

Suicidal Ideation Among Active and Nonactive/Former Latter-day Saint Sexual Minorities

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Author Note: We are particularly grateful to our participants who bravely shared their experiences on such a politicized and polarized topic. We continue to hope that our work brings more clarity to the lives of people actively navigating sexual minority and religious identities.

Public Significance Statement: This study suggests that active Latter-day Saint sexual minorities and nonactive/former Latter-day Saint sexual minorities experience religion/spirituality and minority stress in both similar and different ways. The similarities may help explain why Latter-day Saint sexual minorities are at a higher risk for suicidal ideation generally. The differences help explain ways in which each group may reduce suicidal ideation.

Abstract

Sexual minorities in the Church of Jesus Christ of Latter-day Saints experience a number of unique risks related to their religious/spiritual and sexual minority (SM) experience that may increase their likelihood of experiencing suicidal ideation (SI) and ultimately dying by suicide. However, it is unclear which aspects of these experiences are responsible for elevated SI. It is further unclear whether religiousness/spirituality and minority stress relate to SI similarly for active and nonactive/former Latter-day Saint (LDS) SMs. To address this gap, we examined data from 602 active and nonactive/former LDS SMs. Active and nonactive LDS SMs reported similar degrees of SI and minority stress but differing degrees of religiousness/spirituality with active LDS SMs reporting more religiousness/spirituality than nonactive/former LDS SMs. Several variables were associated with increased SI in both groups including positive religious coping, interpersonal religious struggles, internalized homonegativity, and concealment. Other variables were associated with decreased SI in both groups including resolving conflict between sexual and religious identities, family support, and friend support. Our results suggest that whether LDS SMs are active in their faith is an important factor to consider when understanding how religiousness/spirituality and minority stress relate to SI.

Keywords: Religion, Mormon, Sexual Minority, LGBTQ, Suicidal Ideation

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“I just remember feeling so stuck. I felt that I couldn’t take the loneliness of not having someone while living in the gospel, but I also felt that I couldn’t live in a gay relationship because of my testimony and the knowledge God has blessed me with about His sacred plan. I started pondering the possibility of suicide. I remember thinking and feeling that God would be more forgiving and accepting if I had taken my life to get out of sin than if I had lived a life in sin.”

– Jessyca

(<https://thebeautifulheartbreak.wordpress.com/about-me/>)

In late 2015 through 2016, there were a number of highly publicized deaths by suicide by young Latter-day Saint (LDS) gay men (ages 17-28). Their deaths were linked by media outlets, at least in part, to the struggles associated with their sexual orientation and their religious upbringing (Jackson, 2016; University of Utah, 2018). These deaths and others inspired vigorous public debate about the degree to which active or nonactive/former LDS sexual minorities (SMs) may be at risk for suicide (see Barker et al., 2016). In general, SMs—individuals who experience some degree of same-sex attraction, engage in consistent same-sex behavior, or who adopt a lesbian, gay, bisexual, queer identity (Lefevor, Park et al., 2020)—think about and attempt suicide more frequently than their heterosexual counterparts (Hottes et al., 2016). Such disparities have been consistently noted in both community (Mustanski et al., 2010) and representative samples (Bolton & Sareen, 2011) comprised of adolescents (Frieden et al., 2016), college students (Lytle et al., 2018), and adults (Paul et al., 2002).

SM members of the Church of Jesus Christ of Latter-day Saints¹ experience a number of unique risks that may make them particularly vulnerable to suicidal ideation (SI; Barnes &

¹ 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 use the full name of the Church when referring to the *institution* and use “LDS” rather than “Mormon” 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_

Meyer, 2012; Wilkerson et al., 2012). This may be the case because of a number of important social and theological constraints placed on LDS SMs (for a review see McGraw et al., 2020). For example, LDS individuals are taught that heterosexual marriage is required in order to reach the highest realms of heaven and that engaging in same-sex sexual behaviors or relationships is an explicit violation of divine law that can result in excommunication (Church of Jesus Christ of Latter-day Saints, 2016). Further, church leaders regularly and publicly criticize SM movements, values, and behaviors, and have used official resources to offer legal support against legislation or court cases regarding SM rights (e.g., same-sex marriage). Perhaps as a result, both quantitative and qualitative research affirms that LDS SMs often experience psychological and interpersonal distress, including SI, from their engagement with their faith (Bridges et al., 2019; Dehlin et al., 2015; Jacobsen & Wright, 2014; McGraw et al., 2020).

At the same time, it appears that at least some LDS SMs may leverage unique supports or resources from their engagement with their faith community to improve their mental health (Lefevor, Sorrell et al., 2019). Some LDS SMs find support and affirmation around sexuality from friends and family, which may in turn reduce suicidal ideation (Bridges et al., 2019). Other LDS SMs report high degrees of belongingness and connectedness within their religion, which in turn are associated with myriad positive outcomes such as increased life satisfaction and decreased depression and SI (CITATION WITHHELD). Yet others report integrating sexual minority and religious identities in health-promoting ways (Dehlin et al., 2015).

Although there appear to be inherent risks for LDS SMs who engage with their faith, there also appear to be resources that at least some LDS SMs who engage with their faith appear to use. However, it is not clear either (a) exactly what these potential risks or resources are or (b) whether these risks or resources operate similarly for all LDS SMs. This ambiguity complicates

the work of both LDS SMs looking to integrate their religious values with their sexual orientation and those who support them. In the current study, we explore these questions by examining risks for increasing and resources for decreasing SI in a sample of active LDS SMs (i.e., SMs who affiliate *and* engage with their LDS faith) and nonactive/former LDS SMs (SMs who were baptized LDS but no longer affiliate or no longer engage with their LDS faith). To do so, we first examine if active and nonactive/former LDS SMs differ in their SI. We then explore whether a variety of minority stress and religiousness/spirituality variables are generally related to SI in the sample. Finally, we examine whether variables operate similarly for active and nonactive/former LDS SMs by investigating whether being active LDS moderates the relationship between minority stress or religiousness/spirituality variables and SI.

