Psychology of Sexual Orientation and Gender Diversity

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Family, Faith, and Suicidal Thoughts and Behaviors (STBs) Among LGBTQ Youth in Utah

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Utah ranks fifth in the nation for suicide and has experienced a rapid increase in youth deaths by suicide over the last decade. Lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) youth in Utah may be at heightened risk, given the major presence and stances of The Church of Jesus Christ of Latter-day Saints regarding LGBTQ identities and relationships. However, no research has yet examined the differences in or predictors of suicidal thoughts and behaviors (STBs; i.e., suicidal thoughts, plans, and attempts) among LGBTQ youth in Utah. Using a large representative sample of Utah middle and high schoolers (n = 73,982), we found that Latter-day Saint (LDS) and non-LDS LGBTQ groups reported greater levels of STBs than heterosexual/cisgender youth, with non-LDS LGBTQ youth reporting the highest levels of STBs, followed by LDS LGBTQ youth. Path-analyses demonstrated that LGBTQ participants' reports of higher family conflict and lower parental closeness were tied to higher depression, self-harm, and substance misuse, and these three factors were, in turn, associated with higher levels of STBs for LGBTQ youth in Utah. This path model did not differ significantly due to LDS versus non-LDS religious affiliation. Findings suggest that LGBTQ youth in Utah would be well served if clinicians and advocacy groups pay attention to the ways that religious affiliation and family dynamics might indirectly lead to STBs among adolescents.

Public Significance Statement
This study found that both Latter-day Saint and non-Latter-day Saint LGBTQ youth are at higher risk for experiencing suicidal thoughts and behaviors than their heterosexual or cisgender peers. Additionally, for LGBTQ youth, higher levels of family conflict and lower levels of parental closeness were related to more depression, substance misuse, self-harm, suicidal thoughts, and suicide attempts. These findings demonstrate the potential familial and religious risks that LGBTQ youth may experience in Utah.

Keywords: suicide, LGBTQ youth, Utah, Latter-day Saints

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Utah ranks fifth in the nation for deaths by suicide and is part of the "suicide belt" with other western states with high rates of death by suicide (e.g., Montana, Indiana, Wyoming, and Arizona; Smith & Kawachi, 2014). Of particular concern is that among Utah youth ages 10–17, (a) suicide is the leading cause of death and (b) from 2011–2015 their rate of suicide increased by 136%, compared with 23.5% for other youth in the United States (Annor et al., 2018). These factors, among others, have led the state of Utah to give serious attention to what may be contributing to these alarming trends (see Ramseth, 2018). Suicidal thoughts and behaviors (STBs) are often cited as some of the best indicators of future death by suicide (Castellvi et al., 2017; Victor & Klonsky, 2014). To help illuminate factors tied to death by suicide among Utah youth, we focus on STBs reported by a large representative sample of Utah middle and high schoolers (n = 73,982).

Although some recently published studies have examined suicide in Utah (see Dyer et al., 2020; McGraw et al., 2020, 2021; Wright-Berryman et al., 2019), the prevalence and potential predictors of STBs among Utah youth who identify as lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) have received limited to no attention.[1] This is surprising given that LGBTQ individuals are generally regarded to be at higher risk for STBs throughout adolescence and into adulthood (e.g., Greydanus, 2017; Kann et al., 2016;

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[1] We use LGBTQ throughout the manuscript to talk about our own sample and LGBTQ issues broadly, but use variations of it (e.g., LGB or LGBT) when discussing the findings of specific studies to be consistent with language those authors used.

Mustanski et al., 2010). The scarcity of literature examining suicide by LGBTQ youth in Utah makes it imperative to better understand the prevalence and predictors of STBs among this population.

Religious affiliation represents one potentially important and understudied factor of STBs for Utah LGBTQ youth. Utah is home to a large population of members of The Church of Jesus Christ of Latter-day Saints, a minority Restorationist Christian religion that is often considered one of the least affirming faith traditions of LGBTQ identities/relationships (Barringer, 2020).[2] While religiousness/spirituality (r/s) tends to be associated with less STBs among heterosexual/cisgender (or presumed heterosexual/cisgender) youth, including among Latter-day Saints samples (see Dyer et al., 2020), it is less clear as to how r/s may impact LGBTQ identifying youth. While no studies have yet explicitly explored STBs among Latter-day Saint (LDS) LGBTQ youth, findings examining r/s and STBs among LGBTQ youth or adults more broadly tend to show mixed findings, suggesting that r/s may be a protective or risk factor for suicide, depending on the context (Irwin & Austin, 2013; Lytle et al., 2015, 2018; Shearer et al., 2018; Stroud et al., 2015).

Challenging family dynamics may also be an important factor to consider in connection to STBs among LGBTQ Utah youth. Prior research indicates that family members' negative reactions to a youth identifying as LGBTQ are tied to higher levels of depression, self-harm, substance misuse, and STBs (Ryan et al., 2009). Significant familial conflict and loss of closeness triggered by teens' identifying as LGBTQ may be especially prevalent and problematic for LGBTQ youth in Utah, in large part due to The Church of Jesus Christ of Latter-day Saints' religious teachings regarding sexuality and gender identity (McGraw, Chinn, & Mahoney, 2020). Latter-day Saints explicitly teach that the only appropriate sexual relationship/behavior is within a married heterosexual partnership, that any and all nonheterosexual sexual behaviors are explicit moral transgressions, and that gender identity is a fixed "eternal" characteristic (McGraw, Chinn, & Mahoney, 2020). Acting contrary to any of these established beliefs (e.g., being in a same-sex relationship) can result in religious sanctions, such as excommunication (McGraw, Chinn, & Mahoney, 2020).

The current study extends previous research by examining three major research questions using a large representative sample of Utah middle and high schoolers. First, when examined by group affiliation (i.e., LDS LGBTQ, Non-LDS LGBTQ, LDS heterosexual/cisgender, and non-LDS heterosexual/cisgender), which youth in Utah report the highest mean level of STBs? Second, among LGBTQ youth in Utah, are parental/familial challenges tied to STBs through depression, substance misuse, and self-harm? And third, do LDS and non-LDS LGBTQ youth experience that pathway differently?

Latter-Day Saint LGBTQ Youth and STBs

Since 2015, several highly publicized deaths by suicide occurred among youth (ages 10–17) and young gay men (ages 17–28) living in Utah or highly concentrated LDS areas (Jackson, 2016; Lovett, 2019; Salinger, 2016; Shaw, 2016; University of Utah, 2018). Media outlets linked some of these deaths to struggles these adolescents and young adults had reconciling their sexual identities with their religious beliefs and community (Jackson, 2016; Salinger, 2016; Shaw, 2016; University of Utah, 2018). These deaths (and others) have inspired vigorous public debate within Utah and LDS circles as to the degree LDS LGBTQ youth may be at risk for suicide (see Barker et al., 2016; Cranney, 2020).

Unfortunately, little empirical research has been produced to inform controversies about suicide among LDS LGBTQ populations broadly, or in Utah specifically. To our knowledge, only three studies have begun to broach the topic: two studies looked at suicidal thoughts among LDS LGBTQ adults, but did not focus on those in Utah (Bridges et al., 2019; Lefevor et al., 2021) and another study looked at suicidal thoughts/attempts among LGB adults in Utah, but was unable to examine any influence of LDS affiliation (McGraw et al., 2020). These studies demonstrated that r/s factors may be both protective and related to greater risk for STBs (Bridges et al., 2019; Lefevor et al., 2021) and that adult LGB Utahns may be at much higher risk for STBs than heterosexuals and other LGB samples (McGraw et al., 2020).

To our knowledge no empirical research has been published that has examined the potential prevalence or predictors of STBs among LDS LGBTQ youth in Utah. However, both qualitative and quantitative researchers have pointed out that many LDS LGBTQ individuals may experience mental health issues, such as depressive symptoms, substance use, and self-harm (for a review see McGraw, Chinn, & Mahoney, 2020), all of which are associated with greater risk of suicide in broader contexts (Boenisch et al., 2010; Conner et al., 2014; Nock et al., 2008; Ribeiro et al., 2016, 2018). In addition, we know of no studies that have compared the prevalence rates of STBs among current LDS and non-LDS LGBT, generally, or in Utah specifically, which also limits our understanding of how LDS LGBTQ youth may fit into the larger context of Utah. Thus, we designed this study to help clarify the seriousness of, and factors tied to, STBs among LDS and non-LDS LGBTQ youth living in Utah.

Unfortunately, literature examining the role that r/s might play in STBs among broader LGBTQ samples is mixed. For example, some studies have shown that global measures of religiosity (e.g., religious salience) were related to greater STBs among LGBTQ individuals (Lytle et al., 2018). For example, Shearer et al. (2018) found that clinically distressed and depressed LGB youth were more likely to attempt suicide if they reported they and/or their parents were more religious, while the opposite was true for heterosexual youth (Shearer et al., 2018). However, other studies have found global religiousness to have no effect or even a protective element against STBs (e.g., Irwin & Austin, 2013; Lytle et al., 2015, 2018; Stroud et al., 2015). These mixed findings suggest that r/s factors may operate differently for certain LGBTQ individuals in various contexts. Thus, while LDS LGBTQ youth may be likely to experience mental health symptoms (e.g., depression, self-harm, and substance use), little is known as to how their STBs might compare with non-LDS LGBTQ youth or if the mechanisms behind their risk operate differently.

