Q1Q2 Suicidal Behavior in Women as a Risk Factor Generated by the Invisibilization of Their Affective Sexual Diversity, Gender Identity and LGTBphobia

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Abstract

Introduction: Suicidal manifestations during the invisibilization of sex-gender diversity arise from various factors. The link between internalized and externalized LGBTphobia and suicide is crucial, as both forms of discrimination can increase suicidal behaviors. Informal social networks are vital, offering support and community, but they can also exacerbate isolation if not managed properly. **Research Objective:** To analyze the manifestations of suicidal behaviors experienced during the period of invisibilization of gender diversity, considering the interrelation between internalized/externalized LGBTphobia and the role of informal support networks in addressing the issue under study. **Methodology and Study Design:** A qualitative, explanatory, and descriptive methodology was used, involving 40 Andalusian women from the LGBTQ+ community aged 40–70 years. The techniques employed included in-depth interviews/life histories and participant observation. Data exploitation was carried out using the ATLAS.ti 24 software. **Results and Analysis:** All participants concealed or denied their sex-gender diversity to avoid rejection. 72.5% reported suicidal ideation, primarily during adolescence, linked to LGBTphobia. After overcoming obstacles, they lived their identities openly without further suicidal thoughts. 10% experienced failed suicide attempts associated with extreme violence. 27.5% did not experience suicidal manifestations due to support from friends and family. **Discussion:** Suicidal behavior in women is closely tied to invisibilization and LGBTphobia, exacerbated by systemic discrimination. Addressing these risks requires strengthening public protection systems to ensure comprehensive services and assistance for the LGBTQ+ community. Additionally, professionals in social-healthcare, psychological, and educational fields must receive specialized training to provide culturally competent care, fostering inclusion and mental health support. **Conclusions:** Invisibilization and LGBTphobia Q3Q4 can lead to suicidal ideation, which worsens in violent contexts. Visibility is crucial to recognizing diversity and combating oppressive structures.

Keywords:

suicidal behaviour, Spanish women, invisibilization, affective-sexual diversity, gender perspective, LGTBphobia

Q5 Introduction

Today Mental Health is seeing progress that can be described as significant, in the wake of the consequences of the economic crisis (2008) and the Covid-19 pandemic. Observed from a holistic perspective, it is a complex and multicausal phenomenon, where the intersectionality of internal and external factors is not experienced unidirectionally. Analyzing the interconnection of complex variables (gender perspective, sex-gender diversity, suicidal behaviours and an integral interplay between the dimensions of these different contexts) has revealed challenges posing major risks for the integral health of those who have opted for the concealment and invisibilization of their diversity during significant periods of their lives (childhood, adolescence, youth and middle adulthood). Suicide, far from being reduced by socio-health and pharmacological advances, emerges as a growing reality never absent as an indicator of study and analysis. The World Health Organization (1969) has established that suicidal acts are those generated by the same person "whatever their degree of lethal intent and knowledge of the true motive", framing them as a Public Health problem originated by heterogeneous causes, affecting all dimensions of the person, and requiring prevention actions and interdisciplinary intervention. The World Health Organization (1986) defined suicide as an "act with a lethal outcome, deliberately initiated and carried out", distinguishing it from parasuicide, where there is no lethal consequence. Rocamora (2013) addresses it as a "polyhedral reality" (p. 77) from different scientific disciplines, either with theoretical frameworks (biological, psychological, sociological) or multidimensional and integrated paradigms (pp. 71–76).

Durkheim (1985), from a sociological perspective, characterizes it as "positive or negative", establishing typologies centred on individual elements (selfish, anomic, altruistic and fatalistic) or mixed ones (pp. 68–167) and their link between the person and his context. The "Suicidology" of the psychologist Shneidman (1971) locates the epicentre in a personal psychological condition, somatizations (needs and emotions), and in its lethal result: the consummated suicide.

Camus (1995) discusses bodily and moral suicide, relating it to suffering and a sense of "absurdity", but without accepting it as a solution to existential meaninglessness. Jaspers (1993) points out its utility as a liberating proposition in the face of painful problems and oppressive bonds. According to Villardón (1993) it is "multidimensional" (p. 55) encompassing biopsychosocial paradigms (p. 58) and "environmental factors" (p. 25). Rocamora (2013) designs a classification featuring the different manifestations of suicidal behaviour: ideation, suicidal gestures or parasuicide, suicidal crises, attempts at suicide or self-harm, frustrated suicide, and consummated suicide (pp. 61–63). Suicidal ideation is the first sign, progressing to self-injury and the projection, planning or study of possible methods, and can materialize in the form of self-destructive and injurious behaviours. The next step, the suicidal crisis, comprises the plan, the methods and/or means. Should it continue, this is followed by the suicide attempt with actions that are, ultimately, non-lethal, but posing the risk of unnatural death (American Psychiatric Association, 2013). Finally, it depends on the result: if it is unsuccessful, it is a Frustrated Suicide, and if it concludes with death, Consummated Suicide. In the latter case the focus Rojas (1984) is on explaining that this can lead to death or to a "situation of mortal gravity, positive or negative". Suicide, as an intentional and voluntary action, seeks to end personal suffering, despair or pain, or even group or collective pain, such as those cited by Arseán (2014) Collective and Obsidional Suicide (pp. 25–26). It is not the unidimensional result of an individual mental

