

## UNDERSTANDING INEQUITIES IN HUMAN SERVICES PROVISION DUE TO SEXUAL ORIENTATION AND GENDER IDENTITY

### Introduction

Inequities in human services provision due to sexual orientation and/or gender identity (often referred to as SOGI) are the result of both systems-level policies and programs as well as individual caseworker biases. While lesbian, gay, bisexual, transgender, and queer (LGBTQ+) populations are at higher risk for economic hardship, multiple factors influence an LGBTQ+ individual's experience of bias in human services and subsequent social and economic outcomes. It is therefore difficult to draw direct causal links between prejudicial programs, policies, and/or practices and related LGBTQ+ disparities.

Some Supreme Court decisions, federal executive actions, and changes to federally administered programs have been successful in promoting equitable human service provision and decreasing the stigma experienced by LGBTQ+ individuals in some arenas. For example, Supreme Court decisions in *Obergefell et al. v. Hodges* (2015) and *Bostock v. Clayton County* (2020) have helped to normalize LGBTQ+ relationships and provide protections against discrimination in marriage and employment. Further, the Biden Administration's Executive Order preventing and combating discrimination on the basis of SOGI has been useful in supporting equity and inclusion of LGBTQ+ people (Lambda Legal, 2021).

While critical, these recent developments do not solve all issues going forward, and do not fully redress the long history of government-sanctioned inequities. Historically, anti-sodomy laws sought to criminalize male same-sex relationships while the field of psychiatry medicalized LGBTQ+ identities by diagnosing homosexuality and transgender identity as mental illnesses (Woronoff et al., 2006). Although these prejudicial laws and practices are less prevalent today, they continue to impact caseworker bias toward LGBTQ+ clients (Woronoff et al., 2006). Systemic biases disproportionately affecting LGBTQ+ individuals in human services are deeply engrained in both policy and direct service provision. So too are formal policies and individual attitudes that assume normative heterosexual family structure making LGBTQ+ individuals either ineligible or feeling unwelcome. New research regarding

### Key Takeaways

- Federal and state human services systems perpetuate explicit and implicit LGBTQ+ discrimination through policy designs and caseworker bias.
- LGBTQ+ youth and families generally face worse outcomes in human services programs than non-LGBTQ+ individuals.
- Practices to reduce bias in human services include:
  - Federal anti-discrimination protections for LGBTQ+ individuals without exemptions;
  - Proactive policy updates that consider the experience of LGBTQ+ individuals; and
  - Program changes that better support the unique needs of LGBTQ+ clients.

## Glossary of Terms

**Bisexual:** A person emotionally, romantically, or sexually attracted to more than one sex, gender, or gender identity though not necessarily simultaneously, in the same way, or to the same degree. Sometimes used interchangeably with pansexual.

**Cisgender:** A term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth.

**Gay:** A person who is emotionally, romantically, or sexually attracted to members of the same gender. Men, women, and non-binary people may use this term to describe themselves.

**Gender expression:** External appearance of one's gender identity, usually expressed through behavior, clothing, body characteristics or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.

**Gender identity:** One's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.

**Lesbian:** A woman who is emotionally, romantically, or sexually attracted to other women. Women and non-binary people may use this term to describe themselves.

**LGBTQ+:** An acronym for: lesbian, gay, bisexual, transgender, and queer.

**Non-binary:** An adjective describing a person who does not identify exclusively as a man or a woman. Non-binary people may identify as being both a man and a woman, somewhere in between, or as falling completely outside these categories. While many also identify as transgender, not all non-binary people do. Non-binary can also be used as an umbrella term encompassing identities such as agender, bigender, genderqueer, or gender-fluid.

**Sexual orientation:** An inherent or immutable enduring emotional, romantic, or sexual attraction to other people. Note: An individual's sexual orientation is independent of their gender identity.

**Transgender:** An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.

Human Rights Campaign, *Glossary of Terms*, n.d.

LGBTQ+ individuals and the changing policy landscape to support LGBTQ+ equity can help inform interventions to counteract these biases. This includes inclusive anti-discrimination regulations, proactive policy designs that consider the historical and current experiences of LGBTQ+ populations, and program updates to support the unique needs of LGBTQ+ individuals and families.

