UCLA School of Law Williams Institute

The Williams Institute
On Sexual Orientation and Gender Identity
Law and Public Policy

May 16, 2020

CDC Desk Officer
Office of Management and Budget
725 17th Street NW
Washington DC 20503

RE: Review of the National Violent Death Reporting System

Submitted via: https://www.reginfo.gov/public/do/PRAMain

To Whom it may Concern,

Thank you for the opportunity to comment on the National Violent Death Reporting System (NVDRS) Revision. As scholars dedicated to conducting research on sexual orientation and gender identity, we are writing to communicate the importance of sexual orientation and gender identity data collection about individuals who experience violence in the United States. Sexual and gender minorities (sometimes referred to as LGBT people) experience disproportionate levels of violence, including elevated rates of lifetime suicide attempts,[i] intimate partner violence, [ii] and hate crimes.[iii] Lifetime suicide attempts are five to eight times more common among LGBT people than the general population.[iv] Nearly one out of four LGB adults has experienced physical and/or sexual victimization by an intimate partner – similar to non-LGB adults.[v] Intimate partner violence is more common among transgender[vi] than cisgender adults and among bisexual compared to heterosexual women[vii] – particularly in the context of male-female relationships.[viii] In 2016, 17.9% of reported hate crimes were attributed to anti-LGBT bias,[ix] whereas LGBT people were only 4.5% of the population.[x] However, it is not yet clear whether similar disparities exist in mortality from violence.

NVDRS provides a comprehensive and national data source to examine violent deaths. These data have been used to identify and research emerging issues and patterns, such as veteran suicide and firearm deaths.[xi] Without these data, researchers and public health officials are blind to regional and national trends, as well as to the subgroups which disproportionately experience different types of violent deaths. Such data are crucial to developing targeted public health prevention and intervention strategies.

In 2013, NVDRS began to collect information on sexual orientation and transgender status. However, these data have been extremely limited, as death certificates, law enforcement reports, and coroner/medical examiner reports that feed the NVDRS frequently do not include information about sexual orientation or transgender status. Consequently, most cases in the

NVDRS are coded as 'unknown' for sexual orientation and transgender status. As few as 20% of cases include sexual orientation data and information about whether the deceased was transgender.[xii] The consistent collection of these data is essential for calculating population-based rates of violent deaths.

Changes to NVDRS coding may improve the quality and completeness of data captured by this system. Currently, sexual orientation is only recorded if there is evidence that the victim self-identified as heterosexual, gay, lesbian, or bisexual. Coders are directed not to infer sexual orientation from behavior, including previous or current marital or relationship status. Additionally, the 'sex of partner' variable captures only the most 'salient partner' or the partner to whom the victim is married, regardless of evidence of the presence of multiple partners. Slight modification of these variable fields may improve their utility. For example, the sex of partner item could be changed to provide a more complete picture of victims' behavior, by indicating whether victims' partners were same-sex only, different-sex only, or both same- and different-sex.[xiii] This change, to allow behavioral evidence of sexual orientation, would likely expand the number of cases in which sexual orientation could be estimated.

We also recommend improvements to the way that sex and transgender status information is collected. Currently, coders are asked about the victim's sex at the time of the incident, as well as whether the victim self-identifies as transgender. The checkbox identification of transgender status limits researchers' ability to identify subgroups of gender minorities which are at greatest risk. Recent research suggests that nonbinary transgender persons have higher lifetime suicide attempts.[xiv] These questions could be improved by identifying victims' assigned sex at birth, followed by the gender identity with which they identified at their time of death. These changes would improve the validity of sex and gender data collected in the NVDRS.

In addition to improving data elements, we urge the CDC to examine how its network of NVDRS abstractors encounter, understand, and ultimately code sexual orientation and gender identity from case documentation. Drawing from their field-based experience and wisdom, abstractors likely have unique perspectives about sexual orientation and gender identity documentation that could be systematically evaluated to achieve a unified approach to variable coding. In addition, while the training of death investigators, medical examiners, and coroners is not the responsibility of CDC, NVDRS needs to improve communications with these individuals in every state. Too many jurisdictions, especially in recently funded states, are not aware that NVDRS is coding sexual orientation and transgender or gender identity information, and that abstractors look for this information to be included in Certified Medical Examiners reports.

The NVDRS is a critical resource which provides useful, timely, detailed information about violence across the United States. To be clear, despite current limitations of the sexual orientation and transgender variables, NVDRS efforts to include them are critical for public health research. These data contribute to current national health equity goals under Healthy People 2020 and the equity goals likely to be set in Health People 2030. We hope that these

changes, along with improvements in the systematic collection of this information by local death investigators, will allow us to better describe the frequency and type of violent deaths experienced by sexual and gender minorities and inform prevention efforts. Sexual and gender minorities experience higher than average levels of violence (self- and other- inflicted); improving the NVDRS is a critical step towards improving our nation's vital statistics system. We greatly appreciate the work of the CDC and appreciate the opportunity to comment on the revision of NVDRS in order to enhance the quality and utility of data collection through this critical population surveillance activity.

Sincerely,

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Endnotes

[i] Haas, A.P., et al., *Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations.* J Homosex, 2011. 58(1): p. 10-51; King, M., et al., *A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people.* BMC Psychiatry, 2008. 8: p. 70.

