**Sexual & Gender Minority Research Office**
**Scientific Workshop on Violence and Related Health Outcomes in Sexual &**
**Gender Minority Communities**
**Phase IV: Final Report-Out Session**
**August 26, 2021, 12:00 p.m. EDT**


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

**Opening Remarks: Welcome, Goals, and**
**Charge for the Day**

**DR. KAREN PARKER:** Okay, I think that we can go ahead and get started. Welcome, everybody, to the Scientific Workshop on Violence and Related Health Outcomes in Sexual and Gender Minority Communities. Today, we'll be meeting from noon until 4 p.m., and we will have a short break right around 2:00. Next slide, please? For those of you who don't know, my name is Karen Parker. My pronouns are she and her, and I serve as Director of the Sexual & Gender Minority Research Office at the NIH. And today, I'll be basically going through the goals and charge for the day, but first, I'd like to recognize some of the folks who've been working hard to make this workshop possible. Next slide? I would also like to go over some meeting logistics, and so, we will have time for Q&A. And so, if you'd like to pose a question, please send your question to all panelists, and depending on time, we will get to as many questions as we can for the speakers. Working group members, please message the host directly if you would like to be unmuted and contribute to your group's presentation and discussion. And just so folks know, this webinar is being recorded and will be subsequently transcribed and posted to our website within a few weeks. Next slide? So, I'd first just like to recognize folks within the Sexual & Gender Minority Research Office. So, of course, any activity like this is a group effort, and so, these are the folks within our Office who've been working tirelessly to make this multiphase workshop a reality. Next slide? I'd also like to recognize our workshop planning committee. Dr. Sarah Whitton from the University of Cincinnati has served as co-chair for this activity, and then several folks across NIH from varying Institutes, Centers, and Offices have also been helping us with the planning and thinking about sort of the structure and how we wanted this workshop to function, and so, I'd like to thank everybody on the workshop planning committee for all of their work, as well. Next slide. And of course, we have several workshop co-sponsors, and so, this was not an effort that was taken on by the Sexual & Gender Minority Research Office alone. We had several Institutes, Centers, and Offices from across the agency that provided financial support and, of course, I mentioned expertise, and so I'd like to thank all of our co-sponsors for today and for the many hours that they have put in to help make this a success. Next slide? And so, now, I just want to talk sort of about the overall goals of this workshop. So, this has been a four-phase process, with the real goal of identifying and prioritizing key research needed to further understanding … to further our understanding of violence impacting sexual and gender minority communities. Next slide? And so, I mentioned that this was a multiphase process, and so, we began last fall in 2020 with the formation of our NIH planning

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committee, along with reaching out to Dr. Sarah Whitton as co-chair, to start really thinking about: What would this workshop look like, and how could we best come back to the table with actual research opportunities identified? And so, Phase I of this process was a Request for Information that went out to the public, and that was open for several months. We took the feedback from the public, and that helped inform what we did for Phase II, which was a closed State of the Science Workshop where we convened experts in May to provide an overview of the current state of the science across four domains of research. Dr. Sarah Whitton will be providing more information about that Phase II workshop to kind of help everybody get up to speed as we talk about research opportunities. And then, Phase III were Virtual working groups. And so, the folks who participated in Phase II came together over a couple of months on several occasions to really hash out: What are sort of the key research opportunities within a specific area? And then, of course, Phase IV is today, so this is a final report-out session that is open to the public, and this is really a chance for the working groups to provide their research opportunities identified to the public and to have a discussion about, sort of, where the field should head next. Next slide? So, now, I would just like to introduce the co-chair for this workshop, Dr. Sarah Whitton. She will talk about the Phase II, provide a summary, and talk about identified research priorities, so I'll now hand it over to Dr. Whitton.

**Highlights from Phase II Opening Session**

**DR. SARAH WHITTON:** Thank you, Karen. Thanks, everybody, for being here today. I'm Sarah Whitton, and like Karen said, I am at the University of Cincinnati in the Department of Psychology, and I run the Today's Couples and Families Research Program that is largely focused on the relationships of SGM, and I've been thrilled to co-host this whole workshop throughout the past year, so … with Karen, and my job today is to just summarize kind of all of the excellent work that we heard about on May 6 during Phase II. Next slide, please. So, really, the aims of our meeting in May, or Phase II, were to describe the state of the science, and the reason for this was that we really wanted to prepare for Phase III to make it as efficient and productive as possible. We know the working groups were all sort of charged with identifying: What should be the key priorities moving forward? What are the most important research topics and stuff? And in order to do that and do it really well, it seemed that most people would really want to have been sort of brushed up on: What is the current state of the literature? So, that was really our goal, to get people familiar with the current state of the literature and also hear, through some discussions of people who attended that meeting, sort of some initial themes and ideas about what the priorities moving forward should be. Next slide, please? So, just to fill everyone in—this will be a little bit of a review for some people who were there in May but new information for new people— violence in the SGM community, it's a really, really big topic, so we decided to break it down in a couple of ways. First, we created four domains, which were family of origin violence, which included child maltreatment and elder abuse—so, really different ends of the life course; then peer and friend violence—so that's peer victimization, bullying of youth and of adults—a special focus on cyberbullying. The third domain was romantic and sexual violence, and this included teen dating violence, intimate partner violence among young adults and adults, and also sexual violence outside of romantic and

sexual partnerships. The fourth domain was community violence, and this really included gender-based violence, hate crimes—crimes from strangers—but also violence in different sort of public settings, including the workplace. And across all of these domains, we just wanted to remind everybody to be thinking about things at different levels of sort of ecological systems. So, in particular, we wanted to encourage everyone to think about the whole impact on all of the different levels of systemic influences—so, to sort of not forget … which I, as a psychologist, sometimes do. We think about individual and interpersonal factors, but we wanted to be thinking about systems influences: So, how does broader culture and institutional environments—influences like that—how do they play in each of these domains? We also wanted to have people think about … when using a life-course perspective, so really thinking about how … violence in each of these domains across the lifespan and to also keep in mind that every individual has multiple different intersecting social identities and to think about how those identities may influence their experiences of violence. All right, next slide. So, this is how Phase II is structured. We had … it was kind of a full-day workshop, and we involved participants that were researchers from academia, nonprofits, advocacy groups, there were federal agencies and NIH represented, and we had 1-hour sessions for each of those four domains that I just listed. In those 1-hour sessions, we had a moderator sort of introduce or emcee the 1 hour and comment on the different presentations, but then we had four 5-minute presentations of different specific topics within that domain area, and followed by a 30-minute group discussion that was focused on kind of saying, "All right, so where do we stand here, and what seems to be emerging as some themes of where we may want to go from here?" All right. Next slide? So, now what I'm going to do is I'm going to go through, for each one of those sessions or domains, what I want to do is just summarize for everybody here, what are some of the key pieces of information that we heard that are state of the science, what we know, and try to end with what … I decided to not have it be what priorities were identified because I think we shied away from going that far during Phase II, but these were sort of the gaps that were identified that then kind of laid the foundation for the working groups to be the ones who identified the priorities. So, family of origin abuse: Through some excellent talks by researchers investigating this topic, we really heard about how sexual and gender minorities are at disproportional risk for a number of different types of violence in the family of origin, including all types of child maltreatments—and that's physical, psychological, sexual, neglect, and polyvictimization; also, for more severe child maltreatments for foster care, homelessness, sex trafficking; and also, really, there was a lot of discussion of how SGM are, in particular, at high risk of elder abuse, and that's kind of a little bit of a neglected area. So, while it's not as clearly documented that there's the higher rates of elder abuse, we definitely know that the sexual and gender minorities are at higher risk for … or they have a lot of the risk factors, like living alone, not having children, having histories of trauma. We also learned that there are certain subgroups that are most at risk—for example, for child sex abuse: sexual and gender minority women; also, trans and nonbinary individuals; individuals with bi+ sexual identities—so, bisexual, pansexual, queer identities; in addition, BIPOC individuals; and those who are gender nonconforming I've already kind of mentioned. For child maltreatment, the presentations also highlighted how trans and nonbinary folk, and those who have bi+ identities and

BIPOC, are also most at risk, so we already start to see some things emerging there in terms of demographic risk factors among SGM. Next slide. So, I tried to summarize next what risk factors were present and kind of lay out how they fell into the different ecological levels. At the individual level, a couple that were discussed were early onset of sexual identity milestones, identity disclosure, and involvement in sex work. Interpersonal risk factors included parental rejection, family adversity, religiosity, and having a step-parent in the family. At the systemic level, people really were highlighting the lack of culturally competent prevention and intervention services for different forms of family of origin abuse and the absence of state-level protections for LGBTQ populations. And there was some nice discussion about how all these levels are trying to … you know, they are mutually influential, but in particular, we see that, really, the societal impression can lead to interpersonal targeting and family rejection, which can lead to some unique individual vulnerabilities, like homelessness. Next slide. So, the gaps that were identified in this domain were … the first was people were saying that there's almost nothing out there about elder abuse, so that really is a high priority. It's not getting researched by SGM researchers, and it doesn't seem to be getting researched by violence … elder abuse researchers, so that's a high priority that some people were mentioning. Also, understanding and getting good data on the mechanisms behind the higher risks, so the disparities that we see in rates of these experiences. There's an interest in multilevel risk and protective factors and trying to identify which of these are shared across all violence types, but which ones may be unique to specific violence types. There's also interest in better understanding differences in outcomes for different subgroups of SGM by race, age, sexual and gender identity, and also understanding how outcomes look different depending on who the perpetrator of the violence was. There's interest in help-seeking and coping behaviors after experiencing violence and in developing more effective prevention and intervention programs that are culturally competent for sexual and gender minorities. There's interest in looking at the trajectories across the life course—so we have family of origin; we also were talking about childhood, like teen dating; then during their primary and romantic relationships during adulthood; and then in the elder years. How do those all go together, and what do the trajectories across the life course look like? Also, there was recognition of a little bit more focus on resilience and protective factors, rather than so much focus on vulnerability and risk, and one example of that is families of choice. All right. Next slide, please. So, Session 2 was focused on peer and friend victimization, and here across these presentations we learned that there's good evidence documenting that sexual and gender minorities are at higher risk than heterosexual and cisgender people for being a victim of a violent crime—including hate crime—for bullying, and for cyberbullying. And this seems to be particularly true for some subgroups, including BIPOC, bisexual [people], transgender [people], SGM, and girls. Next slide? In terms of risk factors that were discussed, it seems that we are aware, or we had in the … in the research literature, evidence to support some individual factors, including social anxiety and having some kind of a "visible" difference from other people in the group. In terms of interpersonal risk factors, there's peer rejection, and poor parent-child relationships can increase vulnerability to these things. And there is a lot of discussion about risk factors at the systemic level, including a negative school climate; not including SGM in anti-bullying laws and policies; also, really, that there can be policies sometimes, but there's