[2] In August of 2018, The Church of Jesus Christ of Latter-day Saints asked to no longer be referred to as the "LDS Church" or the "Mormon Church." To respect their request, we will use the full name of the Church when referring to the *institution* but will use "LDS" to refer to its *members*. For details, see https://www.mormonnewsroom.org/article/name-of-the-church?cid=HP_TH-16-8-2018_dPAD_fMNWS_xLIDyL1-A

Familial Challenges for LGBTQ Youth

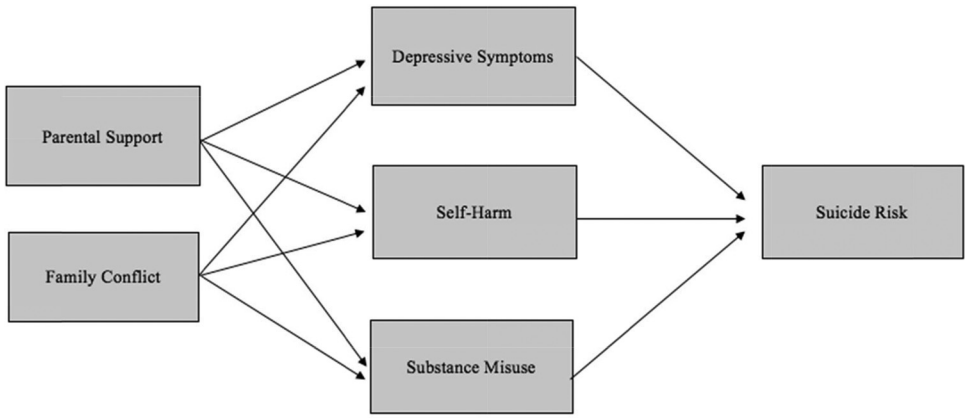
Ample prior research highlights that youth may encounter stressful challenges with their parents and other family members when they identify as LGBTQ, especially if their parents or family members are religious (Ryan et al., 2009, 2010). Parents who are more religious, especially in terms of fundamentalism or conservatism, tend to be less accepting of their LGBTQ youth. For example, Baiocco and colleagues (Baiocco et al., 2015, 2016) found that if parents of LGBTQ young adults were reported to be more politically conservative and/or have stronger traditional religious beliefs, then LGBTQ young adults were more likely to report experiencing negative or rejecting reactions from their parents when they came out (see also Rosenkrantz et al., 2020). It also appears to be common for parents to explicitly use religion/spirituality against their LGBTQ children when in conflict with one another, such as using religious symbols (e.g., holy scriptures or religious structures) to communicate God's "moral objection" to their sexuality (Etengoff & Daiute, 2014). Unsurprisingly, receiving these types of messages may lead to psychological distress for LGBTQ individuals. For example, Gibbs and Goldbach (2015) found that receiving such antigay messages from religious parents was related to increases in internalized homophobia and increased suicidal thoughts. In summary, parents in conservative r/s environments, such as those affiliated with LDS communities, may be more likely to reject their LGBTQ children, may use r/s resources against their LGBTQ child, and such dynamics appear to be related to severe negative outcomes, such as suicidal thoughts (see McGraw, 2020; McGraw, Chinn, & Mahoney, 2020).

Notably, however, negative parental/familial reactions to their teens' LGBTQ identity do not have to have to be explicitly related to r/s to be harmful. For example, in their landmark study on family rejection and negative outcomes, Ryan et al. (2009) created 51 close-ended items to assess the presence and frequency of rejecting parental/familial reactions to their LGBTQ teens, such as the family excluding their LGB child from family activities or events, or blaming their LGB child for the antigay mistreatment the child may have been experiencing. LGB young adults who reported their parents were highly rejecting of them (as indicated by the endorsement of more rejecting events) were drastically more likely to feel depressed (odds ratio, *OR* = 5.94), engage in problematic substance use (*OR* = 2.28), feel suicidal (*OR* = 5.64), or have attempted suicide (*OR* = 8.35; Ryan et al., 2009). These findings have been replicated over a number of different LGBTQ youth and adult samples, suggesting that lower levels of parental/family or social support are related to higher levels of depressive symptoms (Nock et al., 2008; Ribeiro et al., 2018), substance misuse (Goldbach et al., 2014; Hatzenbuehler et al., 2012; Mereish et al., 2017), self-harming behaviors (King et al., 2008; Liu & Mustanski, 2012), and suicidal thoughts and attempts (D'Amico et al., 2015; Langhinrichsen-Rohling et al., 2010; Liu & Mustanski, 2012; Mustanski & Liu, 2013).

A Potential Pathway

The above findings suggest a potential pathway whereby sexual minority youth may experience STBs. Within the families of youth who identify as LGBTQ, greater parental/familial challenges are likely to be robustly associated with greater levels of internalizing/externalizing symptoms (e.g., depression, substance use, and self-harm; Ryan et al., 2009) that, in turn, are tied to higher STBs (Boenisch et al., 2010; Conner et al., 2014; Nock et al., 2008; Ribeiro et al., 2016, 2018). However, few studies have tested such models. For example, Puckett et al. (2015) found that negative parental or family reactions, including rejection, may be associated with greater levels of negative cognitions, especially about their self-image (e.g., internalized homonegativity), which were then associated with higher levels of internalizing symptoms (e.g., depression and anxiety) and suicidal thoughts. Likewise, among an ethnically diverse sample of LGBT youth ($N = 237$), Mustanski and Liu (2013) found that both internalizing (e.g., major depressive disorder symptoms, hopelessness) and externalizing symptoms (e.g., conduct disorder symptoms) fully mediated the relationship between family support and suicide attempt history. And while few have directly tested this type of pathway model, other research does demonstrate that depression (Skerrett et al., 2016), self-harm (Liu & Mustanski, 2012), and substance use (Mereish et al., 2014) are each associated with STBs among LGBTQ samples. Thus, the above research suggests a potential pathway whereby greater levels of family challenges may predict

Figure 1
Proposed Pathway



STBs through internalizing and externalizing issues (e.g., depressive symptoms, substance abuse, and self-harm; see Figure 1). We were especially interested in the applicability of this model to LGBTQ youth in Utah who are and are not affiliated with The Church of Jesus Christ of Latter-day Saints.

Current Project

As mentioned above, little research has examined STBs among LDS LGBTQ populations and we know of no published research explicitly examining this issue in LDS LGBTQ youth. In addition, the suicide rate for youth in the state of Utah has increased in recent years compared with youth in other states (Annor et al., 2018). LGBTQ Utah youth who are affiliated with The Church of Jesus Christ of Latter-day Saints may be at particular risk given potential challenges in their religious home environments. Previous researchers have struggled to examine negative familial encounters, mental health concerns, and STBs among LDS LGBTQ samples because of sampling issues, such as inadvertently recruiting LGBTQ LDS folx who have had more negative experiences (e.g., Dehlin et al., 2014), a point brought up by recent examinations of LDS LGBTQ mental health issues (e.g., Lefevor et al., 2019; McGraw, Chinn, & Mahoney, 2020).

In the current study, we sought to advance the current understanding about these dynamics by using a representative sample of middle and high school youth in the state of Utah. Three major research questions guided our analyses: First, when examined by group affiliation (i.e., LDS LGBTQ, Non-LDS LGBTQ, LDS heterosexual/cisgender, and non-LDS heterosexual/cisgender), which youth in Utah report a higher mean level of STBs? Second, among LGBTQ youth in Utah, are parental/familial challenges tied to STBs through depression, substance misuse, and self-harm? And third, do LDS and non-LDS LGBTQ youth experience that pathway differently? In addition, to increase the rigor of our path analyses, we also controlled for four variables: age, grade, race/ethnicity, and a history of being bullied due to sexual orientation or gender. Each of these control variables were included because past research has found that they may be associated to some degree with STBs (Ivey-Stephenson et al., 2020; Kann et al., 2016; Mustanski & Liu, 2013; Sheftall et al., 2016; Twenge et al., 2019).