This memo begins by offering a brief description of LGBTQ+ populations and disparities in human services for LGBTQ+ individuals and families. Both adult and youth experiences of inequities in human services provision are examined because the research literature considers the experience of LGBTQ+ adults and that of LGBTQ+ youth differently. It then draws upon theories regarding the structure of human services systems at the federal and state levels to explain these disparities and offers suggestions for policy changes that would promote equity in human services provision.

### Current State of LGBTQ+ Inequities

Estimating poverty rates for LGBTQ+ individuals and families is challenging due to data limitations but best estimates show that LGBTQ+ populations overall have higher poverty rates than heterosexual, cisgender counterparts. Data used to estimate LGBTQ+ poverty rates rely on individuals' self-reporting of their status as LGBTQ+ and, thus, often suffer from underreporting or measurement error (Burwick et al., 2014b). Nationally representative estimates<sup>1</sup> suggest that, in 2017, 21.6% of LGBTQ+ adults were living in poverty compared to 15.7% of heterosexual, cisgender adults in the same year (Badgett et al., 2019). However, poverty rates differ largely based on sexual orientation and/or gender identity; for example, cisgender gay men experience poverty rates (12.1%) that are even lower than heterosexual (13.4%) and cisgender bisexual men (19.5%) (Badgett et al., 2019). Cisgender

<sup>1</sup>Estimates of LGBTQ+ populations in Badgett's (2019) report come from the Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS), a national survey of about 400,000 participants, and focuses on responses from the 35 states that inquire about SOGI status.

lesbian women and cisgender heterosexual women experience similar poverty rates (17.9% and 17.8% respectively), and transgender individuals and cisgender, bisexual females experience the highest rates of poverty, both at 29.4% (Badgett et al., 2019). While the disproportionate poverty rates for LGBTQ+ populations are largely linked to an over-representation of transgender individuals and cisgender, bisexual females living in poverty, other factors also influence whether LGBTQ+ community members' experience poverty (Badgett et al., 2019). Like the U.S. population in general, LGBTQ+ adults who experienced poverty during childhood are at an increased risk of poverty in adulthood (Wilson et al., 2020). In addition to general risks of poverty, LGBTQ+ adults who face discrimination from their family, employment discrimination, or grapple with mental health and/or substance abuse issues after experiences of discrimination are more susceptible to poverty than LGBTQ+ adults who do not experience discrimination or mental health/substance abuse issues (Wilson et al., 2020).

Gender and race discrimination put some in the LGBTQ+ community more at risk of poverty. For example, lesbian couples are more susceptible to poverty than male same-sex couples because male same-sex couples are more likely to have higher educational attainment, increased workforce participation, and fewer children, that act as protective buffers against poverty (Badgett, 2018; Badgett et al., 2019; Schneebaum & Badgett, 2019). Even so, when compared to households headed by heterosexual, cisgender couples with identical poverty-related risks (e.g., educational attainment, number of individuals in the household, and number of children), same-sex couple headed households are more likely to experience economic hardship (Schneebaum & Badgett, 2019). In addition, among LGBTQ+ individuals who are people of color, poverty rates are compounded by disparities associated with racism and/or ethnic bias (Badgett et al., 2019).