poor implementation of them, which may be related to that often there's not any funding. There'll be a mandate, but then no money to support it. And also, educators, for example, in school settings are not getting training in how to do these things. And so, there was a lot of discussion, for example, about how anti-bullying efforts, which have been less than as effective as we would want, often just really don't address the systemic factors at all, and that may be leading to some of their ineffectiveness if we're just focusing on individual factors. In terms of prevention and intervention, there was just real discussion about how, right now, they're not effective for SGM youth. All right. Next slide, please. So, key gaps that were highlighted in this session were a focus on protective factors and not just focusing on risk. Again, addressing systemic factors—so, societal stigma and school/workplace climate—that are really seen as driving the individual bullying behaviors, more research on gender minority youth and intersex individuals, attention to microaggressions and not just acute acts of victimization. Also, there's interest in just: So, how do we make prevention and intervention programs effective for SGM? And then, finally, paying attention to the complex needs of SGM in the wake of violence after it's been experienced. All right, next slide, please. All right, so the third session was focused on violence in the context of romantic and sexual relationships, and here we learned, again, that sexual and gender minorities are at disproportionate risk for these experiences, including intimate partner violence—actually, both victimization and perpetration in teen dating relationships and adult relationships—and then also for sexual violence outside of those partnerships. So, groups who seem to be most at risk include bisexual individuals, especially those assigned male at birth; women … sorry, that is […] actually, transgender youth, especially those assigned male at birth; bisexuals, in general; and women and Black and Latinx individuals. All right, next slide. Some of the key risk factors that were highlighted at the individual level: mental health problems, substance use, and internalized stigma. Anyone who does research on SGM, this should be kind of a red flag—those are things that are also disproportionately seen in SGM populations, which then is suggestive of their role in the disparities in intimate partner violence. The interpersonal risk factors highlighted included an unsupportive sexual … sorry, unsupportive support network, abuse from parents, social isolation, and then also discrimination and unfair treatment in help-seeking avenues. At the systemic level, again, we see a negative school climate; also transphobia; homophobia; and hetero/cisnormativity in the services—so, preventive services, intervention services, including shelters. Also, there's discussion of the common criminalization of sexual and gender minorities, especially those of color, and that can really be discouraging these individuals from trying to seek help, trying to get services from health care settings, social services, or law enforcement. Next slide, please. So, some gaps identified in this session included attention to pre-teenage relationships. So, there's not much out there before age about 15, and so, I think the moderator of this session really brought up an interesting question of that leaves us not really knowing: How are these attitudes and behaviors initially developed and established? We have a need for longitudinal prospective data on risk and protective factors—there is an abundance of cross-sectional data that is less convincing in terms of establishing direction of effects. More attention to SGM folks with multiple marginalized identities. There is much more attention to victimization than perpetration, and this is something that, you know, is

significant, given increasing evidence over recent years that SGM also do perpetrate IPV and dating violence at higher levels than other groups, and kind of it's important to look into that, as well. Another gap is prevention programs for dating violence and IPV among SGM that would really address all … minority stress at all levels of the social ecology. There's interest in learning how to more effectively support SGM survivors of IPV and sexual violence, and in addition, if we want to do that, there needs to be some work on: How do we reach them? Another gap is screening and identifying determinants and interventions for sexual violence, in particular, among SGM, with some ideas around that a fruitful avenue could be trying to integrate different services, such as putting IPV screening into HIV testing. And finally, a gap that was mentioned was evaluating how changes in laws and policies can influence the risks that SGM face. All right, next slide. So, our final session—the final domain of violence that we focused on—was community violence, and here we were reminded of how sexual and gender minorities are at very high risk for hate crimes … also for not reporting violence, which often is due to maltreatment or fear of maltreatment by law enforcement and other services. There's disproportionate risk for workplace discrimination in hiring, pay, firing, and also for daily microaggressions in the workplace. The subgroups who are most at risk appear to be transgender and gender-nonconforming individuals, and I just put on the slide here both for the hate crimes and workplace discrimination. And so, pretty different experiences, but that subgroup is really at particular risk for both. And again, we see that BIPOC are particularly at high risk. All right, next slide. The risk factors that were discussed at the individual level included identity disclosure and gender expression. I wasn't able to find in the slides or my review any really focused on interpersonal risk factors, and that may be because of the nature of this domain, which is more in the community, but it might be interesting to explore that area. At the systemic level, there is a lot of discussion of the transphobia and homophobia in services—police, first responders; criminalization of SGM and those of color; absence of nondiscrimination policies or adding policies that are … or protections that are insufficient at the federal level and then really inconsistent at the state level. Also, there was some nice discussion about how historical trauma really contributes to this, such as the AIDS crisis and the historical and ongoing violence against Native Americans. Next slide? So, leading from that, the gaps that were discussed were, in terms of community violence, it was discussed that we really need more accurate information on hate crime victimization rates due to underreporting and fears of reporting; not having SOGI information in some large violence surveys; also, understanding the effects of community violence on victims and also other members of the minority groups who are victimized; a better understanding of the reasons why offenders are committing these acts of violence; and a better understanding of what effective prevention methods might be. In terms of workplace discrimination, the gaps identified were a focus in our research on noncorporate jobs. It was really highlighted how most of the existing research seems to assume that everyone has a white-collar job in a corporation, and that is not true for everyone at all, so there needs to be attention to working class service jobs and including the underground economy, and more focus on day-to-day work experiences. I think, in general, people are starting to recognize more of the cumulative and harmful effects of microaggressions, and that is really true in the workplace, too, so we want to have some more focus on that, and attention to the

subgroups that are often under-researched but do appear to be most high at risk, including BIPOC, gender nonconforming and transgender individuals, and bi+ individuals. All right. Next slide, please. All right, so I know that was just a ton of information, and hopefully you're not zoning out up to this point, but I did also just want to talk for a minute about when we try to pull together what those identified gaps looked like across those four different domains of violence, I think that there were some common themes that really started to emerge in terms of priorities from those presentations and from the group discussions in May. One big one was that we really need to have a life course lens versus sort of a siloed life-stage approach, and the family of origin abuse group used this figure and brought this up, which is a good way to demonstrate this point, which is that, you know, we have child maltreatment, we have intimate partner violence, we have elder abuse, but we kind of need to understand is that all just … are certain people at risk for violence and it's going to manifest in these different ways across the lifetime? Or are there different trajectories through these different life phases at … you know, what are predictors of people having child maltreatment but then not having violence in those later stages of life? So, really, having this broader life course lens, and in particular, not neglecting the elderly. A strong theme that also emerged was attention to protective factors and resilience. I know, I was writing this, and then I was like, "Gosh, on all my slides I wrote 'risk factors' and I didn't write 'protective factors.'" But that is probably an accurate summary of what's out there in highlighting this need to look a little bit more on the positive factors. Also, more attention to the higher ecological levels—so, looking at these structural and systemic factors that … not all of them are harmful in and of themselves but then also contribute to other risk factors at the lower ecological levels where we really sometimes put all of our efforts. Another thing was moving beyond cross-sectional data. We do have tons and tons and tons of cross-sectional data. That's not all we have, but there's a lot of it, and I think a lot of the questions, especially in terms of, you know, really being able to talk about trajectories over the life course and also being able to more confidently talk about direction of effect—so, knowing that something is a risk factor for violence and isn't just a consequence or a correlate of violence. We really need to look at some longitudinal designs to do that. Also, there's real interest in developing prevention and intervention programs, so this kind of notion that we have to remember, like, the significance and the impact on the community is really going to be: How can we take these research findings and put them into practice in a way that really benefits the community? And that would be through developing some evidence-based prevention and intervention programs that are culturally appropriate for this population. And finally … I feel like a broken record here, but we just need more attention to people with any kind of multiple marginalized identities—so, people with minority racial identities, minority gender identities, in addition to cisgender sexual minorities. We need to kind of focus a little bit more on the gender minority and racial minority folk. So, that is my summary of Phase II. And I think I can hand the floor back to Karen.

