



THE
TREVOR
PROJECT

2024

MÉXICO NATIONAL SURVEY

On the Mental Health
of LGBTQ+ Young People



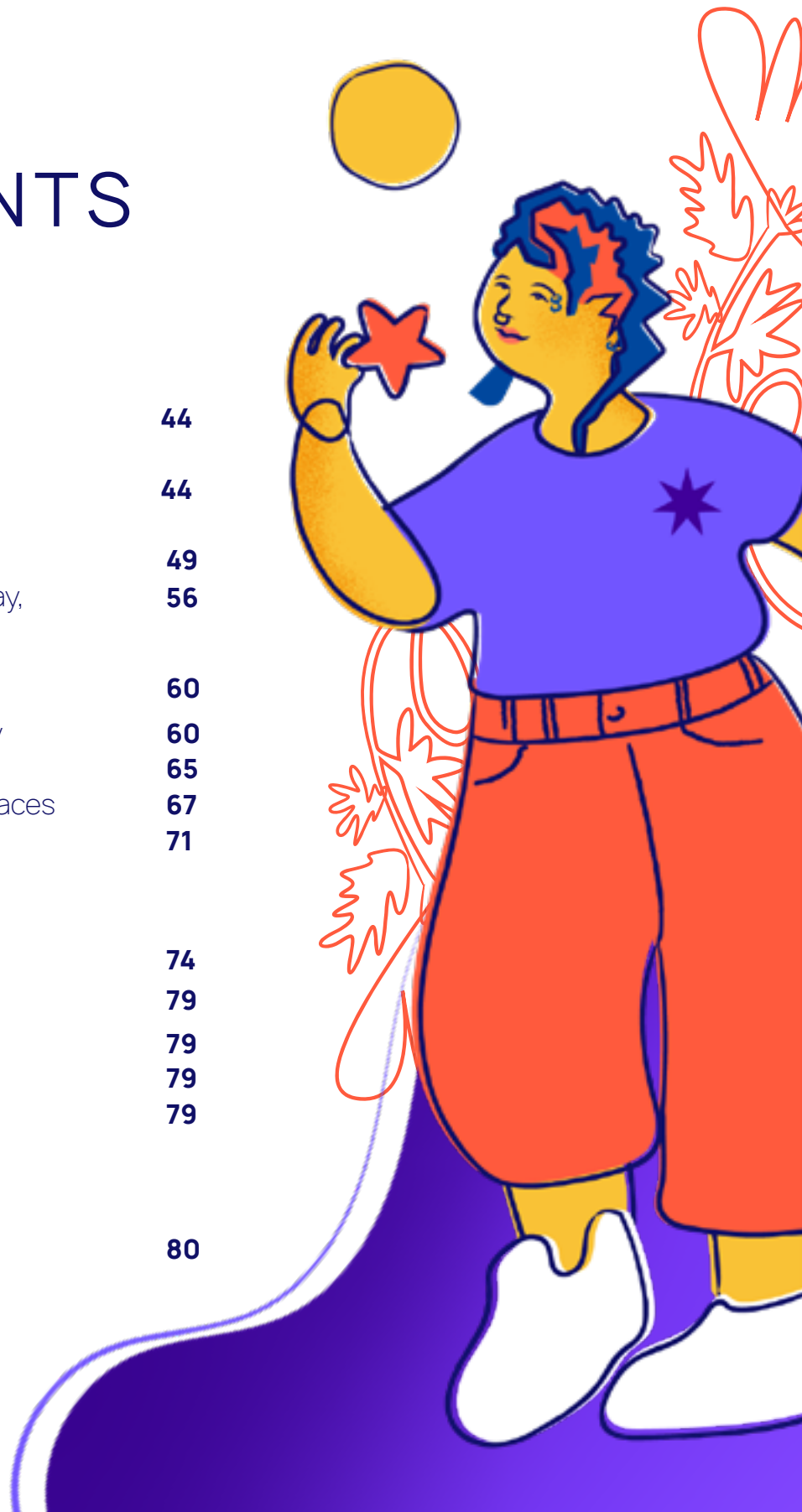
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Executive SUMMARY



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Executive SUMMARY

The 2024 México National Survey on the Mental Health of LGBTQ+ Young People is a groundbreaking study that captures the experiences of over 10,000 LGBTQ+ young people aged 13 to 24 across México. This inaugural report presents findings on the mental health of LGBTQ+ young people in México, an area in which research has been historically scarce. The survey found that over half of the participants in our study seriously considered suicide in the past year, with trans and nonbinary youth reporting significantly higher rates. Additionally, the study highlights key issues such as minority stress, discrimination, and the lack of access to affirming spaces, which are closely associated with these distressing mental health outcomes. Drawn from a comprehensive online survey, these data underscore the urgency of developing effective mental health support and proactive suicide prevention strategies for LGBTQ+ young people in México. Thank you to the LGBTQ+ young people who bravely shared their experiences with us. We hope this report will equip fellow researchers, policymakers, and other youth-serving organizations with actionable insights to advance policies and practices that improve the lives of LGBTQ+ young people in México and work to end the public health crisis of suicide.

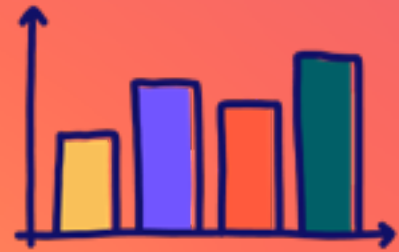
Key FINDINGS



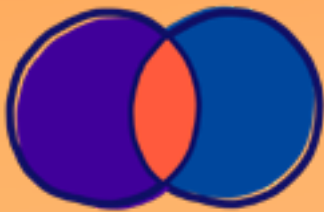
More than half of LGBTQ+ young people seriously considered suicide in the past year – including 2 in 3 trans and nonbinary young people and nearly half of cisgender young people.



1 in 3 LGBTQ+ young people attempted suicide in the past year – including nearly half of trans and nonbinary young people and 1 in 4 cisgender young people.



57% of LGBTQ+ young people between the ages of 13-17 considered suicide in the past year – compared to 46% of those ages 18-24.



Among LGBTQ+ young people who attempted suicide in the past year, 77% reported family as a motivation for the suicide attempt, and 60% reported school as a motivation for the suicide attempt.



Less than 22% of LGBTQ+ young people reported having access to an affirming home, and only 34% felt fully accepted by their family when they came out or revealed their identity.



Having access to affirming spaces, such as a home, is protective against depression, anxiety, and suicide for LGBTQ+ young people.

Methodology

SUMMARY

A quantitative cross-sectional design was used to collect data through an online survey platform between June 29, 2023 and July 24, 2023. The survey was offered in Spanish. A sample of LGBTQ+ individuals aged 13 to 24 who resided in México was recruited via targeted ads on social media. Participants were asked questions about their mental health, as well as risk and protective factors. The analyses in this report include a final analytic sample of 10,635 LGBTQ+ young people.



Recommendations

Based on the findings, the report strongly emphasizes the urgent need for prioritizing the mental health of LGBTQ+ young people in México. Recommendations include fostering supportive and accepting environments, particularly from family and friends, as important protective factors against mental health issues and suicide.

The report advocates for accessible, LGBTQ+ affirming health care and community services, recognizing these as fundamental to managing stress and promoting healing. Given the high cost of mental health services and the prevalence of unsupportive or financially incapable families, it becomes critical to ensure independent access to mental health care for LGBTQ+ young people. This report also calls for complete eradication of conversion therapy, a dangerous and discredited practice. Additionally, the report highlights the necessity for access to gender-affirming care for transgender and nonbinary youth, underscoring its potential to be lifesaving. Lastly, the recommendations advocate for an intersectional, systemic approach in addressing the mental health needs of LGBTQ+ young people in México, including heightened efforts in regions identified as particularly anti-LGBTQ+, and increased awareness and policy development for protecting marginalized subgroups within the LGBTQ+ community.

Background

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Background

In México, as well as across Latin America and other regions globally, LGBTQ+ people often face individual, systemic, and structural discrimination, as well as physical violence. Such discrimination is a known cause of minority stress (Lozano-Verduzco et al., 2017; Lozano-Verduzco et al., 2018; McCann & Sharek, 2014; Meyer, 2003; Ortiz-Hernández & García-Torres, 2005; Porta et al., 2018; Tomicic et al., 2016; Tomicic, et al., 2021; Turban et al., 2020). Over time, minority stress can contribute to the development of mental health concerns like depression, anxiety, post-traumatic stress disorder, and substance use, as well as increase the risk of suicide, which is more common in LGBTQ+ people than their heterosexual cisgender peers (Gilbey et al., 2020; Hottes et al., 2016; Martínez et al., 2017; Meyer, 2003; Tomicic, et al., 2016). The heightened rates of poor mental health and suicide in LGBTQ+ young people are not a result of identifying as LGBTQ+, but from the prolonged impact of discrimination and internalized stigma.

The World Health Organization (WHO) recognizes suicide as a public health priority (World Health Organization, 2021). Suicide ranks as the fourth leading cause of death globally in young people between the

ages of 15 and 29 (World Health Organization, 2021). Over the last two decades, Latin America has seen a 17% increase in suicide rates, a higher rise compared to other continents (World Health Organization, 2021). Notably, suicide is one of the most latent risks for the LGBTQ+ population (Gorse, 2022; Hottes et al., 2016; Martínez et al., 2022; Tomicic et al., 2016; Tomicic et al., 2021). This elevated risk is closely tied to experiences of minority stress (Meyer, 2003).

In México, 37% of the LGBTQ+ community over 18 reported discrimination in the past year...

often related to their appearance, such as their dress or personal grooming, or their sexual orientation (National Survey on Discrimination, 2021). In addition, LGBTQ+ young people face unique stressors like a lack of support or acceptance from family and friends, and threats of or exposure to conversion therapy (i.e., being sent to a provider, religious authority, or someone else to “change” their sexual orientation or gender identity), which are strong predictors of poor mental health and suicide in LGBTQ+ young people (Gil-Borrelli et al., 2017; Gil-Llario et al., 2020; The Trevor Project, 2023). Conversely, being accepted and supported by others, as well as having access to necessary health care, are protective factors that are associated with improved mental health (The Trevor Project, 2023), and can be lifesaving for LGBTQ+ young people.

Current research on the experiences and mental health of LGBTQ+ young people in México is limited, especially regarding younger individuals, specific racial/ethnic backgrounds (e.g., Black/Afro-descendant, Indigenous, Asian, Middle Eastern), those in non-urban areas (e.g., rural, suburbs), transgender and nonbinary young people, and multisexual young people (e.g., queer, bisexual, pansexual). These groups often face more severe mistreatment and have worse mental health (Chan & Leung, 2023; Gil-Llario et al., 2020; Gorse, 2022; Hernández-Limonchi et al., 2023; Mendoza et al., 2016; Pardo et al., 2021; Yaaj, 2021). The compounded minority stress and resulting poor mental health due to holding multiple marginalized identities necessitates using an intersectional approach in research to best represent the entire community and their experiences. Additionally, in México, there is a need for more data on self-harming behaviors in LGBTQ+ young people, given its relationship to suicide attempts and its higher occurrence in LGBTQ+ young people than their peers (Hawton & Harriss, 2007; Jourian, 2015; Taylor et al., 2018).

Understanding both the risk and protective factors for LGBTQ+ young people is critical to develop effective care and suicide prevention strategies. This report contributes to the limited existing research by examining the experiences of discrimination, violence, suicide risk, and mental health among LGBTQ+ young people between the ages of 13 and 24 from all states across México, using a critical and intersectional approach led by The Trevor Project.



Methodology

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Methodology

The content and methodology for the 2024 México National Survey on the Mental Health of LGBTQ+ Young People were approved by an independent Institutional Review Board in the United States.

A quantitative cross-sectional design was used to collect data through an online survey platform between June 29, 2023 and July 24, 2023. A sample of individuals aged 13 to 24 who resided in México was recruited via targeted ads on social media. No recruitment advertisements were posted onto The Trevor Project's website or social media accounts. Respondents were defined as being LGBTQ+ if they identified with a sexual orientation other than heterosexual, a gender identity other than cisgender, or both. Recruitment was monitored to ensure adequate sample sizes with respect to age, region, gender identity, and sexual orientation. Qualified respondents completed a secure online questionnaire that included a maximum of 93 questions. Questions on considering and attempting suicide, were taken from the Centers for Disease Control and Prevention's Youth Risk Behavior Survey (Johns et al., 2019; Johns et al., 2020). Questions about engaging in self-harm were

taken from the Spanish Self-Harm Questionnaire and from an adaptation of the Inventory of Statements About Self-injury (ISAS: Castro et al., 2016; Garcia et al., 2015). Questions regarding anxiety and depression were taken from the GAD-2 and PHQ-2, respectively (Lowe et al., 2005; Lowe et al., 2008). Questions surrounding motivations for suicide were taken from the Instituto Nacional de Estadística y Geografía (2021). Each question related to mental health and suicide was preceded by a message stating, “If at any time you need to talk to someone about your mental health or thoughts of suicide, please contact:” (“Si en algún momento necesitas hablar con alguien sobre tu salud mental o pensamientos suicidas, llama al:”), with a list of México-based, LGBTQ+ affirming resources, including The Trevor Project México. Yaaj Transformando tu Vida A.C. (Yaaj México) facilitated a youth advisory group which provided feedback on survey design, recruitment methodology, and recruitment advertisements. The Asociación por las Infancias Transgénero A.C. (Infancias Trans) provided their feedback and expertise on survey items and language related to trans and nonbinary young people.

There were 26,076 respondents who consented to start the survey, whom we identified as unique respondents based on reported age, place of residence, sex assigned at birth, gender, sexual orientation, and race/ethnicity. Of those, 972 were ineligible based on age (younger than 13 or older than 24 years) and country of residence (i.e., outside of México). An additional 6,148 respondents were pathed out, or excluded, for not meeting demographic requirements, such as not completing the demographic questions on sexual orientation and gender identity and not being LGBTQ+. An additional 5,805 were removed for either not making it to or passing the validity question, a question designed to ensure the authenticity of the respondents. Finally, 2,516 respondents were excluded for taking the survey multiple times. **This resulted in an eligible sample of 10,635 LGBTQ+ young people ages 13-24 in México.** Chi-square tests were used to examine differences between groups. Comparisons are

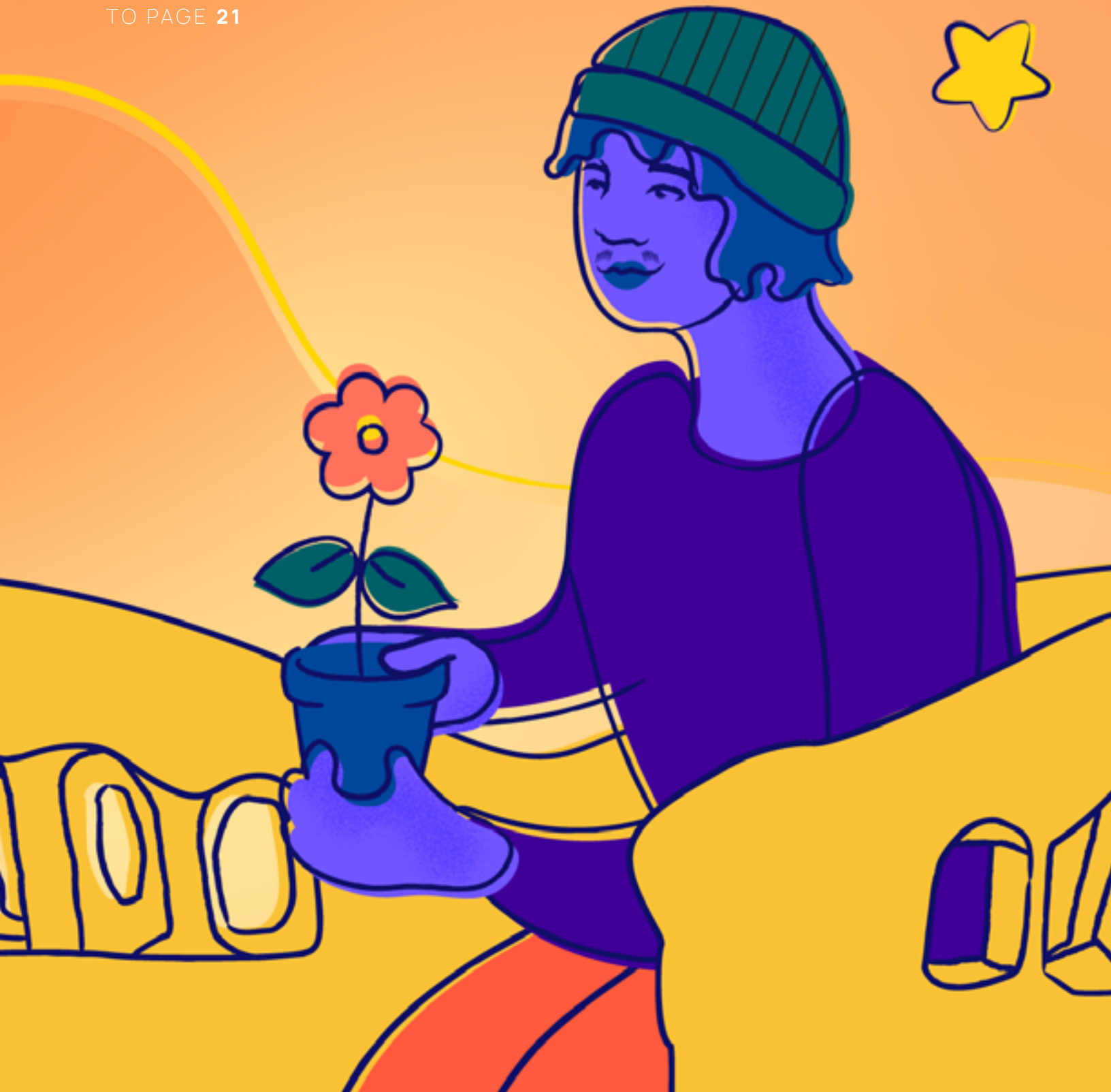
statistically significant at $p < 0.05$ unless otherwise noted, which means there was a $< 5\%$ likelihood of the results occurring by chance.

This report uses LGBTQ+ as an umbrella term for all non-cisgender and non-heterosexual young people. “Trans and nonbinary” is used as an umbrella term for all non-cisgender young people. This includes trans and nonbinary young people as well as gender identities beyond the binary (e.g., genderqueer, agender, genderfluid, gender neutral, bigender). Geographic regions are coded as follows: Northwest (Baja California, Baja California Sur, Chihuahua, Durango, Sinaloa, Sonora), Northeast (Coahuila, Nuevo León, Tamaulipas), West (Nayarit, Jalisco, Colima, Michoacán), East (Puebla, Veracruz, Tlaxcala, Hidalgo), North Central (Aguascalientes, Guanajuato, San Luis Potosí, Zacatecas, Querétaro), South Central (Morelos, Estado de México, Ciudad de México), Southwest (Guerrero, Oaxaca, Chiapas), Southeast (Tabasco, Campeche, Quintana Roo, Yucatán). Race categories are coded as follows: Mestiza/o/e, White, Black/Afro-descendant [two categories], Indigenous, Mixed, Another race [includes Asian & Middle Eastern], and I don’t know.



Demographics

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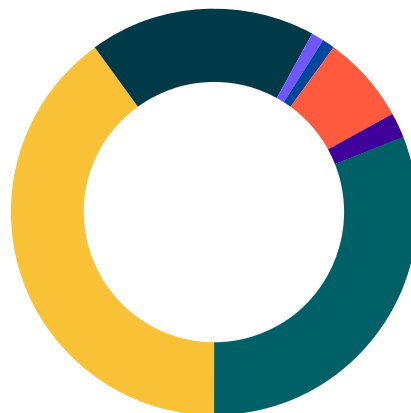
Age categories

- Minor (13-17 years) **60%**
- Adult (18-24 years) **40%**



Race / ethnicity

- Mestiza/o/e **40%**
- White **18%**
- Black or Afro-descendant **1%**
- Indigenous **1%**
- Mixed Race **7%**
- Another Race **2%**
- I Don't Know **31%**

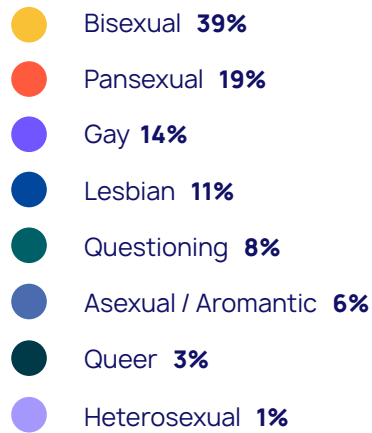


Sexual orientation

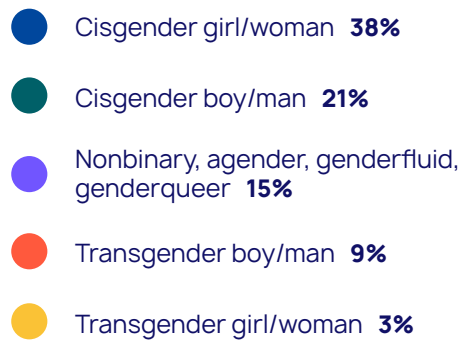
- Monosexual **31%**
- Multisexual **69%**



Sexual orientation



Gender Identity



Intersex



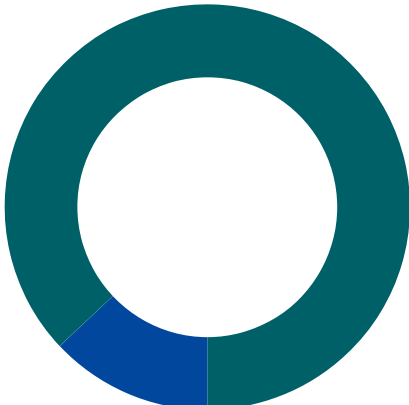
Region

- Northwest 16%
- Northeast 12%
- West 12%
- East 13%
- North Central 11%
- South Central 26%
- Southwest 4%
- Southeast 6%



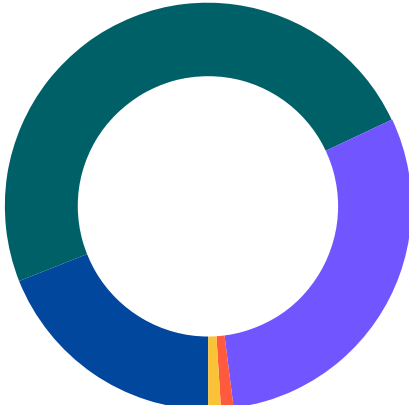
School

- Not in school 13%
- In school 87%



Grade Level

- Secondary 19%
- Highschool 51%
- University 30%
- Postgrad 1%
- Other 1%



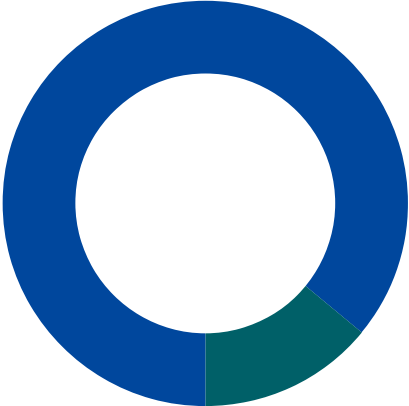
Employment

- Not working 74%
- Working 26%



Houselessness

- No 86%
- Yes 14%



Food Insecurity

- No 53%
- Yes 47%



Results

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Mental Health & SUICIDE RISK

LGBTQ+ young people are not inherently prone to suicide risk because of their sexual orientation or gender identity, but rather placed at higher risk because of how they are mistreated and stigmatized in society.