health problem, so it is necessary to approach it from an ecological and systemic perspective, where social factors, such as “social integration” are key Durkheim (1985). Therefore, it can stem from different sets of circumstances, ranging from physical, to mental to social health “dysfunctionalities”; experiences of social exclusion, poverty or discrimination; to belonging to certain groups or collectives, such as “refugees and migrants; indigenous peoples; and lesbian, gay, bisexual, transsexual and intersex persons” (World Health Organization, 2021). Although logic leads us to affirm that diversity is a desirable, enriching and natural condition, it is difficult to quantify the LGTBIQ+ Collective exactly, the metaphor of the “tip of the iceberg” being applicable. There are studies, as indicated by Galán (2015), that place it “between 3% and 10% of the population [...] and in Spain, the National Sexual Health Survey by the Ministry of Health (2009) places the figure of non-heterosexual people between 3 and 4%”. Preventing situations of vulnerability is a priority, as they entail higher “risks of suffering mental health problems, self-harm and suicidal behaviour, largely attributable to threats of discrimination, human rights abuses, social exclusion and marginalization” International Association for Suicide Prevention (IASP) (2023). Despite the inclusion strategies in Andalusia’s constitutional and statutory mandate, and the rest of the specific legal system, LGTBphobia and its two dimensions, internalized and externalized, continue to grow due to negative prejudices.

The WHO has estimated that there are 700,000 consummated suicides worldwide each year, World Health Organization (2021) disproportionately affecting people, groups and collectives at risk of social exclusion, with this including the LGTBIQ+ Collective. The Biopolitics Observatory projects 800,000, referring to human losses due to unnatural, self-inflicted causes, but without citing figures for ideation, crises, or attempts, which can be estimated at “20 times more frequent” Institutes of Forensic Medicine and Forensic Sciences (2023). The Spanish Foundation for Suicide Prevention pointed out the advisability of studying and analyzing the data from the National Institute of Statistics (INE), creating in 2015 the Suicide Observatory, which has published ten Reports, with that from 2022 having a great impact due to the progressive growth in the suicide rate since 2019, reporting 4227 suicides, with 26.04% being women and 73.96% being men (Observatory on Suicide in Spain, 2023). Using the gender indicator, the rate among males is three times greater than among females. Quantitative information on this phenomenon, which is more suppressed than addressed, shows that since 2008 it has topped the causal pyramid of external deaths, surpassing traffic accidents, homicides or VAW.

At the national level, it is the leading cause of unnatural death across the entire age spectrum. In Andalusia it is the third leading cause of unnatural death, being the first among Andalusian adolescents, according to the Institutes of Legal Medicine and Forensic Sciences (IMLCF), establishing that 38.7% of autopsies (830 deaths) were due to this cause (Biopolitics Observatory, 2023). The rates by sex-gender coincide approximately with the national measurement. The INE (2024) published on June 26 that it is the second leading cause of death due to external factors, although this data is provisional. According to WHO forecasts 5%–10% engage in suicidal ideation (2–4 million people), with some 80,000 suicide attempts. Finally, Guzmán-Parra et al. (2016) collects information, although without a significant sample and without considering non-binary people, on the rates of suicidal behaviour among trans people in Spain; the figure for suicidal ideation is 52.3%, and for suicide attempts, 22.8%.

Significantly, Andalusia LGBT Diversity Federation (2021), 367 incidents detected and reported, with a high rate of underreporting; that is, crimes not reported to the State Security Forces and Corps, at 69.30%, a figure that increases to 78% according to the European Union’s Fundamental Rights Agency of (FRA). In order of priority, there is Gayphobia (46%), Transphobia (28%), Lesbophobia (24%), Biphobia (1%) and other orientations (1%). Victims between 31 and 50 years of age accounted for 38%, and those over 51, for 11%, but this quantitative measurement does not include sex-gender differentiation. The typology, in order of importance, was: hate speech, psychological or verbal aggression, bullying at school, physical aggression, denial of a service, and others. The areas where the events took place were: public spaces, social networks/apps, educational or training centres, places of leisure, the family environment, at work, and others. The Andalusian cities with the highest number of cases are Cadiz, Seville and Malaga, followed by Almeria, Cordoba and Granada, while the cities with the lowest number of cases are Huelva and Jaén (Andalusian Observatory against Homophobia, Biphobia and Transphobia, 2022). The first report was published in 2021, with a fragmented view of hate speech and hate crimes. The group of Andalusian LGTBIQ+ women, as a population suffering multiple and intersectional discrimination, requires a study and analysis that generates, through research and knowledge, findings that can bolster the efficiency of prevention and intervention efforts.

Suicidal behaviours can spring from LGTBphobia processes, this being understood, according to the Junta de Andalucía (2018), of December 28, as harmful experiences and physical, psychological and social trauma suffered by people of the LGTBIQ+ Collective and their families, as a result of “rejection, fear, contempt, repudiation, prejudice or discrimination”. Sex-Gender diversity faces patriarchal and androcentric impositions of Heteronormativity or compulsory Heterosexuality, this being a “regime that reinforces social mechanisms such as marginalization, invisibilization and persecution”. It alludes to the “fear and rejection of lesbian, gay, bisexual, transsexual and intersex people, which is used to promote the visibility of all the identities that suffer it”, it being necessary to expand its diffusion, as it is not residual, constituting “a social scourge that produces, in the victims, serious psychological problems and self-acceptance issues, leading to the danger of suicide” (Andalusian Observatory against Homophobia, Biphobia and Transphobia, 2019). LGTBPphobia can be Internalized or Externalized. According to Pichardo (2019) the Internalized form arises from personal non-acceptance or negative self-perceptions, the result of a “culturally constructed social prejudice internalized through socialization” (p. 11). The Externalized form, meanwhile, includes all those manifestations of discrimination, harassment, violations, interposed obstacles, and prejudices of the integral context towards the sex-gender difference, also entailing the symbolic violence that “gives rise to prejudice” (p. 45). Pino (2015) shows that “there are political and social actors [...] who see it as a pathology, entering into explanations of a medical, psychological or religious nature, presuming to define what is and is not unnatural” (p. 52).

