

**Sexual & Gender Minority Research Office**  
**Scientific Workshop on Violence and Sexual and Gender Minority Communities**  
**Phase II: Opening Session State of the Science Workshop**  
**May 6, 2021, 12:00 p.m.–5:00 p.m., EDT**

[MEETING BEGAN AT 12:00 P.M. EDT]

**Opening Remarks**

**DR. IRENE AVILA:** Thank you, everyone, for joining us. If I can get the next slide, please? Good afternoon for those on the West ... East Coast, and good morning to those on the West Coast. Thank you for joining us today. I'm Irene Avila. I am the assistant director in the Sexual & Gender Minority Research Office—and temporarily, while Karen is out of the office, I am acting director, so I really appreciate everybody's efforts to help get this workshop together for today. And I know we had a lot of people step up. Can I have the next slide, please? First, I'd like to thank our team in the Sexual & Gender Minority Research Office. Karen, who is our amazing leader, has helped for the past year put together this workshop, but with her away these past 4 weeks, everyone else on the team—Christopher, Ryan, Shyam, Anthony, and Sara—have all stepped up and helped make sure that this day is a success. Next slide, please. I'd also like to send out the biggest “thank you” to the Workshop Planning Committee, especially to our co-chair, Dr. Sarah Whitton, who has also stepped up and helped ensure today is a success, as well as our colleagues across the NIH—Dr. Susannah Allison, Dr. Dara Blachman-Demner, Ahmed Elmi, Dr. Robert Freeman, Dr. Melissa Gerald, Dr. Teri Senn, Dr. Sara Omar, and Shyam Patel. Next slide, please? We'd also like to extend our regards and, you know, huge thanks for the sponsorship to help coordinate this workshop with us. And the following NIH Institutes, Offices, and Centers and programs have helped us with this effort, and that includes the *All of Us* Research Program, the National Institute on Aging, the National Institute on Alcohol Abuse and Alcoholism, the National Institute of Mental Health, the National Institute on Minority Health and Health Disparities, the National Institute of Nursing Research, and the Office of Behavioral and Social Sciences. Next slide, please? So, I mentioned that Dr. Parker is not here with us today. She has been out these past 4 weeks, but she did send along a message for me to read to everyone. “Dear Workshop Attendees: I deeply regret that I am unable to be with you today, as I am currently deployed working with colleagues from across HHS to address the unaccompanied children crisis at the southern border. I was able to volunteer for this activity based on my deep trust and confidence in the SGMRO team—Sarah Whitton co-chaired for this important event and our colleagues from across the NIH who have all been working tirelessly to organize this workshop. The goal for today is to set the stage for the upcoming working groups, which will work to identify research opportunities focused on violence in SGM communities. I am humbled by your commitment to this initiative, as I know that we are asking much for you as participants, attendees, and moderators. Thank you for your active engagement. I want to personally thank Drs. Irene Avila and Sarah Whitton for leading this effort and Dr. Susannah Allison and Dara Blachman-Demner for stepping into new roles in my

absence. I am with you in spirit, and I look forward to returning home and viewing what I suspect to be a very lively and productive discussion. Best, Karen.” Next slide, please. So, with Karen’s absence, as Karen mentioned, we’d like to ... huge thank you to Sarah for stepping up and taking on more roles with this workshop. We also like to thank Dr. Susannah Allison and Dara Blachman-Demner for also acting as workshop facilitators today. And so now—next slide, please?—I’d like to turn this over to Dr. Susannah Allison, who is at the National Institute of Mental Health, to share with you opening remarks today. Susannah?

**DR. SUSANNAH ALLISON:** Great. Thanks so much, Irene. I really appreciate it. Well, good afternoon and good morning, everyone. It’s ... it’s a real pleasure to also welcome you to this extremely important workshop. As hopefully all of you know, NIH has a longstanding commitment to supporting research to advance the health of sexual and gender minority populations. In 2015, the Sexual & Gender Minority Research Office was officially established. The Office helps to coordinate SGM-related research and activities across all of the NIH. There is an incredibly active coordinating committee comprised of members from across the NIH that work with the SGMRO that Irene showed you the pictures of all of the members of that Office and the goals of that committee are to really advance the development of additional research and research training initiatives at NIH. And some of the members of this committee, along with others, worked with the SGMRO to plan and implement this workshop. I know I’m preaching to the choir about violence has devastating consequences on the health and well-being of sexual and gender minority individuals. Given the wide-ranging impact, it was decided that it would be important for the SGMRO, along with partner Institutes and Centers and Offices, to hold a series of activities to address this health issue. The first phase was a request for comment on research opportunities in this area, the results of which have been shared with you. This workshop is the second phase and will serve to enhance our understanding of violence against SGM individuals and identify opportunities for violence-related research. In phase 3, workshop ... workgroups will be formed to continue this important work, identify and describe central themes and opportunities in violence research. Our overall goals are to improve our understanding of the role that violence plays in the health of SGM individuals and hopefully identify future opportunities to expand the research in this space. Thank you all, again, for joining, and I’m really looking forward to the talks and discussion. So, I now have the honor of introducing Dr. Sarah Whitton. Dr. Whitton is an associate professor at the University of Cincinnati, and as Irene also mentioned, she’s co-chair of this workshop, and a lot of her research focuses on the intimate relationships of sexual and gender minorities. So, thank you so much, Dr. Whitton, for helping us lead this effort.

### **Setting the Stage for the Day**

**DR. SARAH WHITTON:** Thank you, Susannah, and thank you to everyone for attending today. When Karen reached out to me last year to co-chair this, I was just extremely excited about this opportunity that NIH is giving us to really identify and prioritize the research on SGM violence. So, I’m just thrilled that we’ve made it to today and that we have so many people attending today. So, thank you for being here. Next

slide, please. And next slide. So, I just wanted to take a few minutes to orient everyone to the purpose of today and sort of what your charge is as participants in today's phase of the workshop. So, first, just reiterating what the aims of the overall workshop that has four phases are, which are to identify and prioritize key research needed to further our understanding of violence affecting SGM communities and, ultimately, to inform our efforts to reduce the disparities that SGM face in terms of violence. So, what we want to answer are some key questions. What knowledge gaps exist currently, and which may be most important to fill and most important to fill soon? Which ones do we want to prioritize? Next slide, please? So, when Karen and I—with the team from NIH—were preparing for the workshop, we really wanted to structure things to support the working groups, so that their valuable time that they'll put towards this can be used as efficiently and effectively as possible. I know that I, as a scientist, sometimes when asked to identify priorities or opportunities, I want to have all the relevant data ahead of time. So, I'll be a little bit reluctant to make any firm recommendations if I don't feel like I'm knowledgeable about it, or I would spend a ton of time reviewing the literature, especially in areas of violence that I don't work on specifically. So, we did not want all of you to feel that way or to put the burden on the different working groups to do those literature reviews this summer. We know that you're all incredibly busy. So, we designed the multiphase workshop to include phase 2, which is today's session, to really lay the groundwork for the working groups and to get everyone up to speed on the current state of the science. The idea is that after today going into the working groups, you will all feel as prepared and informed as possible about what research is already out there and what active researchers in this field really think about what the gaps are and, particularly, the gaps or themes that are present across specific domains of violence that we hear about today. Next slide, please? There were many different ways that we could have structured this examination of the state of the science, but we elected to organize the presentations in terms of four main domains of violence affecting SGM: first, family of origin violence; second, violence by peers and friends; third, violence in the context of romantic and sexual relationships; and finally, community violence, including hate crimes, violence from strangers, and in settings like the workplace. And as you can see from the arrows at the bottom of the screen, there's a few overarching themes that we think is important to attend to as we talk about violence in all of these domains. First, the life course. So, what are the developmental trajectories, and how might experiences differ or remain stable across the lifespan? Are there critical periods during which it would be most important to understand particular types of violence or to intervene to reduce those types of violence? Second, it's also important to keep in mind that all individuals have multiple intersecting social identities and give consideration to how those intersections may influence individuals' experiences of violence, including risk and consequences for health and for well-being. And, finally, we want to keep in mind systemic and institutional influences, including how structural factors—like policing—and institutions, such a religious organizations, how they all play into violence against SGM or the broader cultural setting in which it occurs. Next slide. So, just some logistics about today: For each of the four domains, we'll have a 1-hour session that will include a moderator who has 10 minutes that they can use as they see fit to introduce their domain, describe key definitions, or summarize the speakers' findings. There'll also be four 5-minute presentations by

different speakers on specific topics within the domain, followed by 30 minutes of group discussion in which everyone is invited to participate. And I know everyone got an email kind of outlining some of the ways that we're going to keep this running smoothly, but just as a reminder, moderators, you're going to be in charge of trying to keep panelists on time and keeping the discussion on track. And during the group discussions, we want everyone who's here today to participate and just to keep that organized and flowing, while we'd like you to actually state in the chat if you would like to raise your hand or, you know, ask a question, and so, then, those questions will get passed on to the moderator to help answer. All right, next slide? Okay. So, as we go through all of that today, just a few things to keep in mind: Okay, first, there's going to be many interesting aspects to the presentations that we'll hear, so we may have to use some self-discipline to stay focused on our overall goal, which is to identify those priorities and opportunities for research. And so, let's just kind of keep that focus today. Second, as we do this, let's not neglect theory. We want to pay attention to what theories are currently being used to frame the research. Are there appropriate existing theories of violence from research in the broader population? And what theories from within the field of SGM health might be appropriate, or where do they have limitations, and, ultimately, trying to think about how we could potentially integrate those theories into a cohesive theoretical framework for SGM violence. And finally, as some of you may have noticed in the workshop materials, we plan for the working groups to not be the same as the four domains of violence that we are talking about today but to cut across those domains and to focus on five key areas of research, including demographics and epidemiology, risk factors and mechanistic pathways, prevention, treatment, and methodological and ethical challenges in conducting research on this topic. So, it may be helpful to think about these areas throughout the presentations and the discussions today. All right, so next slide, please. That brings me to the end of my talk and brings up our first session, which is going to focus on family of origin abuse, and I will give the floor to David Burnes, who will be serving as the moderator for this session. Thank you.

## **Session One: Family of Origin Abuse**

### ***Moderator Overview***

**DR. DAVID BURNES:** Thanks very much, Dr. Whitton, and I very much appreciate the introduction and the overview of the meeting. If you could please advance the slide? I would like to thank the National Institutes of Health Sexual & Gender Minority Research Office, as well as the Workshop Planning Committee for hosting this ... this really important workshop. And I am responsible for moderating session 1, which is on family origin abuse across the lifespan. My name is David Burnes. I'm from the University of Toronto, Factor-Inwentash Faculty of Social Work, and we've got an amazing set of speakers who are going to dive deeper into how various domains of interpersonal violence intersect with sexual and gender minority communities and their research, too. I will introduce as we move along here. What I'm going to do is provide a very, very brief overview of some of the key definitions of child maltreatment and elder abuse to help provide a bit of a foundation for the deeper discussions that our speakers will dive into. And I also get to play the funnel of timekeepers, so I apologize

in advance for being that annoying person on the clock. Next slide, please? So ... oh, sorry. Next slide, please. So, we'll start with child maltreatment, and I certainly recognize there are different ... definitions of both child maltreatment and elder abuse that are used. For consistency, however, and as an effort to try to draw some attention to some of the similarities in the way we approach these issues and definitions and research, I'm providing definitions here for both child maltreatment and elder abuse that come from ... from the CDC. And so, we see for child maltreatments, it's, generally speaking, defined as any act or series of acts of commission or omission by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child, and within the broader domain of child [inaudible], we have acts of commission or child abuse, which are words or overt actions that cause harm, potential harm, or threat of harm to a child, as well as acts of omission or child neglect—the failure to provide for a child's basic physical, emotional, or educational needs or to provide a child ... or to protect a child from harm or potential harm. Next slide, please? And, you know, within the domain of child maltreatment, there are several subtypes under act of commission. We have psychological or emotional abuse, physical abuse, sexual abuse, as well as several subtypes under, you know, child neglect or acts of omission—physical, emotional, mental ... medical or dental neglect, educational neglect—as well as failure to supervise—inadequate supervision or exposure to violent environments. Some of the key concepts or constructs that kind of underlie these definitions include the construct of child, which is typically defined as being under the age of 18 at the time of maltreatment, that abuse or neglect occurs in the context of a caregiver relationship or custodial role, someone who's responsible for the care and control of the child and the child's overall health and welfare. This could include primary caregivers who live with a child, at least part of the time. And in some definitions also include substitute caregivers that don't necessarily live with the child but may play trusting relationships in their life, such as a coach or teacher or clergy. These acts of omission or commission are ... are seen as deliberate or intentional, not accidental, regardless of whether or not harm was the intended consequence. And certainly, the idea of harm—depending on the definition—this would be observable harm or potential harm or risk of harm. Next slide, please? To get over to elder abuse, elder abuse is defined as an intentional act or failure to act by a caregiver or another person in a relationship involving an expectation of trust that causes or creates a risk of harm to older adults. There's generally five accepted subtypes to elder abuse. Of course, all of this is up for some debate, depending on who you talk to you, but we see financial abuse, emotional and psychological abuse, physical abuse, sexual abuse, and neglect. And we actually see some parallels between child maltreatment and elder abuse in the way that they're defined and the key concepts or constructs that underlie these definitions. In both forms of interpersonal violence, for example, we see intentional acts of commission or omission that result in harm or threat or risk of harm to children and older adults, respectively, and in both child maltreatment and elder abuse where we're referring to events that occur within the context of a caregiver or a trust-like relationship, people who are responsible for the care and the best interests of the child or older adult. Next slide, please? I'm actually going to skip this slide. Next slide, please? And as we talk about ... particularly in this session, Dr. Whitton mentioned a life-course perspective. You know, we sort of asked us ourselves: Does it

make sense to consider these different domains of family or interpersonal violence that's connected through a life-course perspective, as opposed to approaching these issues in research, practice, and policy as discrete phenomena or sort of siloed, life-stage phenomena? In elder abuse, for example, there's growing evidence that older adults who experienced child maltreatment or intimate or domestic partner violence early in their life ... earlier in their life are significantly more likely to experience elder abuse at later stages in their life. So, this may suggest that these domains of family or interpersonal violence are ... you know, which are typically treated separately or is discrete issues, may actually be linked across the life course. That there may be conditions or risk factors that place individuals as more likely to experience violence throughout their life, as opposed to during discrete or isolated parts of their life, which, of course, would have implications on the way we address and approach services for victims, as well as practice and policy. Next slide, please? And finally, you know, sort of stating the obvious here, but a cursory sort of search of how issues of child maltreatment and elder abuse intersect with sexual and gender minority communities in the research context. You know, the research is quite scant. We're going to hear from some amazing speakers today who have done research on these issues, but generally speaking, there's an urgent need for more research on the way that these issues intersect. Members of sexual and gender minority communities are vulnerable to abuse and neglect by virtue of their status, which may intersect with other ... may intersect with other processes of oppression, such as ageism, racism, and other social identities. Sexual and gender minority status may also intersect with other risk factors—like social exclusion, mental health, or other risky behaviors—that may compound vulnerability to abuse and neglect. And, of course, members of sexual and gender minority communities experience structural forms of discrimination and barriers to help seeking within larger institutions, organizations, and other systems that reproduce or reinforce discrimination ... discriminatory and oppressive values and ways of knowing. So, with that said, I'm going to invite Dr. June Paul from Skidmore College to turn their microphone on and video on. She's going to talk to us as our first speaker about child maltreatment as it relates to physical/psychological abuse and neglect.

### ***Child Maltreatment—Physical, Psychological, and Neglect***

**DR. JUNE PAUL:** Well, hello, everyone. Thank you so much for that introduction, Dr. Burnes. So, I'm going to start out by providing an overview of what we know about the rates of these three types of child maltreatment when compared to the general population, but before I jump in, I just want to make sure that I point out that I'm presenting an amalgamation of results from multiple studies, as I assume we all are. So, naturally there's some variation across studies in terms of methods and findings. Next slide, please? So, it's well documented that sexual and gender minorities as a group experience a greater prevalence of child maltreatment when compared to their heterosexual and cisgender peers. In fact, this population is more likely to experience any of the four major types of child maltreatment, and SGMs are also more likely to experience higher rates of polyvictimization, which refers to—in this particular presentation—multiple victimizations of different forms of child maltreatment. So, breaking this down a bit more, sexual minorities as a subgroup are more likely to report

parental, physical, and psychological abuse and experience twice the rate of physical abuse from siblings when compared to their heterosexual peers, and there's also some evidence to suggest that they may experience more severe forms of physical and psychological abuse. Now, although there are far fewer studies that examine child maltreatment rates specifically among gender minorities, this group is also more likely than their cisgender peers to experience parental, physical, and psychological abuse. Next slide, please? So, patterns across these three types of maltreatment have also been shown to vary by sexual orientation, by gender, by gender identity, and this is happening within SGM subgroups. So, among LGB populations, for example, most but not all studies have found that bisexuals appear to be a greater risk for each maltreatment type than their lesbian and gay peers. Studies have also found differences in rates across each type by sexual orientation and gender. However, these findings tend to be mixed. Although all ... although studies among other sexual orientations—so pansexual, queer-questioning, etc.,—as well as gender-diverse populations are rare, those that do exist indicate that people with multisexual orientations experience higher rates of all three maltreatment types than their LGB peers and that trans and nonbinary individuals and those who display gender-nonconforming traits are at greatest risk at both the parental and the sibling levels when compared to their cisgender peers. And lastly, again, although there are very few studies, research suggests that SGM populations that are Black, Indigenous, and people of color may also be at increased risk. Next slide, please? While correlates and risk factors that may be associated with these three maltreatment types include at the individual level disclosure of sexual orientation and gender identity to parents and caregivers, early onset of sexual orientation milestones—such as coming out at younger ages, gender nonconformity, adding a multisexual orientation, having a racial and/or ethnic minority identity, citizenship status, and higher levels of delinquent behaviors among youth ... at the family level, experiences of parental rejection, meaning parents are less accepting of their child's SGM identity; lower parental education and social class—so, having a high school degree or less or working in unskilled or semi-skilled professions; higher levels of parental religiosity; the presence of a stepparent; and lastly, the presence of high levels of family adversity, and by that, I mean intimate partner, violence, parental mental illness, incarceration, etc. And although research is quite limited at the environmental level, the absence of state-level legal protections, such as nondiscrimination policies, have also been identified. Next slide, please? So moving on to what we know about patterns related to adverse conditions and outcomes, similar to all individuals with the history of child maltreatment, these experiences have been linked to a variety of negative outcomes, including high rates of revictimization, such as bullying, intimate partner violence, sexual assault in both adolescence and adulthood; internalized homophobia and experiential avoidance, which refers to the denial of negative feelings, sensations, or memories—and both of these vary by gender; a vast array of poor mental, physical, and behavioral health conditions; disproportionate representation in foster care, which may result in added layers of adversity, such as discrimination and mistreatment while in care and worst outcomes after leaving care; and lastly, lower levels of educational achievement, increased involvement in the criminal justice system, and greater financial hardship in young adulthood. Next slide, please? So, some key ...

**DR. BURNES:** Thirty seconds left to talk about ...

**DR. PAUL:** Gotcha. So key areas for further research include examining the rates and patterns of childhood neglect to gaining a better understanding of variation in these maltreatment experiences, as well as outcomes, in relation to key demographic variables; more fully investigating the socio-ecological correlates, as well as how they moderate or mediate the relationship between maltreatment and health and well-being outcomes; learning more about the nature and impact of these maltreatment types on SGM subgroups, particularly more vulnerable subgroups; investigating the mechanisms that underlie high rates of certain types of maltreatment among subgroups; and lastly, examining help-seeking behaviors and coping strategies, caregivers' responses to reports of abuse, and identifying effective and interprevention and intervention efforts. That's all I have. Thank you.

**DR. BURNES:** Thanks so much, Dr. Paul. And I would like to invite Dr. Kimberly Balsam from Palo Alto University, who's going to speak with us ... to us about child maltreatment as it relates to sexual abuse.

### ***Child Maltreatment—Sexual***

**DR. KIMBERLY BALSAM:** Okay, hi, everybody. Thank you for having me here. So, I'm going to talk for a little bit about sexual abuse. And I'm from Palo Alto University, and I'm the director of the Center for LGBTQ Evidence-Based Applied Research, or CLEAR. You can check us out on the internet, so next slide, please? So, just some background on child sexual abuse in LGBTQ populations; what we know from research, so far, is that this is a highly prevalent phenomenon in these populations—definitely, a greater than among hetero and ... heterosexual and cisgender populations. And the abuse itself is often more severe abuse—severe forms of child sexual abuse. There are some measurement challenges in studying this, as well as sampling challenges. So, one of the issues facing research on childhood sexual abuse is this variation in how we define it. And this isn't true just in LGBTQ or sexual and gender minority populations; it's true across the board, and it can yield a really wide range of rates. One of those is, do we measure it in behaviorally anchored terms versus subjective terms? So, did these acts happen to you? Did somebody engage in these behaviors towards you, or were you abused? And you'll get different rates, depending on how you study it, and also—this is sort of by definition—typically retrospective or cross-sectional. It's very hard to study this longitudinally, which is one of the challenges I think facing us moving forward. Another thing is sort of this stigma around this topic. So, really, until the 2000s, there was very little research on this topic, even though LGBTQ research was starting to take off in the 1990s. And there are a lot of concerns that finding higher rates would confirm stereotypes that abuse “makes people gay.” And it's also difficult to study a small stigmatized population and to find comparable samples, especially with this particular issue. Next slide, please? Here are some findings from my JCCP article, which was my dissertation where I looked at siblings from within the same family across sexual orientation, and that study really, you know, confirmed the idea that even within a family, the sexual minority sibling is much more likely to experience childhood sexual abuse. It looks like something ... the



formatting may have gotten messed up on my slide, but the green bar is the heterosexual sibling, and the blue bar is bisexual siblings, and the purple bar is lesbian and gay siblings. Also, I included this chart that's not in the JCCP article but was in my dissertation about among those who had some childhood sexual abuse experiences, did they ever believe ... do they believe that they were abused because of their sexual orientation? Did they personally ever question whether the abuse made them LGB, and did anyone else ever question this? So, you can see that these stereotypes affect survivors, but also that there's a subset of people who believe that they were targeted specifically for their sexual orientation. Next slide, please? Just some of the differences within LGBTQ populations ... it's important not to treat this as one unified, monolithic group. So, typically, there are higher rates. If you look at sexual minority women, bisexual populations, trans, and nonbinary populations, which ... that research is starting to grow. There was relatively less research on gender minorities until, you know, maybe the past 5 years or so. People who are gender nonconforming, that sometimes is a signal and, I think, causes people to be targeted in childhood. And then, as our last presenter mentioned, those who are Black or Latinx tend to have higher rates. Next slide, please? What we know from research is there's a whole host of correlates of childhood sexual abuse that's pretty similar to the correlates that we see for other forms of victimization in these populations—so, definitely, at risk for revictimization, particularly sexual victimization later in life; sexual risk behaviors; all kinds of mental health problems.