Suicide Risk

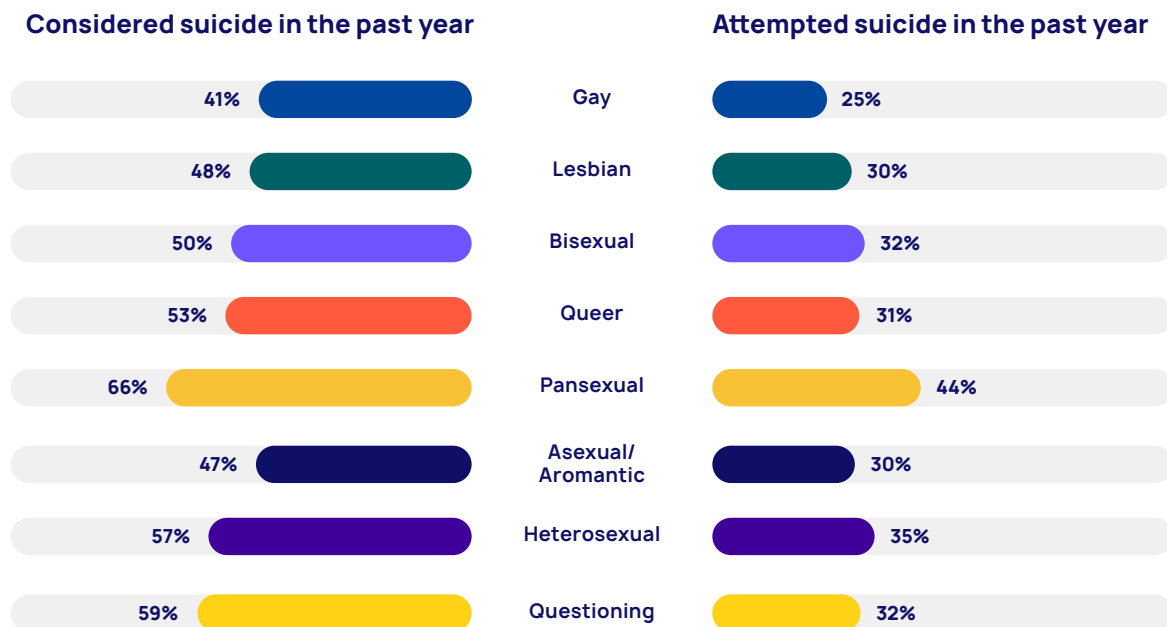
More than half (53%) of LGBTQ+ young people in México seriously considered suicide in the past year, including two-thirds (67%) of trans and nonbinary young people and nearly half (44%) of cisgender young people. In addition, 1 in 3 (33%) LGBTQ+ young people attempted suicide in the past year, including nearly half of trans and nonbinary (45%) young people and 1 in 4 cisgender young people (25%). Trans boys and men reported the highest rates of seriously considering suicide (75%) and attempting suicide (52%) in the past year compared to their peers with different gender identities.



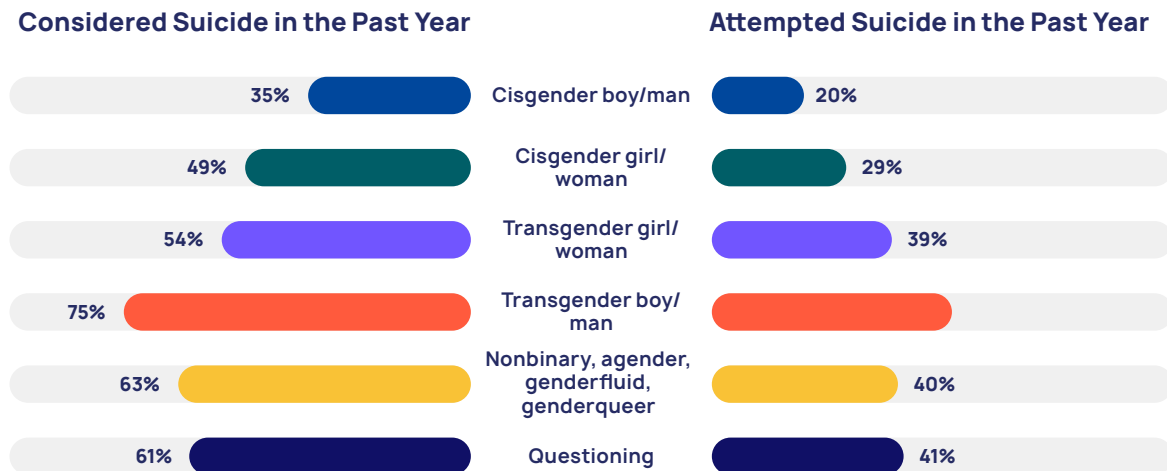
Rates of seriously considering and attempting suicide among LGBTQ+ young people in the past year by age



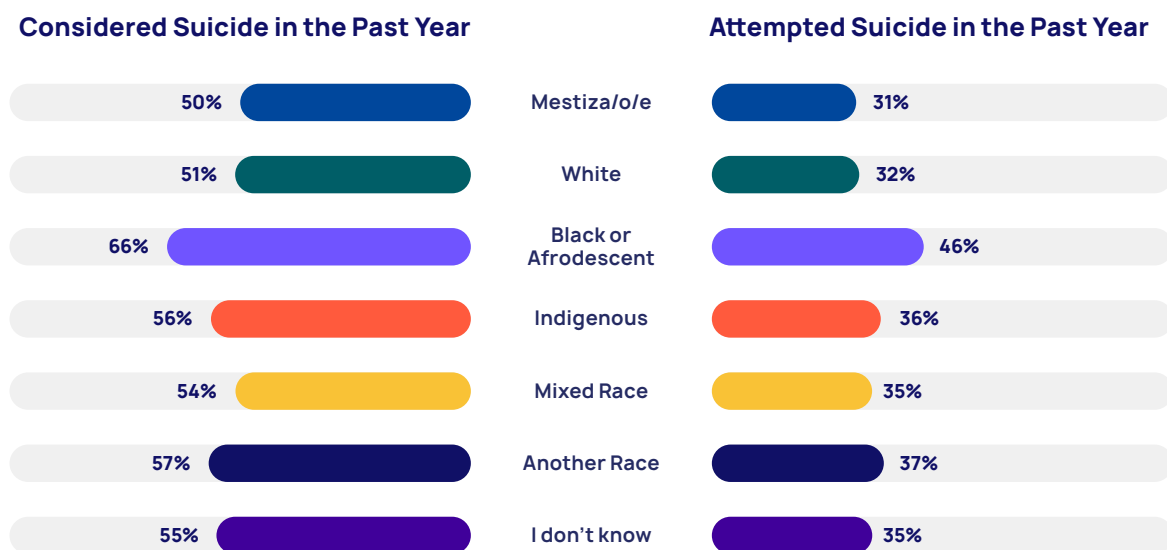
Rates of seriously considering and attempting suicide among LGBTQ+ young people in the past year by sexual orientation



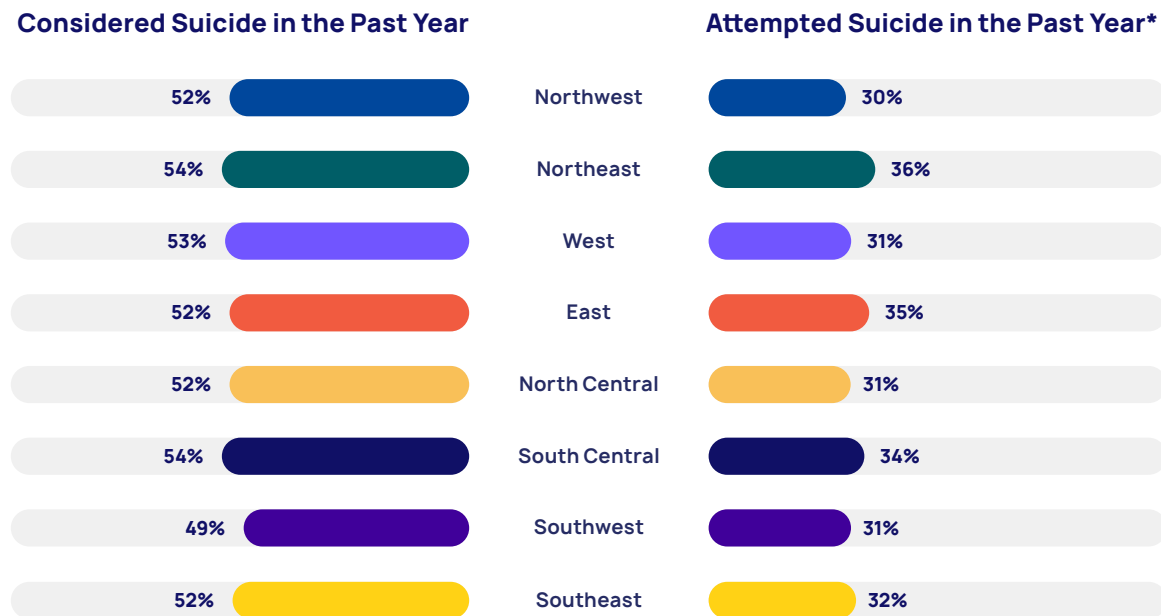
Rates of seriously considering and attempting suicide among LGBTQ+ young people in the past year by gender identity



Rates of seriously considering and attempting suicide among LGBTQ+ young people in the past year by race/ethnicity



Rates of seriously considering and attempting suicide among LGBTQ+ young people in the past year by region



*Not significant

There were significant differences among subgroups in seriously considering and attempting suicide. By age, LGBTQ+ young people in México aged 13 to 17 reported significantly higher rates of seriously considering suicide in the past year (57%) and attempting suicide in the past year (38%), compared to their older peers aged 18 to 24 (46% and 26%, respectively).

Across sexual orientations, pansexual young people reported the highest rates of seriously considering suicide (66%) and attempting suicide (44%) in the past year.

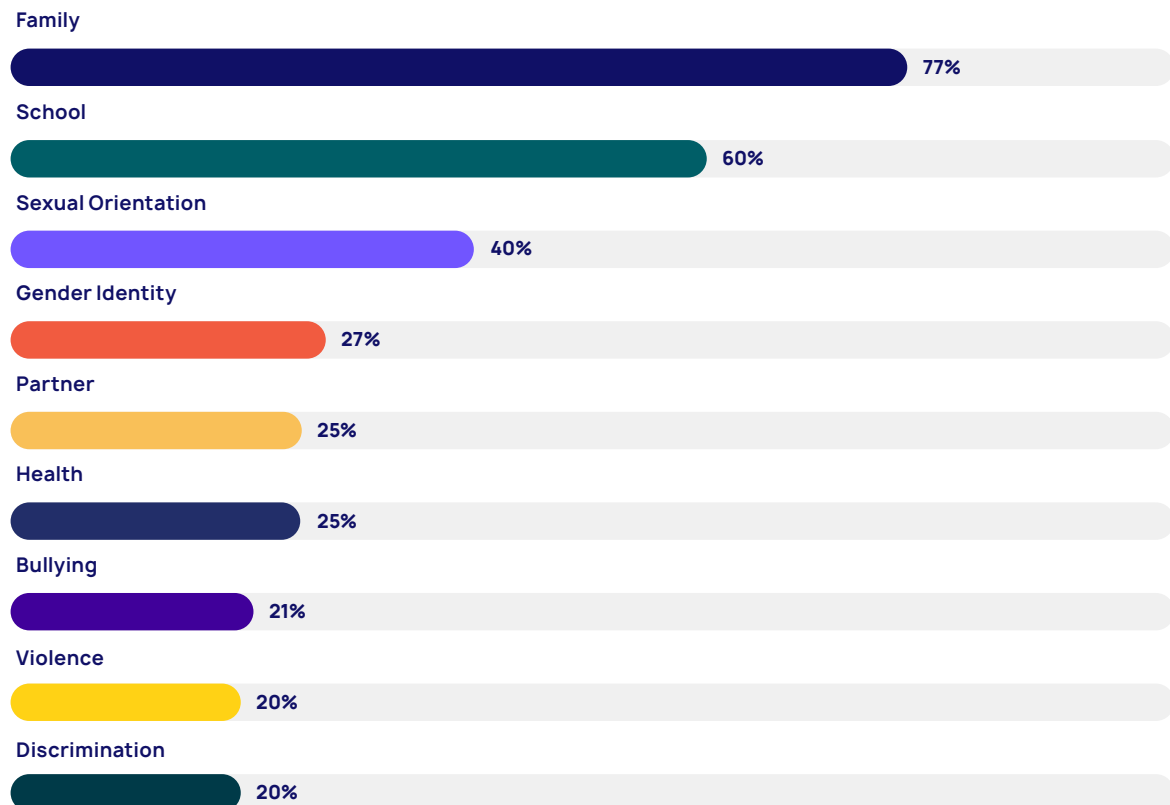
Among different gender identities, trans boys and men reported the highest rates of seriously considering suicide (75%) and attempting suicide (52%) in the past year.

SUICIDE RISK

In addition, by race/ethnicity, Black/Afro-descendant LGBTQ+ young people in México reported the highest rates of seriously considering suicide (66%) and attempting suicide (46%) in the past year.

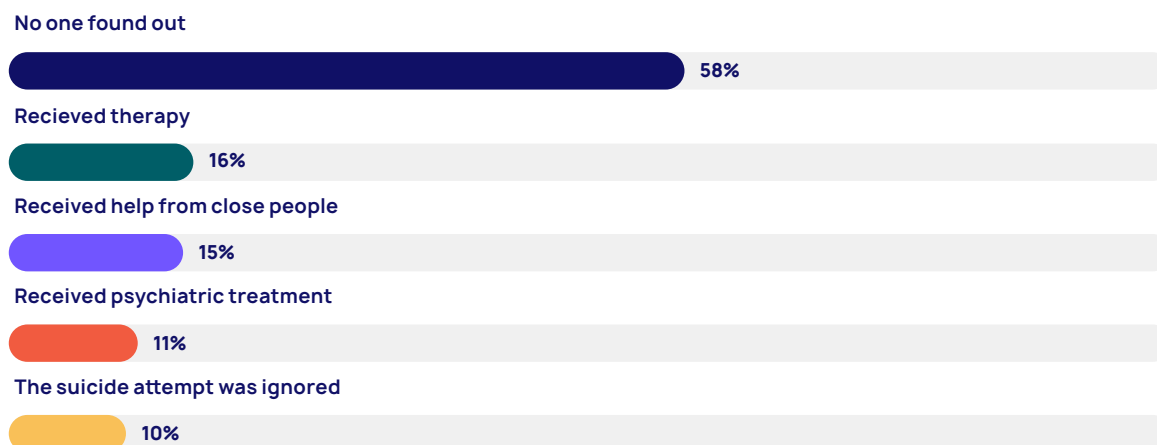
By region, LGBTQ+ young people living in the Northeast and East regions reported the highest rates of attempting suicide in the past year (36% and 35%, respectively).

Motivations for suicide attempts in the past year



LGBTQ+ young people in México reported various reasons or motivations for attempting suicide, with nearly 4 in 5 (77%) reporting that their attempt was related to family issues, 3 in 5 (60%) to problems at school, 2 in 5 (40%) to their gender identity, and over a quarter (27%) to their sexual orientation.

What happened after suicide attempt in the past year



Following a suicide attempt, 58% of LGBTQ+ young people reported that they did not tell anyone about the attempt. Among those whose attempts were noticed, 16% went to therapy, 15% received support from those close to them, 11% consulted a psychiatrist (11%), and 10% reported that while their suicide attempt was discovered, it was ignored.

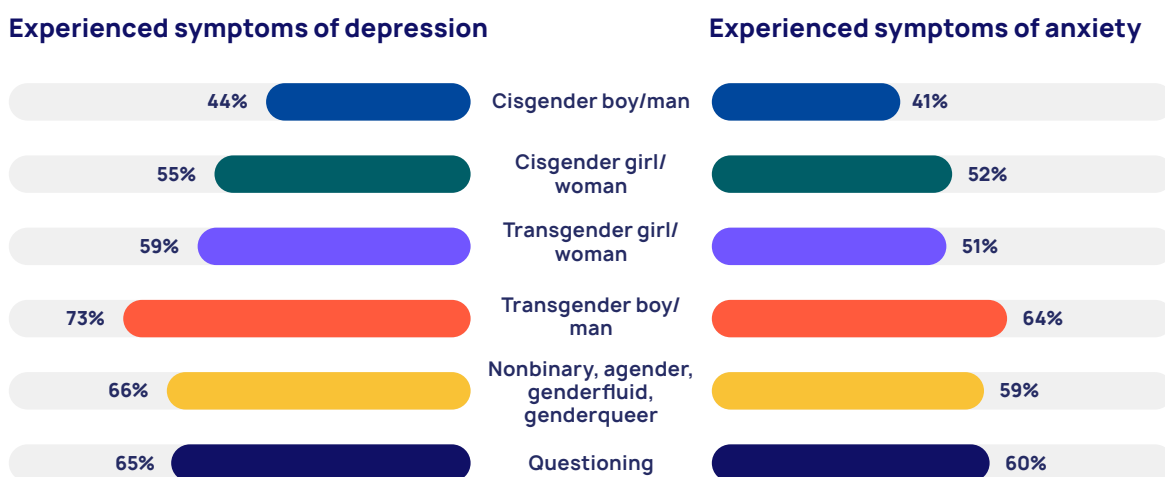
Anxiety & Depression

In the present study, 53% of LGBTQ+ young people reported symptoms of anxiety, including 60% of trans and nonbinary young people (60%) and 48% of cisgender young people (48%). Overall, 58% of LGBTQ+ young people reported symptoms of depression, including two-thirds of trans and nonbinary young people (67%) and more than half of cisgender young people (51%). In addition, over half of the sample (54%) reported feeling lonely often or very often.