# Overview of Phase III Working Groups

## *Logistics Overview for Phase III*

**DR. PARKER:** Great. Thank you so much, Sarah. So, next slide, please? So, now I'm just going to walk folks through the process of Phase III so that folks can kind of understand sort of how we got from the overview that Sarah just provided to where we are today. So, next slide, please? Great. So, we basically took what we learned in Phase III and developed five working groups. The working groups spanned these different areas: So, working group 1 looked at demographics and epidemiology, working group 2 looked at risk factors and pathways, working group 3 looked at preventative interventions, working group 4 focused on treatment-focused interventions, and then working group 5 took a look at ethics and logistical challenges. And I just want to say that, you know, we thought about making the working groups mirror the different sessions of Phase III, but we were really hoping that if we took this sort of different perspective that we would have a richer discussion and maybe identify some research opportunities that go sort of beyond what we looked at in Phase II. So, next slide, please? So, in terms of what we did, we were really thinking about interdisciplinary perspectives and interdisciplinary research across the different domains of violence, and so, all of the participants in Phase III were actually placed randomly into one of the five working groups. And we did ensure that there was a mix of NIH folks, other federal folks, and folks that were considered experts in the extramural community on each one of the … each one of the working groups. And then, we asked the working groups to meet several times over the past couple of months, and so, as you can imagine, this really was a big ask from our Office, and so I would like to thank again everybody who participated within … in this very long process, but they met several times so that they could … collaboratively, pardon me, think about how to address key questions to really advance our understanding about violence in SGM communities and then to inform these sort of multilevel efforts. And, you know, for us, we were really focused on: Where are the research gaps, right? This is an NIH workshop, and NIH focuses very specifically on research, and so we really wanted to come out with something tangible. So, each group was asked to identify five research priorities within their focus, and that is what people will be presenting on today, and so I'm very excited to hear not just the presentations of these research opportunities but also the subsequent discussion. Next slide, please? Great. Thanks. So, now I'm going to turn it over to Dr. Michelle Ybarra, and she will be discussing demographic characteristics and epidemiology and the research opportunities that came out of working group number 1.

## *Working Group (WG) Report-Out Presentations: Research Opportunities*

### *WG 1: Demographics and Epidemiology*

**DR. MICHELLE YBARRA:** Good morning. I'm super-excited to be here today, and as Karen said, we'll be talking about demographic characteristics and epidemiology. I do want to say, for us it was important to define violence and recognize that it's a range of experiences, including discriminatory policies, hate crimes, bullying, sexual violence,

intimate partner violence, cyber-mediated violence, lateral violence, and microaggressions—and, certainly, this is not a comprehensive list but rather an exemplar of what we think is defined by violence. Next slide, please? And these are the members of our working group. Next slide? So, the first opportunity that we wanted to highlight was around methodology. Broadly, we want to really ask ourselves: How can we improve and enhance methodologies to study violence experienced against and within SGM communities? We thought there were sort of three main areas we wanted to highlight, the first being particularly important: to optimize current surveillance systems to inclusively measure sexual orientation and gender identity, and improve strategies for identifying and sampling SGM populations, including innovative recruitment strategies for particularly hard-to-reach populations. In our group, we do have folks that are working within governmental systems and literally wanted us to, you know, underline in bold this particular bullet, so I do want to emphasize that, you know, optimizing surveillance systems across systems is something we felt would be particularly important. We also would like for folks to focus on developing and validating violence measures that reflect the lived experiences within SGM populations and to develop and validate culturally based measures that reflect lived experiences related to SGM-specific social networks, support, identity, coming out, disclosure, stressors, and protective factors. And the last methodological opportunity that we identified was developing or refining existing statistical methods to really better reflect intersectionalities, and that includes identities within SGM, so, you know, maybe multiple sexual identities, multiple sexual and gender identities, but also multiple identities across—so for example, being a sexual minority, as well as a racial minority, as well as, you know, another important identity that can be contributed to intersectionality. So, we don't really have a good way to handle that statistically, but I think we're beginning to better understand that intersectionalities are important, and so improving our ability to better model that is important, as well. Next slide, please? Beyond methodologies, we also thought that, sort of—for lack of a better way to describe it—basic epidemiology was important, so really, just focusing on prevalence and incidence rates is still an area that requires attention, particularly rates … experience of violence—sometimes referred to as victimization—for gender minority populations, particularly racial and ethnic minority populations, SGM women, rural populations, and across the life course. We felt particularly strongly that the life course perspective was important, as Sarah described, and while we know … you know, comparatively, we know more about adults. We certainly want to know more about violence experiences for youth and elder SGM people. We also think that incidence and prevalence rates of the experience of violence by states-based and structural systems, environmental structures and norms, and by non-SGM people toward SGM people is an important gap to address. Incidence and prevalence rates of the expression of violence—sometimes termed "perpetration"—that is enacted by SGM people is also underreported, and then finally, the rates of violence involvement, perpetration, victimization, and bidirectional involvement for subpopulations of SGM people is an important area to focus on, particularly those, you know, sort of looking within sexual and gender minority identities to understand, for example: Are there differential risks for people who identify as bisexual versus gay and lesbian? And then, also other identities, for example, those living with disabilities, and racial and ethnic minorities. Next slide, please? The third area that we thought was important to highlight

in epidemiology would be what we would call social epidemiology, and there were four main areas that we wanted to highlight here, particularly around risk and protective factors. We did want to make sure that we were focusing on resilience as well as structural factors that may be helping explain violence—rates of violence. So, particularly, we called for an investment in longitudinal research to establish the temporality of associations. We thought that would be particularly important around multigenerational trauma and historically traumatic experiences. We also would like to better understand the strengths and resilience of SGM communities and individuals in addressing and preventing violence and to understand the sources of violence and intercommunity violence dynamics across the life course, including how the definition of family can change over time and how this might impact vulnerability and resilience towards violence involvement. And then, finally, we thought it would be important to understand the mechanisms that uphold and exacerbate health inequalities in SGM communities, including how intersectionality contributes to and explains health disparities, including structural racism, settler … colonial violence … excuse me … sexism and violence against women, and other bias-motivated aggressions. Next slide, please? And then, we kind of went outside our lane a little bit. We felt pretty strongly that, in addition to epidemiology, sort of, you know, for traditional epidemiology, that it was important for us to also highlight the need for either (A) theoretical model or theoretical models that explain the disparate rates of violence victimization. Certainly, there are extant theories of power and violence, but we didn't feel that any of those really spoke to the disparate rates of violence and victimization experienced by SGM populations, so we suggest calling … excuse me, drawing upon extant models, and we do include a list as an appendix. And we note that there are … just in reports down at the bottom there that we think could be particularly helpful. In addition to that, we suggest engaging with SGM communities to develop theoretical models that identify structural, environmental, relational, cultural, and individual pathways that increase risk. And we think that identifying the structural, environmental, relational, cultural factors that enhance resilience and resistance will be particularly important, and we acknowledge that there may be culturally specific pathways or multiple pathways that could be advanced. Next slide, please? And again, sort of broadening our skill a little bit, we also thought it was very important to highlight the need for policy. What policies need to be enacted to prevent violence against sexual and gender minority populations? We had sort of three ideas. We noted that there's a burgeoning field of policy research that examines policy effects on multiple forms of violence. And so, we could explore how policies related to, for example, housing, employment, access to education, economic stability, antidiscrimination, and others affect rates of SGM-involved violence. Additionally, you know, there's research that shows that the Earned Income Tax Credit, increased minimum wage, and paid family leave is associated with reductions in violence, including child abuse and neglect. Are there similar financial-based interventions that we could enact to reduce violence against SGM populations? We also thought that researchers could examine the influence that policies related to gaining gender-appropriate identity documents or state anti-discrimination laws that include gender identity as a protected class have on the rates of violence against SGM, so looking at existing policies and how those are affecting violence. And I think … I mean,

we have references and other types of stuff, but I think that's probably the end of the … those are our five.

**DR. PARKER:** Great. Thank you so much. So, the floor is now open for questions, but I would just like to say that was a very comprehensive presentation. Thank you very much, and I really appreciate that theories were mentioned, and so, really understanding that we do need … we do need work related to theory development. And also, you know, if other folks who were on that working group would like to add anything, feel free at this point to ask to be unmuted, and we're happy to have you contribute. Okay, I do not see any questions, which doesn't surprise me because that was a very comprehensive presentation, so thank you very much, Michelle. And just a reminder for folks that at the end of this, we will be developing a summary document, so there were notes taken at all of the working group sessions, and so while these are overviews, you will be able to get a little more detail. And I do think that Dr. Karina Walters may want to say something. Karina, did you have something to add?

**DR. KARINA WALTERS:** No, I was just saying that it was great, comprehensive. Thank you, Michelle. I have nothing to add at this point. Thank you.

**DR. PARKER:** Okay. Great. Well, thank you, again, and so now we will be moving on to working group 2. So, next slide.

*WG 2: Risk Factors and Pathways*

**ELLIS FURMAN:** Hi, there. I'm Ellis Furman, and I'm part of working group number 2, and I'm going to be presenting on the risk factors and the pathways that were assigned to this group as our main area of focus. So, next slide, please? The working group members … and hopefully, if we have some questions, folks who are joining us today can also contribute to answering some questions and getting into some discussion, because I found … personally, I just found that our discussions in our working group are really, really fruitful, so I'm excited to hear what other people in the audience say … have to say, as well. Next slide, please? So, the first research opportunity that was identified after, like, a lot of synthesis from the team, and specifically those who were leading the group, we were interested in looking at multirisk and protective … multilevel risk and protective factors that lead to violence—so, emphasizing those higher levels that are in the social ecological theories, like more macro ones. That includes structural, systemic, and institutional factors, like legislation, policies, schools, and institutional cultures, and really understanding how these structural factors intersect with risk and protective factors at both, like, the individual and interpersonal levels, and then how those kind of interactions might also affect vulnerability to violence, and then the pathways through these structural factors that can also lead to violence or safety. Next slide, please? Also, in addition to looking at multiple levels, we also wanted to focus on a life course perspective because we know that with a lot of research, even though there's so much that focuses on really important aspects of development, we are really missing some important perspectives and experiences in the research that currently … that we have access to—so, focusing on risk and protective factors over the full life course, including childhood and particularly the elder years, were identified in our group,

