

April 11, 2014
VIA ELECTRONIC SUBMISSION

LeRoy Richardson
Chief, Information Collection Review Office
Centers for Disease Control and Prevention

RE: National Violent Death Reporting System Proposed Data Collections for Public Comment and Recommendations (0920-0607)

Dear Mr. Richardson:

The Trevor Project is pleased to have the opportunity to comment on the proposed National Violent Death Reporting System (NVDRS) data collections. We applaud the Center for Disease Control and Prevention (CDC) for supporting this important research and for furthering Department-wide efforts to provide accurate information regarding lesbian, gay, bisexual, transgender, and questioning (LGBTQ) populations. Given the disproportionately high number of LGBTQ people who take their own lives, better and more nuanced data collection would support targeted and more effective mental health policy interventions.

The Trevor Project is the leading nonprofit, national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning (LGBTQ) young people through age 24. The Trevor Project saves young lives through its accredited free and confidential lifeline, secure instant messaging services which provide live help and intervention, a social networking community for LGBTQ youth, in-school workshops, educational materials, online resources, and advocacy. The Trevor Project is a leader and innovator in suicide prevention.

As a result of societal stigma, discrimination and victimization, LGBTQ people experience significant health disparities. Suicide is the second leading cause of death among young people ages 10 to 24.ⁱ LGB youth are four times more likely, and questioning youth are three times more likely, to attempt suicide as their straight peers.ⁱⁱ Additionally, nearly fifty percent of young transgender people have seriously thought about taking their lives, and one quarter report having made a suicide attempt.ⁱⁱⁱ LGBTQ people are also disproportionately affected by hate-based violence. In 2012, more than two-thirds of the bias- and hate-related crimes reported in the District of Columbia were perpetrated against LGBTQ people.^{iv} LGBTQ young people also suffer from unfair criminalization. Gay and transgender youth represent just five to seven percent of the overall youth population in the United States, but comprise thirteen to fifteen percent of youth in the juvenile justice system.^v

The NVDRS serves as a clearinghouse for the details and circumstances surrounding suicides completed in the jurisdictions in which it operates. This valuable information

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informs suicide prevention and crisis intervention efforts in all of the jurisdictions in which it currently operates. Our comments below will focus on efforts to improve the quality of data collected and to further incorporate LGBTQ data into the system.

I. Adopt Best Practices for Gender Identity and Sexual Orientation Demographic Questions

The NVDRS collects information on hundreds of variables, among the most important of which are personal and demographic information. The Trevor Project applauds the CDC for including sexual orientation and transgender status among the personal information collected via the NVDRS. Because LGBTQ populations are at a significantly higher risk for suicidal behavior and to fall victim to violence than the general population, we are glad to see that the CDC has made it a priority to document this information. However, it is important that sexual orientation and gender identity are treated as demographic questions, on par with characteristics such as race and sex rather than height and weight, in order to actively de-stigmatize LGBTQ populations and ensure that this data collection becomes standard at the local level.

Currently, there is no evidence-based means of forensically determining the sexual orientation or gender identity of a person post-mortem. We strongly encourage the CDC to work in partnership with NIH and other stakeholders to develop and test better methods of capturing this information. Given the lack of standardized collection of sexual orientation and gender identity demographic information, it is unlikely that decedents on whom data is being recorded in the NVDRS will have self-identified as LGBTQ in one of the documents available for inclusion in the system. Consequently, individuals will be identified as LGBTQ by a third party, a structure that is similar to that of the CDC’s Division of HIV/AIDS Prevention (DHAP)’s Adult HIV Case Report Form, which currently successfully collects information about gender identity information.

Consistent with expert guidelines on this topic, the Adult HIV Case Report Form employs a two-step protocol for gender identity by collecting both sex assigned at birth and gender identity information.^{vi} Both form items allow the reporting agent to indicate where this specific information is unknown.

Our recommended data collection measures for adoption in the NVDRS are as follows:

- (1) The current proposed “transgender” form item should be modified to a “gender identity” item.

Available answer options:

- a. Male
- b. Female
- c. Trans male/Trans man
- d. Trans female/Trans woman
- e. Genderqueer/Gender non-conforming
- f. Different identity (please state): _____

- (2) The current proposed “sex” form item should be modified to a “sex assigned at birth/sex as it appears on birth certificate” item.