**DR. BURNES:** Thirty seconds, Dr. Balsam?

**DR. BALSAM:** Okay. So, I will go ahead and go to the next slide. And just a little bit about explanations for these rates, as I mentioned previously, people can be targeted for being LGBTQ within families and by all kinds of other people. Societal oppression also creates unique vulnerabilities, whether it's being rejected from one's family, being homeless, engaging in sex work for survival, and getting into exploitive relationships with adults out of lack of other opportunities for dating and relationships. There's also a real lack of culturally competent prevention and intervention services, and this is, I think ... an important area for future research is: How can we address this problem? There may also be some greater willingness to disclose because sexual and gender minority people are much more likely to utilize therapy as adults, so we have to take that into account. And that's what I've got, so thank you very much.

**DR. BURNES:** Thank you very much, Dr. Balsam. I would now like to introduce and invite Dr. Jen Marchbank from Simon Fraser University to ... she is going to speak about elder abuse.

### ***Elder Abuse***

**DR. JEN MARCHBANK:** Thank you, Dr. Burnes, and thank you for defining elder abuse earlier on. So, the first thing I would like to say about elder abuse is that there is very little research on elder abuse in sexual and gender minority communities. So that in itself is our first gap. The second gap is that we should not just think of general ... elder abuse as becoming from family of origin. We need ... elder abuse occurs from

peers, from romantic and sexual partners, from community, and from caregivers. So, Westwood defines the abuse of older adults as three subcategories, and we need to consider this, of course: the first one being the abuse of those who are lesbian, gay, bisexual, trans. Then, of course, the fact that elder abuse can be ... the elders who are LGBT can experience homophobia and transphobic abuse just simply because of who they are. And then, of course, the third category that they are, which integrates both the fact of being older and LGBT and abused that way. And, next slide, please. So, what information do we have? Well for ... research gaps are quite large. Most elder abuse studies do not include consideration of how and how often and how differently abuse manifests in the lesbian, gay, bisexual, and trans communities. Some have said ... for example, Cook-Daniels have said that these are ... these studies are actually practically nonexistent, and other studies suggest that elder abuse is a really urgent issue in the lesbian, gay, bisexual, trans communities. And we'll have to remember whenever we are working on this area that those who are LGBT and older have lived through societies that were both transphobic and homophobic. They have very likely survived depression, violence, and exclusion, and although their histories will also display tremendous resilience, there's also been a personal goal and psychological costs. So, if you've lived your lifetime of ... through constant social marginalization, stigma, and oppression—which, in addition to causing you to feel marginalized in society and that marginalization may also have had social and economic costs, there are also going to be shame, self-stigma, and low self-esteem, and these feelings that are compounded by the prospects of becoming older, becoming more reliant on others to do the actual physical care that is required on a day-to-day basis. Next slide, please? So, elder abuse, of course, is in itself something that we need to be investigating, but what does elder abuse look like specifically to the LGBTQ+ community? Either ... these abuse actions don't just apply to elders but can apply to anybody in the LGBT community, and ... but we have to think about how they're compounded by being older. So, for example, threats to "out" someone, and that could have huge implications of access to grandchildren. It may be in terms of abusive sexual behaviors that, you know, "This is just what it is. You have to accept this; this is just what it is"—our fears that no one will believe. We also have a specific vulnerability here that, given that same-sex marriage has not always been available or taken up, asset ... financial assets may have been combined without sufficient protected measures, which can lead to, you know ... can lead to more chances of financial abuse. And then, of course, if the older person has internalized the phobic ... the homophobias and the hatred of society, it may also lead them to just believe this is the best I can get. Or the life-course idea is that elder abuse could may be more likely to be abused is just normal, "just the way things are." And I do think that this is an important thing for us to investigate is the, you know, does earlier abuse, of course, make it more acceptable or expected from others? Of course, there also, as [inaudible] for other people, abuse is better than being alone, and there's also a societal expectation that in same-sex relationships, it's ... both male and female victims are perceived to be less at risk because of their own gender or the gender of their abusers. Next slide, please? So, we know that there are increased risk factors: more likely to live alone, higher rates of loneliness and isolation, and less likely to have children, but

if they do have children, those children are less likely to be supportive. There are more likely to be [overlapping voices] ...

**DR. BURNES:** Thirty seconds, Dr. Marchbank.

**DR. MARCHBANK:** Thank you. It's a greater financial risk due to discriminatory access to legal and social programs. The exposure to discrimination increases mental distress, and there's a lack of awareness and discussion of aging, in general, lesbian, gay, bisexual, trans forums. Next slide, please. Experiences of care are also negative. Service providers may be negative for someone who's out. There's a fear ... discrimination hinders seeking health care. There's a fear of exposure. There's a fear that they will face hostile or unwelcoming health care. And there was recently a Canadian study of care homes to assess a level of LGBT training and they found that, "Oh, we're open to the issues, we're open to training, but we are not open to programming, because, you know, other residents might complain." So, there's a continued discrimination and ignorance in long-term care facilities and the invisibility and silence of LGBT elders within that. Next slide, please? And those are my references. Thank you.

**DR. BURNES:** Thank you very much, Dr. Marchbank. I'd like to know ... welcome, Dr. Adam McCormick from St. Edward's University, who's going to speak with us about systemic and institutional barriers.

### ***Systemic and Institutional Barriers***

**DR. ADAM MCCORMICK:** Thanks, David. So, when we look at the systems that are designed to address all of the vulnerability that the researchers have looked at thus far, especially when we look at childhood vulnerability, when you think about systems designed to address, you know, the child welfare system to respond to abuse and maltreatment, you think about systems designed to respond to trafficking or the juvenile justice system. In many ways, as we look at the research for youth in these systems, it's almost as though you could argue that you couldn't possibly design systems that are less trauma-informed and less responsive and accepting and affirming to those. I think that's a really important context. We looked specifically at the child welfare system, and this is probably the system that's gotten the most attention in terms of research. The experiences of LGBTQ+ youth are still really bad in many ways. So, when we look at overrepresentation, we know that LGBTQI+ youth are about three times as likely to be in the foster care system as non-LGBTQI+ youth. And for many of the reasons, vulnerability to maltreatment has already been addressed here. When we look at every ... just about every single form of childhood maltreatment that we measure, LGBTQI+ youth are much more vulnerable to all forms of that research. So, once a youth comes into the system, not only are they more vulnerable—more likely to come into the system—as they navigate that system, really, along the way and at every step along the way, we are failing to meet their needs. So, when the kid comes in ... when the child comes into the system, we like to keep them with extended family members. So, when we look at LGBTQI+ youth, they're about half as likely to be placed with kinship family members—aunts, uncles, grandparents,

whoever it might be—and that's largely due to the ... how we define kinship. What we know for a lot of LGBTQI+ youth is they create their own thick kinship network: friends, family members, support system. They essentially kind of create their own family, and our kinship systems aren't designed to really respond to that and identify those members. We also know that when a child comes into care—comes into the foster care system—we essentially want to get them back with their family when it's possible. Well, with LGBTQI+ youth, they are about three times less likely to be reunited with their family, because the way that we do family reunification doesn't address things like family rejection—some of those issues that contribute to maltreatment and violence and abuse that that they experience—and so the next level, you know, placing young people with good, affirming, and accepting families. What we know is LGBTQI+ youth are significantly less likely to be placed in family care and, on average, will have about two to three times as many placement disruptions by the time they reach permanency than for non-LGBTQI+ youth, and much of that is kind of rooted in the rejection—the maltreatment—that they're experiencing. So, essentially, these systems are in many ways designed in a way that it really reinforces so much of the family rejection that they experienced that led to the system in the first place. So, that placement disruption is important because that is one of the biggest risk factors for child trafficking ... sex trafficking, sexual exploitation, running away from the system. All of those sorts of factors, and so when this lack of ... when you don't have affirming and accepting families that are safe for youth to go to, what we see is a lot of LGBTQI+ youth are put in institutions, congregate care homes, group care facilities, residential treatment centers. About ... nationally, about 70 percent of all LGBTQI+ youth who are in the foster care system are in congregate care facilities, and the problem with that is these are the least desirable, most restrictive placements that we see for young people. And for many of them, they're placed in these settings—these congregate care settings—not because they have the emotional behavioral needs but because we can't find affirming and accepting and appropriate families for them. And again, that just reinforces many of those dynamics. And another big issue with that is that being placed in a congregate care setting or an institution like that is also a big risk factor for trafficking, as well. So, not only are youth going into the system at disproportionately high rates, they're staying in the system, as well, and, along the way, just experiencing so much more adversity and so many more disparities there. And so, when we look at child welfare research, as I said, we kind of look into the future; one of the big areas that we're going to have to look at is this foster-care-to-trafficking pipeline that we're seeing for a lot of youth—LGBTQI+ youth, in particular. And when we ... you know, when we look at the connections between family of origin abuse and things like trafficking vulnerability, sexual exploitation vulnerability that we see at such disproportionately high levels for LGBTQI+ youth, you know, the reality is that for many of these young people, their families have already done so much of the grooming work for trafficking perpetrators in the first place. So, when we see these really high rates of trafficking, exploitation, right. When we break down, I have some slides there that, you know, I don't have time to go into, but we did some qualitative research here and sort of looked at the tactics heard from youth and looked at the tactics that were being used by ...

**DR. BURNES:** Thirty seconds, Dr. McCormick.

**DR. MCCORMICK:** Thanks. These ... these perpetrators of trafficking. You know, strategic use of shame and humiliation and exploiting intimate disclosures, offering safe ... all of that was really groomed, right? All of that grooming work was already done both by their family of origin, as well as by the systems—juvenile justice system, foster care system, homeless ... homeless youth system—so we really have a long way to go in terms of creating more responsive and affirming systems of care to respond to these overwhelming rates of maltreatment or LGBTQI youth. Thank you.

### ***Group Discussion***

**DR. BURNES:** Thanks very much, Dr. McCormick. So, if I may just take a couple of minutes here to, you know, summarize a few of the themes that that came out of our speakers' presentations, and then we will open it up for further discussion with participants, but what we heard is that among sexual and gender minority communities, there is evidence of higher prevalence or rates of abuse and neglect, in general, but these prevalence rates vary according to intersectional social ... intersecting social identities within sexual and gender minority communities. And so, it is important to take an intersectional lens to both understand the experiences as well as the rates and abuse and neglect. Risk factors are constellated across several levels of ecological influence, and that perhaps an ecosystemic approach may be helpful in understanding the risk and causes of maltreatment within sexual and gender minority communities. We heard about, you know, some serious consequences, unsurprisingly, to the experiences of abuse and neglect. It's been health, mental health, family- and community-related consequences, and that experiences of oppression, vulnerability, and bias extend into important societal systems and institutions—such as the foster care and child welfare system, long-term care settings—which further marginalized these communities and enhanced their vulnerability to abuse, neglect, and other related issues. We also heard a bit about some methodological challenges, including measurement and sampling challenges—for example, finding different rates of abuse or neglect—depending on which lens we take to measure these issues—for example, behavioral or subjective lens. So, I think there's a lot to dig into and a lot of, you know, areas to pursue in research moving forward in terms of identifying priorities. So, with that said, I would like to begin a group discussion and perhaps open it up.

**DR. AVILA:** Okay. Thanks, David. I just wanted to say a quick reminder to everybody, if you have a question, if you'd like to say it, just in the chat box to everybody, please say you'd like to be unmuted so that Shyam or I can let Rachel and her team know to unmute you, or if you just want to put in the chat box your question and Shyam and I can read it to you, David, and then you can ask the panelists to answer the question.

**DR. BURNES:** Sure.

**DR. AVILA:** Thanks.

**DR. BURNES:** Please don't be shy. This is a great opportunity to start sort of a stimulating discussion around research priorities.

**DR. AVILA:** Okay, so we have one question in the Q&A for Dr. Marchbank. “In terms of elder abuse for SGM, how much do we know about elder abuse by family versus formal caregiver staff?”

**DR. MARCHBANK:** Thank you for the question. The answer is that we really don’t have that information. So, it’s also what is defined as family who is recognized as family. So, if we’re going for biology linkages with some research that financial abuse is often more perpetrated by family members, because it may be a grandchild saying to the grandparents, you know, “I know about your special friend; give me your pension,” but there are ... there’s so little work done on elder abuse in the LGBTQ+ community that my only way of answering that is to say I can’t answer that with any evidence but only with assumptions. And it’s ... so it’s different types of abuse in different places. Financial abuse can be partners, ex-partners, so does that count as family? Does the law recognize that as family in all jurisdictions? So, yeah, sorry, I don’t have a better answer; that’s a gap.

**DR. AVILA:** Thank you, Dr. Marchbank. Next question. “Can Dr. McCormick speak more to his comment about foster care as a pipeline to trafficking?”

**DR. MCCORMICK:** Sure, and when you look at two of the populations—if not the two populations most vulnerable to child trafficking and exploitation—it’s LGBTQI+ youth and youth in the foster care system. So, when you look specifically at LGBTQI+ youth who are in the foster care system, I mean, there’s just so much ... especially for youth of color, there’s just so much vulnerability there, and the fact that we have a foster care system where placement disruption is so much higher, where LGBTQI+ youth who are in the system are twice as likely to report victimization experiences while they’re in the system, are much more likely to run away from the system. You know, all of these tactics that we see from perpetrators of trafficking can be that much more effective, in addition to just ... we created a little model, just sort of looking at some of the interpersonal tactics that are used by traffickers and why they’re so effective for young people who have experienced family rejection or young people who’ve experienced a combination of family rejection and abuse, that those tactics are just so much more effective for LGBTQ+ youth, many of whom ... we did another study in my slides there where over 78 percent of the youth in this study—this is LGBTQI+ youth—in the foster care system, an overwhelming majority—78 percent of them—reported having family rejection experiences with their family of origin, right? And so, that’s what I’m talking about: Much of that grooming has already been done for these traffickers, and it becomes a very vulnerable population there. And then, when we think about the child welfare system, the juvenile justice system, the homeless youth systems, the fact that they’re not as responsive, not affirming, not keeping up with many of the tactics of the traffickers, we’re seeing a lot of youth are being caught ... caught in that ... in that trap.

**DR. AVILA:** Thank you, Adam. Next question: “Is there much research looking at resiliency and protective factors of family of origin abuse? It was a lot of information, so sorry, if I didn’t catch it all.”

**DR. PAUL:** I can try to answer that. Oh, sorry, David, did you want to go?

**DR. BURNES:** Yeah, I was going to say something; this is a fairly open-ended question, so if anyone wants to jump in.

**DR. PAUL:** Okay, I'll jump in. I was just ... so the answer, short and long, is no. So, I would suggest that examining resiliency and protective factors is a key area for future researchers. There's very, very little on that particular on both resiliency as well as protective factors, much more on risk and adversity, but even not ... not a lot in that respect, as well.

**DR. MARCHBANK:** And I'll just jump in here to say that I agree with what Dr. Paul said there, but I am part of the research team that is looking at resiliency factors for trans youth. We began as the gender vectors of the greater Vancouver area, so some of that work is beginning, and I would point to the work of my colleague and Dr. Travers and their book on trans youth and their families as an excellent place to look at resiliency, but agreed; it's not a fix, and there's not a rich field.

**DR. BURNES:** Comments from any of the other panelists on this topic? There does seem to be a tendency to focus on risk factors and less of a tendency to focus on protective factors, and also just to focus on resiliency and protective factors, as well. You know, sometimes people sort of see protective factors as just the other side of the coin of a risk factor, but I think there's more intentional ways of approaching that research as well. Our next question?

**DR. AVILA:** Thank you. "Regarding the availability of LGBTQI-focused services within foster care, are there any jurisdictions that are doing a particularly good job that we could learn from?"

**DR. MCCORMICK:** You know, in terms of ... some states certainly do this a lot better. I think there are certain, you know, programs or initiatives that have been piloted that have been really effective. One of the northeastern states, I know, is doing a lot more work in terms of kinship care, how they're defining kinship care being a little bit more broad in terms of that helping youth to have a lot more voice in kind of centering youth voices around who they kind of identify as kinship care providers providing resources to say, "There's a young person who has a teacher at school that they're really close with," as opposed to putting them into the system. Is there opportunity there to provide some resources and support so that they could provide care for that youth so that not only do they have a tie to somebody, but it also keeps them from going into the system that we know provides a lot of harm? I know here in Texas that we've talked about some private initiatives here around recruiting more affirming and accepting families. We've seen ... you know, 10 or 15 years ago, we were talking a lot more about racial disproportionality in the foster care system. You know, we saw efforts to go specifically into communities of color to try to recruit caretakers and recruit parents, and so, I think efforts to be very intentional about going into more progressive communities, more affirming communities, especially with, you know, gay and lesbian or LGBTQ, potential foster or adoptive parents would certainly make sense. We can ... at the same time, we have this trend. In more conservative states right now, these religious refusal bills where private agencies are provided with protections for not licensing LGBTQ parents.

Also, some states, like here in Texas, where, you know, it's foster parents or care providers; residential treatment centers don't have to provide affirming and accepting care to young people. Doing so doesn't align with their strongly-held religious beliefs, so there are a lot of threats on the other end of that, as well, but given that the system—and I think there's another question on here kind of looking to the research—I think if we look at the research, there are a lot of similarities here when we look at Black youth and the Native American youth in the foster care system that essentially, for so many, there's overrepresentation that doesn't need to exist. That if we had a more risk ... more holistic response to that, there are a lot of kids that wouldn't have to come into the system. And then, once they come into the system, I think what we need to look at, in terms of the research and practice efforts, is to train and recruit better families for them so that they're not just bouncing around the system, especially in those more conservative states.

**DR. AVILA:** Thank you. Next question: "I would love for all of us to contemplate the role of structural racism and the experiences of LGBTQ people. The research is most clear in the context of overrepresentation of LGBT youth in child welfare. It would be great to hear from the panelists about no's and gaps related to racism, particularly structural racism, and violence against LGBTQ people."

**DR. BALSAM:** I can ... I can say something. I think that is a really important gap, and I think that's an area for future growth. I mean, I think it shows up in, like, higher rates among LGBTQ people of color. I think that, you know, if you look at that with child maltreatment and being in the foster care system and sort of being in all these vulnerable systems, certainly structural racism, you know, all kinds of issues related to racism play into that, but I really think that looking ... I think more ethnic-specific research in general, we tend to have LGBTQ studies that look at, you know, broadly people of color. So, I think doing some more mixed-methods work and some more ethnic-specific work, as well as, I think, developing ways of studying and including structural racism in research, I think is going to be important next steps in this in this line of research.

**DR. BURNES:** Thank you, Dr. Balsam.

**DR. AVILA:** Thank you.

**DR. BURNES:** Comments from any other on the panel?

**DR. PAUL:** Yeah. You know, so I think a lot about this issue, and I think this is a really tough issue to be thinking about on a number of different levels, but one of the things that the child welfare system, in particular, is challenged with is overrepresentation of disproportionality, both for LGBTQ+ populations as well as BIPOC populations. So, the challenge here, I think, is trying to parse out the difference, you know, whether we're looking at just ... whether we're looking at differences among these groups or whether or not LGBTQ+ young people of color are more likely to be in the system because they happen to also be BIPOC youth. So, this is a really interesting thing that I think we should talk a lot more about, and I'm really ... I'm actually very interested in this area.



So, I know there is not a lot of research out there. It's also very difficult to find—particularly with youth in foster care, which is one of my areas of interest—populations where we can actually look deep enough, because our population samples are difficult to find and small.

**DR. BURNES:** Yeah, and I can certainly echo that there's definitely not enough research on racism—how it intersects with the issues of elder abuse, particularly, and particularly among sexual and gender minority communities within the area of elder abuse. We need more—absolutely more—research on this.

**DR. BALSAM:** I would just add, too, that I think what I talked about with the methodological challenge of just this stigma, particularly of the sexual abuse topic, I think that's compounded when we're looking at BIPOC, people of color populations, that it's a difficult thing for people to talk about, and there are real concerns about talking about it within communities of color, for example. It could reflect negatively, you know, and further stigmatize the stigmatized group. So, I think it's just something we have to approach with care and intentionality, and I don't have all the answers, either, but it's something I'm very interested in pursuing.

**DR. AVILA:** Okay, thank you. Next question is for Dr. Balsam or perhaps all speakers. “How much data is there to support the explanations for the high rate of CSA and SGM? Are they ... are these speculations, or do we have evidence of them?”

**DR. BALSAM:** Yeah, that's a good question. So, there is some data, but it tends to be ... it's difficult to say that we have evidence for, you know, causal explanations, because there's very little longitudinal prospective research. A lot of this is retrospective with, you know, whether it's late adolescence, young adulthood, or most often adults reflecting back on factors in their childhood, and we can see what correlates with having had ... you know, it was associated statistically with having an experience of childhood sexual abuse, so there is some of that kind of cross-sectional, retrospective data, but some of it is, of course, somewhat speculative. I think that, in particular, some of the correlates with gender nonconformity or people's perception that they were targeted because of being a sexual or gender minority, certainly, there are other things like having experienced other forms of victimization that correlate with it. And there's some research—I think I mentioned this—especially with sexual minority men, who reflect retrospectively on exploitive or even ... they're not reporting it as exploitive, per se, but experiences with older sexual partners that would behaviorally be defined as childhood sexual abuse but may or may not be defined that way by the men themselves when they reflect back as adults. So, I think that we have to think about the methods and how we would establish this more, but we do have some evidence, again, that even within families ... certainly, being in a more violent family is a risk factor, but even within those families, it's the sexual or gender minority child who's more at risk.

**DR. AVILA:** Thank you. “Thank you for all your presentations. Dr. McCormick, can you please elaborate on what structural measures, if any, that have been taken to address

issues specific to LGBTQI+ youth in the foster care system and what more could be done?”

**DR. MCCORMICK:** Sure, yeah, and there’s a lot that can be done. And again, when we think about what has worked and what has been done, it hasn’t been really on a large scale, right? So, even state by state, some states may have some really great Foster Youth Bill of Rights. They may have great protections for LGBTQI youth who are in the system. Other states may not have anything like that or, in fact, the opposite of that—have specific policies in place that target LGBTQI+ young people. I think when we look at the research in terms of what should we look at to help kind of better inform how we take the next steps to address some of these issues, I mean, the reality right now is that the system exists the way that it does, and there’s a lot of ... there’s going to be this overrepresentation. We’re going to have youth coming into the system, so we need to have it be a system that’s responsive to that. We did a study recently that looked at a comparative study that we did qualitative interviews with 16 young people who grew up in really accepting and affirming foster homes and 16 young people who grew up in really rejecting foster homes and kind of compared the experiences and then created a model out of that on how to train others and questions in the chat about foster parent training: Is that mandatory? And it’s not mandatory. Now, some states it may be mandatory; probably, not too many. So, you’re going to get a range. If I go train a group of foster parents and I ask them, “How many of you had specific training on accepting an inclusive and affirming care for LGBTQI+ youth?” probably a small segment of them are really going to say, “Yeah, I’ve actually had some good training on this before.” So, we’re using that model to create trainings and frameworks to help them to recognize what are accepting and affirming behaviors. I think when we look at more larger-scale kind of macro approaches, having those federal protections would help significantly. You know, having a ... you know, asking, collecting that information at intake for many CPS where ... I have some friends are CPS workers who do an incredible job of matching LGBTQ youth with families who are affirming and accepting, but they’re essentially doing that all on their own. There are no mechanisms in place—no practices in place—that help them to do that. So, if we can ... the more that we can kind of regulate that, the better.

