

Journal of the Mormon Social Science Association



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Volume 2, 2023 –2024 • <https://doi.org/10.54587/JMSSA.0205>

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Dyer, W. Justin. 2024. "Investigating Why Latter-day Saint Adolescents Are at Lower Risk for Suicidality: Comparing Across Sexual Orientations and Gender Identities," *Journal of the Mormon Social Science Association* 2, no. 1: 109–116. <https://doi.org/10.54587/JMSSA.0205>

Investigating Why Latter-day Saint Adolescents Are at Lower Risk for Suicidality: Comparing Across Sexual Orientations and Gender Identities

W. Justin Dyer, Brigham Young University

Previous research has identified Latter-day Saint adolescents at particularly low levels of suicidality compared to adolescents of other affiliations or no affiliation. However, specific pathways of effects remain uncertain. The current study used data from 46,823 Utah adolescents collected by the Utah Department of Health to examine mediators of the relationship between religious affiliation and suicide ideation, suicide attempts, and depression. The study also examined how these mediators differed across sexual orientations and gender identities. Compared to those of no religion, heterosexual Latter-day Saint and Catholic adolescents were less likely to use drugs or alcohol, which proved to be the most prominent protective factor across sexual orientations and gender identities, decreasing suicide attempts by more than 20%. Less family conflict was also a protective factor for Latter-day Saints and Catholics. For LGBQ adolescents, being Latter-day Saint was protective against suicide ideation, suicide attempts, and depression through less use of drugs or alcohol and less family conflict. Being Latter-day Saint or Catholic was also protective for LGBQ adolescents given their lower likelihood of being bullied (again compared to those of no religion).

Religiousness and spirituality (R/S) are generally associated with lower rates of suicidality (i.e., suicidal thoughts, attempts, and dying by suicide; Chen and VanderWeele 2020). Various explanations for this have been proposed, including theories of religious integration and religious networks where individuals feel a sense of group belonging and receive social supports (see Stack and Kposowa 2011). Religious individuals may have lower suicidality given they are less likely to engage in behaviors linked to suicide (such as drug and alcohol use; Smith 2005).

In concert with these theories, a recent study by Dyer and Goodman (2022) found religiously affiliated adolescents at less risk for suicide ideation, suicide attempt, and depression than non-affiliated adolescents; Latter-day

Saint adolescents were at especially low risk. These results are relatively unsurprising given that studies generally find Latter-day Saints have equal and often better mental health than those of other religions or no religion (Dyer et al. 2023; Judd 1998; Overton 2005). Latter-day Saints tend to be a highly religious group (Smith 2005) and thus likely derive benefits from their religiousness. Dyer and Goodman (2022) also found Latter-day Saint LGBTQ (lesbian, gay, bisexual, and questioning) adolescents to have the lowest level of mental health difficulties compared to LGBTQ individuals of other affiliations and no affiliation. However, Latter-day Saint transgender individuals were no different in their mental health than transgender individuals of other affiliations or no affiliation. These findings are similar to other research on LGBTQ mental health which finds an overall positive association between religiousness/spirituality and mental health for LGBTQ individuals (see Lefevor et al. 2021 for a meta-analysis).

However, after controlling for community connections, risk taking (drug use by both the adolescent and family), and demographics, Dyer and Goodman (2022) found differences across affiliations were almost entirely explained (i.e., the relationship between affiliation and outcomes became, for the most part, non-significant). What remains unknown are which specific aspects of community connections and risk taking explain the relationship between being a Latter-day Saint and mental health. Further, given that religious affiliation may differentially relate to mental health for LGBTQ individuals (Dyer 2022; Lytle et al. 2018), it is important to explore how similar these protective/risk factors are across sexual orientations and gender identities. In this way we can best tailor interventions that target the factors that are most protective (or create most risk) for Latter-day Saints across sexual orientations and gender identities.

Current Study

The current study expanded on previous research (Dyer and Goodman 2022) by testing which potential mediators of affiliation had the largest indirect effect on suicidality and depression (prior research did not test specific indirect effects of potential mediators) and whether potential mediators differed for sexual and gender minorities for whom religious affiliation may differentially relate to suicidality (Lefevor et al. 2021). Data are from the 2021 Utah Prevention Needs Assessment survey administered by the Utah Department of Human Services. There were 46,823 participants in grades 8, 10, and 12. The sample

was 47.3% male, 51.4% female, and 1.2% transgender ($n = 567$) with 82.9% heterosexual, 1.9% gay/lesbian, 8.4% bisexual, and 6.7% unsure of their sexual orientation or “other” (LGBQ, “Q” being “questioning”; LGBQ $n = 7867$). Participants were an average of 15.5 years old (range 12–19). The sample was 74.9% white, 16.9% Hispanic, 1.7% Asian, 1.5% Hawaiian, 1.2% Black, along with those of other races including those who were multiracial. Using weights, data are representative of all Utah youth in grades 8, 10, and 12.