Available answer options:

- a. Male
- b. Female

- (3) The current proposed “sexual orientation” form item be modified to include the following available answer options:
- a. Heterosexual or straight
 - b. Gay or lesbian
 - c. Bisexual
 - d. Additional sexual orientation (specify)
 - e. Unknown

In addition to these form items, we recommend form items regarding marital status of either the victim(s) or suspect(s) be changed to be more inclusive of a broader definition of marriage and family. The current marital status item only uses “married” or “civil union” to describe couples. However, the reality of today’s American families requires an expansion of the types of marital statuses that should be collected in the NVDRS. States differ in their requirements and definitions on marriage, civil unions, and domestic partnership. It is important that each of these relationships be considered with equal merit when collecting this information. Additionally, the Family Equality Council recommends the best practices for accurately collecting information about LGBTQ families include a “committed relationship” option, defining that relationship as one in which victim or suspect and their partner are each other’s sole partner (not married or domestic partners with anyone else); and “share responsibility for a significant measure of each other’s common welfare and financial obligations.”^{vii}

Our recommended data collection measures for adoption in the NVDRS are as follows:

- (4) The current proposed “marital status” form item should be modified to a “relationship status” form item. Available answer options:
- a. Married/Civil union/Domestic partnership
 - b. Widowed
 - c. Divorced
 - d. Married, but separated
 - e. Committed relationship
 - f. Single, not otherwise specified
 - g. Unknown

Again, we are grateful that the CDC has taken such measures to collect demographic information regarding sexual orientation and gender identity. We hope that you will continue to value the importance of collecting this information moving forward.

II. Alter Existing and Adopt New Circumstance Variables to Be More Inclusive of LGBTQ People

A. Suicide and Death Among Family, Friends, and Other People

Research has shown a link between certain kinds of public visibility and media coverage about suicide, and increases in suicide deaths – a phenomenon known as suicide contagion. This is particularly relevant in suicide among school-aged children. When a young person takes their own life, if the young person’s school does not handle the situation properly, there may be risk of suicide contagion. Currently, the

NVDRS proposes data collection surrounding the suicide of a friend or family member as a contributing factor in the victim’s suicide. However, it is also possible that the suicide or non-suicide death of an acquaintance or other person, rather than a friend or family member, could be a contributing factor in the victim’s suicide. As such, we recommend the form items be altered to include people other than family members or friends:

- (1) The current proposed “suicide of friend or family member contributed to death” form item should be modified to a “suicide of friend, family member, or other suicide death contributed to death” item.

Available answer options:

- a. No, not available, unknown
- b. Yes

- (2) The current proposed “suicide of friend or family member was crisis” form item should be modified to a “suicide of friend, family member, or other suicide death was crisis” item.

Available answer options:

- a. No, not available, unknown
- b. Yes

- (3) The current proposed “other death of friend or family” form item should be modified to a “other death of friend, family member, or other death” item.

Available answer options:

- a. No, not available, unknown
- b. Yes

- (4) The current proposed “other death of friend or family was crisis” form item be modified to a “other death of friend, family member, or other death was crisis” item.

Available answer options:

- a. No, not available, unknown
- b. Yes

B. Family Relationship Problems

LGBTQ youth who are “highly rejected” by their families because of their LGBTQ identities are 8.4 times more likely to attempt suicide than less rejected LGBTQ youth.^{viii} As such, we are glad that the NVDRS includes family relationship problem as both a contributing factor and a crisis factor in its list of circumstance variables. We suggest that family rejection be listed as an example of the kinds of family relationship problems that might be present, along with familial arguments, violence, estrangement, etc., in order to better inform data collectors about the seriousness of family rejection among LGBTQ populations.

C. School Problems

Youth who are LGBTQ, are perceived to be LGBTQ, or who associate with LGBTQ people, are subjected to pervasive discrimination, including harassment, bullying, intimidation, and violence, and have been deprived of equal educational opportunities, in schools across the country. Studies show that approximately 20% to 30% of U.S. students in grades 6 through 12 are bullied at school.^{ix} Twenty-five

percent of public schools have reported that bullying occurred among students on a daily or weekly basis. LGBTQ youth are especially vulnerable, 81.9% of LGBTQ students reported being verbally harassed because of their sexual orientation, and 63.9% of LGBTQ students reported being verbally harassed because of their gender expression. A third of LGBTQ students have skipped a class or an entire day of school at least once in the past month because they felt unsafe or uncomfortable. LGBTQ youth that are subject to high rates of bullying and harassment face increased rates of depression, lower self-esteem, lower school connectedness, and increased risk for suicidality compared to peers who experienced less victimization. As such, we are glad that the NVDRS includes school problems as both a contributing factor and a crisis factor in its list of circumstance variables. We suggest that discrimination and LGBT-based harassment or bullying be listed as examples of the kinds of school problems in order to better inform data collectors about the seriousness of discrimination faced by LGBT and ally students.