Hiring discrimination perpetuates the disproportionate risk of poverty for LGBTQ+ individuals and is associated with higher human services participation for LGBTQ+ adults (Burwick et al., 2014a; Tilcsik, 2011). LGBTQ+ individuals often experience discrimination in hiring, wages, and promotional opportunities (Sears & Mallory, 2011) while transgender individuals experience even higher levels of discrimination at work than lesbian, gay, or bisexual individuals (Kattari et al., 2016). In June 2020, the United States Supreme Court ruled that sexual orientation and gender identity discrimination are prohibited under federal employment protections in Title VII of the Civil Rights Act of 1964 (*Bostock v. Clayton County, Georgia*, 2020). As a result, overt discrimination due to sexual orientation or gender identity bias can be reported as sex-based employment discrimination (Human Rights Campaign, 2021). However, discrimination persists; many states have not adopted the *Bostock v. Clayton County* ruling into state law, and others only prohibit discrimination based on sexual orientation or protect only public employees from discrimination (Human Rights Campaign, 2021). Discriminatory practices result in unemployment rates for transgender individuals that are double the rates for cisgender individuals (Kattari et al., 2016; Sears & Mallory, 2011). Further, employment discrimination contributes to a pay gap between gay men and their heterosexual counterparts, amounting to 11% lower pay for gay male workers (Burwick et al., 2014a; Klawitter, 2015). In contrast, lesbian women earn 9% more than their heterosexual counterparts with similar job roles and family characteristics due to increased labor force participation and the higher likelihood that lesbian women are working full-time rather than part-time jobs (Klawitter, 2015). Despite their higher average wages when compared to heterosexual women, as couples, lesbians are still more susceptible to poverty than heterosexual couples due to the wage gap between men and women that perpetuates higher average wages of the male partner and protects heterosexual couples from poverty (Badgett, 2018). Due to their disproportionate rates of economic hardship, LGBTQ+ individuals participate in human services programming, including Temporary Assistance for Needy Families (TANF), Supplemental Nutritional Assistance Program (SNAP), unemployment insurance, housing assistance, and Medicaid, at higher rates than non-LGBTQ+ individuals (Badgett et al., 2013; Burwick et al., 2014a; Goldberg et al., 2020).

LGBTQ+ youth are also disproportionately represented in human services programs, often resulting from experiences of mistreatment at home (Fredriksen-Goldsen et al., 2014). Many LGBTQ+ youth enter foster care

due to prior family rejection of their sexual orientation and/or gender identity (Estrada & Marksamer, 2006a) and struggle to find services for education, employment training, homelessness, sexual health, mental health, and/or substance abuse that are appropriate to meet their needs (Burwick et al., 2014a; Burwick et al., 2014b; Mallon & Woronoff, 2006). In fact, LGBTQ+ youth are disproportionately represented in the juvenile justice system, three times more likely to be involved in the child welfare system, and five times more likely to be placed into out-of-home care than heterosexual, cisgender youth (Irvine & Canfield, 2016; Tatum et al., 2019). LGBTQ+ youth also experience homelessness at higher rates than non-LGBTQ+ youth, with approximately 7% of youth in the general population and between 20%-40% of the total 1.6 million homeless youth in the United States identifying as LGBTQ+ (Choi et al., 2015; Lambda Legal, 2016). Like LGBTQ+ youth involved in the child welfare system, the disproportionate numbers of LGBTQ+ youth experiencing homelessness are associated with familial rejection of the youth's sexuality or gender identity, resulting in losses of financial, social, and emotional support (Forge & Ream, 2014).

## Theories Explaining Inequitable Service Delivery & Outcomes

While sexual orientation and gender identity are not new concepts, academic theories seeking to understand and explain LGBTQ+ stigmatization and oppression only began to emerge in the late 1980s and early 1990s. Feminist theory focuses largely on the explicit discrimination and implicit biases perpetuated by patriarchal policies governing the provision of human services, whereas queer theory and minority stress theory consider the effects of more implicit bias experienced by LGBTQ+ populations.

Pew Research Center (2013) suggests that acceptance of LGBTQ+ individuals has been increasing since the early 2000s. However, deeply engrained heterosexist and patriarchal policies and systems continue to perpetuate inequitable service delivery for LGBTQ+ individuals. For example, stigma regarding LGBTQ+ relationships and families are perpetuated in early childhood education due to gendered policies and forms, and through a lack of LGBTQ+ affirming lessons that label LGBTQ+ children and families as abnormal (Church et al., 2016; Duke & McCarthy, 2009; Robinson, 2002). LGBTQ+ individuals also face inequitable treatment in licensing and placement decisions when seeking to expand their family through the child welfare system (Child Welfare Information Gateway, 2021). In addition, LGBTQ+ youth who experience homelessness or are placed into foster care through the child welfare and/or juvenile justice systems face discrimination due to policies requiring youth be placed based on their gender assigned at birth, rather than their gender identity (Shelton, 2015). As seen in policy and in caseworker decision-making, these biases perpetuate inequitable service delivery in human services for LGBTQ+ individuals and families.

