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Gun Violence Against Sexual and Gender Minorities in the United States

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RESEARCH THAT MATTERS

GUN VIOLENCE AGAINST SEXUAL AND GENDER MINORITIES IN THE UNITED STATES:

A Review of Research Findings and Needs

April 2019

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The Williams Institute is dedicated to conducting rigorous, independent research on sexual orientation and gender identity law and public policy. A think tank at UCLA School of Law, the Williams Institute produces high-quality research with real-world relevance and disseminates it to judges, legislators, policymakers, media, and the public. These studies can be accessed at the Williams Institute website.

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ABBREVIATIONS

CDC – Centers for Disease Control and Prevention
DVRO – Domestic Violence Restraining Order
ERPO – Extreme Risk Protection Order
IPV – intimate partner violence
IPH – intimate partner homicide
LGBT – lesbian, gay, bisexual, and transgender
LGB – lesbian, gay, and bisexual
LGBQ – lesbian, gay, bisexual, and queer or questioning
MSM – men who have sex with men
NCVS – National Crime Victimization Survey
NICS – National Instant Criminal Background Check System
NISVS – National Intimate Partner and Sexual Violence Survey
NVDRS – National Violent Death Registry System
PTP – Permit to Purchase
SGM – Sexual and Gender Minorities
UCR – Uniform Crime Reporting program
VHA – Veterans Health Administration
WHO – World Health Organization
WSW – women who have sex with women
YRBS – Youth Risk Behavior Survey

PREFACE

June is the month when we annually celebrate LGBT pride and commemorate the Stonewall riots, which were an important turning point in the movement for the rights and well-being of sexual and gender minorities in the United States and elsewhere. On June 12, 2016, a gunman opened fire in the Pulse Nightclub in Orlando, Florida. Pulse was a gay club, and June 12 was Latin night. People of different backgrounds, sexual orientations, gender identities, and ethnicities were there as patrons, performers, and employees, and most were young and Latinx. The gunman brutally murdered 49 people and wounded 53.[1] Mass shootings and hate crimes targeting LGBT people are especially potent forms of violence. They terrorize not only those immediately and physically impacted, but the entire community. They powerfully reinforce the sense that LGBT people must practice constant vigilance to protect themselves from stigma and violence. They shatter an already fragile sense of security and teach LGBT people that places they thought were safe may not be. Gay bars and clubs have historically been safe venues for LGBT people and their friends to gather, be themselves, have fun, meet others, and build community—a haven when families, schools, workplaces, and religious communities are unwelcoming or worse.

While mass shootings like the one at Pulse, or at houses of worship, schools, and elsewhere, receive and deserve extensive media and public attention, they are an uncommon form of firearm violence in our country relative to other types of violence. As this report details, among firearm deaths each year in the general U.S. population, about 60% are suicides and about 37% are homicides, many of which happen between current or former intimate partners. Thus, when we think about gun violence and how to prevent it, our view must be broad and multi-faceted. As we discuss in this report, many questions about gun violence against sexual and gender minorities in this country are unanswered or unexplored. For example, research shows elevated prevalence of suicide attempts among LGBT people, and that guns are usually lethal when used in an attempted suicide. But, we have almost no research on suicide deaths of LGBT people (or all sexual and gender minorities) and the role of firearms in them. Without such research, it is challenging to design prevention strategies. By mapping existing research and research needs on a variety of gun violence topics, we hope that this report will inform understanding, spark better data collection and insightful studies, and ultimately help create effective interventions.

[1] Portraits of the victims may be found at New York Times (n.d.), Cockrel (2018), and elsewhere.

EXECUTIVE SUMMARY

Firearm violence is a significant concern for many sexual and gender minorities in the United States. For example, guns were used in nearly 60% of bias-motivated homicides of LGBT people tracked by the National Coalition of Anti-Violence Projects in 2017. In addition to their role in intentional killings by others, firearms are widely used in suicides in the United States; firearms are also used to intimidate and threaten, and they can cause unintentional deaths and injuries. Gun violence in the LGBT population is thus of significant concern given substantial research finding that, compared to non-LGBT people, LGBT people have higher prevalence of suicide ideation and attempts, comparable or higher prevalence of intimate partner violence, and higher lifetime prevalence of victimization from hate crimes, school-based violence, and discrimination.

Yet, research specifically addressing gun violence against or by sexual and gender minorities is rare. This in part reflects the fact that gun violence across the U.S. population is generally understudied; but studying gun violence against sexual and gender minorities is particularly challenging because of a lack of data. Researchers have developed best practices for measuring sexual orientation and gender identity in population-based surveys and other data systems (e.g., GenIUSS Group 2014; SMART 2009), but the death and injury surveillance systems in the United States typically do not measure victims' or perpetrators' sexual orientations, gender identities, or gender expressions. By "sexual minorities," we mean people who are not, or not completely, heterosexual in their sexual identity, attraction, or behavior—including but not limited to lesbian, gay, or bisexual identified people. By "gender minorities," we mean people whose gender identity or expression does not conform to traditional, binarized, and fixed understandings of sex and gender—including but not limited to people who identify as transgender or non-binary.

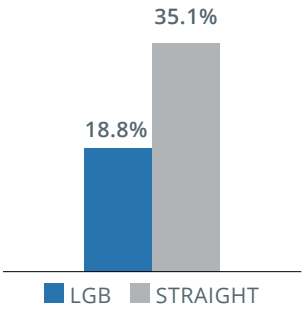
Without research and data specific to sexual and gender minorities, we cannot fully know how and to what extent gun violence in all its forms impacts this population. We also do not know what role geography, race/ethnicity, age, gender, economic status, veteran status, disability, language, immigration status, and other characteristics play in gun violence affecting this population. For example, research consistently finds the highest prevalence of firearm suicide among non-Hispanic White men and the highest prevalence of firearm homicide among non-Hispanic Black men. But do these and other racial patterns hold among sexual and gender minorities? And do known risk factors for firearm suicide death and homicide—including gun ownership, alcohol abuse, and joblessness—similarly or differently apply to sexual and gender minorities?

The lack of research and data similarly hinders our ability to evaluate whether general prevention efforts, such as laws restricting who can have guns and when, are effective with respect to sexual and gender minorities, as well as to assess the need for, and design of, evidence-based interventions that target this population or any number of subgroups (e.g., transgender women of color, those in rural locations, bisexual women in relationships with men, or veterans). Researchers have noted the need for LGBT-specific or LGBT-competent interventions, such as health services that attend to the unique concerns of LGBT people and culturally-competent law enforcement responses to violent situations involving LGBT people.

This report collects and synthesizes literature on gun violence impacting both the general population and sexual and gender minorities (particularly LGBT people) in the United States, in order to provide a baseline understanding, establish a research agenda, strengthen the call for expanded and improved data collection and research, and inform prevention efforts. Specifically, we address: suicide death, attempt, and ideation; intimate partner violence (including homicide); and community violence such as hate crimes, homicides, school violence, and mass shootings. We also discuss evidence-based strategies to prevent firearm injuries and death and highlight major research and data gaps. We approach these topics from a public health perspective, which involves trying to understand and address the root causes of gun violence.

In a separate study (Conron et al. 2018), we analyzed data from the General Social Survey, a U.S. representative sample, to provide the first-ever estimates of the prevalence of guns in the homes of LGB people compared to non-LGB people in the United States. LGB adults were significantly less likely than heterosexual adults to report having at least one gun in their home (18.8% and 35.1%, respectively). Among heterosexual and LGB adults, non-Hispanic Whites were most likely to have a gun at home. And although heterosexual men were most likely to report having a gun, gun ownership was similar for LGB men and women.

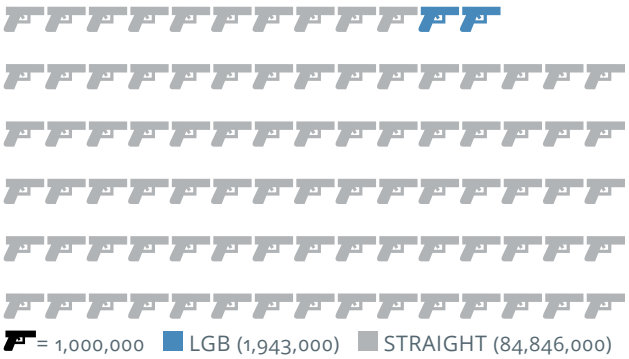
Figure 1. Presence of gun in home, by sexual orientation



Source: Conron et al. 2018

Additionally, the study analyzed data from the Cooperative Congressional Election Survey, also a U.S. representative sample, and found that LGB adults were slightly more likely than heterosexual adults to favor policies that restrict access to guns, such as background checks. Because the presence of guns in the home is associated with lethal violence, our findings suggest that LGB adults may be at lower risk for suicide deaths and intimate partner homicides by firearm. We note, however, that many LGBT youth live in the homes of heterosexual adults who are more likely to have guns than LGB adults. In addition, LGBT people, like others, might be able to access a firearm without having access to one at home or owning one.

Figure 2. Estimated homes with a gun, by sexual orientation



Source: Conron et al. 2018

There are many unknowns documented in this report that merit future investigation. For example, *why* LGB adults are less likely to have a gun at home and are more likely to support certain legal restrictions is unknown. Also unknown are statistics regarding transgender people, such as their prevalence of gun ownership and attitudes toward gun policies. Richer data and more research using a variety of methods could help address a range of questions that would enable us to gain a more specific, and nuanced understanding, which would enhance prevention efforts.

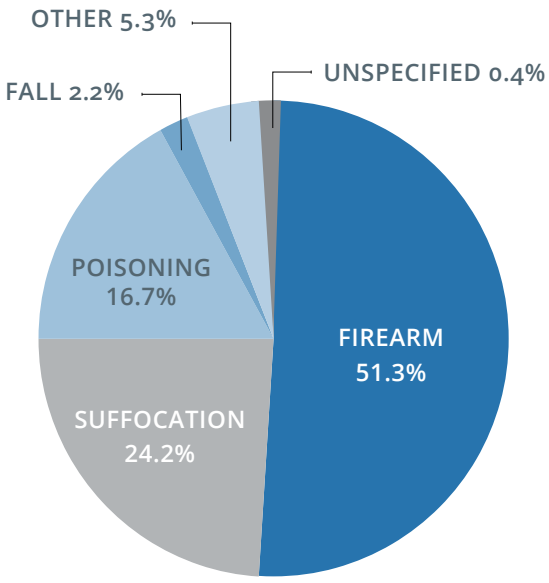
Unfortunately, we identified scant research addressing potential variability in gun violence risk for sexual and gender minorities by gender, race, geography, age, socio-economic status, and veteran status. These are some of the important, intersecting lines of inquiry with respect to gun violence generally (e.g., Crenshaw, 1990; Knopov 2018; McCall, Land, & Parker 2010; Pinchevsky & Wright 2012; Riddell et al. 2018; Rowhani-Rahbar et al. 2019), and we expect they will be as well with respect to sexual and gender minorities. Nor is there sufficient research on how and to what extent known risk factors for, and protective factors against, gun violence in the general population apply to sexual and gender minorities, and whether there are LGBT-specific risk and protective factors.

Theories of population distribution, such as social ecological models (see generally Krieger 2001), that can be used to understand health disparities could be used to inform future research on sexual orientation and gender identity variations in gun violence. Likewise, more research is needed to explore gun violence with respect to minority stress and the cumulative advantage/disadvantage hypothesis (see generally Cochran & Mays 2017; Meyer & Frost 2013; Meyer 2003).

SUICIDE DEATH, ATTEMPT, AND IDEATION

According to the Centers for Disease Control and Prevention (CDC), suicide is the tenth leading cause of death in the United States. Suicide deaths are especially prevalent among males and, according to some studies, veterans. Suicide is the second leading cause of death among youth and young adults (ages 15-24). More than half (51%) of suicides are by firearm. Suicides by firearm, in turn, account for three-fifths of firearm deaths in the United States, reflecting more than twice the proportion of firearm homicides. Indeed, suicide attempt by firearm is usually lethal, resulting in death 85% of the time (Miller, Azrael, & Barber 2012). More generally, substantial research documents the relationship between the presence of firearms in the home and the increased risk of suicide by firearm. The majority of firearm suicides are concentrated among non-Hispanic White males and those living in rural areas, and mortality rates generally increase with age. Gun use is also common in cases of suicide among veterans.

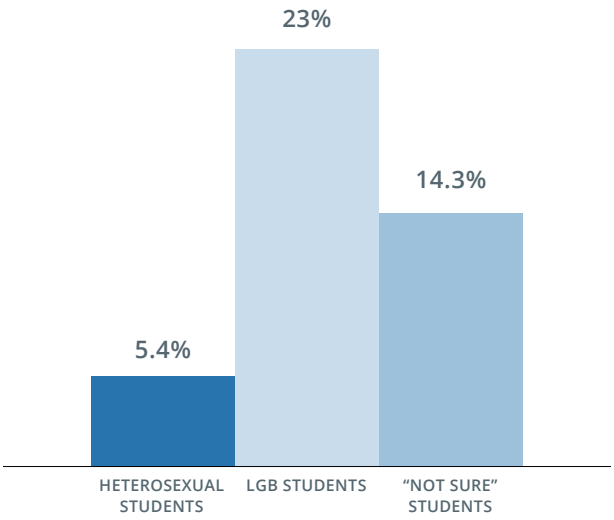
Figure 3. Method of suicide in the general population, 2001-2017



Source: CDC

LGBT people have a higher prevalence of suicide attempts and ideation than their non-LGBT peers, which is connected to stigma and prejudice against minority sexual orientations and gender identities. For example, according to the CDC's Youth Risk Behavior Survey in 2017, 47.7% of gay, lesbian, or bisexual students and 31.8% of "not sure" students, as compared to 13.3% of heterosexual students, had seriously considered suicide in the 12 months before the survey (Kann et al. 2018).

Figure 4. Suicide attempts among youth in 1-year period, by sexual orientation



Source: Kann et al. 2018

Suicide attempts are highly prevalent among transgender youth, with one recent study finding 34.6% of transgender youth had attempted suicide in the past year, compared to 9.1% of cisgender girls and 5.5% of cisgender boys (Johns et al. 2019). Some research indicates that LGB veterans' suicide attempts and ideation is similar to or higher than straight veterans (Blosnich, Mays, & Cochran 2014; Blosnich, Bossarte, & Silenzio 2012). And Blosnich, Bossarte, and Silenzio (2013) found that same-sex-partnered veterans had twice the odds of keeping firearms in the home than sexual minorities who are not veterans.

However, very little data exist on suicide deaths among LGBT adults and youth, including data that would permit analyses by race/ethnicity, geography, age, gender, veteran status, etc. Nor has research systematically investigated methods of suicide among LGBT people or the role of guns in suicide attempts and ideation among LGBT people. One major reason for this lack of information is that individuals' sexual orientation and gender identity are not collected in death records and are infrequently collected in national and state surveillance systems that track suicidal behavior. One recent study of suicide deaths from 18 states found that 0.5% of suicide decedents were LGBT, the majority of whom were gay men (Lyons et al. 2018). Importantly, however, the authors cautioned that their findings likely underestimate LGBT suicide deaths given the incompleteness of the data and the challenges of identifying LGBT statistics postmortem, including having to rely on third-party informants rather than individuals' self-identification. In this study, firearm was the second most common means of suicide for gay men, lesbians, and bisexuals, and the third most common means for transgender persons. Gay men and lesbians were both more likely to experience mental health issues, a history of suicidal thoughts or plans, and intimate partner problems than non-gay males and non-lesbians, respectively; given the small number of decedents who identified as bisexual or transgender, they were not included in this secondary analysis. Another recent study found that LGBT youth and young adults are disproportionately represented among suicide decedents, and that bisexual males had the highest prevalence of firearm suicide among the sample (Ream 2019). However, this study was prone to the same limitations of incompleteness of data about sexual orientation and gender identity. Further, Cochran and Mays found that women who have sex with women have greater risk for suicide than women with male partners only, but these differences were not observed between men who have sex with men and men with female partners only (Cochran & Mays 2015, 2011).

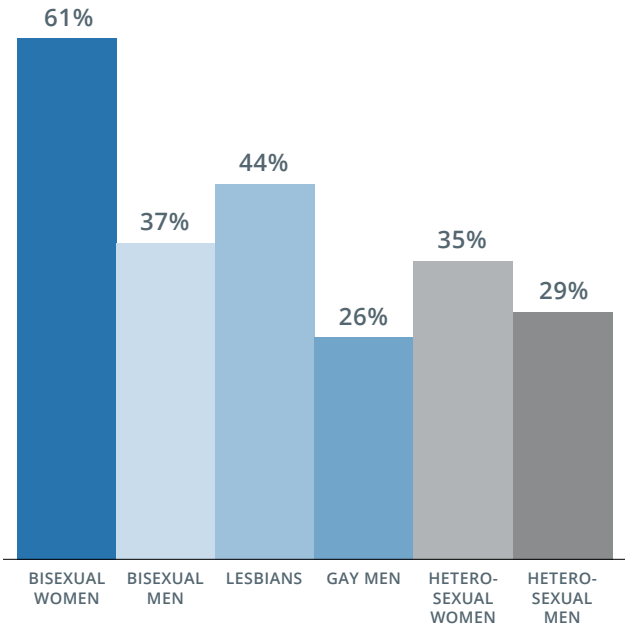
INTIMATE PARTNER VIOLENCE

Violence among intimate partners is widespread in the United States. According to the CDC, over 10 million people in the United States experience physical violence each year by a current or former intimate partner. Both women and men experience intimate partner violence (IPV), though the

majority of victims are female (Breiding et al. 2015). Many victims experience IPV at a young age (Breiding et al. 2015). According to the CDC, multi-racial, non-Hispanic Black, and American Indian/ Alaskan Native women and men have the highest prevalence of IPV. Such violence can lead to death (intimate partner homicide or IPH), injury, and other negative mental and physical health outcomes (especially for victims). Firearms play a substantial role in IPH (Fridel & Fox 2019), and many IPV victims report being threatened and coerced with firearms (The National Domestic Violence Hotline 2014).

Research on IPV among LGBT people is limited but finds that they experience IPV at a prevalence equal to or higher than the general U.S. population. Bisexual women, in particular, report high levels of IPV at the hands of male partners (Walters, Chen, & Breiding 2013). Data on transgender IPV survivors and perpetrators are limited to non-representative samples but indicate levels of IPV that are similar to or higher than the general population. Correlates of IPV for same-sex couples are consistent with those of heterosexual couples, such as psychological distress and substance abuse. Likewise, factors such as childhood adversity, including exposure to violence and physical and sexual abuse, increase the risk of IPV perpetration for both heterosexual (Roberts et al. 2011) and same-sex couples (Welles et al. 2011). Research further finds that sexual minorities may face unique risk factors for IPV related to their sexual minority status (such as feeling negatively about their LGB identity). Research on unique vulnerabilities and assets/resources of transgender people is needed. Research on intimate partner homicides among LGBT people is challenging given the dearth of sexual orientation and gender identity data on death records. Nevertheless, studies of IPH among same-sex partners find that men are more likely to be victims of IPH than women. IPV research focused on LGBT subpopulations, such as racial minorities, is rare and needed.

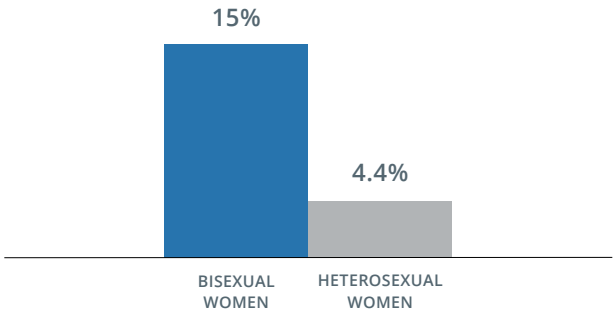
Figure 5. Lifetime intimate partner violence, by sexual orientation and sex



Source: Walters, Chen, and Breiding 2013

Generally, when perpetrators of IPV have access to firearms, the risk of homicide increases. While firearm IPH in the general population was long on the decline, since 2010 there has been a 26% increase (Fridel & Fox 2019). Limited research indicates that the prevalence of gun use against gay and lesbian victims of IPH may not be as high as with heterosexual victims, which could possibly reflect the lower prevalence of guns in the homes of LGB people compared to non-LGB people found by Conron et al. (2018). Scant information exists about when and how firearms are used in non-fatal IPV against LGBT victims. Bisexual women, though, may be particularly at risk for firearm IPV and IPH given the high prevalence of IPV by male partners.

