SCIENTIFIC WORKSHOP ON VIOLENCE & *related health outcomes in* SEXUAL & GENDER MINORITY COMMUNITIES

Final Workshop Summary Document

Introduction

The Sexual & Gender Minority Research Office (SGMRO) works directly with NIH Institutes, Centers, and Offices (ICOs) to coordinate research and activities related to sexual and gender minority (SGM) populations at the National Institutes of Health (NIH). The SGMRO was established officially in September 2015 within the NIH Division of Program Coordination, Planning, and Strategic Initiatives. Since its creation, the SGMRO has worked to improve the health of SGM populations by working with the ICOs to increase research and support of scientists conducting relevant research. Under Section 404N of the 21st Century Cures Act (Public Law 114-255), signed into law on December 13, 2016, the Director of the NIH is encouraged to "improve research related to the health of SGM populations."

The World Health Organization defines violence as the "intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation." Although violence affects every community, violence occurs against SGM individuals at higher rates. More research is needed to identify the causes and consequences of SGM-related violence across the lifespan, determine the need for SGM-specific methods for these assessments, identify interventions, and develop treatment approaches for addressing health-related outcomes.

Because of the wide-ranging impacts of violence on SGM communities, the SGMRO, along with several NIH ICOs, established a four-phased approach to identifying related research opportunities. The first phase in this effort was the release of a request for public comment. The second phase, held on May 6, 2021, served to enhance the understanding of violence and lay the groundwork for violence-related research. The third phase involved discussions within working groups to identify and describe central themes and opportunities in violence research. The fourth and final phase, an open forum convened on August 26, 2021, served to report the research opportunities identified to the public. The aim of the overall project has been to improve knowledge of the role violence plays in the health of SGM individuals and to identify and prioritize key research opportunities to reduce violence affecting SGM communities. Summaries, transcripts, videos, and other information about the workshop is available on the SGMRO website.

Phase I

In the first phase of the workshop, a committee was formed in fall 2020 with NIH staff and workshop co-chairs to plan and coordinate logistics for the workshop. A request for information (RFI) on the agenda and framework was released to the public in January 2021. Feedback from the RFI was consolidated and used to develop the later phases of the workshop.

Phase II Meeting

The [half-day workshop for the second phase,](#) designed to explore the current state of the science, was held virtually on May 6, 2021. The workshop applied a four-level ecological model, focusing on family of origin, peers and friends, romantic and sexual partners, and communities, to explore the effects of violence against SGM individuals across the lifespan and at various levels, such as intrapersonal, community, and structural. Overarching themes that apply to each domain included consideration of the life course, intersectionality, and systems influences. Expert moderators introduced each session, and short presentations were followed by questions and answers. The Phase II summary is available [on the SGMRO website](#).

Phase III Working Groups

For Phase III, participants met virtually in one of five working groups to address key questions, identify research priorities, and summarize findings. Building on the current state of the science in Phase II, working groups for Phase III spanned different areas. The Demographics and Epidemiology group addressed incidence, distribution, and possible control of violence in SGM communities. The Risk Factors and Pathways group discussed conditions or variables that increase the occurrence of violence, including social and economic structures. The Preventive Interventions group focused on structures, cultures, and practices that could influence successful preventive interventions related to violence with short- and long-term results. The Treatment-focused Interventions group discussed potential treatments that could reduce perpetration or victimization related to violence. The Ethics and Logistical Challenges group focused on ethical and legal issues for victims and perpetrators. To encourage interdisciplinary research across multiple domains of violence, participants were randomly placed in one of the working groups, which included a mix of NIH, other federal, and external experts. Working groups met several times to collaboratively address key questions to advance the understanding of violence in SGM communities and to inform multilevel efforts to reduce violence disparities. Each group was asked to identify five research priorities within their focus to present in Phase IV.

Phase IV

The [Phase IV public report-out session](#) was held virtually on August 26, 2021. It included participants from academia, nonprofits, advocacy groups, the NIH, and other federal agencies. Workshop co-chairs provided an overview of the process and a [synopsis of the Phase II workshop](#). Representatives from each of the five working groups reported on their group's discussions and the research opportunities identified. Presentations were followed by discussion.

