

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

Phase II
Summary Document
May 6, 2021

Introduction

The Sexual & Gender Minority Research Office (SGMRO) coordinates research and activities related to sexual and gender minority (SGM) populations at the National Institutes of Health (NIH) by working directly with NIH Institutes, Centers, and Offices (ICOs). 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 through increased 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 (WHO) 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, 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 workshop on May 6, 2021, served as the second phase and aimed to enhance our understanding of violence and identify opportunities for violence-related research. The third phase will involve forming working groups to continue the process of identifying and describing central themes and opportunities in violence research. The working groups will cut across themes, including demographics and epidemiology, risk factors and mechanistic pathways, prevention interventions, treatment-focused interventions, and ethics and logistical challenges. The fourth phase will be an open session in July or August. The aim of the overall workshop is to improve knowledge of the role violence plays in the health of SGM individuals and identify and prioritize key research opportunities to reduce disparities in violence affecting SGM communities.

Structure of the Workshop

The half-day workshop was held virtually on May 6, 2021, and included participants from academia, nonprofits, advocacy groups, federal agencies, and the NIH. The workshop applied a four-level ecological model—focusing on family of origin abuse, peer and friend victimization, romantic and sexual partner violence, and community violence—to explore the effects of violence against SGM individuals and identify research opportunities 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 were followed by short presentations. Presentations were followed by questions and answers.

Session One: Family of Origin Abuse

Members of SGM communities are vulnerable to abuse by virtue of their SGM status, and this may intersect with other processes of oppression, such as ageism or racism, or other risk factors that compound vulnerability to abuse and neglect, such as social exclusion, mental health, or risky behavior. Compared with their non-SGM peers, SGM individuals experience greater prevalence of child mistreatment, both physical and psychological, as well as polyvictimization of multiple forms of child mistreatment. Patterns vary by gender identity and sexual orientation—transgender and gender nonbinary individuals are at greater risk, as are those with multisexual orientations. Although Black, Indigenous, and people of color (BIPOC) who identify as SGMs also may be at increased risk, few studies have been conducted. Research at the environmental level also is limited, but the absence of state-level protections for LGBTQ populations has been identified as a risk factor for child maltreatment. SGM individuals are at significantly elevated risk of being victims of child sexual abuse, both at higher rates and increased severity, and is more prevalent for sexual minority women, bisexuals, transgender and gender nonbinary individuals, and BIPOC individuals.

Identifying explanations for these higher rates is difficult—longitudinal research is scarce, and most research is retrospective. Potential causes include targeting of SGM individuals, the unique vulnerabilities created by societal oppression, or a lack of culturally competent prevention and intervention services. Institutions and systems also are not adequately meeting the needs of SGM youth, who are more likely to enter foster care and more vulnerable to every kind of maltreatment. The systems do not address issues that contribute to maltreatment from families, such as family rejection. Without affirming care, many SGM youth enter congregate facilities. Placement in these centers is a significant risk for trafficking, and trafficking perpetrators' tactics are more effective for young people who have experienced family rejection or abuse. Vulnerabilities are compounded especially for SGM youth of color in the foster care system. A more holistic response is needed to prevent overrepresentation of SGM youth in the foster care system and to recruit and train affirming families. Specific studies of elder abuse in SGM populations are rare, and most elder abuse studies do not include consideration of differences in how abuse manifests in the SGM community. Although SGM elders have survived significant challenges and display tremendous resilience, they also experience social marginalization, stigma, and oppression.

Areas prioritized for further research in the family of origin abuse section included—

- Resilience factors
- Effects of structural racism
- Identification of chosen family and associated protective factors
- Characteristics of abuse perpetrators
- Explanations for higher rates of abuse in SGM populations

Session Two: Peer and Friend Victimization

Much research has been conducted to establish the prevalence of hate-motivated violence toward SGM populations, but this may obscure non-hate violence and victimization among adult peers and friends, for which few systemic, representative, and ongoing data collection efforts exist. Many SGM individuals are victims of hate crimes, but context for violence among SGM adults must be expanded to include workplaces, prisons, senior living facilities, and so on. Data from the National Crime Victimization Survey show that SGM adults are more likely to be victims of crime; bisexual men and women and transgender people have disproportionate victimization rates, and perpetrators overwhelmingly are white men.