and exploring pathways to polyvictimization and the trajectories of revictimization, instead of just investigating only one type of violence or violence within one developmental stage, and also examining age, cohort, and period effects in the pathways to violence among SGM. Next slide, please? Oh, is this number 3 or 4? I don't know. I think we're missing … maybe there's a … I think, did we do 3? No? Is there a slide for the … I'll just review 4 first. I'm sorry. So is there … number 4 is focusing on protective factors and resilience, which is … which identifies existing strengths that might be built upon or expanded in prevention/intervention efforts and considers not just the existence of protective factors and resources but also having access to them—so, what kinds of access and what are the barriers to access—that sort of focus. Next slide, please? And then there's also a focus in our group on intersectional research. So, this was … this was discussed earlier on, but really focusing on research that speaks to how stigma and risk experiences are influenced by individuals' various and intersecting social identities that affect violence risk. So, we really want to tend to how these intersecting axes of social location might contribute to protective factors and resilience—for example, identifying social factors among communities with intersecting minority identities that might be protective against violence and promote resilience and post-traumatic growth following victimization. Next slide, please? So … oh, sorry. In my notes … I feel like there's … there's a missing slide, so I can talk through those points, as well, if that's okay. But our third research priority was to identify the common and unique pathways to violence—so, really understanding which factors affect the risk across violence outcomes in subpopulations of sexual and gender minorities. So, we really wanted to know, like, what are the factors that affect risk for certain forms of violence for certain subpopulations? And there's an interest in the pathways to violence among sexual and gender minorities who are at highest risk for violence, like those who are … might identify as bisexual or transgender, people of color, transwomen of color, like, any intersecting form of oppression. And our final thoughts that we wanted to include are kind of related to methodologies because we don't really want to be prescriptive about the methodologies that are important to use with this kind of work, because we recognize the potential of certain approaches in advancing research priorities. So, we wanted to just sum this up with three points. So, the first is long-term, longitudinal research. So, that's something that ideally spans across multiple developmental eras, and that could possibly test multilevel risk or protective factors and examine mechanistic pathways that capture the trajectories of polyvictimization across the life course. The second is focusing on approaches that highlight the lived experiences and perspectives of SGM communities to ensure that the data are relevant and translatable—that's my personal favorite one—including EMA methodologies, qualitative and mixed methods, and community-based participatory research that engages members of the community. Last, harnessing existing large-scale studies by adding SOGI- and SGM-specific measures into injury surveillance systems about violence and large surveys. And I think that's it after that, so thank you so much.

**DR. PARKER:** Great. Thank you so much, Ellis. So, we are now open for questions and/or comments from other folks who participated in working group 2. We have had some comments about how amazing these slides are and if they will be posted, and yes, we are recording this session, and it will be provided on the Sexual & Gender Minority Research Office. We also, I believe, have a reference list posted on our

website, and if that is not yet posted, we will post that for folks who are interested in the papers that are associated with these presentations. So, any questions for Ellis? That was another wonderful summary, and I will say, I'm really enjoying that we're seeing some consistency with the recommendations, and so, for example, the concept of more longitudinal work was also discussed in working group 1, and now in working group 2, and so, I appreciate that there is some coalescing across the working groups. And so, we don't seem to have a lot of questions, and we are way ahead on the agenda, which is excellent, and so I think that we can go ahead and move on to the presentation by working group 3. So, next slide? And so, this working group is on preventive interventions, and the presenter will be Dr. Gerstenfeld.

*WG 3: Preventive Interventions*

**DR. PHYLLIS GERSTENFELD:** Hi, I'm Phyllis Gerstenfeld. I use she/her, and I hope everything is working okay. I'm traveling this week, so things are a little bit uneven. So, our working group focused on preventative interventions. Next slide, please? And here's a list of our working group members. Next slide, please. So, we began with a set of sort of guiding principles that we hoped would help people as they're looking at the specific research questions, and these are some sort of general considerations that we think are important, whatever the research question is. And, in general, what we're hoping for is a more sort of holistic approach and an approach that addresses factors that are often overlooked in this kind of research. So, some of the things we were looking at is—as everybody has mentioned before—is using an intersectional lens rather than just focusing on particular single identities. Another thing we thought was important is that these efforts should try, to the extent possible, to include members of the SGM communities, especially those that have been excluded from this kind of research. We also hope that these research opportunities will focus on strengths-based, as opposed to deficit-based, approaches, so focus on things that work and things that are positive rather than things that are problematic, because I think research tends to focus on some of the problematic aspects more—so, looking at empowerment, looking at the kinds of strengths that are already existing, and finding ways to improve upon those. Next slide, please? And we also, as has been mentioned several times before, we're hoping that these sorts of research opportunities would also use a life course perspective and considers the different kinds of life changes that happen and how those influence prevention programs. And we're looking at … again, with the research priorities, we think there's lots of different kinds of opportunities to look at these kinds of things within lots of different kinds of settings and at various kinds of levels. Next slide, please. So, our first research opportunity asks: What kinds of new violence prevention programs can be developed? And here, we're looking at programs that can specifically identify the needs of SGM communities and that have been developed specifically for these communities—so, research opportunities that focus on what we know about SGM communities; the way the identities intersect with other kinds of identities; and, again, identifying approaches that involve community participation and that are tailored toward violence prevention. Next slide, please? So, the second research opportunity looks at taking existing prevention programs in other realms and looking at ways to adapt them to address violence within SGM communities. So, there are lots of kinds of prevention programs out there, whether they're looking at specific kinds of behavior, like substance

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abuse or risky sexual behavior, or ones that are looking at violence prevention within other communities. And so, what we're looking at here is ways we can take these existing programs and adapt them specifically for SGM communities, again, taking in mind … keeping in mind the issues we've mentioned before about intersectionality, the involvement of the communities themselves, and so forth. Next slide, please? So, our third research opportunity focuses on looking at sort of existing SGM responsive prevention programs and looking at which other ones that are successful. Unfortunately, there is sort of a dearth of research out there on evaluating programs, so programs may exist, but we don't really know what works. So, here, we're looking at finding ways to focus on what works, what's out there. Sometimes it can be really difficult to even know what's out there. So, what already exists? What do we … how do we define success, and how … how can these programs be effectively implemented? Next slide, please? So, for research opportunity 4, what we were asking here is: What sources of data can be used to develop, adapt, implement, or evaluate SGM-responsive violence prevention programs? One of the difficulties in doing these kinds of research is finding good data sources. All of the data sources have flaws—their own unique flaws—so what are some of the ways that we can [coughs] … excuse me … what are some of the data sources? How can we implement different kinds of data sources at various levels? How can we use these data sources together and maybe explore new ones? Next slide, please. And then, our final research opportunity is looking at research methods. So, what research methods can be developed or implemented to support research specifics? So, this is sort of, I guess, a call for creativity in that: What are the best ways to examine these kinds of programs? What are the best kinds of approaches and tools? The data that we mentioned in research opportunity number 4: How can we use that data effectively, and what are the best ways to kind of answer these questions about violence prevention in this sort of holistic intersectional way that we've been talking about? And that was very fast [laughs], but that's what we had. So, I guess at this point, we can open it to questions.

**DR. PARKER:** Thank you so much. So, we are now open to questions, and I would just like to reiterate, you know, from this group we did hear about methods and measurement, which we have heard from other working groups, and also about looking about potential adaptation of already established programs that might work in terms of prevention, so any specific questions for working group number 3? [brief pause] Okay, so, I think because we are ahead of schedule, we'll just keep going, and then after all of the working groups, we will have additional time for questions and answers. So, now I would like to introduce working group number 4, which looked at treatment-focused interventions, and welcome, Dr. Goldbach, who will be presenting for working group number 4.

*WG 4: Treatment-Focused Interventions*

**DR. JEREMY GOLDBACH:** Okay. Hopefully, you all can hear me. I got a new computer set up that, of course, has started just today. So, I am going to be presenting for working group 4, and working group 4 was on treatment-focused interventions and trying to understand major research opportunities in the area of treatment as opposed to prevention, so you can go to the next slide. So, I'll show here a list of our working group

members. I think there are a few others that are also involved, though in this final I'm not seeing, but this is the major group that came together over the last month or so to talk through working group 4's recommendations. You can go to the next slide. Thanks. Okay, so in … in the vein of all good academics who were given very specific instructions, we found ways to try and deviate slightly from those instructions and at least provide some overarching themes, which I think will probably sound familiar to many on the call from the previous working groups' discussions. And so, through that conversation that we had about treatment-focused interventions, there were a number of things that just kind of kept coming up, and we felt like it was really important, when you think about contextualizing, how we would move forward with the development or adaptation of interventions for SGM people—that these really need to be kind of woven throughout. The first is really this idea that violence—both on the victimization and perpetration side—are not well understood in the population, and it really occurs at multiple levels. So, this is both in the individual and interpersonal level, as well as meso within the context of schools, in the family, and other small systems, as well as in larger systems like county, state, and federal approaches that may be perceived at or in actual ways … provide a … the ability for violence to enact itself or to reinforce itself over time. So, we really have had this focus on multiple levels, and I think one thing that's important to recognize is we talked a lot about the fact that interventions don't all have to be multilevel, but the precursors and the predictors and mechanisms that promote and allow violence to continue are likely happening at multiple levels at the same time, and so, interventions that are developed really need to at least understand this and to the best of their ability to focus on multiple systems when possible. The second theme that really came out from our group is to—which I've also heard through a number of the other report-outs—is that future work really needs to understand and focus on and be mindful of the parallel and intersecting experiences of stigma and violence that SGM people experience in other areas of their life in the way that those intersect, including their experiences of racism and sexism, ableism, and other forms of both structural and interpersonal violence that occur and really thinking about ways that we might maximize interventions that can address multiple forms of stigma and multiple forms of discrimination to really maximize the ability of our interventions to have impact. The third piece, which I think was the kind of … as we talked through the various interventions or research opportunities for moving forward that we talked a lot about, is a need for more foundational research, which previous groups have talked about, as well, in this kind of notion that we may be putting our cart before the horse a little bit because we have some foundational knowledge; methodological concerns; some theoretical work that still needs to be done; some methodological in terms of things like measurement, understanding the form and function of violence, and how we might measure those constructs; how those change over time—for example, as people age through childhood into adolescence and young adulthood into older adulthood. We talked about the importance of thinking about both unique and common predictors of both violence and perpetration, the idea that much of the research has focused on victimization. The limited work that's been done has been largely focused on victimization and that, you know, SGM people are also able to … and at times do perpetrate violence, so, thinking about these various forms, including hetero and cis people perpetrating violence against SGM people, SGM people perpetrating violence perhaps against other SGM people,