Figure 6. Intimate partner violence involving a gun or knife, female victims



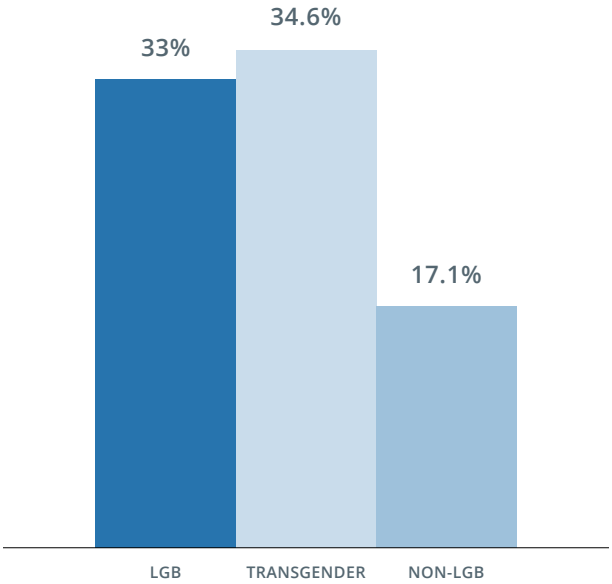
Source: Walters, Chen, and Breiding, 2013

For example, according to the National Intimate Partner and Sexual Violence Survey, 15% of bisexual women compared to 4.4% of heterosexual women reported that their partner used a knife or a gun (Walters, Chen, & Breiding 2013).

COMMUNITY VIOLENCE

On average, over 10,300 hate crimes involve a firearm each year (Everytown for Gun Safety 2018c). Nearly a fifth of hate crimes are based on sexual orientation or gender identity bias, according to the Federal Bureau of Investigation's Uniform Crime Reports (UCR). Thus, although the majority of hate crimes are based on race/ethnicity/ancestry bias, LGBT people, per capita, are more likely to be targeted for a hate crime than any other group (Park & Mykhyalyshyn 2016). Importantly, the UCR underreports incidents of hate violence because it includes only hate crimes that survivors have reported to police and that the police have confirmed and voluntarily reported to the FBI. But many survivors do not report violent incidents to law enforcement, and the police do not report all hate crimes as such. What's more, many hate crime victims are often targeted for multiple, intersecting identities that may not be captured in hate crime reporting. Examining incidents classified as single-bias crimes, researchers have found that victims of sexual orientation-bias crimes are subject to person-based (rather than property-based) violence at higher rates than victims of religiously- or racially-motivated crimes (Rubenstein 2003). Further, research indicates that gay men are the most frequent victims of anti-LGBT hate crimes; transgender people, especially transgender women of color, may be particularly vulnerable to bias homicide. Additionally, studies show that LGBT youth are subjected to a higher prevalence of school-based violence than non-LGBT youth (Johns et al. 2019; Kann et al. 2018).

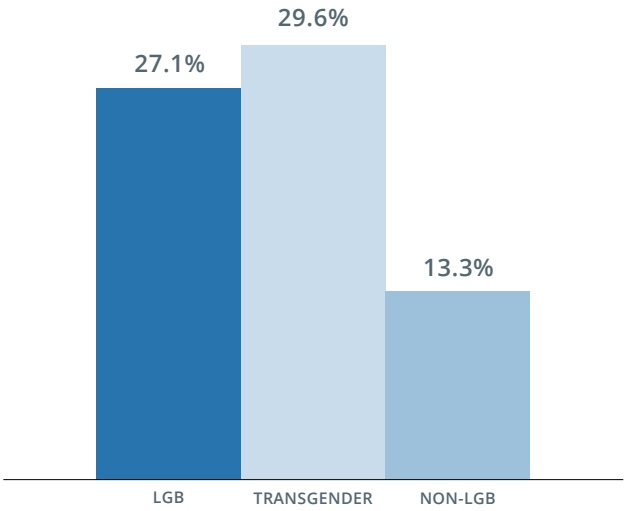
Figure 7. Bullying of students at school, by sexual orientation and gender identity, 2017



Source: Kann et al. 2018 & Johns et al. 2019

Some data indicate that hate crimes and school violence against LGBT people may be more likely to involve weapons and physical injury, compared to such violence against non-LGBT people. However, existing research provides limited information on the prevalence of firearms in these and other forms of community violence involving LGBT people. For example, according to UCR data, a higher percentage of anti-LGBT hate crimes are reported as aggravated assaults than other bias crimes; however, the UCR does not disaggregate the type of weapon used (if any) in aggravated assaults. What's more, even with data on aggravated assaults, research is needed to discern if there is a statistically significant difference in prevalence of aggravated assaults across sexual orientation and gender identity bias-motivated crimes. Similarly, data on school violence indicates that sexual and gender minority students are more likely to be threatened with a weapon, without disaggregating weapon type (Johns et al. 2019). Some research also finds that lesbian, gay, bisexual, and queer students are more likely to bring weapons with them to school (possibly to protect themselves from violence by other students) (Button & Worthen 2017), though another study suggests LGB students are less likely to carry a gun (not specifically limited to school property) (Kann et al. 2018). We were unable to find research on the extent to which LGBT people use firearms in these contexts or act as perpetrators of community violence more broadly.

Figure 8. Electronic bullying of students, by sexual orientation and gender identity, 2017



Source: Kann et al. 2018 & Johns et al. 2019

Even less is known from a research perspective about law enforcement shootings of LGBT people, as well as the role of firearms in street violence and non-IPV sexual violence against LGBT people. Lastly, while some serial killings and mass shootings (outside the context of schools or workplaces) have involved guns to victimize LGBT people, these forms of community violence are rare.

INTERVENTIONS

In each of the three main parts of this report—suicide, IPV, and community violence—we describe evidence-based and promising violence prevention strategies with a particular focus on gun violence. Given the dearth of research on interventions to prevent gun violence specifically among sexual and gender minorities, we focus on strategies for reducing these forms of violence in the general population, as well as LGBT-focused strategies to reduce violence generally (which may or may not involve guns). Much more research is needed to evaluate the effectiveness of general gun violence prevention strategies as to LGBT people and sexual and gender minorities more broadly, and whether there are interventions that would particularly benefit them. And, more research is needed on the effectiveness of gun violence prevention laws, policies, and other interventions generally (e.g., Irving 2018). Among the interventions we discuss are:

Law and Policy

- Safety protocols around access to firearms, such as criminal background checks for all firearm purchases, waiting periods, minimum age requirements, permit to purchase (PTP) laws, and enhanced storage
- Restrictions related to Extreme Risk Protective Orders or Domestic Violence Restraining Orders
- Court-ordered conflict management counseling for intimate partner or domestic violence perpetrators
- Economic and other supports (such as household finances and stable housing) to buffer against risk factors for violence and to improve protective factors

Prevention Services

- Mental health services
- Healthcare providers (such as primary care physicians) who are trained in identifying and responding to correlates of violence, and who could offer an effective point of intervention
- Healthcare providers trained to ask about firearms, especially with patients with high risk for suicide
- LGBT-competent and LGBT-specific mental health, anti-violence, substance use, and other services
- Reduction of barriers to LGBT people accessing existing anti-violence services and programs

Community Interventions

- Promotion of coping, problem-solving, and conflict resolution skills
- Promotion of safe and healthy relationship skills
- Promotion of social norms that proscribe the use of violence
- Increased trust between law enforcement and LGBT people, especially racial/ethnic minorities
- Reduced anti-LGBT stigma and discrimination in society, in families, at work, at school, and elsewhere

Policy and advocacy groups also promote a number of specific interventions to reduce gun violence for which we have not identified a rigorous evidence base, but which may indeed be effective. These include: education of risk of gun suicide and warning signs of suicide through educational materials at gun ranges and gun shops; adding or enhancing lethal means counseling to firearm instructor training; federal and state laws that prohibit someone from buying or having a gun if they have a violent or threatening hate crime misdemeanor conviction; laws that require notification of state or local law enforcement when a domestic abuser or convicted stalker attempts to buy a gun and fails a background check; and closing the so-called “Charleston loophole” in federal law that allows gun sales to proceed by default after three business days, even if background check operators have not confirmed that the buyer is legally allowed to have guns.

RESEARCH AND DATA NEEDS

Throughout this report, we detail research and data needs that would improve knowledge about gun violence against sexual and gender minorities, laying the foundation to develop prevention and intervention strategies. These include:

Enhanced Data Collection

- Death and injury surveillance on sexual and gender minorities in local, state, and national databases including the National Violent Death Reporting System, and enhanced data collection in the FBI Universal Crime Reporting Program, National Intimate Partner and Sexual Violence Survey, and National Crime Victimization Survey
- Death and injury surveillance data disaggregated by type of weapon
- Population-level information about the extent to which guns are used by or against sexual and gender minorities in events of suicide death, suicide attempt, IPV, and community violence, and such information by geography, race/ethnicity, gender, age, socio-economic status, veteran status, and other characteristics

Research

- Enhanced quantitative and qualitative research on gun ownership and use in the general population and, specifically, sexual and gender minority gun ownership and use
- Enhanced data and research on gun violence impacting sexual and gender minority subgroups, especially population-level information on LGBT suicide deaths, transgender youth suicidality, transgender persons' access to guns, IPV among transgender and bisexual persons, and bias crimes against LGBT people
- Quantitative and qualitative studies aimed at better understanding the gender, racial, geographic, socio-economic, age, veteran status, and other dimensions of gun-related injury and mortality among sexual and gender minorities across all forms of gun violence
- Research on perpetrators of firearm violence, including on perpetrators of such violence against sexual and gender minorities
- Research on the role of risk factors for, and protective factors against, suicide death, suicide attempt, IPV, and other forms of violence involving firearms
- Researchers of diverse backgrounds and lived experience, and community-participatory research

Interventions

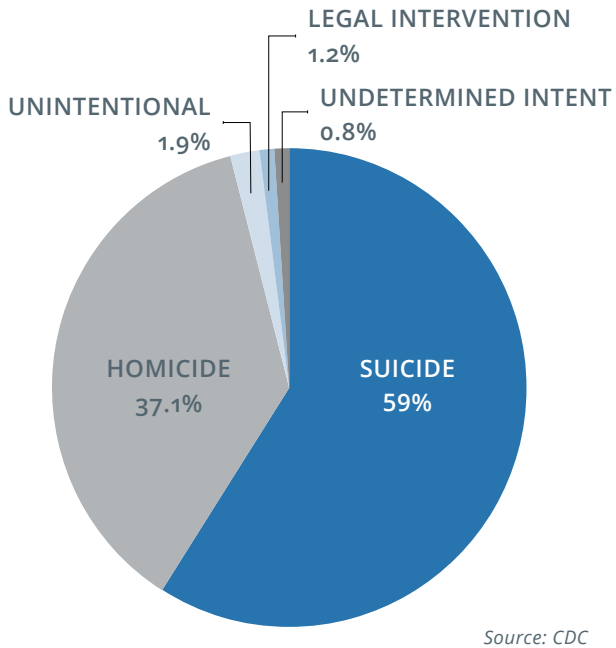
- Research on interventions targeting social determinants of firearm-related deaths, including suicide
- Research on interventions to reduce risk factors for, and enhance protective factors against, firearm violence and violence generally, including on the role of gender in IPV among LGBT people
- Enhanced evaluation of prevention strategies for all forms of gun violence, including firearm safety, messaging, counseling, school-based programs, and trauma-informed approaches
- Evaluations of general prevention strategies applied to sexual and gender minority populations
- Evaluations of the impact of hate crime and anti-discrimination laws on reducing anti-LGBT violence
- Enhanced evaluation of law enforcement trainings related to responding to, and reporting on, violence situations involving LGBT people

INTRODUCTION

A. GUN VIOLENCE IN THE UNITED STATES

Gun violence is a significant and preventable public health problem in the United States (e.g., Christoffel 2007). From 2001 to 2017, 554,773 people in the United States died by firearm, according to the Centers for Disease Control and Prevention (CDC).[2] Thus, on average, more than 32,600 people died by firearm per year in this period. In 2017, 39,773 people died by firearm, including 23,854 suicides, 14,542 homicides, 553 by law enforcement, 486 unintentional deaths, and 338 of undetermined intent. From 2001 to 2017, the age-adjusted death rate increased from 10.31 firearm deaths per 100,000 people to 11.95, and all but four years in that period showed an increase in the number of firearm deaths over the previous year. The largest categories of firearm deaths between 2001 and 2017 are suicide (59.0%), followed by homicide (37.1%), making firearm suicide and homicide the leading causes of violent death in the country. Firearms are also prevalent in non-fatal injuries. From 2001 to 2017, the CDC counted 1,337,953 non-fatal injuries by firearm (not including BB or pellet guns). Of these, the vast majority were assaults, and nearly 64,000 were self-inflicted. Firearms can also be used to threaten, coerce, and intimidate intimate partners, family members, and others. Firearm violence not only impacts those physically involved, but also reverberates through and can shatter the lives of family members and communities. The economic burden of gun violence in the United States is enormous: just hospital emergency room and inpatient charges related shootings are estimated to be $2.8 billion annually (Gani, Sakran, & Canner 2017).

Figure 9. Firearm deaths, 2001-2017



Source: CDC

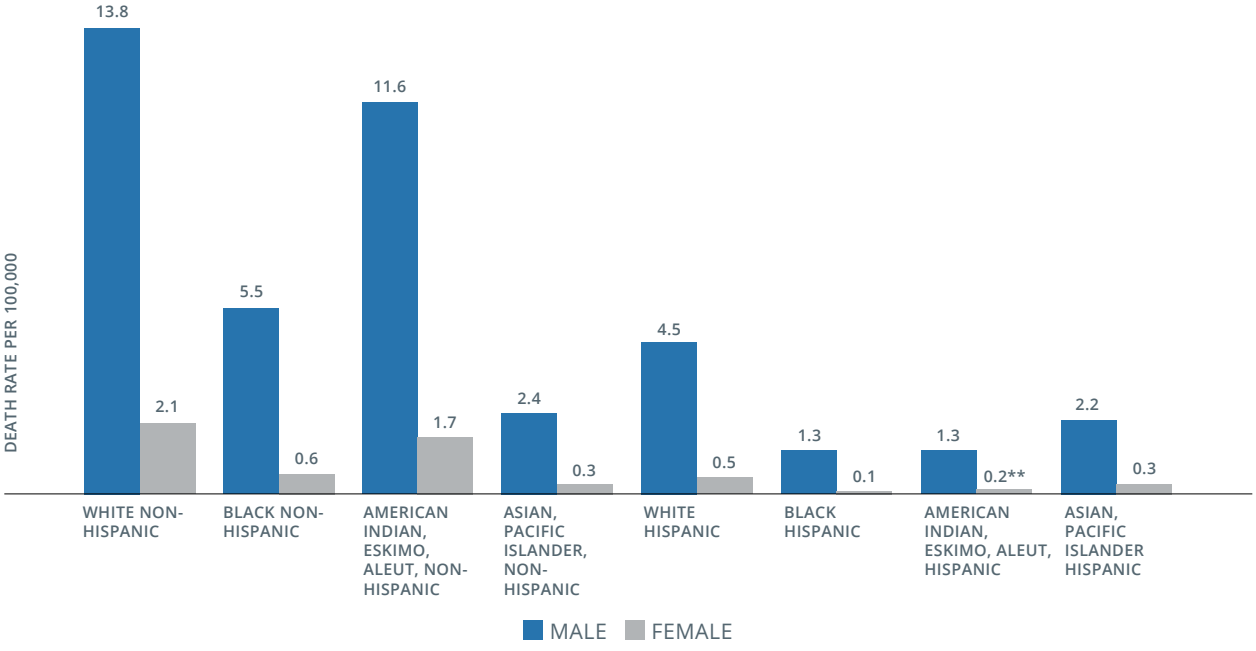
Globally, the United States was second only to Brazil in the total number of firearm deaths in 2016, and although the United States had only 4.3% of the global population that year, it had 35.3% of global firearm suicides (The Global Burden of Disease 2016 Injury Collaborators 2018). Further, in 2016, the United States had one of the highest firearm death rates in the world, and nearly all of the countries with a higher death rate are developing economies. Among the five countries with the highest Gross Domestic Product in 2015, the United States had the highest number of firearm homicides,

[2] Unless otherwise cited, data in this section was retrieved from the CDC's Web-based Injury Statistics Query and Reporting System, available at https://www.cdc.gov/injury/wisqars/index.html.

which were more than 10 times higher than the combined number of firearm homicides in the other four countries (China, Japan, Germany, and the United Kingdom) (Marczak et al. 2016).

Firearm violence is not evenly distributed in the U.S. population. According to CDC data, for example, the vast majority of the 327,248 firearm suicides between 2001 and 2017 were White non-Hispanic males (246,160), followed by White non-Hispanic females (38,439), Black non-Hispanic males (16,561), White Hispanic males (14,564), Asian/Pacific Islander non-Hispanic males (3,244), and American Indian, Eskimo, and Aleut non-Hispanic males (2,377). White non-Hispanic males and American Indian, Eskimo, and Aleut non-Hispanic males have the highest age-adjusted rates of firearm suicide (13.8 and 11.6 firearm suicides per 100,000, respectively).

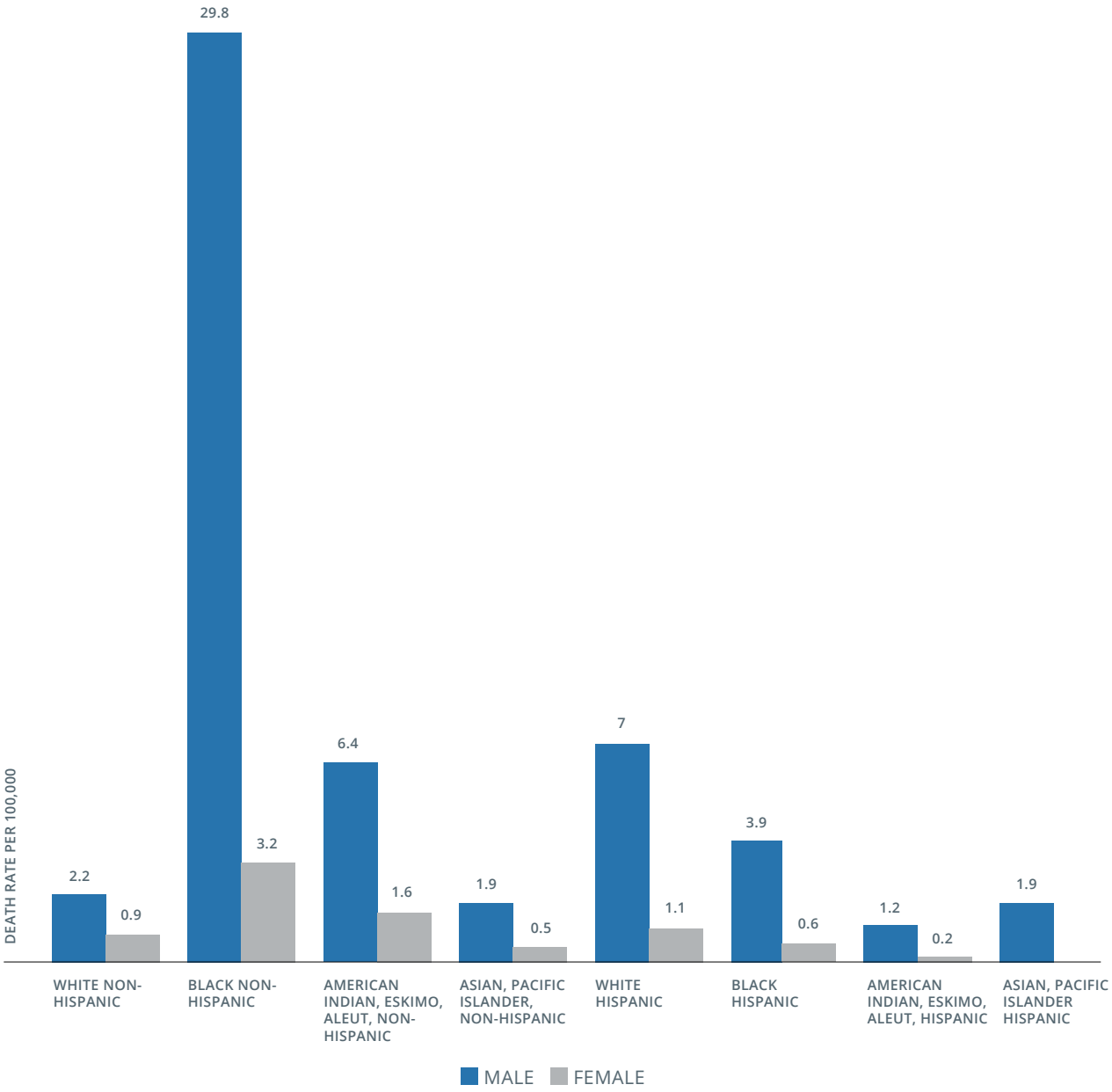
Figure 10. Age-adjusted rates of firearm suicide deaths 2001-2017, by race/ethnicity and sex



Source: CDC

By contrast, in this time period, Black non-Hispanic males represented the majority of firearm homicide deaths (101,711), followed by White non-Hispanic males (35,552), White Hispanic males (30,812), White non-Hispanic females (15,147), and Black non-Hispanic females (11,290). Black non-Hispanic males have the highest age-adjusted rates of firearm homicide (29.8 firearm homicides per 100,000), followed by White Hispanic males (7) and American Indian, Eskimo, and Aleut non-Hispanic males (6.7). About 90% of perpetrators of homicides are men, and 94% of firearm homicides are perpetrated by men (Fridel & Fox 2019).