Anxiety & depression symptoms reported among LGBTQ+ young people by age

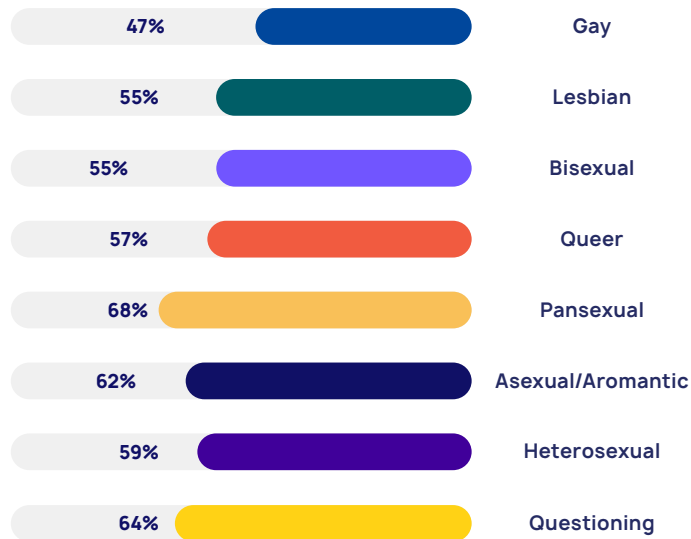


Anxiety & depression symptoms reported among LGBTQ+ young people by gender identity

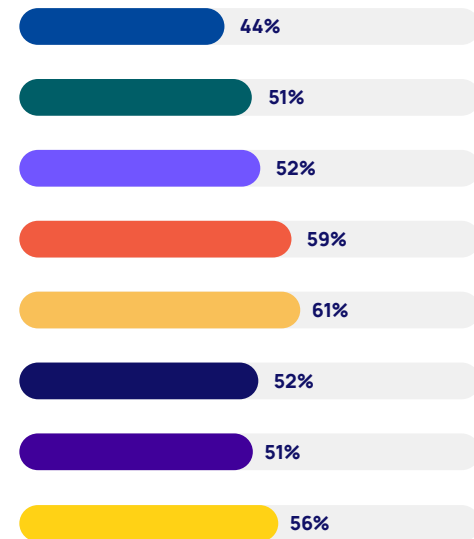


Anxiety & depression symptoms reported among LGBTQ+ young people by sexual orientation

Experienced symptoms of depression

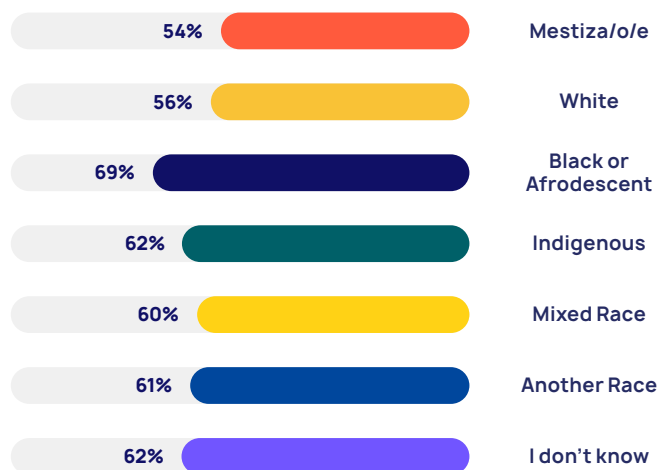


Experienced symptoms of anxiety

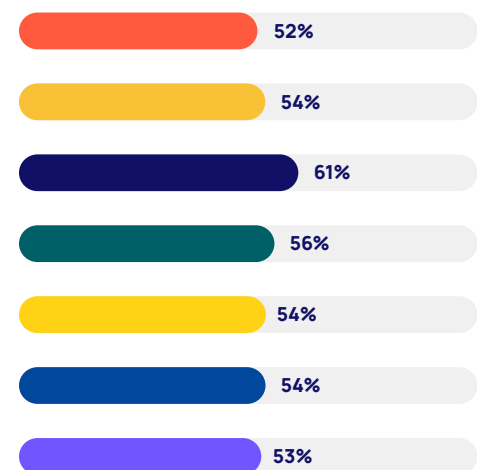


Anxiety & depression symptoms reported among LGBTQ+ young people by race/ethnicity

Experienced symptoms of depression



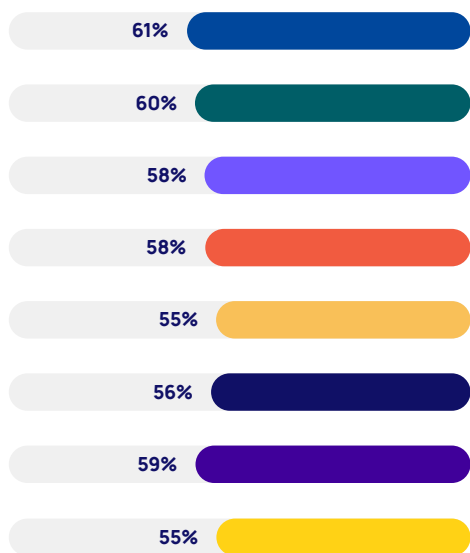
Experienced symptoms of anxiety*



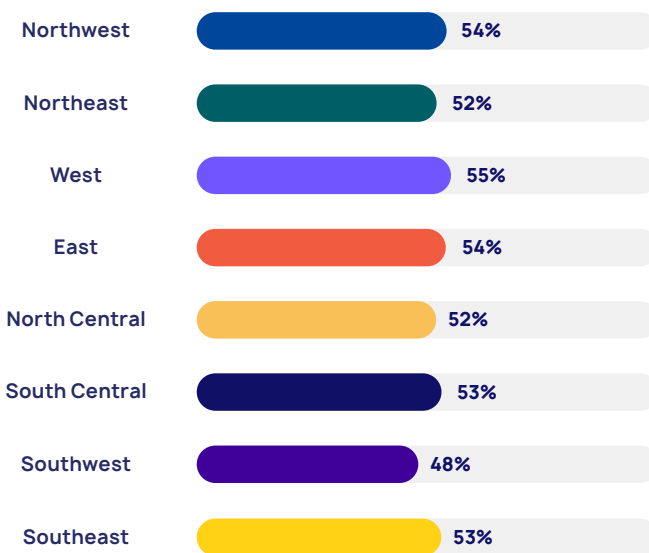
*Not significant

Anxiety & depression symptoms reported among LGBTQ+ young people by region

Experienced symptoms of depression



Experienced symptoms of anxiety*



*Not significant

The study revealed significant variations in anxiety and depression among different subgroups of LGBTQ+ young people in México. Younger individuals aged 13 to 17 exhibited notably higher rates of depression (60%) and anxiety (54%) compared to their older counterparts aged 18 to 24, who reported depression and anxiety rates of 54% and 52%, respectively.

When examining sexual orientation, pansexual youth showed the highest levels of depression (68%) and anxiety (61%).

Looking at gender identity, trans boys and men were most affected, with 73% experiencing symptoms of depression and 64% reporting signs of anxiety.

In terms of race and ethnicity, Black/Afro-descendant LGBTQ+ young people reported the highest rates of depression symptoms at 69%.

Geographically, depression rates were highest in the Northwest and Northeast regions of México, with 61% and 60%, respectively.

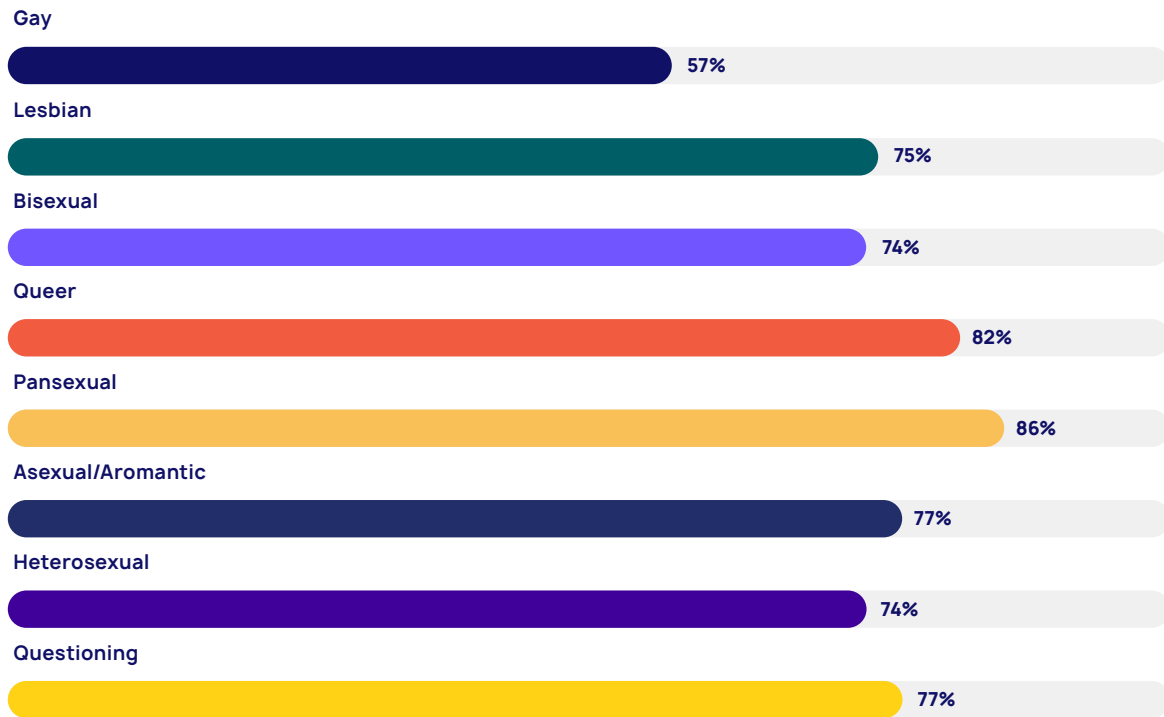
Self-Harm

In the overall sample, 75% of LGBTQ+ young people reported ever having self-harmed, including 85% of trans and nonbinary young people and 67% of cisgender young people. Of those who had self-harmed, 80% had self-harmed multiple times.

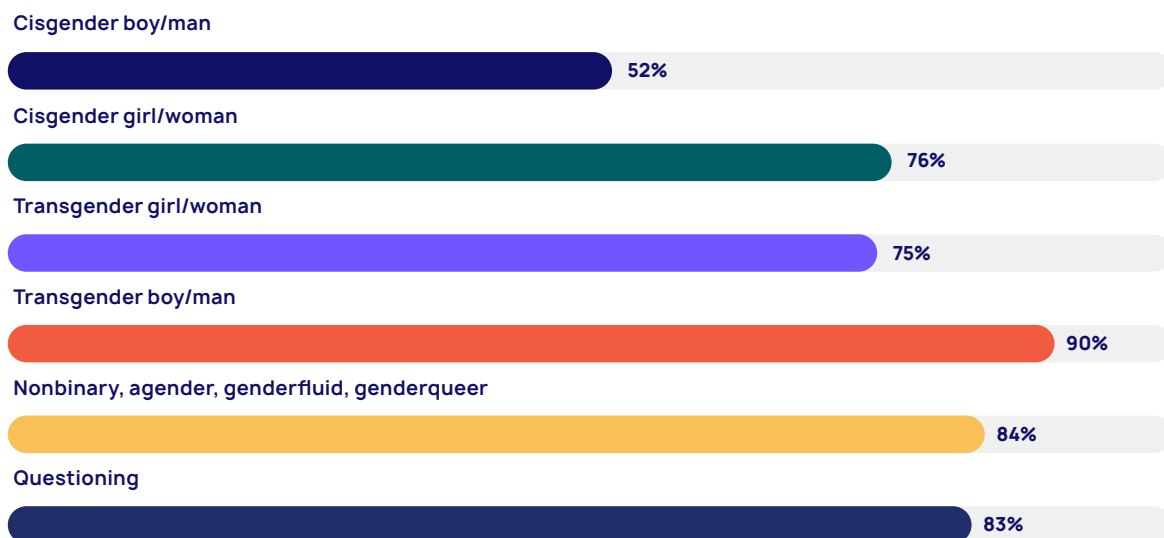
LGBTQ+ young people who reported ever having self-harmed by age



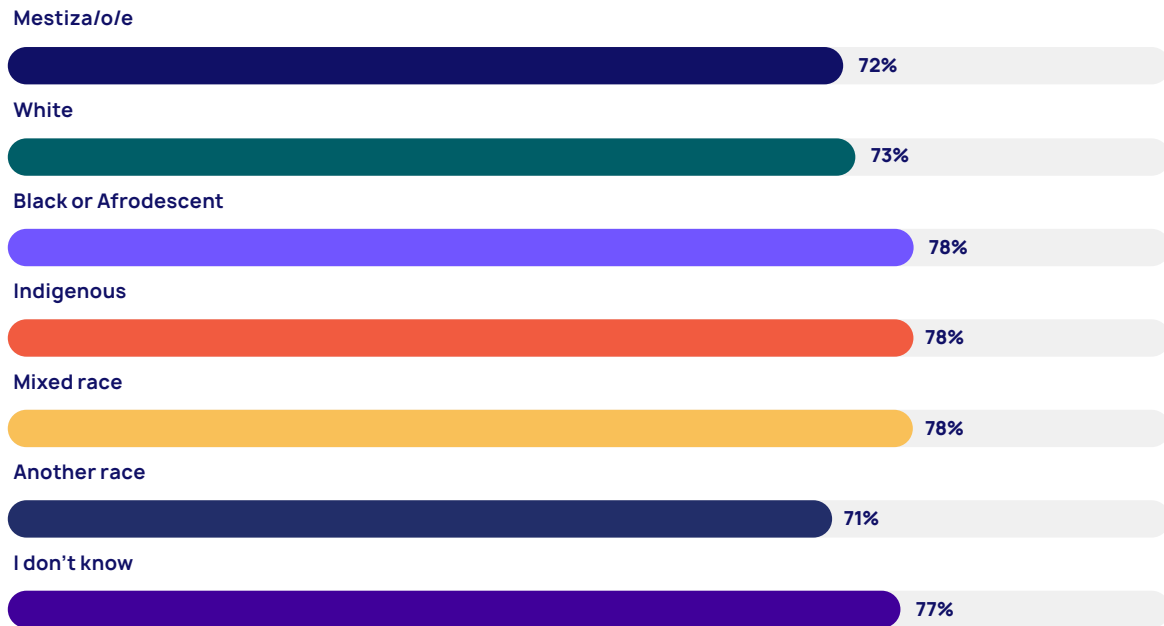
LGBTQ+ young people who reported ever having self-harmed by sexual orientation



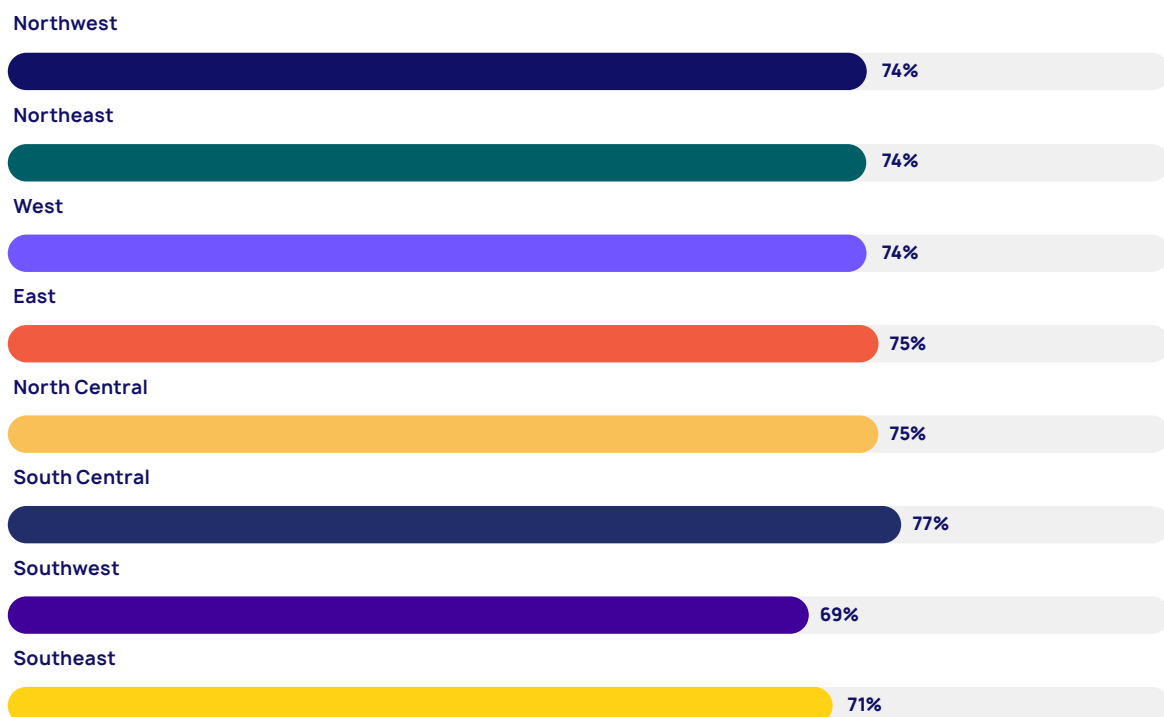
LGBTQ+ young people who reported ever having self-harmed by gender identity



LGBTQ+ young people who reported ever having self-harmed by race/ethnicity



LGBTQ+ young people who reported ever having self-harmed by region



The study highlighted significant differences in self-harm across various LGBTQ+ subgroups in México. The youngest group, aged 13 to 17, reported a higher prevalence of self-harm (77%) compared to the 18 to 24 age group (71%).

In terms of sexual orientation, pansexual individuals reported the highest rate of ever having self-harmed, with 86% having engaged in such behavior.

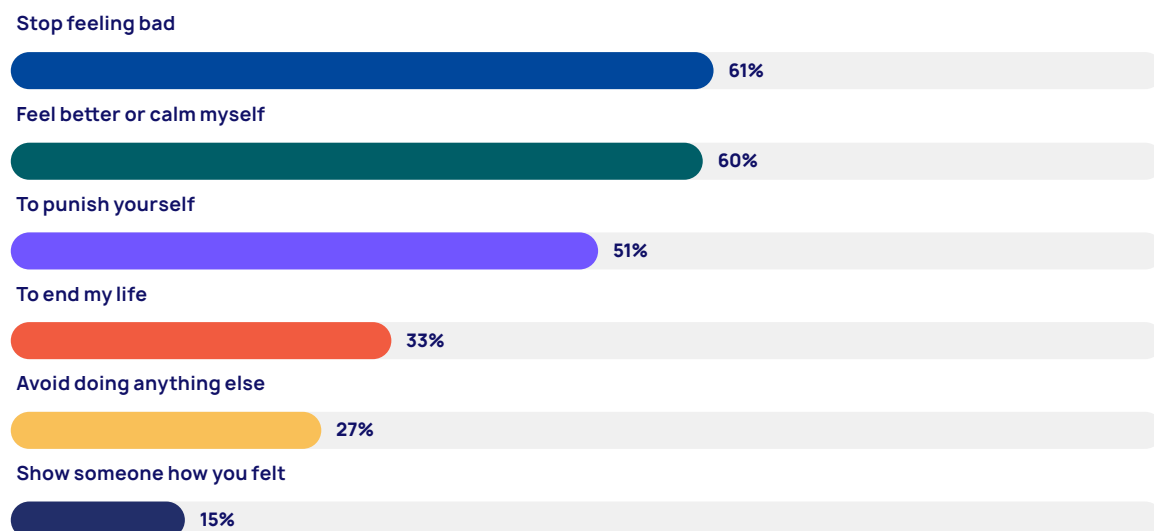
Among different gender identities, trans boys and men were most affected, with 90% reporting self-harm in the past.

When considering race and ethnicity, those identifying as other races (not Mestiza/o/e, White, Black/Afro-descendant, Indigenous, or Mixed) reported a relatively lower rate of self-harm at 71% compared to other racial groups.

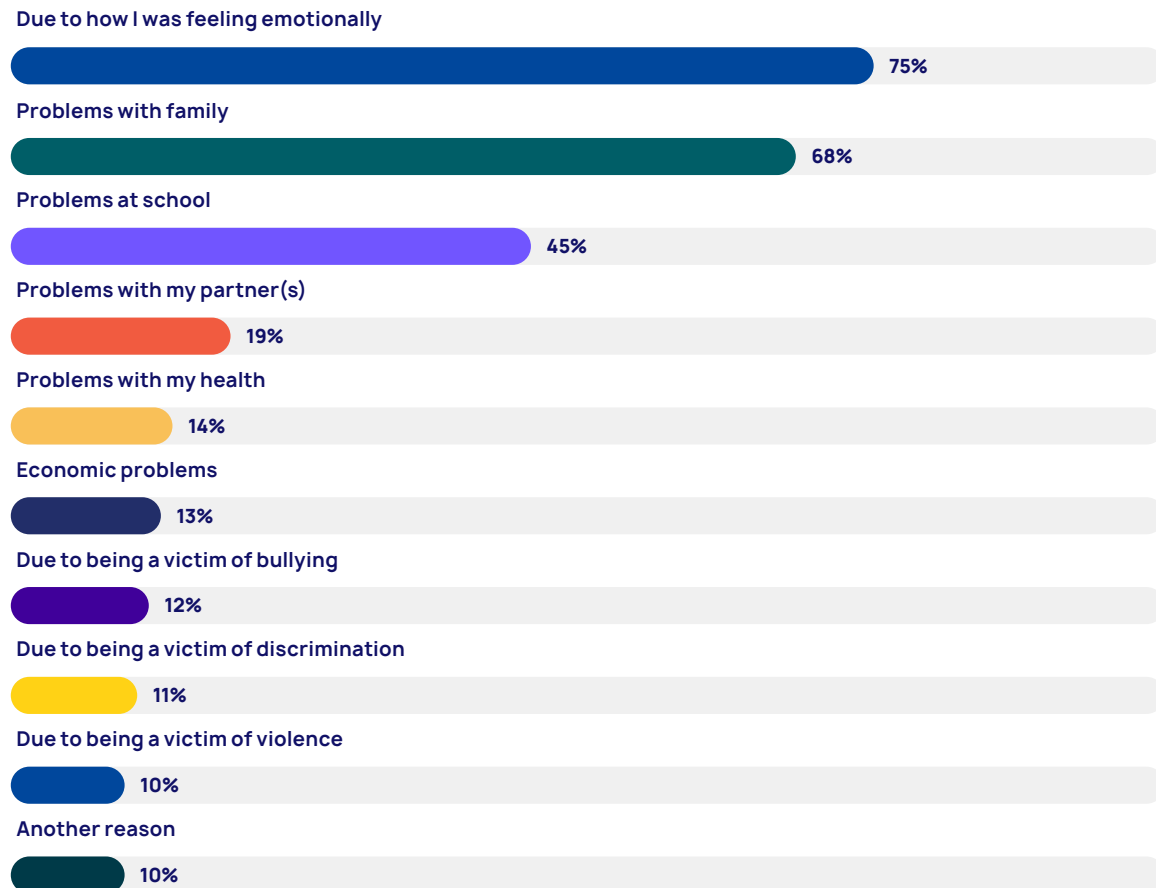
Geographically, the lowest rate of past self-harm was found among participants in the Southwest at 69%.

Motivations for self-harm and desired outcome of self-harm

Desired outcome of self-harm



Motivations for self-harm



LGBTQ+ young people in México reported various reasons or motivations for self-harming. Three in four (75%) indicated it was due to their personal feelings or emotions, over two-thirds (68%) attributed it to family issues, and more than two in five (45%) reported it was due to school.

Additionally, they shared their desired outcomes from self-harm, with a third attempting to end their life (33%). However, the majority engaged in self-harm to stop feeling bad (61%), to feel better (60%), or to punish themselves (51%).