Risks, Resources, and Suicidal Ideation among LDS Sexual Minorities

SI is influenced by a variety of factors (Joiner, 2005). We use the language of risks and resources to inform our conceptualization of the factors that may be positively or negatively associated with SI. We define a *risk* as a variable that is associated with increased SI and a *resource* as a variable that is associated with decreased SI and note that classifying a variable as a risk or a resource in our definition does not necessarily imply that the variable causes SI (CDC, 2019). Framing SI in this way allows for a pithy conceptualization of the various behaviors, stressors, and circumstances in a person's life that interact to increase or decrease SI.

Existing research on SI among LDS SMs is sparse. Although a modest literature explores mental health among LDS SMs (Dehlin et al., 2014; Jacobsen & Wright, 2014; Joseph & Cranney, 2018; Lefevor, Beckstead et al., 2019), we know of only two studies that have examined SI in this population, and these studies yielded conflicting findings. Bridges and colleagues (2019) found differences in SI between active LDS and nonactive/former LDS

individuals ($N = 530$) among men but not among women. In contrast, McGraw (2020) found that nonactive/former LDS individuals reported more suicidal thoughts and behaviors than active LDS individuals ($N = 274$). Neither study explored unique factors that may explain these relationships. Taken together, these studies raise more questions than they provide answers about whether engagement with faith is a risk for increased SI or a resource for decreased SI among LDS SMs.

Theoretical frameworks describing how LDS SMs navigate their sexual and religious identities have suggested two key kinds of variables that may serve as risks and resources for LDS SMs: minority stress variables and religiousness/spirituality variables (R/S; Dehlin et al., 2015; Lefevor, Beckstead et al., 2019; Pitt, 2010). Minority stress variables include both distal (i.e., “objective events and conditions”; Meyer, 2003, p. 681) and proximal stressors (“personal processes, which are by definition subjective”; Meyer, 2003, p. 681) and are thought to be general risks for SI among LDS SMs (Lefevor, Blaber et al., 2019). For example, discrimination and violence are often associated with more SI (Sutter & Perrin, 2016), while being out or having stronger SM identity acceptance has been associated with less SI (Bridges et al., 2019).

Where minority stress tends to be conceptualized as a risk for SI, religion/spirituality (r/s) has been conceptualized as both a risk or resource for LDS SMs. Some aspects of r/s have been found to be associated with more SI, while other r/s factors are associated with less SI among SMs (Lytle et al., 2018). Positive religious coping (e.g., turning to a higher power for support in times of trouble), experiencing belongingness in faith communities, and engagement in personal spirituality appear to consistently act as resources against SI among religious SMs generally and LDS SMs specifically (Budge et al., 2020; Dehlin et al., 2015; CITATION WITHHELD). On the other hand, interpersonal religious struggles, prejudice/oppression that occurs in religious spaces,

and homonegative r/s beliefs appear to consistently act as risks for SI among religious SMs generally and LDS SMs specifically (Cranney, 2017; Etengoff & Lefevor, 2020; Krause & Wulff, 2005; Lefevor, Huffman et al., 2020).

Minority Stress & Religiousness/Spirituality as Group-Specific Risks/Resources

Where some aspects of minority stress and r/s appear to affect active and nonactive/former LDS SMs similarly, other aspects of minority stress or r/s may have a different relationship with SI for active and nonactive/former LDS SMs. Several studies have noted that internalized homonegativity, at least as typically operationalized and measured in psychological research, may have some degree of conceptual overlap with conservative r/s (CITATION WITHHELD; Szymanski et al., 2008). Some of the beliefs that comprise internalized homonegativity scales (e.g., “I believe that it is morally wrong for men to have sex with other men;” Mayfield, 2001) may be espoused by conservatively religious SMs as an indicator of their r/s (Grey et al., 2013). Because this r/s may facilitate access to support, it is possible that internalized homonegativity—at least as it is most typically measured—may be less strongly associated with SI among active LDS SMs (Bridges et al., 2019; McGraw, 2020). Similarly, it is plausible that engagement with the LGBTQ community—a variable that is consistently found to be health-protective among SMs generally (Meyer, 2003; CITATION WITHHELD)—may be less strongly associated with SI among active LDS SMs as such engagement may constitute a deviation in loyalty to LDS SM religious communities.

R/S variables may also have differential relationships with SI based on whether LDS SMs are active or engaged in their faith. Both service attendance and religious commitment—variables that evidence consistent negative correlations with SI in the general population (Smith et al., 2003)—may relate to SI differently for active vs. nonactive/former LDS SMs (CITATION

WITHHELD). Where these variables may be experienced as ego-syntonic and strengthening for active LDS SMs, they may be experienced as conflict- or stress-inducing for nonactive/former LDS SMs (Lefevor, Sorrell et al., 2019). Similarly, religious orthodoxy may facilitate connection to religious communities for active LDS SMs (as orthodox individuals are in greater alignment with community standards) while at the same time perpetuating shame and guilt among nonactive/former LDS SMs. In particular, nonactive/former LDS SMs who continue to hold orthodox views are likely to experience increased conflict and dissonance, potentially both between their religious belief and lack of activity as well as between their religious belief and sexuality (nonactive/former LDS SMs are much more likely to engage in same-sex sexual relationships; Lefevor, Beckstead et al., 2019). Previous work examining the relationship between r/s and SI in the general population has suggested that the reduction in SI seen among individuals engaged with r/s may be explained by the increased social support and connection experienced in r/s spaces (Rasic et al., 2009); thus, it is further possible that active LDS SMs may not evidence the kind of buffering effect of r/s seen in religious samples as they may have a more difficult time accessing social support in r/s spaces (Jacobsen & Wright, 2014).