### *Feminist Theory*

Feminist theory posit that current power structures normalize gender roles and strengthen male privilege, in turn generating and reinforcing inequities for LGBTQ+ individuals by framing policy to preserve gender-specific expectations in the male/female binary (Duke & McCarthy, 2009). In human services, gender roles are closely associated with expected parenting responsibilities and perceptions of parenting ability. Child welfare, early childhood education, and child support system policies that use a binary view of parenting and gender to define who is (and who is not) able to fulfill parenting roles discriminate against LGBTQ+ families (Church et al., 2016; Mallon, 2007).

### Feminist Theory

**Feminist theory** considers cultural and historical categories of gender by highlighting the structural inequities between men and women and challenging societal expectations of gender norms (Duke & McCarthy, 2009). Policies that reinforce gender norms do so to perpetuate the power and control of heterosexual, cisgender men (Pharr, 1998).

The Supreme Court ruling in *Obergefell v. Hodges* (2015) brought marriage equality to all 50 states and effectively reduced discrimination in foster care and adoption licensing practices in some jurisdictions. It did not, however, specifically address how states were to consider the treatment of same-sex married couples in providing foster care and adoption, which in many cases defined eligible foster and adoptive parents by gendered marital relationships (Child Welfare Information Gateway, 2021). In the wake of the *Obergefell* ruling, LGBTQ+ couples became legally eligible to jointly-adopt in jurisdictions that use gender neutral language (i.e., “spouse” or “married couple”), but not in the 27 states that require adoption by “husband and wife” (Child Welfare Information Gateway, 2021). Ten states allow child welfare agencies to discriminate in foster care licensing and adoption decisions based on the potential parent’s sexual orientation and/or gender identity (Human Rights Campaign, 2021). In Mississippi, for example, a person identifying as LGBTQ+ is automatically disqualified from foster care licensure (Child Welfare Information Gateway, 2020). Bans and discouragement of LGBTQ+ foster care and adoption limit the availability of foster family placements and impact permanency timelines for youth in foster care (Gates et al., 2007). In addition, when both same-sex parents are unable to jointly-adopt, the non-adoptive parent of the child has no legal rights or responsibilities associated with the child (Haney-Caron & Heilbrun, 2014; Polikoff, 2005). This means that if the parents of the child legally separate, the non-adoptive parent may not have rights to custody or visitation and is not responsible for paying child support to the custodial parent, making any financial support for the child purely voluntary and provided outside of the child support enforcement structures (Haney-Caron & Heilbrun, 2014; Polikoff, 2005).

Feminist theory also helps to explain the implicit bias toward heterosexual, cisgender relationships that results in discrimination and additional barriers for LGBTQ+ individuals and couples looking to adopt or become foster parents. Despite the legal roadblocks, LGBTQ+ parents are more likely than non-LGBTQ+ parents to use foster care and adoption to become parents (Burwick et al., 2014a). Even though LGBTQ+ parents do not regularly fit the parenting roles assigned by the gender binary, their children experience healthy development, including developmentally appropriate socio-emotional behaviors when compared to children raised by non-LGBTQ+ parents (Lavner et al., 2012; Patterson, 2009). The subjective nature of licensing and placement decisions in foster care and adoption, however, allows child welfare agencies to apply a higher level of scrutiny to LGBTQ+ applicants than non-LGBTQ+ applicants with caseworkers asking questions like, “*What will the child’s biological parents think of this relationship?*” or “*How will we explain your relationship to the child?*” (Goldberg et al., 2019; Mallon, 2007). Non-LGBTQ+ foster parents do not experience this same level of scrutiny because they fit the socially accepted role of parents (Goldberg et al., 2019; Mallon, 2007; Brooks & Goldberg, 2001). The individual risks for LGBTQ+ applicants associated with licensing and placement policies and agency bias often result in foster parents hiding their LGBTQ+ identity or finding alternative venues to become parents (Downs & James, 2006).

