Research Brief: The Mental Health and Experiences of LGBTQ+ Young People in the Rural U.S.

LGBTQ+ young people living in rural areas were half as likely as those in non-rural areas to say their community was supportive of LGBTQ+ people (34% vs. 67%).

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Key Findings

Compared to LGBTQ+ young people living in non-rural areas, those in rural areas:

- Face higher rates of victimization, including physical threats or harm (27% vs. 22%) and bullying (56% vs. 47%).
- Report fewer supportive spaces, including at home (34% vs. 41%) and school (40% vs. 53%).
- Are half as likely to say their community is supportive (34% vs. 67%), with TGNB young people reporting even lower rates (31% TGNB vs. 40% cisgender rural youth).
- Are more likely to have considered suicide (43% vs. 38%).
- Have less access to mental health care, with only 47% of those who wanted care able to get it, compared to 51% in non-rural areas.

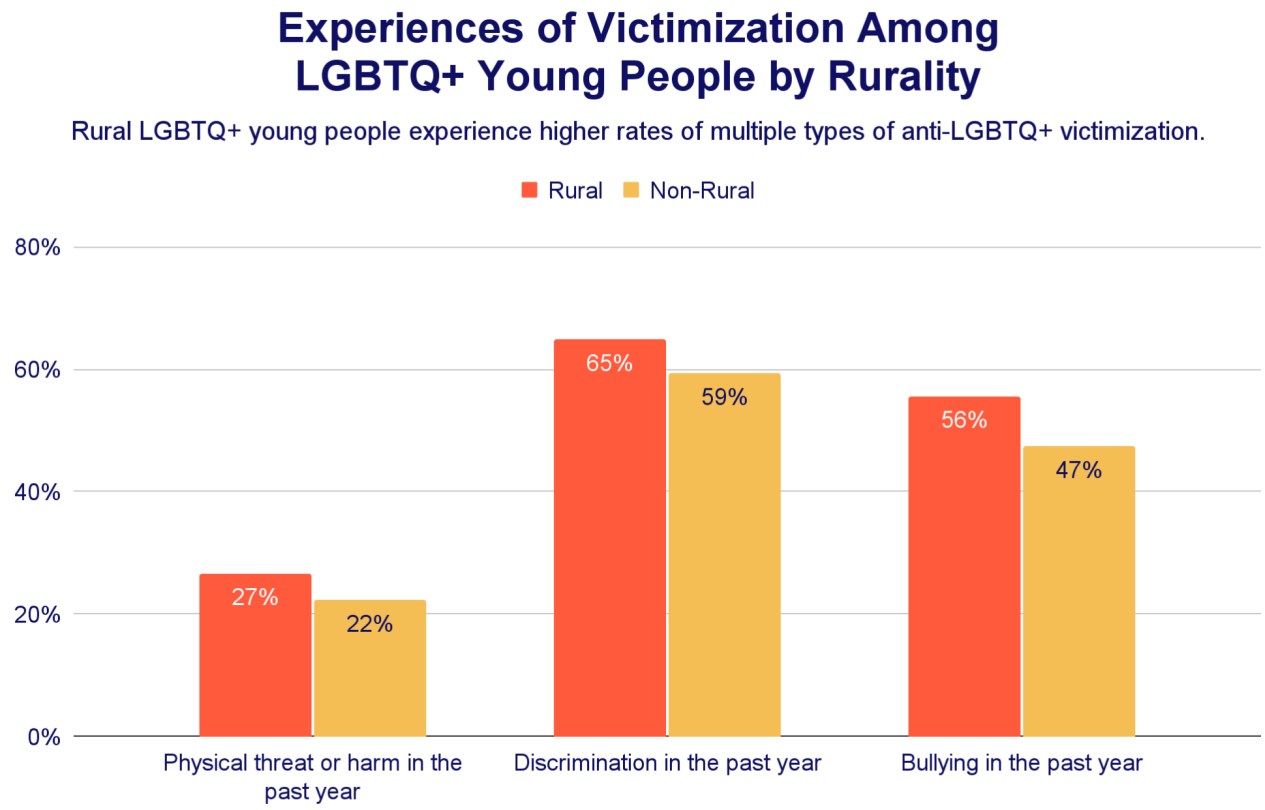
Background

Geographic location is associated with several determinants of health, such as housing, air and water quality, access to education and employment, and the availability of health care – to the extent that life expectancy can differ by nearly nine years depending on the state in which a person lives.[1,2] Location can further influence health due to its association with policy and the social environment, which are two relevant factors for the well-being of LGBTQ+ young people. Despite the robust link between location and health, there remains sparse research on how rural environments shape the health of people who live there.[3] There is growing research about the relationship between rurality and the health of LGBTQ+ people, although most of this work features data from cisgender lesbian, gay, and bisexual adults.[4] Using data from The Trevor Project's 2024 U.S. National Survey on the Mental Health of LGBTQ+ Young People, this brief seeks to contribute to the knowledge base of what is known about the experiences of LGBTQ+ young people living in rural areas by documenting differences across a variety of health and wellness indicators.