Method

We used relevant data extracted from the 2019 State of Utah Prevention Needs Assessment (PNA) Survey, which is conducted as part of the Student Health and Risk Prevention Statewide Survey (SHARP). The survey is coordinated and administered by the State of Utah Department of Human Services, Division of Substance Abuse and Mental Health; State Board of Education; Department of Health; and Bach Harrison, LLC. The SHARP survey is administered in-person to students in sixth, eighth, 10th, and 12th grades across 39 school districts and 17 charter schools, including one private school (Utah Department of Human Services, 2019a). The survey is administered every 2 years to assess adolescent substance use, antisocial behaviors, mental health, and risk/protective factors of adolescent problem behaviors (Utah Department of Human Services, 2019b). Sampling procedures and survey weights seek to make sure the total sample is as representative of the state's schools as possible. Weighting terms were previously calculated and provided to the authors by the survey administrators, a common practice in analyzing population-based survey data (e.g., McGraw et al., 2020). These weighted terms were created by applying a raking ratio estimation based on known population characteristics (e.g., the state enrollment counts by age, sex, school district, race, sex by district, and race by district) and to adjust for differential response rates (Utah Department of Human Services, 2019a).

Participant Characteristics

We restricted our participants for data analyses to those who responded to the religious affiliation question, resulting in a total sample of 73,982 participants. M_{age} for the total sample was 15.2, with the majority of respondents being female (52%), heterosexual (89%), White (78%), and LDS (59%). In addition, the majority of participants' parents had completed college (41%), or graduate or professional school (21%), or had completed some college (14%). This large sample was used to compare mean differences by sexual/gender minority status and LDS affiliation (i.e., our first research question).

We also examined a subsample of 6,137 youth who identified as LGBTQ. This subgroup included those that self-identified as gay or lesbian (n = 896), bisexual (n = 3,152), or said they were not sure of their sexual orientation or identified as other (n = 2,977). We also included 299 youth who identified as transgender, 35 of whom identified as heterosexual or who did not report sexual orientation. We excluded LGBTQ participants who did not answer the religious affiliation item and three participants who were missing data on victimization (i.e., being bullied) resulting in our final subsample of 6,137 LGBTQ youth. All demographic characteristics by LGBTQ status and religious LDS-affiliation status can be found in Table 1. We used this subsample of LGBTQ youth to answer our second and third research questions, regarding the potential pathways.

Missing Data

Missing data were handled using Full Information Maximum Likelihood (FIML), which uses all available data to estimate model parameters (Baraldi & Enders, 2010; Enders & Bandalos, 2001). FIML is suitable for data that are missing completely at random (MCAR) or missing at random (MAR); in other words, when missingness is unsystematic or only conditional on observed variables. In addition, FIML reduces bias and increases power and efficiency when data are missing not at random (MNAR) relative to other methods such as listwise deletion (Baraldi & Enders, 2010). Because we were interested in examining LDS status as a grouping factor among LGBTQ youth, we focused on 6,140 youth who had observed data for both LDS status and LGBTQ status. The final sample size for analyses was 6,137 (2,002 LDS youth and 4,135 non-LDS youth); three youth who were missing on victimization were dropped from the sample, because including variances or covariances involving victimization resulted in a nonpositive definite first-order derivative product matrix. Among the full sample, observed LDS status, LGBTQ status, self-harm, experiencing victimization due to gender, and family conflict were not predictors of missingness on the STBs outcome (all ps >

Table 1
Univariate Descriptive Statistics Among LDS and Non-LDS Youth Who Identify as LGBTQ

	Non-LDS/LGBTQ			LDS/LGBTQ			Non-LDS/heterosexual			LDS/heterosexual		
Continuous variables	*N*	*M*	*SD*	*N*	*M*	*SD*	*N*	*M*	*SD*	*N*	*M*	*SD*
Suicide risk	4,122	1.09_d	1.19	1,992	0.57_c	0.96	24,157	0.42_b	0.88	43,086	0.23_a	0.65
Parental closeness	2,053	13.20_d	4.18	1,056	15.57_c	4.00	11,825	15.26_b	4.11	21,289	17.25_a	3.26
Family conflict	4,122	4.46_d	2.85	1,996	3.36_c	2.60	24,176	3.21_b	2.63	43,169	2.64_a	2.31
Depressive symptoms	4,122	11.40_d	3.91	1,994	9.00_c	4.19	24,158	8.34_b	3.93	43,165	7.01_a	3.48
Self-harm	4,011	2.20_d	1.52	1,935	1.70_c	1.28	23,245	1.38_b	0.95	41,686	1.21_a	0.70
Substance misuse	4,117	1.25_d	2.23	1,991	0.32_c	1.16	24,148	0.67_b	1.70	43,071	0.13_a	0.80
Age	4,072	15.59_c	1.70	1,977	14.94_b	1.75	24,023	14.54_a	2.31	42,852	14.56_a	2.29
Dichotomous variables	*N*	%		*N*	%		*N*	%		*N*	%	
Gender (1 = male)	4,114	27.2_d		1,996	38.7_c		24,278	51.2_b		43,295	48.1_a	
Race/ethnicity (1 = White)	4,118	63.8_d		1,993	83.8_c		24,104	53.8_b		43,016	89.0_a	
Grade 6	4,137	0.7_d		2,003	2.6_c		24,282	26.9_b		43,297	25.7_a	
Grade 8	4,137	30.7_d		2,003	48.4_c		24,282	23.2_b		43,297	24.6_a	
Grade 10	4,137	35.7_b		2,003	27.1_a		24,282	25.7_a		43,297	25.4_a	
Grade 12	4,137	32.8_b		2,003	22.0_a		24,282	24.2_a		43,297	24.3_a	
Bullying due to gender	4,135	10.0_c		2,002	6.6_b		24,282	1.8_a		43,297	0.72_a	
Bullying due to sexual orientation	4,135	23.1_d		2,002	11.5_c		24,282	2.6_b		43,297	2.27_a	

Note. LGBTQ = lesbian, gay, bisexual, transgender, queer/questioning; LDS = Latter-day-Saint. Survey weights were used to obtain descriptive statistics. All group differences in means and proportions between non-LDS and LDS LGBTQ youth are statistically significant at $p < .01$. Subscripts denote significant mean and proportion differences at $p < .05$.

.112). However, male youth, racially and ethnically diverse youth, younger individuals or those in lower grades, youth with lower levels of parental closeness, youth with lower levels of depressive symptoms, youth with higher levels of substance misuse, and youth who did not experience victimization due to sexual orientation were more likely to have unobserved values for the STBs outcome (all *p*s $< .04$). Thus, accounting for these variables in the analysis model with FIML will help to make the MAR assumption more tenable for our data (Baraldi & Enders, 2010).

Variables/Measures

Predictor Variables

Two variables related to parents and family were assessed in the SHARP 2019 dataset, namely, parental closeness and family conflict.

Parental Closeness. Parental closeness was measured using five items assessing how close the participants felt to both their mother and father individually (e.g., "Do you feel very close to your mother?"), the degree to which they shared their thoughts and feelings with their mother and father individually (e.g., "Do you share your thoughts and feelings with your father?"), and the degree they felt they could go to their parents if they needed help with a personal problem (e.g., "If I had a personal problem, I could ask my mom or dad for help"). Item responses ranged from 1–4 (i.e., *definitely no* to *definitely yes*). Individual item scores were summed to get the total parental closeness score. Cronbach's α was good for the five-item measure for both the total (α = .85) and analytical samples (α = .83).

Family Conflict. Family conflict was measured using three items assessing the participants' agreement about conflict behaviors in their family from insults or yelling (e.g., "people in my family often insult or yell at each other"), arguing repeatedly (e.g., "we argue about the same things in my family over and over"), and having serious arguments (e.g., "people in my family have serious arguments"). Item responses ranged from 1–4 (i.e., *definitely no* to *definitely yes*). Individual item scores were summed to get the total family conflict score. Cronbach's α was good for both the total (α = .82) and analytical samples (α = .85).

Mediating Variables

Depression Symptoms. Depressive symptoms were measured using four items assessing the frequency of common depressive symptoms, such as feeling that life is not worth it, thinking they are no good at all or that they are a failure, and if they have felt depressed or sad most days. These items have been used by the State of Utah Department of Human Services, Division of Substance Abuse and Mental Health to estimate depressive symptoms in their official reports (see Utah Department of Human Services, 2019a). Participants responded on 4-point Likert scale (e.g., *definitely no* to *definitely yes*). Individual item scores were summed to get the total depressive symptoms score. Cronbach's α was excellent for both the total (α = .91) and analytical samples (α = .92).

Substance Misuse. Substance misuse was measured using 12 items examining both problematic use of alcohol and drugs, independent of one another, over the last 12-month period. The items assessed if participants had spent more time using alcohol or drugs than they had intended, if they had neglected important responsibilities due to alcohol or drug use, if they had ever wanted to stop, if others had objected to their usage, if they found themselves frequently thinking about using, and if they had ever used to relieve negative emotions (e.g., sadness, anger, and boredom). Responses could either be "yes," "no," or "do not use." Affirmative answers were coded as ones and no or do not use were coded as zero. Individual item scores were summed to get the total substance misuse score. Cronbach's α was good for both the total (α = .87) and analytical samples (α = .86).