Barriers TO CARE

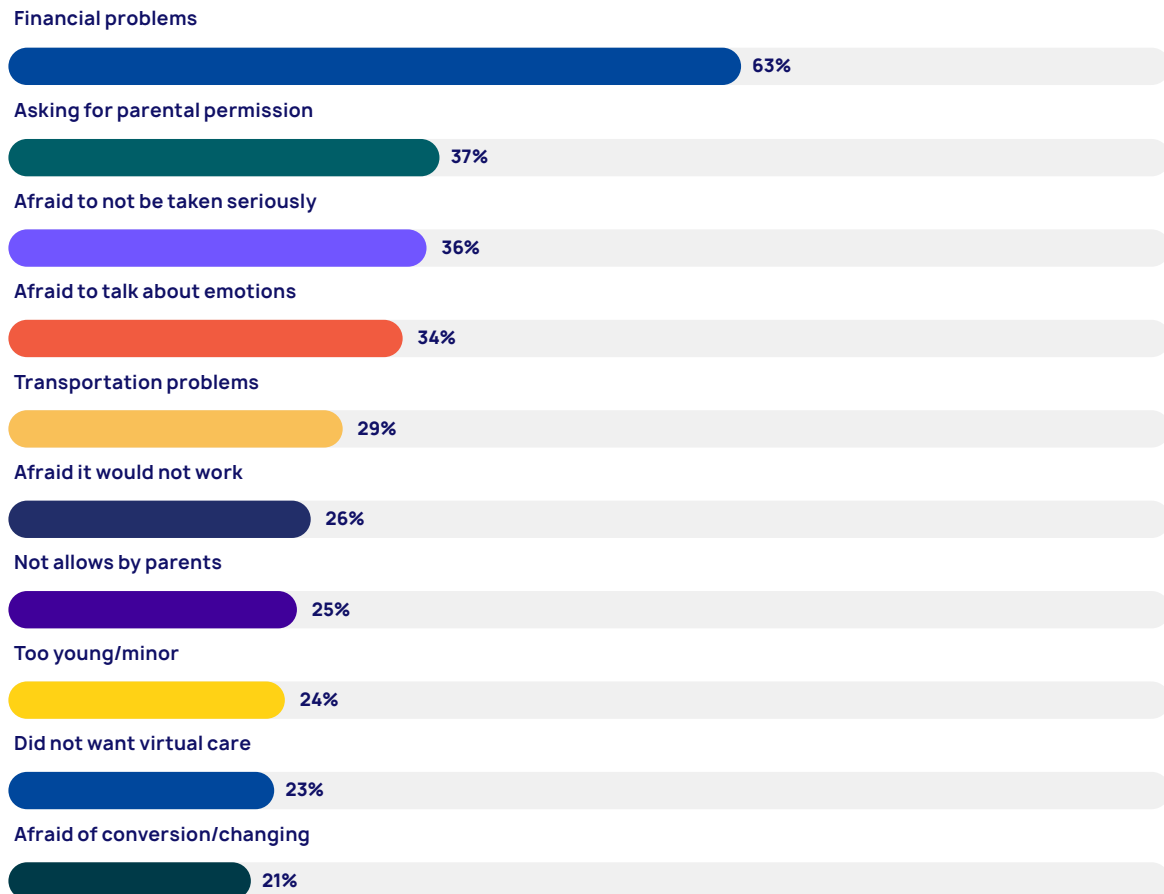
Despite the prevalence of anxiety, depression, and suicide risk among LGBTQ+ young people, many could not access the mental health care they desired due to lack of resources, stigma, or fears that care could involve conversion or change efforts.

Mental Health Care

In the present study, 91% of LGBTQ+ young people in México reported wanting mental health care at some point in the past. However, of these, 59% actually received such care. The primary barrier reported by the majority (63%) was financial constraints.



LGBTQ+ young people in México who searched for mental health care in the past year but could not get it, cited these top ten reasons



Among those LGBTQ+ young people who did receive mental health care (52%), slightly more than half (52%) found it helpful. In addition, among those who did not receive the mental health care they desired, 93% wanted to search for care or searched for care in the past year. Those who reported receiving mental health care but did not find it helpful

also reported a significantly higher rate of suicide attempts in the past year (46%) compared to their peers who reported finding therapy helpful (29%).

There were significant differences among subgroups. By age, LGBTQ+ young people in México aged 13 to 17 were more likely to report therapy as unhelpful (54%), compared to their older peers aged 18 to 24 (40%).

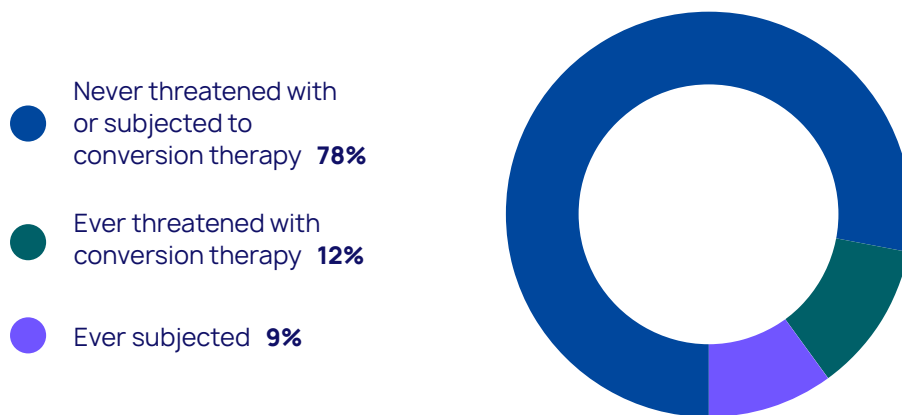
In the context of gender identity, trans boys and men in México reported the highest rate of finding therapy unhelpful (58%), followed by gender questioning participants (55%). By sexual orientation, questioning LGBTQ+ young people in México reported the highest rate of not finding therapy helpful (55%).

By race/ethnicity, Indigenous LGBTQ+ young people in México had the highest rate of not finding therapy helpful (56%).



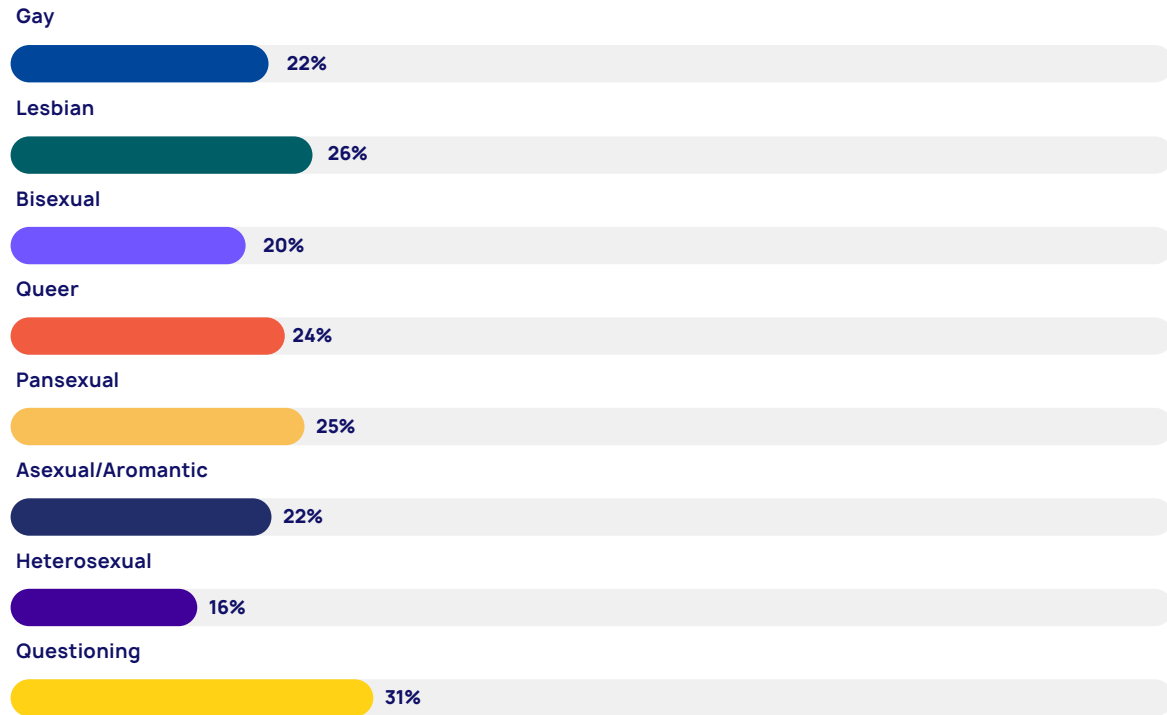
Conversion Therapy

Over 1 in 5 LGBTQ+ young people reported being threatened with or subjected to conversion therapy (21%), including 29% of trans and nonbinary young people.

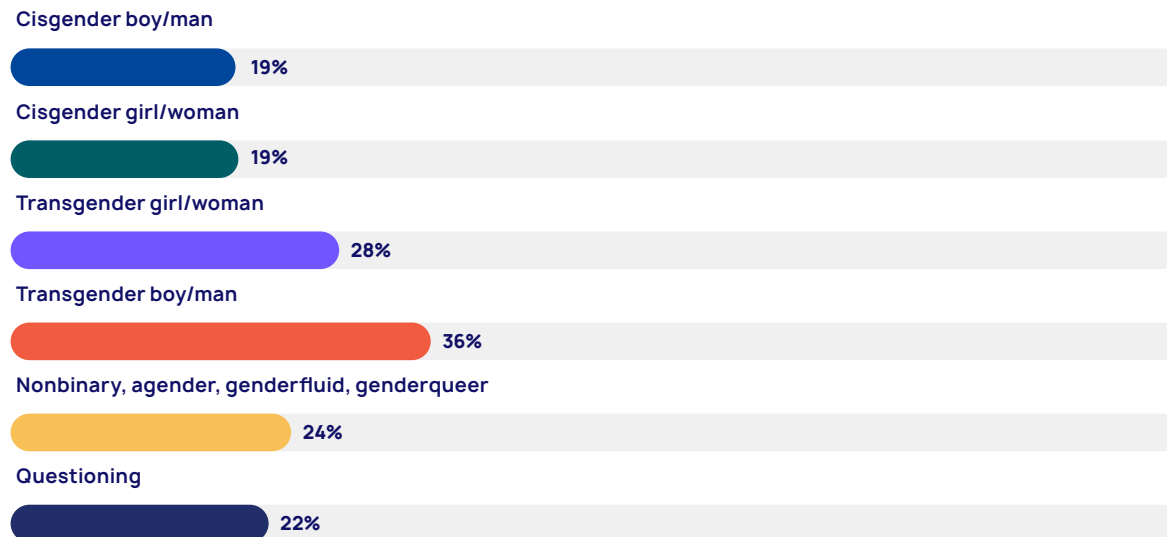


Additionally, nearly three in five participants (59%) reported experiencing informal attempts by another person to change their LGBTQ+ identity. These attempts were most frequently reported to be by their mothers (32%; note, mothers were more commonly reported as being aware of their child's LGBTQ+ identity than fathers), fathers (18%), or other family members (18%).

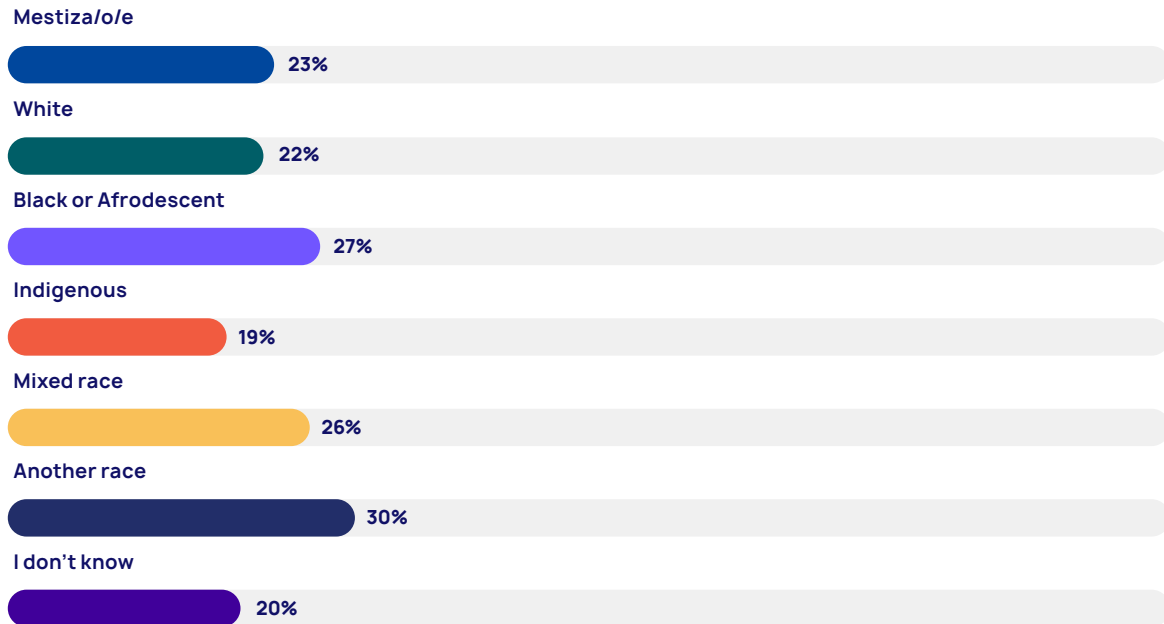
LGBTQ+ young people who were threatened with or subjected to conversion therapy by sexual orientation



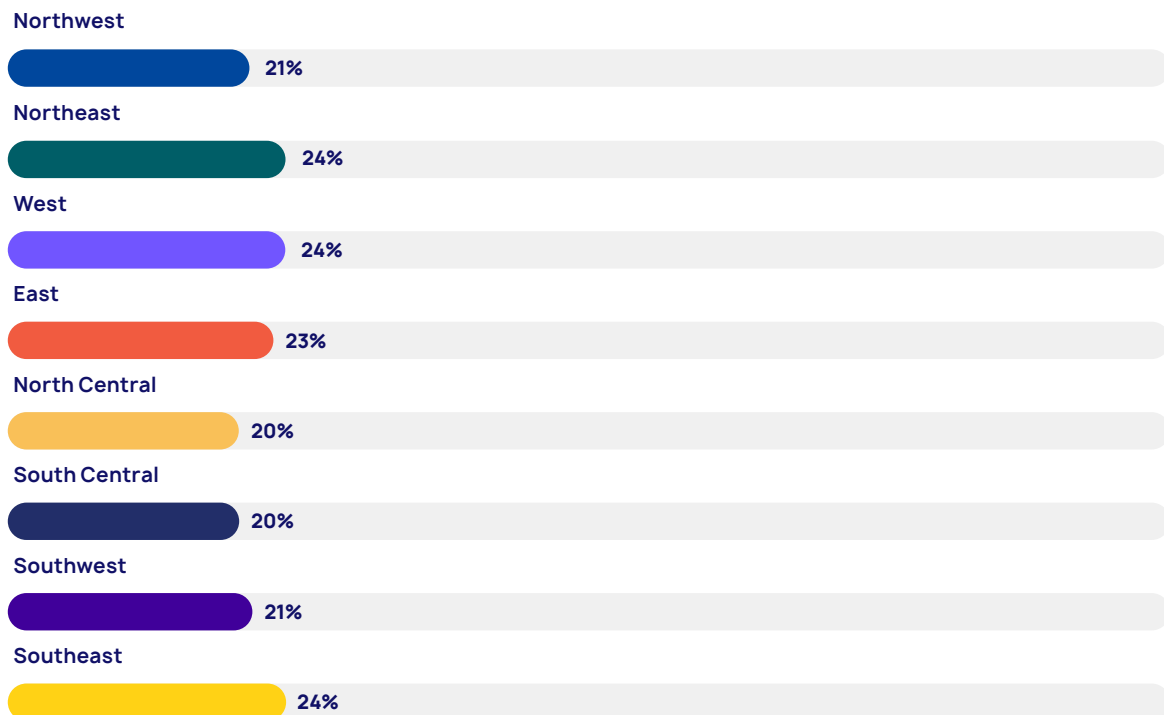
LGBTQ+ young people who were threatened with or subjected to conversion therapy by gender identity



LGBTQ+ young people who were threatened with or subjected to conversion therapy by race/ethnicity



LGBTQ+ young people who were threatened with or subjected to conversion therapy by region



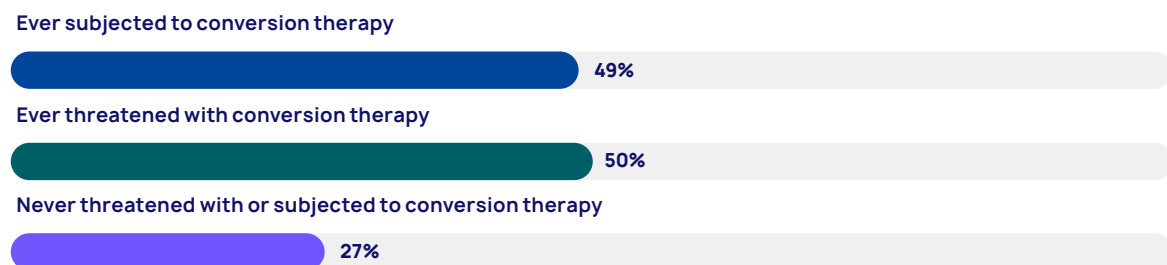
There were significant differences among subgroups. By sexual orientation, heterosexual (31%; note, heterosexual participants also identified as trans or nonbinary) and lesbian (26%) young people in México reported the highest rates of ever being threatened or subjected to conversion therapy.

By gender identity, trans boys and men reported the highest rate of ever being threatened or subjected to conversion therapy (36%).

By race/ethnicity, those who identified as another race (i.e., not Mestiza/o/e, White, Black/Afro-descendant, Indigenous, or Mixed) reported the highest rate of ever being threatened or subjected to conversion therapy (30%).

By region, LGBTQ+ young people living in the Northeast, West, and Southeast regions reported the highest rates of ever being threatened or subjected to conversion therapy (all 24%).

LGBTQ+ young people who attempted suicide in the past year, comparison across those threatened with or subjected to conversion therapy



LGBTQ+ young people who reported ever being subjected to or threatened with conversion therapy reported higher rates of past-year suicide attempts (49% and 50%, respectively), compared to those who were never subjected to or threatened with conversion therapy (27%).

Risk Factors for LGBTQ+ YOUNG PEOPLE

LGBTQ+ young people who reported experiences of anti-LGBTQ+ victimization – including being physically threatened or harmed, discriminated against for being LGBTQ+, or being kicked out or forced to run away from their homes – reported significantly higher rates of past-year suicide attempts compared to those who did not report these experiences.

Threats and Experiences of Physical Harm

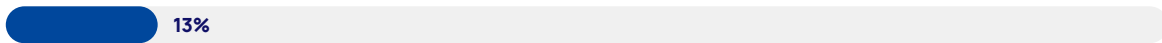
Nearly a third (28%) of all LGBTQ+ young people in México reported ever having been physically threatened or harmed due to either their sexual orientation or gender identity. Among these individuals, nearly half (48%) experienced such threats and harms in the past year.

Specifically, in the past year, 12% of LGBTQ+ young people in México reported being physically threatened or harmed due to their sexual orientation, and 18% of trans and nonbinary young people in México reported being physically threatened or harmed due to their gender identity.



Rates of LGBTQ+ young people who have been threatened or physically harmed in the past year by age

Ages 13-17

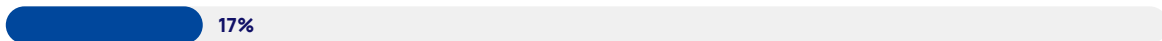


Ages 18-24

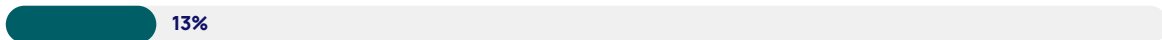


Rates of LGBTQ+ young people who have been threatened or physically harmed in the past year by sexual orientation