[ii] James, S.E., et al., *The Report of the 2015 U.S. Transgender Survey*. 2016, National Center for Transgender Equality: Washington D.C; Garthe, R.C., et al., *Prevalence and risk correlates of intimate partner violence among a multisite cohort of young transgender women.* LGBT Health, 2018. 5(6): p. 333-340; Valentine, S.E., et al., *Disparities in exposure to intimate partner violence among transgender/gender nonconforming and sexual minority primary care patients.* LGBT Health, 2017. 4(4): p. 260-267; Walters, M.L., J. Chen, and M.J. Breiding, *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation*. 2013, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention: Atlanta, GA; Conron, K.J., M.J. Mimiaga, and S.J. Landers, *A population-based study of sexual orientation identity and gender differences in adult health.* Am J Public Health, 2010. 100(10): p. 1953-60; Roberts, A.L., et al., *Pervasive trauma exposure among US sexual orientation minority adults and risk of posttraumatic stress disorder.* Am J Public Health, 2010. 100(12): p. 2433-41; Goldberg, N.G. and I.H. Meyer, *Sexual orientation disparities in history of intimate partner violence: results from the California health interview survey.* J Interpers Violence, 2013. 28(5): p. 1109-18.

[iii] Estimates of single-incident LGBT bias were obtained by counting the number of single incident victims of sexual orientation bias (n=1,255 less the 23 anti-heterosexual bias victims) and adding this to the number of single incident victims of gender identity bias (n=131) to obtain a count of 1,363 anti-LGBT bias victims. We then divided this number by the total number of hate crime victims (N=7,615) (1,363/7,615= 17.9%.). United States Department of Justice, FBI. *Hate Crime Statistics*. 2016 [cited 2018 September 19]; Available from: https://ucr.fbi.gov/hate-crime/2016/tables/table-1. ; Newport, F. *U.S., Estimate of LGBT Population Rises to 4.5%*. 2017 [cited September 19 2018]; Available from: https://news.gallup.com/poll/234863/estimate-lgbt-population-rises.aspx.

[iv] Haas, A.P., et al., *Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations.* J Homosex, 2011. 58(1): p. 10-51; King, M., et al., *A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people.* BMC Psychiatry, 2008. 8: p. 70.; Kann, L., et al., *Sexual identity, sex of sexual contacts, and health-related behaviors among students in grades 9-12 - United States and selected sites, 2015.* MMWR Surveill Summ, 2016. 65(9): p. 1-202.

[v] Walters, M.L., J. Chen, and M.J. Breiding, *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation*. 2013, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention: Atlanta, GA.

[vi] James, S.E., et al., *The Report of the 2015 U.S. Transgender Survey*. 2016, National Center for Transgender Equality: Washington D.C;
Garthe, R.C., et al., *Prevalence and risk correlates of intimate partner violence among a multisite cohort of young transgender women.* LGBT Health, 2018. 5(6): p. 333-340; Valentine, S.E., et al., *Disparities in exposure to intimate partner violence among transgender/gender nonconforming and sexual minority primary care patients.* LGBT Health, 2017. 4(4): p. 260-267.

[vii] Walters, M.L., J. Chen, and M.J. Breiding, *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation*. 2013, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention: Atlanta, GA; Conron, K.J., M.J. Mimiaga, and S.J. Landers, *A population-based study of sexual orientation identity and gender differences in adult health.* Am J Public Health, 2010. 100(10): p. 1953-60; Roberts, A.L., et al., *Pervasive trauma exposure among US sexual orientation minority adults and risk of posttraumatic stress disorder.* Am J Public Health, 2010. 100(12): p. 2433-41; Goldberg, N.G. and I.H. Meyer, *Sexual orientation disparities in history of intimate partner violence: results from the California health interview survey.* J Interpers Violence, 2013. 28(5): p. 1109-18.

[viii] Goldberg, N.G. and I.H. Meyer, *Sexual orientation disparities in history of intimate partner violence: results from the California health interview survey.* J Interpers Violence, 2013. 28(5): p. 1109-18.

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this number by the total number of hate crime victims (N=7,615) (1,363/7,615= 17.9%.). United States Department of Justice, FBI. *Hate Crime Statistics*. 2016 [cited 2018 September 19]; Available from: https://ucr.fbi.gov/hate-crime/2016/tables/table-1.

[x] Newport, F. *U.S., Estimate of LGBT Population Rises to 4.5%*. 2017 [cited September 19 2018]; Available from: https://news.gallup.com/poll/234863/estimate-lgbt-population-rises.aspx.

[xi] Centers for Disease Control and Prevention. (2020, May 14). *NVDRS Overview*. https://www.cdc.gov/violenceprevention/pdf/NVDRS-factsheet508.pdf; Centers for Disease Control and Prevention. (2020, May 14). *NVDRS Data and Publications*. https://www.cdc.gov/violenceprevention/datasources/nvdrs/datapublications.html.

[xii] Ream, G. L. (2019). What's Unique About Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth and Young Adult Suicides? Findings From the National Violent Death Reporting System. Journal of Adolescent Health, 64(5), 602–607. https://doi.org/10.1016/j.jadohealth.2018.10.303

[xiii] Haas, A. P., Lane, A. D., Blosnich, J. R., Butcher, B. A., & Mortali, M. G. (2019). Collecting sexual orientation and gender identity information at death. American Journal of Public Health, 109(2), 255–259. https://doi.org/10.2105/AJPH.2018.304829

[xiv] James SE, Herman JL, Rankin S, Keisling M, Mottet L, Anafi M. The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality; 2016.