Current Study

Understanding the unique ways in which minority stress and r/s influence SI among LDS SMs may empower both LDS SMs and their community leaders to best promote health and healing for SMs who are raised LDS. There is a particular need for nuanced research to explore the mixed findings on SI among LDS SMs and the possibility that minority stress and r/s may have differential relationships with SI depending on whether individuals are actively engaged with their faith. Because so little research has been done in this area, the goals of this investigation were to identify (a) which (if any) r/s and minority stress variables serve as *global*

risks or resources among active and nonactive/former LDS SMs and (b) which (if any) r/s and minority stress variables serve as *group-specific* risks or resources among active or nonactive/former LDS SMs. To do so, we investigated three major research questions. First, do active and nonactive/former LDS SMs differ in the degree to which they report SI? Second, what specific minority stress and r/s variables are related to SI regardless of whether individuals are active or nonactive/former LDS SMs? Finally, does the relationship between minority stress or r/s variables and SI vary based on whether individuals are active or nonactive/former LDS?

Method

A socio-politically and religiously diverse research team was assembled to reach a variety of participants within sexual minority and LDS communities. Six members were part of this core team (CITATION WITHHELD). These team members represent various identities across gender (e.g., man, woman), sexual orientation (e.g., gay, bisexual, queer, heterosexual, and non-identified), and religious identities (active LDS, nonactive/former LDS, Christian, agnostic). All research team members agree with and uphold the APA's position on working with sexual minorities and respecting religious practices (APA, 2009).

Procedure

The IRB at LOCATION WITHHELD approved study procedures prior to conducting the survey. Active and nonactive/former LDS SM participants were recruited from March to July 2020 using community sampling techniques. First, participants were recruited via forums for LDS SMs (e.g., North Star, Affirmation, and Brigham Young University's club for SMs). Care was taken to include a variety of forums including forums that cater to both conservative and liberal LDS SMs. Such forums were both in person (e.g., the annual North Star conference) and electronic (e.g., social media groups). Next, participants were recruited through Facebook posts

from the research team and prominent LDS SMs (e.g., Tom Christofferson, David Matheson). Participants were also recruited using therapeutic organizations serving sexual minorities in Utah, including the LGBTQ Therapist Guild of Utah, Flourish Therapy, and Progressive Pathways Therapy. Snowball sampling and word of mouth were used as final recruitment efforts. All participants accessed the survey through the research team's website. In total, 602 participants completed the survey and were compensated \$10 for their time.

Measures

Suicidal Ideation. Suicidal Ideation was assessed using two items from the suicide subscale of the General Health Questionnaire (Goldberg & Hillier, 1979). Participants indicated how often over the past two weeks they had "Thought of the possibility that you might do away with yourself" and "Found the idea of taking your own life kept coming into your mind" on a 4-point Likert scale with answers ranging from "Not at all" to "Much more than usual." Internal consistency in the present study was .82.

Religiousness/Spirituality. Four measures of r/s were included to represent various ways of utilizing and practicing religion. These were religious commitment, orthodoxy, positive religious coping, and interpersonal religious struggles.

Religious Commitment. Religious commitment was measured using the 10-item Religious Commitment Inventory (RCI; Worthington et al., 2003). The RCI uses a 5-point Likert scale to assess how true a variety of statements are to participants (e.g., having religious beliefs influence all dealings in life, enjoying spending time with fellow congregants). The authors report strong internal consistency, discriminant validity, and construct validity for the scale. The scale evidenced excellent internal consistency in the present study ($\alpha = .92$).

Orthodoxy. Orthodoxy was assessed using the Christian Orthodoxy Scale: Short Version (COS; Hunsberger, 1989). Participants were asked to indicate on a 7-point Likert scale their agreement with six Christian belief questions, such as “Jesus Christ was the divine Son of God” and “Despite what many people believe, there is no such thing as a God who is aware of our actions” (reverse coded). Reliability on this scale in the present study was .87; the scale authors note good convergent validity with right wing authoritarianism and religious socialization.

Positive Religious Coping. The positive coping subscale of the Brief RCOPE was used to assess positive religious coping (Pargament et al., 2011). Participants were asked to indicate on a 5-point Likert scale how often in the past month they engaged in seven coping strategies, such as seeking God’s love and care or asking forgiveness for sins. Internal consistency of this subscale was .92. The authors reported good construct, predictive, and incremental validity for the scale.

Interpersonal Religious Struggles. Interpersonal religious struggles were measured using the 4-item Interpersonal Struggles subscale of the Religious and Spiritual Struggles Scale (Exline et al., 2014). This subscale looks at how often in the past month participants have struggled with items including feeling misunderstood or rejected by religious/spiritual people and feeling hurt, mistreated, or offended by religious/spiritual people. The Interpersonal Struggles subscale achieved good evidence of convergent, discriminant, and predictive validity. The subscale evidenced good reliability in the present study .84.

Minority Stress. We included five measures of minority stress that assess both stressors and resilience factors (Meyer, 2003). These measures include internalized homonegativity, concealment, LGBTQ connectedness, sexual identity affirmation, and conflict resolution.

Internalized Homonegativity. Internalized homonegativity was assessed using the 23-item Internalized Homonegativity Inventory (Mayfield, 2001). Using a 6-point Likert scale,

participants indicated their agreement to statements such as “I am disturbed when people can tell I’m gay,” and “I feel ashamed of my same-sex attractions.” The authors of the scale reported acceptable convergent, discriminant, and construct validity (Mayfield, 2001). For the present study, the scale had excellent internal consistency: $\alpha = .93$.

Concealment. Concealment was measured using the 6-item Concealment Behavior Scale (Jackson & Mohr, 2016). Using a 5-point Likert scale, participants reported the frequency with which they have engaged in concealing behaviors over the last two weeks (e.g., allowing others to assume they are straight or altering appearances and mannerisms to “pass” as straight). The authors report good convergent validity for the scale. This measure evidenced good internal consistency in the present study ($\alpha = .89$).

LGBTQ Community Connectedness. LGBTQ community connectedness was measured using the 6-item LGBTQ Community Connectedness measure (Frost & Meyer, 2012). Participants were asked to indicate the degree they felt a bond with or were proud to be a part of the LGBTQ community using a 4-point Likert scale. The authors report good predictive, convergent, and discriminant validity. Internal consistency in the present study was $\alpha = .83$.