The invisibilization and discrimination based on affective-sexual diversity and gender identity are determining factors that significantly increase the risk of suicidal behaviors among women in the LGBTQ+ community. These issues not only reflect deeply rooted structural inequalities but also have a devastating impact on the mental and emotional health of those who face such experiences. It is essential to address the underlying psychological and social mechanisms that connect invisibilization and symbolic violence with suicidal behavior to better understand this phenomenon and develop effective interventions.

From a psychological perspective, invisibilization can lead to the internalization of stigma, negatively affecting self-esteem, the sense of belonging, and the perception of social usefulness. According to Joiner (2005), the interpersonal theory of suicidal behavior suggests that the combination of three key factors—the perception of being a burden, lack of belonging, and acquired capability to inflict physical harm—significantly increases suicide risk. For LGBTQ+ women, the systematic invisibilization of their identities and experiences can exacerbate these factors by depriving them of safe spaces where they can authentically express themselves and feel accepted.

Furthermore, structural discrimination, such as institutionalized LGBTphobia, contributes to symbolic violence—a concept coined by Bourdieu (1990) that describes subtle forms of cultural domination that perpetuate inequalities. This violence manifests in educational, workplace, and social practices that normalize heterosexuality and gender binarism, indirectly marginalizing those who do not conform to these norms. As a result, women who experience this exclusion may face higher levels of anxiety, depression, and hopelessness—factors directly linked to suicidal behavior (Haas et al., 2011).

For example, recent studies have shown that students with hidden disabilities or non-conforming gender identities often experience invisibilization in university settings, negatively impacting their self-esteem and sense of belonging (Gentle et al., 2024; Hamilton Clark, 2024). Additionally, symbolic violence operates through institutional norms that prioritize certain types of knowledge or skills over others, indirectly marginalizing those who do not fit these standards (Moriña et al., 2020).

To gain a clearer understanding, it is essential to define terms such as “invisibilization” and “symbolic violence.” Invisibilization refers to the systematic denial or lack of recognition of an individual’s experiences, identities, or needs. This can manifest in the omission of diverse narratives from educational curricula, the absence of inclusive policies in institutions, or the lack of representation in media. For example, many bisexual or transgender women report feeling invisible even within the LGBTQ+ community due to the overvaluation of certain identities over others.

On the other hand, symbolic violence, as defined by Bourdieu (1990), involves the imposition of cultural norms that perpetuate inequalities. In the context of affective-sexual diversity and gender identity, this can include promoting rigid gender roles, stigmatizing non-heteronormative relationships, or trivializing the experiences of discrimination faced by LGBTQ+ women. These mechanisms operate subtly but persistently, reinforcing marginalization and increasing the risk of suicidal behaviors.

Despite growing attention to the mental health of LGBTQ+ individuals, there is a significant gap in research on how invisibilization and symbolic violence specifically affect women within this community. While some studies have explored suicide rates among LGBTQ+ youth (Haas et al., 2011), few have analyzed how intersections of gender, sexuality, and structural discrimination contribute to this issue. This study seeks to fill that gap by examining how institutional policies, educational practices, and social norms perpetuate invisibilization and symbolic violence—and how these conditions influence the emotional and psychological well-being of LGBTQ+ women.

The primary objective is to provide a solid theoretical foundation for understanding these mechanisms and propose interventions that promote more inclusive and safe environments. By doing so, this research emphasizes the urgency of adopting holistic approaches that address both the structural causes and psychological consequences of exclusion—particularly in educational and workplace contexts.

This study not only contributes to academia by highlighting an under-researched area but also has practical implications for designing public policies and support programs. By identifying connections between invisibilization, symbolic violence, and suicidal behavior, specific strategies can be developed to prevent these behaviors and improve the quality of life for LGBTQ+ women. Moreover, this analysis underscores the importance of fostering a culture of visibility and acceptance that values diversity as an enriching resource for society as a whole.

Research Objectives

The objectives of this study were as follows:

(1) Describe the manifestations of suicidal behaviours experienced during the period of invisibilization of the respondents' gender diversity.

(2) Determine the interrelationship between internalized LGTBPphobia, externalized LGTBphobia and suicidal acts.

(3) To establish the nature of informal Social Networks and their role in the face of suicidal behaviours.

Methodology and Study Design

Choice of Methodology

Given that our intention is not to seek causal answers in terms of quantitative representativeness, but rather to analyse and understand a problem with people who suffer from it as a basic reference, we considered it necessary to choose a methodological perspective employing strategies allowing us to understand the phenomenon under study taking into account the intersubjective dimension; that is, an interpretative and descriptive qualitative epistemology that is centred on the individual subject and on the discovery of the meaning, motives and intentions of their actions.

Under the qualitative perspective are hidden such relevant techniques as: life history, in-depth interview, participant observation, discussion groups, discourse analysis, and in general, all those that lead us to understand the meaning of the agents in the processes of social interaction. Of all of them, we ended up choosing the in-depth interview and participant observation, since they allow us the possibility of deepening and approaching the meanings and actions of the individuals involved in the field of study and also because they not only manage to explain the social phenomenon to be studied, but also help to explore existing realities or even those that are not known, since they are not known according to the specific determinants of each case, which increases the analytical acuity of the phenomenon to be studied. In fact, we believe that this technique helps us to immerse ourselves in the daily rhythms of life of these people, allowing us to obtain a much more accurate diagnosis of the social problems studied. In particular, these techniques allow us to highlight the individual and group discourse that the subjects involved in the study process are able to transmit to us.