Figure 11. Age-Adjusted rates of Firearm Homicide Deaths 2001-2017, by Race/Ethnicity and Sex



Source: CDC

There is also large variation by state in terms of the rates of firearm suicides and homicides by race. For example, the Violence Policy Center (2019) recently calculated firearm suicide and homicide rates for Hispanic/Latino Californians, finding higher rates for males and females in the state than national rates for these groups. Riddell and colleagues (2018) found that Black men's firearm homicide rates were consistently higher than White men's across U.S. states, and that the differences were much greater in certain states. Similarly, while White men's firearm suicide rates were frequently higher than Black men's across the states, the differences were much greater in certain states. The authors found a strong positive association between firearm homicide and suicide for White men, "suggest[ing] that the characteristics that generate variation across states in firearm homicide and suicide are similar for white men" (718). More specifically, "[s]tates with the lowest gun ownership

rates had the lowest rates of firearm homicide and suicide among white men, and several states with the highest gun ownership rates had the highest rates of firearm homicide" (718). However, there was only a modest relationship between firearm homicide and suicide for Black men in this study, indicating that the risk factors for these forms of death are more dissimilar for Black men than they are for White men.

State-level firearm policy at least partly explains variation in homicide and suicide rates across the states. Studies have shown that states with more restrictive laws have lower rates of firearm deaths than states with more permissive laws (e.g., Crifasi et al. 2015; Fleegler et al. 2013; Rudolph et al. 2015). But, what explains the racial inequalities across states is less clear (Riddell et al. 2018). As Riddell and colleagues observe, "structural disadvantage (namely concentrated poverty, joblessness, and family disruption), racial residential segregation, and participation in drug markets have all been implicated in the higher risk for homicide among Black men relative to white men," and these risk factors may be more pronounced among Black men in certain states (Riddell et al. 2018, 718; see also McCall, Land, & Parker 2010; Knopov et al. 2018; Rowhani-Rahbar et al. 2019; see generally Mays et al. 2013). That White men have a higher prevalence of alcoholism and overuse than Black men may also help explain the state-level inequalities (Riddell et al. 2018).

Media coverage of gun violence tends to focus on mass shootings and gang violence over intimate partner violence and suicides involving firearms (e.g., Berkeley Media Studies Group 2018). Yet, mass shootings, horrific indeed, are rare events relative to other forms of gun violence (Metzl & MacLeish 2015; Swanson 2011). Public commentary and media coverage have also contributed to a perception that gun violence is causally related to mental illness (Swanson 2015). While mental illness is strongly associated with increased risk of suicide, epidemiologic studies show that the large majority of people with serious mental illness are never violent (Swanson 2015). Studies find that a variety of risk factors—such as drugs, alcohol, binge drinking, childhood abuse, male gender, and availability of firearms—correlate far more strongly to gun violence than mental illness alone (Metzl & MacLeish 2015).

B. GUN VIOLENCE AGAINST SEXUAL AND GENDER MINORITIES: THE PRESENT REPORT

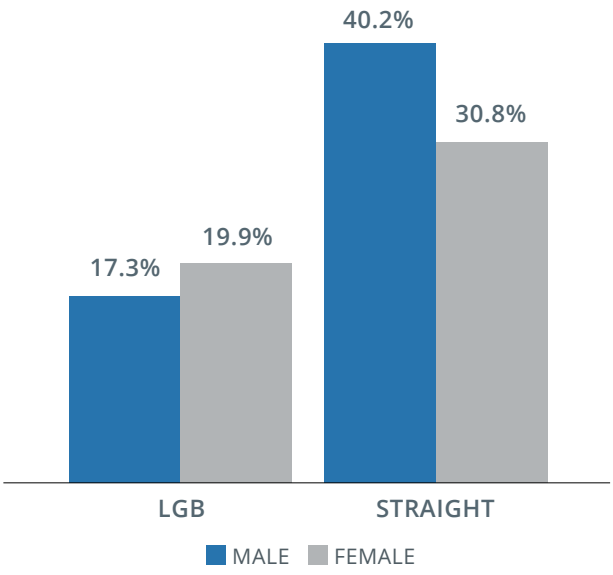
While research has shed some light on these and other dimensions of gun violence in the United States, this report details the very limited research that has focused on gun violence impacting sexual and gender minority (SGM) populations, including those who identify as lesbian, gay, bisexual, and transgender (LGBT). "Sexual minorities" refers to people who have non-heterosexual identities, behaviors, or attractions, and "gender minorities" refers to people who are not cisgender or whose gender identity or expression does not reflect dominant, binarized sex/gender norms. Thus, people who self-identify as lesbian, gay, or bisexual are a subset of sexual minorities, and people who self-identify as transgender or non-binary are a subset of gender minorities. People who identify as queer may be a subset of both populations (e.g., Institute of Medicine 2011).

That only a few studies provide information on gun violence and SGM people is surprising, on the one hand, because numerous studies have documented elevated risk for violent death of, suicide attempts by, and hate crimes against LGBT people. Yet, as we discuss throughout this report, studying

gun violence against SGM populations is substantially hindered by the death and injury surveillance systems in the United States, which largely do not measure victims' or perpetrators' sexual orientations or gender identities (Conron et al. 2018). For example, no U.S. jurisdiction or agency routinely or systematically collects decedents' sexual orientations or gender identities (Hass et al. 2019). And although the CDC's National Violent Death Reporting System (NVDRS) has included codes for sexual orientation and gender identity since 2013, there are substantial challenges to accurately and fully collecting this information for decedents (Hass et al. 2019; Mays & Cochran 2019). Some national injury data systems have recently begun to measure sexual orientation and gender identity of survey respondents—such the National Crime Victimization Survey and the National Intimate Partner and Sexual Violence Survey—but most of these systems do not (Conron et al. 2018). Researchers have developed and continue to refine best practices for measuring sexual orientation and gender identity in population-based surveys and other types of data systems (e.g., GenIUSS Group 2014; SMART 2009), and these best practices and other emerging research might inform the systematic collection of data on the deaths and injuries of LGBT people.

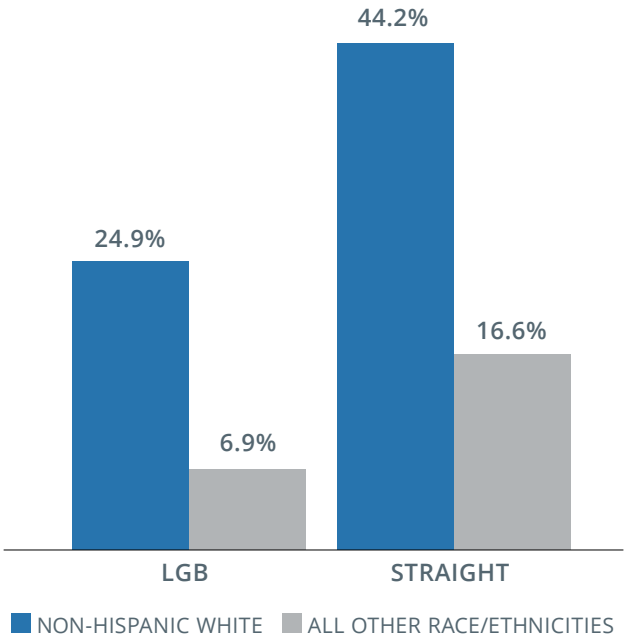
Not only have few studies investigated gun violence involving SGM people, but scant research has systematically evaluated the effectiveness of violence reduction programs and interventions (involving firearms or not) in this population. Generally, the public health research on gun violence agrees that reducing access to firearms is an important mechanism for preventing firearm violence. However, until recently, we did not even know the prevalence of gun ownership among LGB people compared to non-LGB people. In a separate study, we found that 18.8% of LGB adults, or more than 1.4 million, report having a gun in their homes, compared to 35.1% of heterosexual adults, or more than 84.4 million (Conron et al. 2018). Among LGB adults, a comparable percentage of males (17%) and females (20%) have guns in the home, and among heterosexual and LGB adults, non-Hispanic Whites were mostly likely to report guns in the home.

Figure 12. Presence of gun in home, by sexual orientation and sex



Source: Conron et al. 2018

Figure 13: Presence of gun in home, by sexual orientation and race/ethnicity



Source: Conron et al. 2018

Blosnich, Bossarte, and Silenzio (2013) found in a national sample that same-sex partnered veterans had twice the odds of keeping firearms in the home than sexual minorities who are not veterans. Conron and colleagues (2018) also found that LGB adults are significantly more likely to favor certain legal restrictions on firearms, such as background checks for all sales. Due to limitations of the available data, the Conron and colleagues' study was not able to examine gun ownership or attitudes of transgender adults.

That LGB people are less likely to have a gun in their home is encouraging with respect to reducing related risk for suicide and intimate partner homicide in this population, because research finds that the presence of guns substantially increases the risk that a suicide attempt or intimate partner violence will be deadly. Still, as we discuss, suicide, homicide, intimate partner violence, hate crimes, and other forms of violence that involve guns are a significant issue for many LGBT people. Moreover, despite the gap in reported gun ownership between LGB and heterosexual adults, LGBT youth and adults may reside in the homes of heterosexual adults more likely to have a gun, putting them at greater risk for injury, and may have other means of obtaining a firearm. More research is needed on the relationships between guns in the home and LGBT individuals as well as on the other ways in which LGBT people (especially youth) can obtain a firearm—all of which must be investigated for differences by gender, race/ethnicity, geography, age, socio-economic status, and other characteristics.

C. ORGANIZATION OF THIS REPORT

This report is organized as follows. After describing our analytical approach and method, we discuss research on suicide death, attempt, and ideation, intimate partner violence, and community violence such as hate crimes, school violence, and mass shootings. Within each of these parts, we present research on the general population and the SGM population (especially LGBT people given the available research) in the United States, as well as research on the role of firearms in these forms of violence. We have also highlighted data and research from California, because it is the most populous state in the nation and, unlike many states, collects and reports data relevant to this report. Where a specific study examined a subgroup of the LGBT population (e.g., LGB or LGBQ people), we refer to that subgroup in discussing the research findings. In each part, we also discuss interventions to reduce gun violence involving LGBT people. Each part concludes with a section on research and data needs. Ultimately, our goals for this report are to establish a baseline understanding of what we know (and do not know) about these topics, help establish a research agenda, and strengthen the call for expanded and improved data collection and research.

We strived to identify research that addresses the racial/ethnic, geographic, socio-economic, age, gender, and veteran status dimensions of gun violence involving SGM people, because those are important, intersecting lines of inquiry in violence studies (e.g., Crenshaw, 1990). The search results were disappointingly scant in this regard, however. As noted above, one factor contributing to this gap is the lack of large national and state datasets about death, injury, and violence that include measures of sexual orientation and gender identity among other demographic items and/or geographic or socio-economic data. Such intersectional research is necessary not only to understanding the risk and protective factors for LGBT suicidality, IPV, and community violence involving firearms, but also to ascertain effective, nuanced prevention strategies. Finally, this report uses the terms "firearms" and "guns" somewhat interchangeably, though we have endeavored to preserve the particular terms used in the underlying studies.

D. FRAMEWORK

We approach the topic of gun violence from a public health perspective. To prevent firearm violence, the public health approach: (a) systematically gathers data on firearm deaths and injuries to define the program; (b) identifies risk factors (such as depression and poverty) and protective factors (such as increased access to mental health and substance use services); (c) develops, implements, and rigorously evaluates interventions; and (d) institutionalizes successful strategies (CDC n.d.). This report is also informed by a socioecological model in which health promotion interventions are aimed at both individual and socio-environmental factors associated with unhealthy behaviors (McLeroy, Bibeau, & Steckler 1988). The socioecological model specifies behavioral determinants at individual, interpersonal, institutional, community, and policy levels.

Given the nascent state of the research on gun violence against sexual and gender minorities, it may be premature to settle on interventions. Nonetheless, it is reasonable to expect that at least some general gun violence prevention strategies will be efficacious among sexual and gender minorities, and certainly with respect to gun violence directed at them. Various promising strategies to reduce gun violence draw on the public health and socioecological approaches and recognize that reducing gun violence involves changing individual attitudes and societal norms that perpetuate violence generally and gun violence in particular. For example, the Cure Violence model to reduce gun violence relies on "three key elements to stop the transmission of violent behavior: interrupting transmission directly, identifying and changing the thinking of potential transmitters (i.e., those at highest risk of perpetuating violence), and changing group norms regarding violence" (Butts et al. 2015, 40). While the Cure Violence model was developed mainly with respect to gangs and crime rings—which can include LGBT people (Panfil 2018)—insights from it could inform efforts to reduce various types of gun violence among LGBT people.

At times consistent with and complementary to the public health approach, a law enforcement model to reducing gun violence involves the use of policing, criminal law, incarceration, and other prevention and enforcement efforts to suppress and deter gun violence (e.g., International Association of Chiefs of Police 2011). The law enforcement model has many strengths and is vital in many circumstances. For example, California relies on law enforcement to implement its law requiring certain people (such as individuals subject to domestic violence protective orders) to relinquish their firearms; as we discuss below, these types of laws are associated with reductions in intimate partner homicides.

Yet the law enforcement model presents numerous challenges with respect to the LGBT population and, especially, racial minorities. For example, many LGBT people report that law enforcement do not respond appropriately to intimate partner violence involving same-sex couples or transgender people (Brown and Herman 2015), and transgender women of color often report being sexually harassed and assaulted by law enforcement officers (Mallory, Hasenbush, & Sears 2015).

E. METHOD

To identify relevant research, we comprehensively searched legal and social science research databases including Lexis Advance, Westlaw, EBSCOhost, Melvyl, JSTOR, Hein Online, PsycINFO, ScienceDirect, SAGE Journals, and Google Scholar. We also searched the websites of federal and state agencies (e.g., U.S. Centers for Disease Control and Prevention, U.S. Department of Justice, Federal Bureau of Investigation, California Department of Justice) as well as research institutions and organizations (e.g., University of California Firearm Violence Research Center, Education Fund to Stop Gun Violence, Everytown for Gun Safety). Further, we used citation tracing to identify influential and otherwise widely cited studies. We generally excluded studies published prior to 2008 to ensure that only the most recent and relevant literature was included in this review, although we included older studies that are influential. We also consulted news articles and organizational reports recommended by experts.

In addition, we convened 30 experts for a one-day conference in November 2018 to discuss what is known and not known about gun violence involving LGBT people. The participants were experts on gun violence, gun violence prevention, violence in the LGBT population, LGBT violence prevention, and public health, among other subjects. Participants were provided an early draft of our literature review in advance of the convening and were invited to provide written and oral feedback. Given the nascent state of the empirical research, much of the convening was focused on identifying data needs and a research agenda.

SUICIDE DEATH, ATTEMPT, AND IDEATION

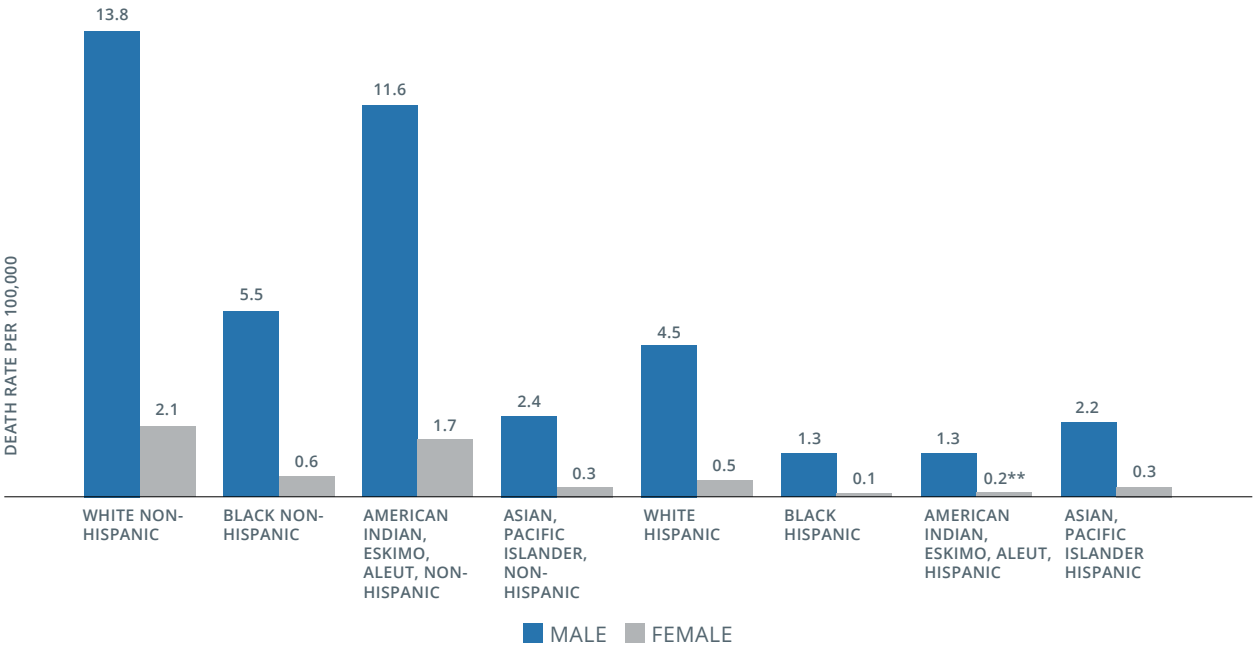
In this part, we discuss research on (A) suicide death and (B) suicide attempts and ideation. Within each section, we discuss research on (i) the general U.S. population, (ii) the LGBT population, and (iii) the role of guns. We then discuss (C) potential implications of this research for policies and interventions to reduce suicides and suicide attempts involving guns among LGBT people, as well as (D) needed research and data.

A. SUICIDE DEATH

i. Suicide death in the general population

Suicide is "death caused by self-directed injurious behavior with an intent to die as a result of the behavior" (CDC 2017c). Annually, suicide is the tenth leading cause of death (Kochanek et al. 2017). In 2016, suicide accounted for nearly 45,000 deaths in the United States, reflecting an increase of more than 25% over the past two decades (Stone et al. 2018). Since 1999, suicide rates have increased for men and women, all races/ethnic groups, and all age groups. From 2015 to 2016, the age-adjusted suicide rate for the total U.S. population increased by 1.5% to 13.3 deaths per 100,000 people, with non-Hispanics Blacks at 6.3 deaths and Hispanics at 6.7 deaths per 100,000, respectively (Xu 2018). The suicide rate among non-Hispanics Whites was nearly three times that of non-Hispanic Blacks.

Figure 10. Age-adjusted rates of firearm suicide deaths 2001-2017, by race/ethnicity and sex



Source: CDC

Suicide is the second leading cause of death among youth ages 15-24 (CDC 2016a). Suicide is more prevalent among veterans: from 2005 to 2016, the suicide rate for veterans increased by 25.9% to 30.1 deaths per 100,000 people (U.S. Department of Veterans Affairs 2018). In California, suicides

account for 12.1 deaths per 100,000 people, reflecting a 14.8% increase since 1999 (CDC 2018). Suicide attempts are strongly predictive of suicide deaths, and there are approximately 25 suicide attempts for every suicide death (Whitehouse 2016).

ii. Suicide in the LGBT population

Research on suicide deaths among LGBT people is extremely limited given the absence of accurate information regarding individuals' sexual orientation and gender identity on death records (Haas et al. 2010; Haas & Lane 2015). Cochran and Mays (2015), for example, analyzed data from the National Death Index of the 2008 General Social Survey and found that women who have sex with women had a greater risk of suicide mortality than women reporting only male partners; a similar difference was not observed for men who have sex with men, however (see also Cochran & Mays 2011).