Sexual Identity Affirmation. Sexual identity affirmation was assessed using the identity affirmation subscale of the Lesbian, Gay, or Bisexual Identity Salience scale (Mohr & Kendra, 2011). This 3-item subscale has participants rate their agreement using a 6-point Likert scale on questions such as “I am glad to be an LGB person” and “I am proud to be LGB.” The authors reported good overall reliability and validity of the subscale. Internal consistency for the present study was .87.

Conflict Resolution. Conflict resolution was assessed using a single item that has previously been used in research examining LDS SM’s conflict resolution (Lefevor, Beckstead et

al., 2019): “I feel resolved about my gender/sexuality and religious/spiritual issues.” Participants indicated their agreement on a 7-point Likert scale.

Support. As support is identified as a salient protective factor for SI (Joiner, 2005; Meyer, 2003), we examined two sources of support from the Multidimensional Scale of Perceived Social Support (Zimet et al., 1988): family support and friend support. Participants were asked to indicate their agreement with four items for each subscale using a 5-point Likert scale. Family support items included “My family really tries to help me” and “I get the emotional help and support I need from my family.” Friend support items included “I can count on my friends when things go wrong” and “I have friends with whom I can share my joys and sorrows.” Both subscales evidenced good internal consistency in the present study (both $\alpha = .85$). The scale also demonstrated construct validity through relationships with anxiety and depression.

Participants

Participants were targeted for recruitment based on their membership in one of the two groups (active and nonactive/former LDS SMs). To be classified as active LDS, participants must have reported a current affiliation with the Church of Jesus Christ of Latter-day Saints, indicated that they are a religious or spiritual person, and reported attending religious services a few times a month or more frequently. To be classified as nonactive/former LDS, participants must have reported having been baptized LDS at some point in their life but not currently identifying as LDS, not currently being a religious or spiritual person, or not attending services a few times a month or more. To be classified as a sexual minority, participants must have reported any degree of same-sex attraction or identity. All included participants were at least 18 years old, resided in the U.S., and completed the entirety of the survey. In total, 602 participants met these requirements. Similar to most research examining LDS SMs (e.g., Dehlin et al., 2015; Lefevor,

Beckstead et al., 2019), the sample primarily identified as a man (68.6%), White (78.9%), and gay or lesbian (35.5%). Demographics are presented in Table 1.

Table 1

Sample Demographics by Group

	Full Sample (<i>n</i> = 602)	Active LDS (<i>n</i> = 281)	Non-Active LDS (<i>n</i> = 321)
Gender			
Man	68.6%	79.7%	58.9%
Woman	26.9%	17.8%	34.9%
Binary Transgender	1.0%	0.4%	1.5%
Genderqueer	3.5%	2.1%	4.6%
Race/Ethnicity			
Asian/Asian American	2.7%	0.7%	4.4%
Black/African American	2.8%	0.4%	5.0%
Latinx/Hispanic American	6.0%	2.5%	9.0%
Middle Eastern/Middle Eastern American	5.8%	1.1%	10.0%
Native Hawaiian/Pacific Islander	1.5%	0.0%	2.8%
White/European American	78.9%	94.3%	65.4%
Multiethnic/Other	2.3%	1.1%	3.4%
Sexual Identity			
Gay/Lesbian	35.5%	21.4%	48.0%
Bisexual	26.2%	21.8%	30.2%
Pansexual	20.6%	33.1%	9.7%
Same-Sex Attracted/No Label	10.9%	18.5%	4.3%
Other	6.7%	5.4%	7.9%
Religious Affiliation			
Catholic	3.7%	0.0%	6.9%
Christian, Protestant	5.3%	0.0%	10.0%
Christian, Evangelical	3.3%	0.0%	6.2%
LDS	65.9%	100.0%	36.1%
Religious, not Christian	5.5%	0.0%	10.3%
None/unaffiliated	16.3%	0.0%	30.5%
Education			
High school or less	7.3%	3.6%	10.6%
Some college or associates	27.2%	16.4%	36.8%
Bachelor's degree	47.7%	61.9%	35.2%
Graduate degree	17.8%	18.1%	17.4%
Age (<i>M, SD</i>)	30.83 (9.15)	32.12 (9.13)	29.70 (9.03)

Analysis Plan

Data were analyzed in four stages. First, preliminary analyses were conducted to ensure that linear regression assumptions were met for all study variables. All variables met assumptions for normality, with skewness and kurtosis between -2 and 2. Second, independent samples *t*-tests and chi-squared tests were conducted to examine whether active and nonactive/former LDS differed in key demographic variables. Bivariate relationships between all variables of interest were tested to determine general risks and resources. Third, *t*-tests were run using religiousness groups as the IV and (a) *r/s* variables, (b) minority stress variables, (c) support variables, and (d) suicide ideation as DVs. Finally, regression analyses were conducted examining SI as the DV and *r/s*, minority stress, and support variables as IVs. For regression analyses, all IVs and covariates were standardized to reduce multicollinearity, and several dichotomous variables and interaction terms were created: Woman (1 = woman, 0 = other gender), Trans (1 = transgender, 0 = cisgender), and Person of Color (1 = racial/ethnic minority, 0 = White), and Active LDS (1 = active LDS, 0 = nonactive/former LDS).

Results

Preliminary Analyses

We examined whether active LDS SMs and nonactive/former LDS SMs differed on demographic characteristics (see Table 1). We found that differences between group by race/ethnicity, $\chi^2(6) = 77.33, p < .001$, and gender, $\chi^2(5) = 31.76, p < .001$, with a higher percentage of active LDS SMs identifying as White and men than nonactive/former LDS SMs. We also found group differences by age, $t(600) = 3.27, p = .001$, and education, $t(600) = 5.33, p < .001$, with active LDS SMs being older and better educated than nonactive/former LDS SMs. These demographic variables were used as controls in subsequent analyses. These findings

support other work (Bridges et al., 2019) that has found that the experience of being an LDS SM is an inherently gendered experience and encourage the reader to maintain this in mind.