Justification of the Methodological Strategy

Given that qualitative data must possess the properties of credibility, transferability, internal consistency, and reliability, the following strategies were implemented in the development of our research:

To ensure credibility, triangulation was employed as a central element for validating the data. Specifically, temporal triangulation was conducted through a longitudinal process of data collection using in-depth interviews/life histories and systematic observations. Additionally, triangulation by combining levels was developed, as we approached our object of study from both an individual perspective (in-depth interviews/life histories, field notes) and a group perspective (group observations). Lastly, methodological triangulation was applied by utilizing multiple qualitative techniques.

In our research, transferability, the ability to extrapolate the results obtained, was addressed considering both its external and internal dimensions. Regarding external transferability, while our primary objective was not to generalize the data and results, we believe this could be feasible in the long term. Our main aim was to obtain useful information to help understand and analyze a complex and real problem: suicidal behaviors among women in the LGBTQ+ community. In fact, we believe that the data obtained could serve as a reference point for other researchers exploring this topic in future studies.

Internally, since conducting in-depth interviews required selecting a representative sample of individuals from the studied group, we developed a selection strategy that ensured equal chances for all members to be chosen while also ensuring that those selected were representative of the group. To achieve this, we implemented a threefold strategy: first, to ensure equal chances of selection, we used a procedure based on specific criteria (sex-gender diversity, age, place of origin, etc.). Second, we applied internal or critical identity triangulation to confirm that the personal characteristics of the selected women were representative of the entire study group. Finally, we conducted a sufficient number of in-depth interviews (40 women), which we believe allowed us to obtain sufficiently representative data for our research without needing to expand the empirical material further.

Regarding internal consistency, this was developed through observer triangulation (involving multiple researchers), whose opinions and conclusions were cross-checked with feedback from professionals belonging to associations that assisted in sample selection. Conversations with these professionals provided insights into aspects that could be captured using this method; these aspects were later analyzed and evaluated collaboratively with them. Thus, we consider that the data collection process was systematic rather than random.

Finally, we believe that reliability was ensured because all researchers clearly documented their personal perspectives and theoretical positions regarding the studied topic. In fact, throughout the conception of the research (phenomenological approach), its nature, and the design and use of instruments, researchers adhered to a specific conception of social and human sciences.

Sample

Initially, the timeline for sample selection and conducting in-depth interviews was scheduled for the first quarter of 2024. However, due to the complexity involved in recruiting and securing participation from the sample, a broader timeframe was implemented, extending until October of the same year. Ultimately, executing the planning for this qualitative methodology and its techniques, as outlined in the Milestone Diagram, spanned a total of 10 months, from January to October 2024.

For this purpose, we have obtained a sample of 40 Spanish women, from the LGTBIQ+ Collective between 40 and 70 years of age (see Table 1).

Table 1.

The table layout displayed in this section is not how it will appear in the final version. The representation below is solely purposed for providing corrections to the table. To view the actual presentation of the table, please click on the PDF located at the top of the page.

Profiles of the Study Sample.

Sample Profile																			
Sexogenic Diversity	No. of Interviews	Level of Education		Age Ranges		Place of Origin								Marital Status				No. of Children		
		EU	NEU	40–50	51–70	A	CA	CO	G	H	J	M	S	S	E.P	S/D	V	0	1–2	+2
Lesbians	28	11	17	4	24		1	1		4	1	20	4	6	20	2		25	2	1
Transgender	2	2			2				1				1			2			1	1
Transsexuals	1		1		1							1				1		1		
Bisexuals	3	2	1		3										1	2		1	2	
Queer	1	1			1					1				1				1		
Pansexuals	2	2		1	1					1			1	1			1	1	1	
Demisexuals	1	1			1			1								1				1
Lesbian asexuals	1		1		1					1				1				1		
Intersectional	1	1			1	1								1				1		

Source: Authors' own (2025).

Note. Level of Studies [E.U: University Studies; N.E.U: Non-University Studies]. Place of Origin [A: Almeria; CA: Cadiz; CO: Cordoba; G: Granada; H: Huelva; J: Jaen; M: Malaga; S: Seville]. Marital Status: [S: Single; P.S: Partnered; S/D: Separated/Divorced; W: Widowed].

The sample selection was carried out using probabilistic convenience sampling or intentional sampling. The main data collection techniques employed were in-depth interviews focused on life histories and participant observation.

With the sample profile clearly defined in Table 1, various entities were contacted to carry out the study. The contact process was conducted through emails, phone calls, and in-person visits, thus ensuring effective and direct communication with each organization.

The selection of the age range corresponds, on the one hand, to the application of the Gender Perspective in the innovation and management of knowledge about the reality of LGBTQ+ women, which is concealed and reinforced by the spiral of inequality perpetuated by stereotypes, prejudices, and stigmas. These factors have promoted what Law 4/2023 of February 28, for the real and effective equality of trans people and the guarantee of LGBTQ+ rights, defines as "multiple and intersectional discrimination" (Art. 3.c).

On the other hand, it seeks contributions from a significant temporal perspective on the lived experiences of sex-gender diversity among forty Andalusian women during three historical periods: the Dictatorship (1939–1975), the Transition (1975–1978), and the early Democracy following the approval of the Spanish Constitution (1978), which established a "Social and Democratic State governed by law" based on values such as "equality, freedom, justice, and political pluralism" (Art. 1.1).

Their testimonial experiences help outline the web of difficulties, obstacles, and prohibitions imposed by the spatiotemporal context that fostered persecution, denial, and extreme dual LGBTphobia. Additionally, they highlight the progressive emergence and contributions of civic demands, particularly led by feminist and sociopolitical movements, that would become the foundation for a legal framework progressively extending fundamental rights and freedoms.