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Group One: Demographics and Epidemiology

The Demographics and Epidemiology Working Group identified the following research opportunities:

1. Improve and enhance methodologies to study violence experienced against and within SGM communities.

2. Assess the rates of different forms of violence involvement of SGM populations.

3. Identify risk and protective factors for exposure to and use of violence within and against SGM populations, including resilience and structural factors.

4. Develop theoretical models that explain the disparate rates of violence victimization experienced by SGM populations.

5. Outline policies that need to be enacted to prevent violence against SGM populations.

Significant gaps remain in the basic epidemiology of SGM-related violence. Better methodologies are needed to study violence experienced against and within SGM communities, including better characterization of the range of experiences encompassed by violence. Current surveillance systems must be optimized to measure SGM populations inclusively, and new measures that reflect the lived experiences within SGM populations must be developed and validated. Statistical methods also should reflect the experiences of many SGM individuals with intersecting or overlapping identities. The rates of prevalence and incidence of different forms of violence involvement of SGM populations must be assessed at multiple levels and for many subgroups, as well as throughout the entire life course. Rates of the experience of violence are specifically needed for gender minority populations, particularly among racial and ethnic minority individuals, as well as SGM women and rural SGM populations. More information also is needed on rates of violence across the life course, particularly for youth and older SGM people. Data are needed on incidence and prevalence rates of the experience of violence by states-based or structural systems, such as police; environmental structures or norms; and non-SGM people toward SGM people. Incidence and prevalence rates of the expression of violence by SGM people are needed. Additionally, rates of violence involvement—including perpetration, victimization, and bi-directional involvement—are needed for subpopulations of SGM people. Information is particularly lacking that compares rates across sexual and gender identities, such as differences in rates experienced by bisexual people compared to gay and lesbian people or nonbinary people compared to transgender people. Data also are needed for subpopulations within identities, such as SGM people living with disabilities and racial and ethnic minority SGM people.

Risk and protective factors—both for exposure to violence and use of violence—must be identified, which will require investing in longitudinal research and addressing multigenerational trauma and historically traumatic experiences. The strengths and resilience of SGM communities and individuals in addressing and preventing violence should be understood, as should the sources of violence and intracommunity violence dynamics across the life course. This includes consideration of how the definition of family may change over time and how this affects vulnerabilities and resilience toward violence involvement. The mechanisms that uphold and exacerbate health inequities in SGM communities should be examined with

attention to the influence of intersectionality. Although many theories of power and violence exist, none speak to the disparate rates of violence victimization experienced by SGM populations, so new models are needed. In addition to drawing on existing models, the working group recommended that researchers engage with SGM communities to develop models that identify pathways that increase the risk of violence, and cultural factors that enhance resilience and resistance. Finally, policies are needed to prevent violence against SGM populations, including policies related to housing, employment, access to education, economic stability, and anti-discrimination. Research into financial-based interventions associated with reductions in violence, similar to the Earned Income Tax Credit, increased minimum wage, and paid family leave, could be explored to reduce violence in SGM populations. Access to gender-appropriate identity documents or the presence of state anti-discrimination laws that include gender identity as a protected class also may influence the rates of violence against SGM populations at the public health level.

Group Two: Risk Factors and Pathways

The Risk Factors and Pathways Working Group identified the following research opportunities:

1. Identify multilevel risk and protective factors for violence.
2. Conduct research with a life-course perspective.
3. Identify common and unique pathways to violence.
4. Focus on multilevel protective factors and resilience.
5. Ensure research is intersectional.

Risk and protective factors for violence must be identified on multiple levels, including higher levels of the social ecology, how structural factors intersect with interpersonal and individual levels, and the pathways through which these structural factors can lead to violence or safety. The second working group also emphasized the importance of considering the life-course perspective, including childhood and particularly the elder years. Pathways to polyvictimization and trajectories of revictimization must be considered, rather than investigating only one type of violence or violence within only one developmental stage. Both common and unique pathways to violence should be identified, including which factors affect risk across violence outcomes and subpopulations and which factors affect risk only for certain forms of violence or certain subpopulations. Some subgroups of SGM individuals, such as bisexual individuals and transgender women of color, are at the highest risk for violence; pathways to violence among these subgroups are of particular interest. Research also is needed on multilevel protective factors and resilience, including existing strengths that could be expanded and access to protective resources. Intersectional research also is critical to this theme because stigma and experiences influenced by individuals' various and intersecting social identities affect violence risk. Approaches with a strong potential to advance these research priorities include long-term longitudinal research and approaches that highlight the lived experiences and perspectives of the SGM community. SGM-specific measures also could be added to existing large-scale studies and surveillance systems.