Another type of peer victimization is bullying, which is characterized by differential power and its unwanted and repeated nature. Although bullying still occurs more frequently in person, SGM individuals are disproportionate targets of cyberbullying. Current prevention and intervention programs are not effective for SGM youth, and the language currently used to describe bullying does not acknowledge societal or structural factors and recognizes only overt, visible aggression rather than microaggressions. Perceptions of normality are rooted deeply in cultural expectations, and binary gender socialization shapes bullying. Many targeting behaviors are related to cisnormative cultural ideas about gender, which intersect with other factors, such as race, class, and ability. Some forms of peer aggression are seen as normalized, gender-appropriate rites of passage, and current anti-bullying policies do not include accountability for recognizing and addressing structural heterosexism and transphobia. Implementation often is rooted in increased surveillance and can further contribute to disproportionate targeting of BIPOC individuals given that acts of bullying often target those who are socially constructed as different. Additionally, teachers receive little to no information on the needs of SGM students, and research on peer victimization has identified risk factors but few protective factors. Health disparities are not prevented in a vacuum, so crossover effects must be considered for prevention programming. More research is needed on the correlates of cyberbullying among SGM youth and adolescents, and qualitative differences between the types of bullying SGM youth and adults experience must be studied. Intersectionality is a critical consideration, and researchers must remember that SGM individuals have other aspects to their personalities, and young people also should be able to experience being young.

The areas prioritized for further research in the peer and friend victimization section included—

- Better reflection of the contexts in which violence occurs
- The effects of structural stigma
- Ways in which SGM individuals might become victims
- Interactions in the workplace and other locations where SGM individuals may experience violence from peers
- Additional research on intersex individuals, which may require studies designed to oversample intersex individuals
- The complex cultural needs of SGM individuals in health care settings in the wake of violence
- Integration of microaggressions into the structural understanding of bullying and peer violence

- Correlates of cyberbullying among SGM youth and adolescents
- Qualitative differences between the types of bullying SGM youth and adults experience

Session Three: Romantic and Sexual Partner Violence

SGM individuals experience high levels of violence and intimate partner violence (IPV) in relationships. Although levels of victimization are high, high levels of perpetration coexist. Many factors that drive violence within SGM populations are common, but many also are identity-specific, such as internalized homophobia, which may influence violence between SGM individuals. SGM youth, particularly transgender youth, are more likely than non-SGM youth to be both survivors of and perpetrators of dating violence. Much of the research is cross-sectional and gathers data at points in time, rather than longitudinally, making covariates difficult to determine. Context is critical to understanding violence, such as the importance of the school environment, minority stress theory, and the role of environmental stress. Traditional IPV prevention programs are ineffective for SGM youth, possibly because they do not integrate minority stress. Many gaps persist in research on dating violence among SGM adults and even more among SGM youth. SGM adults report higher rates of IPV, especially among bisexual, transgender, and other gender diverse individuals.

Violence can take unique forms among SGM individuals, and measures of IPV have been largely heteronormative and cisnormative until recently. Although many risk factors for IPV are similar to those for heterosexual and cisgender individuals, SGM individuals also experience unique risk factors under the minority stress model. Discrimination leads to more proximal stressors, and those factors lead to IPV. Research may be limited by the increased barriers SGM individuals experience when seeking health care. SGM victims also are more likely to receive negative social reactions when they disclose IPV to peers, and negative social reactions predict a number of deleterious outcomes. National rates of sexual violence among cisgender sexual minorities are high, and rates are even higher for transgender and nonbinary individuals. SGM individuals experience unique forms of sexual violence, and minority stressors may contribute to elevated risks, which can then reinforce those stressors. SGM people may participate in unwanted sexual activity because of internalized bias, and these experiences elevate stress-sensitive reactions and minority-specific stress responses, leading to a further risk of revictimization.