We consider that confronting these historical moments and analyzing them allows us to evaluate sociopolitical transformations and their impact on the selected sample.

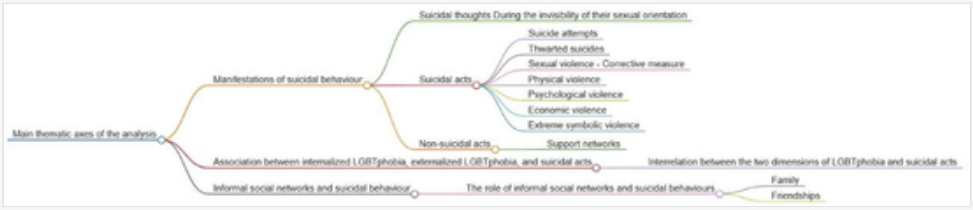
Sampling was carried out using the snowball method, which allowed the identification and recruitment of participants through the contact networks of the participating entities. The contacted entities include: Asociación Colega Huelva, Asociación DeFrente Sevilla, Fundación Triángulo Andalucía (Huelva-Sevilla-Cádiz), ICHTHYS Sevilla, Asociación LGTBI Ojalá-Málaga, Diversidad Málaga, Federación Andalucía Diversidad LGBT, JereLesGay, Fundación Arcoíris, among others. Each of these organizations plays a crucial role in the community, providing support and resources to its members.

Finally, informed consent was obtained from all participants, thus ensuring respect for their rights and the confidentiality of the information provided (see Annex 1). Q6 This approach not only ensures the validity of the study but also strengthens collaboration with the participating entities.

Data Exploitation and Analysis

The analysis of all the material obtained was carried out using ATLAS.ti 24 software. For this purpose, a coding or categorization system was carried out (according to 3 thematic axes) which is shown in Figure 1 "Discourse Code Network", and which served as a guide for the analysis, discussion and presentation of the data (see Figures 2–4). The exposition, which according to the usual practice of qualitative analysis, will be illustrated with extracts from different literal testimonies obtained from the interview questions/life histories (see Annex 2).

Figure 1.

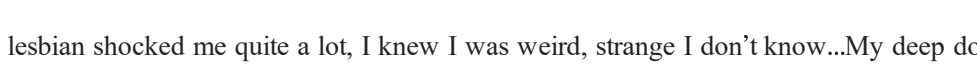


Discourse code network. Source: Authors' own (2025).

Figure 2.

Discourse code network. Source: Authors' own (2025).

Figure 3.



Discourse code network. Source: Authors' own (2025).

Figure 4.

Discourse code network. Source: Authors' own (2025).

Results and Analysis

Manifestations of Suicidal Behaviours

This heading focuses on whether they have experienced suicidal behaviors and which, if any, during the Invisibilization of their diversity (see Figure 2).

> "I was aware of being different since childhood, I could not be me, with my family or at school. Alone, in my intimacy, I was myself" (ETM-19).

In fact, 100% have acknowledged having hidden and/or denied their gender diversity for different reasons, including: avoidance of rejection from family and friends; fear of social, moral and religious sanctions; high levels of job insecurity and discrimination; comprehensive inequality; and a rupture of expectations regarding the role assigned to women.

> "I lost my whole life, hiding and denying who I was since forever" (STD-15).

> "Knowing that I could be a lesbian shocked me quite a lot, I knew I was weird, strange I don't know...My deep doubts began. And I thought that before this I would rather die" (ELH-10).

On the one hand, 72.5% of the sample (29 interviewees) reported having had suicidal ideation, with a higher incidence during adolescence and youth, associated with experienced LGTBphobia.

> "I have had many moments of ideation, of not being able to go on, of not seeing any way out...I have had the impotence of not being able to make my family understand that I am just a person...I thought about how to do it (open window of a balcony, medication)" (ELH-3).

> "I lived in a town where I was not normalized and I could never say what I was and what I felt. Because of this, I suffered a major crisis that appeared at 17 and that sadness and helplessness lasted me until I was 25" (ELH-3).

> "Thinking about suicide was always recurrent. Once I couldn't do it anymore, but this fact hurts me a lot, I would not like to detail it...in short, I couldn't do it anymore (cries)" (STD-15).

This situation has been aggravated in those people who, due to their age, suffered some part of the Spanish dictatorial regime (1939–1975), the Transition (1975–1978) and the beginning of Democracy (1978), who continued not to make themselves visible for the same reasons and due to lack of confidence in the socio-political context of the country.

> "Before I met my partner, and knew inwardly that I was a lesbian, I thought about taking my own life, I didn't know how to handle the pain" (ELA-35).

> "To be a transsexual under Franco was a tragedy, it was to feel persecuted, singled out and always with the possibility of being accused and denounced [...] I had to hide it [...]. Because of my work, in the educational field... I was going to be at least expelled because it was associated not only with sin but also with perversion, with abnormality, I would be one of the worst in society" (STD-15).

Once they had overcome the internal and external obstacles, they began to openly experience their orientation and identity and have not considered suicidal ideation again, even in times of personal, family, emotional or work crisis. As we have just seen, in addition to suicidal ideation, some of the interviewees (10%) reported having had

a failed suicide attempt, apart from suicidal ideation.

> "Already with my partner and my stability, I have left those thoughts behind [...] I have not had any suicide attempts, I want to live fully, but away from that family that has not been, and that has only generated harm and trauma for me" (ELA-35).

These cases are linked to the suffering of extreme physical, psychological, economic and symbolic violence. Some of them have also suffered sexual violence as a "corrective measure" and are still seeking support and second-order (specialized) intervention to avoid suicidal behavior.