Group Three: Preventive Interventions

The Preventive Interventions Working Group identified the following research opportunities:

1. Determine what new violence prevention programs can be developed that are specifically responsive to the needs of SGM communities.

2. Identify existing prevention programs that can be adapted to address violence in SGM communities.

3. Determine which SGM-responsive violence prevention programs demonstrate efficacy or effectiveness and successful implementation outcomes.

4. Assess sources of data that can be used to develop, adapt, implement, or evaluate SGM-responsive violence prevention programs.

5. Determine which research methods can be developed or implemented that support research specific to the development, adaptation, evaluation, or implementation of SGM-responsive prevention programs.

The preventive interventions group emphasized that all research opportunities should be grounded in a multilevel, holistic, socio-ecological framework that considers SGM-related violence prevention from one or more levels of social organization—individual, interpersonal, community, and societal—and the ways those levels may interact. Research efforts within these opportunities should integrate an intersectional lens to recognize the diversity of identities, experiences, and systems of oppression across SGM subgroups and the varying sociocultural identities of individuals within SGM subgroup communities. Communities that have been marginalized from SGM research participation should also be included. Research initiatives should emphasize approaches that leverage the strengths of SGM communities and empower them within the research process. Appropriate prevention programs and community-engaged frameworks should be developed. When possible, research opportunities also should be grounded in a perspective that recognizes and connects the vulnerabilities and experiences of SGM-related violence across the life course. Research should consider and draw upon existing methodology and programmatic approaches used within existing SGM-focused research and interventions. Research also should consider ways to increase service utilization rates, particularly in communities where SGM identity is highly stigmatized. The group suggested both determining what new violence prevention programs can be developed in ways that are specifically responsive to the needs of SGM communities and identifying existing prevention programs that can be adapted to address violence in those communities, including consideration of intersectionality. Sources of data that can be used to develop, adapt, implement, or evaluate programs also should be identified. Research methods can be developed or implemented to support these initiatives. Within these research priorities, the opportunity exists to develop, adapt, implement, or evaluate different types of prevention programs that target various levels of ecological influence and types of violence.

Group Four: Treatment-Focused Interventions

The Treatment-Focused interventions Working Group identified the following research opportunities:

1. Develop flexible interventions to prevent polyvictimization and perpetration of violence that can be deployed in a variety of settings.

2. Develop interventions that recognize changing types of violence and risk across the life course, particularly during middle and late adulthood.

3. Identify existing interventions—beyond those focused on violence—that can be adapted for the lived experiences of SGM people, with an eye toward rapid dissemination.

4. Develop evidence-based interventions that target responders' ability to assess, respond to, and treat the consequences of violence among SGM people in culturally and linguistically affirming ways.

5. Develop innovative methods for engaging families in violence-based interventions.

Violence is not well understood among SGM people, and numerous methodological concerns remain. Both victimization and perpetration occur at multiple levels. Although not all interventions have to be multilevel, interventions must be complex and multisystemic to address the simultaneously occurring factors that allow violence to continue. Studies must consider the parallel and intersecting experiences of stigma and violence for SGM populations. Flexible interventions that can be deployed in a variety of settings to prevent polyvictimization and perpetration of violence are needed, and interventions must recognize changing types of violence and risk across the life course. Some existing interventions and theories (e.g., resilience and strength-based approaches, minority stress, trauma-informed approaches, family systems theory) can be adapted for the lived experiences of SGM people and be disseminated more rapidly than new interventions. Interventions are needed that can help responders assess, respond to, and treat the consequences of violence among SGM people in culturally and linguistically affirming ways. This is especially needed in settings that people may engage with regularly but that may not be traditional places people go when experiencing violence. Cultural sensitivity can be increased in systems through training in how to recognize violence. Innovative methods are needed to engage both families of origin and chosen families in violence-based interventions. Although families often are considered part of the problem, they also may be important to the solution, and ways of accessing them are lacking. Treatment-focused interventions are vital not only as a new step in SGM violence research but also in understanding the forms and antecedents of violence that may be unique to SGM populations. The working group also noted the importance of acknowledging the relationships between intersectional identities, structural factors, and violence for SGM populations.