Results

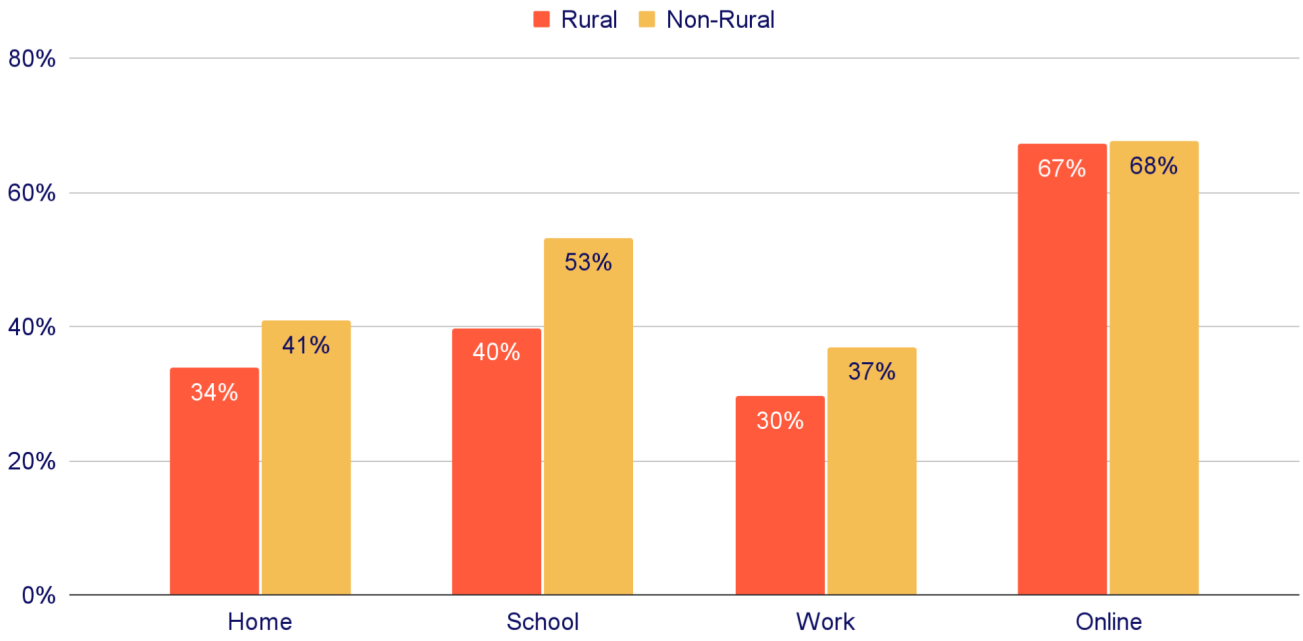
A minority (9%) of LGBTQ+ young people reported living in a rural area, with the rest living in a large city (18%), suburb (36%), or a small town (38%). While rural and non-rural LGBTQ+ young people shared many demographic similarities, rural respondents were less likely to be people of color than non-rural respondents (22% vs. 41%). Rural residents were also more likely to report that they were just able to meet their basic needs, if at all, compared to non-rural residents (34% vs. 26%).

Compared to LGBTQ+ young people living in non-rural areas, those in rural areas were more likely to report experiences of physical threat or harm (27% vs. 22%) and discrimination (65% vs. 60%) due to their sexual orientation or gender identity in the past year. Rural respondents were also more likely to report a past-year experience of in-person or online bullying compared to their non-rural counterparts (56% vs. 47%). Additionally, there were differences in access to supportive spaces, with rural respondents being less likely to report that their home (34% vs. 41%), school (40% vs. 53%), and work (30% vs. 37%) environments were supportive of their LGBTQ+ identity compared to non-rural respondents. However, support in online spaces did not differ between rural and non-rural LGBTQ+ young people, with 68% of all respondents reporting access to an online space that was supportive of their LGBTQ+ identity.