The WHO recognizes sexual violence as a preventable public health issue, and prevention efforts should identify readily accessible and culturally competent services. SGM individuals face unique multilevel barriers to accessing support services and are less likely to report sexual violence. Cultural and societal ideologies, such as heteronormative and cisnormative myths about IPV, influence both IPV perpetration and barriers to health seeking for IPV victims and also prevent victims from perceiving abuse. Policing and the criminal legal system intersect with systems of oppression, so that BIPOC and transgender survivors of IPV are less likely to disclose such incidents to police and also have higher rates of hostility and revictimization. The translation of these findings into other cultural contexts is understudied. Rates of IPV among SGM individuals in other countries are shaped by living in conservative environments; decriminalizing homosexuality is an IPV intervention. Relationship violence among SGM populations must be understood as a syndemic with a largely unknown context. Larger systems of oppression must be dismantled for individual efforts to lead to sustained change.

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The areas prioritized for further research in the romantic and sexual partner violence section included—

- Underlying causes of IPV and factors and explanations unique to SGM populations
- Associations between violence and health consequences
- Improved abilities to identify those at risk
- Increased understanding of structural determinants of health
- Research on IPV in transgender and gender nonbinary populations
- Assessment of existing interventions and their potential success for specific groups
- The cross-sectional nature of all considerations in IPV

Session Four: Community Violence

Hate crimes are criminal acts motivated by a victim's group or perceived group, and laws defining hate crimes vary widely among jurisdictions. Sexual orientation is one of the most common motives of reported hate crimes; gender identity is a less common motive, but those crimes are more likely to be deadly. Estimates of victimization vary, but most are high; reporting rates for hate crimes are very low, and police recording of hate crimes is inconsistent, meaning that official records of hate crimes are likely reporting only a small fraction of the actual occurrence. Prosecutions and convictions for hate crimes are rare. Because SGM individuals have a long history of mistreatment, they are less likely to report violence to law enforcement. They may be concerned about outing themselves if they report violence even tangentially related to their identity. Most SGM people do not live near trauma services, and the services they do have access to may not be inclusive or competent. When SGM people who experience hate violence do seek out law enforcement, their experiences with police often are poor. Federal nondiscrimination protections are insufficient, and state laws are inconsistent. Recognition of families of choice also can be a barrier to reporting, such as an individual who fears losing custody of a child if a partnership is not recognized by law.

In the workforce, one in five SGM Americans report discrimination when applying for jobs; for BIPOC SGM individuals, the rates are one in three. Ninety percent of transgender individuals report workplace discrimination, and unemployment rates for transgender individuals are high. Research in the workforce usually focuses on policies and career milestones and rarely addresses nuanced everyday experiences. Identity disclosure is a factor in studies of workplace discrimination, and microaggressions may be unintentional or intentional but convey hostility to SGM workers. Existing research predominately focuses on corporate America and the most privileged workers, but violence also must be understood in other contexts, including the underground economy. Violence associated with sex work must be understood as a type of workplace violence, and the research paradigm must be flipped to focus on those who are the most vulnerable. Historical trauma also plays a role in the distress that SGM individuals experience, including the AIDS crisis and continuing associated stigma and historical violence against Native SGM individuals. Two-Spirit people must be understood in the context of settler colonialism and how historical trauma affects contemporary experiences.

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The areas prioritized for further research in the community violence section included—

- Hate crime victimization rates
- The effects of community violence on victims
- Reasons offenders commit these crimes
- Effective prevention methods for community violence

Next Steps

This workshop aligns with NIH's longstanding commitment to support research to advance the health of SGM communities and with a larger violence research effort currently being led by the Office of Behavioral and Social Sciences Research. Although violence research currently does not have a natural home within the NIH system, this initiative is the first step in moving toward a more integrated approach. The working groups following this workshop will play a critical role in the next steps of improving SGM-related violence research at the NIH.

Themes that emerged from this workshop included the need for resilience and strength-based approaches, increased attention to structural factors and microaggressions, increased multidisciplinary and integrated work, and additional prevention and intervention approaches, as well as the importance of involving SGM youth in the conversation.

Working groups will develop research opportunities in preparation for a public meeting in August.