**DR. AVILA:** Thank you. Next question: “Are there any rubrics on identifying the chosen family? Who has thought of chosen family systems—how to study them?”

**DR. BALSAM:** Yeah, I don’t ... I don’t have a definite answer for that. I do think that’s probably an area to be studied in the future, particularly in terms of protective factors, but I don’t know of any specific methods for studying that.

**DR. BURNES:** I think that’s an important area of the research.

**DR. AVILA:** Okay, thanks. “Dr. McCormick. I really appreciate how clearly you outlined the essential failure of the child welfare system for LGBTQ youth, and one could argue many others, too. What research could look at ways to dismantle or significantly restructure these harmful child welfare systems?”

**DR. MCCORMICK:** Yeah, and I'll kind of go back to what David said there about focusing on resilience. I think we have to conduct research that captures the resilience, because the way that it's designed in the child welfare system now, even a really good resource that we rely on focuses so much on those risk factors, and that translates into practice. And we have to also have to recognize that these systems—the child welfare system, the juvenile justice system—are very deficit-based, very risk-based systems. And so, I'll give you an example. I remember back when I was a social worker, 15 years ago, trying to find a placement for an openly gay 15-year-old kid, and just driving all around Texas and going and meeting the family and realizing right away that there was no way that I could ethically or morally leave this young person, and as I'm contacting CPS to say, "Hey, find me a placement," you know, they're saying it's so hard to find a placement because, you know, the kid has so many different placements and he's run away and had tension here and conflict there, and so that everything looked at risk, when the reality was that everything that this kid was doing was rooted in survival, right? And I think, you know, in order to change that system, we're going to change that system in terms of how we do practice, we have to change the way that we look at that research, and we have to focus on those dynamics of resilience and resourcefulness and courage and survival. So, I think, whatever that research looks like, in terms of, you know, if we're really going to have meaningful research, we have to start by kind of capturing the essence of that: how these young people, despite all of these risks, all of these challenges, all of this discrimination, are still navigating life and academics and friendships and relationships. So, I think that would be the place to start.

**DR. BURNES:** Thanks, Adam. Does anyone have some sort of good ideas—innovative ideas—as to how to sort of properly or effectively conduct research with this population to identify resilience, protective factors?

**DR. MARCHBANK:** I can talk a little bit about what we did in ... I recently did a research study, which was a team approach being led by Dr. Travers, so we set up ... we were trying to look at resiliency and experiences of trans youth—specifically with trans and nonbinary youth—and we began with having a youth advisory committee. We recruited our youth advisory committee of six youth ... so before we even started the research, we formulated our interview schedule, whatever. We held meetings with this youth advisory council, asking them for their input, for their ideas, for their thoughts. This was quite a marginalized group and required a lot of support both financially, which we've provided, but also psychologically because of the trauma of their lives, with the exception to that each one of these six in our youth advisory had at least one supportive adult in their family that was able to support them, and that made a huge difference. And then, we went on and we ended qualitative interviews with a number of self-identifying youth, and that was followed up by reporting back to community through intergenerational community. We devised a prototype of a video game to make this look like ... so that the interest to be explored through that youth. That that video game was brought back into the community both ... first of all, with trans and nonbinary community members to get their feedback on it. This was facilitated by two young trans people who ... that we had trained up—and there were, like, 15 or 16—we trained them up so that they could be group facilitators. We staffed

very heavily with graduate students to take notes so that that burden of recording was not on the facilitators, nor was it on the participants; it was on paid-for service-assistance. And then, in the afternoon, we brought in relevant adults, which included parents, school teachers, social workers, etc., for them to experience the game, and then we had discussions—community discussions—afterwards. So, it's long, it's slow, but that was the system that my team used.

**DR. BURNES:** Thanks, Dr. Marchbank. That's very helpful.

**DR. AVILA:** Okay. Thank you. Next question. "Dr. Paul or others, could you say a bit more around ACEs more broadly experienced by SGM youth and ideas for prevention, especially family-based ACEs grounded in caregiver rejection, sexual orientation, change efforts, etc.? Thank you."

**DR. PAUL:** Sure. Thank you for the question. So, there is some research on this that shows that sexual and gender minority children and youth experience higher rates of ACEs—so, adverse childhood experiences—like exposure to domestic violence, intimate partner violence, parental substance use disorders, mental health issues among parents, as well as incarceration. But we really don't know a lot about why this is the case, but there is ... there are some ... I know that the Family Acceptance Project, which is headed by Caitlyn Ryan ... or Family Acceptance ... yeah, the Family Acceptance Project ... it sounds like Dr. McCormick is also doing some research in this area. It does provide some very useful information about trainings, videos, how to do assessments, so I would take a look at that website at San Francisco State University and the Family Acceptance Project. And in terms of sexual orientation change efforts—I think there are a couple other questions in the chat about this, too—but we know that parental religiosity and those kinds of things actually have a pretty significant ... are pretty correlated with family rejection, and so, you know, more focus on how to work with young people that have experienced those efforts, I think, is also warranted.

**DR. BALSAM:** Yeah, and I would also add that I think that that, like, doing some preventive work with families to make families more supportive, you know, it's not going to address sort of the more severe forms of abuse, but I think that's another angle on this research. We do have a study in my lab right now, that Parent Support Project that my postdoctoral fellow, Dr. Matsuno, who's working with me, is doing. That's a Web-based intervention for parents of trans and gender-nonconforming youth about ... to kind of address prevention of the emotional abuse and rejection aspect of that, so I think we really need a multipronged approach, but doing some work like what the Family Acceptance Project is doing is going to be an important piece of that to equip families with the tools to prevent some of those ... some of these harms.

**DR. AVILA:** Thank you. Okay. We do have a lot of questions, so I'm thankful for everybody for adding those in the chat and the Q&A, but I guess because we started 10 minutes early we'll go to one more question. "What about causes of child abuse of SGM at the child level (e.g., social isolation and gender expression or perpetrator-level characteristics)?"

**DR. PAUL:** So, when I was presenting, I did focus on ... when I was referring to individual level, I was actually referring to the child-level—child or youth level. So, we do know some about that. I don't want to go over what I went over before, but what I would say ... most significantly that we see is gender nonconforming is very closely tied, as well as a number of other issues, and then at the family level, one of the things—or, sorry, at the perpetrator level—we don't know a lot about that either, but we do know a few things, right? So, we know that the presence of a stepparent can increase risk, and we also know that parental-level adversity is an issue, which kind of relates back to the ACEs discussion that we had a few minutes ago. So, this is ... you know, perpetrator characteristics are important for us to understand something that we should be looking at.

**DR. AVILA:** Oops, sorry. There's a lot of the chat, and I see that two people want it to be unmuted. Let me see if I can find the first one. Rachel, can you unmute Dexter Voisin? Is Dexter able to speak yet?

**MS. RACHEL PISARSKI:** It looks like he's not on the participant list anymore, so he may have signed off, so you should go to the next person.

**DR. AVILA:** Okay, the next one is Kerith Conron?

**MS. PISARSKI:** Kerith, you're unmuted, if you still have a comment.

**MS. KERITH CONRON:** Sure. Thank you. You know, I appreciate hearing about the inclusion of LGBT youth themselves or trans youth, in particular in Dr. Marchbank's research. I think it's really important to keep LGBTQ youth and youth of color, in particular, involved in work about their own lives. I think they often have important perspectives, and I guess one caution that I make for all of us is just to make sure we don't inadvertently reinforce stereotypes about people-of-color communities and child maltreatment, because the disproportionality issue, I think, is in part related to SGM stigma but also about structural racism—so, it's not like people-of-color communities are rejecting their LGBT kids more often than white kids on average. And so, I think we just need to make sure we have nuanced messages when we're trying to disseminate the results from our work. Thank you.

**DR. MCCORMICK:** Yeah, I think that's a great, great point. I think, particularly, for youth in the foster care system, given that the foster care system and the child welfare system in the United States has always been a very racist system, and it's probably even more racist today than it's ever been at any point ... and when we look at communities of color, in particular, who are over-surveilled, when we look at communities of color who are four times more likely ... families who are four times more likely to have a mandatory report made against them ... when we look at just ... just looking at case substantiation rates being so much higher when we look at just so many different dynamics—how we respond to issues of poverty—all of those sorts of dynamics that, given that the system is both homophobic/transphobic and incredibly racist for a lot of it, LGBTQ+ youth who come into the foster care system—the child welfare system—I think, even more so, they don't need to be in that system, or we

could do a lot more for their family to prevent them from coming into the system that we're just not doing.

**DR. BALSAM:** Yeah, I just ... I also want to say thank you for that comment. I think one of the things I can talk about is in doing this kind of research, particularly looking at sexual violence against LGBTQ people, the discussion section of your paper and the framing, especially in dissemination outside of academic circles, is just particularly important, given the potential for stigma and the potential to sort of over-individualize. So, I think we always have to be taking multiple layers of the social context into account so that we're not just reifying those stereotypes. So, thanks for that comment.

**DR. AVILA:** Thank you. So, we'll go to one last question before we hit our break. "Could you talk about some approaches for navigating the complex ethical/legal regulations around reporting and responding to the abuse reports and parental permissions for research participation? How have folks navigated these challenges to collect important data and develop interventions? Thanks, Brian Mustanski."

**DR. MARCHBANK:** I can answer that in the context of Canadian ethics. For our Gender Vectors project ... well, I'll start again. So, some years ago, I was doing youth work voluntarily with a youth group that became a research site, and I managed to point out to our ethics board that to request parental permission for LGBTQ minors to participate in research would actually create greater harm than allowing a 16-year-old to self-identify. Based on that, some years later from the start of the Gender Vectors project, we made the same argument but actually made it for those age 12 and above. And so, that way, many youth were able to participate with university ethics approval in ways that did not mean that they had to necessarily out themselves to their caregivers at that point. It was done by making sure that the university put us through tough ethical questions, but there is precedent now for 12-year-olds to be able to participate in such studies without necessarily having to have an adult guardian sign off on their behalf, and that's at Simon Fraser University.

**DR. PAUL:** I can speak to this, as well. When I ... so, my dissertation was on LGBTQ youth in the foster care system and looking at their support systems, and I actually requested a waiver. So, the youth that I looked at, they were 17 and older, but they were still considered to be minors, and so, I actually requested that waiver, but as a part of that, I needed to make sure that I was really careful and thoughtful about, also, how I was recruiting. And so, in terms of searching for youth to participate, I had to work really closely with the Department of Children and Families in the state that I was working with but also instructing them to be very cautious about not promoting the study, not giving that information to youth who they thought they might that might be identified that way, and just to give it to everybody. So, that was a really big challenge, and I was lucky enough to get the waiver, but I think it's probably more difficult the younger that children get.

**DR. AVILA:** Okay. Is there any ... anybody else want to share an answer before we move on to the break? Okay. We're going to take a quick, I guess now, 9-minute break. If we can all be back at 1:40, we'll move on to Session 2: Peer/Friend

Victimization. Thank you, everybody, for all your questions, and thank you all speakers and David Burnes for moderating.

[BREAK 1:31 P.M.]

[MEETING RESUMED 1:40 P.M.]

## **Session Two: Peer/Friend Victimization**

**DR. DARA BLACHMAN-DEMNER:** My name is Dara Blachman-Demner, and I am at the NIH Office of Behavior and Social Sciences Research and thrilled to be a part of this important workshop, And I want to thank everyone for being here and for getting us off to such a great start. And just one housekeeping reminder before I turn it over to Dorothy Espelage, who will moderate our second session: If you do have questions throughout the rest of the day, please place them in the chat. I think there was some confusion about the chat or the Q&A, so, if we can place everything in the chat, that would really help the folks who are monitoring those questions. Thank you. And now, I'm going to turn it over to Dr. Dorothy Espelage, who will moderate our second session, which is on peer and friend victimization.

**DR. DOROTHY ESPELAGE:** Great. Thank you very much, Dara. That was a wonderful session. It sets us up nicely for Session 2. So, in the first session, we heard some brilliant science and really thoughtful points of direction around family of origin abuse, and it stems nicely that we're now going to spend the next hour talking about how the context changes, and we're going to talk about peer and friend victimization. On the schedule, it says that I was going to do an overview. I'm going to do my comments after so I don't steal the thunder of the presentation. So, we'll have 5 minutes for presentations from four leading scholars in the area of youth peer victimization, as well as adult peer victimization, cyberbullying, and then we will have a discussion around the systematic and institutional barriers for some of the work that we're doing around defining bullying and protecting gender and sexual minority youth. So, our first presentation—and they're all limited to 5 minutes and I hope that they can stick to 5 minutes; I'll be timing you, all, so that we can have a wonderful discussion—we're first going to hear from Jeremy Goldbach, who is associate professor and director of the Center for LGBTQ and Health Inequity. Jeremy, take it over.

### ***Youth Peer Victimization (Includes Bullying)***

**DR. JEREMY GOLDBACH:** Thank you, Dorothy. I appreciate it, and I know that you said you had brought in four esteemed scholars, and so, I know that when you couldn't get them, I was thankful to be able to come. So, I'm going to talk just briefly about us some of the state of the science around preventing behavioral health disparities among SGM youth. You can go to the next slide. Just some quick disclosures. As you all know, I'm not mostly speaking about my own work but a couple of times will mention a few things. The next slide? So, I know as all of you, we only have about 5 minutes to talk, so I'm going to do my best to rush through some slides, but hopefully, there will be a robust discussion after. You can go to the next slide. So, a couple of things. Health

disparities ... they don't operate within a vacuum, and I think that when we think about this area of violence, one important thing to remember is that, you know, we know a fair amount about epidemiology but very little ... still in the ideological work and in intervention work. So, as a final point, I think one key takeaway is that, you know, young people are resilient, and I think we need to spend a bit more time thinking about resilience within the context of violence, as well, and not only on the disparity aspect of this. Go to the next slide. So, I think key thing that we're really needing to focus more on when I think about the work around violence is that that health disparities don't operate within a vacuum. While violence is, of course, a critical outcome, and it's associated with a variety of other experiences to young people that are happening, it relates in their intersectional identities, around their sexual and gender identity, their race and ethnicity, socioeconomic, their experience of urbanicity, and this is a recent framework that was put out looking at sort of the multisystem level of health disparities and understanding social determinants from the World Health Organization. So, I think this is really a key space where we can be expanding our work. Next slide, please? So, I've been trying to do a bit more work on the last, sort of, the end stage, if you will, around developing intervention, and I think this is where, you know, it takes time. So, this is a big space where I think we could be investing more energy, understanding both this sort of mechanisms of change within these social contexts but also making sure that we're following the rules, and there are ... there are good guidance for how we develop interventions for violence reduction, and we should move forward in a careful way. Next slide? So, I think the other piece that I want to just throw in here is that we, I think, as scientists are often behind where young people—especially in youth culture, which is quickly evolving, as I think many of you work in these spaces and know—and it's critical that we're listening to our young people. So, engaging in youth advisory boards, really taking the time for us to make sure that young people are guiding the work that we're doing, because I have noticed in my own experience that often I start a study and I'm already 5 years late. So, I think following our instincts is really important and listening to what participants are telling us and being willing to be adaptable. Next slide? So, I just want to mention briefly that I think that multilevel interventions for violence can be done, but they're challenging—but young people, I think, are asking for them. We had a recent study. I just wanted to share briefly a foresight RCT where we were looking at multilevel or individual-level or small-group intervention for violence prevention and violence and coping with violence in schools, and then adding in a multilevel component where we bring in popular opinion leaders in an effort to operationalize the ally, bringing in supportive others and engaging in social action and community organizing—level change to address school climate issues. So, just briefly, I thought I would share that. It does seem that, although these interventions—these multilevel school interventions—can be challenging and difficult to implement, they are possible, and they can show reductions both in experiences of minority stress and violence, as well as changes in health outcomes. Next slide? So, okay. I'll leave you with this. Thank you.

**DR. ESPELAGE:** Thank you very much, Jeremy, and I meant to say that you were from the University of Southern California. So, excellent things to think about. Now we're going to hear from Andrew Flores, who is assistant professor at American



University and also a visiting scholar at the Williams Institute at UCLA School of Law. All right, Andrew.

### ***Adult Peer Victimization (Includes Bullying)***

**DR. ANDREW FLORES:** Yes, thank you. Hi, everyone. Thanks for having me. I'll be broadly covering adult peer victimization, what the research and studies have shown, but in addition to focusing more specifically on recent research that I had been conducting with colleagues, relying on the National Crime Victimization Survey. Next slide, please? So, there's been a ... the literature is robust in terms of establishing an understanding of hate-motivated violence toward sexual and gender minority populations, though some scholars in reviewing that literature have kind of lended us a slight critique in that the heavy focus on bias-motivated violence and hate crime might obscure, or at least set aside, other forms of violence that may be afflicting, say, sexual and gender minority populations. There's a quotation on this side from Jordan Blair Woods, who recently published a comprehensive review of crime and victimization and LGBTQ populations, noting that with respect to victimizations, most studies and available data on LGBT victims involve hate crimes, an undoubtedly important area of LGBT victimization. There's little study and available data, however, on the potentially broader set of non-hate-motivated circumstances under which LGBT people become victims of crime. With that being said, there have been a number of studies and other data collection efforts that have documented certain types of crime among different types of SGM populations. For example, the Prison Rape Elimination Act mandates data collection and documentation of violence of incarcerated populations, and the National Inmates Survey from 2012 to 2013 does show that sexual and gender minority inmates are disproportionately physical and sexual victims, and this includes transgender inmates and their experiences, as well. The NISVS data feel that there is ... there are disparities for sexual and gender minorities, particularly bisexual women, in terms of experiences of intimate partner violence, experiences of stalking, lifetime rape, and physical assault. There is research and documentation of sexual minority elders, as the previous panel went into, in terms of fear of harassment in long-term care and housing facilities. There is research and documenting the experiences of bullying, particularly, say, in workplace environments where sexual and gender minority adults report feeling bullied in their in the workplace and then have higher levels of disengagement at work as a result of that. However, outside of, say, the PREA Data Collection efforts and others, there are fewer systematic representative and ongoing data collection activities as it pertains to sexual and gender minority populations and violence. Next slide, please? This is where the National Crime Victimization Survey comes in. This is one of the two principal measures of crime in the United States, the other one being the FBI's Uniformed Crime reports. This survey is sponsored by the Bureau of Justice statistics and is conducted by the U.S. Census Bureau. It has been a nationally representative survey and has been continually collecting data since 1973. The primary goals of this, of course, is to capture what is some might call the hidden figure of unreported crime—that is, crimes that may not necessarily be reported to the authorities but still ... that people still experience—and then also to obtain greater characteristics of victimizations, the nature of victimization, as well as potential effects of victimizations, in addition to understanding character ...

key characteristics about perpetrators, particularly their relationship to the victim. The NCVS began documenting sexuality and gender identity in the beginnings—in the middle of 2016—and I'll be presenting some of our findings from that. Next slide, please? So, we do find that, when it comes to various forms of types of violence, that sexual and gender minority adults are more likely to be victims of crime than non-sexual and gender minority adults. These are victimization rates. So, the victimization rate for sexual and gender minority results is 71.1 victimizations per 1,000 sexual and gender minorities in the United States. What we also see is that sexual and gender minority adults are more likely to be victims of people they know well, including intimate partners, but we're also seeing close friends, in addition to also being disproportionately victims where the perpetrator is a perfect stranger. I will note that bisexual men and women and transgender people have disproportionate victimization rates compared to other individuals in the SGM umbrella, and rates are particularly pronounced for bisexual women and particularly bisexual white women, and when it comes to perpetrator characteristics, perpetrators overwhelmingly are white men in the NCVS data. Next slide, please? When it comes to bias-motivated hate crime, we do see that there are disparities in terms of hate crime victimizations to sexual and gender minority adults. I know that this table is really small, but what I will emphasize here is that what we do see is that when you ... if you look among sexual and gender minorities who are victims of crime, and if you look at hate crime victims versus other types of crime victims, that hate crime victims had disproportionate ... or disparities in terms of the emotional and physical effects of being a victim, including experiences of anxiety, depression, sadness, vulnerability, as well as feelings of trouble sleeping, headaches, and other characteristics. Importantly, me and my research team will continue to unpack the NCVS and its findings in order to further detail those results. Next slide, please? So, one thing I'll note—and then I will leave everything else to Q&A—is that under ... during the Trump administration, the NCVS stopped documenting sexual and gender minority status among all of the respondents, but only of victims, which limits our ability to fully understand victimization as well as victimization rates. And I'll leave the rest to Q&A. Thank you.

**DR. ESPELAGE:** Great. Thank you very much, Andrew. Our third talk will be delivered by Michele Ybarra, who is president and research director of the Center for Innovative Public Health Research. Take it on, Michele.