D. Homelessness

With an estimated 1.6 to 2.8 million homeless youth, youth homelessness is a serious problem in the United States. It is a problem that disproportionately affects lesbian, gay, bisexual, and particularly transgender youth. While LGBTQ youth make up roughly 5% to 10% of the general population, LGBTQ youth make up somewhere between 20% and 40% of the homeless youth population.^x Compared to 30% of their heterosexual peers, 62% of homeless LGBTQ youth experience discrimination from their families. Approximately 42% of homeless LGBTQ youth abuse alcohol, compared to 27% of heterosexual youth. LGBTQ youth are 8.4 times more likely to attempt suicide if they are rejected by their families in adolescence, manifesting in 62% of homeless LGBTQ youth having attempted, compared to 29% of heterosexual homeless youth. Homeless LGBTQ youth are also 5.9 times more likely to experience depression, 3.4 times more likely to use illicit drugs than their straight peers.^{xi} We recommend a “homelessness or housing instability” item and a “homelessness or housing instability as crisis” item be added to the NVDRS in order to better collect data regarding this extremely vulnerable population.

CONCLUSION

We appreciate this opportunity to comment on the proposed National Violent Death Reporting System. Inclusion of sexual orientation and gender identity demographic questions on this form will aid policy makers in making informed decisions regarding this historically underserved population. If you should have any questions regarding these comments, please contact myself or Elliot Kennedy, Government Affairs Counsel, at 202-380-1181 or by email at Elliot.Kennedy@thetrevorproject.org.

Sincerely,



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Executive Director & CEO

ⁱ Centers for Disease Control and Prevention. (2010). *Web-based Injury Statistics Query and Reporting System* [Data file]. Retrieved from www.cdc.gov/ncipc/wisqars

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- ⁱⁱ Kann, L., O'Malley Olsen, E., McManus, T., Kincheen, S., Chyen, D., Harris, W. A., Wechsler, H. (2011). Sexual Identity, Sex of Sexual Contracts, and Health-Risk Behaviors Among Students Grades 9-12 – Youth Risk Behavior Surveillance, Selected Sites, United States, 2001-2009, *Morbidity and Mortality Weekly Report* 60(SS07), 1-133.
- ⁱⁱⁱ Grossman, A. H. & D'Augelli, A. R. (2007). Transgender youth and life-threatening behaviors. *Suicide and Life Threatening Behavior* 37(5), 527-527. Retrieved from <http://transformingfamily.org/pdfs/Transgender%20Youth%20and%20Life%20Threatening%20Behaviors.pdf> (The authors of this study state that because they were not able to recruit a representative sample, the generalizability of the results is limited. The study used a convenience sample that was recruited through agencies providing services to LGBT youth. The recruited participants then referred other youth to the study.)
- ^{iv} Metropolitan Police Department, Annual Report (2012). Available at http://www.glovdc.org/wp-content/uploads/2013/08/MPD.annual.report.bias_crime_2012.pdf.
- ^v Jerome Hunt and Aisha Moodie-Mills. 2012. The Unfair Criminalization of Gay and Transgender Youth. Available at http://www.americanprogress.org/wp-content/uploads/issues/2012/06/pdf/juvenile_justice.pdf.
- ^{vi} *Gender-Related Measures Overview*, 5, The GenIUSS Group. The Williams Institute, February 2013; *HIV among Transgender People – Current Activities from the Centers for Disease Control and Prevention's (CDC) Division of HIV/AIDS Prevention (DHAP)*, Hollie Clark, MPH, Vel McKleroy, MPH, Elin Begley, MPH, Mesfin Mulatu, PhD, Teresa Finlayson, PhD. World Professional Association for Transgender Health (WPATH) Symposium, September 26, 2011.
- ^{vii} Family Equality Council. (2011) Comments submitted to the Office of Personnel Management RE: RIN 3206-AM31 Change in Definitions; Evacuation Pay and the Separate Maintenance Allowance at Johnston Island. Available at <http://www.familyequality.org/asset/vvm637/Family-Equality-Council-Comments-on-Proposed-Regulation-RIN-3206-AM31.pdf>.
- ^{viii} Ryan, C. (2009). *Supportive families, healthy children: Helping families with lesbian, gay, bisexual & transgender children*. San Francisco, CA: San Francisco State University.
- ^{ix} GLSEN, National School Climate Survey (2011) Available at <http://glsen.org/press/2011-national-school-climate-survey>.
- ^x *See generally* NICO SIFRA QUINTANA, ET AL., ON THE STREETS: THE FEDERAL RESPONSE TO GAY AND TRANSGENDER HOMELESS YOUTH (June 2010), <http://www.americanprogress.org/wp-content/uploads/issues/2010/06/pdf/lgbtyouthhomelessness.pdf>.
- ^{xi} J.M. Grant, et al., Injustice at Every Turn: A Report of the National Transgender Discrimination Survey, 118 (2011), 118.