### ***Queer Theory***

Queer theory suggests that human service programs such as child welfare perpetuate structural discrimination against LGBTQ+ populations due to engrained heterosexist bias that renders the system unable to meet the unique needs of LGBTQ+ youth (Estrada & Marksamer, 2006a). Much of the child welfare system’s rules and administration are designed around child development expectations for heterosexual, cisgender youth. Child welfare caseworkers may perpetuate harm to LGBTQ+ youth when they assume all youth are heterosexual and cisgender and fail to provide focused services to LGBTQ+ youth such as allowing them to share a room with other youth who match their gender

### **Queer Theory**

**Queer theory** considers the impact of sexuality and gender categorizations on societal power structures and self-identity from historical and cultural perspectives (Watson, 2005). Theorists seek to understand the social and political context of identity formation, especially for individuals who do not fulfill the norms of a heterosexist society (Watson, 2005).

identity rather than their gender assigned at birth (Estrada & Marksamer, 2006a; Mallon et al., 2002). However, caseworkers who force youth to disclose their sexual orientation or gender identity before they are ready also perpetuate harm (Ragg et al., 2006). The needs of LGBTQ+ youth that result from their sexual orientation and/or gender identity may also be misinterpreted as defiance by foster parents and/or caseworkers, sometimes leading to physical, sexual, and verbal abuse by caregivers (Irving & Canfield, 2016; Gillam, 2004; Mallon et al., 2002; Sullivan, 1996). This discrimination can lead to youth who hide their identities, resulting in increased mental health issues and risk of suicide (Estrada & Marksamer, 2006a; Estrada & Marksamer, 2006b). The trauma experienced by maltreatment can exacerbate the effects of prior maltreatment youth may have experienced from their family due to their sexual orientation and/or gender identity (Woronoff et al., 2006).

LGBTQ+ youth participating in homelessness programming can experience heterosexist discrimination resulting in physical assault, sexual violence, and verbal harassment of youth who choose to express their sexual orientation and/or gender identity (Hunter, 2008; Shelton, 2015). Youth homeless shelters can be unsafe for those who identify as LGBTQ+ because they are often segregated by sex and require youth to participate in programming that matches their gender assigned at birth rather than their gender expression or identity (Shelton, 2015). In addition, homelessness programming is often short-term; to qualify for longer-term support, specific documentation is often required like a birth certificate, social security card, and/or other government-issued identification that require parental consent (Shelton, 2015). Like many homeless youth, LGBTQ+ youth are often unable to access the documentation needed because of strained family ties. In addition to limited access to these forms of identification, transgender youth also do not have documentation that properly reflects their identified gender or name due to their inability to change legal documents without parent support (Shelton, 2015). The inability to access correct documentation means that LGBTQ+ youth are often unable to participate in long-term programming and jump from program to program, reducing access to continuity of services (Shelton, 2015). LGBTQ+ youth who do not have adequate access to homelessness services, due to explicit and implicit bias, end up living on the street more often than non-LGBTQ+ homeless youth and may participate in sex work, illegal drug sales, and/or theft in order to survive (Forge & Ream, 2014; Irvin & Canfield, 2016).

Queer theory also suggests that heterosexist culture ignores LGBTQ+ issues in early childhood education by limiting conversations regarding diversity to mainly race and ethnicity and by perpetuating gendered expectations of family structure (Robinson, 2002). Early childhood is a critical time in any child's psychosocial development, and inclusive practices that help children to normalize the experience of LGBTQ+ children and families are important to support healthy development (Burt et al., 2010; Duke & McCarthy, 2009). Ignoring LGBTQ+ issues in discussions of diversity and inclusion perpetuate heterosexism by only considering biological constructions of gender and sexuality and reinforcing heterosexist language, effectively labeling LGBTQ+ children and families as abnormal (Church et al., 2016; Duke & McCarthy, 2009; Robinson, 2002). "Father's Day" or "Mother's Day" projects, books without LGBTQ+ characters or families, and gendered forms with binary classifications of gender and parenting roles are a few examples of LGBTQ+ exclusion in early childhood education (Church et al., 2016). In fact, the religious beliefs of childcare center administrators' are directly correlated with support or resistance to LGBTQ+ families and inclusion (Church et al., 2016). While many early childhood educators are open to inclusive practices, parent homophobia due to religious, moral, or cultural beliefs may limit their ability to include LGBTQ+ issues in their curriculum (Robinson, 2002).