### ***Cyberbullying (Youth and Adult)***

**DR. MICHELE YBARRA:** Okay. I'll get started. Next slide, please? Alright. So, I was asked to talk specifically about cyberbullying, which we think about as a context in which bullying is expressed. Bullying is a very specific type of aggression that young people and adults can experience. It is characterized by differential power—and that can be physical strength; that can be popularity, for example; social status—is unwanted, and is repeated. So, as I said, internet is one context, although I will note that some researchers do think that cyberbullying is separate and requires a different definition, but for this particular presentation, we'll be talking about it as a particular context. Next slide, please? So, based upon the YRBS, about 16 percent of high school students were cyberbullied in the past year; 24 percent of adults have been

cyberbullied as adults. Certainly, different studies, different measures, so this is not meant to compare but rather to just give us a general sense of how many people are affected. I think it's important to point out that bullying still occurs more frequently in person than it does online. It's more common to be bullied both online and in person, but if you're only bullied in one context, it's in person. Girls are more likely than boys to be victims. Sexual and gender minority youth are more likely to be victims. Those who are perceived to be different for other reasons are more likely to be targeted, and if your bully involved—so, if you're a victim, you're more likely to be a perpetrator than a nonvictim is likely to be a perpetrator and vice versa. Next slide. So, there's a host of internalizing and externalizing consequences for both victims and bullies, as well as bullied victims who seem to have sort of highest rates of these issues. Next slide, please? When we look at sexual and gender minority populations, specifically as we talked about earlier, they're disproportionately targets of cyberbullying, when you compare among sexual and gender minority youth—those who are targets of cyberbullying report both internalizing and externalizing symptomology at higher rates. And when we compare SGM victims to heterosexual and cisgender victims, we also see higher levels of externalizing and internalizing behaviors. And I just misspoke, and I try to be so purposeful and didn't. So, as you'll see in the last bullet, there's actually not a lot of data on gender minority youth or adults in cyberbullying. So, all of the earlier bullets really do refer to sexual minority youth. In fact, I was only able to find one study that we published a decade ago about gender minority youth and cyberbullying, So, if others know about any research, please do send it my way. Next slide, please? So, given the dearth of gender-specific examinations, I wanted to share some of our data. It was collected as part of growing up with media. So, this is from 14- to 15-year-olds, over 4,000 youth, from across the country. Data were collected about 18 months ago. On the left-hand side, you'll see gender, and on the right-hand side, you'll see sexual identity. At the top, we have nonbinary, then transgender, then cisgender, bisexual, gay, lesbian, and heterosexual. The orange represents those who report no bullying, and the dark green represents those who reported bullying-type experiences, but when asked if the perpetrator had more power than them, they said "no," so we'll just call that peer aggression. The lighter green are those who said "yes" to the differential power question and so are classified as bullying victims but did not say that happened online, and the far right red group said that happened online. And, of course, it could have happened in other contexts, as well, but at least it happened online. And I think the takeaway from this slide is that, overwhelmingly, cisgender and heterosexual youth have larger groups of young people saying that they have not been bullied or aggressed upon. And we have higher rates of cyberbullying for both nonbinary and transgender youth by gender and bisexual and gay/lesbian, bisexual identity. Next slide? Not only is prevalence important, but impact is, as well, of course, and so those who reported cyberbullying, we asked how it had impacted their schoolwork, their relationships with their friends, and their relationships with their family members. And this reflects youth who said that it somewhat or very much impacted their functioning across these three different domains, and what you see is that transgender youth consistently have higher rates of impact across gender identity, as do bisexual youth. Next slide, please? So, I think there's a whole host of things that we don't know in addition to the dearth of gender minority representation and adult

representation in the cyberbullying research. I think we also need to sort of step back and think about what matters. Is it the cyber piece that matters most, or are there other pieces that maybe it's not about the context or the where, but perhaps the frequency, the intensity, then the number of people who are seeing it, the relationship that you have to the people who are seeing it or the people who are your perpetrator? So, I think that's really important and relatively understudied, as well as, sort of, how online bullying fits into the rubric of bullying and how bullying fits into the larger rubric of violent experiences. And I think—as we've been talking about across the day—that prevention and intervention programs for bullying and cyberbullying specifically are not having the impact that we would want. And so, that also needs a greater focus. Thank you.

**DR. ESPELAGE:** Great. Thank you very much, Michele. And our final presentation will be delivered by Stephanie Payne, who is the director of the Queering Education Research Institute at the City University of New York. Stephanie?

### ***Systemic and Institutional Barriers***

**DR. ELIZABETHE PAYNE:** Hi, it's Elizabethe. Elizabethe Payne.

**DR. ESPELAGE:** I am so sorry. [Laughs] We have just been hanging out too much this week! Sorry.

**DR. PAYNE:** So, gender and sexual minority anti-violence work occurs within a white heteropatriarchal colonizer system from which our sociocultural institutions have grown, and I'm focusing today on a few systems and institutions that impact this work in school contexts. I want to begin with the dominant bullying discourse itself, where we see the language of bullying reduce peer-to-peer aggression to antisocial behavior, where one student wields power over a victimized student. This framing only recognizes overt visible aggression and conceptualizes the problem of bullying in terms of individual or family pathology. Attention is focused on individual student behavior and attitudes, ignoring the role of school and the larger culture, which privileges heterosexuality and gender conformity. When educators and policymakers understand the problem of bullying in this way, the cultural, systemic privileging of heterosexuality and gender normativity is never called into question. The marginalization of LGBTQ youth is reproduced and re-entrenched in new ways, and schools avoid claiming responsibility for their complicity in the aggression targeting gender and sexual minority youth. Bullying is part of a regulatory system of power, operating within the cultural site of school that establishes and re-establishes what is acceptable and normal. While the gendered social dynamics, heteronormative power differences in social norms that foster this violence are overlooked. Next? So, binary gender socialization significantly shapes bullying. Perceptions of who is "normal" and who is "different" are deeply rooted in cultural expectations for "correct" masculinity and femininity. Many targeting behaviors are related to dominant cultural ideas about gender, which intersect with race, class, and ability. Some forms of peer aggression are understood to be normalized, gender-appropriate rites of passage. Evolving conceptions of good-girl behavior, ideals for heterosexual attractiveness and

heterosexual competition, influence how and against whom girls aggress. Homophobia and homophobic language are central to shaping contemporary heterosexual masculine identities. Boys play the “fag hot potato,” where they mark another boy is gay to avoid being marked themselves. Next? Anti-bullying school policy and disproportionate discipline. Anti-bullying policies based on individualized understanding of the problem of bullying focus on bodies and behaviors within school spaces but fail to raise accountability for recognizing and addressing structural heterosexism, racism, sexism, ableism, etc., within institutional schooling. Implementation of these policies is often rooted in increased surveillance and punishment and can further contribute to disproportional representation of Black and Latinx and queer students in juvenile justice and suspension. Next? Looking at anti-bullying legislation and policy implementation, we see only 22 states and the District of Columbia include gender identity and sexual orientation as protected categories in their anti-bullying laws. Enumeration in anti-bullying policies is a recognition that acts of bullying often target those who are socially constructed as “different” and that such discrimination is rooted in larger cultural practices. However, enumerated categories tend to be omitted or de-emphasized when implementation policies and resources are drafted. State Departments of Education may choose to issue guidance in line with a universal victim, rather than address the experiences of students in the enumerated categories and attempt to project political neutrality. Well-written and inclusive legislation does not necessarily lead to inclusive implementation policies. It’s also important to note that state anti-bullying laws are usually unfunded mandates. Next? So, teacher education and LGBTQ topics. Teachers and other school professionals receive little to no information in their preservice or in-service training on the needs and experiences of LGBTQ students. When LGBTQ topics are formally addressed in teacher education curricula, they are often pathologized through discussions of disease and risk. These deficit-based approaches conflate LGBTQ identities, desires, and communities with harassment, substance abuse, and sometimes death while providing educators with few resources to begin affirming equity-focused practices. The Counsel for Accreditation of Educator Preparation has recently made the standards for diversity more explicit, and sexual orientation and gender identity are named as types of diversity and ... educator preparation programs should address. But inclusion is not required and remains at the discretion of the program. K–12 school administrators often resist offering LGBTQ professional development to their teachers out of a prevailing belief that sexual orientation is not an appropriate focus for education and that it is unrelated to student outcomes. We know that educators’ responsiveness ... responsiveness to anti-bullying initiatives is impacted by receiving quality training about putting the policy into practice, yet this component has been underdeveloped or absent in state implementation plans for anti-bullying policy. And I’ll stop there.

### ***Moderator Overview***

**DR. ESPELAGE:** All right. Thank you very much, Elizabeth. I’m going to take just a few minutes to talk to you about a meta-analysis that a doctoral student of mine conducted. Next slide? And I’ll go through this pretty quickly. So, we adopted a minority stress framework, like many of the people that have talked today, to try to go in and identify in the literature just with gender and sexual minority youths, the types of

violence and victimization risk factors that are associated with suicidal thoughts and behaviors, and then also to highlight some protective factors. Next slide? So, as was mentioned in the first session, we've done a pretty good job of identifying the risk behaviors of forms of victimization in some areas better than others, the mental health issues associated with various types of risk factors, less on protective factors, but what we wanted to do was do this meta-analysis. And this was published in 2019, so it's pretty current. Next slide? In this meta-analysis, we define youth as 10–24 years old, upper bound not exceeding 25 years. We had cross-sexual and longitudinal data, and we allowed all forms of measurement of sexuality—identity, attraction, and behavior. Next slide? So, we screened 313 abstracts, included 44 studies with 234 effect sizes. To note, only one study included youth younger than the age of 13, and we know that preteen suicide rates are increasing, especially among gender and sexual minority youths, or we suspect as much. Next slide? We'll go right to the results here, and what you'll note here is I have the predictor on ... in the first column, so a form of victimization, and you'll see that it's broader than some of the ways we've been talking about this ... in this session, and in the second column I have the number of studies and the number effect sizes and then the average effect, which were all significant. As you can see, the majority of those papers focused on peer victimization and bullying, with these links to suicide thoughts and behaviors, with an average effect of 0.27 and 27 effect sizes. When we go into bias space, more specifically, you're attacked or victimized because of your identity. We only have nine studies, but we find in association even fewer studies will get stigma and discrimination, and I appreciated the conversation this morning about really paying attention to structural racism. We certainly have ignored that in the majority of this literature. Increasingly, we're starting to measure many labs across the country, sexual victimization experiences and how it's tied to suicide thoughts and behaviors, but we did also identify some protective factors that reduce the association with suicide thoughts and behaviors, and that included school belonging, self-esteem, supportive parents, and supportive school climates, which support some of the recent research that's coming out of Boston—another place that's showing that gender and sexuality alliances in our K–12 settings are protective and promotive for gender and sexual minority youth. Next slide? So, I just wanted to make sure we're on the same page. That's the current meta-analysis that we have different types of victimization, which were not all covered in the four 5-minute presentations that we've had here. I do want to open it up after just a few comments here to questions, but I really, really appreciated the idea of understanding Goldbach's "preventing health disparities is not in a vacuum" and really applaud the promotion of crossover effects and looking at our programming, especially in K–12 settings that may have crossover effects. Loved the idea of an integrated data analysis, where you might address minority stress or even structural racism, but you see an impact on depression and anxiety for gender and sexual minority youths. The second talk as you ... for ... Andrew had to go so fast through these data, but if you look very closely at the data, the fact that 71 percent of the sexual and gender minority adults reported being victims of violence is somewhat disturbing and concerning, and the fact that 44 percent were well-known perpetrators is also a cause for concern. And different ways of thinking about the victimization that these adults are experiencing—lots of hate crimes, and we've seen certainly an increase in that over the last several

years—but also expanding that to other contexts of the workplace, of prisons, and senior living—brilliantly done. I appreciated that presentation. Next slide? And then, Michele Ybarra, really, the need for more research on the correlates of cyberbullying, especially among gender minority youth and adolescents and calling into question: Are there qualitative differences for the types of cyberbullying that gender and sexual minority youths experience compared to their cisgender peers? And, Elizabeth, who I've had the pleasure presenting with, even earlier this week, in the United Nations talk really pushing the field and has been for the last 10 years to think about broadening the definition of bullying, such that its school culture is considered, and really calling into attention the need for enumerated laws. The fact that there's 22, that's progress, but we really need to think about enumerated laws that protect those very individuals that we're talking about today, and then kudos for pushing some preservice teacher education programs. They absolutely ... that curriculum is packed, and unfortunately, in many of our states, largely the states with no ... have no enumeration in their bullying laws, get absolutely zero training and some of the concepts that Elizabeth presented in her very, very quick 5 minutes, which I appreciate. So, at this time, thank you panelists. That was wonderful. Lots of good science. Lots of things to think about. I'm going to open this up. I have seen some questions come through.

### ***Group Discussion***

**DR. AVILA:** Yes, okay. Our first question: “Are there plans to reinstate the original SOGI-related questions collected in the NCVS after the changes made by the 2016–2020 administration? This seems like a significant loss of important data.”

**DR. FLORES:** Thanks for the question. I don't have a direct answer as of yet, but I will say that in terms of process, the Bureau of Justice Statistics under the Trump administration had formally proposed changes to ... to the National Crime Victimization Survey through the traditional process and administrated, but then it decided to rescind that after lots of public comment. However, they made these changes to the sexuality and gender aspects of the questionnaire, without an opportunity for public comment or response. So, since it happened rather quickly, I imagine that if the Bureau of Justice Statistics wanted to restore the survey to its former format, that it should be capable of doing so likely through similar mechanisms.

**DR. AVILA:** Thank you. “We've seen in community-based health bases that we developed with young SGM that substantial intracommunity violence was occurring from SGM peers. This included cyberbullying, IPV, and peer-based emotional, physical violence. We see this intracommunity violence as a sequelae and reproduction of the external violence that young SGM endure from communities at large. I am interested in whether others have noticed or studied this phenomenon and whether others have developed interventions to reduce intra-SGM community violence within SGM-tailored youth settings—physical and/or virtual.”

**DR. ESPELAGE:** Anyone on the panel?

**DR. PAYNE:** I have not done research on this, but I've been a part of efforts at both the high school level and at the college level to address dynamics within LGBTQ groups that marginalized some members over others. One of the groups that I was particularly involved in was looking at masculinity and how masculinity played out within those groups. There is some work being done, primarily by higher education professionals who are looking at how to do this in the college setting, but I'm not aware of any research specifically on that.

**DR. YBARRA:** And I would just add that, you know, I think we are as a field beginning to better recognize—particularly in our measures, as well as our analyses—that, you know, no type of violence happens in a vacuum, that these things that you're saying do interrelate and that, sort of, polyvictimization has been an area focus for quite a while, and I think doing a better job of reflecting that in our intervention and prevention work is important. And I think that's ... that's a really big gap that needs to be filled.

**DR. AVILA:** Thank you. Great presentations. Question for Dr. Flores or anyone: "Can you please speak to the state of the science as far as what we know and don't know about the factors associated with the disparities we see in rates of violence and specific types of the violence seen among bisexually identified folks, especially among bisexual women? Thank you."

**DR. FLORES:** So, speaking more towards, say, the NCVS findings—oh, and I should clarify, the 71.1 number is victimization rate, so that's like the number of victimizations you would estimate occur to sexual and gender minorities for every 1,000 sexual and gender minorities in United States. The numbers can be a little tricky sometimes to interpret. In terms of risk factors or things that may potentially say, explains certain types of disparities, in our work, we have ... we are ... we did say condition on demographics, including age, gender, region, urban, rural, suburban, and other types of characteristics, such as that, and the disparities persisted between sexual and gender minority and nonsexual gender and minority populations in those ... in that context. With that being said, we do see that victimization rates tend to be higher, say in urban settings than in rural settings; however, when it comes to the context of hate crimes from the NCVS, we do see that hate crime victimization is far more likely to incur in a suburban environment than in an urban or rural environment. And we also have, of course, the relational components, so I had talked about general victimization patterns and whether or not SGM victims knew, say, the perpetrators. Interestingly and importantly, the research has shown and the data do show in the NCVS that—when it comes to the context of hate crimes—that even in the context of hate crimes, the perpetrators tend to be someone who is well known to the victim—to the SGM victim—such that ... that means that this is either someone who is a close friend or family member to the victim. And then I think, importantly, in terms of research gaps or potential areas for the work is, of course, to examine structural stigma and different ways in which, say, state and local policy may kind of condition the way SGM people may find themselves to be victims, as well as workplace and other locations, so there's more to do in that area outside of the NCVS. I'll also note that there are studies that do show that there are various risk factors unique to sexual and gender minority populations that relate to their victimization. For example, I think of the National



Transgender Discrimination Survey and the U.S. Transgender Survey as characterizing the ways in which individuals—gender minorities who are visibly transgender, visibly genderqueer—may experience disproportionate rates of victimization relative to others. And so, there are, of course, these general demographic differences, as well as the unique, specific factors to sexual and gender minority people.

**DR. AVILA:** Thank you, Andrew. Next question. “Dr. Payne, thank you for highlighting the ways that bullying policies and prevention programs erase structures of oppression. Could you speak to the use of restorative practices in schools, whether such approaches are addressing these structural inequities in school settings?”

**DR. PAYNE:** Yes and no. There is huge variance in how restorative practices are used and the extent to which they take up issues of social justice, bias discrimination, and so on. So, I would say that there’s a huge variation in what we can say about whether or not these programs are addressing inequality and systemic inequities. We just don’t really know, and we don’t have sufficient research to be able to make a claim one way or another.

**DR. AVILA:** Thank you. Next question. “I have noticed in my work the extreme violence, bullying, and harms in the intersex community. I wonder if any of the presenters might address needs of intersex people in youth. Thank you to presenters. Jason Flatt.”

**DR. YBARRA:** I can say that, I think, sort of an important step is to make sure that when you ask about sex, you include intersex as an option. We do. So, for Growing Up With Media, we do have a group of intersex, and we also did a project in Eastern Africa where we offered that as an option. I think ... I think one of the challenges is that when you’re doing a general population-type survey, the number of people who endorse that is low, and so, it’s really hard to do analyses. So, I think, you know, an important additional gap that needs to be noted is that, you know, I think, if studies were designed purposefully to oversample intersex people that that could really, sort of, you know, transform our understanding of violence for this important group.

**DR. AVILA:** Thank you. Next question. “Is anyone looking at the way health practitioners medically treat LGBTQIA+ patients for different procedures using medical or social care practices in their everyday practices? I am concerned, especially about rate collection practices, sheltering sensitivity on the part of practitioners to the complex cultural needs, including chosen family access.”

**DR. GOLDBACH:** Agreed. Also ... I wish I had more to say on this. I think that that’s a huge, huge gap. I know, at least in our own school, we’ve been looking at trying to—or our own university—we’ve been trying to do some improvement in medical education on some of these topics, but it’s sort of a drop in the bucket. I think there’s a ... there’s a huge need. There are some people doing work, I know, with trend in nonbinary youth, like Joe Olson and their consortium, but I think this is a hugely understudied area and risk a lot of retraumatization.

**MS. PISARSKI:** Looks like Erin Miller said ... has a comment.

**DR. AVILA:** Rachel, can you unmute Erin Miller?

**DR. ERIN MILLER:** Hi, everyone. I actually wrote an LGBTQ-specific curriculum for sexual assault nurse examiners in the state of Massachusetts. They've shared it with other states. I no longer think that curriculum is unique, nor is it up to date. I really appreciate the question that Massachusetts SANE program has been in conversation with Fenway Health about these issues. I think the bigger challenge— honestly, and I would welcome hearing from people in other parts of the country, and certainly, if there are folks from outside of the U.S.—at least in the northeast of the United States is that people don't come because they're not clear that hospitals are welcoming and affirming places to begin with, and I say that as a health care-based anti-violence specialist. So, coming at a moment of crisis—like after an acute sexual assault—feels doubly burdensome, and there are a number of practices around shelter. A number of manuals that I'd be happy to point people towards that are written by national LGBTQ-specialized domestic violence organizations, like the Network La Red and AVP and CUAV that ... that are specific to frontline partner abuse advocates who run residential programs.

**DR. AVILA:** Thank you, Erin, for sharing. Panelists, want to add anything before I move on to the next question?

**DR. GOLDBACH:** Could I ask about that. Erin? Are those the programs ... you mentioned that there are a number of programs out there. Are those ... have those been tested in, like, sort of, RCT design studies, or are they mostly ... ?

**DR. MILLER:** No, no. Not even remotely. That I know of, there's been no research done on any of this. It's all practice specialist, so it would it would be practice ... it would be gray literature at best. There's nothing that comes close to a randomized control trial.

**DR. AVILA:** Okay. I'll move onto the next question. "Previously, Dr. Balsam and, I believe, Dr. Conron spoke about the importance of contextualizing our work by accounting for structural impacts (e.g., structural racism), which I imagine all of us aim to do in our work. Dr. Goldbach, you similarly noted social determinants of health; there's so many important forms. Are there particular forms of social determinants of health that you or others think are the most important to include to better contextualize observed disparities in your current work around violence with SGM youth, or are you finding any important social determinants of health already in your work that we all should be making sure to consider? In contrast, any challenges to better contextualizing the disparities (e.g., measure availability choice, etc.)? Thanks! Alyssa."

**DR. GOLDBACH:** That's a great question. I think it's ... it is easy to, sort of, state the complexity of the system and then not necessarily be responsible ... know exactly how to fix it, so I really resonate and appreciate that question. I think ... a couple of things I

think I've noticed, at least in the intervention work that we've been trying to, sort of, move forward is certainly the intersect of multiple systems needs to be included in ... so, within the education system, right? Thinking about doing intervention in that system in a multilevel way, thinking about how does literacy and language and education for ... like, who in the system requires education, whether it's other students, whether it's staff and administrators? What are the, you know, constricting forces there? I think, of course, a lot of the work around discrimination, a lot of the work, I think, is focused there, but creating support systems and community engagement opportunities, I think there's been some work looking at, you know, I mentioned in my piece about that it's not just about disparity that these young ... young people are doing really remarkable and amazing things in light of, you know, a fair amount of hardship. And I think that there are there are opportunities for including ... increasing community engagement and youth development kind of action, and then just as a last point, I think one thing I continue to be reminded of, [inaudible] people is, you know, don't forget, like, we're more than just queer, or we're more than just one sort of identity aspect, and that while ... the intervention targeted both towards them and the system, it makes sense to have those be, say, specialized or tailored; that it doesn't mean that, you know, that young people don't also just get to be 15 years old and sometimes have a bad breakup, and right? And that, you know, there are aspects of this where we become part of the problem, because we're sort of making everything about this one piece, and they're really operating in a larger system, and they're also just developing humans, as we all, right? Going through our first heartbreak, so ...

**DR. IRENE AVILA:** Thank you, Dr. Goldberg ... Goldbach, sorry. Next question? "Dr. Payne and others, my team is finishing up a qual study of school bullying, especially bias-based, among LGBTQ+ youth and youth of color, and kids are responding with a lot of experiences and microaggressions. For the most part, schools don't recognize or respond to microaggressions, as it's not part of the formal definition of bullying that they're required by our state law to address. Can you comment on how microaggressions fit into the larger question of bullying and violence facing LGBTQ+ youth?"

**DR. PAYNE:** Yes, I feel like we need to do more to include that kind of balance in how we understand what bullying is. The acts of aggression that get labeled as bullying are ... an escalation from those low-level microaggressions that are policing the boundaries between normal and different in specific social peer contexts, so we can't separate them out and have a fruitful address of the problem. Very often with programs that try to identify bullying behaviors and address just individual incidents, we're playing a kind of whack-a-mole, because these incidents keep happening over and over again, and the same types of identities and students are getting targeted over and over again because we're not actually addressing the underlying values and norms that say it's okay to target these kinds of people. And until we call into question systems of targeting—who gets targeted, why do they get targeted, and what's the social function within the school of those individuals being targeted—we're not really going to get very far, I don't feel, in addressing the problem. So, those low-level aggressions as microaggressions are often not experienced as micro or small by students; they are accumulative so, you know, it may ... to educators and school

professionals, they seem like they're small things, but they're not. And they not only impact the individual student, they impact all of those in the school culture who hear these things and who experience a remarking of certain ways of being as inappropriate for the school setting. So, I would like to see our understanding of bullying expanded to address those issues, but I think in order for us to get there, we have to really look at the norms and values that underlie acts of bullying. It would be too much to expect our traditional intervention and reporting system that we associate with bullying to deal with microaggressions. It would just overwhelm the reporting system in the school.

