November 7, 2016

Leroy A. Richardson
Information Collection Review Office
Centers for Disease Control and Prevention
1600 Clifton Road NE., MS-D74
Atlanta, GA 30329

RE: Docket No. CDC-2016-0087

Dear Mr. Richardson –

The Trevor Project (Trevor) and undersigned organizations submit the following comments in response to Docket No. CDC-2016-0087: a request for public comments regarding the National Violent Death Reporting System (NVDRS). As the number of states participating in the NVDRS expands, it is more important than ever to ensure that it is collecting vital data about *all* decedents of violent deaths. The NVDRS is an important data source for Trevor and many other organizations, as it provides critical information about violent deaths in the United States including those due to suicide or homicide. We understand President Obama's Fiscal year 2017 Proposed Budget has included funding to expand the NVDRS to all 50 states and the District of Columbia and we very much hope this will be the case. The following comments will focus on the dire need for the Centers for Disease Control (CDC) to implement policies and procedures to require collection of sexual orientation and gender identity (SOGI) data within the NVDRS for all decedents.

Suicide Data & Research

First, we'd like to commend the CDC for its focus on and commitment to better understanding the health risks of LGBTQ youth, including a focus on suicide. The CDC administers the Youth Risk Behavior Surveillance System (YRBS) every other year and includes questions on suicidality as well as sexual and gender minority demographics. This year, for the first time ever, a nationally representative sample of lesbian, gay and bisexual (LGB) students was obtained, enabling the CDC to publish groundbreaking insights on health correlates for this population. Analysis from the YRBS found that: LGB youth seriously contemplate suicide at almost *three times* the rate of heterosexual youth; LGB youth are almost *five times* as likely to have actually attempted suicide; and of all the suicide attempts made by youth, LGB youth suicide attempts were almost *five times* as likely to require medical treatment than those of heterosexual youth.[i] These results show the stark differences in suicidality between LGB and heterosexual students and the importance of this surveillance cannot be overstated. We understand the CDC is continuing to refine a question measuring gender identity and look forward to an appropriate question being added as soon as possible.

In addition to surveillance efforts, research also provides additional insight into the disproportionate suicide risk for LGBTQ youth. Suicide is the second leading cause of death among all young people ages 10 to 24.[ii] Nearly fifty percent of young transgender people have seriously thought about taking their lives.[iii] Additionally, LGB youth who come from highly rejecting families are 8.4 times as likely to have attempted suicide as LGB peers who reported no or low levels of family rejection.[iv] As evidenced by this research and the YRBS surveillance results, it isn't farfetched to hypothesize that LGBTQ youth and even adults may die by suicide at disproportionate rates. However, as a society, we do not have any idea if this is true or even how many LGBTQ individuals die by suicide every year. *This is a grave oversight that must be corrected immediately to ensure the federal government's actions are aligned with its messaging and commitment to preventing suicide.*

If one thinks about other public health problems, the reveal of the dire extent of a problem is often proceeded by massive public attention and an infusion of resources to ameliorate the problem. When society realized the number of deaths due to AIDS in the 1980's the U.S. eventually responded by providing public education, awareness and resources to determine ways to treat and stop the spread of the virus. When society learned that smoking greatly increased one's risk of lung cancer and death, it heavily invested in public awareness campaigns to prevent youth from smoking and passed laws regulating smoking advertisements. *By not knowing the extent of suicide deaths among LGBTQ individuals the U.S. may be completely ignorant of a major public health problem, and by not collecting SOGI information, we will never know.*

Collecting SOGI Information

We fully recognize that it is impossible to ascertain the true sexual orientation and gender identity of every decedent. Individuals may never have expressed or discussed their sexual orientation with anyone and/or people may have expressed different identities at different points in their lives; however, not being able to accurately report this data for everyone should not be an impediment to collecting it. Indeed, there are many factors in death investigations that can never be fully determined, including whether a particular death was a suicide or homicide. Additionally, while one might argue that asking about this information may be prying into highly sensitive matters, we proffer that death investigators already routinely collect very sensitive information, including information about physical and mental health disorders, allegations of marital cheating and addictions, financial problems and more. While death investigators already have many skills, in order to collect SOGI data they will need training on basic LGBTQ cultural competence and specific training about how to ascertain someone's sexual orientation and gender identity. The cultural competence training should include several components including but not limited to appropriate terminology, the coming out process, eliminating stigma, and myths and facts about the LGBTQ community. Thankfully there is currently a pilot project providing just this type of training to death investigators with the goal of increasing reported SOGI data. Ann P. Haas and Andrew Lane have led this project funded by the Johnson Family Foundation and the American Foundation for Suicide Prevention. We will learn a great deal from this pilot which can help inform the CDC's broader implementation of

collecting SOGI data. We do not recommend a specific mechanism for ensuring the collection of this information; rather, we believe the CDC is in the best position to make that determination, whether it is a grant requirement or other policy change.

Conclusion

We appreciate the opportunity to submit comments on this critically important data reporting system. The NVDRS continues to be a vital source of information for research and which helps inform interventions that may stem the tide of violent deaths in the United States. Expanding it to include all 50 states and the District of Columbia and including the collection of SOGI data will bring the U.S. into the forefront of research. One of the primary goals of the NVDRS is to better understand and ultimately prevent the occurrence of violent deaths. *The only way this can be achieved is by requiring SOGI data to be collected.* We strongly urge the CDC to accept our recommendations and we look forward to seeing results from future years which accurately report on the violent deaths of all individuals.

Sincerely,

American Art Therapy Association
American Association of Child and Adolescent Psychiatry
American Dance Therapy Association
American Federation of Teachers
American Foundation for Suicide Prevention
American Group Psychotherapy Association
American Mental Health Counselors Association
American Psychiatric Association
American Psychological Association
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare
Bi Brigade, Portland, Oregon
Bisexual Writer's Association
Coalition to Stop Gun Violence
CREDO
Eating Disorders Coalition
Educational Fund to Stop Gun Violence
Equality Florida
Fluid Arizona
Futures Without Violence
Jewish Women International
Los Angeles LGBT Center
LGBTQ Consortium, Maricopa County, AZ
LGBT Technology Partnership & Institute
Mazzoni Center

Movement Advancement Project
NAMI (National Alliance on Mental Illness)
National Asian Pacific American Women's Forum
National Association of School Psychologists
National Center for Lesbian Rights
National Coalition Against Domestic Violence
National Coalition for LGBT Health
National Coalition of Anti-Violence Programs (NCAVP)
National Domestic Violence Hotline
National Latina Institute for Reproductive Health
National League for Nursing
National LGBTQ Task Force
National Network for Youth
Newtown Action Alliance
PFLAG National
PFLAG Phoenix
Positive Women's Network – USA
Sandy Hook Promise
Sexuality Information and Education Council of the U.S. (SIECUS)
The National Alliance to Advance Adolescent Health
The National Register of Health Service Psychologists
The Trevor Project
URGE: Unite for Reproductive & Gender Equity

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[i] Kann, Laura. O'Malley Olsen, Emily. McManus, Tim. et al. Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9-12: Youth Risk Behavior Surveillance. MMWR Surveill. Summ 2016;65.

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

[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

[iv] *Family Acceptance Project™. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. Pediatrics. 123(1), 346-52.*