Access to Supportive Spaces Among LGBTQ+Young People by Rurality

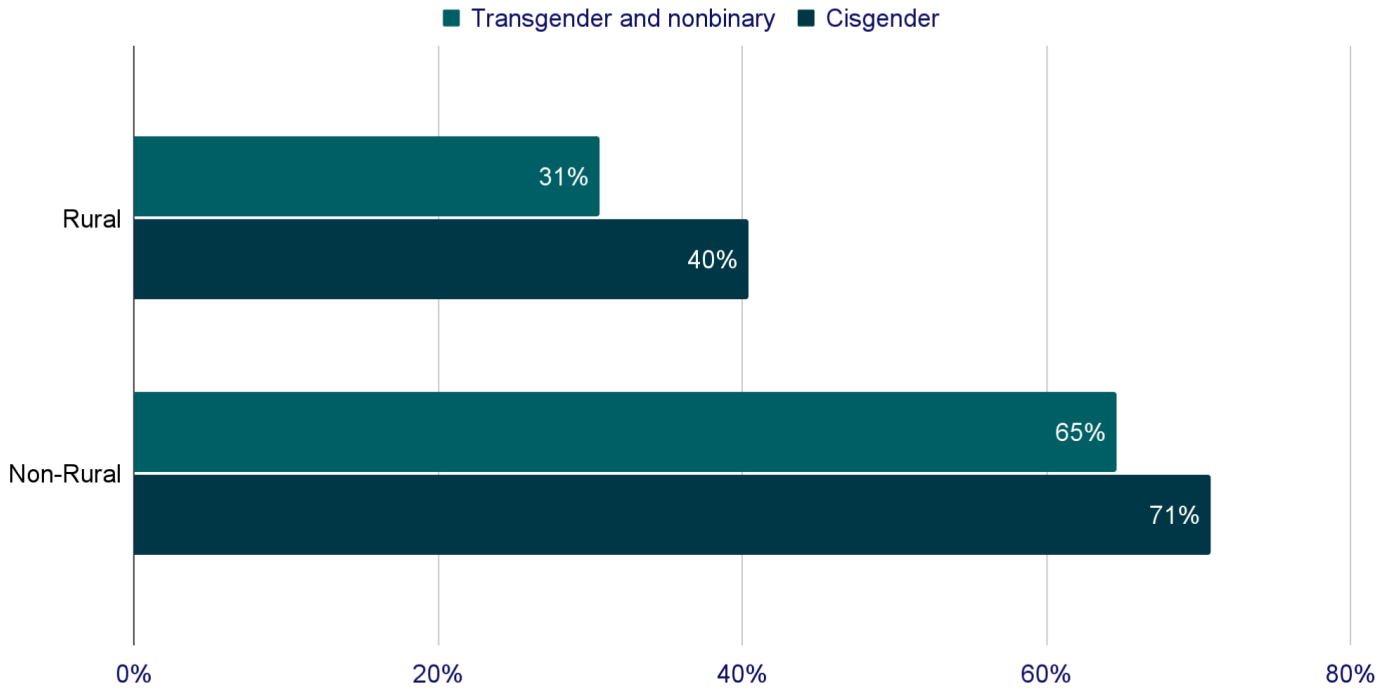
LGBTQ+ young people in rural areas report less access to supportive environments.



The majority (67%) of non-rural LGBTQ+ young people said the community where they live was supportive of LGBTQ+ people, though only 34% of rural respondents said the same. Notably, this difference was even more pronounced by gender identity. Among rural residents, 40% of those who were cisgender said their community was supportive, while only 31% of rural transgender and nonbinary young people reported that their community was supportive.

Rates of Community Acceptance by Rurality and Gender Identity

Rural transgender and nonbinary young people report the lowest rates of community acceptance.



For LGBTQ+ young people, living in a rural area was associated with greater difficulty accessing mental health care, worse mental health outcomes, and higher rates of suicidal thoughts and behaviors compared to their non-rural peers. In particular, LGBTQ+ young people living in rural areas were more likely to report recent symptoms of anxiety (71% vs. 65%) and depression (58% vs. 52%). They were also more likely than non-rural residents to have considered suicide in the past-year (43% vs. 38%), although there was no statistically significant difference in suicide attempts. Additionally, LGBTQ+ young people living in rural areas had less access to mental health care, with only 47% of those who wanted mental health care able to get it compared to 51% of their non-rural counterparts. Among those who were able to access mental health care, rural residents were more likely than non-rural residents to report receiving individual therapy in-person (74% vs. 68%) and less likely to receive therapy online (46% vs. 54%).