We compared active and nonactive/former LDS SMs on all health, r/s, minority stress, and support variables using independent samples *t*-tests (see Table 2). The two groups did not differ in SI, $t(600) = -0.92, p = .11$. Confirming previous research (e.g., Lefevor, Sorrell et al., 2020), the two groups differed on all r/s variables with active LDS SMs reporting the most Religious Commitment, Orthodoxy, and Positive Religious Coping and nonactive/former LDS SMs reporting the most Interpersonal Religious Struggles. No group differences were noted on minority stress variables, except that nonactive/former LDS SMs reported more Identity Affirmation than active LDS SMs. Finally, active LDS SMs reported more Family Support than nonactive/former LDS SMs. See Table 1 for *t*-tests and effect sizes.

Table 2

Examining Group Differences between Active LDS and Nonactive LDS

Category	Variable	Active LDS		Nonactive LDS		<i>t</i>	<i>d</i>
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Health	Suicidal Ideation	1.93	0.96	2.06	0.94	-0.92	0.14
R/S	Religious Commitment	3.84	0.64	2.60	0.94	-18.64**	1.54
	Orthodoxy	5.34	1.38	4.04	1.44	-11.22**	0.92
	Positive Religious Coping	3.56	0.84	2.50	1.11	-13.13**	1.08
	Interpersonal Religious Struggles	2.39	1.11	2.89	1.03	5.78**	0.47
	Minority Stress	Internalized Homonegativity	2.91	1.56	2.84	1.50	-0.50
	Concealment	2.12	1.02	2.27	1.09	1.75	0.14
	LGBTQ Connectedness	2.87	0.73	2.93	0.61	1.21	0.09
	Sexual Identity Affirmation	4.30	1.25	4.52	1.13	2.23*	0.18
	Conflict Resolved	3.36	1.24	3.27	1.22	-0.85	0.07
Support	Family Support	3.82	0.97	3.52	0.97	-3.72**	0.31
	Friend Support	3.98	0.84	3.89	0.85	-1.30	0.11

Note. ** $p < .01$; * $p < .05$.

We also sought to understand whether variables were globally related to SI. A correlation matrix of all variables is presented in Table 3. Correlational results suggested that Positive

Religious Coping ($r = .17$), Interpersonal Religious Struggles ($r = .39$), Internalized Homonegativity ($r = .45$), and Concealment ($r = .55$) were significantly, substantially, and positively associated with SI and may be classified as risks. Results further suggested that Sexual Identity Affirmation ($r = -.21$), Conflict Resolution ($r = -.12$), Family Support ($r = -.11$), and Friend Support ($r = -.27$) were significantly, substantially, and negatively associated with SI and may be classified as resources.

Table 3

Correlations Between Variables of Interest

	1	2	3	4	5	6	7	8	9	10	11
1. Suicidal Ideation											
2. Religious Commitment	.04										
3. Orthodoxy	-.07	.41									
4. Positive Religious Coping	.17	.79	.29								
5. Interpersonal Religious Struggles	.39	-.25	-.04	-.15							
6. Internalized Homonegativity	.45	.19	.18	.23	.28						
7. Concealment	.55	.17	-.03	.26	.38	.71					
8. LGBTQ Connectedness	.04	.05	-.42	.16	.01	-.23	-.02				
9. Sexual Identity Affirmation	-.21	-.20	-.33	-.16	<.01	-.55	-.35	.62			
10. Conflict Resolved	-.12	.16	-.23	.16	-.25	-.23	-.12	.30	.25		
11. Family Support	-.11	.29	-.08	.24	-.24	-.04	-.05	.35	.18	.22	
12. Friend Support	-.27	.10	-.09	.08	-.16	-.24	-.27	.27	.36	.22	.39

Note. Bolded values indicate that $p < .01$.

Identifying Group-Specific Risks and Resources

We conducted three sets of linear regressions to examine whether variables were significantly related to SI after controlling for relevant demographic variables and to examine whether group membership moderated the relationship between risks/resources and SI. For each, we entered demographic variables as controls in model 1. In model 2, we entered main effect variables, and in model 3, we entered interaction effect variables. Model fit statistics and coefficients for these models are shown in Tables 4-6.

Religiousness/Spirituality. The final model examining the relationship between r/s variables and SI was significant, $F(14,587) = 20.92, p < .001$, and explained a substantial amount of variation in SI, $R^2 = .33$. The regression indicated a significant main effect for Religious Commitment ($b = -.17, p = .03$), Positive Religious Coping ($b = .48, p < .001$), and Interpersonal Religious Struggles ($b = .11, p = .02$) on SI. It also indicated significant interaction effects between all r/s variables and group membership. Religious Commitment evidenced a substantial negative relationship with SI for nonactive/former LDS SMs ($\beta = -.18$) but evidenced an unsubstantial negative relationship with SI for active LDS SMs ($\beta < .01$). In contrast, Orthodoxy evidenced a substantial negative relationship with SI for active LDS SMs ($\beta = -.15$) but evidenced no relationship for nonactive/former LDS SMs ($\beta = 0$). Positive Religious Coping evidenced a stronger relationship with SI for nonactive/former LDS SMs ($\beta = .50$) than for active LDS SMs ($\beta = .20$). In contrast, Religious Struggles evidenced a stronger relationship with SI for active LDS SMs ($\beta = .48$) than for nonactive/former LDS SMs ($\beta = .12$). Taken together, this regression suggests that Religious Commitment is a resource only for nonactive LDS and that Orthodoxy is a resource only for active LDS SMs. Both Positive Religious Coping and Interpersonal Religious Struggles appear to be risks; however, Positive Religious Coping appears to be a particularly strong risk for nonactive/former LDS SMs, and Interpersonal Religious Struggles appears to be a particularly strong risk for active LDS SMs.