To date, the largest study of suicide deaths using surveillance data from the National Violent Death Reporting System (NVDRS) across 18 states from 2003-2014 found 0.5% of suicide decedents were identified as lesbian, gay, bisexual, or transgender (Lyons et al. 2018). The majority of these decedents were gay men (53.9%). Lesbians comprised 28%, while transgender and bisexual persons were substantially less represented (10.4% and 7.5%, respectively). As the authors note, however, the figures in this study likely underestimate the proportion of LGBT suicide decedents given the limited availability and completeness of data, as well as the challenges of identifying LGBT status postmortem. The analysis also disaggregated by other characteristics, including age, ethnicity, and circumstances surrounding the death. The largest proportion of LGBT decedents across sexual and gender identities were age 40-59 and non-Hispanic Whites. Gay men and lesbians were both more likely to experience mental health problems, a history of suicidal thoughts or plans, and intimate partner problems than non-gay males and non-lesbians, respectively, although there was some variation within LGBT subgroups.

Additionally, LGBT youth and young adults are disproportionately represented among suicide decedents. A second study of NVDRS data, limited to 2013-2015, found that 24% of 12-14 year-old suicide decedents, 16% of 15-17 year-olds, 12% of 18-20 year-olds, 9% of 21-24 year-olds, and 8% of 25-29 year-olds were LGBT (Ream 2019). A significant majority (70%) were White. Furthermore, the data revealed variation in risk factors among LGBT subgroups: gay males were equally likely to experience stress from intimate partner problems or be in treatment for mental illness (35% vs. 34%), while lesbians had the highest propensity of being affected by intimate partner problems (72%). Similarly, bisexual female decedents were most likely to have a psychiatric diagnosis (92%), while transgender males had the highest prevalence of history of suicide attempts (50%) among LGBT subgroups.

These investigations have used a "psychological autopsy" approach in which psychological information about the victim is gathered through interviews with family, friends, and teachers (Haas et al. 2010). These studies rely on relatively small samples; LGBT status is underreported, as decedents may not have disclosed their sexual orientation or gender identity, or family and friends may be reluctant to report the decedent's LGBT status due to stigma (Lyons et al. 2019). Moreover, high rates of suicide among LGBT people cannot necessarily be inferred from the high rates of suicide attempts in this population (discussed below). For example, as Haas and Lane (2015) note, females attempt suicide more often than males but only account for 21% of suicide deaths; likewise, young people aged

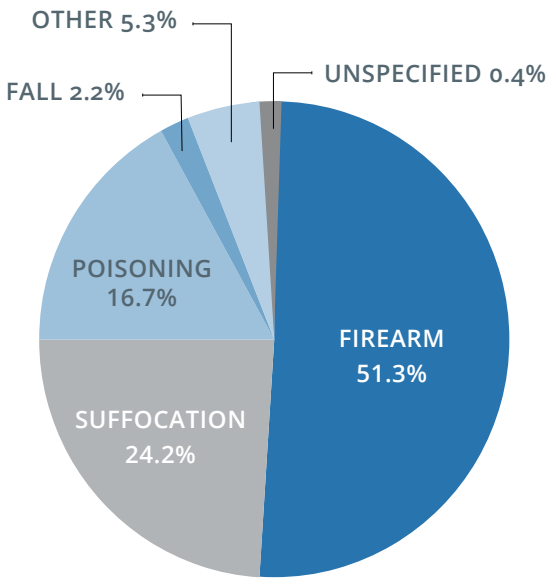
15-24 actualize more suicide attempts than elders, but individuals aged 70 and over have a higher prevalence of suicide death. As such, more research is needed to evaluate LGBT people's suicide rates—including differences by sexual orientation, gender identity, gender expression, sex, age, race/ethnicity, geography, veteran status, and so forth—as well as to determine whether and why LGBT people are over- or under-represented among suicides in the United States.

LGBT veterans may be particularly at risk for suicide, as are veterans generally. A non-probability study of mortality among veterans with certain psychiatric diagnoses related to being transgender found that the suicide rate of these decedents was higher than that of other patients of the Veterans Health Administration (VHA) as well as the general population, and these decedents were on average younger than other VHA patients (Blosnich et al. 2014). As the authors note, the study relied on VHA data and transgender-related diagnoses (i.e., ICD-9-CM diagnoses including 302.85 Gender Identity Disorder in adolescents or adults; 302.6 Gender Identity Disorder—not otherwise specified; 302.5 transsexualism; and 302.3 transvestic fetishism). The study also found the suicide rate of veterans with these diagnoses was similar to that of veterans with other psychiatric diagnoses. Importantly, the study does not capture transgender individuals without the above diagnoses in their VHA records. More research is needed to clarify any potential co-morbidities and to analyze whether such findings are generalizable to the broader transgender veteran population or the broader transgender population.

iii. Gun use in suicide

On average, more than 21,000 people die annually from firearm suicide, including more than 950 teenagers and children (CDC 2018b; Everytown for Gun Safety 2018), representing 51% of all suicides (Miller, Azrael, & Barber 2012). From 2014-2016, firearms were the most common means of suicide overall, greater than hanging/strangulation/suffocation and poisoning, including opioids (Stone et al. 2018).Firearms were also the most lethal: 85% of suicide attempts using firearms end in death (Miller, Azrael, & Barber 2012), compared to 34% by jumping and 2% by drug poisoning (Children's Hospital of Philadelphia Research Institute 2018). Furthermore, many suicide attempts are impulsive: a population-based, case-control study of survivors ages 13-34 who made near-lethal suicide attempts shows 24% took less than 5 minutes between the decision and the actual attempt, and a non-random sample of hospital patients found 70% took less than 1 hour. The lethality of firearms creates a higher risk of mortality in a suicide attempt with a firearm than other means (Simon et al. 2001; Williams, Davidson, & Montgomery 1980). Not only are suicides by firearm the most common method overall and

Figure 3. Method of suicide in the general population, 2001-2017



Source: CDC

the most lethal, firearm suicide accounts for the majority of deaths due to firearm violence, reflecting more than twice the proportion of firearm homicides (Wintemute 2015). The majority of firearm suicides are concentrated among White males, and mortality rates generally increase with age and with those living in rural areas (CDC 2018a; Everytown for Gun Safety 2018).

Although data on method of injury for LGBT decedents is limited, one study of NVDRS data from 2003-2014 found the most common method was hanging/strangulation/suffocation among gay men (38.2%), lesbians (35.6%), bisexuals (46.8%), and transgender persons (41.5%) (Lyons et al. 2018). Firearm was the second most common method of suicide for gay men (27.8%), lesbians (35.1%), and bisexuals (29.8%), and the third most common method for transgender persons (23.1%), compared to 51.7% of non-LGBT decedents. Among LGBT youth and young adults (12-29 years old), bisexual males had the highest prevalence of suicide by firearm (56%), roughly equivalent to non-LGBT males (55%), while rarely used by trans males (13%) or trans females (8%) (Ream 2019). This analysis suggests that general prevention efforts targeting access to firearms may not comprehensively address the most prevalent methods of suicide injury among sexual and gender minorities.

Gun use is also elevated in cases of suicide among veterans, who are already at an increased risk of suicide (Kaplan et al. 2012). A study of veterans in the general population (as opposed to those who only use the Veteran Administration's hospital system, for example) found that male veterans are twice as likely to die from suicide compared to male non-veterans (Kaplan et al. 2007). The study was based on data from the National Health Interview Survey 1986-1994, which used a multistage probability sample based on geographical areas and in-person interviews. Veterans were also more likely to have died by suicide by firearm: decedents were 58% more likely than non-veterans to use firearms than other suicide methods, and those who owned guns were 21.1 times more likely to use firearms than were those who did not own guns (Kaplan et al. 2007, 2012). However, another study relying on Cancer Prevention Study II (CPS-II) data from a non-probability cohort study found the risk of death from suicide among middle-aged and older U.S. males is independent of veteran status (Miller et al. 2009). More research is needed to better understand suicide among veterans, including those who are LGBT.

There is substantial empirical evidence documenting the relationship between the prevalence of firearms in the home and rates of suicide (Miller & Hemenway 1999; Miller, Azrael, & Hemenway 2004; Miller, Azrael, & Barber 2012), as well as the increased risk of suicide death by firearm (Anglemyer, Horvath, & Rutherford 2014). In general, researchers have found that the prevalence of suicide is higher in homes where a firearm is available compared to matched cases without suicide death, even controlling for psychological characteristics (Miller & Hemenway 1999) and underlying rates of suicidal behavior (Miller et al. 2013). This is true across states. One study, drawing on the CDC's 2004 Behavioral Risk Factor Surveillance System and data on past-year suicide attempts from the National Survey on Drug Use and Health, found that states with the highest prevalence of gun ownership have four times as many firearm suicides and nearly twice as many suicide deaths (Miller et al. 2013). Among California residents specifically, a population-based cohort study found that handgun purchasers were more than twice as likely to die by suicide compared to age/sex-matched peers due to an excess risk of firearm suicide (Wintemute et al. 1999). In addition, a study of nationally representative data from the National Mortality Followback Survey found that recently deceased Americans were six times more likely to have died by suicide if they had lived in a home with a gun

(Dahlberg, Ikeda, & Kresnow 2004). This was particularly true among adolescents (Brent et al. 1988) and youth under age 24 (Cummings et al. 1997; Birckmayer & Hemenway 2001), as the vast majority of firearm suicides among adolescents, according to a study based on data from the National Violent Injury Statistics System, use guns from parents or other family members (Johnson et al. 2010).

Likewise, ecological studies that examine the link between the prevalence of gun ownership and overall suicide rates have found a positive association between these variables. Yet, many have been limited by the availability of an accurate proxy for measuring gun ownership given the dearth of state-level data (Miller et al. 2007, 2015). More recently, Siegel and Rothman (2016) used a proxy for gun ownership that includes both prevalence of firearm suicides and hunting licenses. They analyzed more than thirty years of panel data from all fifty states to estimate the relationship between firearm prevalence and firearm suicide rates, finding a strong relationship between higher levels of firearm ownership in a state and higher firearm suicide rates for both genders, across all states. For men, firearm ownership was a significant predictor of male firearm suicide rates (with an increase of 3.1 per 100,000 for each 10% increase in firearm ownership). Likewise, firearm ownership among women predicted an increase of 0.4 per 100,000 firearm suicides for each 10%-point increase in firearm ownership. The authors suggest a reduction in firearm prevalence could be an effective strategy in reducing firearm-related suicides across both groups.

While little is known about the use of guns in suicide deaths specifically among LGBT people, a recent study by Conron and colleagues (2018) found that 18.8% of LGB adults report having a gun in the home compared to 35.1% of heterosexual adults. Their analysis of data from the General Social Survey also found that, among LGB respondents, a comparable percentage of males (17%) and females (20%) had guns in the home. And among heterosexual and LGB adults, non-Hispanic Whites were mostly likely to report guns in the home. Despite the gap in reported gun ownership between LGB and heterosexual adults, LGBT youth may nevertheless reside in homes with a gun, putting them at risk for injury. More research is needed on the relationships between guns in the home and LGBT individuals, including variability by race/ethnicity, economic status, geography, and other characteristics.

B. SUICIDE ATTEMPT AND IDEATION

i. Suicide attempt and ideation in the general population

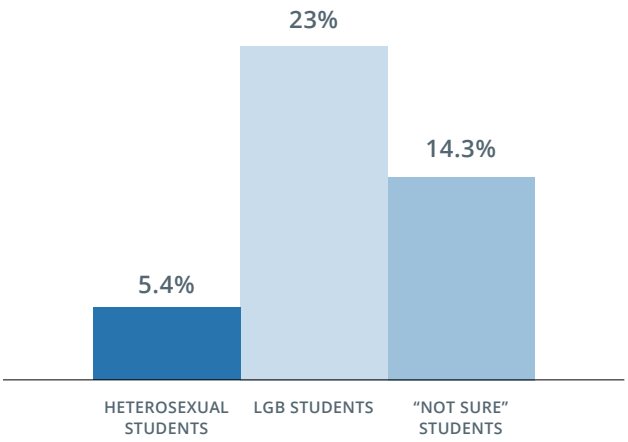
The CDC defines a suicide attempt as "a non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior" (CDC 2017c). A related, though distinct, category is suicidal ideation—that is, "thinking about, considering, or planning suicide" (CDC 2017c). Globally, lifetime prevalence is 9.2% for suicidal ideation and 2.7% for suicide attempts (Klonsky, May, & Saffer 2016; Nock et al. 2008). Within the United States, the lifetime prevalence of suicidal ideation is 15.6% and suicide attempts is 5% (Nock et al. 2008). In developed countries, the strongest predictors of a suicide attempt are bipolar disorder, posttraumatic stress disorder, and major depression; in developing countries, the most predictive disorders are posttraumatic stress disorder, conduct disorder, and drug abuse/dependence (Nock et al. 2009). While some researchers have identified as many as 30 psychological risk and protective factors (O'Connor & Nock 2014), the psychological variables often considered to be important predictors of suicidal ideation and attempts are depression,

hopelessness, and impulsivity (Klonsky, May, & Saffer 2016). Nevertheless, these factors are not equally predictive of suicidal ideation and attempts, as ideators do not all attempt suicide. In other words, researchers have been unable to identify correlates of suicide attempt beyond those that predict ideation (May & Klonsky 2016).

ii. Suicide attempt and ideation in the LGBT population

Studies within the United States and globally have found a significant relationship between sexual orientation and suicide attempt with injury (Haas et al. 2010; Figueiredo & Abreu 2015). Population-based studies of LGB individuals have shown higher lifetime prevalence of suicide attempt compared to heterosexuals. Ten to 20% of LGB individuals report having attempted suicide at least once in their lifetime. A telephone probability sample of urban MSM in the United States found 12% had attempted suicide, with most attempts made before the age of 25 (Paul et al. 2002). Similarly, a review of primarily population-based studies of U.S. adolescents shows that the lifetime prevalence of attempting suicide is two to seven times greater for LGB students than for those identifying as heterosexual (Haas et al. 2010). Another meta-analysis of twenty-five international population-based studies found that, overall, both LGB adolescents and adults were more than twice as likely to report a suicide attempt in the preceding 12 months relative to comparable heterosexual individuals (King et al. 2008). Among gay and bisexual men, the lifetime prevalence of attempted suicide is especially high—approximately four times that of heterosexual males.

Figure 4. Suicide attempts among youth in 1-year period, by sexual orientation



Source: Kann et al. 2018

Researchers agree that elevated rates of suicide attempts among LGB people is attributable, at least in part, to the social stigma, prejudice, and "minority stress" associated with minority sexual orientation (e.g., King et al. 2008; McCabe et al. 2010; Meyer 1995, 2003). In fact, research shows that a social environment unsupportive of sexual minorities (e.g., a low proportion of same-sex couples living nearby, a low proportion of schools with gay-straight alliances, a low proportion of schools with antibullying policies) is significantly associated with risk factors for suicide. One study of data from the Oregon Healthy Teens survey 2006-2008 found that, among LGB youth, the risk of attempting suicide was 20% greater in a negative social environment (Hatzenbuehler 2011). Likewise, research has linked the prevalence of anti-LGBT prejudice and violence to suicidal behavior. A study of the impact of "structural stigma" (i.e., the average level of anti-gay prejudice at the community level) using General Social Survey data found that sexual minorities living in areas with higher levels of prejudice experienced a shorter life expectancy, with suicide among the leading causes of premature death (Hatzenbuehler et al. 2014). Further, Duncan and Hatzenbuehler (2013) more directly examined the relationship between anti-LGBT hate crimes and suicidality. They analyzed a population-based sample of 9-12 grade public school students in Boston, as well as Boston Police Department data on LGBT hate crimes. Controlling

for overall levels of neighborhood crime, LGB youth residing in neighborhoods with a higher prevalence of anti-LGBT violence were significantly more likely to report suicidal ideation and suicide attempts.

There is little research into the prevalence of suicide attempts among sexual minority veterans. Examining the California Quality of Life surveys, Blosnich, Mays, and Cochran (2014) found that LGB veterans had higher odds of lifetime suicidal ideation than heterosexual veterans, but there were not significant differences in the past 12-month suicidal ideation and lifetime attempts. A study of a representative sample data from the Massachusetts Behavioral Risk Factor Surveillance Survey found that sexual minority veterans had a higher prevalence of suicidal ideation during the previous 12 months than their heterosexual counterparts (Blosnich, Bossarte, & Silenzio 2012). This finding aligned with other studies analyzing suicidal outcomes by sexual orientation in the general population. In addition, researchers found that differences in prevalence of suicidal ideation were explained by lower social and emotional support and poor mental health, suggesting sexual orientation per se is not a risk factor for poor health outcomes or risk behaviors among sexual minority veterans, but rather perceived social isolation. Although this study looked only at suicidal ideation rather than suicide attempts, the predictive value of suicidal ideation suggests that similar levels of suicide attempt might exist among sexual minority veterans (Klonsky, May, & Saffer 2016).

Within California, specifically, the rates of suicide attempts and suicidal ideation appear to correspond to national trends. Blosnich et al. (2016) examined population-based data from the California Quality of Life Survey and found results largely consistent with previous research. Across both men and women, researchers observed elevated risks of lifetime suicidal attempts among sexual minorities. Gay men were 1.9 times more likely than heterosexual men to have made a suicide attempt during their lifetime, while bisexual men and MSM were 2.7 times and seven times more likely than heterosexual men, respectively. Bisexual women had a five-fold increase in odds of a lifetime suicide attempt, whereas lesbians and WSW reflected twice the odds of a lifetime suicide attempt compared to heterosexual women.

The prevalence of attempted suicide is particularly high among transgender individuals. Haas et al. (2014) found that 40% of transgender individuals report having attempted suicide—nearly nine times the suicide attempt prevalence in the general population in the United States. In a longitudinal study of LGBT youth, based on psychiatric interviews at baseline and a 12-month follow-up, researchers found that an even higher proportion (52.4%) of the transgender sample had a history of lifetime suicide attempt (Mustanski & Liu 2013). What's more, 19% had attempted suicide in the previous twelve months at baseline, and 9.5% had attempted suicide between the original baseline interview and the one-year follow up—double the sample of LGB youth. Regardless of sexual orientation, transgender persons face social stigma, and gender-based discrimination and victimization are both independently associated with suicide attempts (Clements-Nolle, Marx, & Katz 2006).

The 2015 U.S. Transgender Survey—to date, the largest self-reported sample of transgender and gender non-conforming individuals in the United States—also found high prevalence of attempted suicide (40%) within the sample, with even higher prevalence across various attributes and lived experiences of transgender people (James et al. 2016). For example, 54% of respondents with disabilities had attempted suicide in their lifetime, while 49% of respondents who had been rejected

by their family attempted suicide at least once during their lifetime (James et al. 2016). Conversely, respondents with family support were less likely to have attempted suicide. Among those who had attempted suicide, more than two-thirds had done so more than once in their lifetime. Moreover, suicide attempts were also higher among people of color, with American Indian (57%) respondents reporting the highest prevalence, followed by multiracial (50%), Black (47%), Latino/a (45%), and Middle Eastern (44%) respondents, in contrast to White (37%) respondents. Such high prevalence is particularly concerning given that a prior suicide attempt is the strongest predictor of a prospective suicide attempt among transgender youth (Mustanski & Liu 2013).

Most research on suicide attempts among LGBT people has focused on youth and adolescents (Meyer, Teylan, & Schwartz 2015; Russell & Toomey 2012; Hatzenbuehler 2011), and research shows that sexual minority youth attempt suicide at higher rates (2 to 7 times more) than their heterosexual peers (Bostwick et al. 2014). According to Kann et al.'s analysis of the 2017 Youth Risk Behavior Survey (YRBS), among high school students, 5.4% of heterosexual students, 23% of LGB students, and 14.3% of "not sure" students had attempted suicide one or more times in the 12 months before the survey (Kann et al. 2018). Making a plan to attempt suicide was even more common among high school students: 10.4% of heterosexual students, 38% of LGB students, and 25.6% of "not sure" students had made a plan in the previous 12 months about how they would attempt suicide. The more recent data reflects earlier YRBS data. An analysis of the 2005 and 2007 YRBS found 22.8% of sexual minority youth had attempted suicide in the previous 12 months, compared to 6.6% of sexual majority youth (Bostwick et al. 2014). When examined by race/ethnicity, this prevalence spikes to 32.2% for Alaska Native/Pacific Islander sexual minority youth but remains relatively consistent across Asian (21.1%), Black (20.7%), White (21.1%), and Hispanic/Latino (26.9%) sexual minority youth.

