



Violent Deaths among the LGBTQ+ Community in California, 2021

Background

Violent deaths, such as homicide and suicide (a self-directed form of violence), are leading causes of premature death. These deaths leave a tragic loss for decedents' families and society at large. The Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ+) community is at higher risk for all types of violent death than the straight or heterosexual community.^{1,2} Suicide is the most common type of violent death that occurs in California, and LGBTQ+ youth and adults make suicide attempts at much higher rates than those who do not identify as being LGBTQ+.³ Additionally, LGBTQ+ youth and young adults (age 11-29) are more likely than straight or heterosexual youth to die by suicide.^{2,4} Although members of the LGBTQ+ community are at heightened risk of violent death, sexual orientation and gender identity (SOGI) data is not systematically collected by death investigators in California, which limits understanding of these deaths across the state. Understanding the patterns, trends, and circumstances surrounding these deaths is essential to the development of data-informed prevention strategies and policies that address violent death among those in the LGBTQ+ community in California.

This document summarizes the SOGI data that is currently available for decedents of violent death in the subset of 31 California counties that participated in CaIVDRS in 2021. In addition, data on the circumstances surrounding violent deaths of those identified as LGBTQ+ are summarized.

Data Sources

Vital statistics data are collected from death certificates for all violent deaths that occur in California. Enhanced surveillance through the CaIVDRS is completed for a subset of participating counties by linking vital statistics data to supplemental data abstracted from coroner and medical examiner reports, toxicology reports, and law enforcement reports. Circumstances that contributed to the death that were documented in these reports were abstracted from this supplemental data and included in the surveillance system. This additional data can address the **who, what, where, when, and how** of the deaths to help us try to understand **why** they occurred, so that such deaths can be prevented in the future.

About CaIVDRS

[The California Violent Death Reporting System \(CaIVDRS\)](#) is housed in the [Injury and Violence Prevention Branch](#) in the California Department of Public Health. CaIVDRS is funded by the [Centers for Disease Control and Prevention](#) to conduct statewide surveillance on violent deaths that occur in California. Violent deaths include homicide (including law enforcement-involved fatal encounters, where a person is killed or dies as the result of injuries inflicted by a law enforcement officer), suicide, unintentional firearm deaths, and deaths of undetermined intent that meet the CaIVDRS definition. CaIVDRS collects data from multiple sources (i.e., death certificates, medical examiner/coroner reports, and law enforcement reports) in order to gain a more comprehensive understanding of the circumstances surrounding these deaths. The goal of this system is to promote development of data-driven public health prevention strategies that aim to reduce the number of violent deaths that occur each year.

CalVDRS Definitions of Sexual Orientation and Gender Identity⁶

CalVDRS is funded by the CDC as part of the National Violent Death Reporting System (NVDRS), which is currently being implemented in all states plus Washington D.C. and Puerto Rico. Data collection within NVDRS is standardized across locations to ensure the consistency and quality of the data. In NVDRS, SOGI information is collected in the following ways:

Sexual Orientation. “In NVDRS, this variable captures whether the victim self-identified as heterosexual, gay, lesbian, or bisexual based on interviews of friends, family, or acquaintances.” NVDRS also captures a category labeled “unspecified sexual minority”. The category “unknown” is used when sexual orientation is not known by friends, family, or acquaintances, or if sexual orientation is not reported on law enforcement or coroner/medical examiner reports. In this document, the LGB grouping includes the lesbian, gay, bisexual, and unspecified sexual minority categories.