Table 4

Regression Examining the Effects of Religiousness and LDS Activity on Suicidal Ideation

	Model 1		Model 2		Model 3	
	b(SE)	β	b(SE)	β	b(SE)	β
Age	-0.01 (< 0.01)		< 0.01 (< 0.01)		< 0.01 (< 0.01)	
Cisgender Woman	0.28** (0.09)	0.13	0.14 (0.08)		0.18* (0.08)	0.08
Trans	0.16 (0.18)		0.10 (0.17)		0.14 (0.16)	
Person of Color	0.35** (0.10)	0.15	0.27* (0.10)	0.11	0.26* (0.09)	0.11
Education	-0.07 (0.05)		-0.09* (0.05)	-0.08	-0.07 (0.04)	

Active LDS		0.05 (0.10)		0.15 (0.10)	
Religious Commitment		-0.02 (0.06)		-0.17* (0.08)	-0.18
Orthodoxy		-0.11** (0.04)	-0.12	-0.07 (0.05)	
Positive Religious Coping		0.26** (0.06)	0.28	0.48** (0.07)	0.51
Interpersonal Religious Struggles		0.36** (0.04)	0.38	0.11* (0.05)	0.12
LDS x Religious Commitment				0.32* (0.13)	0.18
LDS x Orthodoxy				-0.23** (0.08)	-0.16
LDS x Positive Religious Coping				-0.51** (0.11)	-0.31
LDS x Interpersonal Religious Struggles				0.49** (0.07)	0.36
Model Fit Statistics					
<i>F</i>	9.56**		19.31**		20.92**
<i>R</i> ²	.07		.23		.33
<i>F</i> _{change}			26.99**		19.04**
<i>R</i> ² _{change}			.17		.09

Note. * $p < .05$; ** $p < .01$.

Minority Stress. The final model examining the relationship between minority stress and SI was significant, $F(16,582) = 19.88, p < .001$, and explained a substantial amount of variation in SI, $R^2 = .35$. The regression revealed significant main effects of Concealment ($b = 0.36, SE = 0.07, p < .01$) and Sexual Identity Affirmation ($b = -0.17, SE = 0.07, p = .01$) on SI. It further revealed a significant interaction effect between Sexual Identity Affirmation and group membership ($b = 0.25, SE = 0.10, p = .01$). Simple slopes analysis indicated that Sexual Identity Affirmation evidenced a strong, negative relationship with SI for nonactive/former LDS SMs ($\beta = -0.18$) but little relationship for active LDS SMs ($\beta = 0.01$). Notably, Internalized Homonegativity did not emerge a significant predictor in the final model ($b = 0.15, SE = 0.08, p = .06$), likely because of its strong relationship with Concealment ($r = .71, p < .01$). This model suggests that Concealment and potentially Internalized Homonegativity may be conceptualized as risks, and Sexual Identity Affirmation may be a resource particularly for nonactive/former LDS SMs.

Table 5

Regression Examining the Effects of Minority Stress and LDS Activity on Suicidal Ideation

	Model 1		Model 2		Model 3	
	b(SE)	β	b(SE)	β	b(SE)	β

Age	-0.01 (< 0.01)	< 0.01 (< 0.01)	< 0.01 (< 0.01)		
Cisgender Woman	0.28** (0.09)	0.13	0.14 (0.08)	0.18* (0.08)	0.08
Trans	0.16 (0.18)		0.10 (0.17)	0.14 (0.16)	
Person of Color	0.35** (0.10)	0.15	0.27* (0.10)	0.11	0.26* (0.09)
Education	-0.07 (0.05)		-0.09* (0.05)	-0.08	-0.07 (0.04)
Active LDS			-0.02 (0.07)		-0.03 (0.07)
Internalized Homonegativity			0.15** (0.05)	0.16	0.15 (0.08)
Concealment			0.39** (0.05)	0.41	0.36** (0.07)
LGBTQ Community Connectedness			0.11** (0.04)	0.12	0.07 (0.06)
Sexual Identity Affirmation			-0.05 (0.05)		-0.17** (0.07)
Conflict Resolved			-0.03 (0.04)		0.02 (0.05)
LDS x Internalized Homonegativity					0.06 (0.11)
LDS x Concealment					0.01 (0.10)
LDS x LGBTQ Community Connectedness					0.06 (0.09)
LDS x Sexual Identity Affirmation					0.25** (0.10)
LDS x Conflict Resolved					-0.07 (0.07)
Model Fit Statistics					
<i>F</i>	9.86**		27.07**		11.97**
<i>R</i> ²	.08		.34		.35
<i>F</i> _{change}			38.31**		3.04*
<i>R</i> ² _{change}			.26		.02

Note. * $p < .05$; ** $p < .01$.

Support. The third model examining the relationship between support and SI was significant, $F(10,591) = 8.85, p < .001$, but indicated limited improvement beyond the second model, $F_{\text{change}}(2,591) = 0.15, p = .86$. As such, the second model was retained as the final model, $F(8,593) = 11.05, p < .001, R^2 = .13$, and all interaction effects were nonsignificant. This model indicated a main effect for Friend Support on SI ($b = -0.21, SE = 0.05, p < .01$). Although Family Support was not significantly related to SI in this model ($b = 0.01, SE = 0.05, p = .85$), this lack of effect was likely due to the high zero-order correlation between Friend Support and Family Support ($r = .39, p < .01$). Indeed, in a model where Family Support was the lone predictor but control variables were still accounted for, Family Support was significantly related to SI ($b = -0.09, SE = 0.04, p = .03$). Together, regression models examining support suggest that Friend Support is a resource and that Family Support may also be a resource for both active and nonactive/former LDS SMs.