Self-Harm. Self-harm was assessed using a single item inquiring about purposefully harming one's self *without wanting*

to die, over the past 12 months (i.e., "in the past 12 months, have you ever done something to purposefully hurt yourself without wanting to die, such as cutting or burning yourself on purpose? If so, how many times did you do so?"). Response options consisted of "0 times," "1 time," "2 or 3 times," "4 or 5 times," or "6 or more times." We coded responses as "0" for no self-harm or "1" for any self-harm.

Outcome Variable

Suicidal Thoughts and Behaviors (STBs). STBs were assessed using three items examining suicidal thoughts, plans, and attempts over the last 12-month period (i.e., "during the past 12 months, did you ever seriously consider attempting suicide?," "during the past 12 months, did you make a plan about how you would attempt suicide?," "during the past 12 months, how many times (if any) did you actually attempt suicide?"). Items for suicidal thoughts, plans, and attempts were each dichotomized into 0 for none and 1 for any. All three item scores were summed together to create a STBs score. Cronbach's α was good for both the total ($\alpha = .81$) and analytical samples ($\alpha = .81$).

Control Variables

Gender. Gender was assessed with a single item (e.g., "thinking about your gender, which of the following best describes you"), with response options for woman/girl, man/boy, transgender, and other.

Grade Level. Grade level was assessed with a single item (e.g., "what grade are you in?") with item responses being sixth through 12th grade.

Race/Ethnicity. Race/ethnicity was assessed with a single item (e.g., "What is your race?") allowing for multiple answers of the following options: "American Indian or Alaska Native," "Asian," "Black or African American," "Hispanic or Latino," "Native Hawaiian or other Pacific Islander," and "White." For our analyses we coded race dichotomously as White and racially/ethnically diverse.

Bullied Due to Sexual Orientation/Gender. Being bullied due to participant's sexual orientation or gender was assessed using a single item asking about perceived reasons for being bullied (e.g., "If you have been bullied in the past 12 months, why do you think you were bullied?"), allowing for multiple answers including "my gender" and "my sexual-orientation." Responses were coded as "0" for no perceived bullying due to gender or sexual orientation, "1" for any bullying for either, and "2" for perceived bullying for both gender and sexual orientation.

Analytical Plan

Data coding and descriptive analyses were conducted in Stata Version 16 (StataCorp, 2019), and we tested hypotheses using a multiple group path analysis conducted in M*plus* 8.3 (Muthén & Muthén, 2017). The larger sample was used to compare mean differences on STBs and other study variables, while the smaller LGBTQ subsample was used to test path analyses. All path analyses used a robust maximum likelihood (MLR) estimator. Three path analysis models were conducted among LGBTQ participants (n = 6,137). First, we examined the paths to STBs when all LGBTQ youth were combined into a single model. Second, we tested for differences in the path model when participants were grouped by LDS-affiliated or LDS (n = 2,002), and non-LDS-affiliated or non-LDS (n = 4,135).

In each model, after grouping participants, path analysis was conducted, and all parameters were free to vary across group. Age, grade, gender, race/ethnicity, and victimization due to gender or sexual orientation were included as correlated exogenous covariates in all models. The outcome of STBs was regressed on depressive symptoms, self-harm, substance misuse, parental closeness, and family conflict, as well as on all covariates (age, grade, bullying due to gender or sexual orientation, gender, and race). Depressive symptoms, self-harm, and substance misuse were allowed to covary, and each was regressed on parental closeness, family conflict, and all covariates. Finally, parental closeness and family conflict were allowed to covary, and each was regressed on covariates, and correlations were estimated among most covariates (age, grade, gender, and race). This analysis allowed us to test whether, after controlling for demographic characteristics, there were associations among parental/family relationship variables, depressive symptoms, self-harm, substance misuse, and STBs. Additionally, it allowed us to test whether some of the association of parental closeness and family conflict with STBs would be due to depressive symptoms, self-harm, and substance misuse (i.e., indirect effects). Finally, it allowed us to examine whether any direct or indirect effects differed significantly as a function of LDS affiliation.

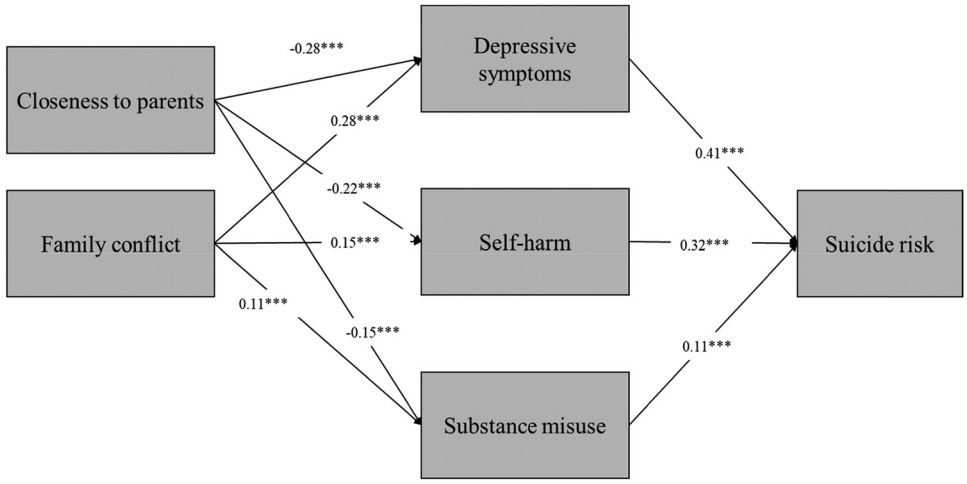
Results

Descriptive Statistics

We examined group-level descriptive statistics and tested group differences using linear regressions for continuous variables and logistic regressions for categorical variables, with LDS and LGBTQ status included as grouping factors, and accounting for survey weights. Compared with LDS heterosexual/cisgender youth, non-LDS heterosexual/cisgender youth had higher mean levels of suicidal thoughts, plans, and prior attempts (i.e., STBs), family conflict, depressive symptoms, self-harm, and substance misuse, and had a lower mean level of parental closeness. All group differences were significantly different at $p < .001$. In addition, when examining each STB variable separately, a greater percentage of LGBTQ youth reported the presence of suicidal thoughts (42%), plans (32.2%), and suicide attempts (19.7%) than the full sample (16.4%, 12.3%, and 6.9%, respectively).

Among LGBTQ youth, non-LDS youth had higher mean levels of STBs, family conflict, depressive symptoms, self-harm, substance misuse, a lower mean level of parental closeness, and were older on average than their LDS LGBTQ counterparts. Compared with non-LDS LGBTQ youth, LDS LGBTQ youth were more likely to be male, identify as White, and be in 6th or 8th grade, and were less likely to be in 10th or 12th grade or be bullied due to gender or sexual orientation. Notably, the relative percentage of LGBTQ youth who identified as being non-LDS (67%) compared with LDS (33%) was markedly higher than what is typical across all youth in Utah (i.e., 86,346: 41% non-LDS vs. 59% LDS). All group differences were significantly different at $p < .001$.

Figure 2
LGBTQ LDS and Non-LDS Combined)



Note. LGBTQ = lesbian, gay, bisexual, transgender, queer/questioning; LDS = Latter-day-Saint.
*** $p < .001$

In addition, both LGBTQ youth groups (i.e., LDS and non-LDS) reported significantly higher levels of STBs, family conflict, depressive symptoms, self-harm, and substance misuse, and had a lower mean level of parental closeness, when compared with LDS and non-LDS heterosexual/cisgender individuals. Non-LDS LGBTQ youth reported the highest STBs, family conflict, depressive symptoms, self-harm, and substance misuse scores, and had a lower mean level of parental closeness scores, followed by LDS LGBTQ, non-LDS heterosexual/cisgender youth, and then LDS heterosexual/cisgender youth. All group differences were significantly different at $p < .001$. See Table 1 for all group comparisons.

Combined LGBTQ Group Path Analysis

First, we conducted a path analysis for all LGBTQ participants, regardless of religious affiliation. All parameters were freely estimated. Age, grade, gender, race/ethnicity, and victimization due to gender or sexual orientation were included as correlated exogenous covariates in the model. Figure 2 displays standardized coefficients for the combined LGBTQ youth.

Overall, the combined LGBTQ group model fit indices generally indicated the model was a good fit to the data: $\chi^2(16) = 79.37$, $p < .001$, root mean square error of approximation (RMSEA) = .04, comparative fit index (CFI) = .99, Tucker-Lewis index (TLI) = .92, standardized root mean square residual (SRMR) = .02. Results indicated that depressive symptoms, self-harm, and substance misuse were each positively and significantly associated with our continuous index of STBs (all $ps < .001$). In addition, parental closeness and family conflict were both significantly associated with depressive symptoms, self-harm, and substance misuse (all $ps < .001$). Youth with lower levels of parental closeness and with higher levels of family conflict had higher levels of depressive symptoms, self-harm, and substance misuse on average. Neither family conflict nor parental closeness had a significant direct effect on STBs ($ps > .100$). All indirect paths from parental closeness and family conflict to STBs were significant (all $ps < .001$).