> "After all these episodes (mistreatment) came a facet of imbalance, lack of control, addictions: leaving and giving up everything was no longer an idea. Then came the excesses and not finding meaning in what is called life...I had suicide attempts; I tried with medication" (ETM-19).

> "The different cases analyzed are related to different acts of violence, such as physical, economic and extreme psychological violence. They happened, especially at recess and bedtime, I did not stop feeling terror. The aggressions were every day I lived in a total lack of protection. I was blocked, with lies" (ETM-19).

> "Being a lesbian in my family was a complete crisis that lasts to this day. My parents declared "war" on me, threats, insults, aggressions [...] even my mother told me "that the same thing that gave me life, without a problem, she would take it away from me" that "made her sick" (ELA-35).

> "I have only felt rejection. Cruelty is not enough. Everything has been and is loneliness. And from them (family) I have only suffered extreme physical and psychological violence" (ELH-10).

Association Between Internalized LGTBphobia, Externalized LGTBphobia and Suicidal Acts

Another issue addressed in this section is the perception and/or experience regarding the interrelation of the two dimensions of LGTBphobia, internalized and externalized, with suicidal behaviors (see Figure 3).

Most of the people interviewed who have experienced suicidal ideation in the majority and suicidal acts in the minority, see the symbiosis between the two and point out the different expressions of the dimensions of LGTBphobia, as feedback factors of individual and collective discomfort.

> "My sexual orientation is, for me, a constant crisis. It is not isolated, but a burden for my whole life... the problem is me not accepting the way I feel, which is not accepted by the rest (ELH-10).

> "There has been suicidal ideation, yes, but nothing more...I felt very guilty and responsible" (ELC-33).

> "Before I met my partner, and knew inwardly my orientation, that I was a lesbian, I thought about getting out of the way, I did not know how to handle the pain, I was terrified of being discovered and being repudiated" (ELA-35).

> "Knowing that I could be a lesbian was quite a shock to me. I knew I was weird, kind of strange, I don't know...My deep doubts started. And I thought that before this, I would rather die [...] I felt a lot of rejection from myself and from the environment, I felt contempt and a lot of discrimination" (ELC-33).

Informal Social Networks and Suicidal Behaviour

Finally, the third question analyzed the fundamental role played by informal networks with respect to the avoidance of suicidal behaviors (see Figure 4).

As we know, and as evidenced in the analyzed discourse, having a strong informal social network can become an important support that prevents suicidal behaviors. In fact, a large proportion of the interviewees who stated that they had not experienced suicidal manifestations (ideation, crisis, attempts or frustrated suicide) made this clear. In oppressive social contexts, they have been supported either by close friends or by a parental subsystem.

> "(...) leaving and leaving everything was no longer an idea, I had suicide attempts. I tried with medication" (ETM-19).

> "From my family, the first one I told was my cousin and her parents, the acceptance and support was total" (ELH-3).

> "Only later have I had the support of my partner, and his family members" (ELA-35).

> "And although I had support from friends, my family did not accept it and that hurt me a lot" (ELH-10).

> "My children at the beginning...imagine, a shock, they did not believe it, it was unimaginable. Now I count on their support, they respect me, although it is hard for them to talk to me as a woman and not as a man, as their father" (TS-15).

So much so, that having the protection and security of specific people in their environment (informal network) has led to greater empowerment, mental health and overall wellbeing.

> "I have come out trying to lead life differently, partners, social support from friendships, psychological help" (EHL-3).

As can be seen, the family is an institution that plays a substantial role in delimiting suicidal behaviors. Families that have a positive parental model with communicative and affective competencies and skills are institutions that prevent suicidal behaviors, especially in the stages of childhood, adolescence and youth. In addition, they reinforce the diversity of their family members as a positive characteristic from the point of view of respect and inclusion. But if the family does not have this functionality (in its majority), then it becomes an institution that can "transmit machismo, heteronormativity and violence towards those who break its rules and norms".

> "I suffered domestic violence, because according to them the girl was a disgrace. My father beat me up to the roof of my mouth". [...] for them I was just a sinner, a stray sheep, an "abnormal" who had to be corrected, over and over again, every day and by very important people while you were growing up (very religious family)" (ELH-10).

> "I was beaten up every day, I had what I now understand as a family kidnapping at home, insults, threats ... all that time was perverse" (ELA-35).

> "Of course, I imagined getting out of the way at times...so much suffering, so many disappointments...but it didn't go any further because of my responsibilities to my daughters and family members" (EBM-27).

Suicidal behaviour in women may be a risk factor stemming from the invisibilisation of their affective-sexual diversity, gender identity and LGTBphobia. Findings indicate that emotional expression through participation in self-help groups, prevention, postvention and artistic activities can mitigate feelings of alienation caused by

shame and stigma associated with loss. These negative feelings are alleviated by attachment to a group and the facilitation of emotional expression through active listening, acceptance and shared experiences (Gallardo-Flores et al., 2023).