Group Five: Ethics and Logistical Challenges

The Ethics and Logistical Challenges Working Group identified the following research opportunities:

1. Determine to what degree asking questions about sexual orientation, gender identity, and expression (SOGIE), trauma, and violence among SGM people increases risks of harm.

2. Assess how violence is defined in relation to SGM populations.

3. Determine the best approaches or practices to implement integrated data collection, data harmonization, and analysis to document violence for SGM subgroups.

4. Identify the experiences of SGM individuals who perpetrate violence.

5. Determine how interpersonal and institutional SGM prejudices and stigmas affect violent experiences of SGMs and the documentation of violent experiences of SGMs.

One of the ethical and logistical challenges to increasing research on SGM-related violence is the need to determine to what degree asking questions about SOGIE and associated experiences of trauma and violence increases the risk of harm. Standardized protocols can be developed for asking such questions and mitigating harm when relevant, especially in environments where prevailing views are hostile toward SGM people. Violence also must be redefined to capture the experiences of SGM people in multiple contexts and across subgroups. Studies should focus on whether some types of violence are specific to SGM individuals, contexts that may affect whether victims interpret their victimization differently than conventional frameworks, experiences of SGM people not tied to organizations or agencies, and the strengths and resilience of survivors. Research efforts also should use victim-centered and survivor-defined approaches. The best approaches or practices to implement integrated data collection, harmonization, and analysis must be identified. However, many studies do not contain sufficient subgroup sample sizes to report on patterns of violence for SGM subgroups or at the intersections of numerous marginal identities. Ways to standardize measures should be explored, but smaller subgroups may increase disclosure risk. Researchers also should employ qualitative methodologies to respond to challenges in data collection, such as terminologies and experiences that are culturally specific. The experiences of SGM individuals who perpetrate violence should be identified, but logistical and ethical challenges exist when studying these perpetrators, such as how to present findings without reinforcing stigmas. Studies investigating SGM individuals who perpetrate violence should include protocols to identify, manage, and mitigate risks of harm at the beginning of the research process. Research also is needed on how interpersonal and institutional prejudices and stigmas affect violent experiences of SGM people and the documentation of such experiences. Research on these issues also should identify effective pathways to mitigation.

Discussion

Many recommendations addressed resilience, which could suggest individual responsibility rather than the need to address structural problems. Language will be important in studying resilience, and resilience must be understood at both the individual and community levels. However, few ways to measure resilience exist, and current systems strongly focus on addressing harm rather than promoting resilience. Proactive strategies to reduce violence could include community collaboration and use of the language of resistance, although this language must be considered carefully because many people who experience violence do not have the power to resist it. Funding—not just volunteer work—is necessary for both wellness-related interventions and systems-related studies.

Interventions for SGM communities could be created from scratch, violence-focused interventions that are effective in non-SGM populations could be adapted, or interventions that have worked in other health areas—such as HIV prevention—could be modified. Programs that teach physical skills for resisting violence in the moment—often framed as self-defense—are strongly supported by evidence of their efficacy, but they have not been tailored for SGM populations. Collaborations could be supported with community-based organizations that already offer homegrown intervention programs that may not have been rigorously evaluated.

Because interventions depend on data and evaluation, the lack of consistent nationwide reporting mechanisms could be one initial problem. Many federal agencies are discussing how to collect SOGI information to improve SGM research broadly, but the issue also is important for violence-specific research. Both reframing resilience and assessing more levels of influence related to violence and perpetration require increased data collection at multiple levels, around many types of violence, and including information about social norms and other influences on violence. Few effective measures to study such information exist, especially at levels higher than the individual, and funding states and municipalities to gather those data is critical.

Standardized measures are needed that can be shared across states and at other levels as appropriate, but these measures also must be flexible enough to gather information about subgroups, which may differ in how they define themselves. A core set of measurements could be useful to understand these issues on a foundational level, but ways to measure and understand SGM populations across cultures also will be needed. Language and terminology likely will be a challenge. Individuals do not all think in the same way, so language that works broadly and for many people will be needed. Ways to measure influences in virtual space are important to develop, particularly during the COVID-19 pandemic.