Results indicated that about 87% of the total effect from parental closeness to STBs was mediated, with 48.4% of the total effect explained by depressive symptoms, 30.6% by self-harm, and 6.5% by substance misuse. Results for indirect effects were relatively similar for family conflict. About 87% of the total effect of family conflict on STBs was mediated, with 56.6% of the total effect explained by depressive symptoms, 24.1% by self-harm, and 6.0% by substance misuse. Paths for the combined LGBTQ group can be found in Figure 2.

LDS versus Non-LDS LGBTQ Path Analysis

To test if LDS religious affiliation may moderate the path model among all LGBTQ participants, we then conducted a two-group path analysis, with LDS affiliation as the grouping variable for participants who identified as LGBTQ. All parameters were freely estimated within both groups. Age, grade, gender, race/ethnicity, and victimization due to gender or sexual orientation were included as correlated exogenous covariates in the model.

Overall, model fit indices generally indicated the model was a good fit to the data: $\chi^2(16) = 122.56$, $p < .001$, RMSEA = .05, CFI = .98, TLI = .86, SRMR = .03. However, relatively few differences were found between LDS vs non-LDS LGBTQ groups. Results indicated that depressive symptoms, self-harm, and substance misuse were each positively and significantly associated with STBs in both groups (all $ps < .002$). In addition, parental closeness and family conflict were both significantly associated with depressive symptoms, self-harm, and substance misuse in both groups (all $ps < .030$). Youth with lower levels of parental closeness and with higher levels of family conflict had higher levels of depressive symptoms, self-harm, and substance misuse on average. Neither family conflict ($ps > .100$) nor parental closeness ($ps > .200$) had a significant direct effect for STBs in either group. All indirect paths from parental closeness and family conflict to STBs were significant in both groups, with one exception. The indirect effect from family conflict to STBs through substance

misuse was not significant in the group of LDS youth ($p = .059$). No other group differences in indirect effects were significant (all $ps > .09$). Figures for the multiple group model can be found in the online supplemental materials. Given that there were no group differences in indirect effects for both LGBTQ groups (i.e., LDS and non-LDS), we opted to accept the combined LGBTQ model.

Discussion

Using a large representative sample of Utah middle and high schoolers, one key finding from this study is that LDS and non-LDS LGBTQ adolescents living in Utah report greater levels of suicidal thoughts, plans, and prior attempts (i.e., STBs) compared with their heterosexual/cisgender peers. More specifically, non-LDS LGBTQ youth reported the greatest level of suicidal risk, followed by LDS LGBTQ youth. In addition, path-analyses showed that for both the LDS and non-LDS LGBTQ groups, higher family conflict and lower parental closeness was tied to higher depression, self-harm, and substance misuse; these three factors were, in turn, associated with higher levels of suicidal thoughts, plans, and past attempts. Notably, these pathways of influence were the same for Utah adolescents who did and did not identify as being LDS affiliated. Overall, our study highlights the need for families, religious leaders, and policymakers to recognize that LGBTQ youth living in Utah are at relatively greater risk of suicidal thoughts and behaviors than their peers and vulnerable to negative family interactions and associated psychological distress.

To reiterate, one of the main questions we had was about who was at more risk for suicide among youth from Utah. Specifically, we wondered about how belonging to either or both a LGBTQ group and or LDS/non-LDS group, may impact suicidal thoughts, plans, or past attempts. Past research has suggested that at least among sexual minority adults who were raised LDS, remaining active in this faith tradition was associated with more suicidal thoughts (see Bridges et al., 2019). Therefore, we wondered if LDS LGBTQ students would be at greater risk for suicide than non-LDS LGBTQ youth, LDS heterosexual/cisgender youth, and non-LDS heterosexual/cisgender youth. However, our group comparisons revealed that while LDS LGBTQ individuals had greater STBs compared with both LDS and non-LDS heterosexual/cisgender youth, it was non-LDS LGBTQ youth who reported the greatest levels of STBs.

A number of factors could be related to the increased suicidal thoughts, plans and prior attempts among non-LDS-identifying LGBTQ youth compared with LDS LGBTQ youth and heterosexual/cisgender youth. First, while the participants indicated that they did not identify as LDS, a sizable portion could be *formerly* LDS or in a family environment that is LDS. Individuals who leave the faith tradition they were raised in can experience familial and community stigma related to their religious exit or transitions (Fisher, 2017; Hunsberger et al., 2002). Thus, while this subgroup of youth may not personally identify with the LDS faith tradition, it is possible that their parents or other family members do, given the high concentration of LDS in the state of Utah. Furthermore, parental religiosity has been shown to increase the risk of suicide for sexual minority children (Shearer et al., 2018). Additionally, adult samples of current or former LDS LGBTQ adults have demonstrated that those who still identify as currently LDS tend to report higher levels of family support than those who had left the religious tradition (see Joseph & Cranney, 2017). Non-LDS LGBTQ youth in our sample did report higher levels of family conflict and lower levels of parental closeness when compared with LDS LGBTQ, which may be indicative of familial issues not just surrounding their LGBTQ identities, but also issues related to faith. Such individuals may also be more willing to disclose prior or current family or personal difficulties. However, because we do not have any information about the religious tradition (if any) that participants were raised in, or the tradition (if any) that their parents have, we can only speculate.

Second, it is possible that LDS-identifying LGBTQ teens may experience a number of protective factors due to being younger, having not come out to their families or religious communities, and/or their religious beliefs or practices. For example, previous research has suggested that among LGB adults, being religiously affiliated was related to a sense of belonging to their religious community, which in turn was related to lower levels of suicidal ideation (Kralovec et al., 2014). However, the fact that being affiliated with The Church of Jesus Christ of Latter-day Saints and identifying as LGBTQ was still associated with added STBs compared with identifying as heterosexual/cisgender suggests that religious affiliation may encompass *both* protective and risk factors. For example, while Kralovec and colleagues found that a sense of belonging to one's religion was protective against suicidal thoughts, it also predicted more internalized homophobia, which in turn predicted more suicidal thoughts. Thus, religious affiliation may be a marker of both protective and risk factors for LGBTQ youth in Utah.

In summary, the higher risk for suicide observed among non-LDS LGBTQ youth may be explained by familial/parental conflict due to leaving the religious tradition (potentially LDS). It may also be possible that those who are affiliated religiously have greater access to important protective factors, such as more familial support and a sense of belonging to one's religious community.

Paths to STBs Among LGBTQ Youth

In general, the current study is consistent with other research that shows the impact of family conflict and parental relationships on STBs and other negative outcomes for LGBTQ youth (e.g., Ryan et al., 2009). For Utah LGBTQ youth, regardless of LDS affiliation, parental closeness was a protective factor against depressive symptoms, self-harm, substance misuse, and STBs. Lower levels of parental closeness predicted negative mental health symptoms for both LDS and non-LDS LGBTQ Utah youth. Furthermore, in general, greater levels of family conflict also emerged as an important risk factor for all negative outcomes, including STBs, regardless of LDS-affiliation. Alarmingly, LGBTQ youth in Utah reported much higher levels of family conflict and lower levels of parental closeness than their heterosexual/cisgender counterparts, which may suggest that LGBTQ youth experience greater trouble at home. While we were unable to assess the topics of the familial conflict, or the reasons for lower parental closeness, future research should explore the roles that differences in sexual orientation/attraction and religious affiliation may play in family dynamics in Utah. These findings also demonstrate that while there were important mean differences, between LDS and non-LDS affiliated LGBTQ youth in Utah, the paths predicting STBs were

largely similar, demonstrating that regardless of religious affiliation, parental closeness and family conflict directly and indirectly predicted STBs among LGBTQ youth in Utah.

A chief tenant of The Church of Jesus Christ of Latter-day Saints is that "the family is central to [God's] plan for the eternal destiny of His children" (1995, para. 1). Furthermore, families are taught to love, be kind to, and serve one another: "Successful marriages and families are established and maintained on principles of faith, prayer, repentance, forgiveness, respect, love, compassion, work, and wholesome recreational activities" (The Church of Jesus Christ of Latter-day Saints, 1995, para. 7). Regarding issues related to LGBTQ, recent publications by The Church of Jesus Christ of Latter-day Saints encourage family members to "start with love" and be understanding, as well as trying to balance love for children and commitment to religious beliefs/practices (The Church of Jesus Christ of Latter-day Saints, n.d.). Unfortunately, however, previous research on current and former LDS LGBTQ adults has shown that LDS parents rarely are affirming of their LGBTQ children, and instead often reacted with anger, hostility, distress, or avoidance (Mattingly et al., 2016). It is recommended that those serving LGBTQ youth in Utah (i.e., mental health professionals, advocacy groups, and religious leaders) focus their attention on potentially challenging family dynamics, which may lead to fewer STBs for LDS and non-LDS LGBTQ Utah youth.