Among gender minority adolescents and teens, the risk is even greater (Perez-Brumer et al. 2017). A recent study of YRBS data from 19 states and large urban areas found 34.6% of transgender respondents reported attempting suicide in the past 12 months (Johns et al. 2019). Mustanski et al. (2010) found that 45% of their transgender respondents from a recruited community sample had a lifetime history of suicide attempts. Additionally, Toomey and colleagues (2018) use a large dataset from the Profiles of Student Life: Attitudes and Behavior survey, a large national survey that distinguishes between gender identities (i.e., male; female; transgender, male to female; transgender, female to male; transgender, not exclusively male or female; and questioning), to overcome previous limitations on sample size. Toomey and colleagues found a strong association between identifying as transgender and risk of suicide: 51% of transgender adolescent respondents reported having engaged in lifetime suicide behavior. What's more, there was heterogeneity across different gender identities. Transgender males reported the highest prevalence of lifetime attempted suicide (50.8%), whereas gender non-binary and transgender females reported a lower prevalence (41.8% and 29.9%, respectively).

The strongest predictor of suicidal behavior in youth, after a prior suicide attempt, is LGBT victimization (defined as "property damage and verbal and physical threats or assault against [individuals] because [they] are, or were thought to be, gay, lesbian, bisexual, or transgender") (Liu & Mustanski 2012, 223). Such experiences may be magnified at school, where sexual and gender minorities face elevated levels of bias remarks, harassment, and victimization (Kosciw et al. 2012). Moreover, high levels of school victimization are associated with higher rates of suicidal behavior

(Russell et al. 2011). For example, researchers analyzing data from the statewide Virginia Transgender Health Initiative Study survey found that transgender persons who experienced gender-based victimization in school were four times more likely to have attempted suicide during their lifetime than those who did not (Goldblum et al. 2012).

Anti-bullying policies inclusive of sexual orientation and Gay-Straight Alliances in school have been linked to reduced odds of suicide attempts and may offer an avenue for intervention (Saewyc et al. 2014; Hatzenbuehler & Keyes 2013; Hatzenbuehler, Birkett, et al. 2014). Meyer et al. (2019) found that state antibullying laws that enumerated sexual orientation as a protected trait were associated with lower risk for suicide attempts and serious attempts requiring medical attention—for both sexual minority and straight youth.

iii. Gun use in suicide attempt and ideation

As discussed above, firearms are the most common means of suicide death in the general population and are the most lethal. About 10% of suicide attempts involving a firearm are not fatal (though could involve significant injury), meaning that although firearms are most prevalent in suicide deaths, a sizeable number of attempts—by definition non-fatal—involve firearms. However, more research is needed to understand the role of guns in suicide attempts in the general population and among LGBT people. Researchers have examined firearm use in suicide attempts among military personnel. According to one study (Khazem et al. 2015), the risk of future suicide attempt was greater among those who stored their guns loaded and in unsecured locations (such as a dresser drawer) compared to those who stored their guns secured and/or unloaded. This risk was compounded by a heightened fearlessness about dying among this same subgroup of military personnel. Given the strong predictive value of self-reported likelihood of a suicide attempt, gun storage practices (discussed in more detail below) could offer an impactful point of intervention to reduce suicide attempts by not only members of the armed forces, but also among LGBT people and the general population.

C. INTERVENTIONS TO REDUCE FIREARM SUICIDE DEATH, ATTEMPT, AND IDEATION IN THE LGBT POPULATION

Mitigating risk factors and enhancing protective factors can inform strategies to prevent self-harm and suicidal behavior. To that end, the CDC National Center for Injury Prevention and Control has published a series of strategies to prevent suicide (Stone et al. 2017). These include:

- Strengthen economic supports (e.g., household finances and housing stability)
- Strengthen access and delivery of suicide care (e.g., mental health coverage and provider shortages)
- Create protective environments (e.g., reduce lethal means)
- Promote connectedness (e.g., peer norm programs)
- Teach coping and problem-solving skills (e.g., social-emotional learning programs)
- Identify and support people at risk (e.g., gatekeeper training and crisis intervention)
- Lessen harms and prevent future risk (e.g., safe reporting and messaging about suicide)

These strategies are seen as complementary and part of a comprehensive approach to suicide prevention. Our review of the literature suggests these strategies apply to LGBT populations.

Some suggest that healthcare providers, and primary care physicians in particular, could offer an effective point of intervention. CDC data show that regular contact with a primary care physician is strongly correlated with lower rates of suicide death. In fact, one study found that 64% of people who attempt suicide visit a doctor in the month before their attempt, and nearly 40% do so within one week (Ahmedani et al. 2015). Blosnich and colleagues (2016) highlighted that many sexual minority individuals reveal suicide attempts to their medical providers.

The particularities of LGBT victimization and LGBT-specific risk factors may require specific trainings and modules for service providers treating sexual and gender minorities. Based on a review of literature and practices, Haas and colleagues (2011) argue that healthcare professionals require knowledge, skills, and attitudes to provide appropriate care to LGBT individuals, including those at risk of suicide. Their recommendations include:

- Mental health care and administration training programs should provide comprehensive, empirically based education about LGBT mental health needs and suicide risk;
- Professional accreditation organizations should certify the competence of mental health care providers and primary care physicians on core LGBT health issues;
- Accreditors should develop a core body of knowledge and standards of care for the treatment of LGBT mental health problems and suicide risk within their specialty areas;
- All practitioners should receive continuing education and materials related to LGBT mental health needs and suicide risk;
- Existing guidelines for the treatment of LGBT people within specialty areas should be updated based on current research findings.

Given the predictive value of LGBT victimization in assessing risk for suicide, and the heightened propensity for victimization of sexual and gender minorities at school, anti-bullying policies and school-based strategies inclusive of sexual orientation and gender identity could offer another point of intervention in mitigating or preventing self-harm. Anti-bullying policies inclusive of sexual orientation and Gay-Straight Alliances in school have been linked to reduced rates of suicidal behavior (Saewyc et al. 2014; Hatzenbuehler & Keyes 2013; Hatzenbuehler et al. 2014).

Restricting access to lethal means has an empirical basis for reducing suicide (Mann et al. 2005). Indeed, reducing the availability of highly lethal and commonly used suicide methods has been associated with declines in suicide rates by as much as 30–50% in other countries. In Israel, for example, a policy requiring soldiers to leave their guns on base during weekend trips home, when suicide rates had historically spiked, reduced suicides by 40% (Lubin et al. 2010). As such, gun violence prevention advocates support a number of policy measures to reduce access to guns as means of self-harm. These policies include:

- Comprehensive background checks to prevent people with a history of suicidality from purchasing firearms. States that require gun purchasers to pass background checks from both licensed and unlicensed sellers have significantly lower suicide rates (Crifasi et al. 2015). It is worth noting that this proposal is not without controversy: some mental health professionals

caution that a history of mental illness as a restriction on purchasing firearms could prevent people, including law enforcement, from seeking therapy (National Alliance on Mental Health 2012).

- Strengthen the FBI's National Instant Criminal Background Check System (NICS) to ensure reliable reporting of mental health records. Many states still fail to report court-ordered psychiatric treatment, diversion to mental health courts, and court-ordered substance abuse treatment (Law Center to Prevent Gun Violence 2018). In the 43 states with reporting laws in place, the number of prohibiting mental health records in NICS increased by 11 times between 2008 and 2017 (Everytown for Gun Safety 2018d).
- Permit to purchase (PTP) laws require gun owners to possess a permit certifying proper training and having undergone a background check. Following Connecticut's implementation of PTP, its firearm suicide rate fell by 15.4% (Crifasi et al. 2015). Conversely, Missouri's repeal of its PTP law was associated with a 16.1% increase in the state's firearm suicide rate (Crifasi et al. 2015).
- Extreme Risk Protection Order (ERPO) laws (in some states known as Gun Violence Protective Orders or Gun Violence Restraining Orders) create a civil court process for temporarily removing firearms from the most clearly dangerous or suicidal people during periods of mental crisis. A study of Connecticut's ERPO law shows a reduction in suicides and an increase in access to psychiatric treatment following the passage of the law (Swanson et al. 2017). Another study of Indiana's firearm seizure law found a 7.5% reduction in firearm suicides in the ten years following its enactment (Kivisto & Phalen 2018).
- Mandatory waiting periods between the purchase and receipt of firearms. As previously discussed, suicide attempts are associated with impulsivity in decision-making. Given the lethality of firearms, a decision to attempt suicide with a gun is likely to result in death. One study of states with waiting periods showed 51% fewer gun suicides and 27% fewer suicides overall compared to states with no waiting period (Anestis & Anestis 2015).
- Safe storage of firearms to reduce access, especially among veterans and youth. Veterans in same-sex partnerships are more likely to keep a firearm at home than same-sex partnered nonveterans (Blosnich et al. 2013). According to CDC data, firearms account for 39% of all suicides among youth under 18. Minors are more likely to attempt suicide than adults; however, they are less likely to attempt suicide with a gun and thus more likely to survive their suicide attempt (Stone & Crosby 2014). Research suggests an association between safe gun storage (e.g., trigger locks, storing firearms locked, unloaded, and separately from locked ammunition) and lower risk of firearm injury; however, the effectiveness of specific interventions remains under-studied (Rowhani-Rahbar, Simonetti, & Rivara 2016). Safe storage could mitigate the risk of suicide among the 4.6 million American children who live in households with at least one loaded, unlocked firearm (Azrael et al. 2018). Child Access Prevention laws, such as that in Massachusetts, require people to securely store guns in a locked container or with a tamper-resistant safety device when they are not in use. Such laws have been associated with significant reductions in self-inflicted gun injuries and suicide among children and teens. Social messaging campaigns around gun safety could improve gun storage practices. Gun owners identify law enforcement, military personnel, the National Rifle Association, and hunting groups as the most effective communicators on gun safety practices (Crifasi et al. 2018).

It is reasonable to expect that strategies to prevent gun use in suicide in the general population will be officious with respect to LGBT people. However, LGBT-specific or -competent interventions to reduce firearm suicidality merit investigation to ensure efficacy is consistent in light of the unique risk factors facing sexual and gender minorities.

D. RESEARCH AND DATA NEEDS REGARDING FIREARM SUICIDALITY IN THE LGBT POPULATION

Research on gun violence and LGBT people in the context of suicide is substantially limited by the dearth of available data. The National Violence Death Reporting System records some data on sexual orientation and gender identity at the time of death, but data collection is hampered by differences in methods across jurisdictions (Mays & Cochran 2019). Mays and Cochran call for enhancing the capabilities of the National Center on Health Statistics and modernizing the National Vital Statistics System by, among other things, standardizing sexual orientation and gender identity questions in electronic health records and harmonizing vital registration laws across all states. Similarly, Haas and colleagues (2019) developed a sexual orientation and gender identity data collection method for death investigators that relies on best practices, including open-ended questions that guide postmortem interviews with informants, and a focus on sexual activity and gender identity during the previous twelve months to more accurately reflect sexual orientation and gender identity at the time of death. Haas and Lane (2015) note that California now requires the person completing a death certificate to record the decedent's sex in line with the gender identity reported by an informant or as reflected in legal documents; however, this is not standardized across jurisdictions. As such, although sexual and gender minorities are disproportionately represented in cases of suicide attempt, it is unclear whether there is a concomitant overrepresentation of LGBT people among suicide deaths. Better methodological approaches and routine collection of sexual orientation and gender identity data as part of the death record are needed to identify rates of completed suicide and related risk factors across demographic groups (Haas et al. 2011).

Data collection would also be enhanced by including sexual orientation and gender identity measures in large administrative data sets that track injury, as well as ensuring measures for transgender respondents on population-based surveys such as the YRBS and the National Health Interview Survey (Conron et al. 2018). Such improvements would help address several lacunae in the literature. Following Conron and colleagues (2018), research needs regarding LGBT people and the role of guns in suicide attempt and suicide death include: (1) population-level information about transgender youth suicidality or transgender people's (all ages) access to guns; (2) place-based (e.g., state, urban/rural) data about LGBT gun ownership; (3) population-level information regarding method of suicide, including firearm suicide; and (4) suicidality among LGBT people and the role age, race/ethnicity, socio-economic status, military status, and place-related characteristics may play in gun-related injury and mortality.

The absence of death and injury data by sexual orientation and gender identity from death records also impedes research on interventions to reduce firearm suicide through means restriction. We were unable to find studies that examine the impact of means restrictions on firearm suicide within the LGBT population. Further research is needed to explore associations between means restriction and substitution of lethal methods (i.e., whether restricting access to one method for suicide results

in substitution of another method) to better inform targeted interventions across sexual and gender minorities. That said, the extant quantitative research linking suicide to firearm availability in case-controlled studies could be complemented by deeper qualitative research that systematically examines causal mechanisms of firearm suicide among LGBT people.

Further, there may be opportunities for research on the efficacy of non-legislative interventions, such as lethal means counseling for at-risk groups by healthcare providers and gatekeepers (e.g., gun sellers). Preliminary research on counseling as a means of influencing guns owners on firearm safety is promising (Barber & Miller 2014). More research is needed to evaluate effective messages and barriers to uptake across diverse populations and communities.

More generally, research on suicide prevention may benefit from studies that go beyond examination of psychotherapy and pharmacotherapy interventions. Rather, studies of interventions targeting social determinants of suicide could provide new insights that reduce or prevent suicidality among LGBT people. For example, as noted above, anti-bullying policies that reduce LGBT victimization have been linked to reduction in suicidality (Saewyc et al. 2014; Hatzenbuehler & Keyes 2013; Hatzenbuehler et al. 2014). More research is needed on the specific mechanisms linking negative aspects of social environments to suicidal behavior, thus pointing to opportunities for prevention and intervention.

INTIMATE PARTNER VIOLENCE

In this part, we discuss research on the prevalence of intimate partner violence (IPV) in (A) the general population and (B) the LGBT population, and (C) the prevalence of gun use in IPV. We then discuss (D) strategies for reducing IPV involving LGBT people and guns, as well as (E) needed research and data.

IPV includes "physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner" (CDC 2018c; see also Breiding et al. 2015). Intimate partners have a "close personal relationship" that can include regular physical contact, sexual behavior, and/or emotional connectedness, among other characteristics (CDC 2018c). A related concept is "domestic violence," which involves "the inflicting of physical injury by one family or household member on another" (Merriam-Webster 2018). Domestic violence can but need not occur between intimate partners, and IPV can but need not occur between family or household members.

Beyond the scope of this report are non-IPV forms of domestic violence, such as violence between a parent and child or between roommates (e.g., U.S. Department of Health & Human Services 2017). Very little research examines these forms of violence involving LGBT people, though some studies have found that sexual and gender minority youth experience childhood abuse at higher prevalence and severity rates than their heterosexual counterparts (Zou & Andersen 2015; Alvy et al. 2013; Balsam & Szymanski 2005; Stoddard, Dibble, & Fineman 2009; Austin et al. 2008; Saewyc et al. 2006; Roberts et al. 2012). Moreover, research suggests that childhood exposure to domestic violence may heighten one's risk for other adverse outcomes such as additional forms of maltreatment, homelessness, IPV-victimization, and/or perpetrating domestic violence (Garcia, Soria, & Hurwitz 2007). We identified no research on non-IPV domestic violence involving LGBT people and guns.

A. INTIMATE PARTNER VIOLENCE IN THE GENERAL POPULATION

A substantial proportion of adults in the United States experience some form of sexual violence, stalking, or IPV during their lifetimes (Breiding et al. 2015). According to the CDC's National Intimate Partner and Sexual Violence Survey (NISVS), more than ten million people in the U.S. experience IPV each year, and more than 40 million (approximately 25 million women and 16 million men) have experienced some form of IPV within their lifetime (Breiding et al. 2015). Although both men and women experience IPV, data from the National Crime Victimization Survey indicate that from 1994 to 2010 approximately 4 in 5 IPV victims were female (Catalano 2012). According to 2011 data from the NISVS, women are also more likely than men to report experiencing some form of severe physical IPV at least once during their lifetime (22.3% compared to 14%), and 16% of women and 7% of men report experiencing sexual IPV (Breiding 2014). Many victims experience IPV at a young age: among female victims of rape by a current or former partner, 78.7% were first raped before age 25; among male victims of rape, 71% were victimized before age 25 (Breiding 2014). Certain racial/ethnic groups are disproportionately affected by IPV, especially multi-racial women and men, American Indian/Alaskan Native women and men, and non-Hispanic Black women and men (Smith et al. 2017). Research also shows that people with physical and mental impairments are at risk for IPV victimization (e.g., Hahn et al. 2014).

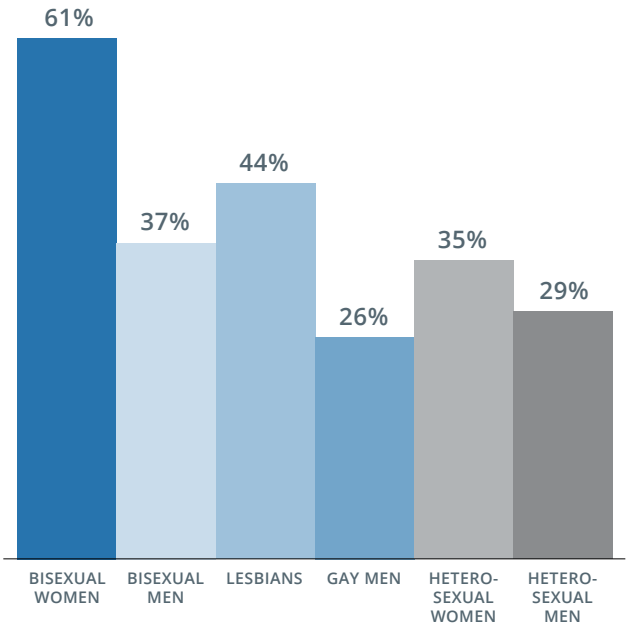
In its most extreme form, IPV culminates in homicide, commonly referred to as intimate partner homicide (IPH) (Garcia, Soria, & Hurwitz 2007). IPH is the source of a substantial number of all homicides of women. One study of FBI data found IPH accounting for as many as 41.5% of all female homicides compared to more than 7% of all male homicides (Cooper and Smith 2011). A separate analysis of NVDRS data found as many as 55.3% of all female homicides were IPV-related (Petrosky et al. 2017). Women are more likely to be killed by an intimate partner compared to men across all age groups (Cooper and Smith 2011). A recent study found that IPH is increasing, driven primarily by gun violence (Fridel & Fox 2019).

B. INTIMATE PARTNER VIOLENCE IN THE LGBT POPULATION

Research on LGBT-specific IPV is thin but growing (see e.g., Edwards, Sylaska, & Neal 2015; Goldberg & Meyer 2013; Brown & Herman 2015; Mize & Shackelford 2008; Clark et al. 2017; Messinger 2017). Individual studies vary in their findings of prevalence of IPV among LGBT people depending upon the sample as well as the definition and scope of IPV analyzed (Brown and Herman 2015; Edwards, Sylaska, and Neal 2015)

Nationally, research suggests that LGB people experience IPV at similar, if not higher, prevalence than non-LGB people; however, there is substantial variation in IPV prevalence among LGB people (Brown & Herman 2015; Messinger 2017).