**DR. AVILA:** Thank you. Next question? "In my work at SAGE, we are often asked about bullying of older LGBT adults in senior centers and long-term care communities. Is anyone exploring this area?" Sherrill Wayland.

**DR. FLORES:** I would say in the research that I was able to look at before today's presentation, there has been some qualitative work examining sexual and gender minority elders and the concerns they feel that that might occur in a senior housing. And this is the concerns around harassment and things like that, and so affects—whether or not these individuals will disclose that they are a sexually and gender minority in such care facilities out of concern for mistreatment.

**DR. AVILA:** Thank you. Sybil Hosek says, "We are working on piloting a violence intervention for SGM in a house/ball community, where intravolence is common, as is community neighborhood violence." Sybil? Rachel, can you unmute Sybil Hosek so that she can elaborate on her pilot study?

**DR. SYBIL HOSEK:** I'm sorry. I wasn't planning to talk. I was more referring to ... there was a question about looking at sort of intracommunity violence in the communities that we work with typically here in Chicago, and in the house-ball community, there does tend to be a lot of intracommunity violence, and it's something that we would like to intervene with because it impacts, you know, the care and the community engagement that we're able to have with the youth. And, obviously, it's making a tremendously negative impact on them, as well as their relationships, etc., and so, just wanted to say that there are, you know, some opportunities to try to develop interventions for specific populations to try to help them deal, not only with all of the external influences and the external, you know, experiences of violence that they see in their communities and their neighborhoods but also within communities, as well, and we're trying to address that both from an in-person but also an online perspective, as well.

**DR. AVILA:** Thank you, Sybil. Next comment/question: "I have appreciated the comments about overly individualized approaches to these problems. I am similarly concerned about siloed approaches to research. It is likely that a lot of the same risk factors—caregiver rejection, oppressive gender norms, lack of teacher training—are creating vulnerabilities for multiple types of violence, and that many protective factors—chosen families, inclusive policies—would help for multiple types of violence. Mainstream research is moving increasingly to models of the cumulative burden to trauma—ACEs, polyvictimization, and complex trauma. In that context, one needed

area for progress is to systematically include structural racism, microaggressions, etc., in measures of trauma burden and stop rediscovering the same risk and protective factors and research silos. I'd be glad to hear some thoughts about what a more integrated research agenda would look like."

**DR. ESPELAGE:** Yeah, so thank you, Sherry, for that comment. This is Dorothy. I wholeheartedly agree, and it's amazing that your monograph was written in 2014 and we're now in 2021 and you're arguing for the breaking down on the silos to continue. I think it's been slow. I think the funding mechanisms at NIH to support integrated data analysis is at least moving us in that direction. I think there's going to have to be requirements to have some PIs in this country to include measures of structural racism. And certainly, there are scholars of color that are doing some really innovative work on how to measure structural racism. There was just a meta-analysis on different ways in which people have defined structural racism that I think people are starting to pay attention to. I think we still ... I think we still get stuck, right? We think about our discipline and the form of violence that we study, and several of us, you know, on this panel today have looked at multiple forms, but have we done it in such an integrative way? So, I think your comment is extremely well taken. I think the language, even within integrated data analysis, doesn't go as far. We still say crossover. We say spillage. So, we have to think about the ways in which we're even framing those studies and the integrated data analysis to see how our interventions are having impacts on multiple outcomes and different types of violence. So, thank you for that, Sherry. And I'll open that up to the other panel in case you have something to add to that.

**DR. WHITTON:** I'm not on the panel, but I do want to just mention that I love this comment, and this is one of the real reasons that we organized today by the domains of violence, and I think because people do their research on one or the other, but really when we're going to do our working groups, we want to have people from those different silos or domains and really be thinking about these questions exactly. How can we more efficiently and more comprehensively be looking at, sort of, the whole syndemics of different violence experiences that SGM experience? And what are those common risk factors and what are the unique risk factors for certain forms of violence? Thank you for that comment.

**DR. ESPELAGE:** Yeah, it was an excellent comment to end this particular panel, to really think about where we need to go as we continue to do this work.

**DR. ALLISON:** Thank you so much to Dr. Espelage ... to Dorothy, I'll say, sorry, and the rest of the panelists. That was a really thought-provoking session, and I know I have, like, so many different sorts of ideas and things that, I think, require more attention. So. So, that was wonderful. So, we're going to turn our attention now to session 3, and I'm pleased to be able to turn the microphone and camera over to Dr. Rob Stephenson. Rob is a professor at the University of Michigan and also a gifted chair of one of the review committees, so I always enjoy listening to him when he chairs. [Laughs] Anyway, Rob, take it away.

## **Session Three: Romantic/Sexual Partner Violence**

**DR. ROB STEPHENSON:** Thank you, Susannah. I wonder what that sentence was about, so. I appreciate it.

**DR. ALLISON:** I could have filled it in with quite a few different things, really because you're gifted in many ways!

**DR. STEPHENSON:** [Laughs] Well, thank you. I appreciate that. Hey, everyone. I'm Rob Stephenson from the University of Michigan, where I direct our Center for Sexuality and Health Disparities, and I'm going to be the moderator for this third session. We're gonna take a slightly different change of direction now, still continuing to talk about violence, but we're going to start to talk about violence within a particular context. And that context is relationships, and these are defined broadly as romantic or sexual partnerships. Just like the previous moderator, I am actually not going to spend a lot of time talking before these talks because we have four exciting presentations to get through. So, I'm going to introduce our speakers, and then I'm going to try and sum up what they say at the end. So, next slide, please? Thank you. So, our four panelists today are going to look at four different dimensions of violence within the context of relationships. Dr. Adam Messinger is going to talk to us about teen-dating violence, Dr. Katie Edwards is going to talk to us about intimate partner violence, Dr. Scheer is going to talk about sexual violence, and then Dr. Guadalupe-Diaz is not going to talk about a specific form of violence but is going to talk around systematic and institutional barriers that shape both violence itself and access to care for those who experience violence. So, with that, I'm going to hand over to my first presenter, Dr. Messinger and then over to you, and I will come back for comments at the end. Thank you.

### ***Teen Dating Violence***

**DR. ADAM MESSINGER:** Hi, my name, again, is Adam Messinger. I'm an associate professor at Northeastern Illinois University, and as Rob mentioned, I was going to talk with you today about LGBTQ teen-dating violence. I guess, next slide? Thanks. Just to begin, the research literature on youths is similar to that on adults, which is found that among youths, lesbian, gay, bisexual, and queer individuals are more likely than heterosexual individuals to both be survivors of and perpetrators of dating violence, and the same goes for among trans ... among youths, trans individuals are more likely than cis-individuals to experience both perpetration and victimization of dating violence. A couple of longitudinal studies have also found that in cohorts, as well as among specific samples, they found that rates of victimization and perpetration actually have stayed relatively stable or similar over time from early high school through early college, which suggests that perhaps intervention and prevention efforts need to begin prior to high school. Next slide, please? So, as we know, much of the research literature is cross-sectional. Data is gathered at one point in time, and consequently, it's sometimes difficult to ascertain from those studies whether covariates are causes, outcomes, both, or neither of dating violence or IPV, and so here, this slide really just tries to capture what we know is an empirically tested covariate of victimization and perpetration among youths. In particular, research has shown that among youths,

victimization risk is higher for LGBTQ individuals; sometimes trans people are included in those samples but are also sexual minority identified. If they've experienced mental health issues—including depression; anxiety; PTSD or suicidal ideation; substance use; sexual risk taking, including unprotected sex; sex work; and housing insecurity—a couple of risk factors that also may indicate a degree of socialization into acceptance or normalization of violence, including child abuse victimization and also associating with peers who have pro-abuse attitudes. And then, lastly, having ... being part of an unsupportive or discriminatory social support network in terms of friends, family, and school culture. Among research specifically looking at covariates of victimization among trans youths, there isn't much research, but the research that is there has found both depression as well as sex work and former incarceration to be associated with an increased risk of victimization. Perpetration has not been studied nearly as much and hasn't been studied at all in terms of statistically significant covariates for trans youths, but among LGBTQ ... LGBQ youths, in particular, perpetration risk is higher, it's been found, for those who experience depression, PTSD, substance use, and then a couple of factors potentially associated with minority stress, including a lower degree of outness and internalized homophobia. Next slide, please? So, that brings us to what we don't know, which is, unfortunately, a lot. There are a lot of gaps, more broadly speaking, in the LGBTQ IPV literature, but the gaps are even more substantial on youths. In particular, there's a lot less research on teen dating violence among trans individuals; a lot less research looking at risk factors for perpetration, unlike with victimization; little to no research looking at directionality of abuse in regards to LGBTQ youths for those who might be survivors, perpetrators, or both. And the motivations behind that abuse, such as self-defense in some instances, has not really been examined. Within-relationship trajectories into, during, and out of abuse through longitudinal research has been not studied sufficiently; help-seeking processes studied quite a bit among LGBTQ adults, not so much among youths. LGBTQ-specific forms of identity abuse among youths not sufficiently studied; preteenage relationships have been not studied at all among LGBTQ youths and abuse; and then prevention programming and services for youths that are LGBTQ-specific have not been empirically tested yet for the most part. Next slide, please? And that's basically it; I was also just going to highlight if you were looking for additional sources, I've been fortunate enough to be a part of a couple of books that provide a broad overview, not only on teen dating violence but also IPV, more generally, in LGBTQ populations, one of which, *Transgender Intimate Partner Violence*, just came out, I think, last year—which I co-edited with another one of the speakers here, Dr. Guadalupe-Diaz—and then the other book, *LGBTQ Intimate Partner Violence*, came out in 2017, and that also ... combined with the trans book provide a pretty good overview of the literatures, as well as some evidence-based recommendations for policy and service provision and research. Next slide, I guess, please? Thank you. And that's basically it. Thank you.

**DR. STEPHENSON:** Thank you, Adam. We're now going to move along to our second presenter, Dr. Katie Edwards. Katie, can you unmute and make yourself visible, please?

## ***Intimate Partner Violence***

**DR. KATIE EDWARDS:** I'm here. Thank you. So, thank you all for the opportunity to speak with you today about intimate partner violence among sexual and gender minority adults. And my name is Katie Edwards, and I'm an associate professor at the University of Nebraska–Lincoln and also director of Interpersonal Violence Research Laboratory. Next slide, please? So, research suggests, in general, that sexual and gender minority individuals have disproportionately higher rates of intimate partner violence compared with heterosexual cisgender individuals. And this appears to especially be the case for bisexual individuals, as well as individuals who identify as trans and other gender diversity identities. We also know from research that sexual and gender minorities experience unique forms of intimate partner violence, such as threatening to out one's partner, questioning their sexual orientation, and so forth. Now, until recently, measures of intimate partner violence have been largely heteronormative. It's only recently that IPV instruments have begun to assess unique forms of intimate partner violence experienced by sexual and gender minorities, which has really limited of our ability to do research in this area; and then a final point that I want to just ...

**DR. ALLISON:** I'm so sorry to interrupt. Katie?

**DR. EDWARDS:** Yeah?

**DR. ALLISON:** I'm so sorry to interrupt. It's a little hard to hear you. You're kind of coming in and out a little bit. I don't know if you can position yourself closer to your microphone?

**DR. EDWARDS:** Yeah, I'll do that. Is that better?

**DR. ALLISON:** Thank you! That does sound better.

**DR. EDWARDS:** Wonderful. So, just the final point I want to make is that we know that intimate partner violence among sexual and gender minorities is often bidirectional. Next slide, please? So, risk and protective factors for intimate partner violence, victimization, and perpetuation exist at all levels of the social ecological model. And many risk and protective factors for intimate partner violence are similar for sexual and gender minority individuals and heterosexual and cisgender individuals. So, for example, we know that alcohol use is a robust predictor of intimate partner violence for sexual and gender minorities, as well as heterosexual and cisgender individuals. However, sexual and gender minorities experience unique risk factors for intimate partner violence, and we use the minority stress framework to understand this. So, we know that distal stressors, such as discrimination and hate-based victimization, leads to proximal stressors, which include internalized homophobia, biphobia, and transphobia, as well as identity concealment; and these proximal stressors lead to numerous deleterious outcomes, including intimate partner violence. So, that really helps us to understand why we see higher rates of IPV among sexual and gender minorities. Next slide, please? As you all know, intimate partner violence victimization



leads to numerous negative outcomes, and it appears from some research that sexual and gender minority victims of IPV report more deleterious outcomes than heterosexual cisgender victims of IPV. There's not been a lot of research on this, but some preliminary research suggests that this is due to increased barriers to help seeking. The sexual and gender minority victims of IPV phase; these variants include things such as fear of being outed, concerns about shedding a negative light on the LGBTQ+ community, and fear that services received will not be affirming and culturally grounded. Sexual and gender minority victims of IPV may also be more likely than heterosexual cisgender victims of IPV to perceive negative social reactions when they disclose to others about their experiences. So, negative social reactions are things like being blamed and having others not believe you, and we know from research—predominantly with heterosexual cisgender women—that negative social reactions to disclosure predict a number of deleterious self-outcomes. Next slide, please? So, most of the research on IPV today among sexual and gender minorities is cross-sectional; this really limits our ability to understand the ways in which factors, such as minority stress, may be both risk and/or outcomes of intimate partner violence. There's also a dearth of research that's used in intersectional framework to understand the ways in which multiple marginalized identities impact intimate partner violence experiences among diverse sexual and gender minorities. The other thing is we learned a lot over the past 2 decades—especially, I would say, in the last decade—about intimate partner violence among sexual and gender minority individuals, but we've done a rather poor job of actually translating this research into affirming culturally grounded prevention and intervention efforts. And so, I think one of the things that's probably very clear is that we need to address minority stress at all levels of the social ecology, including all forms of depression—again, giving ... given that we've really not focused much on intersectionality within this population. We also need to move away from solely focusing on risk factors to help build resiliency among this population, and also moving beyond merely focusing on intimate partner violence and how other forms of violence intersect with IPV among this population. We also know, especially research with youth, that traditional heteronormative intimate partner violence prevention programs do not work for sexual and gender minority youth, even though they may move the needle on reducing violence among heterosexual cisgender youth, and we recently documented this in an article that came out in *Prevention Science*. And so, one possibility for why programs aren't working for this population is that they don't integrate aspects of minority stress, and so, we were fortunate recently to have received an NIH grant to develop and evaluate an online prevention program. It's with sexual and gender minority youth, not adults, so really, that seeks to integrate evidence-based IPV prevention strategies, such as enhancing social, emotional learning skills and bystander intervention skills, with strategies to reduce proximal forms of minority stress and really using a resiliency-based framework. We also need to do a better job of supporting sexual and gender minority survivors of IPV. We need to reduce barriers to help seeking, and this is something that may be especially needed in rural and remote areas of the U.S., where access to affirming and culturally grounded services are limited. And also think about creative methods, such as online support, to help increase access. And finally, we need to do more work around training informal and formal supports on how to respond to sexual and gender minority

survivors of intimate partner violence and ways that will promote healing for our country. Next slide, please? Again, thank you, all so much. My contact information is here, and I look forward to having a discussion with you all here on a bit.

**DR. STEPHENSON:** Thank you, Katie, and I'd now like to introduce my next presenter, Dr. Jillian Scheer, who's going to talk to us about sexual violence, Jillian? Over to you, please.

### ***Sexual Violence***

**DR. JILLIAN SCHEER:** Great. Thank you, Rob. Thanks for having me today. So, I just wanted to start off by talking a little bit about how critical it is to improve sexual assault prevention and treatment, especially in identifying the prevalence rates in populations that are disproportionately affected by sexual violence, including SGM people or sexual and gender minorities. A report from the CDC indicates that national rates of sexual violence among cisgender sexual minorities are as high as 46 percent for sexual ... for lesbian women, and 85 percent for bisexual women, 40 percent for gay men, and 47 percent for bisexual men compared to 43 percent for heterosexual women and 21 percent for heterosexual men, respectively. And findings also suggest that nearly half of transgender—another gender minority respondent—such as nonbinary individuals, have been sexually assaulted in their lifetime. Trans people also report nearly four times the odds of sexual violence compared to cisgender people, and given that perpetrators target victims who are perceived to be less likely to resist or report victimization, sexual violence estimates are even higher among SGM people who have disability, who are homeless, who have engaged in sex work, or who are immigrants. Because sexual/gender minority people who are exposed to sexual violence victimization are often unwilling to report violence, statistical data often reflect lower rates of incidence than would otherwise be the case, and this often leads to minimal funding for direct services, advocacy, and prevention, particularly for SGM communities. I'm sorry. Next slide? Next slide. Okay. Sexual violence can take on unique forms with sexual and gender minority people, such as when perpetrators justify raping or sexually assaulting bisexual victims by relying on false myths that bisexuals are hypersexual, and along with the more traditional forms of sexual violence, victimization, anti-sexual and gender minority bias can be used as sexual violence tactics against SGM people, such as when perpetrators intentionally sexually assault parts of trans peoples' bodies that had or continue to have gendered meaning, such as genitals. And these types of pervasive beliefs about gender, sexual orientation, sexual assault also have important implications for SGM people's lower likelihood of utilizing social support services, following experiences of sexual assault. And specific to SGM perpetrators, those who are internalizing stigma-related beliefs—such as homonegativity—may be more likely to use sexual violence because they view their SGM partner as deserving of the abuse, or they may even wish to overcome their own feelings of disempowerment and disenfranchisement. And in addition, we know that some SGM people may justify using violence against their partner to cope with their own experiences of anti-SGM violence. Next slide? So, as you can see here, there's a conceptual model of the causes and consequences of sexual gender minority/sexual victimization that I created, and so, in addition to sexual violence, risk

factors among cisgender sexual heterosexual individuals, such as hazardous drinking, childhood sexual abuse—as was noted earlier in this in this workshop—sexual and gender minority individuals face additional stigma-related stressors, namely minority stress, that may contribute to their elevated sexual violence risk. As we know, minority stress theory suggests that SGM people experience socially based stressors. And as you can see here, minority stressors also have been shown to elevate people’s risk of sexual violence victimization, which can then reinforce minority stress experiences, such as internalized stigma, anticipating bias-based victimization. SGM people also then may participate in unwanted sexual activity due to experiences of internalized stigma and other minority stressors, further increasing their risk for sexual violence. And we know that sexual and gender minority people’s stigma and sexual violence exposure produces elevations in this population’s stress-sensitive reactions, such as [inaudible]; social isolation; emotion dysregulation; as well as minority-specific stress responses, including shame, producing overwhelming effects on an overall allostatic load. And we also know that psychophysiological stress reactivity and stress-sensitive reactions can confirm ... can confer risk for sustained psychosocial health problems and health risk behaviors, including substance use, sexual risk taking, suicidality—all of which research is showing place SGM people at further risk revictimization. Next slide, please? The World Health Organization recognizes sexual violence victimization is a preventable public health issue, which I think is important to keep in mind, and to this end, research underscores the importance of targeted prevention programs for reducing SGM people’s risk of sexual violence victimization exposure, such as promoting community education about sexual violence, implementing bystander interventions and policies that foster a zero tolerance attitude toward sexual violence and rape culture in general and along sexual and gender minorities in particular. Additionally, prevention efforts that target SGM people and others who are at risk of perpetrating sexual violence against people are needed, and further, given the widespread health consequences of sexual violence victimization among SGM individuals, prevention and intervention strategies should identify readily available, accessible, culturally competent, and trauma-informed services for this population. We also know that sexual/gender minorities with sexual violence victimization face unique barriers to accessing informal and formal support services, such as feelings of shame related to other experiences of sexual assault or fears of being outed or out by the partner. And all these services are important for recovery and healing from abuse, and these findings together underscore the need to reduce help-seeking barriers among sexual violence—exposed SGM individuals by developing affirmative training and tailoring interventions for SGM people. Next slide? So, overall, research focused on gaining a better understanding of sexual violence victimization, disparities, risk, and protective factors. The underlying causes or associated characteristics of SGM people’s victimization experiences are important for primary and secondary prevention on these types of environments. There’s also an urgent need to prospectively examine associations between sexual violence victimization health consequences among SGM people currently leading a study using ecological, momentary assessment to kind of tease apart some of the temporal associations. My current lab ... and in addition, there is a need to improve the ability to identify those at risk of experiencing or perpetrating sexual violence through effective screening methods. We also need to understand

developmental contextual, situational, instructional determinants of sexual violence victimization and develop effective interventions across these levels, as folks have mentioned. Studies should also conduct implementation research with existing evidence-based interventions for SGM people with sexual violence exposure and determine for whom prevention and intervention approaches will reduce sexual violence, risk, and related consequences. And finally, we need to evaluate changes in laws and policies that might influence SGM people's risk of sexual violence. And next slide? Okay, thank you. This is my contact information, as well.

**DR. STEPHENSON:** Thank you, Jillian. Now, on to our last speaker. I'd like to invite Dr. Guadalupe-Diaz to unmute and put himself on camera. And ... Go ahead; off you go.