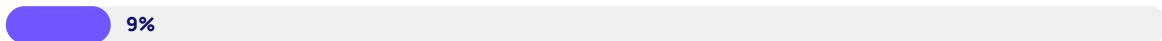
Gay



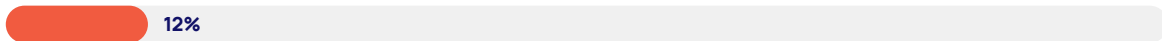
Lesbian



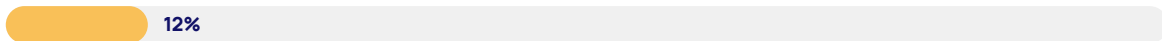
Bisexual



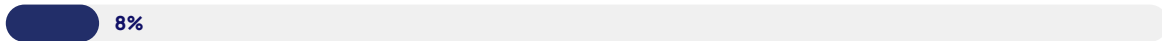
Queer



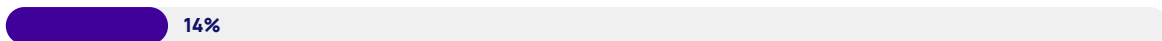
Pansexual



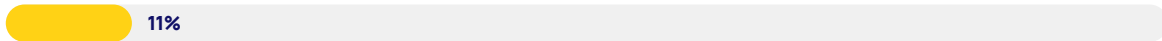
Asexual/Aromantic



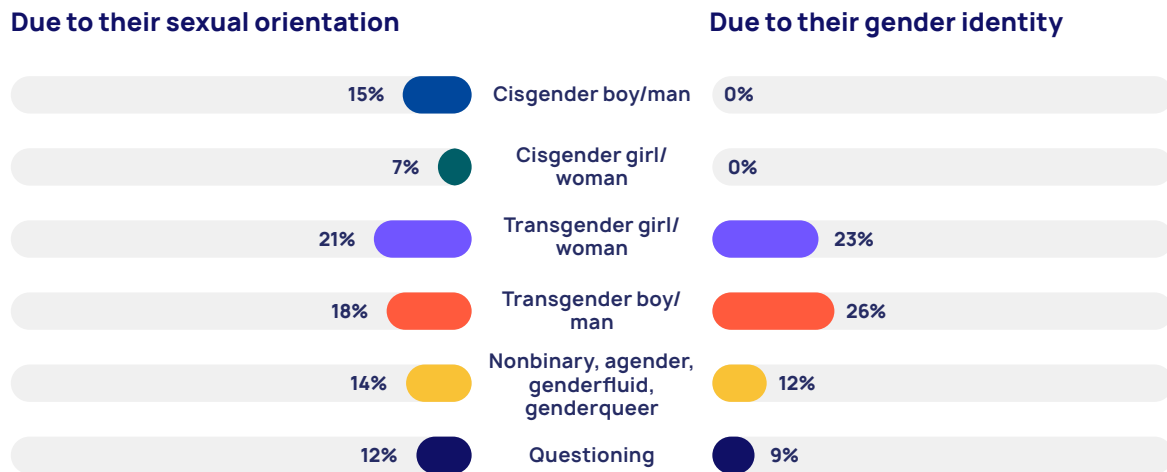
Heterosexual



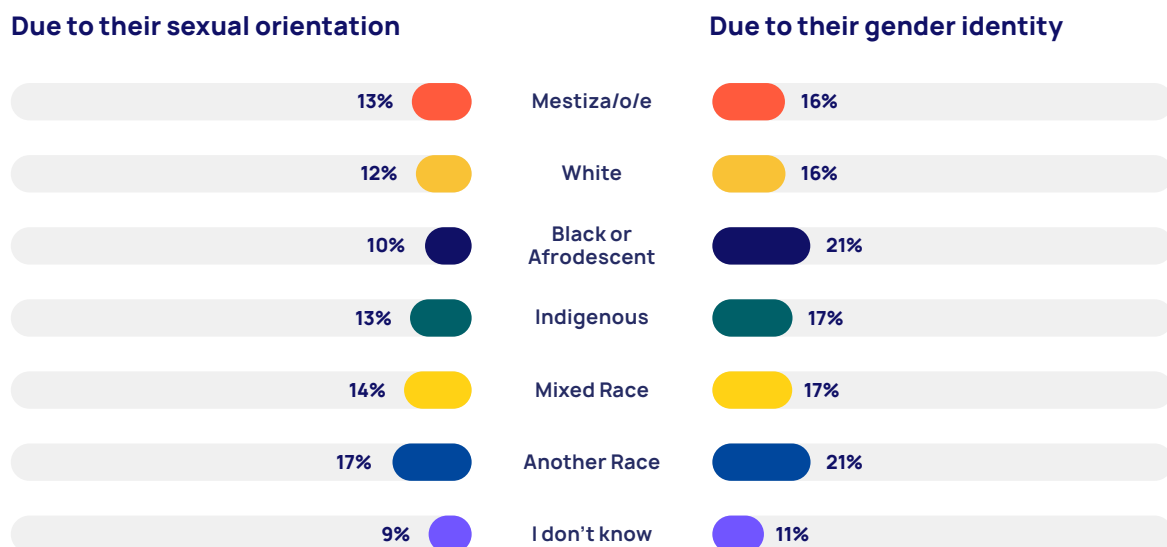
Questioning



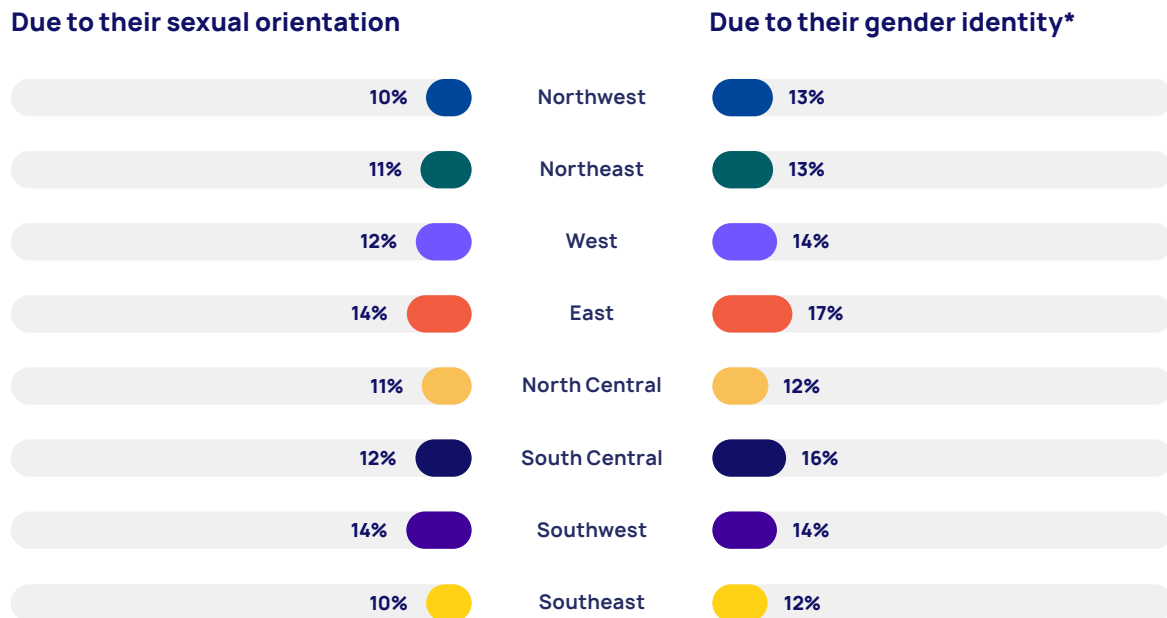
Rates of LGBTQ+ young people who have been threatened or physically harmed in the past year by gender identity



Rates of LGBTQ+ young people who have been threatened or physically harmed in the past year by race/ethnicity



Rates of LGBTQ+ young people who have been threatened or physically harmed in the past year by region



*Not significant

Across age, LGBTQ+ young people in México aged 13 to 17 reported a significantly higher rate of having been physically threatened or harmed due to their sexual orientation (13%) in the past year compared to their older peers aged 18 to 24 (10%).

By race/ethnicity, LGBTQ+ young people in México who were another race (i.e., not Mestiza/o/e, White, Black/Afro-descendant, Indigenous, or Mixed) reported the highest rate of having been physically threatened or harmed due to their sexual orientation (17%) in the past year. Among trans and nonbinary participants, Black/Afro-descendant and those who were another race (i.e., not Mestiza/o/e, White, Black/Afro-descendant, Indigenous, or Mixed) reported the highest rate of having been physically threatened or harmed due to gender identity (both 21%) in the past year.

Gay young people reported the highest rate of having been physically threatened or harmed due to their sexual orientation in the past year (17%), compared to individuals of other sexual orientations.

Trans girls and women reported the highest rates of having been physically threatened or harmed due to their sexual orientation (21%), and trans boys and men due to their gender identity (26%), in the last year.

By region, LGBTQ+ young people living in the East and Southwest regions reported the highest rate (both 14%) of having been physically threatened or harmed due to their sexual orientation in the past year.

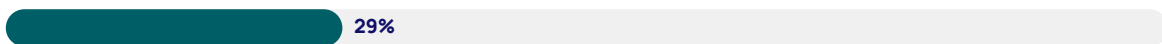
Past-year suicide attempts among LGBTQ+ young people

Suicide attempt rate in the past year

Experienced SOGI-based physical threat or harm in the past year



Did not experienced SOGI-based physical threat or harm in the past year



LGBTQ+ young people in México who reported experiencing a physical threat or harm due to either their sexual orientation or gender identity in the past year reported a significantly higher rate of attempting suicide in the past year (55%) compared to their peers who did not report such experiences (29%).

These young people also reported higher rates of depression symptoms (69% vs. 55%), anxiety symptoms (67% vs. 50%), self-harm (87% vs. 72%) and serious consideration of suicide (69% vs. 49%) in the past year, compared to those who did not report experiences of physical threats or harms.

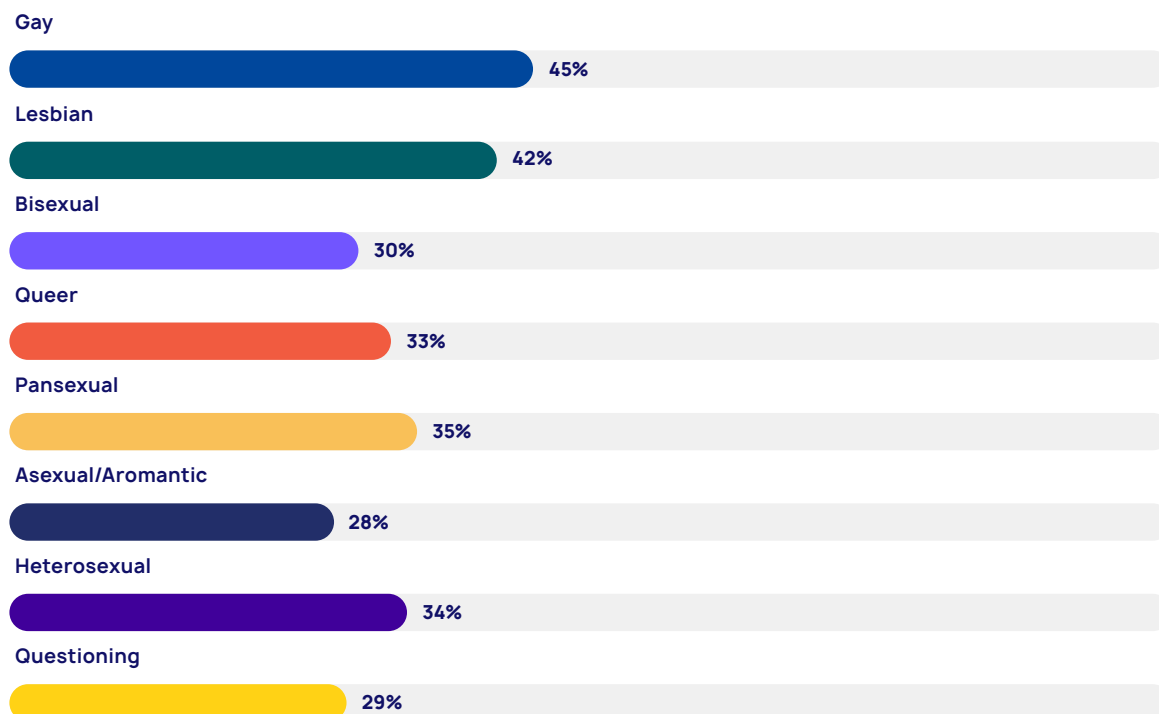
Anti-LGBTQ+ Discrimination

More than half (55%) of LGBTQ+ young people in México reported ever feeling discriminated against due to their sexual orientation or gender identity. Among these participants, almost three-quarters (71%) reported experiencing discrimination in the past year. Specifically, 34% of LGBTQ+ young people in México reported having felt discriminated against due to their sexual orientation, and 48% of trans and nonbinary young people in México reported having felt discriminated against due to their gender identity.

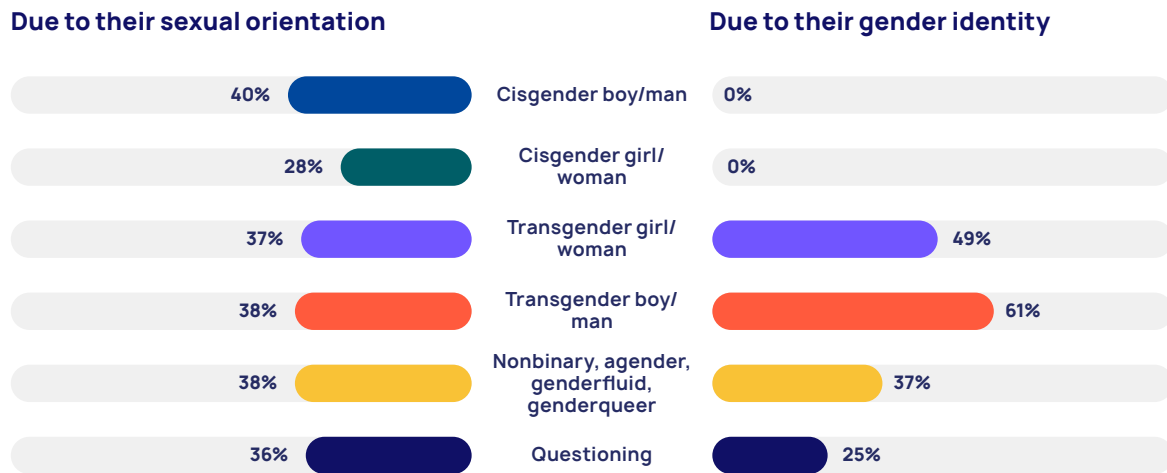
Rates of LGBTQ+ young people who have felt discriminated against in the past year by age



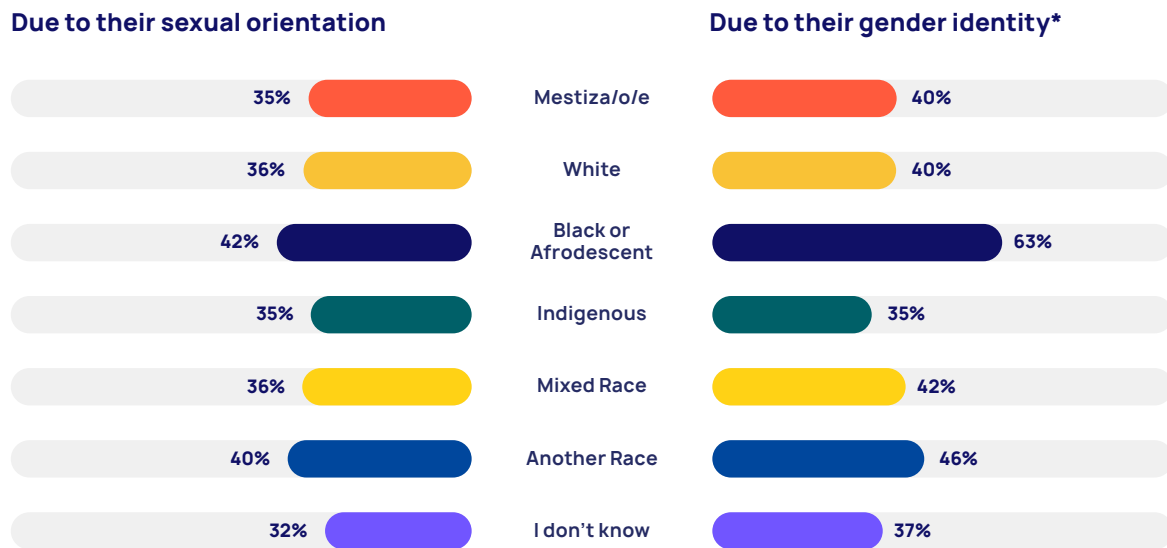
Rates of LGBTQ+ young people who have felt discriminated against in the past year by sexual orientation



Rates of LGBTQ+ young people who have felt discriminated against in the past year by gender identity



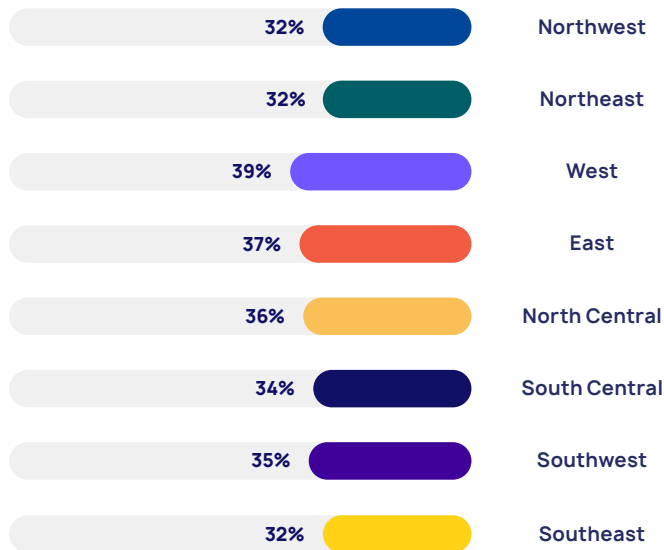
Rates of LGBTQ+ young people who have felt discriminated against in the past year by race/ethnicity



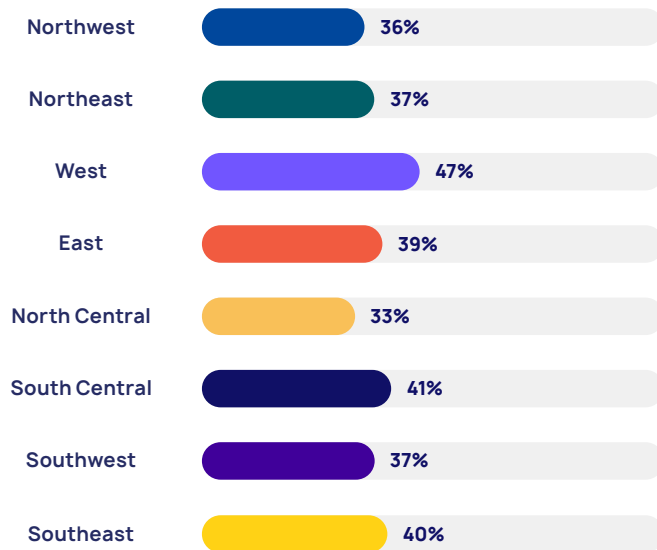
*Not significant

Rates of LGBTQ+ young people who have felt discriminated against in the past year by region

Due to their sexual orientation



Due to their gender identity



There were significant differences among subgroups. By age, LGBTQ+ young people in México aged 13 to 17 reported higher rates of discrimination based on sexual orientation (37%) and gender identity (41%), compared to their older peers aged 18 to 24 (31% and 37%, respectively).

Regarding differences by ethnicity and race, Black/Afro-descendant young people and those who identified as another race (i.e., not Mestiza/o/e, White, Black/Afro-descendant, Indigenous, or Mixed) reported the highest rates of discrimination due to their sexual orientation (42% and 40%, respectively).

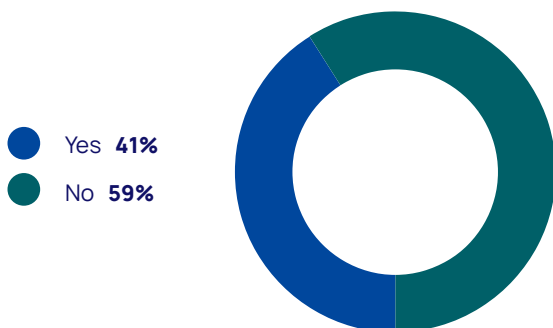
By sexual orientation, gay and lesbian young people reported the highest rates of discrimination due to their sexual orientation (45% and 42%, respectively).

By gender identity, cisgender boys and men reported the highest rate of discrimination due to their sexual orientation (40%). Trans boys and men reported the highest rate of discrimination due to their gender identity (61%).

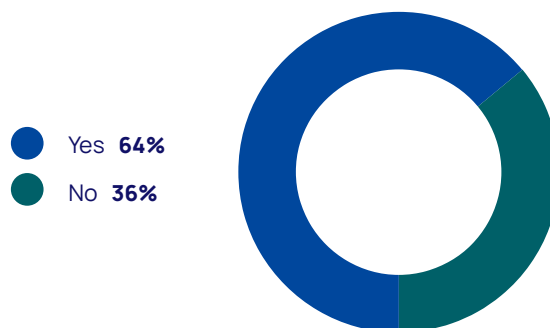
Geographically, LGBTQ+ young people in the West reported the highest rates of discrimination due to their sexual orientation and gender identity (39% and 47%, respectively).

Regarding gender expression, 41% of the sample reported experiencing discrimination due to their gender expression. This was more prevalent among trans and nonbinary young people in México, with over half (64%) reporting such experiences.

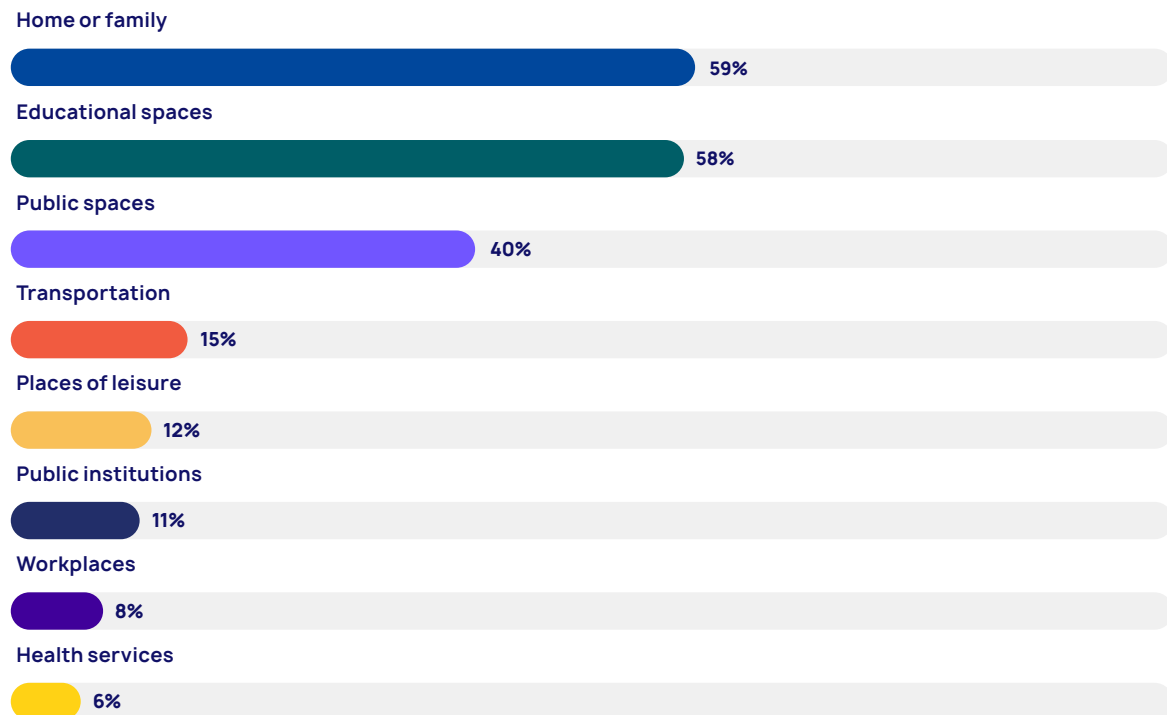
LGBTQ+ young people who reported experiencing discrimination based on gender expression



Trans and nonbinary young people who reported experiencing discrimination based on gender expression



Reported location(s) and person(s) involved in anti-LGBTQ+ discrimination

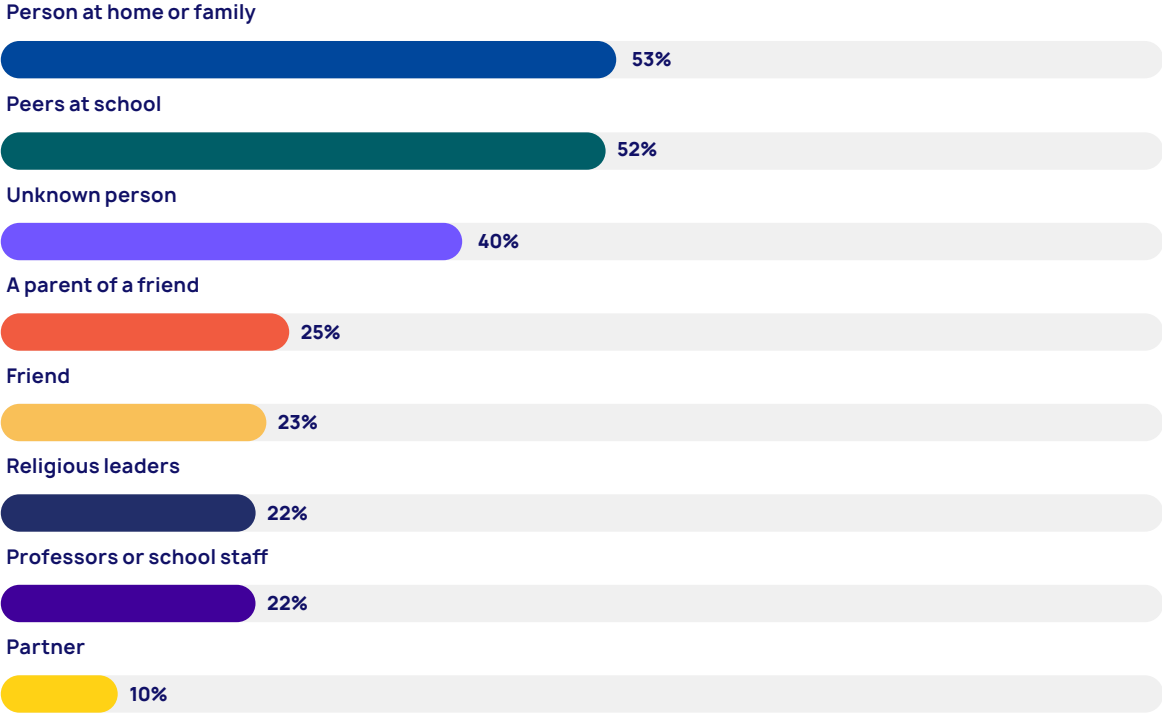


Discrimination was most frequently encountered at home with family members (59%) and in educational spaces (58%), followed by public spaces (40%).