Table 6*Regression Examining the Effects Support and LDS Activity on Suicidal Ideation*

	Model 1		Model 2		Model 3	
	b(SE)	β	b(SE)	β	b(SE)	β
Age	-0.01 (< 0.01)		< 0.01 (< 0.01)		< 0.01 (< 0.01)	
Cisgender Woman	0.28** (0.09)	0.13	0.14 (0.08)		0.18* (0.08)	0.08
Trans	0.16 (0.18)		0.10 (0.17)		0.14 (0.16)	
Person of Color	0.35** (0.10)	0.15	0.27* (0.10)	0.11	0.26* (0.09)	0.11
Education	-0.07 (0.05)		-0.09* (0.05)	-0.08	-0.07 (0.04)	
Active LDS			0.08 (0.08)		0.08 (0.08)	
Family Support			< 0.01 (0.04)		0.01 (0.05)	
Friend Support			-0.23** (0.04)	-0.24	-0.21** (0.05)	-0.22
LDS x Family Support					-0.01 (0.08)	
LDS x Friend Support					-0.03 (0.08)	
Model Fit Statistics						
<i>F</i>	9.55**		11.05**		7.08**	
<i>R</i> ²	.07		.13		.13	
<i>F</i> _{change}			12.63**		0.15	
<i>R</i> ² _{change}			.06		< .01	

Note. * $p < .05$; ** $p < .01$.

Discussion

Using a sample of 602 sexual minority active and nonactive/former LDS individuals, we explored three major research questions: (a) do active and nonactive/former LDS SMs differ in SI? (b) are there variables that are globally positively or negatively related to SI for LDS SMs, regardless of religious engagement? and (c) are there variables that are uniquely related to SI for active or nonactive/former LDS SMs? Overall, we failed to find group differences in SI but successfully identified both global and group-specific risks and resources. These findings are summarized in Figure 1.

Figure 1*Risks and Resources for Active and Nonactive/Former LDS Sexual Minorities*

Active LDS	Nonactive/Former LDS
	Risks
Positive Religious Coping	Positive Religious Coping*

Interpersonal Religious Struggles*	Interpersonal Religious Struggles
Internalized Homonegativity	Internalized Homonegativity
Concealment*	Concealment*
Resources	
Conflict Resolved	Conflict Resolved
Family Support	Family Support
Friend Support	Friend Support
Orthodoxy	Religious Commitment
	Sexual Identity Affirmation

Note. Variables were classified as a risk (resources) if they were positively (negatively) related to Suicidal Ideation in either the regression ($|\beta| > .10$) or correlation matrix ($|r| > .10$) for participants in the given group. *Indicates that a variable had a particularly strong relationship with Suicidal Ideation for participants in the given group ($|\beta| > .30$). LDS = Latter-day Saint.

Group Differences in SI

Contrary to either of the previous studies examining SI among active and nonactive/former LDS SMs, we failed to find statistically significant differences in SI between groups (Bridges et al., 2019; McGraw, 2020). However, groups differed in other reliable and meaningful ways. The active group reported much more family support and fewer interpersonal religious struggles than the nonactive/former group, and the nonactive/former group reported more sexual identity affirmation and less positive religious coping than the active group. Both family support and sexual identity affirmation were related to decreased suicidal ideation, while interpersonal religious struggles and positive religious coping were related to increased suicidal ideation. In other words, each group reported both increased degrees of certain risks and increased degrees of certain resources relative to the other group. Thus, it may be that the increased resources for a group counteracted the increased risks evident for that group. Previous research has suggested that LDS SMs that are more culturally aligned with their faith may have different experiences of r/s and minority stress but similar mental health outcomes as LDS SMs that are less culturally aligned (Lefevor, Sorrell et al., 2019; see also Joseph & Cranney, 2018).

Altogether, these results suggest that active and nonactive/former LDS SMs may have different levels of various risks and resources but that the two groups appear to have similar SI.

General Risks and Resources

Correlation and regression analyses suggested that most minority stress and r/s variables operated similarly for active and nonactive/former LDS SMs. For both groups, positive religious coping, interpersonal religious struggles, internalized homonegativity, and concealment emerged as risks for SI.

We initially conceptualized positive religious coping as a resource, following meta-analytic results that suggest its health-protective qualities in the general population (Ano & Vasconcelles, 2004). However, we found that positive religious coping was related to increased SI and that this relationship was particularly strong for nonactive/former LDS SMs. Likely, these divergent patterns are related to participants unique group identities. The negative relationship between religious coping and SI may be attributable to the unique experiences of LDS SMs. Where other religious individuals may find solace in turning to a higher power in times of conflict, doing so for LDS SMs may highlight the tension they experience between their sexual orientation and r/s (Lefevor, Beckstead et al., 2019). Indeed, engagement-focused coping strategies have been found to be ineffective or harmful for LDS SMs (Toronto, 2019). This relationship may be particularly salient for nonactive/former LDS SMs because seeking solace from a higher power may remind individuals of traumatic and complicated relationships with their faith (Lefevor, Huffman et al., 2020).

Interpersonal religious struggles also emerged as a risk for both active and nonactive/former LDS SMs. Conflict with religious individuals and teachings has been consistently associated with distress (Ellison et al., 2013). Unique among this population,

however, is that these struggles were more common among nonactive/former LDS SMs but more damaging when they occurred among active LDS SMs. Nonactive/former LDS SMs may experience more interpersonal religious struggles due to their religious exits and the friction inherent in having LDS friends and family. However, active LDS SMs may be more affected by these struggles because *r/s* is more central to active LDS SMs' worldview—as evidenced by group differences in religious commitment. Thus, when active LDS SMs experience negative interactions with religious people, it may cause more harm.

Internalized homonegativity and concealment also emerged as global risks—meaning that both variables were positively related to SI for all participants, regardless of whether they were active or nonactive/former. Of all variables assessed, internalized homonegativity and concealment had the two strongest zero-order correlations with SI. Between the two variables, concealment emerged as the stronger risk, likely because concealment was assessed as an active process that occurred in the last two weeks rather than a general disposition, though the two variables shared considerable variance. That groups did not differ either on their average endorsement of these variables or in the strength of the relationship between these variables and SI is particularly notable and diverges from previous findings (Lefevor, Sorrell et al., 2019; CITATION WITHHELD). On one hand, it is notable that active and nonactive/former LDS SMs appear to find meaningful ways to reduce internalized homonegativity and share their orientation with others. On the other hand, it is equally notable that when either group actively concealed or reported internally homonegative beliefs, these were strongly related to SI, as suggested by research on SMs more broadly (Meyer, 2003; Wilkerson et al., 2012).