Implications for Suicide Prevention

This study demonstrates that LDS and non-LDS identifying LGBTQ youth are at higher risk for suicidal ideation and past attempts than their heterosexual/cisgender counterparts in the state of Utah. Specifically, non-LDS LGBTQ youth appear to be at greatest risk, followed by LDS LGBTQ youth. Suicide prevention efforts in Utah would be well served to focus on the unique challenges that LDS/non- LDS LGBTQ youth experience, given their higher risk for suicide.

Psychoeducation may be an important tool in helping families be more accepting of their LGBTQ children, regardless of their own or their child's religious preferences. For both LDS and non-LDS identifying LGBTQ youth in our study, lower levels of parental closeness and higher levels of familial conflict either directly or indirectly led to adverse outcomes related to STBs. Although we were unable to explore the role of religion beyond participants' own preferences, previous research does suggest that religious affiliation encompasses both specific protective and risk factors for LGBTQ youth (Kralovec et al., 2014), such that to the extent religious beliefs influence families to be close with their children and help LGBTQ children feel a sense of belonging, then they may be protective. Conversely, to the degree that religious beliefs may influence families and parents to be rejecting and distance themselves from their children, then they may create risk for STBs. Furthermore, it is entirely possible that religious beliefs and family dynamics co-occur and change dynamically. Suicide prevention efforts targeting the family dynamics of LGBTQ youth in Utah may see decreased levels of STBs and other negative outcomes such as depressive symptoms, substance misuse, and self-harm.

The pathway analyses revealed that family dynamics may lead to more proximal risk factors such as depressive symptoms, substance misuse, and self-harm for LGBTQ youth in Utah. These findings suggest that while LGBTQ youth may experience unique factors due to their LGBTQ identities, they may also experience many of the same risk factors for suicide as those in the general population. Thus, while exploring and examining the potentially unique factors (e.g., minority stress, LGBT victimization) LGBTQ youth may experience is important for painting an accurate and nuanced picture, suicide prevention efforts can simultaneously treat LGBTQ youth for well-known risk factors for suicide and still be helpful in preventing suicide. Future research of youth in Utah would benefit from including specific religious/LGBTQ risk factors such as religious/spiritual struggles (Exline et al., 2014), religious coping (Pargament et al., 2011), spiritual one-upmanship (Brelsford & Mahoney, 2009), internalized homophobia (Herek et al., 2009), outness (Mohr & Fassinger, 2000), and other forms of LGBTQ victimization/stigma.

Limitations

There are a number of limitations to our current study. First, the cross-sectional and observational design makes it impossible to determine any causal relationships. Previous studies examining potential predictors of suicide attempts among LGBT youth have demonstrated the importance of follow-up data and multiple waves of data collection, as cross-sectional findings sometimes are no longer significant after longitudinal data are explored (see Mustanski & Liu, 2013). To the degree that it is possible, future research should use longitudinal designs to speak more accurately about changes over time and potential causal mechanisms with greater confidence. Second, we were not able to explore the influence of religion beyond our use of a single item of religious affiliation. Previous research in religion/spirituality has demonstrated that these single items and/or global measures tend to conflate resources and risk factors, which may limit our ability to understand the various effects of r/s on interpersonal and individual well-being. Future research should move beyond global religiousness or religious affiliation to more specific beliefs, practices, and experiences, such as r/s struggles (Exline et al., 2014), religious coping (Pargament et al., 2011), and spiritual one-upmanship (Brelsford & Mahoney, 2009). In addition, information about the religious tradition in which the youth were raised (if any) and the religious tradition/behaviors of their parents may be important for determining important confounds. Similarly, as is common within the existing literature (see Osman et al., 2001), this study combined suicidal thoughts, plans and attempts into one factor. Future research would benefit from individually examining components of STBs separately. Third, we were severely limited in our ability to examine LGBTQ-specific experiences of growth or stigma due to the survey design. Future research should include more specific LGBTQ measures such as outness, victimization, and internalized homophobia to determine their influence on these outcomes. In addition, because sixth graders were not offered the choice of "transgender" in the gender question, we are unable to make any claims about how our findings might relate to transgender or nonbinary folx among Utah sixth graders.

Despite these limitations, the current study also has a number of strengths, for example, recruiting techniques and survey weights. We are confident that this sample largely reflects a fair representation of eighth, 10th, and 12th graders living in the state of Utah. In addition, by utilizing best practices regarding missing data (i.e.,

FIML), we have reduced the chances of survey bias. Furthermore, despite a great deal of media and political attention on the subject of STBs among LGBTQ youth in Utah, including discussions around religion, the current study is the first to actually examine STBs among LDS and non-LDS LGBTQ youth in Utah. As such, we hope that it lays the groundwork for informing culturally competent care, psychoeducation, and future scholarship on the topic.

Conclusion

In a representative sample of middle and high schoolers in Utah, LGBTQ youth are at higher risk for family challenges, depressive symptoms, substance misuse, self-harm, and suicide than heterosexual/cisgender students. When stratified by religious preference, non-LDS LGBTQ youth were the most at risk for STBs, followed by LDS LGBTQ youth. Cross-sectionally, family conflict and closeness to parents predicted STBs through depressive symptoms, substance misuse, and self-harm for non-LDS LGBTQ youth. Depressive symptoms, substance misuse, and self-harm fully mediated the relationship between parental closeness and STBs for LDS LGBTQ youth, while family conflict predicted STBs independently and through depressive symptoms and self-harm, but not substance misuse, for LDS LGBTQ youth. Future research examining these variables and experiences over time is needed to determine change and potential causal pathways.

References

Annor, F. B., Zwald, M. L., Wilkinson, A., Friedrichs, M., Fondario, A., Dunn, A., Nakashima, A., Gilbert, L. K., & Ivey-Stephenson, A. Z. (2018). Characteristics of and precipitating circumstances surrounding suicide among persons aged 10–17 years – Utah, 2011-2015. MMWR. Morbidity and Mortality Weekly Report. https://doi.org/10.15585/mmwr.mm6711a4

Barker, M., Parkinson, D., & Knoll, B. (2016). The LGBTQ Mormon Crisis: Responding to the empirical research on suicide. *Dialogue - A Journal of Mormon Thought*, *42*(2), 1–24.

Baiocco, R., Fontanesi, L., Santamaria, F., Ioverno, S., Baumgartner, E., & Laghi, F. (2016). Coming out during adolescence: Perceived parents' reactions and internalized sexual stigma. *Journal of Health Psychology*, *21*(8), 1809–1813. https://doi.org/10.1177/1359105314564019

Baiocco, R., Fontanesi, L., Santamaria, F., Ioverno, S., Marasco, B., Baumgartner, E., Willoughby, B. L. B., & Laghi, F. (2015). Negative parental responses to coming out and family functioning in a sample of lesbian and gay young adults. *Journal of Child and Family Studies*, *24*(5), 1490–1500. https://doi.org/10.1007/s10826-014-9954-z

Baraldi, A. N., & Enders, C. K. (2010). An introduction to modern missing data analyses. *Journal of School Psychology*, *48*(1), 5–37. https://doi.org/10.1016/j.jsp.2009.10.001

Barringer, M. N. (2020). Lesbian, gay, and bisexual individuals' perceptions of American religious traditions. *Journal of Homosexuality*, *67*(9), 1173–1196. https://doi.org/10.1080/00918369.2019.1582221

Boenisch, S., Bramesfeld, A., Mergl, R., Havers, I., Althaus, D., Lehfeld, H., Niklewski, G., & Hegerl, U. (2010). The role of alcohol use disorder and alcohol consumption in suicide attempts—A secondary analysis of 1921 suicide attempts. *European Psychiatry*, *25*(7), 414–420. https://doi.org/10.1016/j.eurpsy.2009.11.007

Brelsford, G. M., & Mahoney, A. (2009). Relying on God to resolve conflict: Theistic mediation and triangulation in relationships between college students and mothers. *Journal of Psychology and Christianity*, *28*(4), 291–301.