### ***Systemic and Institutional Barriers***

**DR. XAVIER GUADALUPE-DIAZ:** Awesome. Thank you. Hi, everyone. Good afternoon. Good to be here with you all. I'm going to provide a very quick overview of systemic and institutional barriers in LGBTQ IPV help seeking. Next slide, please? So, first, I want to mention that I'm approaching systemic here to refer to cultural and societal ideologies that are systemic, or at least systematically or systemically upheld, and that I'm talking about systemic barriers as distinct from institutional, which I'll approach as social institutions, like the criminal legal system and shelter services. So, I'll start here with the fact that the literature shows that heteronormative and cisnormative and/or trans- or homophobic myths about IPV don't just influence IPV perpetration, but they also present themselves as barriers to help seeking, as they might prevent victims from really seeing or labeling abuse, or these myths may facilitate the internalization of feelings of deservedness of the violence. And so, some of these myths include ideas like that LGBTQ IPV is rare or less severe, that abusers are always masculine, that it's the same as all other forms of IPV, or that it's just something that shouldn't be discussed because it makes the community look poor or worse or something along those lines. Minority stressors come into play with help-seeking barriers, as well, not just with perpetration risk factors. But they also present themselves as barriers to seeking help. The literature often distinguishes between individual- and interpersonal-level minority stressors. For example, internalized transphobia, internalized homophobia might be experienced more at the individual level, while you might also see, sort of, at the interpersonal level discrimination and help-seeking avenues, which I'll address a little bit later. Next slide, please? So, overall, there seems to be mixed findings in the literature, but overall, we see that SGM survivors of IPV might be less likely than their heterosexual and/or cisgender counterparts to seek help from formal avenues, like shelter services. Some of the mixed findings generally show that there might be a greater reliance on informal avenues—folks like our friends and families, neighbors, or work colleagues. But we need a lot more research to parcel out some of these differences that are emerging in more recent literature, especially when it comes to transgender and gender-nonconforming survivors, who might actually be more isolated from friends and family than cisgender SGM and, therefore, might actually be more likely to turn to formal avenues. Next slide, please? So, in terms of institutional barriers, I'll start here with

shelter services. The literature shows that factors—like LGBTQ sensitivity and competency among shelter staff; things like stigma, not just from staff but perhaps other residents; and just broader systemic inequities and intersectional factors—all present themselves as barriers to services for LGBTQ survivors. While health-seeking literature is pretty robust with cisgender LGB folks, there are more ... there's really more research needed on these transgender-specific barriers. Some of the more recent literature shows that transphobia, cisnormativity, gender-segregated services and spaces combined with the heightened and compounded vulnerabilities—like housing and employment insecurity—that transgender people face disproportionately might also present themselves as additional barriers to help seeking. I'm shouting out here a recent study or forthcoming study using U.S. transgender survey data looking at factors related to whether survivors utilized formal services, like a shelter service, and we found that trans survivors who were women, asexual or bisexual, poorer, younger, undocumented child-free, ever experienced homelessness or transphobia, or reported sexual IPV actually reported greater odds of not seeking help due to fearing transphobic responses from shelter services, so even among just a singular population, like transgender folks, we really need more research on all of these other intersecting factors in such a diverse community. Next slide, please? And so, the last institutional barrier category here is policing and the criminal legal system. We have to absolutely account for the ongoing legacies of criminalization of LGBTQ people and how that intersects with systems of oppression, like racism and xenophobia and classism. We see in the literature pretty commonly that, at least among cisgender SGM, that people of color may be less likely to disclose abuse to police when compared to white cisgender SGM. When we look at available data on gender survivors, we might even see, sort of, higher rates of avoidance of the criminal legal system, especially if the police ... transgender survivors report heightened hostility from police and courts, things like brutalities, misconduct, misgendering, and other forms of revictimization. Also, plug here a chapter in a book that Dr. Messinger mentioned earlier on *Transgender IPV: A Comprehensive Introduction*; there's a chapter there by Kate Greenberg that reviews best practices and policing related to transgender IPV. This is something that we'd need more of in the literature, and Greenberg just does a great job of not only straddling ideas around training and improving existing services but also more transformative ideas, like questioning our reliance on the police—whether it's absolutely necessary—and respecting survivor rights and decisions when they don't want to involve the criminal legal system. Next slide, please? And that's it for me. Thank you.

**MALE [Unidentified]:** Do you care to go on?

### ***Moderator Overview***

**DR. STEPHENSON:** I'm just going to take a few minutes to give some of my thoughts on what's been said today, and I'm going to start by summarizing some of the key findings—or the key takeaways, rather—from our four presenters, and then I'm really going to focus on understanding what I think some of the research gaps are and suggesting some of the ways forward. So, in summary, this is our third session today, and we've heard the same thing again and again—and I don't mean that in a negative

way, but we're consistently hearing that sexual and gender minority individuals have high or higher rates of all different forms of violence. So, we see again when we're looking at violence that occurs within relationships—be it sexual and/or romantic relationships—and there's a lot of evidence now that there are very high levels of violence—in particular, IPV—for sexual and gender minority populations, and I'm always ... [inaudible] as to why I was surprised by that. A relationship is a relationship. This should really be no reason why the high levels of IPV in opposite-sexual relationships aren't seen in same-sex relationships or relationships for sexual and gender minority populations. But what I think is important is moving beyond the prevalence. I think we've done that now; we understand that as high levels of violence, but you're really having a more nuanced look to explode some of myths around violence that takes place in the relationships for sexual and gender minorities and to really focus in on some of the unique antecedents, because it's only once we understand those that we can have successful pathway to intervention. So, one of the things that I became aware of in several of the presentations is exploding the victimization myths. In all SGM health, we approach it through a lens of structural vulnerabilities, and that's not to say that SGM populations will not experience very high levels of structural [inaudible], but I think what that led us to is really ... for a long time, we only focused on violence, with the understanding that members of the SGM community were victims of violence, but as you saw from all of these, it's actually very high levels of perpetration, and we are very much at the ... at the early epidemiology stage of that finding. We know that there are high levels of perpetration, just as there are in opposite-sex relationships. We really know very little about unique antecedents of perpetration. The factors that drive violence in the SGM populations really need a lot more work, and as I've said, I agree; I really believe a relationship is a relationship, and there's a lot of common factors—substance use, external stressors, relationship quality, financial stress, whereas over ... children or childlessness, those known drivers of violence in opposite-sex relationships exist in all relationships, but there are many identity-specific drivers or antecedents of violence, particularly, IPV, such as experiences of internalized homophobia or experiences of external homophobia. And I think we need to do a lot more nuanced research in understanding the pathways between those and the experience of violence, also the form and function of violence, which I, you know, argue against, you know, separating out populations to look at sexual minorities and gender minority separately when we look at relationship violence, yet the forms and functions of violence are very different. And there's a lot of commonalities here ... that's physical and sexual, but the types of emotional, psychological monitoring of controlling abuse that exist for SGM relative to cisgender or—sorry, I missed that—or ... between gender and sexual minorities are really quite different, and I think we need to stop trying to use one measure of violence for everyone. Context is everything. You know, in the school environment, that's a huge point of intervention and teaching SGM youth about relationships and how to have relationships—I mean, no one ever teaches that anyway—but understanding how that can be an intervention to prevent violence. And several of our presenters today, you've mentioned minority stress theory, and I think we do need to a better job of unpacking the arrows in the diagram. I think we're doing a very good job of understanding the cross-section of associations, but understanding why and what the mechanistic

pathways are, I think, is missing. Can I go to the next slide, please? Thank you. And so, this is what I think are some of the gaps before we open up the questions. And there's a huge gap in transgender and gender nonbinary populations. And again, we've seen today the very high levels of relationship violence, experienced by transgender and gender-diverse populations, but we need to be better at having more accurate measurements. What are the unique forms of violence in their relationships? What are the specific antecedents to violence? What about perpetration on culturally appropriate interventions? Perpetration is a big one that we really ... I think we're playing catch-up perpetration. As I said, this stays at our nascent stage. We understand the basic epidemiology of it, but we need to know a lot more about the perpetration rates and what the antecedents are. If you look back at the history of violence research for SGM, it was traditionally heavily focused on women who have sex with women, and we need to, you know, to catch up with other SGM populations to look at perpetration. We haven't really explored new models of intervention—well, I don't think we have. A lot seems to be focused on what other problems with current heteronormative intervention models and taking them and trying to adapt them, which is one tactic, but what about building from the ground up? Models are specific to the experience of gender ... sexual and gender minority populations. The experience of violence in early relationships is something we know almost nothing about in sexual gender minority groups. I can't find a paper—please tell me if you have one—that looks at the ... that has a quantitative understanding of the experience of violence and relationships of SGM under the age of 15. And you know, we all know that relationships exist before that, and I think that's the ... what you do in those first early relationships is so important, and I think it's so necessary to understand that experience of violence with very young SGM populations. Screening, you know, we have relatively good measures of IPV for sexual and gender minority groups, but where do we begin to ... when are we going to start creating screening tools that are culturally appropriate? And when do we do a screening? When do we screen SGM youth—or SGM in general? Where does that live? Which really brings me onto my second ... another area—and it's one that I'm really passionate about—is integrating IPV or relationship violence into other services commonly used by sexual and gender minority groups you know, for gay/bisexual men who have sex with men, there's a plethora of work on HIV testing. Yet, it's been 40 years into the epidemic, and I'm still trying to persuade people to include IPV screening as a risk factor in HIV testing and counseling, and it's bizarre that those two things haven't melded together. I'll say that almost everything is cross-sectional. We need myth-busting, evidence-creating cohort studies that need to be national; they need to be diverse; they need to be long ranging—6 months is not at all a study—and they need to challenge heteronormative assumptions about some of these associations. So, last slide, please? When Susannah introduced me, she did not say that one of my skills is art, and so, this is not a great diagram. I just wanted us to actually think about violent ... relationship violence for SGM populations has been a syndemic in a largely unknown context. So, I put in the middle of the triangulation of mental health violence and substance use, and with lots of new questions, we have these heteronormative assumptions about what those mechanistic pathways are. I just don't think we've unpacked them fully for sexual and gender minority groups. And then around the edge here's a basic socioecological

model approach. You know, the inner circle, what is the context of this relation violence in school environments or in early relationships, or as the wider context, how is it shaped by state-level policies and environments for the demographic profile of the state if you're the, you know, one of only two sexual and gender minority people in the middle of rural Nebraska—I don't like picking on Nebraska. You know, what's your access to services? How does that heavily heteronormative environment shape your ability or willingness to tolerate relationship violence? And I just think there's a lot more about these macro-level structural factors that we haven't unpacked. I also want to go on about measurement, but I won't right now. I will end there, and I will ask the panelists if they could plug themselves back on camera for now and so we can start answering some questions. Thank you very much. What questions do we have, please?

### ***Group Discussion***

**DR. AVILA:** Thank you. So, the first one is from Carrie Lippy. It says, “Dr. Hamby’s comment also raises for me the overemphasis of individual, discrete RCT-tested curricularized interventions. These interventions are rarely multidisciplinary, culturally responsive, or at any ecological level necessary to lead to the kind of social change that’s needed. I’m excited to talk more about what research of complex, community-grounded, and structural-level solutions could look like.”

**DR. STEPHENSON:** I think that was a question for the ... lingering from the previous session, but it’s a good question. So, if any of our panelists now want to take a run ahead, please feel free.

**DR. EDWARDS:** I may not know. I’ll just—this is Katie—I’ll just say that, you know, absolutely. I agree. I think we have focused ... can you hear me?

**DR. STEPHENSON:** Yes. We can hear you now.

**DR. EDWARDS:** Okay. Great.

**DR. AVILA:** Thank you.

**DR. EDWARDS:** Thanks. I just absolutely agree. I mean, I think we focused far too long on these very individual curriculum-based programs, which, you know, move the needle sometimes but often not, and we really don’t know the extent to which it worked for sexual and gender minority use. And I think, again, you know, we have to really start thinking about dismantling these larger systems of oppression because, without that, none of our individual-level efforts are going to lead to a sustained change. Thank you.

**DR. AVILA:** Thanks. Okay. Next question: “Dr. Edwards mentioned that most IPV and SGM populations is bidirectional. Can you elaborate? To your knowledge, is there any research that attempts to break findings of bidirectionality down in any way (e.g., how much of this perpetration is retaliation to existing abuse, etc.? What, if any, might be the implications for interventions for SGM populations?”



**DR. EDWARDS:** Yeah, thank you for that question. I also put in the chat box a literature review we published a few years ago, where a number of studies did find evidence for bidirectionality. The exception to that was with help-seeking survivors. There was less evidence in that. Again, those were largely studies of adults.

Dr. Messinger—who's part of this panel today—we published a paper together where, with the exception of verbal abuse, we actually didn't find bidirectionality. So, again, I think that there's evidence that it exists, but certainly more ... more work is done. And in terms of what does that mean for prevention? I think we know there are a number of overlapping risks and protective factors. For both victimization and perpetration, a lot of traditional programming—particularly that's been ... used a more heteronormative lens—has been developed and, you know, delivered at the same time and shown evidence that you can reduce both victimization and perpetration. Again, those are more individual-level curriculum types of programs, but there is some evidence of that, although, again, we know very little other than from two studies—one of which I just published—that those programs don't work for sexual minorities.

**DR. STEPHENSON:** If I can step in as moderator and also answer that question? So, I ... you know, a challenge to that without the bidirectionality of which IPV in SGM is ... I think it's a measurement issue that goes on. I think it's a measure issue with all violence, particularly with IPV. So, as researchers, what we do is we give people a scale and didn't say, "Did XYZ happen to you?" And then, we labeled that as IPV. We don't ask them if they will think ... feel they were in a violent relationship. So, I think with ... I work mainly with male couples, and one finding was that we had a very high ... using simple screening tools with very high levels of bidirectional IPV, like 40 percent. In doing some qualitative work, you know, it became very clear that there might be two men in a relationship. They argue over watching TV, and it revolt ... it results in a death, you know, physical fighting. That's a dysfunctional relationship; it's not necessarily an abusive or IPV relationship. That's actually characterized by differential power structures. So, we started adding the question, "Have these things happened to you? Do you feel safe in your relationship?" [inaudible] an abusive relationship, and it brings it down. Bidirectionality falls in the IPV. The other thing that we don't talk about is BDSM—I mean, in research; we might talk about it elsewhere—but we also ask people, "Was any of these acts part of the BDSM consensual relationship?" And it actually brought on prevalence down by 11 percent, and so, I think just, you know, we have a tendency to say, this, you know ... "X said that if they were slapped in their relationship, therefore, it's abusive," and it might not be. That means that it's contextually specific. Sorry, back to your next question, please.

**DR. MESSINGER:** Can I add one last thing about this?

**DR. STEPHENSON:** Of course, please.

**DR. MESSINGER:** Sorry. Getting back to the methodological issues, too, oftentimes what gets labeled as "bidirectionality" is research asking about violence perpetration and victimization in a time frame, not necessarily within the same relationship. So, someone might be a perpetrator in one relationship or survivor in another, not necessarily both in the same relationship. And then there's also, I think—as

Dr. Stephenson was getting to—there’s also the question of context and motivation, research in cisgender literature finds that sometimes people who might be identified by, say, the conflict tactic scale as a perpetrator maybe actually used violence in self-defense. So, those are all important questions that need to be ... continued to be unpacked in future research.

**DR. AVILA:** Thank you. Okay, the next question? “Given the incredible burden of sexual violence at 15—bisexual women—I wonder if the panelists can speak to specific intervention strategies that are being studied to remedy this disparity.”

**DR. SCHEER:** I can speak to this in that by, you know, the ... I’m not sure that there’s any specific interventions or prevention strategies that are targeting bisexual folks, in particular—but panelists and others, please correct me if I’m wrong—but certainly there is a need. And I know later on in the chat, there was some discussion about even just documenting these prevalence rates within sexual and gender minorities is a novel kind of area of research that folks are encouraged to do more and more, which requires larger sample size and funding to do that kind of work. And we are seeing consistently that bisexual folks, not particularly bisexual women, are at greater risk of sexual violence and other forms of partner violence, and some research is showing this ... a lot of it is theoretical at this point that specific tactics of abuse that target one’s bisexual status, like using anti-biphobia against anti-sexual prejudice, like stereotypes like that they’re more promiscuous or their identities are invalid or that they need to prove that they’re really bisexual, you know, in some form or another. I think that a lot of research is missing some of the nuances in which that preference rates don’t certainly uncover. Thank you.

**DR. STEPHENSON:** Thank you. Can we have the next question?

**DR. AVILA:** Sure. I have two comments from the previous question. One, Michele Ybarra said, “Just to emphasize that point, we got several open ends from adolescents who said the same thing, that sometimes their experiences were consensual within a BDSM context,” and the second comment ... oops, apologies. “I 100 percent agree about bidirectionality as a measurement issue. Conflict-tactic, scale-type instruments are known to be unable to measure the hallmark of IPV, which is a pattern of a power-and-control relationship. This discussion really underscores the need for greater clarity of the definition of IPV in our research.”

**DR. STEPHENSON:** Do you want to add to that? I mean, I will say, you know, one of the things I’m interested in is that how people not only conceptualize but choose to report violence in relationships is highly gendered. So, we did some work recently on male couples. It’s unusual to have IPV data from both members [inaudible] simple [inaudible] statistics, we show ... we show that [inaudible] over-reported youth in ... with heterosexual man, who vastly under a perpetration, and then, you know, followed work, a lot of it was like this ... basically, a toxic way of trying to confirm a masculinity, like, “We are all men; that’s what we do. We hit each other,” even though, you know, the victimization was under-reported. So, there’s so many measurement issues that we

just haven't got a big handle on. I'm talking too much. Sorry? Anyone on the panel want to answer that?

**DR. SCHEER:** I will just jump in, too. I think, you know, something Dr. Edwards and I have lots of conversations about kind of the dose response. You're thinking about victimization? I think oftentimes people ... I think, depending on how people are categorizing IPV—whether it's one item from the conflict-tactic scale or multiple or some score or some kind of composite demonstrating consequences and risk factors resulting from those variables ... I think can yield quite large variability in our research, so I think there should ... we should work to have some better consensus for how to treat even these variables.

**DR. MESSINGER:** I can add one more thing. I don't know if we have time, but ... and maybe someone here in the panel can speak more to this than I can, but I just know that is oftentimes an ethical question in researching both partners in the same relationship because of the increased risk of retaliation by the abuser, so, although these are really important questions, and it would just be simple if we could sit down for a few hours with both partners, sometimes the most ethical thing to do is to not do that, to only talk to one partner.

**DR. AVILA:** Okay. This has several questions. "How much of disproportionate burden of sexual violence among bisexual women can be attributed to violence that occurs in the context of sex work? Has there been work to look at this? Are there any specific interventions developed that focus on LGBTQ perpetrators of IPV or/and bidirectional focus interventions?"

**DR. EDWARDS:** Sure. Can you just repeat the ... the question does have multiple parts. Can you just repeat that for me?

**DR. AVILA:** Sure. "How much of a disproportionate burden of sexual violence among bisexual women can be attributed to violence that occurs in the context of sex work? Has there been work to look at this?" And I guess the second question may be just a little different. "Are there any specific interventions developed that focus on LGBTQ perpetrators of IPV or/and bidirectional focused interventions?"

**DR. EDWARDS:** Well, I can just briefly. Oh, sorry.

**DR. STEPHENSON:** No, go ahead. I was going to ask if you wanted to take it.

**DR. EDWARDS:** I'm just going to say, you know, I think—and I see the comment here, too, as well from Michelle Johns—just the way that were ... the way that we can frame some of these issues in the context with which they're occurring can inadvertently reinforce some stereotypes about promiscuity and engagement and sex work, although I do agree that that's a specific context that is worth exploring and certainly destigmatizing, particularly in the SGM community, given the ways that folks have used sex work to survive because of, you know, structural and interpersonal victimization. So, I think it's an important question and not a literature based I'm deeply

familiar with ... and I also think that there's a real dearth of literature on interventions for perpetrators. Rob, I think you're going to speak to that, too.

**DR. STEPHENSON:** There's really little out there on perpetration and the unique antecedents. It's interesting that one of the universal—universal findings is like five papers—but one of the things that keeps coming up is that men who experience gay/bisexual women and bisexual men who experience homophobia or internal struggles with their sexuality have very high rates of perpetration, which kind of makes sense if you think about these internal struggles manifesting as violence, and that's malleable, and it's an intervention area that we haven't really focused on, and I think that should be an area that the field could really focus on.

**DR. MESSINGER:** And also, just to add. I believe it was NISVS, the National Intimate Partner and Sexual Violence Survey, among many other studies as we've been talking, but bisexual individuals are at elevated risk of experiencing IPV, and that was a national probability sample. So, although, obviously, sex work can be a risk factor, I think that that just ... my understanding ... so, that would just be one small increased risk factor, rather than something that explains an elevated risk of IPV in an entire population.

**DR. EDWARDS:** I can say something to the last question that was more around programming for perpetrators—sexual and gender minority perpetrators. I don't know, you know, in terms of, like, the intervention literature, you know, I am not familiar, but other people might be in terms of ... most of my work is with adolescents, and in terms of, you know, primary prevention, I'm not aware of any program that specifically targets preventing perpetration among sexual and gender minority youth. I know that two studies, including one I mentioned—mine—we've looked at how sexual minority status moderates program outcomes finding did not work for sexual minority youth, which Ann Coker also found in her evaluation of brain death. Again, the only thing I ... I'm sure there's other things that are happening, of course, but in terms of what's been evaluated, and as I mentioned previously, we have a new NIH grant to do an online intervention for dating ... dating violence among sexual and gender minority youth.

**DR. AVILA:** Thank you.

**DR. MESSINGER:** Yeah, I know this has been ... I mean, that's been one of the recurring questions I've noticed in the chat about interventions and prevention programs and services, and there really isn't a lot. I think most ... most research that has looked at intervention—evaluating intervention programs—with queer populations has predominantly looked at how heteronormative/cisnormative programs to the extent to which they're effective and SGM populations, rather than programs that have been tailored specifically. And same thing for perpetration. So, for example, research that's looked at the effects of batterer intervention programs that have been court mandated. Really, they're not changing the program. They're just asking the question of, "If we don't have to change the programs, can we just use what we already do for ... already used for heterosexual, cisgender abusers?" But they're not really asking the next harder question, which is, "What if we tried to tailor interventions and prevention

programs?” Those might be more effective, but they’re ... the ones that are out there haven’t really been empirically evaluated, for the most part.

**DR. EDWARDS:** And I just want to add one more thing. So, there is a study that was recently published—and I know Ryan Shorey was on it—that looking at adapting safe dates for sexual and gender minority youth, and I think they just said some kind of basic feasibility. All right, I’ll put the link here in the chat box in a second.

**DR. MESSINGER:** I was actually just ... kind of just complete a side note related to Safe Dates. I was thinking about that as we were talking about the context—the multiple levels of society and relationships and at the individual level—and how it impacts the likelihood of experiencing IPV or perpetrating it. And I was just thinking about how I remember correctly Safe Dates, one of the things that set it apart from other prevention programs was that it wasn’t just focused on changing attitudes of the individual and the school but also changing the culture of the school and the norms around the school and the role of families in some cases and socializing children, and so that that made me wonder. And I don’t know the answer to this, whether anyone’s trying to create or evaluate a program like that that not only addresses changing attitudes regarding LGBTQ partner violence but also reshaping homophobic, biphobic, and transphobic attitudes in the school as an indirect way to reduce the risk of IPV—again, thinking about that broader cultural school context and how that can actually, really have a powerful role in reducing IPV risk following that Safe Dates model. That’s more of a question. Not really an answer. Sorry.

**DR. STEPHENSON:** I think we have time for one more question. I want to make sure we keep this on time and be respectful for the next session. Do you want to choose the last question?

**DR. AVILA:** Okay, it looks like Jamie Small has a raised hand. Rachel, can you unmute Jamie Small?

**DR. JAMIE SMALL:** Hello, this is Jamie Small. I’m a sociologist in at the U.S. Agency for International Development. My raised hand was actually from an earlier session, but I think I can pose the same question now. Some ... a lot of my work ... I’m a gender-based violence adviser, and a lot of my work is focused internationally. And a lot of conversations and research has focused here in the U.S. and Canada, I think Any thoughts on how to translate this ... these findings and concepts in other cultural national contexts?