especially at different age points, and how these might change over time. And then really thinking about: What are these most salient mechanisms for change? So, there's probably, you know, likely a variety of things that really set the stage for violence to occur and for violence to continue across a person's life, but when we think about intervention, of course, we need to be mindful that we can't necessarily address all of those things, you know, in every intervention, right? So, thinking about: What are those most salient mechanisms that would result in kind of the most bang for the buck, if you will? So, we know that a lot of these were covered in other groups already, but we did sort of feel that it was important to set the stage and say that we can't … it's difficult to determine the design of intervention unless we really understand how violence works, and if we can't fully measure these constructs and then determine the best intervention, it does make it kind of a … sort of a cyclical problem of challenges and measurements that then result in both challenges in the development and implementation but also in our ability to measure the outcome that we're … that we're most interested in. So, you can go to the next slide. So, I'll start with research opportunity 1. So, our first opportunity was the development of flexible interventions that prevent victimization and perpetration. You'll see this dual language pretty much throughout our recommendations of violence that can be deployed in a variety of settings, recognizing that the choice of intervention point can and will likely vary by population and context. So, in our discussions around research opportunity 1, we talked a bit about things like virtual settings, family settings, school settings, community settings, and recognizing that places and spaces that SGM people may already be naturally coalescing, as well as the sort of nontraditional places where we may or may not be typically seeing intervention—so, for example, virtual settings—and then looked at in terms of … and somebody, you know, may not be out in their community or with their family the way in which we might employ virtual settings as a means for disseminating interventions— unique considerations that may need to go along with delivering interventions in virtual settings, especially around disclosure. We talked about family settings. You know, you think … you'll see this kind of reflected again, but historically, you know, this sort of sense that family is … family of origin are generally hostile or generally not safe places. And while that is true for many SGM people, we also recognize that there are many opportunities for families who are interested in supporting their SGM siblings or children, and we want to be thinking about how we might deploy intervention in those contexts. Schools, of course, a common setting for violence prevention; and workplaces, which I'll speak about in a moment; and then, more community-level and perhaps sometimes more nontraditional settings, like community-based centers that serve disconnected youth; senior centers; work environments; criminal justice; and family systems. So, we really talked a lot in this section about how we think about multiple intervention points that may address the same mechanism at various levels. So, as a person interacting with a series of systems each day, if there are ways for us to align these interventions across these systems, we may be more likely to see effect. You can go to the next slide. So, our second research opportunity focused on the development of interventions that recognize the changing types of violence and risk across the life course, and we really intentionally added this last piece about particularly focusing during middle and late adulthood. I think, in our working group, we recognized there are many sort of inherent or maybe natural, you know, kind of way that we drift towards childhood and

adolescence when we think about violence in SGM folks, so lot of our conversation did center in that space, and yet a fair number of voices in our group continued to say, "Hey, you know, we really need to be mindful of how violence looks across the lifespan," and that really became such an important theme that we decided to really highlight that through one of our research opportunities. So, when thinking about violence in older adulthood, thinking about things like elder abuse, which may be more expected, but also the ways in which elder abuse may be perpetrated by other older adults in institutional settings, senior centers, in workers who are not familiar or not, you know, knowledgeable about how to care for the unique needs of SGM folks, and we talked about the importance of thinking through interventions that may focus on midlife, right? So, after leaving, you know, higher or secondary education, thinking about: How are we supporting SGM people in the workforce? How are we handling their … the experiences of violence that happened in those settings? So, I think the real focus for us on research opportunity, too, was in highlighting the need for the lifespan and making sure that, moving forward, we're really trying to be more balanced in the landscape of how we refocus the literature across the lifespan. You can go to the next slide. So, research opportunity 3 for us, identifying existing interventions beyond only violence-focused interventions that can be adapted for the lived experiences of SGM people with an eye towards rapid dissemination. So, I think one of our frustrations in kind of thinking through all of these methodological challenges and things that need to happen in order to build new interventions for SGM people was a recognition that we can and should rely on the existing body of literature, and you know, in both SGM studies and interventions that may focus on other health outcomes, like HIV prevention and intervention and relationships, and dyadic work that's being done with SGM people but not on violence specifically, as well as work being done on violence with other populations, right, and understanding that, you know, in order to really try to move work forward, it's going to take this dual and parallel path of both thinking about new interventions, really spending the time to focus on these unique mechanisms and these settings and spaces where we might address the SGM people directly, while at the same time wanting to try and think about rapid dissemination and the utility of interventions that may already exist and just require adaptation. The other piece that came out a lot for us in research opportunity 3 was the need for a really driving theory as the basis for intervention and how we may look to both theories that are using other contexts, as well as in SGM work, like minority stress theory and trauma-informed approaches, family systems theory, and a focus on both resilience and strength-based approaches. So, there's a lot of literature out there on these things, and we felt it would be use … a good use of time—especially in light of the need for new interventions and interventions to happen more rapidly—that this work really be refocused. Yeah. Okay, I think you can go to the next slide. So, thinking back on the importance of these many, many systems that people interact with—SGM folks and SGM folks who occupy multiple minoritized identities—research opportunity 4 for us is the development of evidence-based interventions that target responders' ability to assess, respond to, and treat the consequences of violence among SGM people in culturally and linguistically affirming ways. So, I think in our discussions of this, my … you know, our thinking of how we might kind of organize this, it really fell into two buckets. So, the one bucket is really the place that people—SGM people—may traditionally go for support when they experience

violence and ensuring that those folks are trained and prepared to offer affirming assistance and respond in affirming ways when they are working with SGM people. So, in terms of how we can train folks like medical doctors and nurses, maybe mental health and substance use professionals and social workers/psychologists, law enforcement, for example, these more traditional spaces where violence experiences maybe … may come out, and making sure that those folks are ready to … ready to act in appropriate ways so they can really get people in, engage them, and get them services quickly and in ways that don't further victimize. The second bucket that I think came out for research opportunity 4 for us are the places where people may not necessarily … may engage with typically but not necessarily be a space where one traditionally goes to when they're experiencing violence, and this may include teachers; administrators and schools; sometimes family members; religious institutions, for example; other types of shelters; banks, right? And that … how might we train these other systems where people interact on a daily basis to prepare them to be just generally kind of culturally sensitive in understanding what violence may look like, right? How might violence in SGM people look? How might it be represented and manifested in that moment, and how can they then sort of interact? So, in this, I don't think the goal was necessarily to say that these people are trained on how to directly intervene, rather trained on how to become aware of and provide appropriate referrals and appropriate connection into services. So, these two things together for us really made up research opportunity 4. I'll go to the fifth opportunity. So, similar to the third research opportunity around … oh, I'm sorry … the second one around lifespan, we spent a fair amount of time, I think, talking about the importance of engaging families in violence-based interventions, and in this case we were primarily talking about family of origin; however, I think chosen families and sort of families that are built as SGM people move through adulthood—also highly relevant in the case of research priority 5. So, you know, as I mentioned earlier, I think at times in our history in thinking about research and practice with SGM people, we've largely considered families as, you know, really mostly part of the problem, and while, again, that is true for many, many SGM people, it's not always the case, and there are times when siblings and cousins and parents and grandparents and other folks around people can serve as a really great point of intervention, right? So, how might we think about building out intervention and innovative methods around family-based interventions? So, the reason why this really focuses on innovative methods in part is because our group also recognized that while there may be some really clear opportunities for tapping into families at different points in the lifespan in different ways, that we don't really have great foundational research on just how to identify and engage families. We tend to do recruitment directly through SGM people. We don't, to my knowledge at least, often connect through them to get to families. We don't have really great ways of accessing families in most cases outside of, you know, some … some … with some exception, I should say. But accessing and engaging families, parents, siblings, partners, extended families is really kind of an open space, and we felt like this was a really important area for opportunity that is going to require a lot of careful attention but has the potential to reap great reward. You can go to our last slide. So to add, in summary, we felt treatment-focused interventions are not only a vital new step in SGM violence research but really must also understand the forms and antecedents and typologies and triggers of violence that may be unique to SGM people; these

interventions … so we said although efficacious interventions may exist at many levels, there's a need for critical attention on how we may tailor interventions or adapt interventions so that we can rap … more rapidly disseminate work and look at programs that are efficacious in other ways and may be applied very readily to this outcome; and then a real need to acknowledge the relationship between intersecting identities and structural factors in violence that exists for SGM people. You know, underlying the importance of poverty in place and space, neighborhood experience of violence that comes in many other … both inter … again, interpersonal and more structural and systematic ways, is … really must be done if we're going to ever make a dent in reducing violence in the population. So, I will leave it there, and here in my head, all of the spots where I missed the most important voices that came from our group and leave it for questions.