Discussion

This study seeks to determine the risk factors that affect the general population, including those influenced by material and economic conditions, social status and access to resources essential for life (Rudenstine et al., 2022). In this context, several factors are identified that are linked to an increase in suicidality. These include high rates of depression (Al-Humadi et al., 2021; Alvarado et al., 2021; Bismark et al., 2022; Höller et al., 2022; Parthasarathy et al., 2021; Que et al., 2022; Sahimi et al., 2021; Salman et al., 2022), anxiety (Abdelghani et al., 2021; Al-Humadi et al., 2021; Ariapooran et al., 2022; Bismark et al., 2022; Mortier et al., 2021; Parthasarathy et al., 2021; Que et al., 2022; Sahimi et al., 2021; Salman et al., 2022); post-traumatic stress disorder (Bismark et al., 2022; Bruffaerts et al., 2021); pre-pandemic mental disorders or previous suicide attempts; severe insomnia and frequent nightmares; poorer self-perceived health; and burnout. For the general population (Centers for Disease Control and Prevention, 2021; Van Orden et al., 2010), there are numerous factors that may increase one's predisposition to suicidal behaviour. These include abuse during childhood, mental disorders and previous suicide attempts, as well as social isolation, despair, a lack of resources, family conflicts, incarceration or unemployment, problems with authorities, alcohol and other drugs, a family history of suicide, the diagnosis of a physical illness, serotonergic dysfunction, seasonal variation, and certain personality traits, such as impulsivity, a tendency to fight, and low self-esteem, as well as feelings of shame or guilt. It is important to note that attempted suicide rates are higher among women, although consummated suicide rates are higher among men, a phenomenon known as the gender paradox (Barroso-Martínez, 2019; Canetto & Sakinofsky, 1998; García-Iglesias et al., 2022; Patel et al., 2021).

The invisibilization of women in the collective is related to multiple forms of intersectional discrimination; that is, gender inequality, denial of sex-gender diversity and, in older women, ageism. The sample ascribed their concealment to all those factors that generated insecurity and fear of their environments in them, from childhood, to middle adulthood, and even old age. Approximately three quarters of the sample had suffered suicidal ideation during stages of greater vulnerability and economic dependence, which ceased when they achieved greater integral empowerment, in addition to a more inclusive social context. Those who had exhibited other suicidal behaviours, in addition to ideation (crises, attempts and frustrated suicides), had done so to "escape from unbearable pain", the "meaninglessness of a life that had only given them suffering", or an "exhausting survival", this resulting from a "domino" effect of having been victims of different types of domestic violence (physical, psychological, economic, spiritual and symbolic), in addition to, in some cases, suffering sexual violence perpetrated by close male figures as a measure to "cure the disease or sin", or other inequalities and discrimination (harassment at work; negative moral and religious labelling...). Those who had not experienced it, the remaining quarter, put it down to the security afforded them by a key minority in their informal networks, who had respected, valued and bolstered them in the face of a marginalizing and violent context.

In most cases these risk factors have increased, and according to estimates by Mamun and Ullah (2020) approximately 90% of suicides are attributed to psychological distress caused by constant exposure to high-stress situations. In contrast, other studies have shown that adverse experiences significantly improve future adaptability and resilience, which is beneficial to women's mental health and overall well-being (Veldhuis et al., 2017).

Lesbian, Bisexual, Transgender, and Queer (LBTQ+) women exhibit significantly higher rates of suicidal behavior compared to heterosexual and cisgender women. According to a 2023 study by the Williams Institute, bisexual women are 2.5 times more likely to report suicidal ideation than heterosexual women, while transgender women show even more alarming rates, with 40% having attempted suicide at some point in their lives (Flores et al., 2023).

Risk Factors: Invisibilization, LGBTphobia, and Minority Stress

The risk factors associated with suicidal behavior among LGTBIQ+ women are deeply rooted in the invisibilization of their affective-sexual diversity and gender identity, as well as the persistence of LGBTphobia. These elements interact intersectionally, exacerbating psychological stress and increasing vulnerability to suicide.

Invisibilization: The lack of representation and social recognition of LGTBIQ+ women's unique experiences contributes to feelings of isolation and hopelessness. A study published in The Lancet Psychiatry (Plöderl & Tremblay, 2015) found that lesbian and bisexual women living in environments with low visibility and social acceptance have suicide attempt rates 60% higher than those in more inclusive contexts.

Institutionalized LGBTphobia: Systemic discrimination, such as exclusion from employment, education, and healthcare, is a key factor. A report by Transgender Europe (TGEU) (2023) revealed that 78% of transgender women in Europe have experienced discrimination in these areas, leading 53% to consider suicide.

Minority Stress: Meyer's (2003) minority stress theory explains how chronic discrimination negatively impacts mental health. Transgender and bisexual women face elevated levels of stress due to multiple forms of oppression, significantly increasing their risk of suicidal behavior.

Protective Factors: Public Policies, Education, Support Networks, and Culturally Competent Care

Despite these risk factors, effective measures can mitigate the impact of invisibilization and LGBTphobia on LGTBIQ+ women's mental health.

Inclusive Public Policies: Countries like Canada and Sweden have implemented anti-discrimination laws and educational programs on sexual diversity, resulting in a gradual decrease in suicidal behavior rates among LGTBIQ+ women (UNESCO, 2023).

Education and Awareness: School and community programs promoting inclusion and combating LGBTphobia are essential. Russell and Fish (2016) highlight that such initiatives significantly reduce anxiety and depression levels among young LGTBIQ+ women.

Impact of Family Relationships: A longitudinal study by Testa et al. (2022) found that transgender women receiving consistent family support were 70% less likely to attempt suicide compared to those experiencing family rejection. This underscores the importance of fostering familial acceptance as a key protective factor.

Community Support: LGTBIQ+ community networks provide safe spaces for women to share their experiences without fear of judgment or stigmatization. Data from the National Survey on LGBTQ Youth Mental Health (2023) showed that transgender and nonbinary young women actively participating in LGBTQ+ communities reported significantly lower rates of suicidal ideation (48% compared to 65% among those lacking such support).

Culturally Competent Healthcare: A meta-analysis published in JAMA Psychiatry (Bauer et al., 2015) demonstrated that transgender women receiving gender-affirming medical care experienced a 45% reduction in episodes of suicidal ideation.

Implications: An Intersectional Perspective

Adopting an intersectional perspective is crucial for understanding how other systems of oppression—such as racism, poverty, and disability—interact with LGBTphobia to amplify the risk of suicidal behavior.