Both active and formerly active LDS SMs experienced family support, friend support, and resolving conflict between sexual orientation and faith as resources. Of these, friend support

emerged as the strongest resource and the only resource to emerge in regression models including multiple risks and resources. This coincides with a plethora of studies suggesting that social support is a powerful buffer of SI (Joiner, 2005; Van Orden et al., 2010) and other studies that link resolution of conflict between religion and sexuality to positive outcomes for LDS SMs and SMs generally (Dehlin et al., 2015; Lefevor, Blaber et al., 2019).

Group-Specific Risks and Resources

No variables emerged as a risk for one group and a resource for another—meaning that there was not a variable that had a negative relationship with SI among one group while simultaneously having a positive relationship with SI among the other group. Similarly, no variables emerged as a risk for only one group, suggesting that if a variable was positively associated with SI for individuals in one group, it was also positively related with SI for individuals in the other group. However, several variables emerged as a resource only for active or nonactive/former LDS SMs.

Actively LDS SMs. Orthodoxy emerged as a unique resource for active LDS SMs but had no relationship with SI for nonactive/former LDS SMs. This trend supports an interpretation of the active LDS group as a group of individuals whose primary allegiance and worldview is religious, coinciding with mean differences in r/s variables observed between active and nonactive/former LDS. As such, deeper engagement and alignment with their religious values and worldview may be experienced as connecting and health-promoting. Therefore, orthodoxy may be a resource against SI as it leads to greater congruence between beliefs and life path, thereby reducing dissonance (Festinger, 1957). Additionally, increased orthodoxy is deemed more socially acceptable within the LDS church and culture, which may come with its own

rewards, such as increased sense of belonging within the community and increased feeling of accomplishment and worthiness.

Nonactive/Former Mormon SMs. Where active LDS SMs appear to engage more deeply with their religious faith and gain health benefits from it, nonactive/former LDS SMs may engage more with SM communities and gain health benefits from this engagement. Among nonactive/former LDS SMs, sexual identity affirmation—which was assessed through questions relating to feeling proud to be a SM—was uniquely experienced as a resource. Identity affirmation and pride have been touted as the pinnacle of developmental sexual identity models (Cass, 1979) and have been generally found to relate positively to mental health (Frost & Meyer, 2012). Perhaps as a result of leaving their faith community nonactive/former LDS SMs find some of the benefits they once experienced in their faith community from people who explicitly affirm their sexual identity.

Although nonactive/former LDS SMs were less likely to report religious commitment than active LDS SMs, they reported greater benefit from religious commitment when they reported it. This trend may similarly reflect efforts of nonactive/former LDS SMs in finding community after leaving their LDS faith. Engagement with spirituality or religious traditions that affirm same-sex relationships has been shown to be positively related to health (Lease et al., 2005; CITATION WITHHELD). Given that nonactive/former LDS SMs were characterized in this study by never or irregularly attending LDS worship services, it is likely that the religious commitment reported by these individuals reflects engagement with other r/s traditions that may be more health-promoting.

Implications

Altogether, the pattern of results from our study suggest that active and nonactive/former LDS SMs have important similarities and differences. Active LDS SMs appear to engage more frequently and wholeheartedly in their faith *and* gain benefits from doing so. Greater family support and fewer interpersonal religious struggles may be particularly health-protective for active LDS SMs. In contrast, nonactive/former LDS SMs are less involved with the LDS or other faiths and appear to gain unique benefits as they display greater pride in their sexuality. They appear to be particularly benefited from less engagement with religious coping and more affirmation of their sexual identity. These differences suggest that understanding and LDS SMs' relationship with their faith has strong implications for the unique risks and resources they experience.

At the same time, it appears that there are several important similarities between active and nonactive LDS SMs. Concealment and internalized homonegativity appear to be equally harmful for both groups as do religious approaches to coping and struggles with religious individuals. Given the strong relationships between these variables and SI, LDS SMs may benefit from seeking to minimize the presence of these variables. In particular, LDS SMs may benefit from shifting their focus away from looking to cope with their distress using religious coping, as doing so appeared to be universally harmful. Rather, enhancing support from family or friends and resolving conflict between their sexual orientation and r/s may be more beneficial.

Our results and the implications discussed also have import for activists and therapists who work with LDS SMs in both prevention and intervention. Activists and prevention-oriented therapists may confidently focus advocacy on reducing concealment and internalized homonegativity among LDS SMs. These kinds of efforts may include campaigns that encourage active LDS individuals to create safe spaces for SMs to come out and that encourage LDS SMs

to share their experiences with people they feel are safe. Therapists who work with LDS SMs may benefit from assessing whether clients see themselves as an active or nonactive/former LDS SM and then employing strategies that are specific to clients' relationship with their faith. For example, therapists may encourage active LDS SMs to seek family support and resolve interpersonal religious struggles while encouraging nonactive/former LDS SMs to engage more wholeheartedly in affirming their sexual identity and to distance themselves from religiously motivated coping efforts.

Conclusion

Using a sample of 602 sexual minority active and nonactive/former LDS individuals, we examined the potential religiousness/spirituality and minority stress risks for and resources against suicidal ideation. We found that contrary to previous studies, active and inactive/former LDS groups did not differ in suicidal ideation, although groups differed in their frequency of experiencing religious/spiritual and minority stress variables. General risks for suicidal ideation included positive religious coping, interpersonal religious struggles, internalized homonegativity, and concealment. General resources against suicidal ideation included identity conflict resolution and family and friend support. For active LDS, orthodoxy also emerged as a resource, while for nonactive/former LDS, religious commitment and sexual identity affirmation are resources. Altogether, results suggest that whether LDS SMs are active in their faith is an important factor to consider when understanding how religiousness/spirituality and minority stress relate to SI.

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