**DR. PARKER:** Great. Thank you so much for that very comprehensive overview. So, we are getting a few questions, but several of them are, I think, appropriate for all of the working groups, and so I think we should go ahead and move on to working group 5, and then after that we have some questions that I think are broader and will be appropriate for everybody. So, now I will turn it over to working group 5: Ethics and Logistical Challenges. And so, Dr. Paul, take it away.

*WG 5: Ethics and Logistical Challenges*

**DR. JUNE PAUL:** Great. Thank you, Karen. So, as Karen said, my name is June Paul, so, hi, everyone. I hope you can see me. I'm not in my own house. So, I'm presenting research opportunities for working group 5 on ethics and logistical challenges. So, next slide, please? So, these are our group members, and like others, just one thing before I start. I wanted to mention that, in terms of all of the similar … all the principles that folks have been talking about—the guiding principles—in terms of what other groups were saying, we had several conversations about these things, too, in terms of, like, theoretical frameworks and methodologies that should be emphasized when investigating ethics and logistical challenges of violence against SGM—so, things like the socioecological model focusing on intersectionality and the life course perspective, as well as feminist, queer, and critical race theories, and making sure that we continue to focus on strengths-based and community-engaged approaches. I kind of just wanted to put that out there before going into our first research opportunity, which is the next slide, please. Okay, so for our first opportunity, we focused on research inquiry that helps to understand whether there are any impacts and a particular risks of harm that may result from asking questions about sexual orientation, gender identity, and expression—also referred to as SOGIE—and/or experiences of trauma and violence among SGMs, and specifically, we asked: To what degree does asking questions about SOGIE, trauma, and violence among SGMs increase risks of harm? And so, the reason this question arose for us is because we felt that, given that providers and staff in various settings—for example, the military, maybe K12, child welfare, and even some institutional review boards—may be reluctant to ask or to permit the asking of questions related to SOGIE, trauma, and violence, citing the potential for harm. So, some of the key focus or focal points that are kind of aligned with this overall umbrella research question is: Why ask, who asks, who gets asked, and how to ask? So, thinking about

this particular question and all of those different facets is really important. And also, in thinking about this research question, we talked a lot about highlighting the importance of conducting research in settings where the prevailing views are more hostile towards SGM, and our reason for that was we wanted to understand if and how these settings may also increase risks of harm to SGMs. So, evidence and relation to this question can be used to develop standardized protocols for asking questions, as well as to identify and to develop strategies to mitigate harm, such as data safety monitoring, for example, when and if it's relevant, right? So, we know that there's some research out there that says it's not harmful to ask questions, but we want … we felt that there was a need to look at this more deeply and to really verify that that is actually the case, and if there are certain situations where there might be some harm, to really get underneath all that and try to figure out what all of these aspects are in terms of asking questions. All right. Next slide, please. Thank you. So, our second research priority concentrates on exploring the question: How is "violence" defined in relation to SGM populations with the aim of redefining conventional understandings of violence? And I know that a lot of us have been talking about this, so we're not out on our own here with this question, but we want to capture the experiences of SGMs in multiple contexts and across subgroups. So, studies are especially needed that focus on types of violence that are specific to SGMs; contexts where victims may not interpret their victimization the way conventional or other frameworks relate—so, for example, non-SGM youth that experience violence and harassment in schools. We also felt it was important to focus on the perspectives and lived experiences, as others have said, of SGMs who are not tied to any organizations or agencies; also mentioned by another group, as well as, again, strengths and resiliency of SGM survivors. And one of the things—I think it was group 1 that mentioned this—we also discussed the need for some legal scholarship to explore the effects of law and policy on violence towards SGMs. And so, additionally, redefining violence in relation to SGM population research efforts should also think about incorporating victim-centered and survivor-defined approaches by using inclusive and empowering methodologies, such as community-based participatory research—I know others have mentioned this kind of thing, as well—and other types of collaborative approaches with various SGM populations and stakeholders. We really wanted to emphasize that, as well as engaging in open-ended exploratory research to conceptualize what's actually going on for SGMs. And ideally, the evidence from these studies might help to revise existing measures, such as the Adverse Childhood Experiences—or ACEs—inventory, as well as many others, to include assessments and practices that are specific to SGMs. Next slide, please? Thank you. So, the next research opportunity we identified focuses on examining: What are the best approaches and practices to implement integrated data collection, data harmonization, and analysis to document violence for SGM subgroups? A lot of us have been talking about this, so again, as this has been mentioned already, research is needed in this capacity because many study samples don't have the necessary subgroup sample sizes to report on patterns of violence, as well as at the intersections of numerous marginalized identities. So, in light of these concerns, research should explore ways in which the measures can be standardized, either at the data collection stage or at the secondary stage, to allow for integrated data analysis. It should also be noted, though, that although this might prove helpful to smaller subpopulations of SGMs, it can also be an ethical challenge,

considering that smaller subgroups may increase disclosure risk, so we felt it's important that potential risks are identified and addressed early on. The last thing I want to say about this is that the need for research that employs qualitative methodologies is also really important, so we don't want to … we don't want to just focus on quantitative. We also find that this kind of research can be important to respond to the challenges in the data collection and analysis. For example, qualitative approaches can provide detailed information about terminologies and experiences of SGM subgroups that are culturally specific and unique, just to name one example. Great. Next slide, please. So, our fourth priority and research question is: What are the experiences of SGMs who perpetrate violence? And I know that there's also been some discussion about this. This is always the best part about going last. We can say, "Yes, we talked about this," but try to add some other things. So, as one can imagine, systemically examining SGMs as perpetrators carries both individual and ethical challenges and social ethical challenges. So, for example, as you can see on our slide, there was a study by Meyer and colleagues done in 2017, and the authors found that gay and bisexual men in U.S. prisons were four times more likely to have a violent sexual crime in their criminal history than straight men. And while these findings are based on empirical data, they reinforce long-held societal stigmas that lead to logistical and ethical challenges, such as the potential for these kinds of results to be used by others with the intent to cause harm towards SGM communities. There may also be limits on keeping research confidential when participants respond affirmatively to questions about perpetration, as research data is often not protected by law, so accordingly, our group felt it important to highlight the need for studies investigating these experiences and develop protocols and guidelines at the beginning of the research process to help identify, manage, and mitigate risks of harm. All right. Last slide. Thank you. So, the focus of our fifth and final research opportunity is: How do interpersonal and institutional SGM prejudices and stigmas affect the violent experiences of SGMs and the documentation of violent experiences of SGMs? And again, as many have stated here today, instances where prejudice in the broader society, political factors such as a change in presidential administrations, and systemic institutional bias may affect both the experiences of violence and the documentation of violence, and that's because many may not understand the relevance of how violence may be connected to SOGIE status. One really clear example of this—I'll just give one—is the Violence Against Women Act, which clearly establishes priorities related to traditional understandings of gender-based violence and excludes SGM survivors. And not surprisingly, as others have talked about, this can lead to a lack of documentation of experiences; discriminatory protocols, such as being denied an order of protection or being mis-arrested as the primary aggressor by law enforcement; and then, lastly, poor access to victim services, such as shelters and legal advocacy. So, in line with this, the last thing we wanted to mention is that research investigating these issues should make sure to focus on identifying effective pathways to mitigating these impacts, as well. That's what we have. Questions?

**DR. PARKER:** Great. Thank you so much, Dr. Paul. So, we do have one question that came in that I do believe is specific to working group 5, and more specifically, I believe, to research opportunity number 4, and so, somebody is asking: Could it partially be that

gay and bisexual men are being reported at higher rates than others and not that they are actually perpetrating more?

**DR. PAUL:** So, I'm going to let those in my group actually help me answer this question, so if you were a part of working group 5, feel free to add to this.

**DR. DOROTHY ESPELAGE:** Yeah, I'll jump in. That was a wonderful representation of the work that we did, Dr. Paul, so thank you very much. I think that's actually true. I think that if we go deeper in to think about just structural racism and discrimination and internalized oppression and then just this … that they may be committing the same crimes, but just because of their status they might be more at risk, so I think it's spot on. And June kind of alluded to that in the last priority, too, that there is this institutional types of racism in the structure that can contribute to this disproportionality and arrest and actually, just not only an arrest but also sentencing. Excellent question.

**DR. PARKER:** Great. Thank you so much. So, I would just like to pause for a moment, before we go to some of these more overarching questions, just to reiterate our very deep appreciation and thanks to Sarah Whitton and also to every single member of the working groups. I know that we … the ask was a very big one when we approached folks, and it wasn't just, "Come to a 1-day workshop and present," it was really commit to a lot of work over this past summer, and so thank you, again, to everybody. So now, we've got several questions that are appropriate for anybody who presented or anyone who participated in any of the working groups, and so I will just sort of start with some of these questions, and anybody is welcome to jump in. So, someone is asking about this notion of resilience, right? Noting that a number of the recommendations include a focus on resilience and about potential concerns regarding resilience that might indicate individual responsibilities versus multilevel interventions to dismantle structural factors, and how will structural interventions that dismantle disparities be incorporated sort of into this final report? So, if anybody would like to talk about this notion of looking at resilience and how that might be too focused on individual responsibilities? I think several working groups did bring up this notion of increased research on resiliency, so anybody interested in taking on that question? I think, you know, it's a good point. Jeremy just put on his video. So, Jeremy, would you like to address this question?