Recognizing that these differences may be attributable to demographic variations, we controlled for race/ethnicity, gender identity, sexual orientation, socioeconomic status, region, and age. The effect of rurality persisted across most outcomes (using in-person therapy was no longer statistically significant), indicating that the effect of living in a rural area for LGBTQ+ young people is both robust and distinct.

Looking Ahead

For LGBTQ+ young people, rurality is associated with a variety of health indicators and experiences, even after adjusting for several demographic factors. Compared to non-rural LGBTQ+ young people, rural respondents reported greater likelihood of victimization, discrimination, and bullying, less access to supportive spaces, and lower rates of receiving desired mental health care. They also reported being more likely to have recent symptoms of anxiety, depression, and having considered suicide in the past year. These findings highlight the need to both target and design resources specifically for LGBTQ+ young people living in rural areas.

Consistent with national trends, LGBTQ+ young people living in rural areas were less likely to be able to access desired mental health care than those in non-rural areas.[5] Unexpectedly, however, was that among those who were able to access mental health care, they were less likely than non-rural respondents to utilize online therapy. The Internet is often considered as a way to extend access to areas with relatively fewer health care resources, and its promise in less densely populated rural areas is frequently touted. Our findings are consistent with other research that suggests that while interest in these technologies may be high, there remains a lot of work to make them accessible to rural residents.[6] An encouraging finding, however, is that rural LGBTQ+ young people were just as likely as non-rural LGBTQ+ young people to have access to a supportive online environment. With sufficient resources, mental health care providers may be well-positioned to provide much-needed online services to LGBTQ+ young people in rural areas.

There are well-documented challenges in engaging residents of rural areas to participate in both public health research and intervention.[7,8] Unfortunately, these challenges may be exacerbated for LGBTQ+ young people, whether it be via their ability to access research opportunities or concerns about disclosing their LGBTQ+ status. Our own research is not immune to these challenges; despite approximately 20% of the U.S. population living in a rural area, less than 10% of our survey participants reported the same. Though we adjusted our analyses for census region, we know little about how the experiences of LGBTQ+ young people vary across different rural contexts. Rural environments are incredibly diverse; the experiences of LGBTQ+ young people in the South are likely very different from those in Appalachia or the Northwest.[9]

When we asked LGBTQ+ young people about the community where they live, those in rural areas were twice as likely to say that it was not accepting of LGBTQ+ people. This finding was particularly pronounced for transgender and nonbinary people: less than one-third said their community was accepting. In many ways this may be the most important metric – until LGBTQ+ young people in rural areas feel welcomed and supported in their own communities, health inequities will persist. These findings offer a broad picture of several challenges faced by LGBTQ+ young people in rural areas. We hope they can catalyze additional research to support rural LGBTQ+ populations.

The Trevor Project is committed to supporting LGBTQ+ young people through crisis intervention, research, and advocacy initiatives. TrevorSpace, our dedicated social media platform, offers LGBTQ+ young people a safe and supportive community where they can connect with supportive peers, regardless of where they live. Our 24/7 crisis services—available by phone, chat, and text—ensure that LGBTQ+ young people have access to highly trained counselors whenever they need help. Our education team empowers adults with the tools and knowledge to effectively support LGBTQ+ young people across all identities, while our advocacy team works to promote access to welcoming environments in all geographic areas, both at the federal and state level. Additionally, we are committed to continuing to publish research focused on the relationship between rurality and LGBTQ+ mental health.

You can read more related research from The Trevor Project here: The Association of Community Level Environmental Indicators on the Mental Health of LGBTQ+ Young People and LGBTQ Youth in Small Towns and Rural Areas. Anti-LGBTQ+ School Policies and LGBTQ+ Young People and State-Level Anti-Transgender Laws Increase Past-Year Suicide Attempts among Transgender and Non-Binary Young People. Additionally, The Trevor Project provides resources for both LGBTQ+ young people and their allies, such as How to Signal You are an Ally in a Hostile Environment.

Methods

Data were collected through The Trevor Project's 2024 U.S. National Survey on the Mental Health of LGBTQ+ Young People. In total, 18,663 LGBTQ+ young people between the ages of 13 to 24 were recruited via ads on social media.