**DR. STEPHENSON:** Do you want to take a stab at that?

**DR. EDWARDS:** Was that a question? Was that me?

**DR. STEPHENSON:** It’s for anybody who ... anyone. Any thoughts on taking this global?

**DR. EDWARDS:** Yeah, I think I’ll let someone ... if someone else has thoughts, I’ll defer.

**DR. STEPHENSON:** I will say [cross-talk] Jamie that it's an area that's vastly understudied, and we recently completed a study of male couples in South Africa and Namibia, and it's very unusual to do a study on same-sex couples in African settings. And the high rates of IPV we found—like, 40 percent—with strong suggestions that it's just shaped by living in homes that are very conservative, often criminal ... criminalized environments, the same interventions are not going to work. They need a lot more structural-level interventions. You know, decriminalizing homosexuality is, you know, an IPV intervention, and it's not couched in that way, and so I think we need to do a lot more of understanding of context in, especially, middle- and low-income countries and how it puts people at risk of violence. I should not have the last word as moderator. Any panelist wants to speak before we finish?

**DR. SCHEER:** I'll just jump in there, but I don't know if it's the last word. I recently published a study looking at 42,000 women across 20 different countries using population-based data in Europe, and we found that sexual minority women, despite being a small percentage of the entire sample, reported disproportionate levels of intimate partner violence. This might not be surprising, but one thing we looked at was whether structural gender inequality could help explain not only the IPV rates from current and previous partners but also worrying about future experiences of violence and also reporting behaviors, and I can send that if folks are interested. We looked at intersectionality, as well, in terms of immigrant status and low income status, and I think that's a piece of the ways that that heterosexism can sometimes ... sometimes be weaponized as through misogyny and sexist structures and systems, and so I'm happy to continue that conversation if that's of interest.

**DR. MESSINGER:** One slightly related point, but just that's ... I sometimes wonder what I'm missing in the global research literature because of my own language limitations. When I was working on my last book in 2017 and I was trying to canvas the entire literature, I was painfully aware that I don't speak Japanese, and I had to use Google Translate to understand some of the articles and that my university didn't have the rights and access to some journals that are in another languages. I don't speak German, and so, that that also makes me wonder—there might be a whole other rich literature that I'm missing out on because I don't ... I can't afford translation services.

**DR. STEPHENSON:** I think we're out of time now. I just want to thank all of our panelists for really great presentations and everyone for a really interesting discussion, and I hope we can continue this. Thank you so much.

**DR. AVILA:** Thank you, everyone in Session 3, and I know there was a lot of questions that we didn't get to, so we're going to be sure to compile all of those and share it with everyone when we send out the working group materials. And we'll now move onto our last session on community violence, and I have the pleasure to introduce Dr. Karina Walters from the University of Washington.

## Session Four: Community Violence

**DR. KARINA WALTERS:** Good afternoon. [Greetings in a Choctaw language] Good afternoon, everybody. My name is Karina Walters. I'm enrolled in the Choctaw Nation of Oklahoma. It's an honor and privilege to be here with all of you. And I greeted everybody and also acknowledged the traditional lands I'm in here, which is the Snohomish people and the Duwamish people, but also acknowledged all the traditional lands all of you are on. It's my pleasure to be the moderator for the last session of the day—Community Violence—and without much further ado, we're going jump on in because I am going to reserve my comments for the end of the session. And I will be keeping track of time, just like everybody else. So, I would like to introduce our first speaker. Ellis Furman, who is a community-engaged researcher and Ph.D. candidate in the community psychology program at Wilfrid Laurier University. Take it away. Ellis. Thank you.

### *Gender-based Violence*

**ELLIS FURMAN:** Hi, everyone. Thank you so much, Karina. I'm still kind of shocked that I'm presenting at this event, but I'm really, really grateful to share some reflections with you on some of my work. So, this past semester, I taught Advanced Behavioral Statistics on Zoom to 28 psychology masters students, and yeah, it was a total nightmare. Long story short, some students complained about my content because it wasn't relevant to them, and they even reported it to my boss. For example, I spoke to my students about the origin of statistical tests and gave them some context, and I used RuPaul's drag race to explain linear regression models, which I guessed was a "no-no." So, at face value, that's small; no big deal, right? But I was totally triggered. I felt like I was a kid again—powerless, scared, and I would be getting into trouble if I behaved in ways that went against what was expected of me. Next slide, please? So, my brother and I grew up with very loving parents and extended family, and we had a lot of fun during our childhood, but loving families can also be full of lots of drama, conflict, yelling, name calling, threats, and erratic behavior. And as an adult, I know that hurt people hurt people, and that any kind of emotional hurt that I experienced and witnessed growing up from my parents and my family was only happening because that's what they knew how to do it at the time and it's what they learned from their families. Harm is complicated. So, I learned that being good man meant absorbing other people's hurt and pain along with my own and pushing it all away so that I could stay strong and that my parents could feel okay. So, gender was not relevant to me, because I was only really making decisions based on what I thought would keep the peace at home. For example, I used to feel really distressed when I had to wear dresses or skirts, but over time, I realized that if I broke down, then people would be mad at me, and they would just make the problem worse so I decided, "I'll just be quiet and suck it up, take it in, push it away, and not a big deal." Next slide, please? So, during my childhood and teenage years, I was busy managing lots of other people's feelings, and I was not really thinking about my identity. And when I tell you that I didn't realize that I was trans until I was 21, my only explanation's that I did not think about my gender because I was too busy worrying about my parents fighting, their divorce, and then navigating going back and forth between my parents and my dad and his new

partner. And when we push these parts of ourselves down, we end up behaving in ways that really don't reflect how we think or feel, and that makes us feel really uncomfortable. And these hurt feelings can go unprocessed or unresolved, and they continue to build and build and eventually begin to slowly pour out at times when we feel at risk of being hurt. So, gender-based violence involves situations where people are harmed, abused, or neglected based on their gender identity or expression by individuals, groups, or systems that are structured by gender bias, patriarchy, and power and privilege. So, based on this—and maybe this is an oversimplification—but I've noticed that when people harm others because of their gender, the perpetrators tend to have very strong and often unresolved feelings that are also related to gender. So, how can we really address gender-based violence without people doing the work of confronting and managing their own feelings and thoughts about gender and sexuality? Next slide, please? So, regardless of the form, a common thread seems to be an attachment to patriarchy, masculinity, and power. So, this idea has come up through some of my research, as well, and so in 2018, I conducted queer and trans inclusion audits with five violence-against-women agencies in the greater Toronto area. I used surveys, focus groups, and interviews to talk to staff managers and board members to really understand what the barriers and facilitators were to queer and transgender inclusion. And I found that fear and discomfort were the major barriers because we couldn't really go and embark on a process of organizational change until people actually dealt with their personal feelings about gender. We couldn't even begin talking about policy change before we got into a common language of how to even talk about these things. And in 2019, I did a content analysis of an online discussion board for trans masculine individuals looking at posts where they talked about masculinity, and I found that transmasculine ... people who shared ... who shared online that they had taken time to grapple with their feelings about masculinity and patriarchy in some way seemed to be living happier lives, for the most part, compared to the comments made by people who talked about avoiding or failing to engage with their feelings of masculinity or patriarchy. Next slide, please? So, these findings, honestly, really stress me out because I don't know how to convince people to take violence against queer and trans people seriously. When I feel like I don't know what to do, even about my work, the only thing I can really do is call my brother, because, even though he is a cisgender, heterosexual, man, he's still my best friend and usually has something smart to say, so I called him in preparation for this presentation. And I was, like, "Jamie, what do the people need to know about gender-based violence?" And he's, like, "Okay." He knew I was serious, so he was, like, "Hold on." He pauses and then he's, like ... okay, the first thing is having a connection to a queer and trans person automatically is a thing that made him aware of these issues, so he said, "Of course, you just need to know someone," which is a very simple answer. And then the second thing he said is that "Once you, obviously, know that these things exist, you can't not do something about it." So, he said he started to feel a sense of responsibility that if he identified harm and was able to recognize it and if it was in his control to do something about it, he's like, "I have to do it; that's the thing." So, my brother's big insights on gender-based violence for everyone here is that you have to figure out what that means for yourself and then figure out how you can support others in addressing that. And I was, like, "Wow! That's so insightful. I'm so proud." But what makes it even



better is that my wholesome brother somehow managed to summarize the findings that came from our queer and trans inclusion audits and then instead of continuing to research more about queer and trans people's experience of harm, like we already know and the lack of training and education funding, I'm really trying to take all of that stuff and use what we know and combine it ... combine research and evaluation, art and design, and meaningful engagement to actually make some creative knowledge mobilization outputs that can actually make people feel something and connect to these very relatable issues and gender pressures faced by all of us. But now we can actually try and envision some kind of change that can be possible once we divest from patriarchy and start choosing ourselves instead. Thank you.

**DR. WALTERS:** Perfect timing. Thank you, El. Thank you so much, Ellis. Next, we have Phyllis Gerstenfeld, who is a professor of criminal justice at Stanislaus State, where she focuses scholarship on hate crimes.

### ***Hate Crimes***

**DR. PHYLLIS GERSTENFELD:** Thank you so much. I'm delighted to be here. Several other people have touched on hate crimes in their presentation, but I'm going to just give kind of a broad overview of some of the issues, particularly as they relate to SGM people. So, I'm going to start with a definition of a hate crime—a criminal act that's motivated by the victim's group or perceived group—so, if the perpetrators mistake about the group, it still counts as a hate crime. And that's important because it's distinguished from hate speech. And the thing that distinguishes it is the presence of some underlying criminal act. So, if somebody punches somebody or vandalizes their property, that's a hate crime. If they call them a name, if they publish material that's disparaging, if they display signs that are disparaging, that would be hate speech. And although hate speech can certainly be damaging to the people that it's targeted at, it's not ... it can't be punished under the criminal law because of constitutional protections. So, that's important. Some things kind of ... there's a kind of a fine line between ... sometimes between a crime and hate speech. For example, when threats are involved, that tends to cross over that line into crime. Each jurisdiction has its own hate crime law, and they vary quite a bit. There ... there are four jurisdictions currently that don't have one at all in the United States. Forty-six states do have some kind of hate crime law, as per the federal government, but what's really interesting from our perspective is that, of those 46 states, only 34 of them include sexual orientation as a protected category, and even fewer include gender—gender identity—as a protected category. So, in fewer than half the states would a crime against someone because of their gender or gender identity be considered a hate crime, and that decision wasn't an accident; that's not just an oversight on the part of states. Next slide, please? Looking at victims, we can draw some conclusions if we look at the data overall, depending on when we look and where we look. Sexual orientation is generally either the second or third most common motive that ... for people to commit hate crimes, at least according to the reports. And that "reported" word in there is really important because, as I'll talk about in a minute, a lot of hate crimes are not reported; in fact, the majority aren't reported. But if we look at the official data from ... for example, from the FBI, they have to do an annual audit. People's sexual orientation is the second most common or third

most common motive. Gender identity is far less often reported as a motive, which doesn't mean it's not happening; it just means, for various reasons, it's not getting reported or recorded by different jurisdictions. We do know, however, that when those crimes do occur, they're more likely to be violent or deadly. We also know that SGM people who are people of color are at increased risk of victimization, as well. So, there's ... there is some intersectionality going on there. When we look ... because the data are so problematic, it's sometimes better to look at other sources for victimization rates, and most of those estimates put ... the victim's ... victimization rates are very high among SGM people. [Cleared throat] Excuse me. One recent study put the ... estimated it at 28 percent among ... that was among young people and those ... which is about where a lot of the studies go. It's difficult because people's own conceptions of victimization may be different from the legal conceptions, and so forth. But in any case, it's certainly troubling. Next slide, please? There are a wide variety of problems with hate crime laws and their implementation. One of them is that the reporting rates are very low. Estimates are that fewer than one third of hate crimes get reported to police, and that's overall; chances are that those rates are much lower among certain groups of victims and especially groups of victims who have poor relationships with local law enforcement or who have reason to fear revictimization in various formats. And that may be particularly true for SGM people. So those report ... we really have to take the official data with a grain of salt because they're not ... they're giving us only a tiny little hint there into the real picture of what's going on. Even once crimes get reported to police, police recording of hate crimes is very inconsistent. It's inconsistent between officers in the same agencies. It's widely, wildly inconsistent between agencies, even adjacent agencies in the same area. So, again, it's really hard to tell what's really going on. And things like individual philosophies of the law enforcement agencies make a difference, and a lot of other factors, so that's another problem of interpreting what's going on. And once cases get beyond the police to the ... and land on the prosecutor's desk, they tend to die. We know there are very few prosecutions and convictions for hate crime. So, California, in an average year, may have about a couple of thousand or so reported hate crimes. In 2018, the most recent year that we have data for, there were only 228 prosecutions and only 67 convictions in the entire state of California. The primary reason for that is that you have to ... the prosecutor has to prove motive beyond a reasonable doubt, and that's often a really difficult thing to do, so they frequently don't even try. Next slide, please? When it comes to researching hate crimes, I've been researching them for 30 years, and it ... sometimes it's a little frustrating, because it feels like we don't know much more now than we did 30 years ago, but some of the things we don't know are what the victimization rates truly are in general and among specific groups. Another really important unanswered question is: What is the impact on victims? Obviously, being a victim of a crime, that's harmful, period, but how does the impact vary, depending on which ... the victim's group? How does ... how does being a victim of a hate crime differ to being a victim of an ordinary crime? How does it impact victims' future behavior? How does it impact the way that they interact with others? We really don't know that the answers to any of these.

**DR. WALTERS:** Hi, Phyllis, we have a few more seconds.

**DR. GERSTENFELD:** Okay. Thank you. We also don't really know why offenders commit these crimes. The vast majority do not belong to organized hate groups—we know that—and then related to that, we don't know what prevention methods might be effective, and so we're still really struggling with what to do to treat offenders and to stop the crimes from happening. And thank you so much.

**DR. WALTERS:** Thank you so much, Phyllis. We really appreciate that. Next, we are going to turn to Paz Galupo, who's a professor of psychology and director of LGBT studies at Towson University in Baltimore, Maryland.

### ***Workplace Violence***

**DR. PAZ GALUPO:** Hello, can you hear me? We're good? Okay. Thank you so much. I think we can go ahead and advance that slide. I'm going to be talking about workplace violence, and as you know, the Supreme Court ruled in June of 2020 that LGBT workers are protected from discrimination under the Civil Rights Act of 1964. This is important because prior to this, 27 states had no protections for discrimination in the workplace, and this patchwork of legal protections across national, state, and regional locales really drove the approach for a lot of the research and workplace discrimination. I've included to the left the response from the Human Rights Campaign to the Supreme Court ruling, because it really provides an understanding of how the general public, including LGBT advocacy organizations, think about the workplace. The HRC states that while the Supreme Court ruling was an advancement, additional work needs to focus on inclusive policies and practices that are essential for business, and in response, they highlight tools to rate corporate equality, and we see much of the existing research emphasizing these stay ... these same understandings of the workplace. If you could advance the slide, please? I want to consider some of the basic statistics that highlight that workplace discrimination is best understood in an intersectional context. So, while one in five LGBT Americans report discrimination when applying for jobs, for Black, Indigenous, and people of color, that number is one in three. Similar numbers applied to equal pay and promotion. When thinking about trans individuals, 90 percent report workplace discrimination, but even more important, the unemployment rates for trans individuals are 15 percent. Of those trans individuals who are undocumented, the rates are even higher at 49 percent. For those with a disability, it's 24 percent, and those who are BIPOCs, it's 23 percent. Next slide, please? Overall, workplace discrimination research has been framed within the context of policy and procedures, and those findings have consistently shown that there's less discrimination when nondiscrimination policies are in place. Other policies that have been studied have focused on benefits, workplace climate, and gender-neutral restrooms. When considering the impact of policy, the emphasis has been ... has really focused on milestones with regard to career trajectory—so, hiring, firing, promotion—but very little on, like, nuanced experiences within the workplace, and now that we have federal nondiscrimination protections, more research is really needed in these everyday experiences of discrimination and violence. Next slide, please? With regard to more daily or subtle experiences in the workplace, research has highlighted that identity disclosure and outness are main factors in the experience of LGBT discrimination. This research is also focused on behaviors by LGBT workers to

mitigate that discrimination, such as hiding their identity, delaying transition, and other factors that really compromise the mental health of sexual and gender minorities. One area of research that we focused on in my lab has been on LGBT microaggressions in the workplace. Microaggressions are brief daily verbal, behavioral, or environmental indignities. These can be either intentional or unintentional. I know other people have brought up microaggressions earlier today, and these communicate hostility and convey harm to LGBT workers. When we've studied this in the workplace, we can really understand microaggressions, in some ways, as a way of measuring workplace climate. They're impacted also by the power and the hierarchy that are embedded in the organizational structure, so that really impacts the severity or how pronounced the impact is for microaggressions. And they're also emphasized as being below policy, and so, they're really hard to address. And so, in that way, what's really difficult is most of the research is focused on policy, but microaggressions and a lot of the discrimination and violence is happening under policy. Next slide, please? So, limitations in the workplace literature is the predominant focus on corporate America. Workplace discrimination is framed as an understanding of those who are the most privileged among us, so those are white, gay/lesbian middle- and upper-class workers. There's a really need to understand BIPOC, trans, and nonbinary to address bi-invisibility. Understanding working class and working poor and to really frame an understanding of workplace and violence is happening in the underground economy—and so, that's work that is currently criminalized, such a sex work and drug sales. Next please ... slide, please? So, from my last slide, I just wanted to highlight the hidden experiences of workplace violence, specifically among trans and nonbinary folks, and this is ... these are findings based on the U.S. Trans Survey: 12 percent of respondents have done sex work for income, and nearly half of those are living in poverty; the lifetime experiences of violence among trans and nonbinary individuals who have engaged in income-based sex work ... it's very high—so, 72 percent had been sexually assaulted in their lifetime; 77 have experienced intimate partner violence. On the right-hand side, I just wanted to note that violent interactions with police among trans and nonbinary individuals who are engaged in sex work or who police have assumed are engaged in sex work—and that's a huge stereotype. That violence ... there's 69 percent of those individuals report being misgendered by police, 65 being verbally harassed by police, 27 being sexually assaulted, 18 percent being physically assaulted by officers, and 14 percent being forced to have sex with officers. So, for me, this really speaks to the need to understand violence associated with sex work as a type of workplace violence and as an important way to kind of flip the research paradigm to focus on those who are the most vulnerable among sexual and gender minority individuals, and I think the work to decriminalized sex work also might impact the way in which we conceptualize workplace violence in the future. Thank you.

**DR. WALTERS:** Perfect timing. Thank you so much. I'd like to introduce our next speaker, Naomi Goldberg, who is a deputy director and LGBTQ program director of the Movement Advancement Project Map, an independent think tank. Take it away, Naomi.

## ***Systemic and Institutional Barriers (Neighborhood Violence, Police Violence, etc.)***

**NAOMI GOLDBERG:** Hi, everyone. It's fitting that I am the very last speaker today, aside from Karina, who is going to be moderating. I would like to focus on what happens when LGBTQ people experience violence, including the various types of violence we've been talking about today. Next slide, please? So, the general story is that LGBTQ people seem to be less likely to want to report violence to law enforcement or go to seek out social services or other support services when violence happens. Certainly, as we just heard, when we look at experiences of hate violence, in particular, we know that there's this big gap between incidents reported to law enforcement through the FBI database compared to the rates of hate crimes reported to the National Crime Victim Victimization Survey, though that data isn't often broken out in terms of the ... to be able to compare the two data sets based on sexual orientation and gender identity. I do want to flag two papers that recently came out and were conducted by several people on today's call—including Andrew Flores and Jody Herman—that did analyze the National Crime Victimization Survey, and what they found is that actually LGB people and trans people are no less likely to report to police when they experience violence. I think those are really interesting findings, and I am super-intrigued to sort of dig into that data and see whether that holds. That said, I would like to highlight a couple of reasons why LGBTQ people may be less likely or more hesitant to report violence, both to law enforcement or to seek out community-based services. And I want to say that throughout today, many of you have raised some of these issues and challenges, and so this may be somewhat repetitive, but that's the joy of going last, I suppose. So, first, we know that there's this long history of mistreating ... mistreatment of LGBTQ people by law enforcement and other systems that are designed to respond when violence happens in communities. This includes profiling and entrapment, particularly of gay men, and now we see trans woman discrimination/harassment by police; ignoring victimization, even when police are called to intervene; and, certainly, some of this is indicative of the discrimination and exclusion from actual law enforcement ranks, over time, of queer people. Second, we know that people may be concerned about outing themselves if they report violence that may even be tangentially related to their gender identity or sexual orientation, and that this can be even more true in some communities than in others, including in rural or close-knit or religious communities, or when they may fear that they have to share more details about themselves or even their family members through the course of an investigation. Third, while we know that there are LGBTQ-focused and LGBTQ-inclusive antiviolence programs in many large cities and some statewide organizations, the vast majority of LGBTQ people do not live near one of these or even near a LGBTQ community center. So, the services that they may seek out, whether victim services or advocacy services or legal aid, they may not be fully LGBTQ inclusive or even competent. And the fear of discrimination, even if it isn't realized, is real. We know that from the survey from the Center for American Progress that one in four LGBTQ people reported experiencing discrimination in the last year. Finally, I want to flag that, as our society is certainly becoming increasingly aware, and white Americans are particularly becoming aware of the police violence against Black and brown people. We're also learning more about the experiences of LGBTQ people, particularly

LGBTQ people of color and trans women of color, and their experiences with police where they're often mistreated, harassed, sexual assault ... and sexually assaulted. Next slide, please? So, to give a little bit of context to these broader themes, the data reported to the National Coalition of Anti-Violence Programs—which is the coalition of organizations across the country—they find that LGBTQ people who experience hate violence, when they do go seek out law enforcement, they themselves then have poor experiences with the police. And you can see here this reports ... this includes indifference and hostility. There are even reports of victims themselves being arrested. I would like to share the case of Asia Love, a Black trans woman in Chicago who was accosted at a police station ... or sorry, at a gas station, with anti-trans slurs. She and her friend were then chased, and she got in her car. She hit one of the men with her car in an attempt to get away, and instead of investigating the incident as a hate violence incident, the police actually charged her with an attempted murder. She spent 3 years and 9 months in jail—in a men's jail, which, as we know, is where trans women experience incredibly high rates of sexual violence. Before she accepted a plea deal of aggregated battery. Now, she has a criminal record and has been unable to legally update her name. Next slide, please? If we look at beyond hate crimes to policing more broadly and that the previous speaker highlighted some of this, we know that, particularly, trans people have really horrible experiences with police. So, in New Orleans, on the left from BreakOUT!, which is a youth-of-color-led organization, 59 percent of trans youth had been asked for sexual favors by police. And on the right, we see in New York state, one in three trans people of color had been sexually or physically assaulted by police. Next slide? Before I close, I want to bring us to the policy landscape, as I am a policy advocate. I cannot ... we cannot think about improving the avenues for LGBTQ people who experience violence without addressing the broader policy landscape, which still permits discrimination and fails to advance safety. This includes the lack of explicit SOGI protections in federal law, particularly when it comes to federally funded programs like state and local law enforcement and federally funded programs like Legal Aid, and also in places of public accommodation, like restaurants and banks. I do want to flag that the Violence Against Women Act does contain SOGI protections, but that those protections don't span nearly all of the federally funded programs that are designed to support people at risk. As others have flagged, hate crime laws, state nondiscrimination laws, and others don't include LGBTQ people as an enumerated class. We also know that same-sex couples can marry nationwide and access family protections but that many queer families still lack family recognition. So, when they do seek out or are worried about seeking out assistance, they may worry about their families not being recognized. This means someone might stay in a violent relationship because they fear the lack of formal relationship recognition between a parent and child means that they might lose custody. Finally, we cannot ignore, especially after the past 4 years of harmful rhetoric from the highest levels of government and the more than 50 anti-trans state bills active in state legislatures as we speak, including many targeting trans youth, but the policy climate not only fails to address discrimination—including violence—but it can actually contribute to the dehumanizing and vulnerability of LGBTQ people, particularly trans people of color.