Bridges, J. G., Lefevor, G. T., Schow, R. L., & Rosik, C. H. (2019). Identity affirmation and mental health among sexual minorities: A raised-Mormon sample. *Journal of GLBT Family Studies*, *16*(3), 293–311. https://doi.org/10.1080/1550428X.2019.1629369

Castellví, P., Lucas-Romero, E., Miranda-Mendizábal, A., Parés-Badell, O., Almenara, J., Alonso, I., Blasco, M. J., Cebriá, A., Gabilondo, A., Gili, M., Lagares, C., Piqueras, J. A., Roca, M., Rodríguez-Marín, J., Rodríguez-Jimenez, T., & Alonso, J. (2017). Longitudinal association between self-injurious thoughts and behaviors and suicidal behavior in adolescents and young adults: A systematic review with meta-analysis. *Journal of Affective Disorders*, *215*, 37–48. https://doi.org/10.1016/j.jad.2017.03.035

Conner, K. R., Huguet, N., Caetano, R., Giesbrecht, N., McFarland, B. H., Nolte, K. B., & Kaplan, M. S. (2014). Acute use of alcohol and methods of suicide in a U.S. national sample. *American Journal of Public Health*, *104*(1), 171–178. https://doi.org/10.2105/AJPH.2013.301352

Cranney, S. (2020, May). Is Latter-day Saint theology responsible for LGBT+ suicides? Public Square Magazine. https://publicsquaremag.org/sexuality-family/is-latter-day-saint-theology-responsible-for-lgbt-suicides/

D'amico, E., Julien, D., Tremblay, N., & Chartrand, E. (2015). Gay, lesbian, and bisexual youths coming out to their parents: Parental reactions and youths' outcomes. *Journal of GLBT Family Studies*, *11*(5), 411–437. https://doi.org/10.1080/1550428X.2014.981627

Dehlin, J. P., Galliher, R. V., Bradshaw, W. S., & Crowell, K. A. (2014). Psychosocial correlates of religious approaches to same-sex attraction: A Mormon perspective. *Journal of Gay & Lesbian Mental Health*, *18*(3), 284–311. https://doi.org/10.1080/19359705.2014.912970

Dyer, W. J., Goodman, M. A., & Hardy, S. A. (2020). Adolescent Suicide Ideation in Utah: The Role of Religion and Family. Psychology of Religion and Spirituality. Advance online publication. https://doi.org/10.1037/rel0000319

Enders, C. K., & Bandalos, D. L. (2001). The relative performance of full information maximum likelihood estimation for missing data in structural equation models. *Structural Equation Modeling*, *8*(3), 430–457. https://doi.org/10.1207/S15328007SEM0803_5

Etengoff, C., & Daiute, C. (2014). Family members' uses of religion in post-coming-out conflicts with their gay relative. *Psychology of Religion and Spirituality*, *6*(1), 33–43. https://doi.org/10.1037/a0035198

Exline, J. J., Pargament, K. I., Grubbs, J. B., & Yali, A. M. (2014). The Religious and Spiritual Struggles Scale: Development and initial validation. *Psychology of Religion and Spirituality*, *6*(3), 208–222. https://doi.org/10.1037/a0036465

Fisher, A. R. (2017). A review and conceptual model of the research on doubt, disaffiliation, and related religious changes. *Psychology of Religion and Spirituality*, *9*(4), 358–367. https://doi.org/10.1037/rel0000088

Gibbs, J. J., & Goldbach, J. (2015). Religious conflict, sexual identity, and suicidal behaviors among LGBT young adults. *Archives of Suicide Research*, *19*(4), 472–488. https://doi.org/10.1080/13811118.2015.1004476

Goldbach, J. T., Tanner-Smith, E. E., Bagwell, M., & Dunlap, S. (2014). Minority stress and substance use in sexual minority adolescents: A meta-analysis. *Prevention Science*, *15*(3), 350–363. https://doi.org/10.1007/s11121-013-0393-7

Greydanus, D. E. (2017). Suicidality and the lesbian, gay, bisexual, and transgender (LGBT) youth: A review. *International Journal of Child Health and Human Development*, *10*(4), 367–376.

Hatzenbuehler, M. L., O'Cleirigh, C., Grasso, C., Mayer, K., Safren, S., & Bradford, J. (2012). Effect of same-sex marriage laws on health care use and expenditures in sexual minority men: A quasi-natural experiment. *American Journal of Public Health*, *102*(2), 285–291. https://doi.org/10.2105/AJPH.2011.300382

Herek, G. M., Gillis, J. R., & Cogan, J. C. (2009). Internalized stigma among sexual minority adults: Insights from a social psychological

perspective. *Journal of Counseling Psychology*, *56*(1), 32–43. https://doi.org/10.1037/a0014672

Hunsberger, B., Pratt, M., & Pancer, S. M. (2002). A longitudinal study of religious doubts in high school and beyond: Relationships, stability, and searching for answers. *Journal for the Scientific Study of Religion*, *41*(2), 255–266. https://doi.org/10.1111/1468-5906.00115

Irwin, J. A., & Austin, E. L. (2013). Suicide ideation and suicide attempts among white southern lesbians. *Journal of Gay & Lesbian Mental Health*, *17*(1), 4–20. https://doi.org/10.1080/19359705.2012.711552

Ivey-Stephenson, A. Z., Demissie, Z., Crosby, A. E., Stone, D. M., Gaylor, E., Wilkins, N., Lowry, R., & Brown, M. (2020). Suicidal Ideation and Behaviors Among High School Students — Youth Risk Behavior Survey, United States, 2019. *Morbidity and Mortality Weekly Report*, *69*(1, Suppl.), 47–55. https://doi.org/10.15585/mmwr.su6901a6

Jackson, L. (2016). *Devotion and despair: The lonely struggle of a gay Mormon*. https://www.cnn.com/2016/07/16/living/gay-mormon-struggle/

Joseph, L. J., & Cranney, S. (2017). Self-esteem among lesbian, gay, bisexual and same-sex-attracted Mormons and ex-Mormons. *Mental Health, Religion & Culture*, *20*(10), 1028–1041. https://doi.org/10.1080/13674676.2018.1435634

Kann, L., McManus, T., Harris, W. A., Shanklin, S. L., Flint, K. H., Hawkins, J., Queen, B., Lowry, R., Olsen, E. O., Chyen, D., Whittle, L., Thornton, J., Lim, C., Yamakawa, Y., Brener, N., & Zaza, S. (2016). Youth risk behavior surveillance - United States, 2015. *MMWR. Surveillance Summaries*, *65*(6), 1–174. https://doi.org/10.15585/mmwr.ss6506a1

King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. *BMC Psychiatry*, *8*(1), 70. https://doi.org/10.1186/1471-244X-8-70

Kralovec, K., Fartacek, C., Fartacek, R., & Plöderl, M. (2014). Religion and suicide risk in lesbian, gay and bisexual Austrians. *Journal of Religion and Health*, *53*(2), 413–423. https://doi.org/10.1007/s10943-012-9645-2

Langhinrichsen-Rohling, J., Lamis, D. A., & Malone, P. S. (2010). Sexual attraction status and adolescent suicide proneness: The roles of hopelessness, depression, and social support. *Journal of Homosexuality*, *58*(1), 52–82. https://doi.org/10.1080/00918369.2011.533628

Lefevor, G. T., Beckstead, A. L., Schow, R. L., Raynes, M., Mansfield, T. R., & Rosik, C. H. (2019). Satisfaction and health within four sexual identity relationship options. *Journal of Sex & Marital Therapy*, *45*(5), 355–369. https://doi.org/10.1080/0092623X.2018.1531333

Lefevor, G. T., McGraw, J. S., & Skidmore, S. J. (2021). Suicidal ideation among active and nonactive/former Latter-day Saint sexual minorities. *Journal of Community Psychology*. Advance online publication. https://doi.org/10.1002/jcop.22591

Liu, R. T., & Mustanski, B. (2012). Suicidal ideation and self-harm in lesbian, gay, bisexual, and transgender youth. *American Journal of Preventive Medicine*, *42*(3), 221–228. https://doi.org/10.1016/j.amepre.2011.10.023

Lovett, I. (2019). *One teenager killed himself. Six more followed*. https://www.wsj.com/articles/one-teenager-killed-himself-six-more-followed-11555061402

Lytle, M. C., Blosnich, J. R., De Luca, S. M., & Brownson, C. (2018). Association of religiosity with sexual minority suicide ideation and attempt. *American Journal of Preventive Medicine*, *54*(5), 644–651. https://doi.org/10.1016/j.amepre.2018.01.019

Lytle, M. C., De Luca, S. M., Blosnich, J. R., & Brownson, C. (2015). Associations of racial/ethnic identities and religious affiliation with suicidal ideation among lesbian, gay, bisexual, and questioning individuals. *Journal of Affective Disorders*, *178*, 39–45. https://doi.org/10.1016/j.jad.2014.07.039

Mattingly, M. S., Galliher, R. V., Dehlin, J. P., Crowell, K. A., & Bradshaw, W. S. (2016). A mixed methods analysis of the family support experiences of GLBQ Latter-day Saints. *Journal of GLBT Family Studies*, *12*(4), 386–409. https://doi.org/10.1080/1550428X.2015.1085345

McGraw, J. S., Chinn, J., & Mahoney, A. (2020). Historical, doctrinal, and empirical insights into latter-day saint sexual minorities' psychological and interpersonal functioning. *Journal of GLBT Family Studies*, *17*(2), 168–195. https://doi.org/10.1080/1550428X.2020.1800545

McGraw, J. S., McManimen, S., Chinn, J., Angoff, H. D., Docherty, M., & Mahoney, A. (2021). Adverse childhood experiences, suicidal/self-harming thoughts, and suicide attempts among LGB and Heterosexual Utahns. *Journal of Homosexuality*. Advance online publication. https://doi.org/10.1080/00918369.2021.1909396