### ***Minority Stress Theory***

Minority stress theory suggests that LGBTQ+ individuals are less likely to seek mental health services or openly discuss their sexual orientation or gender identity with service providers due to prior experiences of

discrimination (Fredriksen-Goldsen et al., 2014). Lack of disclosure to a new provider when initiating a service will impact the providers' ability to deliver appropriate services because the provider lacks the context surrounding the need (Fredriksen-Goldsen et al., 2014). For example, a mental health provider who is treating an LGBTQ+ individual, but is unaware of the struggles that individual is facing in their familial relationships because their client fails to disclose their sexuality, is unable to provide a successful service (Fredriksen-Goldsen et al., 2014). LGBTQ+ youth often enter foster care due to family rejection of their sexual orientation and/or gender identity and involvement with the child welfare system may require youth to "come out" to several new people, including foster parents, residential staff, and caseworkers (Estrada & Marksamer, 2006a; Gallegos et al., 2011). The stress of this additional coming out process can overwhelm LGBTQ+ youth and result in youth hiding their sexual orientation or gender identity, complicating service allocation and LGBTQ+ youth identity development (Ragg et al., 2006). LGBTQ+ youth in homelessness services may also hide their sexual orientation or gender identity due to prior experiences of physical, sexual, or verbal assault that occurred in homelessness programming following their disclosure of their sexuality or gender identity (Hunter, 2008; Shelton, 2015). These youth may also choose to live on the streets rather than risking assault in another homelessness program (Shelton, 2015). LGBTQ+ adults who have experienced discrimination may also be stressed about future discrimination and have concerns about raising a family in a heterosexist society (Lavner et al., 2014). To avoid further discrimination, some LGBTQ+ adults hide their sexual orientation and/or gender identity during the foster care licensing process, impacting the agency's ability to provide specialized support and services (Downs & James, 2006).

## Minority Stress Theory

**Minority stress theory** considers a marginalized individual's experience of stressors specifically due to their marginalized status (Fredriksen-Goldsen et al., 2014). Theorists suggest that ignoring the impact of minority stress on an individual's experience of services will perpetuate harm and limit appropriate service access (Mallon & Woronoff, 2006).

### Mechanisms to Disrupt Inequity

Federal and state human services systems may be able to disrupt, reduce, or eliminate inequities for the LGBTQ+ population through widespread anti-discrimination regulations, proactive policy designs that consider the historical and current experiences of LGBTQ+ discrimination, and program updates that support the unique needs of LGBTQ+ individuals.

Federal anti-discrimination regulations prohibiting discrimination based on sexual orientation and gender identity could greatly reduce LGBTQ+-based discrimination in human services systems. The current system of anti-discrimination policy in human services is fragmented and allows for significant variation between states and localities, failing to provide widespread protection for LGBTQ+ individuals (Fredriksen-Goldsen et al., 2014). As a result, some jurisdictions provide protections for both sexual orientation and gender identity, others only protect individuals from sexual orientation-based discrimination, and some do not provide any anti-discrimination protections for LGBTQ+ individuals (Hunter, 2008). Many jurisdictions also provide religious exemptions to anti-discrimination laws for faith-based agencies providing human services allowing agencies to deny services to individuals based on their sexual orientation and/or gender identity (Hunter, 2008). Religious exemptions are a particular challenge to equity because faith-based organizations are involved in the provision of human services, from small community agencies to large national agencies, limiting the availability of service options for LGBTQ+ individuals (Sullivan, 2019). To reduce LGBTQ+ discrimination due to religious exemptions, local jurisdictions should consider providing services directly, contracting with agencies that support provision of service for LGBTQ+ individuals, and/or developing LGBTQ+-specific programs to ensure equitable access to services regardless of sexual orientation or gender identity (Hunter, 2008). Federal anti-discrimination policy would also support equity by prohibiting discrimination against LGBTQ+ parents in

foster care licensing and supporting same-sex couples looking to adopt children in states that only allow “husband and wife” couples to jointly adopt (Human Rights Campaign, 2021; Child Welfare Information Gateway, 2020). The Biden Administration has taken useful steps to protect LGBTQ+ individuals from discrimination in education, housing, military service, and healthcare; additional actions are needed, however, to ensure the protection of LGBTQ+ individuals receiving other human services (Lambda Legal, 2021).