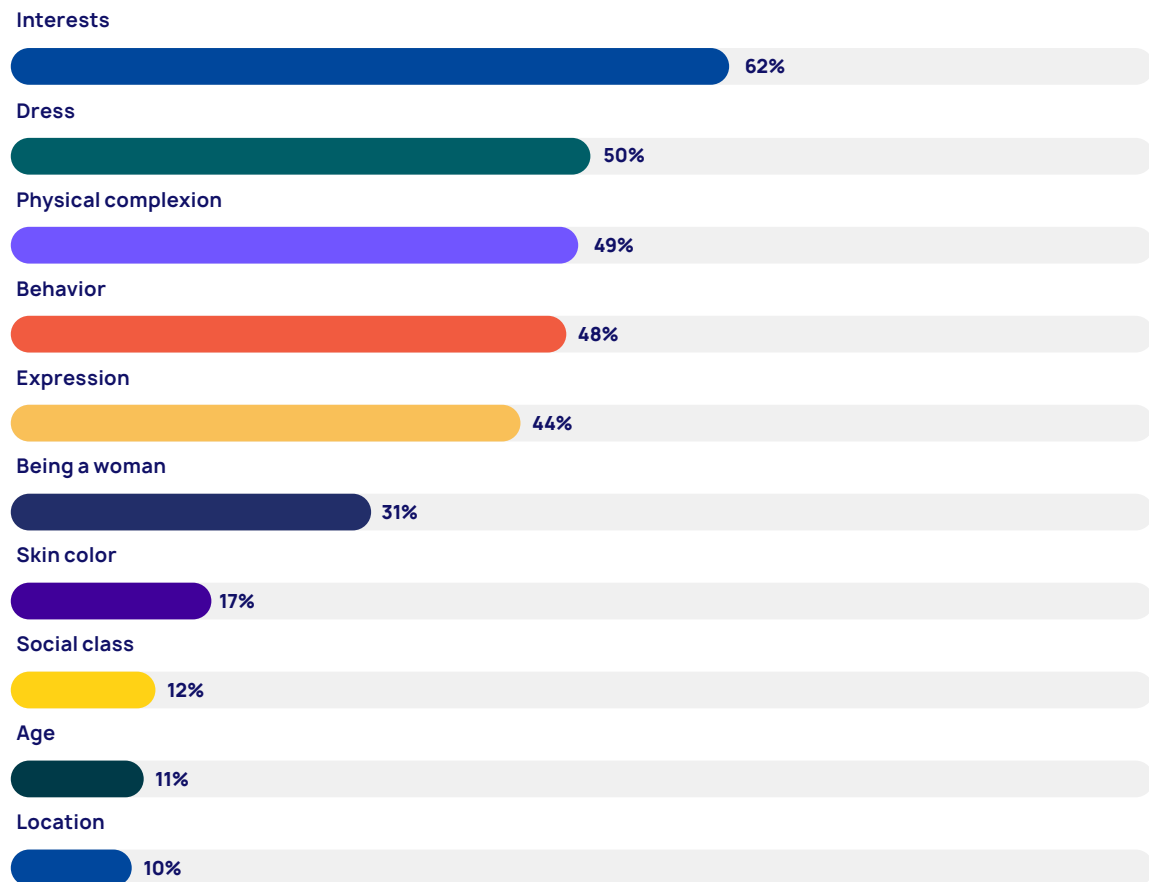
The primary sources of discrimination were often people in the home or family members (53%), peers from school (63%), or strangers (40%).

When considering social media platforms, LGBTQ+ young people identified Facebook as the social media platform with the most discriminatory or hate speech (at 64%), followed by X (formerly Twitter) (at 21%), and TikTok (at 12%).

Reported person(s) who engaged in discrimination of LGBTQ+ identity



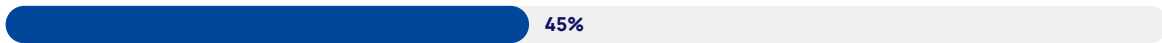
Reported reasons for experiencing any discrimination



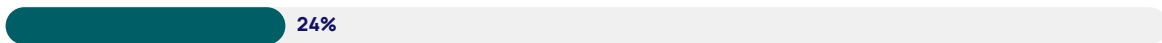
Participants cited various reasons for experiencing discrimination. The most common were their interests (62%), dress or clothing (50%), physical complexion (49%), behavior (48%), or expression (44%).

Past-year suicide attempts among LGBTQ+ young people

Felt discriminated against in the past year



Did not feel discriminated against in the past year



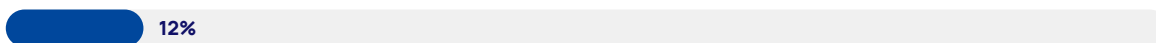
LGBTQ+ young people in México who reported experiencing discrimination due to either their sexual orientation or gender identity in the past year reported a significantly higher rate of attempting suicide in the past year (45%), compared to their peers who did not report these experiences (24%). Discrimination was also consistently associated with higher rates of other negative mental health outcomes. For instance, those who were discriminated against for their LGBTQ+ identity in the past year reported higher rates of depression symptoms (64% vs. 53%), anxiety symptoms (60% vs. 48%), self-harm (81% vs. 70%) and seriously considering suicide (64% vs. 45%), compared to those who did not report experiences of discrimination.

Homelessness, Running Away, or Being Kicked Out

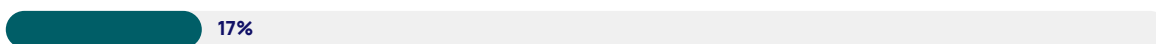
Regarding housing insecurity, 14% of LGBTQ+ young people in México reported ever being homeless, running away, or being kicked out by their parents or caregivers, including 12% of cisgender and 17% of trans and nonbinary young people. Among the LGBTQ+ young people who were homeless, ran away, or were kicked out, 40% attributed this situation to their LGBTQ+ identity.

Rates of LGBTQ+ young people who were homeless, ran away, or were kicked out by age

Ages 13-17

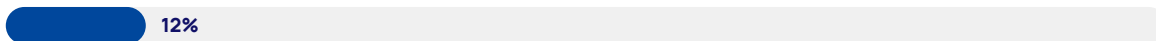


Ages 18-24

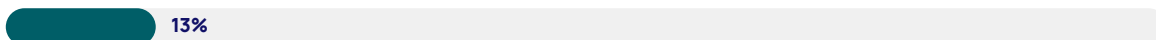


Rates of LGBTQ+ young people who were homeless, ran away, or were kicked out by gender identity

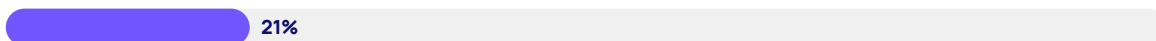
Cisgender boy/man



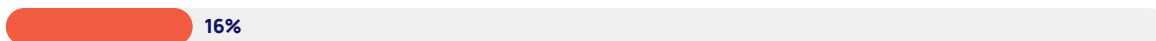
Cisgender girl/woman



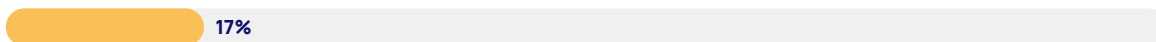
Transgender girl/woman



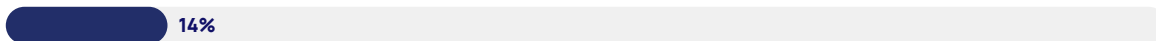
Transgender boy/man



Nonbinary, agender, genderfluid, genderqueer



Questioning



Rates of LGBTQ+ young people who were homeless, ran away, or were kicked out by race/ethnicity



There were significant differences among subgroups. By age, LGBTQ+ young people in México aged 18 to 24 reported a significantly higher rate of ever being homeless, running away, or being kicked out (17%), compared to their younger peers aged 13 to 17 (12%).

By race/ethnicity, Indigenous young people reported the highest rate of ever being homeless, running away, or being kicked out (20%).

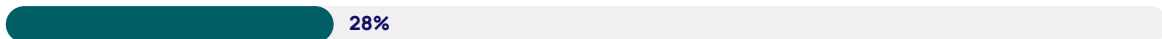
By gender identity, trans girls and women reported the highest rates of ever being homeless, running away, or being kicked out (21%).

Past-year suicide attempts among LGBTQ+ young people, comparison by ever having to run away or ever been kicked out by their parent(s) or caregiver(s)

Ever ran away or kicked out by caregivers



Never ran away or kicked out by caregivers



LGBTQ+ young people who reported ever being homeless, running away, or being kicked out by their parents or caregivers reported significantly higher rates of attempting suicide in the past year (55%), compared to their peers who never reported being homeless, running away, or being kicked out (28%).

Past-year suicide attempts among LGBTQ+ young people, comparison by ever having to run away or ever been kicked out due to their LGBTQ+ identity

Ever ran away or kicked out due to LGBTQ+ identity



Ran away or kicked out for another reason



Similarly, those who reported ever being homeless, running away, or being kicked out due to their LGBTQ+ identity reported even higher rates of a past-year suicide attempt (62%), compared to their peers who were homeless, ran away, or were kicked out for reasons other than their LGBTQ+ identity (50%).

Protective FACTORS

Support for LGBTQ+ Identity

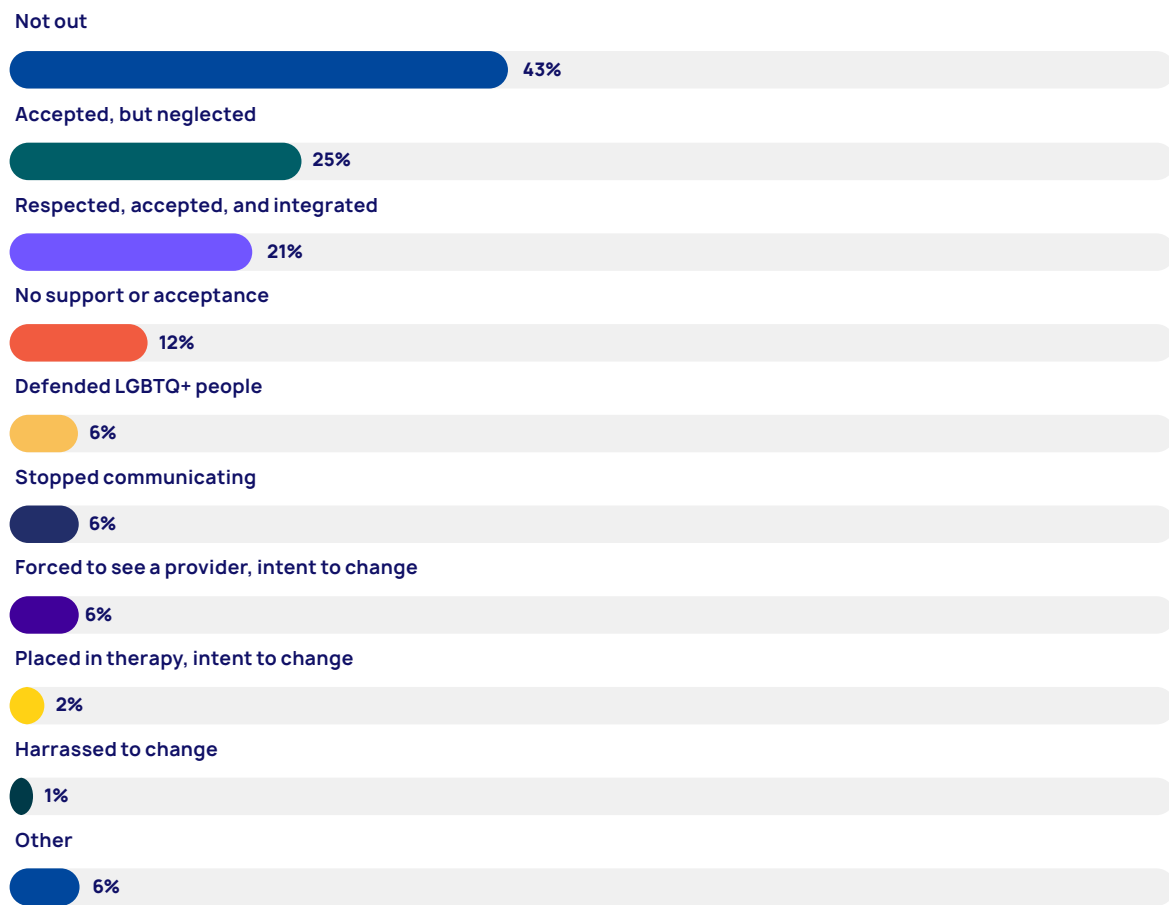
LGBTQ+ young people who received support for their sexual orientation reported lower rates of depression and past-year suicide attempts. Similarly, trans and nonbinary young people who experienced support for their gender identity from friends, and had many people in their lives who respected their pronouns, also reported significantly lower rates of attempting suicide in the past year.



LGBTQ+ young people in Mexico who were fully accepted by their families when they shared their identity



Family reaction to coming out

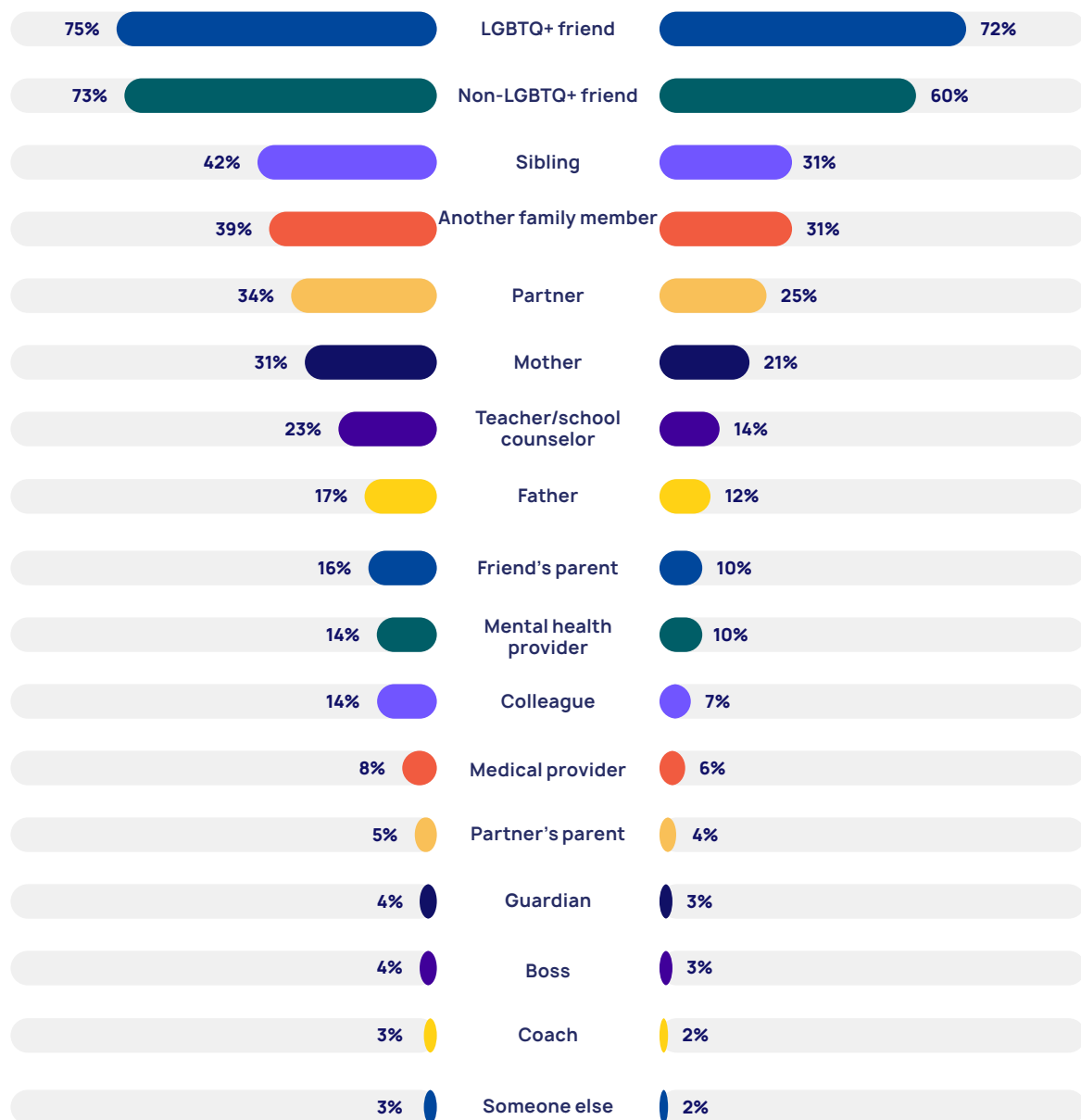


Almost half (43%) of LGBTQ+ young people reported that they had not shared their LGBTQ+ identity with their family or had not come out to them. Of those who were out to their family, just over a third (34%) were fully accepted by their family when they shared their identity.

Supportive people in the lives of LGBTQ+ young people

Support for sexual orientation

Support for gender identity



Friends were notably the most supportive group, especially for sexual orientation, with 75% of LGBTQ+ young people reporting LGBTQ+ friends being supportive and 73% reporting the same for non-LGBTQ+ friends. Family support was less common, with 31% receiving support from their mothers, 17% from their fathers, and 42% from their siblings.

Friend support for sexual orientation was protective against depression, anxiety, and past-year suicide attempts for LGBTQ+ young people in México. LGBTQ+ young people with such support reported significantly lower rates of a suicide attempt in the past year (32%), compared to their peers who did not have such support from friends (36%). Additionally, those with a non-LGBTQ+ friend who supported their sexual orientation reported lower rates of depression (56% vs. 62%) and anxiety (52% vs. 56%) symptoms.

Family support for sexual orientation was protective against symptoms of depression and anxiety for LGBTQ+ young people in México. LGBTQ+ young people whose family supported their sexual orientation reported significantly lower rates of symptoms of depression (56%), compared to their peers whose family did not support their sexual orientation (60%). More specifically, those with a mother who supported their sexual orientation reported lower rates of depression (52% vs. 60%) and anxiety (50% vs. 54%) symptoms, and those with support from their father showed similar benefits for depression (51% vs. 59%) and anxiety symptoms (49% vs. 54%).

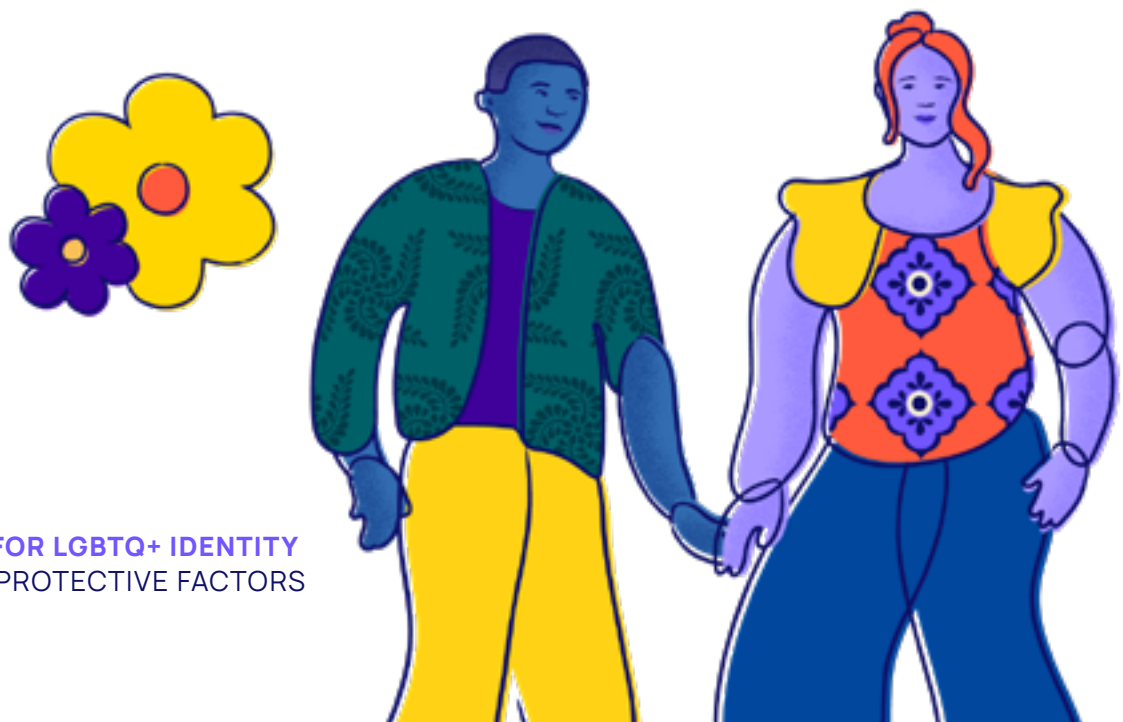
Support for gender identity from family was also protective against symptoms of depression and anxiety for LGBTQ+ young people in México. LGBTQ+ young people whose family supported their gender identity reported significantly lower rates of symptoms of depression (65%), compared to their peers whose family did not support their gender identity (60%). Mothers who supported their gender identity were associated with lower rates of depression (60% vs. 68%) and anxiety (56% vs. 60%) symptoms,

which was also true for supportive fathers for both depression (57% vs. 67%) and anxiety symptoms (54% vs. 60%).