McGraw, J. S., Peer, S. O., McManimen, S., Chinn, J., & Mahoney, A. (2020). Comparison of lifetime suicide attempts and recent suicidal/self-harming thoughts among sexual minority and heterosexual Utahns: Results from a population-based survey. *Archives of Suicide Research*. Advance online publication. https://doi.org/10.1080/13811118.2020.1806159

Mereish, E. H., Goldbach, J. T., Burgess, C., & DiBello, A. M. (2017). Sexual orientation, minority stress, social norms, and substance use among racially diverse adolescents. *Drug and Alcohol Dependence*, *178*, 49–56. https://doi.org/10.1016/j.drugalcdep.2017.04.013

Mereish, E. H., O'Cleirigh, C., & Bradford, J. B. (2014). Interrelationships between LGBT-based victimization, suicide, and substance use problems in a diverse sample of sexual and gender minorities. *Psychology Health and Medicine*, *19*, 1–13. https://doi.org/10.1080/13548506.2013.780129

Mohr, J., & Fassinger, R. (2000). Measuring dimensions of lesbian and gay male experience. *Measurement & Evaluation in Counseling & Development*, *33*(2), 66–90. https://doi.org/10.1080/07481756.2000.12068999

Mustanski, B. S., Garofalo, R., & Emerson, E. M. (2010). Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths. *American Journal of Public Health*, *100*(12), 2426–2432. https://doi.org/10.2105/AJPH.2009.178319

Mustanski, B., & Liu, R. T. (2013). A longitudinal study of predictors of suicide attempts among lesbian, gay, bisexual, and transgender youth. *Archives of Sexual Behavior*, *42*(3), 437–448. https://doi.org/10.1007/s10508-012-0013-9

Muthén, L. K., & Muthén, B. O. (2017). *Mplus: Statistical analysis with Latent variables: User's guide* (Version 8).

Nock, M. K., Borges, G., Bromet, E. J., Alonso, J., Angermeyer, M., Beautrais, A., Bruffaerts, R., Chiu, W. T., de Girolamo, G., Gluzman, S., de Graaf, R., Gureje, O., Haro, J. M., Huang, Y., Karam, E., Kessler, R. C., Lepine, J. P., Levinson, D., Medina-Mora, M. E., Ono, Y., Posada-Villa, J., & Williams, D. (2008). Cross-national prevalence and risk factors for suicidal ideation, plans and attempts. *The British Journal of Psychiatry*, *192*, 98–105. https://doi.org/10.1192/bjp.bp.107.040113

Nock, M. K., Borges, G., Bromet, E. J., Cha, C. B., Kessler, R. C., & Lee, S. (2008). Suicide and suicidal behavior. *Epidemiologic Reviews*, *30*(1), 133–154. https://doi.org/10.1093/epirev/mxn002

Osman, A., Bagge, C. L., Gutierrez, P. M., Konick, L. C., Kopper, B. A., & Barrios, F. X. (2001). The suicidal behaviors questionnaire-revised (SBQ-R): Validation with clinical and nonclinical samples. Assessment, *8*(4), 443–454. https://doi.org/10.1177/107319110100800409

Pargament, K., Feuille, M., & Burdzy, D. (2011). The Brief RCOPE: Current psychometric status of a short measure of religious coping. *Religions*, *2*(1), 51–76. https://doi.org/10.3390/rel2010051

Puckett, J. A., Woodward, E. N., Mereish, E. H., & Pantalone, D. W. (2015). Parental rejection following sexual orientation disclosure: Impact on internalized homophobia, social support, and mental health. *LGBT Health*, *2*(3), 265–269. https://doi.org/10.1089/lgbt.2013.0024

Ramseth, L. (2018). *Utah's governor launches youth suicide task force as state reveals 44 suicide deaths among 10-to-17-year-olds in 2017*. https://www.sltrib.com/news/health/2018/01/17/utah-launches-youth-suicide-

task-force-as-state-officials-reveal-a-2017-spike-to-44-suicide-deaths-among-10-to-17-year-olds/

Ribeiro, J. D., Franklin, J. C., Fox, K. R., Bentley, K. H., Kleiman, E. M., Chang, B. P., & Nock, M. K. (2016). Self-injurious thoughts and behaviors as risk factors for future suicide ideation, attempts, and death: A meta-analysis of longitudinal studies. *Psychological Medicine*, *46*(2), 225–236. https://doi.org/10.1017/S0033291715001804

Ribeiro, J. D., Huang, X., Fox, K. R., & Franklin, J. C. (2018). Depression and hopelessness as risk factors for suicide ideation, attempts and death: Meta-analysis of longitudinal studies. *The British Journal of Psychiatry*, *212*(5), 279–286. https://doi.org/10.1192/bjp.2018.27

Rosenkrantz, D. E., Rostosky, S. S., Toland, M. D., & Dueber, D. M. (2020). Cognitive-affective and religious values associated with parental acceptance of an LGBT child. *Psychology of Sexual Orientation and Gender Diversity*, *7*(1), 55–65. https://doi.org/10.1037/sgd0000355

Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, *123*(1), 346–352. https://doi.org/10.1542/peds.2007-3524

Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, *23*(4), 205–213. https://doi.org/10.1111/j.1744-6171.2010.00246.x

Salinger, T. (2016). *Utah candidate says gay teen who committed suicide guilty of 'the sins of homosexuality and the sins of murder'*. https://www.nydailynews.com/news/national/utah-candidate-trolls-gay-teen-committed-suicide-article-1.2813623

Shaw, M. (2016). *After Utah LGBT advocate's suicide, community recalls his passion, kindness*. https://www.standard.net/news/local/after-utah-lgbt-advocate-s-suicide-community-recalls-his-passion/article_a13a2ca1-5f4e-5f56-a522-35e806f46170.html

Shearer, A., Russon, J., Herres, J., Wong, A., Jacobs, C., Diamond, G. M., & Diamond, G. S. (2018). Religion, sexual orientation, and suicide attempts among a sample of suicidal adolescents. *Suicide & Life-Threatening Behavior*, *48*(4), 431–437. https://doi.org/10.1111/sltb.12372

Sheftall, A. H., Asti, L., Horowitz, L. M., Felts, A., Fontanella, C. A., Campo, J. V., & Bridge, J. A. (2016). Suicide in elementary school-aged children and early adolescents. *Pediatrics*, *138*(4), e20160436–e20160436. https://doi.org/10.1542/peds.2016-0436

Skerrett, D. M., Kõlves, K., & De Leo, D. (2016). Factors related to suicide in LGBT populations: A psychological autopsy case-control study in Australia *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, *37*, 361–369. https://doi.org/10.1027/0227-5910/a000423

Smith, N. D. L., & Kawachi, I. (2014). State-level social capital and suicide mortality in the 50 U.S. states. *Social Science and Medicine*. https://doi.org/10.1016/j.socscimed.2014.09.007

StataCorp. (2019). Stata Statistical Software: Release 16. StataCorp LLC.

Stroud, C. H., Cramer, R. J., La Guardia, A. C., Crosby, J. W., & Henderson, C. E. (2015). Personality, spirituality, suicide, and self-injury proneness among lesbian, gay, and bisexual adults. *Mental Health, Religion & Culture*, *18*(9), 777–788. https://doi.org/10.1080/13674676.2015.1096240

The Church of Jesus Christ of Latter-Day Saints. (1995). *The family: A proclamation to the world*. https://www.churchofjesuschrist.org/study/manual/the-family-a-proclamation-to-the-world/the-family-a-proclamation-to-the-world?lang=eng

The Church of Jesus Christ of Latter-Day Saints. (n.d.). *Family and friends: My loved one is gay. What should I do?* https://www.churchofjesuschrist.org/topics/gay/family-and-friends?lang=eng

Twenge, J. M., Cooper, A. B., Joiner, T. E., Duffy, M. E., & Binau, S. G. (2019). Age, period, and cohort trends in mood disorder indicators and suicide-related outcomes in a nationally representative dataset, 2005-2017. *Journal of Abnormal Psychology*, *128*(3), 185–199. https://doi.org/10.1037/abn0000410

University of Utah. (2018). *I choose love: Standing for Stockton*. https://nursing.utah.edu/blog/2018/05/seeds-blog.php

Utah Department of Human Services. (2019a). *Prevention needs assessment survey results for state of Utah*. https://dsamh.utah.gov/pdf/sharp/2019/State%20of%20Utah%20Report.pdf

Utah Department of Human Services. (2019b). SHARP survey reports. Retrieved from https://dsamh.utah.gov/reports/sharp-survey

Victor, S. E., & Klonsky, E. D. (2014). Correlates of suicide attempts among self-injurers: A meta-analysis. *Clinical Psychology Review*, *34*(4), 282–297. https://doi.org/10.1016/j.cpr.2014.03.005

Wright-Berryman, J., Hudnall, G., Bledsoe, C., & Lloyd, M. (2019). Suicide Concern Reporting among Utah Youths Served by a School-Based Peer-to-Peer Prevention Program. *Children and Schools*, *41*(1), 35–44. https://doi.org/10.1093/cs/cdy026

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