## ***Moderator Overview***

**DR. WALTERS:** Great. Thank you, Naomi. Beautiful. I'm going to close with a couple of comments and some areas of thought, as well, for this issue and try to pull together some of the insights based on our speakers today. Could you please forward it to my closing slide? All right, so one of the things that I feel like that just needs to be brought into the community violence conversation and thinking about our research agenda is looking at the role of historical trauma and microaggressions—and we've talked a lot about that today, so I'm not going to belabor that point—but also, really, the intersection with racism and lateral violence within LGBTQ communities towards LGBT folks of color. And so, let me just start a little bit with a couple of comments about historical trauma and some of my thinking about this. I've done a lot of research on historical trauma in American Indian communities, and specifically with LGBT Two-Spirit populations, and when I talk about historical trauma, what I'm talking about are events that are designed by human beings, targeting a particular group based on identity or nationality or other characteristics, but in this case, this would be targeting LGBT populations, with the intent to kill, really commit genocide or get rid of that population. We think about Nazi Germany, for example, with respect to the concentration camps for where LGBT people were also part of, and it also has to do with the systematic destruction of [inaudible] to really specifically focus on that and also the systematic destruction of thought ways—how we think and the knowledge generated potentially by LGBT communities. What makes this a bit of a challenge in terms of research is: How do we think about historical trauma with respect to people who are queer in LGBTQ and Two-Spirit and then, you know, being attacked for being gay or lesbian? A good example of, I think, more contemporary—what I would call historically traumatic events—is the Orlando massacre that happened in Florida and the 1970s ... the New Orleans massacre where gay bars were set on fire, and in terms of seeking more about the systematic destruction of culture and lifeways, as well, the targeting of gay persons in the 1970s and earlier in the 1940s and 1950s, in particular, of ... for removal and ... placement into institutional settings where a medical experimentation occurred, especially places like ... Atascadero State Hospital, where community members were given drugs that simulated something like water boarding; they were forcibly sterilized or castrated, and ice-pick lobotomies were performed on people. Famous [inaudible] performed well over 5,000 lobotomies; he estimated that at least 40 percent were done on what, quote, he called “homosexuals” at places like Atascadero. These are not ... these don't fall under hate crimes; these fall under a state-sanctioned, targeted events that target people for the destruction of a people or culture and lifeways. So, I think we have to do more theorizing around that with respect to LGBT populations. And then within American Indian/Alaska native populations, where a lot of this work has been centered, you know, we basically have found that chronic historically traumatic events that were targeted for being Native, not necessarily being LGBT, but LGBT people express distress around these historically traumatic events tied to their indigeneity that has been transmitted even intergenerationally. So, for example, people who had chronic exposure across generations of ... if historically traumatic events, such as for horse-sporting school and things like that in their families, basically, after controlling for their own their own experience or their own personal violence and their own sexual trauma and their own

physical traumas, even after controlling for those things, there was still ... we're still able to see the impact of historically traumatic event exposure, and previous subsequent generations in their family on their contemporary PTSD and substance use, so there's something going on there, too, with respect to the intersection of Tribal identity, Tribal experience, and intergenerational aspects of these historically traumatic events. So, I think we have a lot more work to do with ... in deepening or theorizing in these areas. I do think part of that work is we talk about decolonizing, and I'll give you an example of the importance of decolonizing in terms of language. You know, in my own Tribe, if you open up the dictionary and you look up ... you try to look up something that looks like something about being queer or gay or lesbian or vice versa, well, you won't really find it. You will find a term called hoobuk, and I've heard even native activist sometimes to get excited because we're trying to revitalize culture through language. And I heard one activist say, "Well, you know, there was a word in Choctaw for it, and it was hoobuk." Well, hoobuk means, literally, "castrated male." So, part of the decolonizing work is even decolonizing our languages, because if we understand that, we understand that a priest took that language, took that experience how they wanted to define it, and they framed it around this word "hoobuk" instead of really capturing what our status—our role—was in our community historically. When I talked to Marcus Briggs-Cloud, a linguist—a Creek linguist scholar—he described ... he said, "No, the real word is the two places where the two parts of the cloth of the medicine bag, where it comes together—the very special stitch that brings two medicines together." That was the term that was used for Two-Spirit people. So, part of the work is literally even decolonizing language and thinking about that. And then, finally, this all is said within the context of settler, colonial ... settler colonialism, and that's another element to think about. How do we understand to LGBT Two-Spirit, queer experience, especially among people of color in the context ... within the context of settler colonialism? And this is where, I think, this ties really well to what Ellis started us off with, which is the heteropatriarchy. Toxic masculine entities and heteropatriarchy and Christianity are the three elements that come together to form settler colonialism, and a good example of that—and I just want to say and acknowledge—that part of settler colonialism literally targeted LGBT people. I have a picture here above all those dogs attacking a group of Two-Spirit people in Panama, and that was well documented as part of the genocide of the Americas was actually targeting Two-Spirit people. Boarding school experience was about eradicating and erasing indigeneity, and part of that was erasing sexuality and gender expression and patriarchy and replacing that with Christian-based heteropatriarchy. So, we need to think about: How does settler colonialism, how does historical trauma, how do these two processes impact contemporary LGBT Two-Spirit experience, especially for BIPOC communities? So, I just wanted to share some of my thoughts on that. I'm going to ... let's go ahead and open it up to ... oh, one last thing I wanted to say is the issue of looking more closely at lateral violence with both in terms of microaggressions, looking at racism as it impacts us within LGBT settings for people of color. We need to really understand that more and as part of community violence. And then finally, some of the solutions—I talked about the colonizing language, looking at ... and I think our speakers spoke very well to some of the potential difficulties—but solutions around policies addressing workplace violence and hate crimes and issues directly related to reporting violence.



But the one piece that I wanted to highlight—and that goes back to earlier discussions today—was the role of population health. You know, when we focus on individualized interventions, I know that they are critical, and they are important for people’s health and healing, so I’m not critiquing behavioral health interventions, because we do them ourselves, but if we really want to look at what’s driving health inequities in indigenous ... I mean, I’m sorry, in Two-Spirit and LGBT communities, we need to start thinking about where these health inequities and racism ... racism and health inequities, historical trauma, settler colonialism, and all of these other kinds of collective violence in our communities take root and grow. And so that means working more closely and looking at settings and working in settings where we get an opportunity to create interventions and settings based where people work, play, and live, pray—there’s some great opportunities there to really address more population health–level change and trying to identify sustainable changes, not just focusing only on individual level, because we just are not going to get to the population-level health issues that we’re talking about today. Okay, I have to stop there. I’m sure we’re all feeling quite fatigued, and so, let’s open it up for discussion.

### ***Group Discussion***

**DR. AVILA:** Thank you, Dr. Walters. Walter Bockting says, “Thank you, Karina, for bringing in the historical trauma, which also includes the AIDS crisis and the stigma that came with that and continues. Connecting these dots can inform approaches to healing.” Liz Miller: “Really appreciate all these presentations. Can we also consider the limitations of carceral responses to violence and explore research opportunities that examine the role of healing justice frameworks?”

**DR. WALTERS:** Who would like to take that?

**DR. GERSTENFELD:** I could talk briefly about that. I think that’s a really good point, because our ... our automatic ... I guess, our instinct when we see something we don’t want is to make a law against it and then throw people in jail, and when it comes to hate crime, we know that if you take someone and ... that prisons and jails are some of the most racist, divided institutions we have in our in our country, and it tends to only make those people ... the offenders’ beliefs more solidified [inaudible] might not’ve even really held all that that consciously before being sent to prison. So, I think ... thinking about better approaches, restorative justice has had a really promising success, at least some research on success on restorative justice with hate-crime offenders, which is nice because it gets offenders or victims involved, as well and educational attempts, and, again, prevention rather than waiting for people to offend and then just throwing them in jail, because that doesn’t really solve any problems.

**DR. AVILA:** Thank you, Phyllis. Erik Storholm: “Fantastic presentations today! Special thanks to Ellis for adding the personal touch. Agree fully with Dr. Miller. Perhaps a focus on interventions that foster resilience within the context of healing relationships, rather than on stigma and criminalization.”

**NAOMI GOLDBERG:** This is Naomi. I would just say that, you know, I think part of the problem is that we, as Bill said, so frequently do look to a law, or we look to sort of ban something, and I think this comes up in hate crimes, and it comes up in school nondiscrimination and anti-bullying state laws and that, sort of, the way in which as a movement—as a queer movement—we have been thinking about sort of using those tools to eradicate the problems that we face. And I think that, in many ways, we have to figure out: How do we engage our own communities in that and buying into the restorative practice? I was talking to someone at the National Coalition of Anti-Violence Projects who said that, on an organizational level, they're very pro-restorative practice and are actually really trying to be anti-criminal justice system, given the racism inherent in that system, but if an individual victim says, or survivor says, "I do want to have this prosecuted," they also try to support, and so, I think it's: How do we do that education at the high level but also have an individualized response, recognizing that people fall all along that spectrum? But I think it's also understanding: How do queer people think about justice and restorative practice in our own kind of community buy-in? And how can we message to talk to get people to more to that place of, "Let's not also put someone in prison for 35 years," in the kind of climate that Phyllis is talking about that's actually not going to result in a better place for anyone really or the kind of healing that people are actually looking for?

**ELLIS FURMAN:** That was really good. I'm sorry, I just wanted to jump in because what you're saying, Naomi, really had me thinking about disability justice frameworks and what I've learned from disability justice. Specifically, I think Mia Mingus said something like, how can we even talk about violence or harm when people can't even interact with each other in a way that feels okay? And ... how can we feel anything when our basic interactions just don't work? So, I agree with the idea that, like, prevention is our really best chance of getting past any of this, because we have no infrastructure to even do any restorative justice practice. Really, I was supposed to do transformative justice work exploring that for my dissertation work, and it's already changed five times because the answer is that you have to be care ... you have to care and you have to have compassion, but a lot of people don't have that. So, good luck, you know? Sorry.

**DR. WALTERS:** Other questions? I just wanted to ... I realized that we are running a little tight on time, so I want to be respectful of our process, and we have time for a few more questions.

**DR. AVILA:** I am waiting for some more questions to come in. Is there anything ... any of you would like to add that you felt like you forgot to say in your presentations?

**NAOMI GOLDBERG:** This is Naomi, again. I think something we didn't talk about, really, the whole day—although I think Andrew flagged it a little bit—is the violence that occurs within sort of state institutions, like prisons and jails, and federal institutions, like prisons and jails, and, you know, we are getting better data now, thanks to the prison inmate survey, but I think that's a place where we have so little and that PREA has just not proven ... it's not enforced. we know that it's not happening, and so, I don't know to

what extent like that topic fits into the work that's happening in this group, but I do think it's something we need to be cognitive ... cognizant of.

**DR. GERSTENFELD:** If I could add just a little bit to that, too. Relying on biased institutions to get rid of bias doesn't work, and I think examining bias—as several other people mentioned this—where examining how bias within institutions support the kinds of behavior ... these kinds of violence is really important, because otherwise the solutions are useless.

**DR. WALTERS:** And I would just add that, I think, for me, I've been thinking about the role of state violence and state-based violence and how it's expressed, and then how does that connect to historical trauma versus ... so, for example, a lot of the historical trauma work focuses on how a system attacks a collective, but I've been thinking about well, what if a person sees themselves as supported through a state- or religious-based organization that feels that they feel empowered to committed a heinous crime, you know, such as a massacre of some sort? A lot of people look at that as an individual, or they might consider certain aspects of hate crimes, but I'm thinking about that as: How does that impact the collective? How does that part of state-sanctioned violence? We need to ... we need to think about connecting those dots, I think, more clearly.

**DR. AVILA:** Okay. I have a few comments to share. Clare Cannon: "Adding to what Ellis is saying: Mia Mingus wrote about dreaming accountability and the importance to addition to compassion is also accountability, and it's important to justice." And she shared a link. Liz Miller: "Just sending you a lot of love for that last comment, Ellis, acknowledging history speaking truth working to repair." Juno Obedin-Maliver: "Can you speak to violence within medical systems? The systems that are ostensibly our go-to for the healing have also enacted harm—restricted notions of normalcy/conformity."

**NAOMI GOLDBERG:** I mean, I think this is the perfect place to bring in the experience of intersex people, particularly sort of the violence that happens to them often at the hands of doctors who would tell parents what should happen, and so, I think that's the first piece I would raise, but then, obviously, just the history that exists within the medical—particularly the psychological—community, sort of the years and years and years of the work that, you know, Karina flagged, but I think, to me, the violence surrounds intersex people is something that that's a really important thing to raise.

**DR. WALTERS:** And I would just also add, even within psychological systems, sometimes things that ... because research tends to be not as reflective of BIPOC experience that ... you know, for example, in our own work, the idea that coming out or being ... disclosing one's sexual orientation is, for example, a sign of good mental health—good psychological health—and encountering a system where that is the way that is expected that you should express your mental health may be direct conflict with cultural assumptions and cultural practices, such as drawing attention to oneself is not valued, but there might be other ways people become who they're meant to be and disclose that are nonverbal or other kinds of ways. Even those kinds of systems can cause harm and impact why people leave or not or don't come in to getting some help

that everybody that is deserved or people have a right to be able to access. I'm developing some of the work, thinking about developing culturally safer spaces and what does that really look like. Decolonizing spaces is another way, another approach that some people have been taking. And then last, I would just like to say that we might consider very creative ways. I'm getting out of buildings and into land—land-based healing approaches work ... have been working really well with indigenous communities. I don't see why we can't think about very creative community-based interventions. That could be very helpful to our communities—reconnecting to land and environment.

**DR. AVILA:** Thank you, and it looks like we have one last question from Sherry Hamby: "With the focus and the discussion on prevention, restorative justice, etc., I am noticing that the next steps includes no role for identifying protective factors. I'd also like to see an emphasis on string-space approaches for prevention and intervention."

[Overlapping voices]

**ELLIS FURMAN:** Sorry.

**DR. WALTERS:** Go for it, Ellis.

**ELLIS FURMAN:** Okay. Sorry. Yeah, we only ... with the limited time, I wanted to present the sexiest findings, which were the weaknesses, but with my work with domestic violence shelters, that's really where we're seeing all the strengths. So, my colleagues and I are trying to work with communities who are already really caring and compassionate about these issues to try and do all the transformative work, which is why somehow I've been able to be allowed into the shelter system—like doing random lunch and learns and my creating Tik-Tok videos—because they trust me, so because of these strengths, because they care so much, and they're doing amazing work, that's where we're able to do those interventions. So going back to, I think it was Karina who brought up the contexts, finding different environments and contexts where it can actually exercise these things and practice them in a way that's meaningful, I feel like that's kind of how we're bringing the strength-based component into it, at least in my area of work.

**DR. WALTERS:** And I would just say, for the work that we're doing with Two-Spirit communities, what we've done is focusing on growing interventions from our original instructions, which is definitely strength based, restoring relational ways of being in the world to oneself, and that includes one's sexual and gender identity expression. Yeah, and looking at narrative transformative strategies, you know, decolonizing, like I said, our languages. So, I think all of those center and street-spaced approaches, and I agree with you. I think that is a very important place for us to go.

**DR. AVILA:** And it's something we can explore further in our working groups. Thank you, Dara, for pointing that out to me.

**DR. WALTERS:** And I think we're ... I think we're ... our time is up for our group and want to allow time for the closure of the session.

**DR. AVILA:** Thank you, everyone, in Session 4, and thank you, everyone, for participating today. We'll now move on to closing remarks with Dr. Bara ... sorry, Dr. Dara Blachman-Demner from the Office of Behavioral and Social Sciences [Research].

### **Closing Remarks**

**DR. BLACHMAN-DEMNER:** Great. Thank you, Irene. Can everyone hear me okay? Okay. So, I know it's been a really long afternoon, and we're actually a few minutes ahead of schedule. So, I will hopefully keep us moving along. So, I do have the difficult job of trying to pull together a few key themes and really bringing this amazing afternoon of really just incredibly inspiring discussion to a close. And I want to just thank all of you for continuing to stay engaged. We know that these virtual meetings that last several hours can be a challenge, but it has continued to be engaging right until the end. I want to just first, again, thank all of the presenters, the moderators, the planning committee for really bringing all of you here today—some of the leading thinkers in this space—and this is going to be enormously helpful in moving us forward in this important work. As Dr. Allison noted earlier to start us off, NIH does have a longstanding commitment to supporting research to advance the health of sexual and gender minority populations, and the act ... in an active coordinating committee that really does work tirelessly to advance the development of additional research and training initiatives at NIH. As has been identified earlier, the goal of this overall effort is really to improve our understanding of the role that violence plays in the health of SGM individuals and to identify future opportunities to expand research in this space. And so, before we close, I just wanted to take a minute to place this important work within the larger context of an overall violence research agenda at the NIH. As mentioned, I work at the Office of Behavior and Social Sciences Research, and we are what we call a sister coordinating Office to our colleagues at the SGMRO. We are also part of the Office of the Director, and our role is to coordinate behavioral and social sciences research conducted or supported by the NIH and to integrate these sciences within the larger NIH research enterprise. As many of you know—and I see a lot of former colleagues and grantees on here today, which has been wonderful—but many of you know that violence research doesn't necessarily have a natural home within the NIH system. We've heard today about the silos that exist in our in our funding streams, whether at NIH, is by disease or by developmental stage, and we know that much of this work—in part because of that siloing—is really focused on the type of violence or the victim, be it child maltreatment, IPV, elder abuse, etc. And we really recognize this challenge and really wanted here at the NIH to think about identifying innovative ways that we could advance these efforts, try to identify gaps that are cross-cutting, and really moving us towards this integrated view that Dr. Hamby and others mentioned earlier, and I think we all agree is ... is really what's needed. So, to advance that, a small working group of relevant staff from across NIH is co-led by myself and Dr. Valerie Maholmes from NICHD, and Dr. Avila has been a part of that group, which has been really important having her there. We've conducted ... we've been meeting for about a year, a year and a half, and we've been conducting analyses of the existing violence research portfolio and are in the process of identifying gaps and potential next steps. And I really see this workshop and the results of these working groups that are

coming are going to play a critical role in informing these larger efforts. Many of the key themes that were identified today—including the importance of social context, structural racism, resilience, a life-force perspective, measurement challenges—some of them may also be applicable to these broader research efforts, and we'll really make sure that we work with our colleagues at SGMRO to ensure that they're integrated. So, with that, I want to just once again thank everyone for your participation and your continued engagement in this important effort, and I believe that I'm going to turn it over to both of our co-chairs, but first to Dr. Whitton, who I want ... I believe wants to make a few comments before we close out the afternoon. Thank you.

**DR. WHITTON:** Thank you, Dara. Thanks to everyone for sticking with this all afternoon. I am just so pleased with how this has gone. All the speakers were so well prepared, and the moderators did a great job running their sessions. So, well done, and I said at the beginning of today that one of the things I was hopeful for was that we might see some themes start to emerge across the different domains of violence. And I think that that's certainly happened. You know, just listing off a few resilience and strength-based approaches came up a lot; the idea of listening to young SGM through advisory boards and other methods as we design our research and think about the topics and approaches we use, again, the attention to structural factors, addressing policies, systemic racism, heterosexism, and transphobia rather than just really focusing in on individual and family factors, which I think is a great theme to have emerged from this, and as part of that more attention to microaggressions, which are kind of those subtle expressions of those cultures. Also, we really heard this idea of the need for multidisciplinary, integrated work. The SGM experiences don't happen in silos, and so our research shouldn't, and also, importantly, our interventions probably shouldn't either. Finally, I just want to note, there's a lot of mention of the need for prevention and intervention and to really look at what the best approach for that would be for SGM violence, including questions about when it's most appropriate to adapt evidence-based interventions and when it might be best to just build something fresh from the ground up. So, thank you for all of your discussions, and that was not an exhaustive list. We'll be working on more synthesizing and summarizing things more comprehensively soon, but I do just want to say, I think it's a sign of the success of this workshop that those were stood out so much. So, again, thank you. I look forward to all of the work that happens in the working group soon over the summer, and I'm going to hand the floor over to Irene to finish up.

### **Wrap-up and Next Steps**

**DR. AVILA:** Thank you, Sarah, thank you, all—everyone who participated, all the speakers into the moderators. A big special thank you, again, to Sarah for stepping up with Karen out, as well as Drs. Susannah Allison and Dara Blachman-Demner and the SGMRO team for also supporting me to help ensure that this went smoothly without Karen present. She is so looking forward to watching this next week when she returns, and our plan is to hopefully post this recording, along with the meeting summary at the end, once we get through Phase 3 of the working groups, and then Phase 4, the open session, so we are working to finalize kind of the guiding questions and our expectations and goals for each of the working group, and since Karen is coming back

next week, I'm going to work hard with her to finalize those documents and get it to you by the by late next week. So, stay tuned. Because we made the working groups pretty broad, we're just going to kind of randomly place people into working groups, but we will work with the moderators to hopefully help us kind of facilitate some of these working groups, so moderators will be getting in touch with you really soon. And I hope that you all had a chance to look through all of the meeting materials. If you found some mistakes or, you know, changes to your titles or any of your information. Please, let me and Shyam know so that we can correct those before they get posted onto our website in late summer. We'll also try to get these slides to you, because I'm sure it'll help with the working groups, along with a lot of the questions to help again with facilitating the discussion. So, we'll be in touch within a week, and our Office—SGMRO—is going to be helping with the logistics in helping you set up those meetings, scheduling the Zoom meetings, calling for best dates for groups to meet, and we'll also have a point of contact and NIH staff involved in each of these working groups, at least one to two, to help with any questions, to ensure that we stay on focus, and just to kind of help out anywhere we can. So, we're looking forward to Phase 3, where we're all going to roll up our sleeves and do a little bit more work, where we're going to define where those gaps are, and then present sometime in July/August in a public meeting, share what was ... what came out of each of those working groups. So, we're looking forward to working with all of you, and we appreciate everybody being here today. And if you have any questions about Phase 3, do not hesitate to reach out to me. And again, we'll be in touch next week when Karen's back in the office, and she'll also be involved with these working groups. So, thanks again, everybody. Take care. Have a great weekend, and we look forward to seeing you soon.

[MEETING ENDED AT 4:55 P.M. EDT]