**DR. GOLDBACH:** Okay. I'm going to make a tiny attempt at it. I think the point is really well stated, and I think … I think part of the problem is we don't have good … I have lots of dogs, apparently, now that are going to … sorry, this worked from home … but I think that, you know, part of the issue is that we don't really have good ways of measuring and understanding resilience, right? And what actually leads to the development of resilience in people? How do we create systems that build resilience? Is resilience only just the reaction—like, do bad things have to happen to you for you to gain resilience? So, I think that this is a really important point and really needs to be the target of, you know, more research directly. I think one of the challenges that we have is a system that, you know, to all the great things that, you know, our federal funding system does is that, you know, we generally fund in light of health disparities, right? At least historically, we fund because of people having problems and we want to remove those problems. And I think that if we want to start understanding resilience, then we sort of have to

allow for, you know, what creates wellness, right? What creates health, as opposed to just the absence of negative things? And I think that's a huge shift that we may need to ask for our funding partners to really start to, like, highlight to allow us to say, "You know what? Maybe it's not the disparity that we're always looking at; it's also the flip side of that." It's, "Well, if 30 percent make a suicide attempt, how do we understand the 70 percent that don't?"

**DR. PARKER:** Great. Thank you for that. So, several folks talked about adapting established interventions, and so somebody's wondering if there … if there are specific interventions that are currently established and validated that might be particularly useful for looking at in terms of interventions related to violence in SGM populations. And also, I apologize. I think Sarah and Michelle might have wanted to jump in on that first question, and so if you would like to go back to the resilience question, please feel free.

**DR. WHITTON:** Yeah, I could jump in real quick, and I also noticed Jen Marchbank in the comments was asking if she could answer. … basically, like, thank the person who brought up that question, for raising it, and I do think there's sort of a tension between two of our themes that emerged. One is really, like, focusing on some of these—on resilience—and then the other is, you know, this big emphasis on recognizing influence of systemic kind of factors. And so, I think it is very important that we don't, when we're talking about resilience, like, frame that always as just, "It's the responsibility of the individual to overcome these things." So, I think language is going to be really important there, but in terms of, like … that some of the language of that question was really: How is it going to be addressed in the ultimate report? I'm not exactly sure, but I think a key thing will just be that we are definitely including in the report the emphasis on the systemic factors.

**DR. PARKER:** Okay, and did Michelle or Jen want to add something?

**DR. YBARRA:** Yeah, just really quickly. You know, I think for us—at least when we were thinking about resilience—it wasn't just at the individual level, which is for sure, but also in terms of the SGM communities more broadly. How can we understand and promote resilience sort of at sort of the meta level? But I won't restate, but nonetheless agree with everything else that's been said.

**DR. PARKER:** Okay, and Jen? Is someone able to unmute Jen Marchbank?

**MR. SHYAM PATEL:** I'm doing that right now; one second.

**DR. JEN MARCHBANK:** Thank you. I wanted to comment on resilience. I, too, am concerned that that allows policymakers of the group to just talk about it as an individual responsibility, and I would suggest that language that we could use is resistance and how a community might resist interpersonal violence and/or how policymakers might provide environments where resistance to violence is not just physical resistance but somehow structured within our social networks and services that are available, not just to be active—try or act after some violence has occurred, such as reporting to police—

but having agencies where that could be proactive and working with various communities in reducing the violence there. And in particular, I am thinking of a campaign that ran in Scotland in the 1990s and still ongoing, which is the Zero Tolerance against violence, which is public education campaign. It didn't provide any services, it just raised awareness and the discourse around the fact there was to be zero tolerance of interpersonal violence, and that, by making it a very public discussion, change the landscape. So, maybe we talk about resistance as well as resilience. Thank you.

**DR. PARKER:** Great. Thank you for that, and Erin Wilson, I see you have your hand raised.

**DR. ERIN WILSON:** Hi, I just wanted to second that idea around resiliency, I know that when we talk about resiliency, especially when it comes to violence in communities, there's a lot of pushback on that word, so I just wanted to echo, I think, the importance of reframing and maybe considering not using that language at all because, you know, people who experience violence find themselves often not in a lot of power of how that violence occurs. So, that … and again, same with there is this tension around systems, too, and I think the really difficult part is getting NIH money to do systems work, so I think, you know, we always want an individual outcome—somebody gets screened … or, you know, then is in services for treatment, which is also a treatment-oriented approach, so I would second Jeremy's plug for wellness-related intervention; money … and also money that promotes kind of policy in these big, broad health campaigns that's hard to get, but I think, like Jen is saying, potentially really impactful. So, how can we kind of start involving on the funding front would be super amazing for the work.

**DR. PARKER:** Great. Thank you so much. That's very helpful. Okay, so just back to the second question, which was about adapting established interventions. So, if anybody would like to talk about if there were specific established interventions that you feel might be sort of right for intervention? So, I think a couple of the working groups discussed this notion. Anyone interested in jumping in? Okay, so Rob Stephenson? If we could … okay, go ahead, Rob.

**DR. ROB STEPHENSON:** Hey, there. I hope you can all hear me. Yes, this is one of the things that we discussed in our group, which was working group 4—the Treatment-Focused Interventions—and I think there's at least two pathways that we can pursue to intervention. One is—well, three actually—one is just create the new interventions from scratch; two is adapting violence-based interventions that work with other non-SGM populations; but the third one, and the one that I think I am most interested in, is looking at interventions at other health areas, and one of the examples I always use is efficacious interventions in HIV prevention. So, one of the things I've done over the years … I have a strong history in HIV counseling, and just because of my disciplinary background, I've asked my clients about their experience of IPV. But when I trained other counselors, trying to get them to ask about IPV during routine HIV counseling and testing, it's surprisingly difficult that the people have separated, you know, IPV from other health deficits. So, I think we need to look at other … we can even look at and borrow interventions from other health areas in which we could naturally swap IPV

content, so there's lots of HIV, there's lots from education, there's lots from social work. And so, that's … that's what we discussed in our group.

**DR. PARKER:** Great. Thank you. And Danielle? I believe you have your hand raised. Would you like to comment?

**DR. DANIELLE BERKE:** Yeah, sure. Thanks. This idea of adapting existing violence prevention interventions that have some evidence for efficacy also came up in our working group 3, and it's also connected to this idea of resistance as an alternative to resilience in our language and framework—so, programs that teach physical and verbal and psychological skills for resisting violence in the moment are often framed under empowerment self-defense training. There's a lot of preliminary strong evidence for the efficacy of these programs, particularly the work done by Charlene Sen in Canada. So, this is one such program that's not been tailored for SGM populations but has a lot of promise.

**DR. PARKER:** Great. Thanks so much for sharing that. So, any other folks from the working groups would like to comment on this? It looks like Kristi Gamaril has a hand up, so Shyam, could you make Kristi a panelist? [pause]

**MR. PATEL:** Just did.

**DR. PARKER:** Okay. Go ahead, Kristi?

**DR. KRISTI GAMARIL:** Can you hear me now?

**DR. PARKER:** Yep, we sure can.

**DR. GAMARIL:** Great. So, one of the things that we talked about in the treatment group, as well, is working with community-based organizations: programming that already exists, particularly trainings that happen already around training the police to work with sexual and gender minority communities, and other programming that is already happening and is home-grown but may not have been rigorously evaluated at this point, and I think that is definitely an area for us to be moving forward with, as well.

**DR. PARKER:** Okay. Great. Thank you. Any other comments? Okay, so we'll move on to another question. So, somebody notes that in 2019, the definition for sexual and gender minorities at NIH … they mentioned that it was expanded. It actually wasn't expanded, it was just sort of rewritten to make sure that the inclusive language was clear, and so, this attendee notices that some identities—for example, asexual, Two-Spirit—have not been specifically mentioned today. So, they were interested in knowing: Did any of the groups specifically explore or discuss research priorities related to these groups in the working group discussions? [pause] Okay, and it looks like Clare would like to comment. Shyam, can you make Clare a panelist, please? Okay. Go ahead, Clare.

**DR. CLARE CANNON:** Hi, my comment was about the previous question. It was just along with interventions—the need for effective evaluation. So, as we're adapting these

sorts of interventions, it's going to be really important to also evaluate them so we know how effective they are.

**DR. PARKER:** Great, thank you, Clare. Okay, so back to this question about sort of the breadth of identities that are included under the SGM umbrella. It seems to me that when the working group talked about SGM populations, they were being inclusive in terms of the breadth of identities and the different types of programs or interventions that might need to be developed, not necessarily in a broad way to cover all SGM populations, but also some specific interventions that might focus, for example, on gender minorities or Two-Spirit populations. That was my understanding. If any of the working group folks would like to chime in, please do so.

**DR. YBARRA:** Hi, I just … Sabina … sorry, Sabrina suggested that I note that we did. It was in a parenthetical note, so I didn't artic … verbalize it, so I apologize for that. But particularly, on our first slide, we did call out the need for focus and attention given to Two-Spirit.

**DR. PARKER:** Okay, great. Would anybody else like to comment on that before we move on? [pause] Okay, so a couple of other questions that are relevant, I believe, for everybody. So, someone notes that interventions are dependent on data and research at the fundamental level, and, of course, data and research are important to understanding violence and the prevention of it, but the lack of consistent nationwide reporting mechanisms—in many cases, no reporting mechanisms exist at all—would seem to be a good place to start. Many states do not ask the SGM-related questions, similar to those in BRFSS, and how can we get state public health departments to include SGM questions in their surveys, getting law enforcement to report SGM violence, etc.? And so, before I open that up to the working group, I will just comment that from a federal perspective, there are many, many, many conversations happening right now surrounding this exact issue. We also … NIH last December funded the National Academies to do a report looking at measurement with the hopes that some recommended measures would be able to be more consistently be utilized and implemented across federal agencies, and we're not just talking about sort of surveillance and research, we're also looking into appropriate questions for administrative data collection and in clinical settings. And so, I think this issue broadly is a challenge in terms of SGM-related research, but I think when you think about violence in some of those specific areas that you mentioned, I agree this is a really important thing that, sort of, as a whole, folks need to be looking at and considering. And I don't know if anybody from working group 5 would like to comment, because I think that there were some really great points made in terms of thinking about ethics and data collection, and so if any of the working group members would like to comment on sort of a broad data collection and the need for more data collection, now is the time. And Victoria would like to join in on the conversation. Victoria Frye? Shyam, can you unmute Victoria?

