



Centers for Disease Control  
and Prevention (CDC)  
Atlanta, GA 30341-3724

May 15, 2014

Abbe Land  
Executive Director & CEO  
The Trevor Project

**RE: Response to 60-Day FRN Comment on the National Death Reporting System  
Proposed Data Collection for Public Comment and Recommendations (0920-0607)**

Dear Abbe:

Thank you very much for your comments and recommendations regarding our federal registry notice. The National Violent Death Reporting System (NVDRS) team at CDC is always glad to receive feedback about our system from organizations such as yours that do critically important work, and we seek to continually improve our system to achieve the best quality surveillance data to inform prevention efforts and serve our partners and data users.

In keeping with these goals, we seek to collect the most accurate, inclusive, and representative data possible. We recognize that there are often particular considerations when collecting information about historically underserved populations, and deeply appreciate your suggestions to improve the representation of information about lesbian, gay, bisexual, transgender and questioning (LGBTQ) persons whose violent deaths are captured within our system and risk factors that disproportionately affect LGBTQ persons. Responses to the specific points you raised are found below, each under the headings included in your letter:

**(1) Adopting best practices for gender identity and sexual orientation demographic questions**

We agree that collaboration with other groups and agencies to develop best practices regarding the postmortem collection of information on gender identity and sexual orientation would be of great benefit. Later this month, our team will be sending a representative to attend and contribute to a meeting about the collection of postmortem data on sexual orientation and gender identity organized by several top suicide prevention organizations and nonprofit foundations. Government and non-government attendees will discuss NVDRS at this meeting, and we hope to benefit from the recommendations generated by this discussion.



We see your point about sexual orientation and transgender status more appropriately being thought of as demographics. In fact, in the data collection system itself, these variables are part of the demographics. The list of data elements released with the CDC funding opportunity announcement (FOA) includes sexual orientation and transgender status under ‘victim information’ simply because they are not part of the demographics that are collected for both victims and suspects; this information is only collected for victims.

Thank you for the suggested improvements to our variable labels and response categories for gender identity, sexual orientation, sex, and marital status. Your suggestions are noted, and will be discussed with our team as we modify and improve our data collection fields. These are all good points, and your perspective is appreciated.

**(2) Alter Existing and Adopt New Circumstance Variables to Be More Inclusive of LGBTQ People**

**i. Suicide and Death Among Family, Friends, or Other People**

Your comments regarding our current representation of the influence of other deaths on youth suicides are especially appreciated. We will consider adding “or other (suicide) death” to capture suicide contagion that is not related to death of friends or family. As we have seen in the literature on youth suicide contagion, a significant proportion of youth suicide contagion occurs between youth who are peers or associates rather than necessarily a friend or family member, adding empirical support to the rationale for making this change.

**ii. Family Relationship Problems**

Currently we do not have many examples of family problems listed. Family rejection is an excellent example, and we will consider including it when we expand the examples in our coding manual.

**iii. School Problems**

Likewise, we will consider an example under school problems related to targeted harassment and/or discrimination (i.e., related to LGBTQ status, gender identity, gender, race, ethnicity, disability, socioeconomic status). This can parallel the examples we give in the section on hate crime-related homicides.



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**iv. Homelessness**

Thank you for your suggestions regarding homelessness and housing instability. We are currently considering adding “housing instability” as a new variable, and your suggestion to include “homelessness or housing instability as crisis” will also be discussed with the NVDRS team. Currently, our system captures youth who experienced a recent loss of housing (e.g., being ‘kicked out’ of the house by parents after a conflict) and whether that was a crisis, under “eviction or loss of home” and “eviction or loss of home was crisis.” In the future, we would like to better capture housing instability as a unique stressor, and coding whether housing instability was a salient crisis would parallel what we do currently for housing loss.

**CONCLUSION**

Thank you again for your comments and recommendations for improving the capacity of NVDRS to capture information that may benefit efforts to prevent suicide among LGBTQ youth, and better represent all LGBTQ persons whose violent deaths are captured by NVDRS. If you have any additional questions or comments, please feel free to contact Nadine Doyle at hvx8@cdc.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Howard Spivak".

Howard Spivak, MD  
Director, Division of Violence Prevention,  
National Center for Injury Prevention and Control,  
Centers for Disease Control and Prevention