procedures, leaves out the possibility of generating critical, contextual, and transformative intervention. This lack of depth particularly affects childhoods and adolescences who fall outside hegemonic gender norms. The above is aggravated by the hierarchical structure of the protection system, where decisions are not always oriented toward guaranteeing the well-being of diverse childhoods but instead respond to criteria of efficiency, cost, and standardization. P31 is emphatic in stating that "there is a great lack of knowledge in this area (…) the gender perspective doesn't come up when analyzing situations, like how teams were organized." Here we see how institutional masculinity sets priorities and silences specific needs, preventing the gender perspective from becoming a transversal axis.

Even when gender needs are identified, they are often subsumed under other categories, such as the formal reason for admission. P38 recognizes this:

> if the reason for admission is 'CSA' [Child Sexual Abuse] … that is what's important, even though perhaps (…) their orientation isn't very clear, but that takes a back seat (…) as long as that doesn't spill over... it's not addressed (P38)

This logic has direct effects on the invisibilization of the violence experienced by LGBTIQA+ childhoods, especially in school or family contexts where their orientation, expression, or gender identity is a motive for harassment.

Interventions tend to focus on the individual traumatic, ignoring the structural violences that traverse non-normative bodies. P37 states it clearly: "all is gender violence (…) power structures (…) related to gender and especially to the masculine gender (…) manipulate the bodies of childhood and adolescence." This view, emerging as a product of spaces of critical training, allows one to challenge the hegemony of psychopathological models and shows the urgency of considering normative violences as part of diagnosis and treatment. This perspective may reflect P37's prior knowledge as much as the training itself; however, its emergence in post-training reflection suggests the training acted as a catalyst for its collective articulation.

This critical awareness, however, is not common across all teams or residential facilities. P27 identifies a structural problem: "there is a huge structural problem (…) it doesn't replicate across all professionals (…) not everyone has that cognitive plasticity to break with the social barriers we bring to these jobs." The residential facility becomes the last link in a chain of prior negligence, as P27 also warns: "this child spent years in the network and comes with this intervention bitterness due to bad practices." In this context,

those who do manage to recognize the value of such training instances do so from a place of resistance to the masculinizing institution. P23 notes that "these spaces should also be conditioned so that someone can feel comfortable in the place." Micro-acts challenge hegemonic logics, as P28 illustrates: "in other programs the social name is used, and we haven't incorporated it (…) that small change (…) asking the child perhaps 'what would you like to be called?' is already a change."

Structural precarization, however, also affects the possibility of carrying out these acts of recognition. P38 denounces that "the training sessions are for the technical teams (…) what little is done for direct-care professionals is very little visible." This omission devalues those who spend the most time with children, producing a wear-and-tear effect described by P25 as "it made me think (…) I'm in this quandary trying to bring these two ideas together: 'this is wrong' or 'we can also make small changes.'" Nonetheless, one participant summarizes micro-level possibilities for influence: "we influence them to promote that stability (…) by validating them in terms of their orientation, their identity (…) they also become agents of change." This view re-enchants the act of caring as an ethical-political process that involves resistances, affects, and commitments beyond normative compliance.

Critical reflection on one's own practices appears as a transformative effect of the training, also generating personal changes, as in the case of P16, who mentions how her daughter taught her about diversity and led her to rethink her role both at work and in the family. "She began to inquire on her own, and she started to guide me" she notes, showing how childhoods, despite institutional lack of protection, also act as pedagogical agents who challenge adult-centric and normative structures.

Faced with a fragmented, bureaucratic, and precarized system, these testimonies glimpse paths of ethical resistance that place at the center, the recognition of LGBTIQA+ childhoods and adolescences as subjects of rights. As P21 states, "to homogenize leads us to destructive events." And it is from heterogeneity and the humility of not-knowing, as P6 notes, that other forms of care can be built, where gender is not a formal requirement but a situated, ethical practice committed to life.

Discussion

The results of this study reveal a structural fracture between the normative mandate to mainstream the gender perspective in the child protection system and its practical implementation in everyday care settings. This gap, far from being an operational failure, constitutes a manifestation of structural, epistemic, and symbolic violence against LGBTIQA+ childhoods and adolescences and against care workers of all genders (Ahmed, 2017, 2021; Bustos Arellano, 2022). As observed in participants' accounts, imposing this approach without resources, training, or support leads to its delegitimization and to the instrumentalization of care, reproducing the logic of "compliance without commitment" (Fraser, 2016, 2022).

One of the study's central contributions is to make visible how labor precarization in residential child protection facilities affects not only the material conditions of work but also the ethical possibilities of intervention. As Barrientos et al. (2019) note, structural violence against residential care staff reinforces the institutional marginalization of feminized and dissident knowledges (care). Residential care staff must adjust to masculinized ways of exercising care, rendering invisible the affective and relational practices that sustain it (Fraser, 2016, 2022; Tronto, 2013).

The adult-centric approach of the system, which recognizes childhoods and adolescences only when there is symptomatology or explicit harm, reproduces what Ahmed (2017) calls the "dead uses" of political language: gender becomes a hollow concept, useful for institutional reports but without resonance in the practice of care. Violence is not only what is done, but also what is left undone, what is not named and what is not accompanied (Hoskin, 2020).