Methods

Participants were identical to those in Dyer and Goodman (2022) with full demographic information reported there. Measures were also identical to Dyer and Goodman (2022). Outcomes were suicide ideation (seriously considering suicide in the last year), suicide attempt (attempting suicide in the last year), and depression. Religious affiliations included: a member of the Church of Jesus Christ of Latter-day Saints, Catholic, Protestant, Other religion/denomination, and no religious affiliation. Potential mediators were: adolescent drug use, family drug use, family conflict, two-parent mother/father home (compared to other parental configurations), feeling safe at school, feeling safe in the neighborhood, being bullied, becoming sick with COVID-19 symptoms, and stressors due to COVID-19 (see Dyer, Crandall, and Hanson 2023 for how affiliation may affect COVID-19 stressors and subsequently affect mental health). Controls included adolescent race, age, and gender (male, female; separate analyses were conducted for transgender individuals) as well as parent education and whether the child lived in a two-parent home.

Mediation analyses were conducted in Mplus 8.8 with religious affiliation predicting the mediators and the outcomes and the mediators predicting the outcomes. The most robust method was used to calculate indirect effects: bootstrapped, non-symmetrical confidence intervals (Muthén, Muthén, and Asparouhov 2016). It is important to note the data are from a single timepoint and causality cannot be assessed.

Results

Table 1 contains indirect effect results comparing the various affiliations with those of no affiliation (i.e., non-affiliated adolescents were the baseline). For attempt and ideation, the indirect effect is in odds-ratios. Odds-ratios of less than 1.00 indicate a negative relationship and odds-ratios over 1.00 indicate

Table 1. Indirect Effects of Affiliation on Suicide Ideation, Suicide Attempt, and Depression Compared to Those of No Affiliation

	Latter-day Saint			Catholic ^a		Protestant ^a		Other		
	Hetero	LGBQ	Trans	Hetero	LGBQ	Hetero	LGBQ	Hetero	LGBQ	Trans
Ideation										
Teen Drug Use	.784	.793		.962		.964				
Family Drug Use	.927			.949		.987				
Family Conflict	.914	.876		.927						
Not Bullied		.980		.984	.961					
Safe at School		.989								
Covid Stress	.962	.930								
Attempt										
Teen Drug Use	.725	.750	.782	.950		.953		1.083		1.41
Family Drug Use	.923	.952		.947		.986				
Mother/Father	.942			.969		.971				
Family Conflict	.928	.893		.939		.977				
Not Bullied		.980		.980	.961					
Safe at School	.915	.910	.858	.961		.936				
Covid Stress	.974	.966		.970						
Depression										
Teen Drug Use	-.042	-.031		-.004					.005	
Family Drug Use	-.019			-.007						
Family Conflict	-.028	-.036		-.014						
Not Bullied		-.006			-.008					
Safe at School	-.023	-.022	-.015	-.006		-.004				
Safe Neighborhood	-.009	-.006								
Covid Stress	-.011	-.012		-.007						

^a There were only 16 trans Catholics and one trans Protestant. These numbers are too small to include. There were no significant indirect effects of being Protestant for LGBQ individuals. All values listed are at least $p < .05$.

a positive relationship. For example, the indirect effect of being a Latter-day Saint (for heterosexual individuals) is an odds-ratio of .784 through adolescent drug use. In other words, Latter-day Saints' odds of seriously considering suicide are 78.4% of the odds for those of no affiliation. Another way to say it is that the odds of a Latter-day Saint considering suicide are 21.6% lower than the non-affiliated given their lower drug use.

The largest indirect effect of being Latter-day Saint was for adolescent drug use, which reduced the odds of considering or attempting suicide by more than 20% for both heterosexual individuals and LGBQ individuals. Odds of suicide attempt were reduced by 21.8% for trans Latter-day Saints through lower levels of drug use. For depression, the indirect effect of being Latter-day Saint through teen drug use was also the strongest indirect effect for heterosexual individuals and the second strongest for LGBQ individuals. Lower levels of teen drug use were also protective for Catholics and those of other religions. However, the effects were substantially smaller and only for heterosexual individuals. For the indirect effect of being Latter-day Saint, when a risk/protective factor was significant for heterosexual individuals as well as for LGBQ and/or trans individuals, the differences in the effects appeared rather small.