Friend support of their gender identity was protective against depression, anxiety, and past-year suicide attempts for LGBTQ+ young people in México. LGBTQ+ young people who had friends who supported their gender identity reported significantly lower rates of a suicide attempt in the past year (42%), compared to their peers who did not have friends who supported their gender identity (52%). Additionally, those with a friend who supported their gender identity reported lower rates of depression (66% vs. 72%).

Non-LGBTQ+ friends providing gender identity support was also related to lower rates of depression (64% vs. 69%) and anxiety (52% vs. 56%) symptoms. Respondents generally found their support more satisfactory (73%) than family support (31%).

Friends also stand out in support of gender identity with 72% of LGBTQ+ young people reporting LGBTQ+ friends as supportive and 60% reporting non-LGBTQ+ friends as supportive. Conversely, mother (21%), father (12%), and sibling (31%) support occurred less frequently, and more generally, rates of support for gender identity were lower than sexual orientation support.



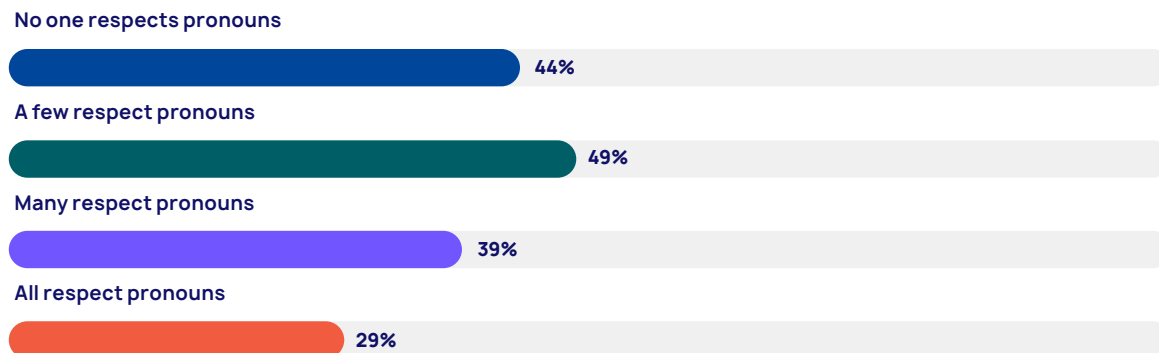
Gender Affirmation

How many people in your life respect your pronouns?



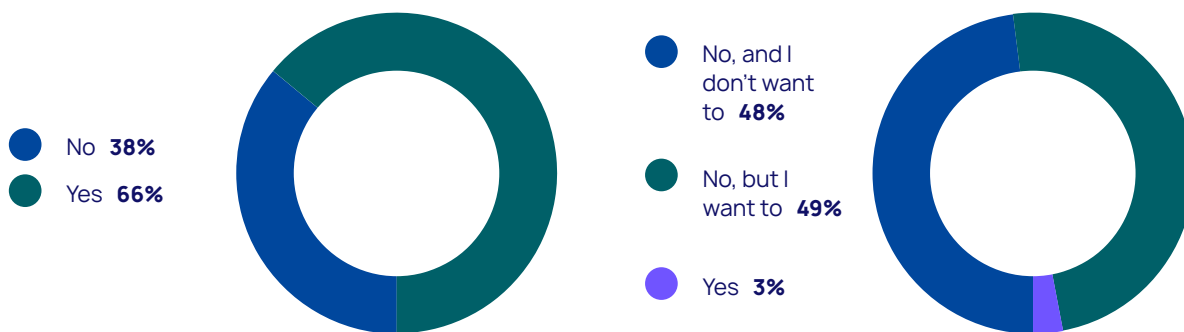
Only a third (33%) of trans and nonbinary young people in México reported that many or all people in their lives respected their pronouns.

Past-year suicide attempts among trans and nonbinary young people



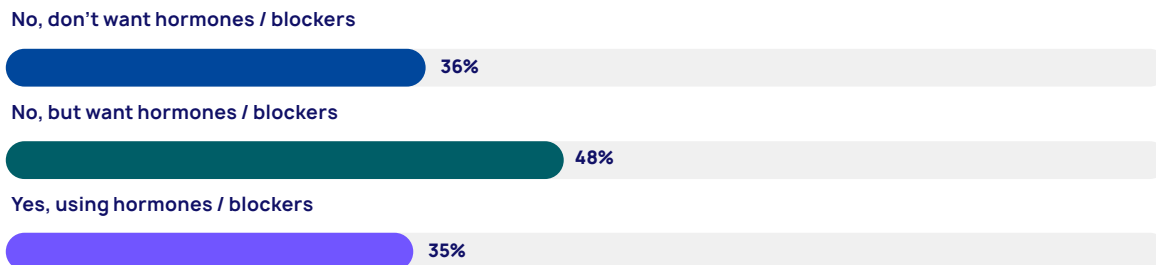
Having people in their lives who respected their pronouns was associated with lower rates of seriously attempting suicide in the past year among trans and nonbinary young people in México. Among those who had only a few people respecting their pronouns, 49% reported a past-year suicide attempt, compared to 29% of those who said everyone respected their pronouns.

Considering use of hormones/blockers and current use of hormones/blockers among trans and nonbinary young people



In terms of gender-affirming health care, only 3% of trans and nonbinary young people in México reported currently taking gender-affirming hormones. In contrast, 49% indicated a desire to take these hormones but were not currently doing so.

Past-year suicide attempts among trans and nonbinary young people, comparison by use of hormones/blockers

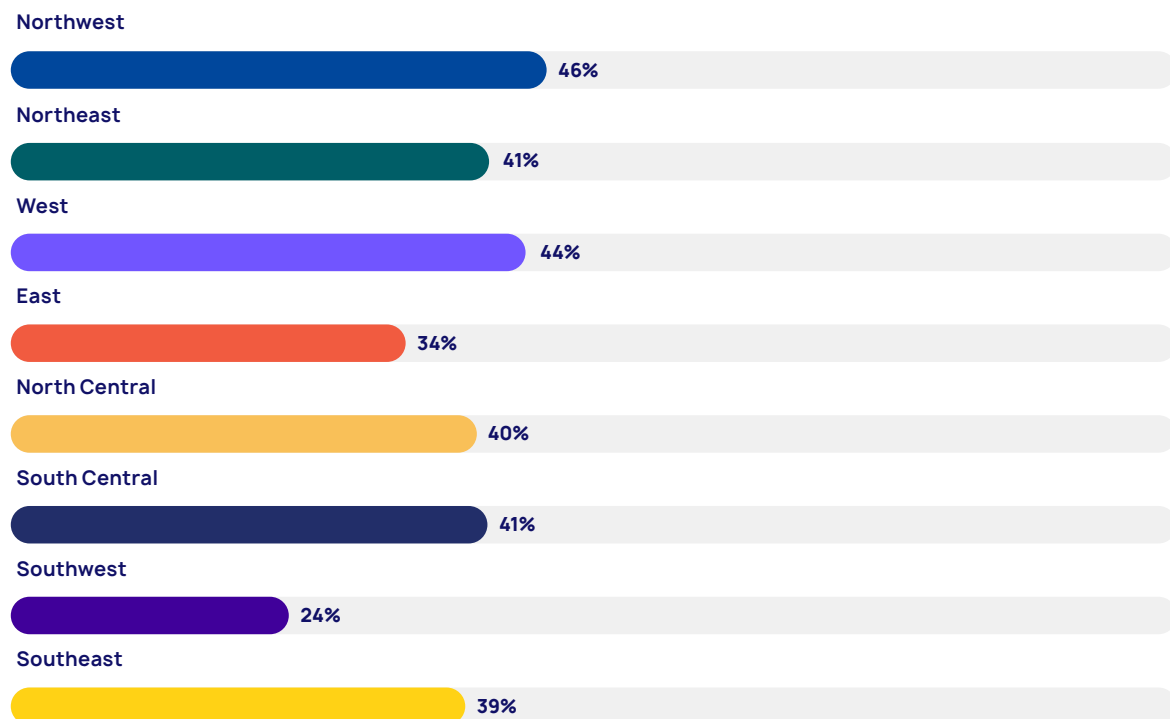


Trans and nonbinary young people who wanted gender-affirming care (e.g., hormones, blockers) but could not access it reported higher rates of a past-year suicide attempt (48%) compared to those who were able to access this care (35%).

Affirming Communities & Spaces

Regarding community acceptance, 40% of LGBTQ+ young people in México reported their community being somewhat or very accepting of LGBTQ+ people, while only 22% reported having access to an affirming home.

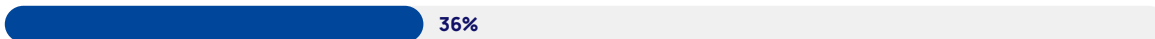
LGBTQ+ young people who reported living in accepting communities, comparison by region



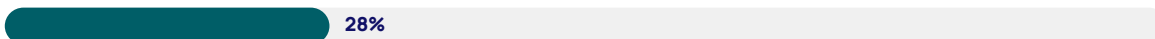
Regionally, respondents in the Northwest (46%) and West (44%) lived in the most accepting communities.

Suicide risk and mental health outcomes for LGBTQ+ young people, comparison by accepting communities: Past-year suicide attempt

Community is somewhat or very unaccepting



Community or very accepting



Suicide risk and mental health outcomes for LGBTQ+ young people, comparison by accepting communities: Symptoms of anxiety

Community is somewhat or very unaccepting



Community or very accepting



Suicide risk and mental health outcomes for LGBTQ+ young people, comparison by accepting communities: Symptoms of depression

Community is somewhat or very unaccepting

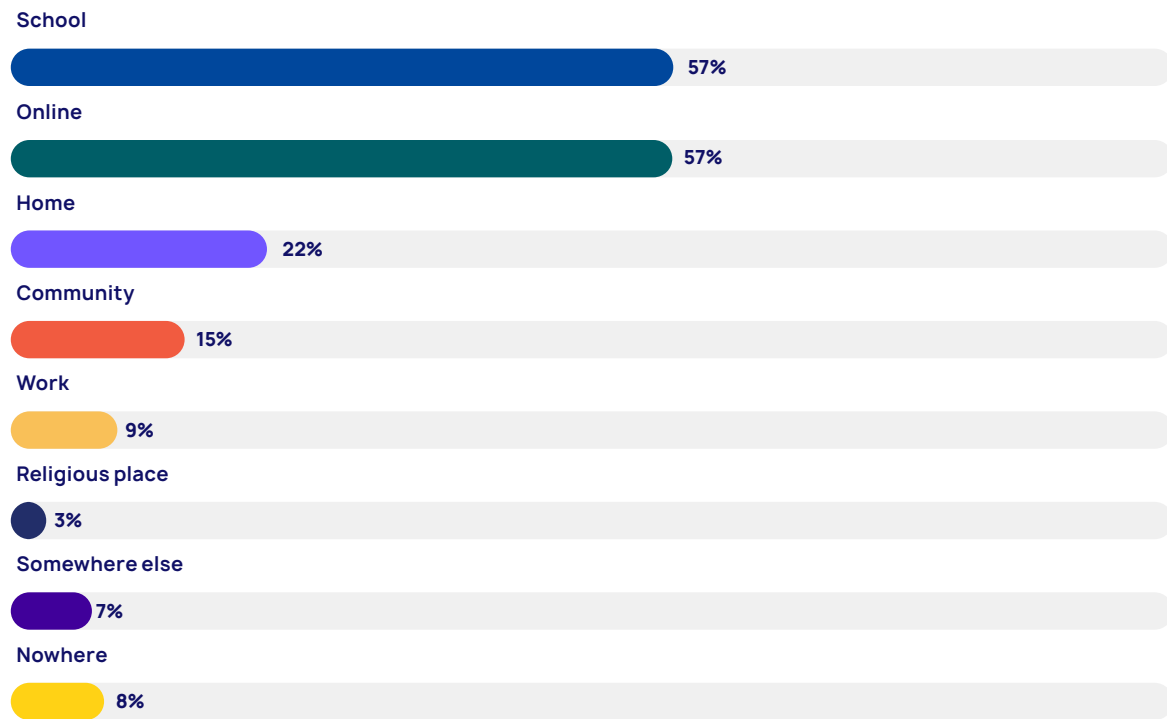


Community or very accepting



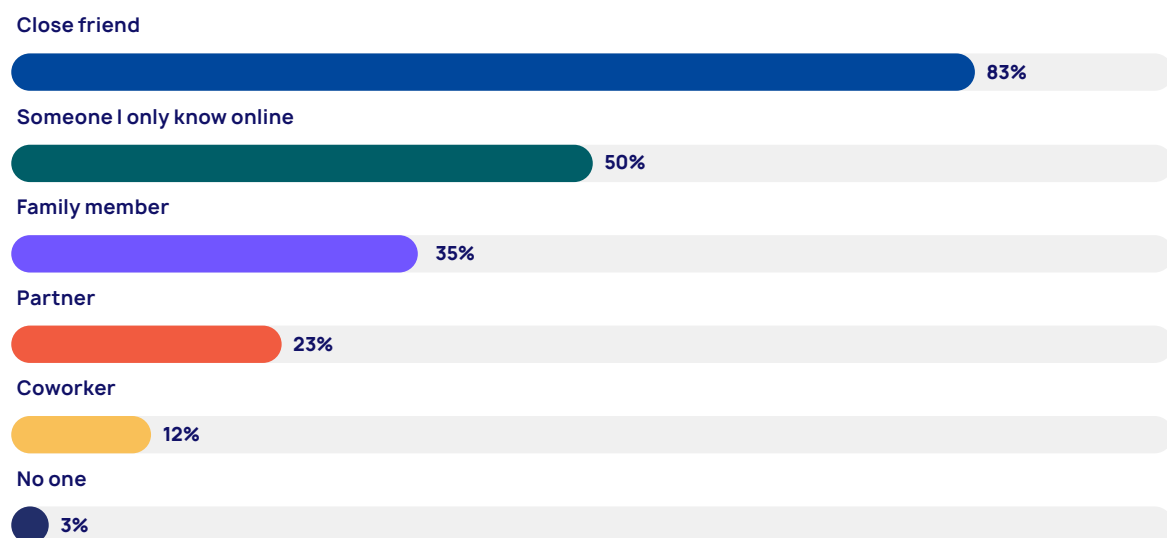
LGBTQ+ young people living in communities that were accepting of LGBTQ+ people reported a lower risk of attempting suicide in the past year (28%), as well as having lower rates of symptoms of anxiety (47%) and depression (51%), compared to their peers living in communities that were less accepting of LGBTQ+ people (36%, 57%, and 62%, respectively).

LGBTQ+ young people found affirming spaces at



LGBTQ+ young people reported most frequently finding affirming spaces at school or online (57% each), followed by home (22%) and in the community (15%).

Knowing someone else in the LGBTQ+ community



The vast majority of the sample (97%) reported knowing someone else who is LGBTQ+ in their community or online, most frequently being a close friend (83%) or someone online (50%).

Past-year suicide attempts among LGBTQ+ young people



Having access to an affirming home is protective against depression, anxiety, and suicide for LGBTQ+ young people in México. However, only 22% of young people reported having access to an affirming home. LGBTQ+ young people most frequently found that school and online spaces (both 57%) were the most likely to be affirming.

Those who had access to an affirming school reported lower rates of symptoms of anxiety (49%) and depression (53%), as well as past-year suicide attempts (30%), than those who did not (57%, 62%, and 37%, respectively).

Similarly, those who had access to an affirming home reported lower rates of symptoms of anxiety (45%) and depression (47%), as well as past-year suicide attempts (26%), than those who did not (55%, 61%, and 34%, respectively). Notably, the majority of the sample had past experiences where they avoided sharing their identity in spaces, such as at home or with family (69%), at school (58%), and in other public spaces (51%).

Positive Feelings about LGBTQ+ Identity

How do you feel about your sexual orientation and/or gender identity?

-  I don't like who I am **3%**
-  I don't fully accept myself **12%**
-  I don't feel bad about who I am, however, I prefer that others do not know **16%**
-  I accept who I am **23%**
-  I am happy about who I am **18%**
-  I am proud of who I am **28%**

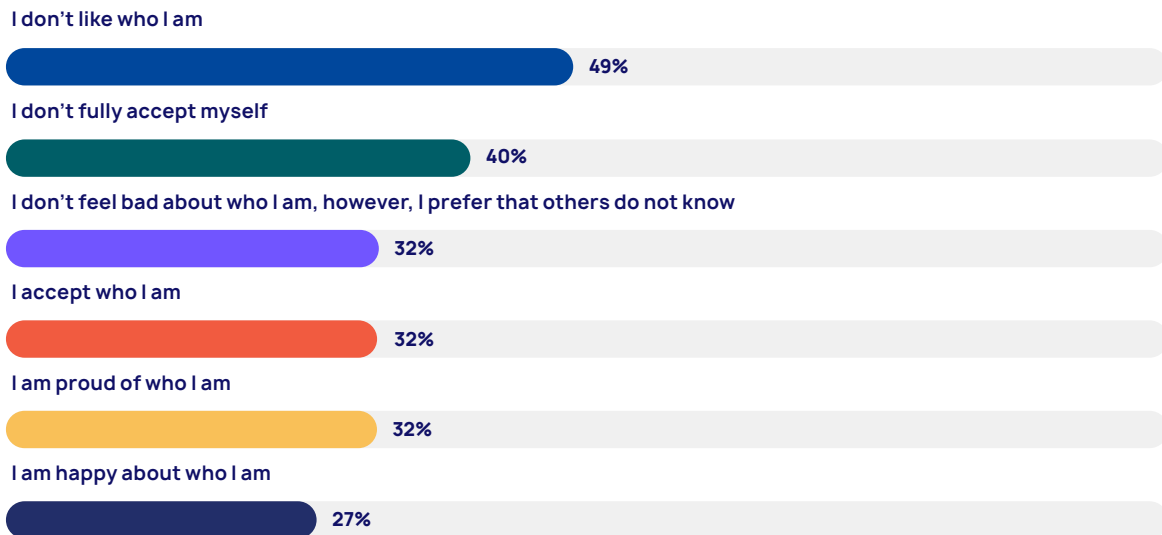


Sixty-nine percent of LGBTQ+ young people in México reported they had positive feelings about their sexual orientation or gender identity, with 46% reporting that they were happy or proud about their identity.



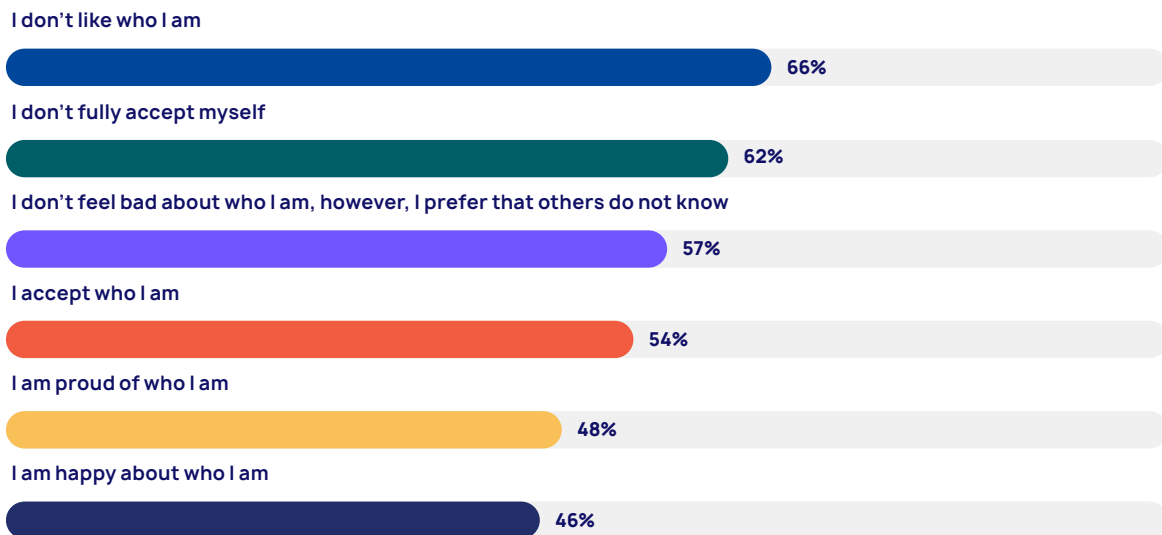
Past-year suicide attempts among LGBTQ+ young people

Past-year suicide attempt

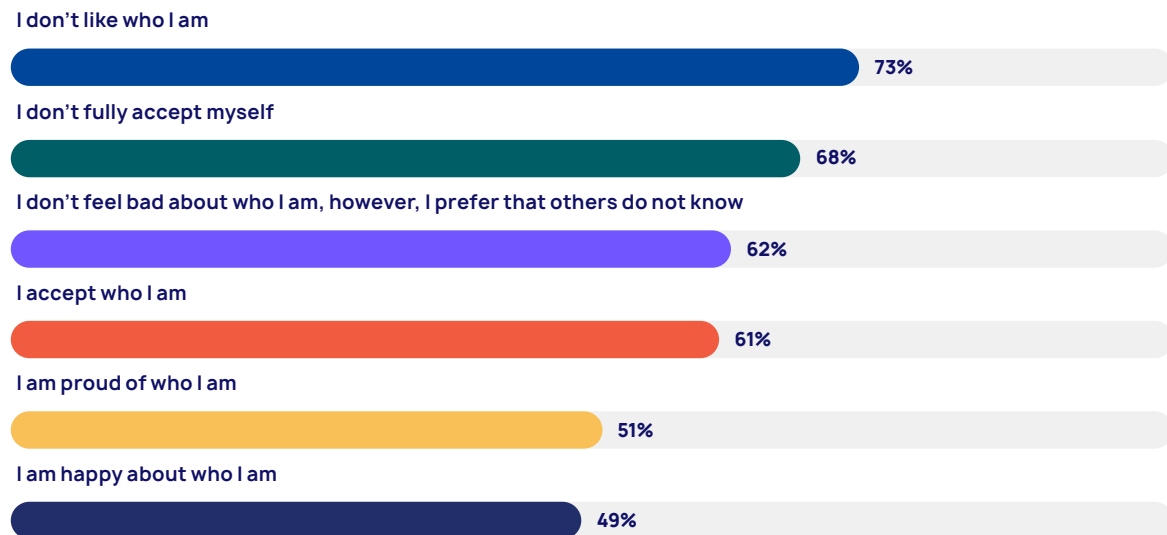


Past-year suicide attempts among LGBTQ+ young people

Symptoms of anxiety



Past-year suicide attempts among LGBTQ+ young people Symptoms of depression



Having positive feelings about their LGBTQ+ identity was associated with lower rates of past-year suicide attempts, anxiety, and depression. For example, LGBTQ+ young people in México who were happy about who they were reported lower rates of symptoms of anxiety (46%) and depression (49%), as well as past-year suicide attempts (27%), compared to their peers who reported not liking themselves or their identity (66%, 73%, and 49%, respectively).