All demographic variables were gathered by asking participants to select a single identity category from a provided list.[10] Participants were asked to select which of the following best described the area they live in: a large city, just outside a large city (such as a suburb), a small city or town, or a rural area; participants who selected one of the first three responses were considered to be living in a non-rural area and served as the comparison group for those living in a rural area. To assess past-year experience of physical harm, participants were asked whether they had felt physically threatened or been physically abused in the past 12 months based on either their sexual orientation or gender identity. Past-year experience of discrimination was similarly assessed by asking if they had ever felt discriminated against because of sexual orientation or gender identity. Participants were asked via two separate questions if they had been bullied either in person or online in the past year; participants who responded yes to either question were considered to have experienced bullying. Access to supportive environments was assessed by asking whether participants were able to be in spaces that affirm their LGBTQ+ identity. A checklist of responses was provided, which included home, school, work, and online spaces. Community acceptance was

assessed by asking participants how accepting of LGBTQ+ people is the community where they currently live. Response options included very accepting, somewhat accepting, somewhat unaccepting, and very unaccepting; the first two options were combined to indicate accepting communities, and the latter two options were combined to indicate unaccepting communities. Access to desired mental health care was assessed by asking participants whether they wanted psychological or emotional counseling from a counselor or mental health professional in the past 12 months. Response options included no; yes, but I was unable to get it; yes, and I got it. Those who wanted and received mental health care were asked a follow-up question about how they accessed this care; in-person individual therapy and virtual/online individual therapy were among several options. Recent anxiety was assessed using the GAD-2,[11] recent depression was assessed using the PHQ-2,[12] and suicidal ideation and suicide attempts in the past year were assessed using questions from the Centers for Disease Control and Prevention's Youth Risk Behavior Survey.[13]

Chi-square tests were used to determine whether there was a significant association between categorical variables. Logistic regression analyses were used to examine the relationship between rurality and all health and wellness indicators, while controlling for race/ethnicity, gender identity, sexual orientation, socioeconomic status, region, and age. Unless otherwise specified, all results are statistically significant at least at $p < 0.05$. This means there is less than a 5% likelihood these results occurred by chance. Percentages in tables may not add up to 100 because of rounding.

Data Tables

Demographic Characteristics of LGBTQ+ Young People Living in Rural and Non-Rural Areas

	Rural (n = 1,572)	Non-Rural (n = 16,361)	p-value
Age			.80
13-17	47.3%	47.7%	
18-24	52.7%	52.3%	
Sexual orientation			.05
Gay or Lesbian	27.4%	29.1%	
Bisexual	27.7%	28.2%	
Queer	10.9%	12.6%	
Pansexual	18.8%	16.1%	
Asexual	10.4%	9.3%	
Heterosexual	1.0%	1.0%	
Not Sure	3.7%	3.7%	
Gender identity			.06
Cisgender	38.7%	41.2%	
Transgender, nonbinary, or gender questioning	61.3%	58.8%	

Race/ethnicity			<.001
Asian American / Pacific Islander	1.2%	6.2%	
Black / African American	3.2%	8.1%	
Hispanic / Latinx	6.5%	12.6%	
Middle Eastern / Northern African	0.2%	0.7%	
Native / Indigenous	2.3%	1.1%	
White	77.6%	59.5%	
More than one race/ethnicity	8.9%	11.8%	
Socioeconomic status			<.001
More than meets basic needs	66.4%	74.1%	
Just meets basic needs or less	33.6%	25.9%	
Region			.<.001
Northeast	18.0%	16.6%	
Midwest	41.6%	34.0%	
South	25.2%	23.0%	
West	15.2%	26.5%	

Rural LGBTQ+ Young People's Experiences Compared to Non-Rural LGBTQ+ Young People

	Adjusted Odds Ratio (95% Confidence Interval)	p-value
Experiences of victimization		
Physical threat or harm in the past year	1.17 (1.02, 1.34)	.02
Discrimination in the past year	1.15 (1.01, 1.31)	.03
Bullying in the past year	1.27 (1.12, 1.44)	<.001
Access to supportive spaces		
Home	0.70 (0.61, 0.79)	<.001
School	0.66 (0.56, 0.77)	<.001
Work	0.75 (0.61, 0.92)	<.01
Online	0.96 (0.84, 1.10)	.55
Community Acceptance	0.26 (0.23, 0.29)	<.001
Mental health care		
Receipt of desired mental health care	0.85 (0.75, 0.96)	.01
In-person individual therapy	1.21 (0.98, 1.47)	.07
Online individual therapy	0.81 (0.68, 0.98)	.03

Mental health and suicide		
Anxiety	1.27 (1.12, 1.44)	<.001
Depression	1.28 (1.14, 1.43)	<.001
Considered suicide in the past year	1.15 (1.02, 1.30)	.02
Attempted suicide in the past year	1.07 (0.89, 1.28)	.48

Logistic regression models controlled for age, sexual orientation, gender identity, race/ethnicity, socioeconomic status, and region.

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