Figure 5. Lifetime intimate partner violence, by sexual orientation and sex



Source: Walters, Chen, and Breiding 2013

According to the 2010 NISVS, 61% of bisexual women, 37% of bisexual men, 44% of lesbians, and 26% of gay men have experienced some form of IPV in their lifetimes, compared to 35% of heterosexual women and 29% of heterosexual men (Walters, Chen, & Breiding 2013). Among women, 49.3% of bisexuals, 29.4% of lesbians, and 23.6% of heterosexual women reported severe physical violence by an intimate partner in their lifetime. For most bisexual women and bisexual men (89.5% and 78.5%, respectively), the perpetrators of IPV were exclusively someone of a different sex. In other words, for most bisexuals, IPV occurred in the context of a heterosexual relationship. For lesbians and gay men (67.4% and 90.7% respectively), the perpetrators of IPV were exclusively someone of the same sex. Among respondents to the National Violence Against Women survey, based on a random sample of the U.S. population, 35.4% of women and 21.5% of men who had cohabited with a same-sex partner reported experiencing "physical abuse"—generally consistent with the NISVS findings (Ard & Makadon 2011). Among a non-representative but large dataset from the National Coalition of Anti-Violence Programs, which tracks IPV against LGBTQ people, in 2017 the majority of IPV survivors were people of color (61%), and 44% had a physical or mental disability (National Coalition of Anti-Violence Programs 2018).

According to Goldberg and Meyer's (2012) analysis of data from the 2010 California Health Interview Survey, sexual minority Californians experienced IPV during their lifetime or at least once in the year prior to the survey (1-year IPV) at a higher prevalence than heterosexuals, though this was only statistically significant for bisexual women and gay men. Within California, bisexual women were three times more likely than heterosexual women to experience lifetime IPV and four times more likely to experience 1-year IPV. The study also found that, compared to heterosexual men, gay men were more than twice as likely to experience both lifetime and 1-year IPV. For lesbian women and bisexual men, though, there was no statistically significant difference from heterosexual women and men, respectively. Psychological distress and binge drinking could not explain the higher prevalence of IPV in bisexual women and gay men. Like the NISVS findings presented above, Goldberg and Meyer found that men were the perpetrators of most 1-year IPV incidents against bisexual women and gay men (95% and 97%, respectively).

Among youth, according to the 2017 Youth Risk Behavior Surveillance Survey, 17.2% of LGB students, 14.1% of the students who were "not sure" about their sexual orientation, and 6.4% of heterosexual students reported physical violence by someone they were dating or going out with during the prior 12 months (Kann et al. 2018). The prevalence of such violence was higher for lesbian and bisexual female students than for heterosexual female students; similarly, the prevalence of such violence for gay and bisexual male students was higher than for heterosexual male students. The results were similar for sexual dating violence. Dank et al. (2014) also found LGBT students were at higher risk than heterosexual and cisgender students for dating violence victimization

Very few studies have investigated transgender people's experiences with IPV (e.g., Clark et al. 2017; Messinger 2017), with one major reason being that representative data on IPV against or by transgender individuals is extremely limited. The NISVS does permit respondents to identify as transgender, but the CDC has not yet produced transgender IPV estimates, possibly because sample sizes in any given year are insufficient to produce reliable estimates. The NISVS could adopt a two-step measure of gender identity that encompasses (1) transgender-identifying people and (2) people whose sex assigned at birth does not correspond with their gender identity but who do not identify as transgender (GenIUSS Group 2014).

The studies that have looked at IPV among transgender people suggest that they "confront similar levels, if not higher levels, of IPV as compared to sexual minority men and women and cisgender people" (Brown & Herman 2015, 3). One Colorado-based study directly compared the lifetime prevalence of IPV victimization among a fairly large sample of LGBTQ people and found that 31.1% of transgender participants and 20.4% of the cisgender participants had ever experienced IPV or dating violence (Langenderfer-Magruder et al. 2016). Of both transgender and cisgender participants who experienced IPV, about one-quarter reported the violence to the police. Another study of a clinical sample from an urban community health center found that higher percentages of transgender women (12.1%), transgender men (6.6%), and gender non-binary individuals (8.2%) had experienced physical or sexual IPV in the previous year compared to cisgender women (2.7%) (Valentine et al. 2017). Furthermore, a recent cohort study of a racially and ethnically diverse sample of 204 transgender women (ages 16-29) found IPV prevalence of 42% (Garthe et al. 2018). According to the U.S. Transgender Survey, 54% of respondents reported having experienced some form of IPV within their lifetime (James et al. 2016). Reports of IPV were even higher among American Indian

(66%), Middle Eastern (56%), and multiracial (51%) respondents, as well as respondents who had experienced homelessness (62%) or were undocumented (60%).

In some instances, IPV results in homicide, or IPH. IPH occurs in both LGBT and non-LGBT relationships (Messinger 2017); however, few studies have assessed the prevalence of IPH involving LGBT people. One major hurdle is the absence of data on the sexual orientation and gender identity of IPH victims and perpetrators (Messinger 2017; Mize & Shackelford 2008). Mize and Shackelford (2008) used FBI Supplementary Homicide Reports and U.S. Census data to analyze IPH incidents between 1976 and 2001 and found an average of 42 same-sex IPH incidents each year, though this may be limited due to miscoding of FBI reports as social acceptance of same-sex relationships changed over time. Furthermore, the limited research on same-sex IPH victimization indicates that men are more often the victims of same-sex IPH than women—accounting for 6.2% and 0.5% of all male and female IPH victims, respectively (Paulozzi et al. 2001). These findings mirror other studies showing that, in both LGB and heterosexual relationships, men are more likely to kill their intimate partners than women (Mize & Shackelford 2008; Messinger 2017). Reflecting this research, in 2017, the National Coalition of Anti-Violence Programs identified 16 intimate partner homicides of LGBT people, including nine cisgender male victims, five cisgender female victims, and one transgender male victim, though the authors cautioned their report likely undercounts IPH against LGBT people because IPH victims' sexual orientation and gender identity are often not reported or reported correctly (National Coalition of Anti-Violence Programs 2018). While research on IPH against transgender individuals is lean, some evidence suggests that transgender people, especially transgender women of color, are especially at risk for IPH and other forms of extreme violence due to economic and other vulnerabilities (e.g., Clark et al. 2017).

Risk factors for IPV victimization among LGB people include substance abuse, exposure to childhood violence, racial minority status, and history of incarceration (Edwards et al. 2015)—all of which are associated with IPV victimization among heterosexual couples (Capaldi et al. 2012; Dardis et al. 2015). In addition, research finds sexual minorities face unique risk factors for IPV that relate to minority stress. For example, "outness" is associated with increased physical and psychological IPV victimization in gay and bisexual men (Bartholomew et al. 2008) and IPV victimization in gay men and lesbians (Carvalho et al. 2011). As Edwards et al. (2015) note, research shows that internalized homophobia correlates with IPV victimization (Balsam & Szymanski 2005), whereas sexual orientation discrimination by others does not. Among transgender people, childhood abuse is a risk factor for IPV, as is transgender-specific victimization such as daily discrimination and unfair treatment based on gender identity (Garthe et al. 2018).

A number of studies have examined correlates of IPV perpetration by sexual minorities. As with victimization risk factors, many of the same correlates of IPV perpetration among heterosexuals are associated with same-sex couples: psychological distress, substance abuse, general aggressiveness, low self-esteem, and bidirectionality (i.e., having been a victim of IPV), among others (Edwards et al. 2015; Balsam & Szymanski 2005; Bartholomew et al. 2008; Oringher & Samuelson 2011). Likewise, factors such as childhood adversity, including exposure to violence and physical and sexual abuse, increase the risk of IPV perpetration for both heterosexual (Roberts et al. 2011) and same-sex couples (Welles et al. 2011). But there are several variables unique to sexual minorities that elevate the risk of perpetrating forms of IPV. Minority stressors, such as homonegativity—the degree to which

an individual feels negatively about their LGB identity (Edwards & Sylaska 2013)—are correlated with physical, psychological, and sexual IPV perpetration (Balsam & Szymanski 2005; Bartholomew et al. 2008; Carvalho et al. 2011). Conversely, externalized minority stressors, including sexual-orientation related discrimination and victimization, have not been generally associated with IPV perpetration. Furthermore, a study of IPV among LGBTQ college youth found that perpetration of physical and sexual forms of IPV was associated with internalized homonegativity, while physical perpetration was also related to identity concealment (i.e., the extent to which one's family, friends, and community members are aware of one's sexual orientation) (Edwards & Sylaska 2013). Some suggest that increased substance use to manage the negative effects of minority stress elevates the risk of perpetrating IPV (Lewis et al. 2012). Others have identified a correlation between same-sex IPV perpetrators and conformity to traditional masculine norms, namely aggressiveness and suppression of emotional vulnerability (Oringher & Samuelson 2011).

C. GUN USE IN INTIMATE PARTNER VIOLENCE

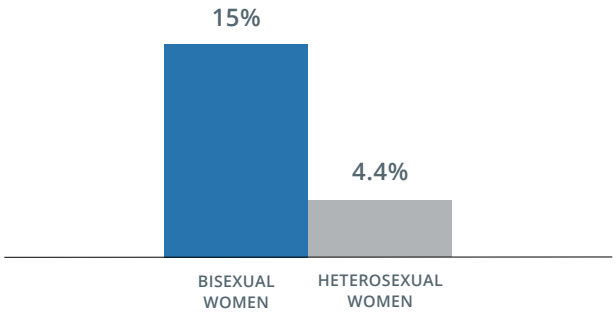
Firearms play a substantial role in IPV and, especially, IPH (Baughman 2014; Garcia, Soria, & Hurwitz 2007). In 2013, 50% of the approximately 1,270 intimate partner homicides perpetrated in the United States were committed with firearms (Zeoli, Malinski, & Turchan 2016). While firearm IPH in the general population was long on the decline, since 2010 there has been a 26% increase (Fridel & Fox 2019). When perpetrators of IPV have access to firearms, the risk of homicide is heightened: the presence of a gun in situations of IPV increases the risk of homicide for women by 500 percent (Campbell et al. 2003). In 2005, approximately 40% of female homicide victims ages 15–50 were killed by either a current or former intimate partner. The perpetrator used a gun in more than half (55%) of these cases (Fox & Zawitz 2004). The risk of IPH in a home with a gun is three times that of a home without guns. When the offender is an intimate partner or relative of the victim, the risk increases 8-fold (Kellermann et al. 1993). Another study found that firearm-associated assaults were twelve times more likely to result in death than assaults without firearms (Saltzman et al. 1992). Among California women who purchased handguns, there was a 50% increase in risk of homicide compared to all other adult women in the state, though this data did not specify relationships between victims and perpetrators and thus could not specifically identify the risk of IPH (Wintemute et al. 2003). And where there is ongoing abuse in the relationship, the risk of homicide is even greater. When an abusive current or former partner owns a firearm, one study revealed, there is a 5-fold increase in the risk of homicide of a woman (Campbell et al. 2003).

The limited available research indicates that heterosexual IPH victims are more likely to be murdered with a firearm than sexual minority IPH victims (Messinger 2017; Mize & Shackelford 2008). Mize and Shackelford studied FBI Supplemental Homicide Reports filed from 1976 to 2001 and found that, throughout that timeframe, 65.7% of different-sex IPHs and 30.6% of same-sex IPHs were committed using a gun (2008, 106). Their findings were consistent regardless of gender. IPH committed by gay men involved guns less often than IPH committed by heterosexual men (28.3% of cases compared to 66.6%, respectively). Similarly, IPH committed by lesbian women was found to involve guns less often than IPH committed by heterosexual women (47.4% of cases compared to 64.2%, respectively). The most common method of IPH among same-sex couples was stabbing (42.7%). These results are consistent with new research finding that LGB people are less likely to have guns in the home than non-LGB people in the United States (Conron et al. 2018).

In addition to the role of firearms in IPH, firearms can be used to attempt homicide, injure, intimidate, and coerce—though there is relatively little research on these non-fatal uses of firearms. In 2002-2011, according to data from the National Crime Victimization Survey, a firearm was present in 4.7% of non-fatal intimate partner victimizations (Catalano 2013). According to one recent review of 10 studies, about 4.5 million women have been threatened with a gun by an intimate partner, and nearly 1 million women have been shot or shot at by an intimate partner (Sorenson & Schut 2018). Between 2003 and 2012, according to one meta-analysis of IPV studies, firearms were used in 3.4% of non-fatal IPV incidents (Zeoli, Malinski, & Turchan 2016). In a study of IPV reported to police in Philadelphia in 2013, among incidents involving guns, the perpetrator used a gun most often to threaten or intimidate (69.1%); the perpetrator shot the gun in 9.9% of incidents, shot and hit the victim in 3% of incidents, and pistol whipped the victims in 5.7% of incidents (Sorenson 2017). Among respondents to a survey by the National Domestic Violence Hotline, 22% said their intimate partner had threatened to use a gun to harm themselves, their children, family members, or pets, while more than two-thirds believed their partner was capable of killing them (The National Domestic Violence Hotline 2014). Likewise, among those who indicated their partner had used a firearm to threaten them, 25% said their partner pointed a gun at them or others, and more than three-fourths received verbal threats to use the gun.

Bisexual women may be particularly at risk for IPV involving firearms or IPH by firearm given their elevated prevalence of IPV, which is largely perpetrated by men. According to the NISVS, 15% of bisexual women and 4.4% of heterosexual women reported that their partner used a knife or a gun; for lesbians, an estimate was not possible due to measuring error and/or inadequate sample size (Walters, Chen, & Breiding 2013).

Figure 6. Intimate partner violence involving a gun or knife, female victims



Source: Walters, Chen, and Breiding, 2013

And though the risk of IPV involving a firearm, and the risk of IPH by firearm, may be lower for lesbians and gay men, many are still at risk of these forms of IPV. A non-probability community-based study of sexual minority females found that 37% of participants reported their partner had "ever used a weapon against [them] or threatened [them] with a lethal weapon," and 14.7% reported that the weapon used was a gun (Hassouneh & Glass 2008). In a similar vein, Glass et al. (2008) interviewed nearly 100 women from across the nation that had been in a same-sex relationship involving IPV. Over 50% of the respondents indicated that they believed their partner was capable of killing them, 25% reported that their partner owned a gun, and nearly 15% percent indicated that their partner had ever threatened them with or used a gun against them. Among respondents to the U.S. Transgender Survey, 3% reported instances of IPV in which a knife or gun was used on them (James et al. 2016).

D. INTERVENTIONS TO REDUCE FIREARM INTIMATE PARTNER VIOLENCE AGAINST LGBT PEOPLE

According to the CDC, there are six overarching strategies for reducing IPV, which are aimed at influencing individual behaviors, relationships, families, and the risk and protective factors for IPV:

- Teach safe and healthy relationship skills
- Engage influential adults and peers, such as men and boys, as allies in prevention
- Disrupt the developmental pathways toward partner violence
- Create protective environments
- Strengthen economic supports for families
- Support survivors to increase safety and lessen harm (Niolon et al. 2017).

These strategies, and the specific approaches that implement them (see Niolon et al. 2017), are applicable to the LGBT population. Further, research suggests that medical professionals and other service providers offer a touchpoint whereby the impact of IPV experienced by LGBT individuals can be mitigated. Conron et al. (2017) argue that providers can screen for IPV in clinical settings (using tools like the Danger Assessment Instrument) and connect patients who may be at risk of or experiencing IPV to appropriate resources.

Yet, research also finds that LGBT people face a range of barriers to obtaining help that are unique to their sexual orientation and gender identity. For example, conversations about their intimate relationships may require LGBT patients to come out to their doctor (Ard & Makadon 2011). More generally, research finds the following barriers to seeking help for LGBT people experiencing IPV:

- Lack of LGBT-specific or -competent services
- Anti-LGBT discrimination from service providers, or unhelpful shelters and healthcare professionals
- Definitions of IPV that can exclude same-sex couples
- The risk that seeking services for IPV may result in an unwanted or harmful disclosure of one's sexual orientation or gender identity to family, friends, or others
- Low confidence in law enforcement and the judiciary to appropriately respond to IPV in LGBT contexts (Brown & Herman 2015).

Specific to sexual and gender minority youth, many LGBTQ youth experiencing IPV avoid seeking help out of concern for mandatory reporting, through which social service or law enforcement agencies can worsen the situation by forcing youth out of the closet (National LGBTQ DV Capacity Building Learning Center n.d.). Additionally, LGBT immigrants, as with non-LGBT immigrants, may fear exposure if they or their partner are undocumented (Baughman 2014; Parry & O'Neal 2015).

Research with respect to IPV and guns, in particular, suggests that restricting access to firearms for individuals subject to domestic violence-related restraining orders (DVROs) is an effective measure to reduce the prevalence of guns in IPV (Zeoli, Malinski, & Turchan 2016). Vigdor and Mercy (2006) found that states that implemented prohibitions on the purchase of firearms by individuals subject to DVROs saw a 10% decrease in rates of intimate partner homicides and a 12% decrease in IPH

involving firearms. However, this decrease was only evident in states with a high capability of detecting IPV-related firearm restrictions during background checks. Similarly, Vittes and Sorenson (2008) examined firearms purchased by individuals under a DVRO and assessed whether existing prohibitions on purchase and possession were effective in restricting gun access. Using administrative data from the California Department of Justice, they found that individuals under a restraining order were less likely to apply to purchase a hand gun (perhaps because they knew it was against the law); however, nearly 50% of the applications that should have been rejected ultimately passed a background check. This limitation suggests problems of implementation may undermine the efficacy of statutory restrictions on access. Indeed, researchers point to several areas where implementation may fall short. Disqualifying DVRO data and convictions may not be entered into state and federal databases (The National Domestic Violence Hotline 2014), and judges may fail to order the removal of firearms in cases of DVROs (Frattaroli & Teret 2006).

While restricting access to firearms is an effective measure to reduce IPH, significant loopholes remain. Notably, federal law only prohibits people convicted of domestic violence and individuals subject to DVROs from having guns if the abuser has been married to, lives with, or has a child with the victim (Everytown for Gun Safety 2019a). It does not extend the prohibition to dating partners. States that have broadened firearm restrictions to close the so-called "boyfriend loophole" experienced a 16% reduction in firearm IPH rates (Zeoli et al. 2018).

Some states go further and require IPV perpetrators to relinquish their firearms. According to a 2017 study of FBI Supplementary Homicide Reports data from all 50 states, these state laws were associated with a 9.7% lower total IPH rate and 14% lower firearm-related IPH rate than in states without such laws (Díez et al. 2017; see also Law Center to Prevent Gun Violence 2018). However, research is needed on how and the degree to which these various types of laws are being enforced.

E. RESEARCH AND DATA NEEDS REGARDING FIREARM INTIMATE PARTNER VIOLENCE AGAINST LGBT PEOPLE

Research on IPV among LGBT people is lacking—especially with respect to the role of firearms—and the paucity of valid data on LGBT IPV presents challenges for further research. There are major research gaps with respect to IPV experienced by LGBT individuals, including quantitative and qualitative studies aimed at better understanding the racial, geographic, socio-economic, and other dimensions of LGBT IPV. With respect to IPH, data remains limited given that sexual orientation and gender identity are not systematically collected along with other demographic data on death records. Neither is such data collected by federal law enforcement for perpetrators of IPH. Consequently, homicide between former intimate partners who were never in spousal relationships is often miscategorized as homicide between "acquaintances" (Messinger 2017). Similarly, same-gender IPH may not be recognized as such if law enforcement does not code it that way. Stereotypes of IPV as solely between men and women may lead some police to assume same-gender homicide is between friends or roommates (Messinger 2017).

More research is also needed on the risk and protective factors impacting LGBT IPV victims and perpetrators. For example, research is needed to better understand the role of minority stress in IPV both experienced and perpetrated by LGBT people. Given the elevated prevalence of IPV

among bisexuals, research that focuses on this subgroup is especially needed. Moreover, very few studies have focused on transgender people as victims or perpetrators of IPV (Brown & Herman 2015); we were unable to find population-based data on transgender persons in this context. Data on transgender IPV is limited to non-probability samples that may not be representative. Adding questions about individuals' sexual orientation and gender identity to national and state surveys with randomly-selected, representative samples, and which include questions about IPV, would provide more generalizable findings. The NISVS includes a measure of sexual orientation and a limited measure of transgender identity, as noted above, but the transgender data have not been released. In 2016, the National Crime Victimization Survey added sexual orientation and gender identity measures, which should yield information about nonfatal IPV involving LGBT people and firearms.

Further with respect to firearms within IPV involving LGBT people, greater research is needed to better understand how firearms are being used, when, and how to prevent such violence (along with how to prevent such violence from becoming homicidal). Existing research suggests a particular need to focus on bisexuals, especially bisexual women in relationships with men. Research that focuses on transgender people, IPV, and firearms is also needed. Overall with respect to LGBT IPV and firearms, research is needed to investigate if federal and state laws aimed at depriving IPV perpetrators of firearms are being enforced in LGBT relationships. In this vein, Zeoli et al. (2016) point to the need for better data on criminal justice involvement among perpetrators of IPV. There are no studies of firearm access as a risk for criminal justice involvement or being subject to a DVRO. To the extent statutory restrictions on firearms only apply to individuals who experience particular modes of engagement with the criminal justice system, a more complete picture of IPV perpetrators could better help target interventions to prevent gun violence in this context.