Policy design should also consider the historical and cultural experiences of inequity across LGBTQ+ populations by taking proactive measures to dismantle the heterosexist and patriarchal cultures of human services systems. Caseworker-level biases are engrained in the social and political systems of society and perpetuate harm to LGBTQ+ individuals seeking services (Mallon, 2007). While no single policy will disentangle the complex, heterosexist and patriarchal structures of current human services systems, policies that proactively consider differences between LGBTQ+ individuals and heterosexual, cisgender individuals will help to increase equity and inclusion by normalizing the LGBTQ+ experience. For example, child welfare curricula should provide a range of tools to help caseworkers better support LGBTQ+ individuals and families. Caseworker curricula focusing on family structures often ignore the uniqueness of LGBTQ+ families and perpetuate a heterosexist view of relationships and family (Few-Demo et al., 2016). Other updates to policy might include adopting more inclusive language in policies and forms; for example, words such as “caregiver” rather than “mother” or “father,” and “spouse” or “partner” rather than “husband” or “wife” (Averett et al., 2017). Inclusive, gender-neutral language in policies related to adoption would also allow for joint-adoption of a child and ensure that both parents have rights to co-parenting and visitation and responsibilities to the child through required child support payments if the parents separate (Haney-Caron & Heilbrun, 2014; Polikoff, 2005). Further, many data systems utilize binary classifications of gender identity/expression and family structure, effectively ignoring the uniqueness of LGBTQ+ clients and requiring LGBTQ+-focused research to rely on self-report data (Irvine & Canfield, 2016). Self-report data regarding sexual orientation and gender identity result in underreporting due to social stigma and error in reporting due to variation in mechanisms for collecting and documenting the data (Burwick et al., 2014a). These limitations in data collection perpetuate LGBTQ+ inequities by failing to compile data that would describe the experiences of LGBTQ+ individuals in human services, rendering the population invisible (Irvine & Canfield, 2016). For example, relatively little is known about the LGBTQ+ experience in many human services such as the Temporary Assistance for Needy Families (TANF) program or in employment and training programs such as those under the Workforce Innovation and Opportunity Act (WIOA). In addition, rather than focusing on sex assigned at birth, policies could incorporate measures of gender identity and expression for program eligibility to determine appropriateness of room assignments in homelessness programs and foster care placements, or provide flexibility in gender-neutral accommodations so that LGBTQ+ individuals are not forced to disclose their sexuality or gender identity when sharing may compromise their personal comfort or safety (Hunter, 2008). Focus on gender identity and expression would allow LGBTQ+ individuals to participate in necessary services, express their true identity, and feel safe in their surroundings (Hunter, 2008). Homelessness services could also update program eligibility requirements to allow LGBTQ+ youth without access to appropriate documentation (e.g., social security card or birth certificate), or documentation that reflects their gender identity, to participate in longer-term services that ensures continuity of service that meets their needs (Shelton, 2015). Other changes could better support LGBTQ+ youth identity development, such as policies that prioritize matching youth with LGBTQ+ foster parents who can provide youth with positive role modeling and support healthy psychosocial development (Ragg et al., 2006).

## Conclusion

Human services systems and caseworkers exist in a heterosexist and patriarchal culture that has perpetuated biases in program provision by reinforcing sexual orientation and gender identity-based inequities. While some actions, including the Biden Administration’s actions to confirm anti-discrimination protections for LGBTQ+



individuals, have been useful in supporting equity and inclusion of LGBTQ+ people and experiences, more change is needed (Lambda Legal, 2021). Reducing LGBTQ+-related inequities will involve widespread anti-discrimination protections for LGBTQ+ individuals in provision of human services, policy updates to dismantle heterosexist and patriarchal systems of oppression, and updated program administration requirements that validate and support the experiences of LGBTQ+ individuals. The Supreme Court ruling in *Fulton v. City of Philadelphia* (2021), which ruled that faith-based organizations can deny licensure to LGBTQ individuals due to their religious beliefs, suggests that some of these changes may be complicated by the push from faith-based organizations to continue receiving religious exemptions from providing equitable services to the LGBTQ+ community and from the individual-level biases of caseworkers and caregivers.

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