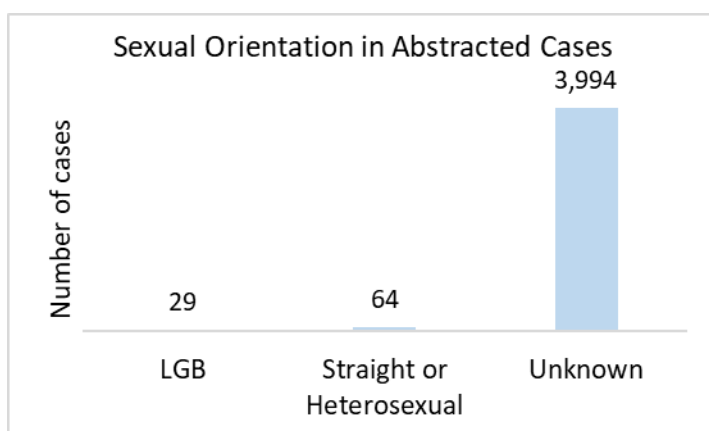
Gender Identity. NVDRS captures transgender identity and it is captured independently of sexual orientation. Therefore, gender identity and sexual orientation are not mutually exclusive. “Transgender is defined as people ‘who experience incongruence between birth sex and gender identity.’¹ For instance, a person born a male may identify themselves as female. A person should be identified as transgender if he or she identified as transgender or family, friends, physician, or other acquaintances identified the person as transgender”. In NVDRS, the transgender variable is a check box. If a person is transgender, the box is selected and is coded as “yes”. If the box is not selected, the person is coded as “not transgender, not available, unknown”.

Results

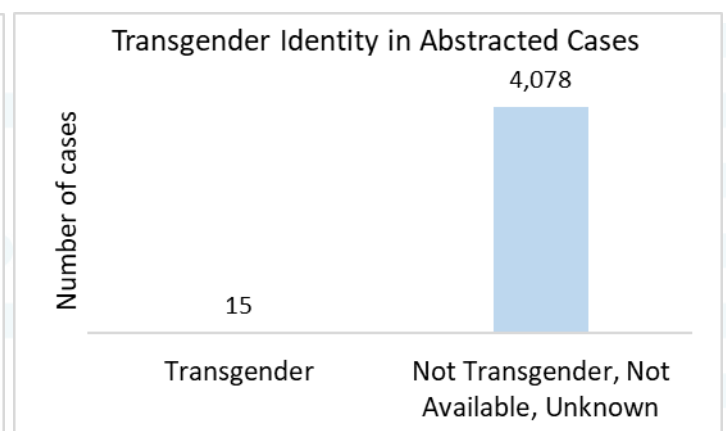
Lack of SOGI Information in CalVDRS Data

Currently, decedents’ SOGI data are not systematically collected by death investigators in California, which limits efforts to prevent these deaths. Assembly Bill 1094 (AB 1094) established a SOGI data collection pilot program to address this limitation. Through the pilot program, death investigators in five California counties are being trained on how to best collect and report SOGI data of decedents. See the Progress Report for the SOGI Data Collection Pilot Program for more information about the program.

- In 2021, 31 of 58 counties participated in CalVDRS.
 - CalVDRS data were abstracted for 4,093 of the 6,988 violent deaths that occurred in California in 2021.
 - Sexual orientation was known in only two percent (N=93) of the abstracted cases.
 - 15 decedents were identified as transgender.



Sexual orientation counts in 2021 CalVDRS cases



Transgender identity counts in 2021 CalVDRS cases

For reference, according to a representative sample in California, 1.3% of adults identify as being transgender and 2.8% of teens identify as being transgender. Furthermore, 9.4% of adults identify as being gay, lesbian, or bisexual ⁵ The sexual orientation status of teens was not measured in the survey. Without collecting SOGI on all decedents, it is not possible to know the proportion of violent deaths that occur in the LGBTQ+ community and what disparities may exist based on sexual orientation or gender identity.

Circumstances in LGB and Transgender Suicide Deaths in CalVDRS Participating Counties

- Of the 2,513 suicide deaths in CalVDRS participating counties, sexual orientation was known for 35 decedents. Thirteen of the 2,513 individuals who died by suicide were identified as transgender. All decedents who had a known sexual orientation and/or transgender status also had at least one circumstance documented. The data presented in this section should be interpreted with great caution due to the very small sample sizes.
- Decedents who were LGB and/or transgender who died by suicide were noted to have been in a depressed mood and were diagnosed with a current mental health disorder at higher percentages than those who were straight/heterosexual or had unknown SOGI information.
- A higher proportion of those who were LGB and/or transgender who died by suicide had a history of mental health treatment and/or were currently receiving mental health treatment than those who were straight/heterosexual or had unknown SOGI information.
- Decedents who were LGB and/or transgender who died by suicide were more likely to have a history of suicidal thoughts or plans, have a history of previous suicide attempts, and leave a suicide note than those who were straight/heterosexual or had unknown SOGI information.