**DR. VICTORIA FRYE:** Hi. Good afternoon. Sorry, I am not able to be on video, but I did just want to comment on the issue of data collection and make a broad general comment about … which ties to many of the excellent points made, and also, I want to

thank my peers for the incredible work they've done in putting all of this together and all of the hard work that went into it, and also to acknowledge and thank the NIH for doing this work and leading it. But the idea of, you know, reframing resilience as resistance and really looking at multiple and higher levels of influences on violence experiences and perpetration across multiple different, you know, groups that are at risk for experiencing it requires different levels of data collection around all sorts of violence that we don't have data on right now and all sort of social norms and other influences on violence, whether it's informal social controls, whether it's social norms, attitudes, etc. And again, like Rob Stephenson, I do a lot of HIV prevention work, and we suffer from this, as well, in terms of anti-stigma work, and we don't really have good measures of this at area levels, at community levels, or at levels higher than the individual, and that is a major, you know, constraint for advancing the research base and also for developing interventions that operate at multiple levels. And it cuts across these outcomes, whether it's violence or HIV prevention, which—as Rob also rightly pointed out—are quite siloed, and that's also a problem. So, I think encouraging states, municipalities, and other, you know, geographic and administrative and other community-level entities … not encouraging funding … I'm sorry, not encouraging—funding. Funding. We need those funded because we need that data, and it can't happen through some sort of volunteer effort, it just … it needs to be funded. So, that's what I … those are my two cents. Thank you.

**DR. PARKER:** Okay. Thank you so much for that. I would also just like to note that there is a comment—not necessarily a question—but a comment I think is important to highlight, which is that there is an attendee who loves the word "resilience," and so, you know, they think very differently about resilience and resistance, and so to that person, they are different, and so I do think that this sort of highlights some of the challenges around language and terminology in the way that, you know, people are not … you know, we don't have homogenous ways of thinking and that it's important to think sort of broadly about what we'll speak not just to certain people but to everybody, so thank you for that comment. And would anyone else like to talk about the need for data collection? Okay, so it looks like June Paul would like to comment. So, go ahead, June.

**DR. PAUL:** Yeah, thanks, Karen. I'm not sure if you can see me. Oh, yeah, you can. I just wanted to say … so, we really felt … we really felt it's important to think about not just creating … trying to figure out a way to make some measures or to create some standardized measures that could be shared, right? So, perhaps somehow sharing measures with states to create some contingency across states, but also thinking about some more qualitative approaches, some more qualitative research on detailing information about the experiences and the terminologies of SGMs. One of the biggest questions that we ran into, and that I am sure a lot of us talked about in our groups, is when you have … you know, when you're exploring different subgroups and different subgroups' experiences, they may have different ways of thinking about things. They often do, and they have different ways that they identify themselves, and so, really trying to get to a place we have a better understanding across the board of how different people experience things and define themselves is something, I think … and our group discussed a lot. And we talked about it, not just standardizing measures at the data collection stage but also at the secondary stage, so thinking about the qualitative piece

but also thinking about the quantitative piece and where it makes the most sense to try and standardize some of that data and how we can actually … maybe once data is standardized to a point, figure out ways to share it with other agencies so that there's more consistency.

**DR. PARKER:** Great. Thank you for that. So, Rob Stephenson is asking if there is a published compendium of measures of violence that are SGM-specific, which sort of follows along with another question that we received, which is about expanding the field of violence-related measurement and if there were sort of key constructs of particular relevance in terms of victimization, polyvictimization, and perpetration and that, you know, how important is it to develop these measures at multiple levels—so, thinking about the individual levels, the dyadic, the community, societal—and are there any existing measures that might be adapted? And so, I'm not sure if anyone wants to dig a little deeper into the violence-related measurement questions? It does sound to me that several working groups highlighted this as a need, so considering development of measures, also considering adaptation … oh, okay, Clare, would you like to say something?

**DR. CANNON:** Yeah, there's not a compendium, and that would be great if there were. I know I … and something that came up in our work group was something like the conflict—the revised conflict—tactic scales, and there's some folks who are like "Yes, we use this; yes, it can be problematic," but I think this is a real need. Can we adapt scales that have been validated in the literature for other kinds of populations and really evaluate whether or not they're effective for the SGM community? And/or do we need to develop some specific violence-related measures with respect to the SGM community? And, you know, I think we could explore both avenues, but this is certainly something that we definitely … is a research opportunity to both develop, adapt, and then see how effective these measures are for these data that can then, you know, be used as evidence-based understanding to then advance interventions, advance policy, advance treatment. So, that was some of our conversation.

**DR. PARKER:** Great. Thank you for that, Clare. So, certainly, we know that there are challenges related to data, which I don't think is surprising anybody that this is sort of bubbling up as a key discussion. So, we do have one more question that I will put out. I'm not sure who will want to address this. So, someone is asking about, you know, if this sort of process or any of the working groups identified an age below which any sexual contact would be considered sexual violence. So, increasingly in public health, we regard place or ZIP code to be predictive of public health problems, usually because of inequities and social determinants of health in a place or a ZIP code, and possibly definitive of likely solutions or avenues or remedy or repair of public health. So, did folks discuss possible foundational or predictive power of place or ZIP code regarding violence exposure with SGM? Not seeing this discussion of violence against human dignity, for example, violations of privacy, violations of freedom to speak and believe are threats to these. So, will these forms and qualities of violence be addressed? So, I don't know if anybody wants to talk about some of this … these place-based notions. Any discussion about sort of defining an age below which any sexual contact would be considered sexual violence? I believe there might be some state-level considerations for

that, so any … this … for any panelist who can't see this question in the chat function, so if anybody would like to address this, feel free. [pause] So, I'm not sure if there was … oh, David. David, let's start with you, and then we'll go to Victoria. So, David?

**DR. DAVID BURNES:** Oh, you know, please go to Victoria. I was actually going to respond to the prior question around measurements. We can come back to that. Thank you.

**DR. PARKER:** Oh, okay. Victoria, go ahead.

**DR. FRYE:** So, I'm going to respond to the second part of that comment, which is the importance, and I think it kind of echoes a little bit about what I was saying about measurement of various either area group or other space-level phenomena that is … you know, influences violence outcomes for sexual and gender identity minority groups and others, and yeah, absolutely. Measuring influences and in virtual space is incredibly important, it has only taken on more importance [message tone]—sorry—during COVID where so many people have existed almost exclusively online and virtually, and I think that's such a great point, so I would add to my comment that that needs to happen, yes, and it needs funding.

**DR. PARKER:** Okay, great. Thank you. We'll just pause for a moment in case anyone else would like to address this question related to space and ZIP code? [pause] Okay, so we'll go back to David. So, David, it sounds like you wanted to talk a little bit about the data and measures piece?

**DR. BURNES:** Yeah, I was just going to say, you know, there may be—I was, sort of, thinking out loud—but, you know, there is an opportunity here for, you know, to kind of … I don't know that in terms of getting it right because I don't think that there is a situation where you call it … you don't want to let the pursuit of perfection get in the way of, you know, something that's good. But, you know, in elder abuse, one of the things that we've found very helpful is to have, you know, sort of a kind of a core understanding of measurement as it relates to, you know, prevalence and incidence and measurement for studies, but we also recognize that it likely doesn't capture the meaning of elder abuse across different cultures. And so, you know, there may be an opportunity here to try to develop that understanding of what … you know, how to define this and how to measure this issue among SGM populations across cultures in different ways while also maintaining kind of a core … you know, there are likely also sort of a core set of questions or items that would cross cultures, and so you can kind of … which is helpful to have in terms of doing some comparison. So, I guess I'll just make that comment that I think there is flexibility to try to almost do both, try to kind of recognizing and measure the issue in different ways across cultures while also having a core set of kind of almost like a minimum standard kind of set of questions that would cross cultures.

## Concluding Remarks

**DR. PARKER:** Great. Thank you, David. And there is a call for us to be assured that we're working with public health scientists, public health policy folks, and public health ethicists, and so, yes, agreed—all of those folks are needed, and many of those perspectives have been represented on the working groups. So, I believe that's all of the questions that we've received so far, so we'll just give folks one or two more minutes to think about any questions that they might have. I'm happy to sort of start wrapping up and letting folks know what the next steps are. And so, this portion of the process is being recorded, as we mentioned, and will be made compliant and posted to the Sexual & Gender Minority Research Office in the coming weeks. We are also … we will be pulling together the information provided today, the discussion, and then also the notes from all of the working groups in developing a document that will be posted to our website that will capture some of the richer discussion that we were unable to cover today that was discussed in the working group meetings. And so, that is how we will move forward. If you are not on the Sexual & Gender Minority Research Office listserv, I encourage you to join, and we will be posting to that listserv as soon as those documents get posted. And, Rachel, if you'd like to move to the next slide. One more? Great. Thank you. So, I believe that I mentioned all of this information. Please feel free to join our listserv. We will be recording … posting the recording of this webinar, and thank you, again, to all of the attendees today, to all of our working group and Phase II participants. Thank you, in particular, to Dr. Irene Avila, who is the Assistant Director in SGMRO, and Shyam Patel, who is our communications lead, because so much of the work of this workshop was sort of on their shoulders. And then, once again, I would like to thank Sarah Whitton for agreeing to co-chair this very long process. I can say that the conversations within our Office about this process have been that we do believe that spending so much time in the working groups and in discussion is really going to help us get to sort of richer and more thoughtful research opportunities than what we might have gotten had we just done a one-day workshop, and so thank you all again. And with this, I will give everybody back some time, and thanks again.

[MEETING ENDED AT 2:08 P.M. EDT]