Intersectionality and Suicidal Behavior: A study by the National LGTBIQ + Task Force (2023) found that racialized transgender women are three times more likely to attempt suicide compared to white transgender women. This highlights the need to address the unique experiences of specific subgroups within the LGTBIQ+

community.

Need for Specific Research: Encouraging studies that examine the experiences of LGTBIQ+ women across diverse sociocultural contexts can provide more precise data for developing effective interventions.

Suicidal behavior among LBTQ+ women is a multifaceted phenomenon influenced by the invisibilization of their affective-sexual diversity, gender identity, and LGBTphobia. Risk factors must be counteracted with protective measures such as inclusive policies, education, culturally competent care, and community support. Adopting an intersectional approach is essential to address the unique experiences of different subgroups within this population. Urgent action is indispensable to save lives.

We understand that it is both necessary and urgent to ensure the applicability of the legal framework specific to this matter—at the international, national, and regional levels—through proportional and stable economic and budgetary funding to achieve real and effective equality for the LGBTQ+ community. This requires the implementation of strategies, plans, programs, and projects that include positive, compensatory, and preventive measures aimed at combating all forms of discrimination, such as direct, indirect, multiple, and intersectional discrimination; discriminatory harassment; retaliation; discrimination by association or error; LGBTQ + discrimination; or the incitement, order, or instruction to discriminate (Art. 3).

In particular, we believe it is necessary to strengthen institutional actions—both public and private (whether for-profit or nonprofit)—through coordination and collaboration with significant social agents (such as labor unions, business organizations, and political parties proactively committed to defending democratic progress). These entities should promote a variety of actions (informative, educational, awareness-raising, and consciousness-building) to prevent hate speech and hate crimes that perpetuate internalized and externalized LGBTphobia. Such phenomena directly and indirectly affect the overall health of individuals within this community. Among these individuals, women face greater harm due to historical invisibility and oppression—a multidimensional phenomenon reinforced by irrational axiological conditions. Women experience a more significant deterioration in their rights to sex-gender diversity and gender identity. Factors such as the concealment or denial of their sexuality and recognition, exposure to various forms of gender-based violence, and the rejection of diversity are interconnected with their well-being and quality of life. Consequently, these issues foster biopsychosocial distress that can lead to suicidal ideation or other more severe and irreversible behaviors. These manifestations often emerge at an early age when individuals face vulnerabilities such as school bullying or rejection from their immediate informal networks. Later in life, they may encounter workplace harassment, forced migration (“sexile”), or ageism.

For this reason, all three levels of government must work together and collaborate with the third sector (associations, foundations, mutual aid or self-help groups, non-governmental organizations) as well as other private entities and society as a whole to strengthen public protection systems. This will ensure access to comprehensive services, benefits, general assistance, and specific support. Additionally, public authorities must provide their professional human resources—particularly those in social-healthcare, psychological, and educational fields—with access to basic and specialized training on these topics. This is essential for preventing mental health issues while preserving quality, effectiveness, efficiency, and appropriateness in interventions targeting members of the LGBTQ+ community—especially women with sex-gender diversity who also possess other intersectional characteristics.

Of particular importance in this regard is not only the telephone resource provided by Line 024 for suicide prevention but also the recent approval of the Action Plan for Suicide Prevention (2025–2027) on February 14, 2025. This plan was adopted by the Interterritorial Council of the National Health System under the Ministry of Health. It explicitly identifies LGBTQ+ individuals among groups at greater risk due to “higher suicide risk stemming from social, economic, health-related factors or discrimination” as a result of experiencing “various forms of stigma, discrimination, and violence associated with sexual orientation or gender identity” (p. 12).

Similarly, universities must commit to complying with legislative guidelines and planning instruments by implementing curricular content, postgraduate degrees, qualitative and/or quantitative research studies, diagnostics, analytical reports, and surveys (Art. 7).

Conclusions

There is a direct interrelation in the sample between the Invisibilization of Sex-Gender Diversity and LGTBphobia, in its two aspects: internalized and externalized. This symbiosis, in turn, acts as a “Petri dish” that can generate, at least in a significant percentage, suicidal ideation due to exposure to situations of vulnerability or lack of protection, extending to other more severe suicidal behaviours if they suffer other unfavourable and/or harmful situations (violence, persecution, prejudice, social stigmas, harassment, etc.). Therefore, visibilization emerges as a vital and urgent alternative for the recognition and positive assessment of diversity in socio-cultural contexts. Thus, it should be a high-priority strategy as a way to confront and rebel against oppressive and discriminatory structures that aggravate inequalities. Finally, families must be the first agents for adequate socialization, based on a model of positive parenting, values education, and the transmission of affective bonds, protection, and security for family members, characterized by diversity and intersectionality. They can serve as preventive agents against LGTBphobia and suicidal behaviours, or just the opposite, institutions that propagate asphyxiating inequalities for “diverse people”.

Limitations and Future Lines of Action

This study has certain limitations, mainly due to the small number of participants, which is due to the difficulty of finding women willing to share experiences marked by pain, trauma and discrimination. Nevertheless, the effort made has been fundamental to deepen the understanding of how invisibilisation impacts women with diverse identities and orientations, generating stigma and suffering, as well as the resilience strategies they develop to cope with these realities.

The purpose of this research is to make visible a problem that, despite its seriousness and the strength of the data, continues to be ignored and stigmatised in society. The invisibilisation of women in affective-sexual and gender diversity not only reinforces their exclusion, but also perpetuates structural LGTBphobia. Making this reality visible is essential to sensitise and engage public institutions of Health and Social Services, urging them to design and strengthen support programmes that recognise and address the needs of those who suffer due to discrimination and lack of recognition of their identity and orientation.

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