Recommendations

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Recommendations

The mental health of LGBTQ+ young people in México must be a priority, given the alarmingly high risk of suicide among this group. This is evident from the high rates of LGBTQ+ young people who self-harmed, considered suicide, and attempted suicide in the past year. Particularly, subgroups such as younger, transgender and nonbinary, and Black/Afro-descendant LGBTQ+ young people reported even higher rates, highlighting the need for targeted prevention efforts, especially among LGBTQ+ young people who hold multiple marginalized identities. Our research aligns with other literature in identifying crucial risk and protective factors that, if addressed properly, could help alleviate stress and protect the LGBTQ+ community from future harm.

Access to supportive and accepting family, friends, and community members is key to fostering the health of LGBTQ+ young people. Support and acceptance from family and friends are among the most important protective factors against poor mental health and suicide among LGBTQ+ youth. However, our data indicate that support and acceptance are often lacking. A staggering 92% of LGBTQ+ young people in México have reported concealing their sexual orientation or gender identity from their family due to fear of rejection or harm (CONAPRED, 2018). This lack of support can lead to dire consequences, as evidenced by the fact that 50% of LGBTQ+ young people in México who attempted suicide reported that their attempt went unnoticed, with very few young people receiving the necessary support afterward. Conversely, those with access to

supportive networks and those who felt accepted had better mental health outcomes, highlighting the importance of a reliable and affirming support system.

Accessible, LGBTQ+ affirming health care and community services are vital for LGBTQ+ young people to cope with stressors and heal. Mental health care constitutes a fundamental human right and, therefore, should be available to all people and address all social, structural, and personal factors involved in mental health (World Health Organization, 2021). However, LGBTQ+ young people often have to rely on family in order to access mental health care and do not have their own financial freedom (Yaaj, 2021). Given that many families do not support or accept their LGBTQ+ children, and others may not be able to afford proper health care, this creates a problem with access when relying on families to provide needed health care services. The high cost of mental health services and low minimum wages in México further hinder access (Galindo, 2022). Additionally, unsupportive families occasionally threaten or send their children to conversion therapy. This scientifically baseless practice, which aims to change a person's LGBTQ+ identity, not only fails to support the LGBTQ+ young person, but often can contribute to an increased risk of a suicide attempt. Other families may kick their children out of the home for being LGBTQ+, which is not only associated with poor mental health, but it is also considered an act of cruelty within the General Law of the Rights of Girls, Boys and Adolescents in México (Espejo, 2021). This law emphasizes the protection of basic rights such as sustenance, housing, clothing, medical assistance, recreation, education, or instruction (Vélez Marrugo, 2019) for all young people. Therefore, displacing LGBTQ+ children from their homes violates these fundamental rights and is in direct conflict with the legal protections established in México. We strongly discourage any attempt to change a person's LGBTQ+ identity, and advocate against expulsion of LGBTQ+ young people from their homes.

LGBTQ+ young people sometimes do not find the psychological support they receive to be helpful. This may be because the care is not LGBTQ+ affirming or the providers are not competent in LGBTQ+ care. Past research has detailed negative experiences in seeking mental health services among LGBTQ+ people (Bidell, 2016), with many reporting difficulty in accessing specialized mental health services for LGBTQ+ people (Cabrera-Zapata et al., 2019; Gastelo-Flores & Padilla, 2020). There is a clear need for mental health providers to be knowledgeable about the problems facing LGBTQ+ young people in order for treatment to be considered helpful and effective (Rocha-Sánchez, 2022). We recommend additional training for medical and mental health care providers on LGBTQ+ identities and experiences, as well as systemic policy efforts to increase access to LGBTQ+ affirming services.

Transgender and nonbinary young people who desire gender-affirming care deserve access to appropriate treatments, which can be lifesaving. Transgender and nonbinary youth often desire and require access to gender-affirming health care, such as puberty blockers, prosthetics and shape wear, hormones, and surgical treatments. These treatments have consistently been found to be associated with better mental health outcomes. Of note, not all transgender and nonbinary people want or need gender-affirming health care; however, the research is clear: having the opportunity to access these health care options can improve their mental health (Vaitses-Fontanari et al., 2020). Additionally, given that our study shows that transgender and nonbinary people, especially transmasculine people, had higher rates of suicide compared to their cisgender peers, providing access to necessary care could be lifesaving.

Addressing the mental health of LGBTQ+ young people must be approached from an intersectional, systemic approach that includes all young people in the LGBTQ+ community. Discrimination and violence against Black/Afro-descendant LGBTQ+ people are high in Latin America

and the United States, but research is limited to countries like Brazil, Colombia, Nicaragua, and the U.S. (Inter-American Commission on Human Rights, 2015). Research on Asian, Middle Eastern, and Indigenous LGBTQ+ young people in México is also notably scarce. It must be a priority to raise awareness and generate timely protective policies for these marginalized communities, given their high risk for minority stress experiences and mental health issues. States that have been previously identified as especially anti-LGBTQ+ according to the ENADIS 2017, require regionally targeted efforts to protect LGBTQ+ young people.

In México and many other parts of the world, conversion therapy is still practiced and actively hurting LGBTQ+ youth – this practice must be stopped. Conversion therapy, often based on the misguided belief that LGBTQ+ people have a pathology or illness, aims to change or “cure” their sexual orientation or gender identity. This dangerous and discredited practice is not only ineffective, but also associated with an increased risk of suicide. Despite the Mexican Senate passing a bill in 2022 to ban conversion “therapy” (Slinn, 2022), the practice continues according to our data. Further policy change is needed in order to eradicate this practice and protect the lives of LGBTQ+ young people. Similarly, it is important to raise awareness and mandate that all health care is LGBTQ+ competent and affirming in order to prevent and intervene against health problems for an especially vulnerable community. By approaching future research endeavors from an international perspective, as well as advancing policy to be protective of LGBTQ+ young people, the health of LGBTQ+ young people can be better protected and their lives uplifted.

About The Trevor Project

[The Trevor Project](#) is the leading suicide prevention and crisis intervention organization for LGBTQ+ young people. Trevor offers 24/7 crisis services, connecting highly trained counselors with LGBTQ+ young people whenever they need support. To drive prevention efforts, The Trevor Project also operates robust research, advocacy, education, and peer support programs.

If you or someone you know needs help or support, The Trevor Project's trained crisis counselors are available 24/7 at **1-866-488-7386**, via chat at [TheTrevorProject.org/Get-Help](https://www.thetrevorproject.org/Get-Help), or by texting START to **678678**.

This report was led by The Trevor Project's Research Team in the United States, in collaboration with our academic partners Dr. Tania Esmeralda Rocha Sánchez and Aline Itzel Blanco Vera at Universidad Nacional Autónoma de México. The authors of this report acknowledge the contributions of the following individuals: Dr. Jonah DeChants, Dr. Myeshia Price, Dr. Will Cole, Marissa Cohnen, Nolan Scott, Nathanio Strimpopulos, Zach Eisenstein, Nicholas Turton, Elliott Sylvester, Kevin Wong, Pablo Aguilera, Javier Hernández, Pamela Castillo, Gloria Ruiz, Yaaj Transformando tu Vida A.C. (Yaaj México), Asociación por las Infancias Transgénero A.C. (Infancias Trans), and The Trevor Project México. Special thanks are also extended to all the participants for their valuable time and insights.

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References:

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- 
- Bidell, M. P. (2016). Treating transgressors: Mental health providers and LGBT issues. *Journal of Psychological Therapies*, 1(1), 7-10.
- Cabrera-Zapata, E. C., Salinas, O. L. C., Galeano, I. P., Saldanha, B. L., Lemos, A., & Albarracin, D. G. E. (2019). It continues to be a taboo knowledge and practices of the health team regarding the attention towards the LGBTI population/Ainda um tabu conhecimentos e práticas na atenção à saúde para a população LGTBI. *Revista de Pesquisa Cuidado é Fundamental Online*, 11(3), 836-842. <https://doi.org/10.9789/2175-5361.2019.v11i3.836-842>
- Castro Silva, E., Benjet, C., Juárez García, F., Jurado Cárdenas, S., Lucio Gómez-Maqueo, M. E., & Valencia Cruz, A. (2016). Adaptation and psychometric properties of the Inventory of Statements About Self-injury in Mexican students. *Acta de Investigación Psicológica*, 6(3), 2544-2551. <https://doi.org/10.1016/j.aiprr.2016.08.004>
- Chan, R. C., & Leung, J. S. Y. (2023). Monosexism as an additional dimension of minority stress affecting mental health among bisexual and pansexual individuals in Hong Kong: The role of gender and sexual identity integration. *The Journal of Sex Research*, 60(5), 704-717. <https://doi.org/10.1080/00224499.2022.2119546>
- CONAPRED. (2018). Encuesta sobre Discriminación por Motivos de Orientación Sexual e Identidad de Género (ENDOSIG). <http://www.conapred.org.mx/index.php?contenido=pagina&id=611>
- Espejo Y., N. (2021). La responsabilidad parental en el derecho, una mirada comparada. México. Centro de Estudios Constitucionales de la Suprema Corte de Justicia de la Nación. <http://dx.doi.org/10.21503/lex.v21i31.2476>
- Galindo, J. (2022, February 22). El costo de la salud mental, ¿Cuánto cuesta ir al psicólogo? *El Economista*. <https://www.eleconomista.com.mx/finanzaspersonales/El-costode-la-salud-mental-Cuanto-cuesta-ir-al-psicologo-20220222-0084.html>
- Gastelo-Flores, C., & Padilla, M. Á. S. (2020). Prejuicio, discriminación y homofobia hacia las personas LGBTTTI desde el ámbito de la salud mental. *Revista Científica del Amazonas*, 3(5), 67-80. <https://doi.org/10.34069/RC/2020.5.06>
- García-Mijares, J. F., de Jesús Alejo-Galarza, G., Mayorga-Colunga, S. R., Guerrero-Herrera, L. F., & Ramírez-GarcíaLuna, J. L. (2015). Validación al español del Self-Harm Questionnaire para detección de autolesionismo en adolescentes. *Salud Mental*, 38(4), 287-292. <https://doi.org/10.17711/sm.0185-3325.2015.039>
- Gilbey, D., Mahfouda, S., Ohan, J., Lin, A., & Perry, Y. (2020). Trajectories of mental health difficulties in young people who are attracted to the same gender: A systematic review. *Adolescent Research Review*, 5, 281-293. <https://doi.org/10.1007/s40894-019-00128-8>
- Gil-Borrelli, C. C., Velasco, C., Iniesta, C., Beltrán, P. D., Curto, J., & Latasa, P. (2017). Hacia una salud pública con orgullo: equidad en la salud en las personas lesbianas, gais, bisexuales y trans en España. *Gaceta Sanitaria*, 31, 175-177. <https://doi.org/10.1016/j.gaceta.2016.09.013>

References:

Gil-Llario, M. D., Fernández-García, O. A., & Bergero-Miguel, T. (2020). Perfil sociodemográfico asociado a la ideación suicida de las personas transexuales. *Informació Psicològica*, (120), 93-105. <https://doi.org/10.14635/IPSIC.2020.120.3>

Gorse, M. (2022). Risk and protective factors to LGBTQ+ youth suicide: A review of the literature. *Child and Adolescent Social Work Journal*, 39(1), 17-28. <https://doi.org/10.1007/s10560-020-00710-3>

Hawton, K., & Harriss, L. (2007). Deliberate self-harm in young people: Characteristics and subsequent mortality in a 20-year cohort of patients presenting to hospital. [CME]. *Journal of Clinical Psychiatry*, 68(10), 1574. <https://doi.org/10.4088/JCP.V68N1017>

Hernández-Limonchi, M. P., Pérez-López E. D. P., & Wence-Partida, N. E. (2023). Doble identidad, doble condena: una mirada a la discriminación y desigualdad laboral de las personas indígenas LGTB+ en Cuetzalan del Progreso, Puebla. *Revista Latinoamericana de Derecho Social*, (37), 195-216. <https://doi.org/10.22201/ijj.24487899e.2023.37.18544>

Hottes, T. S., Bogaert, L., Rhodes, A. E., Brennan, D. J., y Gesink, D. (2016). Lifetime Prevalence of Suicide Attempts Among Sexual Minority Adults by Study Sampling Strategies: A Systematic Review and Meta-Analysis. *American Journal of Public Health*, 106(5), 921. <https://doi.org/10.2105/ajph.2016.303088a>

Instituto Nacional de Estadística y Geografía. (2021). Encuesta Nacional sobre Diversidad Sexual y de Género (ENDISEG) 2021. https://en.www.inegi.org.mx/contenidos/productos/prod_serv/contenidos/espanol/bvinegi/productos/nueva_estruc/889463770213.pdf

Johns, M. M., Lowry, R., Andrzejewski, J., Barrios, L. C., Demissie, Z., McManus, T., Rasberry, C. N., Robin, L., Underwood, J. M. (2019). Transgender identity and experiences of violence victimization, substance use, suicide risk, and sexual risk behaviors among high school students – 19 states and large urban school districts, 2017. *MMWR Morbidity Mortality Weekly Report*, 68(3), 67-71. <http://dx.doi.org/10.15585/mmwr.mm6803a3>

Johns, M. M., Lowry, R. R., Haderxhanaj, L. T., Rasberry, C., Robin, L., Scales, L., Stone, D., Suarez, N., & Underwood, J. M. (2020). Trends in violence victimization and suicide risk by sexual identity among high school students – youth risk behavior survey, United States, 2015–2019. *MMWR Morbidity Mortality Weekly Report*, 69(Suppl-1), 19–27. <http://dx.doi.org/10.15585/mmwr.su6901a3>

Jourian, T. J. (2015). Evolving nature of sexual orientation and gender identity. *New Directions for Student Services*, 2015(152), 11-23. <https://doi.org/10.1002/ss.20142>

Löwe, B., Decker, O., Müller, S., Brähler, E., Schellberg, D., Herzog, W., & Herzberg, P. Y. (2008). Validation and standardization of the Generalized Anxiety Disorder Screener (GAD-7) in the general population. *Medical Care*, 46, 266–274. https://www.academia.edu/download/47349912/Validation_and_Standardization_of_the_Ge20160719-7653-16fhxoc.pdf

Löwe, B., Kroenke, K., & Gräfe, K. (2005). Detecting and monitoring depression with a two-item questionnaire (PHQ-2). *Journal of Psychosomatic Research*, 58(2), 163–171. <https://doi.org/10.1016/j.jpsychores.2004.09.006>



References:

Lozano-Verduzco, I., Fernández-Niño, J. A., & Baruch-Domínguez, R. (2017). Association between internalized homophobia and mental health indicators in LGBT individuals in México City. *Salud Mental*, 40(5), 219-225. <https://doi.org/10.17711/SM.0185-3325.2017.028>

Lozano-Verduzco, I., Cruz del Castillo, C., & Padilla Gámez, N. (2018). Homofobia internalizada, discriminación, violencia y salud mental de mujeres lesbianas y bisexuales. *Aportaciones Actuales de la Psicología Social*, 4, 1177-1192. <http://dx.doi.org/10.14349/rlp.2019.v51.n1.3>

Martínez, M. F., Reyes, C. E., & Lespier, Z. (2017). Actitudes, conocimiento y distancia social de psicoterapeutas con la comunidad transgénero y transexual. *Revista Puertorriqueña de Psicología*, 28(1), 98-113. <https://dialnet.unirioja.es/servlet/articulo?codigo=5891759>

Martínez, C., Tomicic, A., Dominguez, M., & Spuler, C. (2022). Internalización del estigma en personas LGB: Análisis de su impacto sobre la salud mental y la búsqueda de ayuda psicoterapéutica en Chile. *Terapia psicológica*, 40(1), 49-69. <http://dx.doi.org/10.4067/s0718-48082022000100049>

McCann, E., & Sharek, D. (2014). Survey of lesbian, gay, bisexual, and transgender people's experiences of mental health services in Ireland. *International Journal of Mental Health Nursing*, 23(2), 118-127. <https://doi.org/10.1111/inm.12018>

Mendoza, J. C., Ortíz, L., Román, R., & Rojas, A. (2016). Principales resultados del Diagnóstico Situacional de Personas LGBTIQ de México 2015. México, DF: UAM-Xochimilco. <https://doi.org/10.13140/RG.2.2.35792.35840>

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674. <https://doi.org/10.1037/0033-2909.129.5.674>

Ortiz-Hernández, L., & García-Torres, M. I. (2005). Efectos de la violencia y la discriminación en la salud mental de bisexuales, lesbianas y homosexuales de la Ciudad de México. *Cadernos de Saúde Pública*, 21, 913-925. https://www.scielosp.org/article/ssm/content/raw/?resource_ssm_path=/media/assets/csp/v21n3/26.pdf

Pardo, I. M., Balaguer, M. G., Murillo, F. H., Navarro, E. C., Izquierdo, E. S., & Ariño, C. M. (2021). Antecedentes de comportamientos autolesivos y autolíticos en población adolescente y adulta joven transexual, atendida en una unidad especializada en identidad de género en España. *Endocrinología, Diabetes y Nutrición*, 68(5), 338-345. <https://doi.org/10.1016/j.endinu.2020.04.006>

Porta, C. M., Watson, R. J., Doull, M., Eisenberg, M. E., Grumdahl, N., & Saewyc, E. (2018). Trend disparities in emotional distress and suicidality among sexual minority and heterosexual Minnesota adolescents from 1998 to 2010. *Journal of School Health*, 88(8), 605-614. <https://doi.org/10.1111/josh.12650>

Rocha-Sánchez, T. E. (2022). Acompañamiento psicológico de personas LGBTIQANB+: El llamado a un ejercicio profesional crítico, ético y emancipador. *Género y Salud en Cifras*, 20, 20-35.

References:

Slinn, A. (2022, October 13). Mexican Senate passes bill to ban conversion practices after four-year impasse. Global Equality Caucus. <https://equalitycaucus.org/news/article/mexican-senate-passes-bill-to-ban-conversion-practices-after-four-year-impasse>

Taylor, P. J., Dhingra, K., Dickson, J. M., & McDermott, E. (2018). Psychological correlates of self-harm within gay, lesbian and bisexual UK university students. *Archives of Suicide Research*, 24 (1), 41-56, <https://doi.org/10.1080/13811118.2018.1515136>

Inter-American Commission on Human Rights. (2015). *Violencia contra personas lesbianas, gays, bisexuales, trans e intersex en América*. Comisión Interamericana de Derechos Humanos. <https://www.oas.org/es/cidh/informes/pdfs/ViolenciaPersonasLGBTI.pdf>

The Trevor Project. (2023). 2023 U.S. national survey on the mental health of LGBTQ young people. <https://www.thetrevorproject.org/survey-2023/>

Tomicic, A., Galvez, C., Quiroz, C., Martinez, C., Fontbona, J., Rodriguez, J., ... & Lagazzi, I. (2016). Suicide in lesbian, gay, bisexual and trans populations: Systematic review of a decade of research (2004-2014). *Revista Médica de Chile*, 144 (6), 723-733. <https://doi.org/10.4067/s0034-98872016000600006>

Tomicic, A., Immel, N., & Martínez, C. (2021). Experiencias de ayuda psicológica y psicoterapéutica de jóvenes LGBT sobrevivientes a procesos de suicidio. *Revista Interamericana de Psicología/ Interamerican Journal of Psychology*, 55 (1). <https://doi.org/10.30849/ripijp.v55i1.1453>

Turban, J. L., King, D., Carswell, J. M., & Keuroghlian, A. S. (2020). Pubertal suppression for transgender youth and risk of suicidal ideation. *Pediatrics*, 145 (2). <https://doi.org/10.1542/peds.2019-1725>

Vaitses-Fontanari, A. M. V., Vilanova, F., Schneider, M. A., Chinazzo, I., Machado-Soll, B., Schwarz, K., Rodríguez-Lobato, M.I., & Brandelli Costa, A. (2020). Gender affirmation is associated with transgender and gender nonbinary youth mental health improvement. *LGBT Health*, 7(5), 237-247. <https://doi.org/10.1089/lgbt.2019.0046>

Vélez Marrugo, M. D. R. (2019). *Violencias silenciadas, silencios que legitiman: análisis de la violencia intrafamiliar hacia personas LGBT en el Caribe colombiano*. [Thesis, University of Cartagena]. UC Institutional Repository. <http://dx.doi.org/10.57799/11227/10270>

World Health Organization. (2021). *Suicide worldwide in 2019: Global health estimates*. <https://apps.who.int/iris/bitstream/handle/10665/341728/9789240026643-eng.pdf>

Yaaj México (2021). *Informe: Impacto diferenciado ante la COVID-19 en la comunidad LGBTI+ en México*. COPRED y YAAJ. <https://goo.su/DxT4>



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