For LGBQ and trans Latter-day Saints, not being bullied was a significant indirect effect across outcomes (except for trans and depression) whereas it was not significant for heterosexual individuals. The indirect effect of being an LGBQ Latter-day Saint was protective through feeling safe at school whereas it was not significant for heterosexual Latter-day Saints.

These results were comparable to the indirect effects for LGBQ Catholics where, for all outcomes, the only significant indirect effect was through not being bullied. There were many more significant indirect effects for heterosexual individuals than for LGBQ and trans individuals. There were few indirect effects of being Protestant and none for being an LGBQ Protestant. Heterosexual teens of other religions had lower drug use leading to lower odds of suicide attempt. However, for LGBQ and trans individuals, being of other religions was associated with greater drug use and a higher chance of suicide attempts as well as greater depression for LGBQ individuals.

Discussion

The current study examined what factors may play a risk/protective role for those affiliated with a religion when compared to those not affiliated and how

this may differ across sexual orientations and gender identities. There was a strong indirect effect in which Latter-day Saint adolescents were less likely to use drugs or alcohol. Research generally finds Latter-day Saints low in drug and alcohol use and less likely to use these in the face of negative emotions (Sandberg and Spangler 2007). This was protective across sexual orientations and gender identities, though, for trans individuals, it was only protective against suicide attempts. This effect for trans Latter-day Saints is, however, important as earlier analyses that did not examine individual mediators did not detect a difference between trans Latter-day Saints and other trans individuals. After teen drug use, a prominent protective factor for being Latter-day Saint (compared to those of no affiliation) across sexual orientations and outcomes was that Latter-day Saints had lower levels of family conflict. Being Latter-day Saint reduced the odds of suicide ideation and attempt by more than 10% for both heterosexual and LGBQ Latter-day Saints through lower family conflict. Religiousness is typically associated with greater parental efficacy and warmth and greater marital functioning (Mahoney, Flint, and McGraw 2020). Religious denominations typically emphasize family relationships. Latter-day Saints especially view family relationships as central, even salvific, and are likely to see them as sacred (Leonhardt et al. 2018). This “sanctification” of family relationships is typically associated with healthier family relationships (Mahoney, Flint, and McGraw 2020).

Comparing heterosexual, LGBQ, and trans individuals, the most prominent difference is the indirect effect of bullying, which was significant for LGBQ Latter-day Saints and Catholics, but not significant for heterosexual individuals. LGBQ individuals are likely at higher risk of bullying in general, but, compared to those of no religion, LGBQ Latter-day Saints and Catholics had lower levels of bullying than those of no religion. Further, trans Latter-day Saints had higher levels of feeling safe at school, which was connected to fewer suicide attempts and lower depression.

There are two likely explanations for this. The first is that religious LGBQ individuals may be less likely to be “out” (Skidmore, Lefevor, and Perez-Figueroa 2022) and are therefore less likely to be targeted for bullying. The second, and probable overlapping reason, is that religiously affiliated LGBQ individuals gain religious resources that may include a sense of belonging, social networks, and a religious worldview that provides coherence and meaning, all of which are associated with lower suicidality (Dyer, Goodman, and Hardy 2020; Stack 1983; Stack and Kposowa 2011).

Limitations

The sample in this study was drawn from Utah and therefore should not be generalized to other locations. Another limitation of the study is that it is cross-sectional. Affiliation, mediators, and outcomes likely influence each other and reciprocal relationships cannot be examined in the current study. This study assumes a single direction of effects. Still, it is useful to understand (even at the correlation level) what protective and risk factors are most prominent across affiliations. This provides parents, policy makers, ecclesiastical leaders, and others focused on intervention greater knowledge about what characteristics “bundle together.” For example, that Latter-day Saint affiliation, lower teen drug use, and better mental health “bundle together” provides some insights into why, as a group, Latter-day Saint teens may be at less risk than others, though causality should not be inferred.

Another limitation is that there were no measures of religiousness. It is unknown the degree to which participants actually engaged in religion (whether affiliated or not).

This study also cannot estimate the effects of disaffiliation. It may be that many of those who have no religion are former Latter-day Saints. However, it is still useful to understand risk and resilience across affiliation, independent of how an individual came to be or not be affiliated.

Conclusion

In sum, being Latter-day Saint or Catholic was protective across sexual orientations with less drug use being the most potent protective factor. LGBQ Latter-day Saints and Catholics were uniquely protected through less bullying and, for trans Latter-day Saints, through feeling safer at school. Results are consistent with other research finding Latter-day Saints and Catholics at lower rates of suicide than those of other religions and no religion (Chen and VanderWeele 2020; Dyer, Goodman, and Hardy 2020). By identifying these specific pathways, interventionists can capitalize on areas that provide the most protection.

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