Research is also needed to evaluate a range of interventions that are being utilized to reduce and prevent IPV among LGBT people (Brown & Herman 2015) in order to identify the most effective strategies that take into account great diversity among sexual and gender minorities. According to the National LGBTQ DV Capacity Building Learning Center (n.d.), collaborations between trained researchers and LGBTQ communities are needed to systematically document and evaluate the more than 30 programs, models, and approaches to address IPV among LGBT people. Moreover, "to expand what we know about effective approaches to addressing DV in LGBTQ communities, the field needs culturally responsive researchers and LGBTQ organizations to build practice-based evidence of the efficacy of these innovative interventions" (2).

COMMUNITY VIOLENCE

Although definitions vary, the term community violence denotes violence that primarily occurs in a non-domestic setting, that is, other than in a victim's family home (DeCou & Lynch 2017). It includes violence that occurs in public spaces, neighborhoods, workplaces, and school settings, among others (DeCou & Lynch 2015). Anti-LGBT bias motivates perpetrators of certain forms of community violence to target victims based on their real or perceived sexual orientation or gender identity (Waters et al. 2018). There are also forms of community violence affecting LGBT people that are not motivated by anti-LGBT bias; LGBT people are susceptible to forms of community violence based on racial, ethnic, or other biases, or not motivated by such biases at all (Arkles 2012).

The study of guns and community violence involving LGBT people may not easily fall within prescribed categories of violence (e.g., hate crimes, police violence, etc.). Such categories may not fully capture the dynamics or impact of community violence, particularly among communities of color that might experience the effects of violence differently or where community violence may be linked to structural violence, racism, and economic inequality. LGBT people exposed to violence can be affected both directly, through fatal and non-fatal injury, and indirectly by the threat of violence on the street, in school, or in other non-domestic settings or by the trauma of witnessing violence. These effects are not reflected in, for example, crime reporting by law enforcement agencies. In other words, the social determinants of community violence have implications for both data collection—for understanding the full scope of how violence impacts LGBT individuals and communities, including the role of firearms—and identifying potential interventions to prevent or mitigate the effects of violence. This section represents one effort to taxonomize the forms of community violence impacting LGBT people, while recognizing the need for data on the root causes and broader effects of community violence, as well as the importance of further contextualizing the violence experienced and perpetrated by LGBT people.

In this part, we discuss existing data and research regarding: (A) hate crimes, (B) school violence, (C) non-bias crimes and street violence, (D) sexual violence, (E) serial killings and mass shootings, and (F) law enforcement interventions. A particular instance of community violence may fall within more than one category above, might also be classified as intimate partner violence, and could impact LGBT people's suicidality (such as in the case of school violence). We then discuss (G) potential implications for policies and interventions to reduce community violence involving guns, as well as (H) needed research and data.

A. HATE CRIMES

i. Hate crimes in the United States and California

The Federal Bureau of Investigation (FBI) defines a hate crime as a "criminal offense against a person or property motivated in whole or part by an offender's bias against a race, religion, disability, sexual orientation, ethnicity, gender, or gender identity." Within the United States, approximately 7,000 people are victims of a single-bias hate crime each year (Federal Bureau of Investigation 2017). In 2016, according the FBI's Uniform Crime Reporting (UCR) data, 57.5% of hate crimes were motivated by a race/ethnicity/ancestry bias; 21% were prompted by religious bias; 16.7% sexual orientation bias;

2% gender-identity bias; 1.2% disability bias; and 0.5% gender bias (Federal Bureau of Investigation 2017). There were 58 incidents (0.95%) of multi-bias crimes, which are defined as "incident[s] in which one or more offense types are motivated by two or more biases." It is important to note that FBI data underreports incidents of hate crimes as it only includes hate crimes reported to law enforcement and confirmed by law enforcement as bias-motivated. In other words, the UCR is based on voluntary reporting by law enforcement agencies across the country (and they may fail to classify a hate crime as such) and many survivors of hate crimes do not report their crimes to police. By contrast, according to the National Crime Victimization Survey, which asks respondents about incidents that were and were not reported to law enforcement, there were approximately 250,000 hate crime victimizations annually between 2004 and 2015 (Bureau of Justice Statistics 2017). In California, law enforcement agencies reported 1,092 single-bias crimes in 2017 (California Department of Justice 2018); however, these data are subject to the same limitations as the FBI UCR data noted above.

ii. Anti-LGBT hate crimes in the United States and California

As noted above, FBI data show that, in 2016, 16.7% of all single-bias reported hate crimes were attributed to sexual orientation bias, and that 1.7% of reported crimes were attributed to gender identity bias (Federal Bureau of 2017). Combined, nearly one-fifth (18.4%) of reported single-bias hate crimes throughout the nation were attributed to sexual orientation or gender identity bias (Federal Bureau of 2017). Although crimes stemming from racial and religious bias are the two most common forms of single-bias hate crimes, per capita rates of single-bias hate crimes place LGBT people at a higher likelihood of being targeted for a hate crime than other minority groups (Park & Mykhyalyshyn 2016), with LGBT people reporting hate crimes more frequently than people victimized because of race or religion (Rubenstein 2003). Looking at single-bias crimes, researchers have also found that LGBT people are victims of person-based (rather than property-based) hate crimes at higher rates than victims of religiously- or racially-motivated hate crimes (Rubenstein 2003). Notably, the National Crime Victimization Survey added measures of sexual orientation and gender identity bias-motivated crimes to its data collection in 2016; however, these data are not yet publicly available and the Bureau of Justice Statistics neglected to include results related to LGBT victimization in its recent report on criminal victimization in the U.S. (Bureau of Justice Statistics 2018).

Within California, hate crimes attributed to sexual orientation bias represent the second most common form of hate crimes committed and reported within the state (California Department of Justice 2018). In 2016, nearly a quarter (24.3%) of hate crimes committed within California were the result of sexual orientation (22.6%) or gender identity bias (1.7%) (California Department of Justice 2017a).

Reports indicate that gay men are the most frequent targets of anti-LGBT hate crimes both within California (California Department of Justice 2018) and nationally (Stotzer 2012). Moreover, from 2015 to 2016, the time during which same-sex marriage was legalized across the U.S., hate crimes against gay men rose by over 40% in California (California Department of Justice 2017b). Transgender people are particularly susceptible to hate crime victimization resulting in homicide. In 2017, the National Coalition of Anti-Violence Programs found that, of the 52 individual reports of anti-LGBT homicide, 27 involved transgender or gender non-conforming people, of which 22 were transgender women of color (Waters et al. 2018). Publicly available hate crime data does not classify anti-LGBT hate crime victims by race; however, research suggests that on both a state (California Department of Justice

2018) and national level (Gruenewald 2012) the most frequent perpetrators of anti-LGBT hate crimes are White men.

iii. Gun use in hate crimes

According to the National Crime Victimization Survey, between 2010 and 2014, over 40,000 hate crimes occurring in the United States involved a gun (Bureau of Justice Statistics 2016). The FBI's UCR program does not report firearm use in hate crimes. However, the FBI does classify certain hate crimes as "aggravated assaults," which is a proxy for the presence of a weapon. The UCR program "defines aggravated assault as an unlawful attack by one person upon another for the purpose of inflicting severe or aggravated bodily injury" (Federal Bureau of Investigation 2010). Further, according to the UCR, an aggravated assault "is usually accompanied by the use of a weapon [such as a gun] or by other means likely to produce death or great bodily harm" (Federal Bureau of Investigation 2010). In 2016, nearly one-fifth (18.5%) of reported hate crimes committed were classified as an aggravated assault (Federal Bureau of Investigation 2017).

There are more hate crimes reported as aggravated assaults stemming from sexual orientation or gender identity bias than from other forms of bias. In 2016, 16.5% of single bias anti-LGBT hate crimes were aggravated assaults compared to 13% of single-bias hate crimes based on race and 5.5% of hate crimes based on religion. And 7.4% of multi-bias hate crimes were aggravated assaults, although these data are not disaggregated by bias motivation (Federal Bureau of Investigation 2017). However, more research is needed to discern if there is indeed a statistically significant difference in prevalence of aggravated assaults across sexual orientation and gender identity bias-motivated crimes. According to tracking by the National Coalition of Anti-Violence Programs (2018), guns were used in 59% (28) of the total number of homicides of LGBT people in 2017 where the cause of death is known.

Within California, the California Department of Justice publishes data on the use of firearms in hate crimes. Just over 2% of the anti-LGBT bias hate crimes that occurred in California in 2017 involved the use of a gun, compared to 4.1% of hate crimes involving race/ethnicity/ancestry bias and 0.48% involving religion bias (California Department of Justice 2018). While not dispositive, this precipitous drop-off in the use of guns in hate crimes from national levels raises the question of whether the lower prevalence of guns in California (20.1% ownership compared to the 29.1% national average) may influence levels of gun victimization (see Kalesan et al. 2016).

Transgender people are vulnerable to hate violence involving firearms. A report by the National Coalition of Anti-Violence Programs indicated that within the first eight months of 2017, approximately 47% of transgender homicides stemming from gender identity bias involved the use of a firearm (Waters et al. 2018). Based on their tracking of gun violence, Everytown for Gun Safety found 21 of the 29 known homicides of transgender people in 2017—primarily transgender women of color—involved a firearm (Everytown for Gun Safety 2018c). This amounts to more than 40% of all LGBT homicide victims in 2017, according to data from the National Coalition of Anti-Violence Programs. Another report by GLAAD found that, in the same year, as many as 62% of homicides of transgender people were the product of gun violence (Adams et al. 2018, 10). At the state level, in 2016, 40% of California's reported anti-LGBT hate crimes committed involving a gun targeted transgender or gender nonconforming victims (California Department of Justice 2017a). Indeed, transgender women,

and people of color in particular, are susceptible to elevated levels of violence given their marginalized status across multiple identities—that is, many must negotiate the overlapping and intersecting forces of transphobia, racism, and misogyny (Clark et al. 2017). Despite such threats, there is little precise information about mortality rates among transgender individuals (Blosnich et al. 2014), as well as among sexual minorities, due to gaps in the death reporting system.

B. SCHOOL VIOLENCE

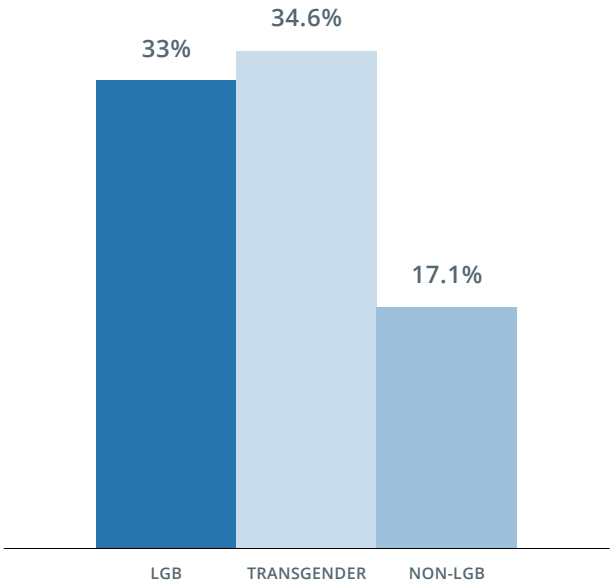
i. School violence in the United States

According to the CDC's 2017 Youth Risk Behavior Survey (YRBS), 19% of all students in grades 9-12 nationwide reported being bullied on school property, and 14.9% had been electronically bullied via text or social media (Kann et al. 2018). Bullying can involve teasing or making threats and need not include physical violence. Nevertheless, nearly 6.7% of all students reported that they had not gone to school on at least one day in the previous month because they felt unsafe. Additionally, 23.6% reported having been in a physical fight on school property at least once during the previous year, while 6% of all students reported being threatened or injured with a weapon on school property.

ii. Anti-LGBT school violence

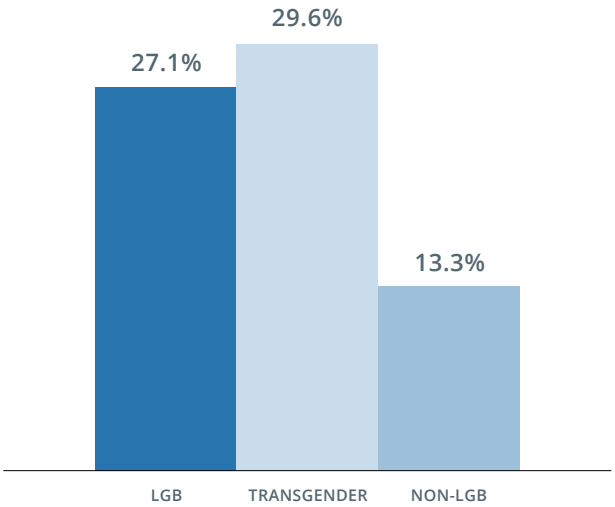
LGBT youth are vulnerable to severe and persistent violence at school. Nationwide, according to 2017 YRBS data, LGB students were more likely than non-LGB students to report being bullied at school (33% vs. 17.1%) and electronically bullied (27.1% vs. 13.3%) in the 12 months prior to the survey (Kann et al. 2018).

Figure 7. Bullying of students at school, by sexual orientation and gender identity, 2017



Source: Kann et al. 2018 & Johns et al. 2019

Figure 8. Electronic bullying of students, by sexual orientation and gender identity, 2017



Source: Kann et al. 2018 & Johns et al. 2019

LGB students were also more likely to report being in a fight on school property in the 12 months prior to the survey (9.6% vs. 8.3%), and to report missing school because they felt unsafe at least

once in the month prior to the survey (10% vs. 6.1%). Among transgender students, 34.6% reported being bullied at school, 29.6% reported being electronically bullied, and 26.9% reported feeling unsafe traveling to/from school (Johns et al. 2019). Likewise, in response to the U.S. Transgender Survey, 54% of participants nationwide who lived openly as transgender or were perceived as transgender while in grades K-12 reported experiencing verbal harassment, physical attacks (24%), and sexual assault (13%). Moreover, 17% reported having to switch schools because of a lack of safety (James et al. 2016).

Bullying and harassment of LGBTQ students has also been documented in GLSEN's National School Climate Survey (Kosciw et al. 2016). During the 2014-2015 school year, 70.8% of LGBTQ middle- and high-school students responding to the survey reported experiencing verbal harassment during the previous year based on their sexual orientation, while a majority (54.5%) had been verbally harassed based on their gender expression. Many students also reported experiencing sexual harassment (59.6%), cyberbullying (49%), and physical harassment (34.7%). Many of the students who experienced harassment did not report it to staff (58%) or their families (57%). Of those who reported incidents to school authorities, only 31% said that the report resulted in "somewhat effective" or "very effective" intervention.

In California, there is a similar disparity in school violence experienced by LGB students compared to non-LGB students. Nearly 30% of LGB students reported being bullied on school property in the previous twelve months compared to 16.6% of non-LGB students (Kann et al. 2018). LGB students were more likely to have been electronically bullied (23.5% vs. 12.8%) and to have missed school because they felt unsafe (13.6% vs. 5.3%).

iii. Gun use in school violence

In the 2017 YRBS, 15.7% of youth in grades 9-12 had carried a weapon (gun, knife, or club) at least once during the 30 days before the survey (Kann et al. 2018). Six percent of students nationwide had been threatened or injured with a weapon on school property at least once during the year preceding the survey (Kann et al. 2018). Less than 3% of youth homicides have occurred at schools (CDC 2016b); however, when deaths do occur on school grounds, CDC data indicate that over 75% of such deaths result from firearm use (Barrios et al. 2001).

Bullying of LGBT students often centers on taunting or verbal harassment (Kosciw et al. 2016). Nevertheless, research shows that LGB students are nearly twice as likely as their non-LGB peers (9.4% vs. 5.4%) to be injured or threatened with a weapon while at school (Kann et al. 2018). The prevalence is even higher for transgender students: YRBS data indicates 23.8% of transgender students report being threatened or injured with a weapon at school (Johns et al. 2019). Research also suggests that LGBQ youth carry weapons to school at a significantly higher rate than heterosexual students, possibly for defensive reasons. While nearly 5% of youth have carried a weapon on school property, LGBQ youth have been found to carry weapons to school at rates three to six times higher than their non-LGBQ peers (Button & Worthen 2017). One study of YRBS data assessing the prevalence of LGB students carrying guns (as opposed to other weapons), though not necessarily on school grounds, found that 3.7% of LGB students (in comparison to 4.8% of non-LGB students) carried a gun within the 12 months preceding the survey (Kann et al. 2018). Thus, the extent of school-based gun use by or against LGBT students is unclear.

Within California, at least one LGBT student was shot and killed on a school campus because of his sexual orientation (Woods 2008), though, because the sexual orientation or gender identity of students killed by gun violence is not systematically available, we do not have a full assessment gun homicides of students at the national or subnational level.

C. NON-BIAS CRIMES AND STREET VIOLENCE AGAINST LGBT PEOPLE

LGBT people can be subjected to gun and other forms of violence that are not motivated by bias against their sexual orientation or gender identity. Such non-bias violence (Herek et al. 1997) occurs in a variety of settings. LGBT people may be especially vulnerable to "street violence," which may or may not be immediately motivated by sexual orientation or gender identity bias. This report uses the term street violence to refer to forms of violence in public spaces connected to homelessness, poverty, sex work, or other forms of economic marginalization.

Researchers using an intersectional lens recognize how factors such as racism, poverty, and distressed living conditions frequently expose LGBT people to social structures and environments that make them more susceptible to street violence (Richardson, Brown, & Van Brakle 2013; Clark et al. 2017; Crutchfield & Wadsworth 2005). Despite the popular perception of gay affluence, researchers have found that many LGBT people are more likely than their non-LGBT counterparts to be in poverty (Badgett, Durso, & Schneebaum 2013), unemployed (Bellis 2017; Sears & Badgett 2012), food insecure (Brown, Romero, & Gates 2016), or homeless (Durso & Gates 2012). In addition, LGBT people often report a high rates of employment discrimination (Sears & Mallory 2011) and some report participation in alternative labor markets, such as sex work or drug sales, to generate income (Fitzgerald, Elspeth, & Hickey 2015). Given that unemployment is the most significant demographic predictor of domestic violence and homicide (Clark et al. 2017), unemployed sexual and gender minorities are at greater risk for such violence. In a survey of nearly 700 transgender women within northern California who had a history of sex work, 38.2% of the respondents had been physically assaulted and 53.3% of the respondents had been raped or sexually assaulted by a customer (Nemoto, Bödeker, & Iwamoto 2011).

LGBT youth are uniquely vulnerable to street violence and non-bias crimes given their over-representation among youth experiencing homelessness. In the Homeless Yourth Provider Survey, sexual and gender minority youth comprise approximately 40% of the clientele served by agencies responding to the survey (Durso & Gates 2012). Homelessness is highly correlated with involvement in the commercial sex work and survival sex, in which LGBT youth exchange sex for money, material goods, or shelter (Dank et al. 2015). For some, commercial sex work functions as a means of securing money for health care, which, in the case of some transgender youth, could entail expensive gender-affirming medical treatment (Dank et al. 2015). According to Dank et al.'s study of LGBTQ youth engaged in commercial sex work in New York City, youth reported exposure to violence ranging from "verbal arguments to threats at gunpoint and rape" by customers, as well as physical violence by police, care givers, social services case workers, and exploiters (i.e., "an individual who uses tactics involving force, fraud, and coercion to control a young person's involvement in the commercial sex market"). LGBTQ youth are also over-represented within the foster care population. A survey of foster youth in the Los Angeles County Child Welfare System found that 19% of these youth identified as LGBTQ—between 1.5 and 3 times as many LGBTQ youth estimated to be living outside of foster

care—and they reported a higher average number of foster care placements, a greater likelihood of living in a group home, and higher levels of hospitalization for emotional reasons and experiences of homelessness, compared to non-LGBTQ foster youth (Wilson et al. 2014).