This institutional masculinity is also an expression of what Blondé et al. (2024) call the hegemony of masculinity in hierarchical protected spaces. In the constructed findings, two spaces of violence

reproduction can be observed. On the one hand, residential care staff are subjected to violence from two fronts: first, by performing feminized care roles; and second, by symbolic violence that materializes in exclusion from training processes, decision-making, and professional recognition (Alday-Mondaca & Lay-Lisboa, 2021). The second space in which violence emerges is the invisibilization of LGBTIQA+ childhoods and adolescences as subjects of care within the system, one of the study's most serious findings. Confirming Etxebarria-Perez-de-Nanclares et al. (2023) and Canales (2022): cis-heteronormativity renders dissident identities visible only as "conflict" or "problem," making gender a reactive device rather than a preventive ethical strategy.

These findings resonate with studies conducted in other national contexts. In the United States, child welfare systems have documented the systematic underservicing of LGBTIQ+ youth due to provider bias, lack of training, and the prevalence of heteronormative assumptions among foster and residential care staff (Dettlaff & Boyd, 2021; Fish et al., 2019; Roberts, 2022). Recent research further confirms that institutional culture and resource inequities systematically undermine equity policy implementation in residential settings (Dettlaff et al., 2020). The pattern identified in Chile, where the gender perspective is mandated but not materially supported, thus reflects a broader international challenge in translating equity policy into lived institutional practice, although Chilean contexts are further shaped by specific religious, political, and socioeconomic configurations that merit differentiated analytical attention (Albornoz, 2026).

In this context, the bureaucratic imposition of the gender perspective without situated reflection constitutes a form of epistemic violence, as described by Bustos Arellano (2022), where critical knowledge is silenced or absorbed by structures that empty it of political content. The accounts of those who feel compelled to implement protocols without understanding their ethical or political foundations show how the situated knowledge of residential care staff is displaced by administrative discourses (Ahmed, 2017).

Decontextualized training, disconnected from the real trajectories of professionals, reinforces the tension between theory and practice. This coincides with what Astudillo and Faúndez (2021) document regarding teachers' ambivalent attitudes toward SOGIE diversity (sexual orientation, gender identity and expression), oscillating between strategic silence and symbolic acceptance, which in residential facilities becomes omission and, consequently, institutional negligence.

Albornoz and Barrientos (2023) argue that homophobic violence is inscribed in bodies as a bodily and affective experience, beyond physical aggression. This study confirms that perspective: exclusion accumulates as omissions, silences, and identity delegitimations in everyday institutional life.

From an intersectional lens, it is evident that social class, gender, race, and sexual identity interact to generate specific forms of exclusion in residential contexts. As Crenshaw (1989) warns and Hill Collins and Bilge (2016) reiterate, residential care staff face multiple forms of subordination that limit their capacity for institutional agency. This position entails both ethical and subjective risk, as stressors harm workers themselves while violence extends to more vulnerable subjects. Despite this panorama, micropolitical practices of resistance emerge in the testimonies. Asking for the social name, creating safe spaces, or adopting critical pedagogical stances are examples of what Ahmed (2017) calls "acts of will" in hostile contexts. Along these lines, care functions as a practice of partial, embodied knowledge and ethical resistance (Haraway, 1991).

The discussion of gender in institutional training contexts must therefore be understood not as a problem of technical training but as an epistemic and political matter (Lopes et al., 2024). It is necessary to abandon the paradigm of knowledge transfer and adopt dialogical, intersubjective, and decolonizing logics that recognize the knowledges of those who care and those who are cared for (Hesse-Biber, 2022).

Therefore, the study shows that the lack of protection of LGBTIQA+ childhoods and the precarization of residential care staff are not separate phenomena but two sides of the same matrix of structural exclusion. Only a situated, intersectional, and ethical intervention can reverse these logics of harm

(Barrientos et al., 2019; Dettlaff & Boyd, 2021); otherwise, an institutional order will continue to be reproduced that, under the discourse of rights, legitimizes new forms of symbolic, bodily, and epistemic violence.

This study presents several limitations that must be considered when interpreting its findings. First, the single-region sample (Maule) limits geographic transferability to other Chilean regions or to residential care systems in other Latin American countries. Second, data collected immediately post-intervention may reflect social desirability bias. Third, the large-group focus group format (*n*=43), while enabling full-cohort participation, may have constrained individual depth of expression. Fourth, the absence of longitudinal follow-up prevents assessment of whether the training produced sustained changes in practice beyond the immediate post-training period.

Future research would benefit from longitudinal designs (6-12 months) to assess sustained behavioral and attitudinal change; comparative studies across Chilean regions and institution types (state-run vs. faith-based) to examine how organizational culture and religious affiliation shape gender perspective integration; participatory studies centering LGBTIQA+ children and adolescents as co-researchers or primary informants, to counteract the adult-centric logic identified in this study; and intervention trials comparing training modalities (continuous vs. intensive; peer-led vs. expert-led) to generate actionable policy evidence.

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