MENTAL HEALTH AND SUICIDE CIRCUMSTANCES	LGB (N=22) *	Straight (N=13) *	Unknown Sexual Orientation (N=2,320)	Transgender (N=13) *
Current mental health problem	68%	46%	50%	69%
Current mental health treatment	41%	8%	21%	38%
History of mental health treatment	50%	15%	30%	38%
Current perceived depressed mood	59%	8%	26%	31%
History of suicidal thoughts or plans	64%	54%	38%	54%
History of previous suicide attempt	41%	23%	20%	38%
Recently disclosed suicidal intent	27%	8%	17%	23%
Left a suicide note	36%	8%	29%	23%

**Percentages are likely to be unstable due to the small sample size and thus should be interpreted with caution. Transgender and LGB are measured separately and are not mutually exclusive.*

Circumstances in LGB and Transgender Homicide Deaths in CalVDRS Participating Counties

- Of the 1,443 homicide deaths in CalVDRS participating counties, sexual orientation was known for 55 decedents. One individual who died by homicide was identified as transgender. At least one circumstance was documented for 44 of the 55 decedents with known sexual orientation and at least one circumstance was documented for the one transgender decedent.
- Due to small sample sizes, percentages cannot be displayed for the LGB or the transgender groups. Therefore, it is not possible to identify differences between the LGB, transgender, and the straight groups.

HOMICIDE CIRCUMSTANCES	LGB (N=5)*	Straight (N=39)	Unknown Sexual Orientation (N=1,107)	Transgender (N=1)*
Suspect was known to victim	*	18%	23%	*
Precipitated by another crime	*	26%	12%	*
Walk-by assault	*	8%	7%	*
Drug involvement	*	3%	3%	*
Intimate partner violence contributed	*	5%	8%	*
Family relationship problem	*	5%	3%	*
Argument led to the death	*	23%	28%	*
Physical fight between two people	*	13%	10%	*
Law enforcement-involved fatal encounter	*	13%	6%	*
Hate crime	*	0%	0%	*

*Percentages cannot be displayed due to the small sample size. Transgender and LGB are measured separately and are not mutually exclusive.

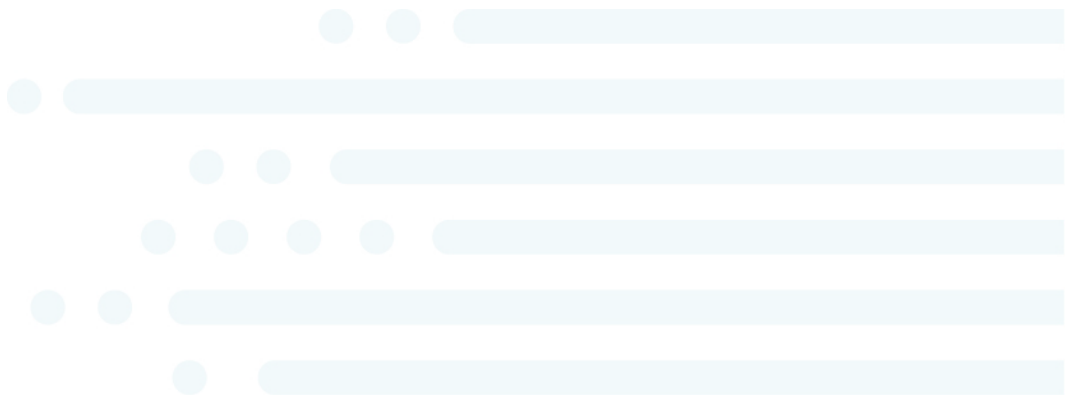
Limitations

Because SOGI is not systematically collected by death investigators in California, sexual orientation is unknown in 98% of CalVDRS cases and decedents' gender identity is not always captured. Without knowing the sexual orientation or gender identity of decedents, obtaining an accurate representation of the circumstances surrounding violent deaths among the LGBTQ+ population within the CalVDRS data is not possible. This lack of data makes it nearly impossible to understand the differences in circumstances that might exist between LGBTQ+ individuals and cisgender straight/heterosexual individuals who have died a violent death. Gathering this data is essential in advancing equity in the LGBTQ+ population. Understanding the prevalence of suicide and other violent deaths in the LGBTQ+ population is also hindered without knowing the sexual orientation and gender identity of decedents. With this lack of knowledge, it is difficult to develop data-driven prevention strategies and policies specifically designed to reduce violent death in the LGBTQ+ population.