Poverty, homelessness, and the inability to secure financial resources through conventional employment channels are factors that can simultaneously expose LGBT individuals to an increased likelihood of experiencing street violence and a decreased likelihood of having access to police protection (James et al. 2016; Ventimiglia 2012). Although Bureau of Justice Statistics data suggest that nearly 10% of all crime-related violence involves the use of a firearm (Planty & Truman 2013), data and research are needed to better understand firearm use by or against LGBT people within the context of street violence or non-bias crimes. However, several sources suggest that LGBT people who end up on the street may feel a need to adopt behaviors consistent with a "code of the street" that encourages gun ownership for self-protection (Richardson, Brown, & Van Brakle 2013; Arkles 2012; Anderson 1994).

D. SEXUAL VIOLENCE AGAINST LGBT PEOPLE

According to the CDC, sexual violence includes any "sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse" (Basile et al. 2014, 11). Sexual violence may be either intimate partner violence or community violence, depending on the relationship between the perpetrator and victim. LGBT people experience various forms of sexual violence victimization (independent of IPV) at higher rates than their non-LGBT counterparts (Gentlewarrior & Fountain 2009; National Sexual Violence Resource Center 2012). For example, LGBT students often experience incidents of sexual violence throughout middle and high school (Kosciw et al. 2016; Kann et al. 2018), as well as in college (Coulter et al. 2017; Hill & Silva 2005). In some instances, sexual violence experienced by LGBT students within school settings has been at the hands of both classmates and school staff or faculty members (Hill & Silva 2005). Research also suggests that LGBT people are victims of gang rape (Hughes et al. 2006) and hate crimes that involve sexual assault (National Sexual Violence Resource Center 2012; Gentlewarrior & Fountain 2009) at higher rates than their non-LGBT counterparts. Furthermore, many LGBT people experience sexual violence at the hands of relatives (Long et al. 2007) and romantic partners (see generally, Brown & Herman 2015).

For LGBT people, incidents of sexual violence may even overlap with police violence (Mallory, Hasenbush, & Sears 2015), street violence (James et al. 2016; Richardson, Brown, & Van Brakle 2013; Nemoto, Bödeker, & Iwamoto 2011; Ventimiglia 2011), or physical violence outside of the context of anti-LGBT bias (Nemoto, Bödeker, & Iwamoto 2011).

In some instances, perpetrators of sexual violence use guns to force their victims to engage in sexual acts (Basile et al. 2014). Sexual assault victims, along with crime victims more generally, may also use guns defensively in an attempt to stop their assailant (Hart & Miethe 2009); however, the frequency with which this occurs and the success of this tactic is largely unknown. Research is needed on the extent to which guns are used as a vehicle for threatening or coercing LGBT victims of sexual violence specifically.

E. MASS SHOOTINGS AND SERIAL KILLINGS OF LGBT PEOPLE

Powerful, but less common, forms of gun violence include serial killings and mass shootings. The federal government defines mass shootings as those in which four or more people are killed by the same person in a single-incident (Krouse & Richardson 2015). In 2016, a shooter killed 49 people and wounded another 53 at Pulse, a gay nightclub in Orlando, Florida. The shooting took place on Latin night, and many of the victims were/are LGBT Latinx (Santora 2016). In addition, in 2000, a man in Virginia shot six people in a gay bar, injuring five and killing one (Ravitz 2016). While mass shootings in general are rare (Duwe 2016; Koerth-Baker 2017), gun ownership and mass shootings are highly and positively correlated (Lemieux 2016). Mass shootings such as Pulse—and other violence targeting bars, clubs, and other places for LGBT people to gather—are especially powerful forms of violence, because they can increase psychological distress (Ben-Ezra et al. 2019), terrorize the entire community, and deprive them of the few safe spaces available. In one study based on a convenience sample of survey respondents, Croff et al. (2017) found that LGBT and non-LGBT residents of socially conservative Tulsa, Oklahoma were less likely to attend an LGBT-friendly bar, compared to respondents from New York, Washington D.C., or Philadelphia, due to safety concerns in the aftermath of the Pulse shooting.

The FBI defines a serial killer as someone who kills more than one person in separate events and at different times (Morton, Tillman, & Gaines, n.d.). An FBI study on the prevalence of serial killers in the United States found that approximately 6% of known serial killers targeted only people of the same sex and that 85% of these same-sex serial killings were sexually motivated (Morton, Tillman, & Gaines, n.d.). While the FBI's report does not include sexual orientation or gender identity among other victim demographics, other research discusses the unique instances in which serial killers have specifically targeted only LGBT people (Mingo 1998). Recently, for example, between 2010 and 2017 in Toronto, Canada, a serial killer murdered 8 gay or MSM, targeting a neighborhood that has been an enclave for the LGBT community since the 1960s. Similarly, between February and June 2018, four transgender women of color were shot (three fatally) in Jacksonville, Florida in what advocacy group Equality Florida feared was the result of a serial killer (Equality Florida 2018). Like mass shootings, serial killings that target LGBT people, or any group, can serve to terrorize an entire community. Although the vast majority (67.6%) of same-sex serial killings were completed using strangulation, the FBI reports that a small percentage (4.4%) were completed using a firearm (Morton, Tillman, & Gaines, n.d., 58). Data on gun use by or against LGBT people in the context of serial killings is rare.

F. LAW ENFORCEMENT

From 2001 to 2017, according to the CDC, 7,791 people died by "legal intervention"—that is, by police or other law enforcement agents. For the vast majority of these deaths (6,728), the mechanism of death was firearm. The majority of these firearm deaths were of non-Hispanic White men (3,208), followed by non-Hispanic Black men (1,602) and Hispanic White men (1,277). However, non-Hispanic American Indian/Alaskan Native men, non-Hispanic Black men, Hispanic White men had the highest age-adjusted rates (0.65, 0.48, and 0.31 deaths per 100,000, respectively). These data are not available by sexual orientation or transgender identity or status. And, the CDC data do not allow assessment of whether any of these deaths were legally justified or unjustified in the circumstances of each.

Public debate around policing and the lethal or excessive use of force by law enforcement has grown over the past five years. Spurred by protests following the high-profile deaths of Black adults and youth shot by police officers and the rise of advocacy groups like Black Lives Matter, the public controversy grew from long-running concerns about over-policing of communities of color and Black and Latinx communities in particular (see generally U.S. Commission on Civil Rights 2018). Given the absence of a definitive national database to track police use of force (including nonlethal force), there is limited systematic data on the use of firearms by law enforcement against the public. According to one database maintained by The Washington Post, since 2015 police officers fatally shot nearly 1,000 people annually in the United States (Sullivan et al. 2018). Within California, a 2016 state law mandates that law enforcement officials report each incident that results in the discharge of their firearm or lethal use of force (California State Assembly 2015). Data from the first year of this mandatory reporting reveals that California police killed 157 people in 2016 (Associated Press 2017).

Despite limited systematic data on use of force by law enforcement, existing research suggests that people of color are disproportionately affected by lethal police intervention. As noted above, according to CDC data, non-Hispanic American Indian/Alaskan Native men, non-Hispanic Black men, and Hispanic White men had the highest age-adjusted rates of firearm death by legal intervention from 2001 to 2017. A study of national vital statistics of males 10 years and older with cause of death recorded as "legal intervention," the mortality rate was 2.8 times higher for non-Hispanic Blacks and 1.7 times higher for Hispanics than for Whites (Buehler 2017). Another study based on the open-source U.S. Police-Shooting Database examined racial bias at the county-level and found the probability of being "black, unarmed, and shot by police" is 3.49 times the probability of being "white, unarmed, and shot by police" (Ross 2015).

Although there are known instances of LGBT people being shot and killed by law enforcement officers (Selk 2017), death records do not list sexual orientation or gender identity alongside other demographic data (Haas & Lane 2015), resulting in incomplete data to assess the extent to which LGBT people are victims of police shootings. Research and anecdotal evidence indicates that police bias, mistreatment, and violence against LGBT people is extensive (Mallory, Hasenbush, & Sears 2015; Waite-Jones 2015). Such mistreatment has taken various forms, including over-criminalization (Mogul, Ritchie, & Whitlock 2011; Waite-Jones 2015), physical and sexual violence, verbal harassment (Mallory, Hasenbush, & Sears 2015), and excessive force resulting in death (Rodríguez-Roldán & Brown 2018). LGBT people of color may also face increased risk of experiencing use of lethal force by law enforcement given their intersecting identities. And, this legacy of violence and mistreatment influences many LGBT people's behavior vis-à-vis law enforcement. Many LGBT people report distrusting or feeling a need to protect themselves from law enforcement officials (Mallory, Hasenbush, & Sears 2015; Waite-Jones 2015; Arkles 2012), which may lead to underreporting of victimization and low frequency of help-seeking. More accurate data and research is needed to better understand the use of firearms against LGBT people (and subgroups) by law enforcement, including non-fatal uses.

G. INTERVENTIONS TO REDUCE FIREARM COMMUNITY VIOLENCE AGAINST LGBT PEOPLE

Although policy discussions centering on LGBT exposure to and participation in community violence are limited, the CDC (Wilkins et al. 2014) and World Health Organization (WHO) (2004; Kieselbach & Butchart 2015) have published frameworks that employ general ecological approaches to violence prevention. These frameworks identify risk and protective factors at individual, relationship, community, and societal levels that impact violence prevention and suggest opportunities for intervention. Risk factors include:

- Individual Level: low educational attainment, history of violent victimization, substance use
- Relationship Level: social isolation, family conflict, economic stress
- Community Level: neighborhood poverty, high unemployment rates, poor neighborhood cohesion
- Societal Level: media violence, harmful norms around masculinity, and cultural norms supporting aggression

Protective factors for violence prevention include:

- Individual Level: non-violent problem-solving skills
- Relationship Level: family support, connections to school
- Community Level: community connectedness
- Societal Level: social norms that proscribe the use of violence

Homicide is the third-leading cause of death among youth ages 10-24, and firearms reflect the most commonly used weapon in youth homicides (CDC 2016b). The WHO has promulgated evidence-based strategies to prevent youth violence (Kieselbach & Butchart 2015). Strategies are categorized by context. In other words, parenting and child development strategies include early childhood development programs. School-based academic and social strategies include life skills development and bullying prevention, while strategies for at-risk youth include therapeutic approaches such as cognitive behavioral therapy. Finally, evidence-based strategies at the community and societal level include community policing, reducing access to firearms, and substance abuse programs.

Because LGBT youth are at heightened risk for school violence, researchers have identified strategies to prevent school-based violence that could impact LGBT students. Again following an ecological approach, the CDC (2017a) recommends employing multiple prevention strategies to address the individual, relationship, community, and societal dimensions of school violence. Prevention efforts at each level include:

- Individual Level: strengthening non-violent conflict resolution skills and universal, school-based violence prevention programs
- Relationship Level: promoting positive relationships between students and teachers, peers, and families, and strengthening parent involvement in academic and social aspects of students' school experiences
- Community Level: training teachers in effective classroom management, as well as physical features of the school environment that promote safety, such as continuously monitored

entrances and exits

- Societal Level: prioritizing public health strategies to violence prevention and changing norms around the acceptability of violence

The extent to which these universal strategies would reduce violence against LGBT youth is currently unknown and should be assessed.

Interventions that target violence by or against LGBT youth or more broadly must also be sensitive to the impact of over-criminalizing behavior, particularly by youth of color, whose involvement with the criminal justice system could have profound implications for additional violence victimization, future wellbeing, educational attainment, and social mobility (e.g., Aizer & Doyle 2015). Wilson et al. (2017), analyzing federal data, found significant over-representation of sexual minority youth, especially among girls, in juvenile detention facilities. A trauma informed approach represents one alternative by recognizing that individuals experience trauma differently and require unique responses to ensure their physical, psychological, and emotional safety (Wolkin & Everett 2018). Other violence prevention programs, such as CURYJ in Oakland and Barrios Unidos in Santa Cruz, seek to end community violence through restorative justice approaches that mobilize youth leaders within their respective communities. Restorative justice is a model of violence prevention that brings together victims and offenders to encourage dialogue, promote accountability by identifying steps to repair harm, and transform communities through relationship-building (e.g. Centre for Justice and Reconciliation n.d.). More research is needed to evaluate the impact of such programs that provide a multitude of pathways for violence prevention and mitigation, including with respect to LGBT people.

Beyond interventions to reduce generalized violence, advocacy groups have developed frameworks for preventing and/or reducing hate crimes specifically impacting LGBT communities. Some have targeted public officials by recommending measures such as enacting and enforcing hate crimes laws, monitoring and publicly reporting on incidents of hate crimes, creating and strengthening antidiscrimination bodies, and engaging community groups to reduce fear and encourage cooperation (Human Rights First n.d.). Other groups focus on tackling root causes of violence and inequity by highlighting historical systems of oppression, supporting community-based and survivor-centered modes of justice, working in solidarity with other subaltern social movements, and resisting claims of religious exemption that enable anti-LGBT discrimination (National Coalition of Anti-Violence Programs 2017). These recommendations, however, have not been systematically tested. We were unable to find evidenced-based interventions that specifically target anti-LGBT violence prevention. More research is needed to determine the efficacy of these interventions in the context of community violence.

To reduce the impact of guns across various forms of community violence, prevention advocates emphasize policy prescriptions that restrict access to firearms. Mandatory comprehensive background checks would extend existing federal requirements of licensed gun dealers to all purchases of firearms, including “private sales” by unlicensed sellers or at gun shows (Law Center to Prevent Gun Violence 2018). Most offenders who use firearms do not acquire them through licensed dealers, and in states with comprehensive background checks on licensed and unlicensed purchases studies show a decline in aggravated assaults with guns (Everytown for Gun Safety 2018). Similarly, permit to purchase (PTP) laws require gun owners to possess a permit certifying proper training and

having undergone a background check. Following Connecticut's implementation of PTP, its firearm homicide rate fell by 40% in the first ten years (Rudolph et al. 2015). Other policy prescriptions include minimum age requirements, establishing gun safety standards to remove poorly made "junk guns," limiting the purchase of multiple handguns, and restricting the purchase of large capacity magazines that bear the capacity to injure or kill large numbers of people in a short period of time. Some advocates also promote practices that increase the overall safety of gun use. For example, "smart gun technology" incorporates a mechanism into the firearm construction that prevents unauthorized users from operating the weapon. Other previously discussed gun safety practices include trigger locks, social messaging, and placing unloaded guns in locked storage, separately from ammunition. The efficacy of these interventions has been demonstrated in the contexts of self-harm and interpersonal violence, but not in the context of community violence. While it is reasonable to assume that strategies to reduce gun violence in the general population will have an effect on LGBT people, the magnitude and scope of the effect on the LGBT community has not yet been studied. LGBT-specific or -competent interventions to reduce firearm community violence are currently unknown and merit investigation employing large datasets (e.g., Behavioral Risk Factor Surveillance System) that include measures of gun ownership.

Recent mass shootings impacting sexual and gender minorities have also spurred various forms of mobilization within the LGBT community. Some have responded to the threat of community gun violence by purchasing firearms and advocating for gun rights. Organizations such as Pink Pistols and Gays with Guns encourage the purchase and use of firearms for self-defense against anti-LGBT violence. Moreover, broader fears of gun violence, whether directly targeting LGBT communities or not, may spur LGBT individuals to obtain firearms and/or engage in risk-taking behavior. Conversely, Gays Against Guns and other groups are organizing for gun restictions. Furthermore, the February 14, 2018, shooting at Marjory Stoneman Douglas High School in Parkland, Florida, in which 17 students and teachers were killed, has galvanized a student-led movement for gun control. Among the Parkland students leading these efforts is Emma González, who identifies as bisexual. More research is needed on the impact of gun rights organizations and the acquisition of firearms, as well as grassroots gun control advocacy movements, in reducing gun violence.

From a policy standpoint, recent mass shootings have renewed calls for a ban on assault weapons and high-capacity magazines. The five deadliest mass shootings over the past decade, including those at Pulse Nightclub and Marjory Stoneman Douglas High School, all involved assault weapons (Everytown for Gun Safety 2019b). A 2018 study found that mass shooting fatalities were 70% less likely to occur from 1994 to 2004, when the federal prohibition on assault weapons and high-capacity magazines was in effect, than during the 12 years studied before and after the prohibition (DiMaggio et al. 2018). More research is needed on the impact of bans on assault weapons and high capacity magazines in specifically reducing anti-LGBT gun violence and mass-shootings that affect LGBT populations.

H. RESEARCH AND DATA NEEDS REGARDING FIREARM COMMUNITY VIOLENCE AGAINST LGBT PEOPLE

Our examination of research on community violence impacting LGBT individuals suggests a number of gaps in the research. One of the most significant challenges to studying community violence by

or against LGBT people involving guns is obtaining valid data on these phenomena. For one, there is limited data on the impact of gun-related violence in attacks motivated by anti-LGBT bias. While the California Department of Justice distinguishes between weapons used in hate crimes, FBI data on aggravated assaults encompasses gun violence as well as that involving other weapons. Where data on aggravated assaults is collected, research is needed to discern if there is a statistically significant difference in prevalence of aggravated assaults across sexual orientation and gender identity bias-motivated crimes. The National Crime Victimization Survey collects data on victimization involving firearms, but the Bureau of Justice Statistics has not reported those data by sexual orientation or gender identity. Nor is data collected on the sexual orientation or transgender identity of perpetrators of community violence. As such, we were unable to find research on the extent to which LGBT people use firearms in these contexts or act as perpetrators of community violence.

Additionally, we did not find studies that systematically examine the impact of hate crime laws on the prevalence of anti-LGBT violence and, specifically, gun violence despite the advent of state and federal hate crime laws inclusive of sexual orientation and gender identity. Further, there is an overall need for improvements in self-reported data on community violence victimization inclusive of sexual orientation and gender identity. Public-private partnerships could facilitate better data collection on crime reporting, given that a substantial amount of data are collected outside government administrative procedures. This is particularly true for marginalized groups and those disproportionately impacted by violence, such as transgender women of color. The experiences of these groups often go underreported because individuals are conditioned to distrust law enforcement or are misgendered through reporting mechanisms. Private organizations could be incentivized through public funding to collect and report accurate data on experiences of community violence.

Research on community violence also presents a number of challenges for investigating the impact of violence on LGBT persons across a variety of intersecting social contexts and identities. For example, data indicate that LGBT people are disproportionately represented among homeless youth populations (Durso & Gates 2012). LGBT people also experience sexual violence victimization at higher rates than heterosexuals (Gentlewarrior & Fountain 2009; NSVRC 2012) but are often fearful of accessing police protection (James et al. 2016; Ventimiglia 2012) given historical distrust of and antagonism by law enforcement. We found limited research on how these forms of community violence uniquely affect, and are affected by, representations of sexual and gender minorities. In this vein, there is a need for data on individual and community responses to guns and gun violence, including how communities manage loss in the aftermath of gun violence, rather than victimization per se. As previously noted, LGBT individuals may fear gun violence across a variety of contexts, which leads them to greater risk-taking behavior separate from any direct injury from firearms. This more expansive approach to the impact of gun violence may better capture the full range of effects on the LGBT community.

CONCLUSION

This report describes existing and needed research on gun violence involving sexual and gender minorities with a particular focus on LGBT people. Given the nascent state of the research, there are many unanswered questions in need of government, scholarly, community, and political attention. Among the many questions in need of investigation that we have discussed include:

- To what extent and how are guns involved in suicide deaths, attempts, and ideation; IPV; and various forms of community violence involving LGBT people? How does this vary across the heterogeneous LGBT population, and as compared to the general population?
- Which factors influence gun ownership, such as past violence or fear of future violence, across the heterogeneous LGBT population, and as compared to the general population?
- How can the National Violent Death Registry System and other death, injury, and violence data systems better track gun violence across the heterogeneous LGBT population?
- Which factors influence LGBT people's attitudes toward gun laws and policies within the heterogeneous LGBT population, and as compared to the general population?
- Which factors and interventions might reduce firearm suicides, homicides, and other forms of violence across the heterogeneous LGBT population, and as compared to the general population?
- To what extent do general population strategies to reduce gun-related morbidity and mortality map onto underlying risks and protective factors for the heterogenous LGBT population? What tailoring might be needed to adapt these strategies for use with various LGBT populations?

Moving forward, it is also worth considering enhancing diversity and representation among investigators who study firearm violence among sexual and gender minorities, which could help address identified lacunae. In addition, individuals who have experienced violence perpetrated and reinforced by societal systems and structures bring an important perspective that could help problematize and shed light on the intersecting causes and effects of violence due to various demographic, geographic, and socio-economic factors. Indeed, the dearth of evidence-based interventions that address the needs of particular subpopulations, especially more vulnerable ones, persists in part because those communities remain understudied.

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