NVDRS captures transgender identity but does not capture gender identity as a whole. Decedents' transgender status is captured by a checkbox where a box is selected if a person was transgender. There are no other gender identity options to select from. This means it is impossible to know how a person identified if they were not transgender. For example, we do not know if the person identified as male, female, nonbinary, genderqueer, or another gender identity. Because NVDRS does not capture all gender identities, we do not have a full understanding of the gender identity of decedents.

Future Directions

[Assembly Bill \(AB\) 1094](#) was established to address the limited SOGI data that is collected by death investigators when people die from violent death in California. It established a SOGI Data Collection Pilot Program to be implemented in up to six counties. Coroners, medical examiners, and law enforcement personnel who investigate violent deaths and gather information on decedents will be trained on how best to collect information on SOGI status. These investigators will collect and share SOGI information through CalVDRS. For more information about the progress of the SOGI data collection pilot program, read the Progress Report for the program.



Resources

LGBTQ+ Crisis Support

LGBTQ young people ages 13-24: [The Trevor Project](#) 1.866.488.7386 or text “start” to 678-678. Chat is also available at [The Trevor Project Get Help Page](#).

LGBT elders and caretakers: [SAGE LGBT Elder Hotline](#) 1-877-360-LGBT (5428)

Transgender people for transgender people: [TRANS Lifeline](#) 1-877-565-8860

LGBTQ Support Services

[Finding LGBTQ-friendly therapy](#): Information from Mental Health America (MHA) on how to find LGBTQ friendly therapy.

[TrevorSpace](#): An online international peer-to-peer community for LGBTQ young people and their friends.

[American Foundation for Suicide Prevention](#): LGBTQ crisis and support resource list.

Homicide Prevention Resources

[Firearm Violence Prevention](#)

[Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices](#)

[A Comprehensive Technical Package for the Prevention of Youth Violence](#)

Suicide Prevention Resources

[Centers for Disease Control and Prevention Suicide Prevention Resource for Action Webpage](#)

[National Suicide and Crisis Lifeline](#) Call or text 988. Chat also available at [988lifeline.org](#).

[Know the Signs](#)



Every day in California friends, family and co-workers struggle with emotional pain. And, for some, it’s too difficult to talk about the pain, thoughts of suicide, and the need for help. Everyone can play a role in suicide prevention by learning the warning signs of suicide, finding the words to reach out to a loved one, and knowing where to turn for help. Visit [Know the Signs Webpage](#) to learn more about suicide prevention.

References

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6. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. National Violent Death Reporting System Web Coding Manual Version 6. [online]. 2022. [cited 2023 NOV 9]. Available from URL: <https://www.cdc.gov/violenceprevention/datasources/nvdrs/resources.html>

Notes about CalVDRS Data

- 31 counties participated in CalVDRS data collection for 2021 deaths: Amador, Butte, Colusa, Fresno, Glenn, Humboldt, Imperial, Kings, Lake, Lassen, Los Angeles, Mendocino, Merced, Modoc, Mono, Orange, Placer, Sacramento, San Benito, San Diego, San Francisco, San Luis Obispo, San Mateo, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Tehama, Ventura, and Yolo Counties.
- Together, the CalVDRS counties represent 62% of the deaths that occurred in 2021 in California and cover a mix of both urban and rural counties across the state.
- Data regarding the circumstances surrounding the death are reported as a percentage of deaths with at least one known circumstance.
- Circumstances contributing to a death are not mutually exclusive, and more than one can be indicated for a single death.

Funding

- CalVDRS is supported by a grant funded by the Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control.
CDC Grant Number (5 NU17CE010129).
- The SOGI data collection pilot program was established by [Assembly Bill \(AB\) 1094](#).

For more information on CalVDRS please contact CalVDRS@cdph.ca.gov.

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Brief released April 2024.